

# Ostomy Pouching Challenges

## The Art and Craft of Ostomy Nursing

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# Disclosures

Coloplast Professional Speakers Bureau  
Edgepark Ostomy Advisory Board  
Hollister Clinical Advisory Board

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# A Message from Norma Gill

“There was this challenge of destiny that kept telling me to help my fellow man.”



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### A Stoma Nurse's Craft is Art because



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### No Two Stomas are Alike



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### Objectives

- Provide guidelines for successful pouching
- Identify products for formulary
  - Pouches
  - Accessories
  - Medications
- Review case studies that
  - Use these guidelines
  - Demonstrate use of the products

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Lin, can you help my friend?



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Try Convex Pouch, Ring, Belt, Websites



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Lin, it worked!



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### Type of convexity matters

History

- 68 y.o. Woman
- EI for Crohn's (22 years)
- Recent parastomal hernia repair
- DM, Arthritis, Essential HTN, Kidney Disease

On arrival to clinic

- Entire Wafer and beyond: Undermined, Leaking



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### Stoma Assessment

<b>Stoma Type:</b> EI	<b>Peristomal Contour:</b> puckered, deep crease toward midline
<b>Diameter:</b> 1 x 1 ¼"	<b>Supportive Tissue:</b> soft
<b>Location:</b> RUQ	<b>Character of Output:</b> dark, watery
<b>Protrusion:</b> protruding slightly	<b>Emptying Frequency:</b> difficult to measure
<b>Mucosal Condition and Color:</b> red, moist	<b>Current Pouching System:</b>
<b>Mucocutaneous Junction:</b> intact	• Soft Convex Pouch CTF to 2"
<b>Peristomal Skin:</b> Denuded	• Barrier Ring
<b>Location of Skin Impairment:</b> Circumferentially	• Wafer Extenders
	• Belt
	<b>Current Wear Time:</b> about 24 hours

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### Adjustment

Skin Care:

- Astringent Soak
- Pectin-based stoma powder

Adjustments:

- Firm convexity, moderate depth
- Smaller cutting surface (CTF to 1 ½ ")
  - Better support/protrusion if closer to the stoma
- Alcohol-free stoma paste to deep crease



Continue:

- Barrier Ring
- Belt

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### One Week Later



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### Let's Talk about Convexity



Variety of Cutting Surfaces, Depths, Sizes, Firmness, Shapes, Degrees of Flexibility

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### The Type of Convexity Matters

- Opposites Attract
- Soft Tissue = Firm(er) Convexity
- Firm Tissue = Soft(er) Convexity
- Deeper convexity for softer tissue
- Place convexity close to stoma to help protrusion\*



\*There is an exception to every rule!

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### Stoma in a Crease

- 68 y.o. woman, obese (BMI 36-37)
- "No significant medical history"
- Emergent OR for LBO, Peritonitis
- End Ileostomy, Colonic Mucous Fistula
- Midline NPWT Dressing
- DC to SNF on POD #7
- ED on POD #12 w/ abscesses – DC'd 5 days later
- POD #23 – ED, "possible infection around colostomy bag," "Facility has no supplies"
- 5 days later, transferred for further management



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### Stoma in a Crease

- **Protrusion:** budded
- **Peristomal Contour:** in deep crease
- **Supportive Tissue:** semi-soft, more firm when sitting
- **Character of Output:** mushy



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### Key Points – Skin Care

**Skin Care**

- Astringent (aluminum acetate)
  - 15-20 minute soak
  - Soothes
  - Dries
- Pectin-Based Stoma Powder
- Avoid products with alcohol on skin




*"I used that 'Bonobos' stuff"*



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### Key Points - Pouching

Pouching – Help keep crease open

- Be sure MF stays uncovered
- Skin Barrier Wedges
- Barrier Ring
- Convex ring
- Soft Convex pouch
- Wafer extender to lateral edge
- Belt

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### Day of Discharge

- Provided hands-on lesson
- Provided supplies, pattern
- Goal: maintain seal for at least 24 hours

Pouch and wafer extender in place. Belt not shown.

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### 5 Days after DC

- Pouch remained in place for 5 days
- Closed 6 month later

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### High Output, Double Barrel Stoma

- 64 y.o., Male
- s/p CABG, multiple MIs
- ED w/ chest pain
- s/p SB resection, double barrel ileostomy for ischemic bowel, revision at OSH
  - Protruding to budded
  - Multiple creases
  - Moist midline incision
  - Semi-soft tissue
  - Watery, high volume output
  - Denuded peristomal skin w/ slough



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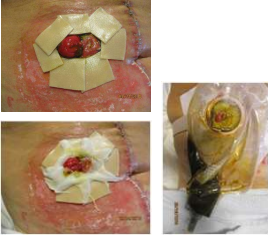
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### Key Pouching Steps

- Astringent Soak
  - active ingredient: aluminum acetate
- Stoma powder w/ alcohol-free skin protectant
- Skin Barrier Wedges
  - "Petals"
  - Provide more flexibility than washer
  - Better adhesion than ring or paste on moist wound
- Alcohol-free paste
- Convex wafer
- High output pouch (to gravity as needed)
- Breathable Tape
- Belt



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### Alternative Method - Faster!

- Prepare wafer & pouch first
  - Cut wafer
  - Attach pouch to wafer
  - Apply wedges to back of wafer
  - Caulk with paste



Ultimate Goal:  
Simplify: Convex Pouch, Barrier Ring, Belt

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### Improving, but is all that effort worth it?

4 days later



3 Days Later: Day of DC



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### Readmission



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### Midline Fistula and Ileostomy

- 55 y.o. male
- 4 days post hip replacement reports severe abdominal pain
- Perforated right colon
- Severe sepsis
- Ileocolic resection with EI
- Developed ECF



- **Protrusion:** stoma flush; ECF slightly protruding
- **Peristomal Contour:** crease below stoma, deep crease inferior to ECF
- **Supportive Tissue:** semi-soft, more firm when sitting
- **Character of Output:** mushy – initially from both, then just ECF

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### Key Steps

**Treat Skin**

- Astringent soak
- Silver nitrate to hypergranulation tissue
- Pectin-based stoma powder

**Prepare Supplies**

- Skin barrier wedges
- Cut pouches
- Stoma paste



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### To Increase Flexibility

**Radial slits**

- Increase Flexibility
- Prevent/Decrease Pouch "Warp"
- To inner and/or outer diameter

*"It's like frying bologna!"*  
- patient's husband



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### Preparation is Key

**Level Skin**

- Wedges
- Piece of ring/bar pastes
- Stoma paste caulking

**Pouch**

- Cut off-center
- Reinforce between pouches



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### Other Tips



**Suction**  
Keep Skin Dry

**Gravity Drainage**  
Prevent Pouch from Overfilling





**Warm Pack**  
After Pouch Placed  
to Improve Adhesion

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### Progress





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### Instruction Sheet for Caregivers

**Gather Supplies:**

- Pouch
- Skin Barrier cut into squares
- Mouldable ring/bar/strip
- Stoma Paste
- Stoma Powder
- Astringent Solution
- Washing Cloth
- Suction Equipment
- Breathable Tape
- Absorbent Dressing
- Warm Pack
- Drainage Bag

**Prepare Skin**

- Apply stoma powder
- Dust off excess
- Fill belly button with mouldable skin barrier
- Apply skin barrier squares around the fistula in petal fashion
- Smear edges with paste


**If skin is irritated, Apply Astringent Soak**

- Dilute powder in 1/4 cup of warm water
- Apply Wet Compresses to irritated skin (NOT stoma or fistula)
- 15-20 Minutes


**Apply Pouch**

- Press firmly into place
- Apply warm pack
- Secure edges with breathable tape
- Apply absorbent dressing or small pouch over RLQ stoma

**TIP: Use suction to control output**



**TIP: Use drainage bag to collect output & to prevent overfilling of pouch.**



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## Peristomal Ulceration

- 77 y.o., woman
- Diverticular disease, Colonic fistula, anal stricture, fecal incontinence
- Exploratory laparotomy, APR, Proctosigmoidectomy, EDC
- Hx A fib, glaucoma
- Pyoderma gangrenosum
  - Why? Possible undiagnosed Crohn's?



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## Key Assessment

- **Protrusion:** budded
- **Peristomal Contour:** dip inferior to stoma, with wounds from 4 to 9 o'clock
- **Supportive Tissue:** semi-soft
- **Character of Output:** thick stool; empties >2 per day

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## For Pyoderma Gangrenosum

- Dermatologist
  - Triamcinolone acetonide
    - Monthly Injection
    - Topically with each pouch change
- Wound Care
  - Hydrofiber
  - Foam dressing containing methylene blue



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### Dressing the Wound

Pouching: soft convex, drainable pouch

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### Peristomal Wound, Hx Hidradenitis

- 45 y.o. female
- Hx Hidradenitis suppurativa
- "Please teach people. No one knows about it."
- Obesity, bariatric surgery
- Colostomy for diverticulitis
- Colostomy reversal w/ LI
  - LI converted to open
  - LI in same site as former colostomy

- **Protrusion:** flush to retracted
- **Peristomal Contour:** slightly rounded w/ staples/wound at 3 o'clock, and pucker at 9 o'clock
- **Supportive Tissue:** semi-soft, w/ some firm areas
- **Character of Output:** mushy

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### Pouch to access wound

- Draw a Pattern
  - Use clear plastic
  - Allows more precise placement
- Skin Barrier over staples
  - Stoma paste caulking
  - Keep wound accessible
- Skin Barrier Washer w/ caulking
- Firm Convex wafer
  - Powder to seal in paste

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### Recommendations for Your Tool Box

**For Skin Protection and Leveling**

- Astringent soak (pharmacy)
- Pectin-Based Stoma Powder
- Stoma Paste – including alcohol-free
- Skin barrier rings and strips
- Skin barrier sheets
- Skin Protectant wipes
- Cyanoacrylate monomers

**Miscellaneous**

- Breathable Tape or Wafer Extenders
- Suction
- Team Mate



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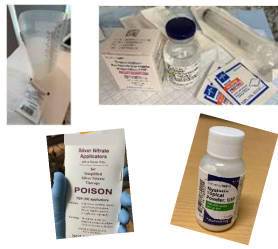
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### Medications

- Aluminum acetate – astringent
- Topical steroid – spray, liquid, ointment
- Steroid injection – intra-lesional corticosteroid therapy for PG
  - Triamcinolone
  - 6 - 40 mg/ml
- Anti-fungal powder – nystatin topical, 100,000 units/gram
- Silver nitrate
- Pain relief – e.g. topical lidocaine



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### Reduce Occurrence of Pouching Difficulties

**Train NP/PA/Fellows in Stoma Site Marking**

- WOCN Society and ASCRS Position Statement
- Suppliers education sheets
- Emergent Marking Kit
  - Surgical Marker
  - Marking Disks (or Wafer)
  - Alcohol Wipes
  - Clear Dressing
  - Quick Marking Guide



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### Tip Review: Use Your Super Powers!

- Assess, assess, assess
- Know what's in your tool box
- Use those tools
- Level creases/dips
- Place Petals or Wedges
- Use Convex Wafer, Barrier Ring, & Belt?
- Attach to Gravity Drainage?
- Apply Warm Pack
- Collaborate
- Be Creative



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### An ostomy may be part of a your patient's life



Yes, I did request and receive permission to use these photos.

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### But it doesn't have to be their entire life!



athletewithstoma  
Yes, I did request and receive permission to use these photos.

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**? ? ? ? ? ? ? ? ? ?**

Please share your success stories with me!

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A Final Word from Norma Gill

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“Let’s all be part of it  
 by listening to our  
 inner selves to help our  
 fellow man!”

-Norma Gill



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Special Thanks to


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**Chizu Sakai-Imoto**  
 Skin Barrier Petals –  
 She can pouch anything!



**Barbara Hocevar**  
 The Stoma Encyclopedia



**Coleen Potts**  
 “When nothing else works, Convex-It!”

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# Thank You!

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## Resources

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