Pouching the Challenging Patient

Please turn off all cell phones and pagers
Thank You

OBJECTIVES
Topics will include tricks of the trade to better utilize standard and specialized equipment for the management of patients with difficult ostomy/fistula situations

Dealing with Urostomy Situations
Dealing with Urostomy Situations

1. A flexible flat pouch? Maybe . . . .


What about those deep creases and folds? A stoma in a waistline.
Dealing with Urostomy Situations

Shield Demonstration

Lights

Anti-reflux Valves

Yes or No?

Anti-reflux Valve **benefits:**

- Limits “backflow”

Anti-reflux Valve **Disadvantages:**

- Stomas situated low on abdomen – anti-reflux valve can delay urine flow including those who are short waisted
Dealing with Urostomy Situations

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- Limits adequate pouch hygiene in one piece pouching systems
- May decrease visibility of the stoma for accurate pouch placement – especially in one piece systems

Anti-reflux Valve **Disadvantages:**

- Stomas situated low on abdomen – anti-reflux valve can delay urine flow including those who are short waisted
- Limits adequate pouch hygiene in one piece pouching systems
- May decrease visibility of the stoma for accurate pouch placement – especially in one piece systems
- Some anti-reflux valves work better than others

Situation of changeable peristomal skin surface with change in positioning.
(transition effect)

What now? **Waterproofing.**
Dealing with Urostomy Situations

Yo-yo effect in lying position

Yo-yo effect in sitting position

Opening to level area

Waterproofing with adhesive

Use of Adhesive
Use of Adhesive

Let's Practice Using the Adhesive

Thick & Thin Adhesive

THICK

THIN
Review: When to Use Adhesive for better adhesion of appliance?

- Oily skin
- Heavy perspiration
- Scar lines – hard to adhere areas
- Slick shiny skin
**Use of Adhesive**

**Review: When to Use Adhesive for better adhesion of appliance?**
- Oily skin
- Heavy perspiration
- Scar lines – hard to adhere areas
- Slick shiny skin
- Waterproofing

**Review: When NOT to Use Adhesive?**
- Skin sensitivity
- Fragile/friable skin (for light adhesion use SkinPrep™ or Skin-Tac - “H”)
- Neonates
Use of Adhesive

**Review: When NOT to Use Adhesive?**

- Skin sensitivity
- Fragile/friable skin (for light adhesion, use SkinPrep™ or Skin-Tac - "H")
- Neonates
- Irritated weeping/macerated skin

Skin Irritation & Sensitivity

What to do for weepy skin situations?

- Astringent Wet Dressing
  - Burow’s Solution
  - Domeboro’s™ (aluminum sulfate & calcium acetate)
  - Bluboro’s™
Skin Irritation & Sensitivity

- Treat maceration with:
  - Hydrocolloid powder
  - Stomahesive™, Hollister Premium Powder™, etc.
  - Hydrocolloid disc or wafer added to the pouch, or pouch with barrier already on it

Skin Irritation & Sensitivity

- Treat pseudoepithelial hyperplasia
  - Press out irregular skin surface
  - Use of convexity and belting
  - Use of Colly-Seel™, Eakin™, Blanchard or Barrier 54, etc.

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Skin Irritation & Sensitivity

- Treat fungal rash if present
  - Mycostatin™ (Nystatin™, Nystop™)
  - Clotrimazole™ (Lotrimin™, *Lotrisone™)
  - Miconazole nitrate (Monistat-Derm™, Microguard™, Mitrazol™, Remedy Antifungal Powder™)
  - Mycolog™ – antifungal, *antibacterial, antinflammatory

- Address alkaline urine if present

Adhesive Transfer

When to Use . . .
Adhesive Transfer

Eliminate any solvent content:

- Sensitive skin
- Spit fistula near trach
- Active stoma
- Young child

Demonstration applying adhesive transfer to paper

Lights

Pouching Systems
Drainable - Fecal Ostomies and/or Fistula Situations

Pre-Cut vs Trim-to-Fit vs Moldable vs Flush Cut

Pre-Cut: Advantages
- Easier – already sized
- Consistent and accurate opening
**Pre-Cut: Advantages**

- Easier – already sized
- Consistent and accurate opening
- Support shield opening is in proportion to barrier & foam opening
- Allows for protruding stoma

**Pre-Cut: Disadvantages**

- Need large inventory of pouches
- Not all stomas come “round”
Pre-Cut: Disadvantages
- Need large inventory of pouches
- Not all stomas come “round”
- Few companies provide oval

Trim-to-Fit: Advantages
- No need for large inventory

Trim-to-Fit: Advantages
- No need for large inventory
- Good for changing stoma size
- Comes flexible, flat and convex styles
Pouching Systems

Trim-to-Fit: Disadvantages

- Requires cutting to size

- Barrier unsupported could lead to undermining and leakage

- Difficult to maintain consistent accurate openings

- Consider – pre-cut vs trim-to-fit
  - One and two piece appliance
Moldable Flange: Advantages

- No need for large inventory
- Can form to oval shape
- Simpler to use – no cutting
- Allows for change in stoma size
Pouching Systems

Moldable Flange: **Disadvantages**

- Round rigid conformation
- Barrier’s center would be unsupported
- Hand and eye dexterity is needed to shape and form.

Flush Cut: **Advantages**

- Gives maximum support up to the retracted stoma and/or fistula margin
- Should only be used with retracted or below skin level stomas
Pouching Systems

Modifying Pouches FLAT or Convex

Methods of Modification
- Add barrier wedges or washers
- Waterproofing layers
Convex barrier pouch rolling inner opening

Waterproofing skin for oversize opening in pouch

Convex barrier pouch waterproofing inner opening and waterproofing exposed skin area
Pouching Systems

Convex Availability: Disposable

Coloplast
ConvaTec
Hollister
Nu-Hope
Etc.
Convex Availability: Disposable

ConvaTec

Convex Availability: Disposable

Hollister

Convex Availability: Disposable

Nu-Hope

Lights
Pouching Systems

**Convex Availability: Reusable**

- King Ostomy
- Perma-type
- Rutzen
- Torbot
- Nu-Hope Non-Adhesive System

*Formerly VPI / EHOB*
**Pouching Systems**

**CONVEX AVAILABILITY: REUSABLE**

Torbot

**Convex Availability: Reusable**

Nu-Hope Non-Adhesive System

Formerly VPI / EHOB

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**When is rigid convexity not advisable?**

- Immediately post-op
- Caput medusae
When is rigid convexity **not** advisable?

- Immediately post-op
- Caput medusae
- With large peristomal hernia

When flexibility is needed – yo-yo

High Output Systems

ConvaTec

Coloplast
Pouching Systems

High Output Systems

Nu-Hope (30 oz.)

Pouching Systems

High Output Systems

Nu-Hope – Gusset

Pouching Systems

High Output Systems

Nu-Hope

Modified outlet plus drainage system

Pouching Systems

Wound/Fistula Management

Coloplast
ConvaTec
Eakin
Hollister
Nu-Hope
Pouching Systems

Wound/Fistula Management

Coloplast

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Eakin

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Hollister

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Pouching Systems

Wound/Fistula Management
Nu-Hope – Fistula Pouches

Pouching Systems

Wound/Fistula Management
Nu-Hope - Custom

Pouching Systems

Modification of Adhering Surfaces
Custom Plates
Perma-type

Pouching Systems

Modification of Adhering Surfaces
Custom Plates
Torbot
Pouching Systems
Modification of Adhering Surfaces
Nu-Hope Custom Pouches

Nu-Hope Case Study
Group 1
Spit fistula using 1 piece pouch system

Using foam pad with elbow connector and tubing to J tube
Preparing Nu-Hope adhesive around split fistula

Testing for adhesive readiness

Applying Nu-Hope adhesive to inner pre-cut opening for waterproofing

Applying pouch
Holding in place for 3 minutes

Custom pouch to allow large volume of fluids to collect and drain slowly down tubing
Complete hookup of drainage system with support system

Drainage support system to hold leg bag

Improper opening in pouch system
Stoma much smaller than previous pouch opening

Using oval flast bendable with proper pre-cut opening

Urostomy with yeast infection (sitting position)

Urostomy with yeast infection (lying position)
Treatment of yeast infection with various antifungal medication

Quick melt out using extended wear barrier

Using Colly-Seed™

Applying pouch having a flush cut opening
Testing for sensitivity for Nu-Hope adhesive

Modifying support belt to hold pressure points at 3 and 9 o'clock position

Loop transverse colostomy (supine position)

Sitting Position
Base of stoma

Pouch prepared with a bend line

Pouch applied

Option to attach a belt
Pouching Systems

Intermission

Lights

Barriers/Hydrocolloids

Barriers/Hydrocolloids

Barrier Composition

Hydrophilic – (wet tack for weepy skin)

- Gelatin
- Guar Gum
- Karaya
- Pectin
Barriers/Hydrocolloids

Synthetic
- Carboxymethylcellulose
- Copolymers
- Polyisobutylene
- etc.

Synthetic Properties:
- Add longevity to hydrophilic powders
- Stretchability
- Moldability

Let’s set up a nail polish demonstration.

Lights

Barrier Forms:
- Powder
- Paste
- Solid
Barriers/Hydrocolloids

**Barrier Forms: Powder**

**Advantages**
- Adheres to weepy skin
- Coats wound bed surfaces
- Quick absorption of moisture

**Disadvantages**
- Not a durable barrier
- Too much powder can cause pouch failure

**Barrier Forms: Paste**

**Advantages**
- Molds to body surfaces
- Fills in fine lines, creases, folds
- Acts as caulking

**Disadvantages**
- Solvents can cause discomfort to irritated skin
- Can be hard to apply
- Not as durable as solid barrier
- Too much paste can cause pouch failure

**Barrier Forms: Solid**

**Advantages**
- Strips, washers, wafers, disc, squares, flanges
- More durable
- Easier application
- Various compositions for different effluents

**Disadvantages**
- Does not conform well into fine lines, creases or folds
- Need to know which barrier performs better to output situation

Let’s look at the barriers and a demonstration.

Lights
Barriers are **Thermal Set**

Factors affecting longevity:

- Composition of barrier
- Type and quantity of output
- Application of barrier
Barriers/Hydrocolloids

Factors affecting longevity:
- Composition of barrier
- Type and quantity of output
- Application of barrier
- Surface on which barrier is applied

Barriers/Hydrocolloids

Barrier enhancers for longevity:
- Adhesive waterproofing (nail polish)
- Nu-Sorb® / Parsorb® / Ilesorb®
- Thin rubber seals (exam gloves)
- Stoma Hats

Barriers/Hydrocolloids

Factors affecting longevity:
- Composition of barrier
- Type and quantity of output
- Application of barrier
- Surface on which barrier is applied
- Support to barrier

Thin rubber seal
Who Qualifies?
Those with irregular skin surface and/or creases – standing, sitting or lying down.

Mold impressions do not work well for those with changeable skin surface(s).
Mold Impressions Custom Fitting

Materials used:
- Dental alginate impression powder
- Cold water
- Stir stick
- Plastic strip
Review:

- Position: patient should be supine or sitting up at a 45° angle with the legs raised.
Review:

- Position: patient should be supine or sitting up at a 45° angle with the legs raised
- Equal parts cold water & alginate power
- Prefer thicker alginate mixture rather than watery consistency
- Build up more alginate around stoma area
- Lay the stir stick flat on the alginate pointing up toward the head
Mold Impressions Custom Fitting

Review:
- Position: patient should be supine or sitting up at a 45° angle with the legs raised
- Equal parts cold water & alginate power
- Prefer thicker alginate mixture rather than watery consistency
- Build up more alginate around stoma area
- Lay the stir stick flat on the alginate pointing up toward the head
- Cleanse mold impression with 1 part bleach, 10 parts H2O

Mold Impressions Custom Fitting

Helpful Additional Information
- Actual tracing of area involved using a fine line Sharpie Marker
- Give orientation on the tracing; top, patient’s right, patient’s left
Mold Impressions Custom Fitting

Helpful Additional Information

- Actual tracing of area involved using a fine line Sharpie Marker
- Give orientation on the tracing; top, patient’s right, patient’s left
- Indicate landmarks on tracing: umbilicus, wounds, tubes, scars, creases
- Photos of situation
  - Identify photos: person & orientation
  - Describe if taken lying, sitting, face on or side view
Mold Impressions Custom Fitting

Mold impression practice

Lights

Belting Situations

The How and Why of various belts
**Ostomy Belts**

1 inch & 1-1/2” ostomy belts help support the pouch along the 3:00 to 9:00 plane. Supports pouch contents.

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**But what if the ostomy belt rides up and pulls the pouch out of place?**

Secure it with tape!

The tape will keep the belt level in front with the pouch.

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**A belt made with tape?**

Why?...
To support and help secure the pouch when an elastic belt does not work well related to the person's abdominal contour.

**How...**

Pouch with belt loops/tabs

Pouch without belt loops/tabs
Thank you for your participation!

Nu-Hope Laboratories Inc.