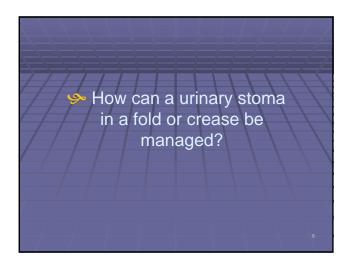
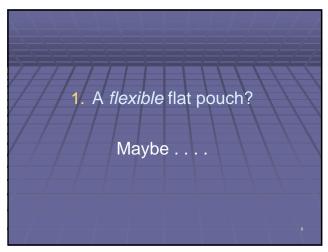
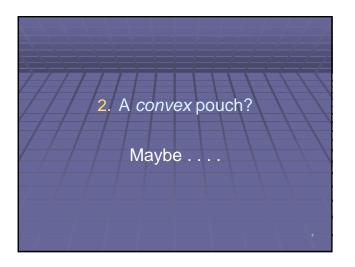


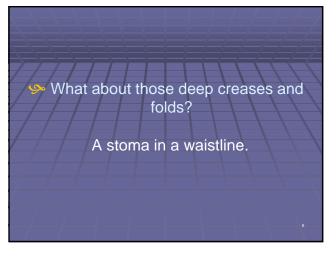
Topics will include tricks of the trade to better utilize standard and specialized equipment for the management of patients with difficult ostomy/fistula situations

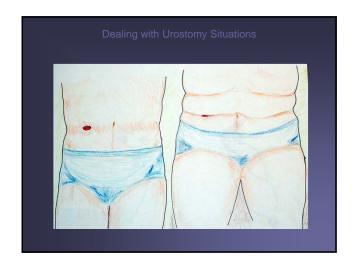
Dealing with Urostomy Situations

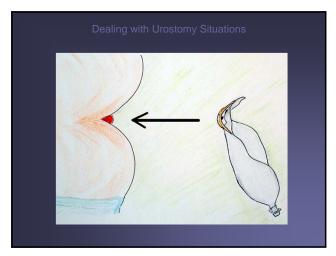




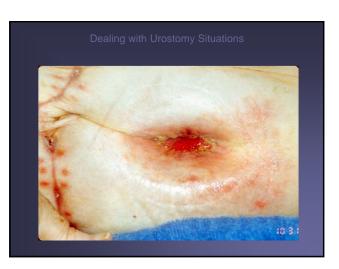


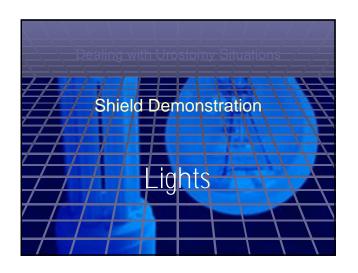


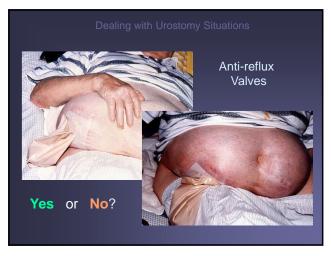


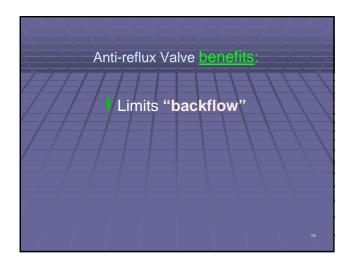


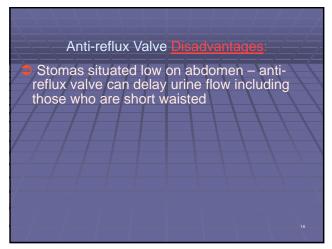












Anti-reflux Valve Disadvantages:

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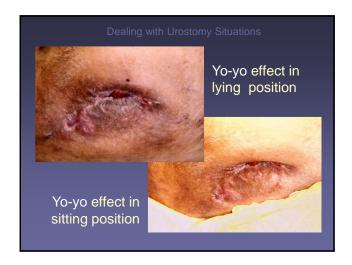
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- Stomas situated low on abdomen antireflux valve can delay urine flow including those who are short waisted
- Limits adequate pouch hygiene in one piece pouching systems
- May decrease visibility of the stoma for accurate pouch placement – especially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

Situation of changeable peristomal skin surface with change in positioning.

(the yo-yo effect)

What now? Waterproofing.









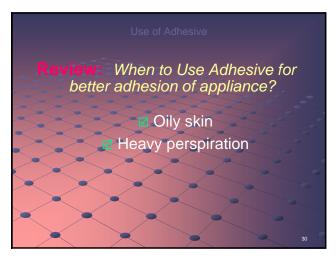


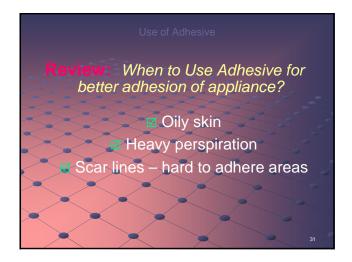




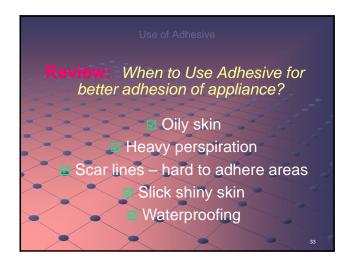










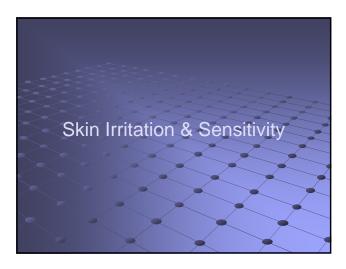






















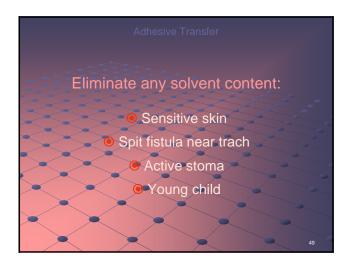
















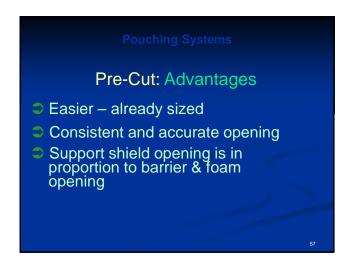


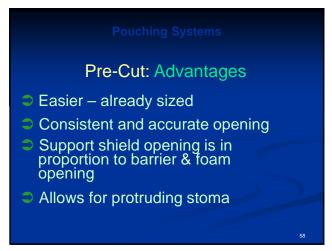




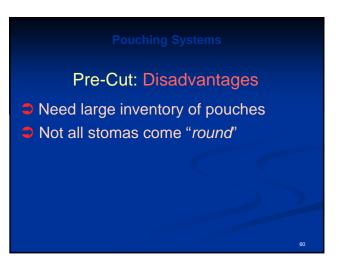
















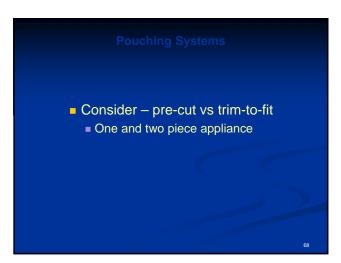








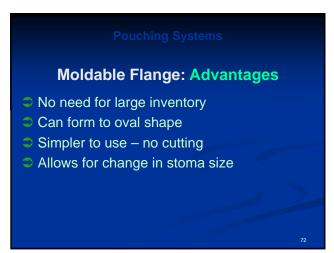












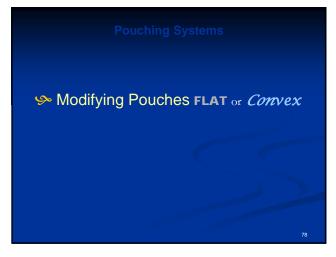


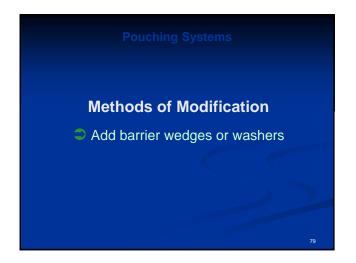






























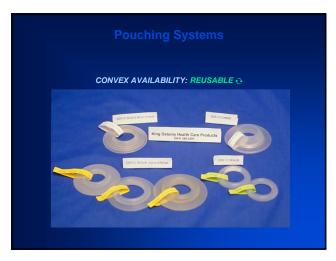


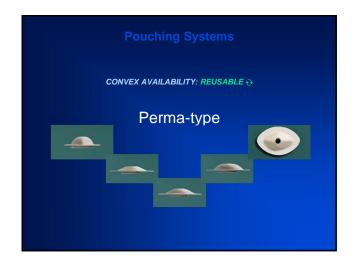












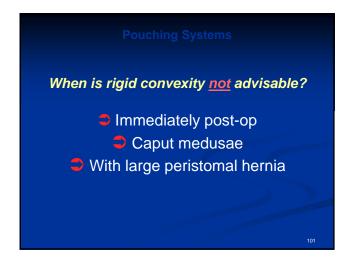


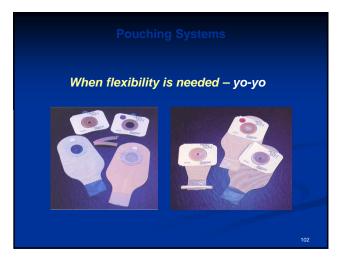








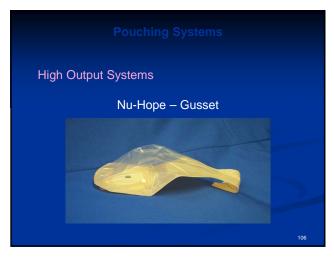








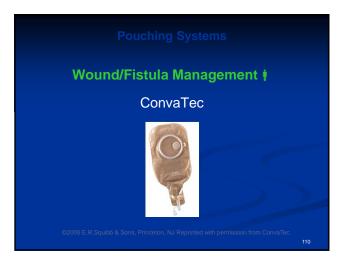
















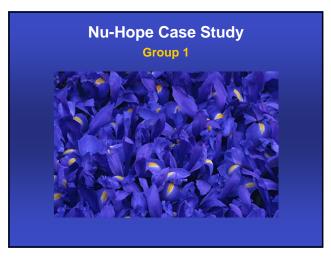


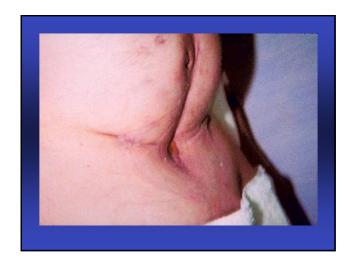












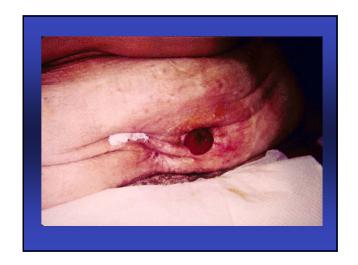


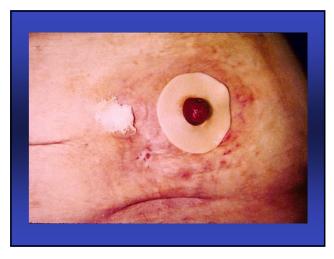


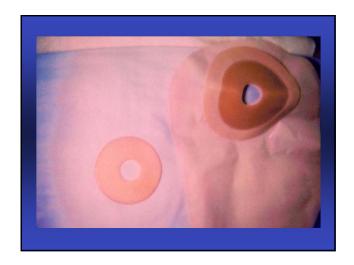










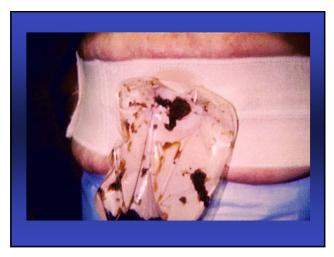


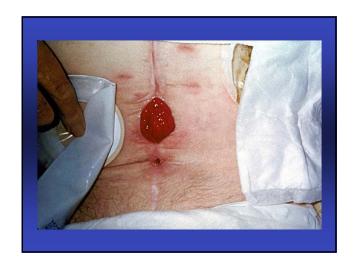


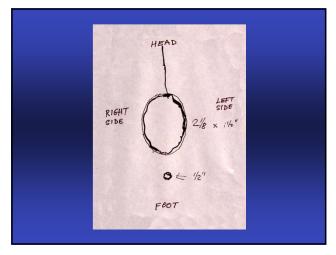


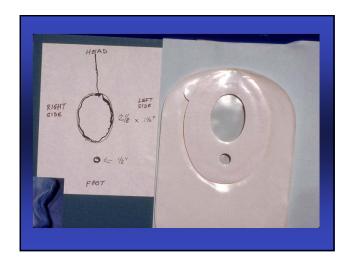


















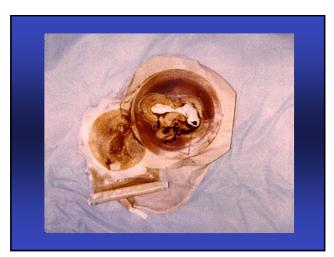














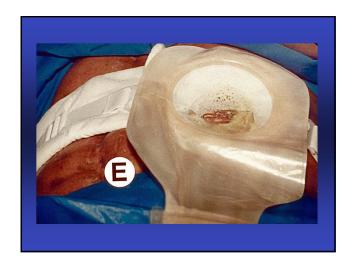
















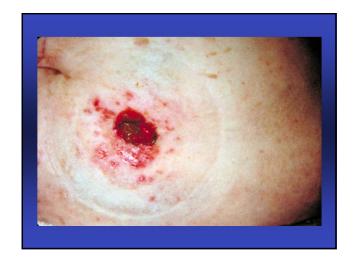








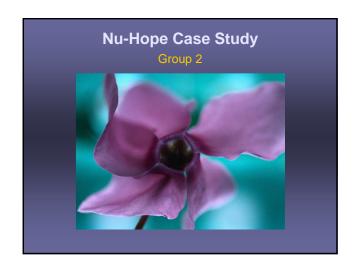






































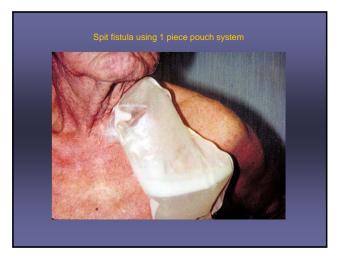


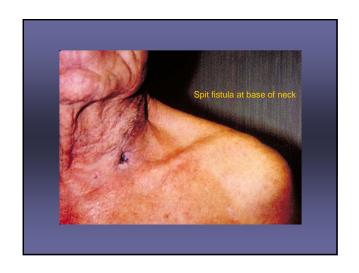


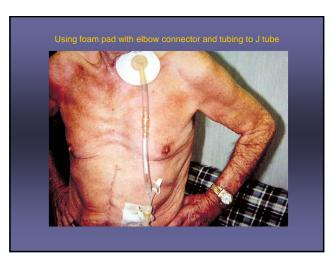




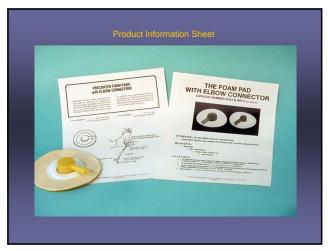


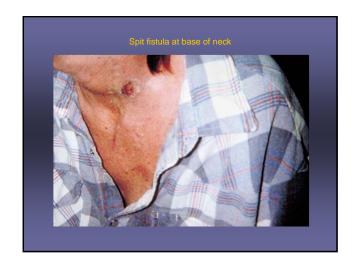




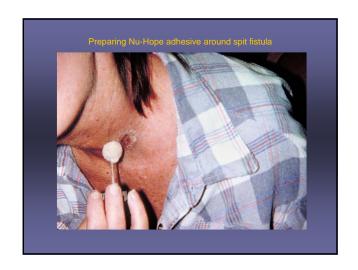


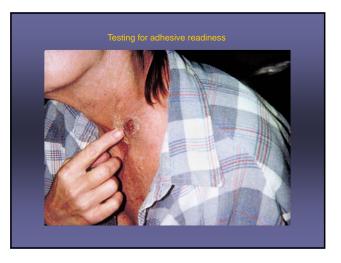


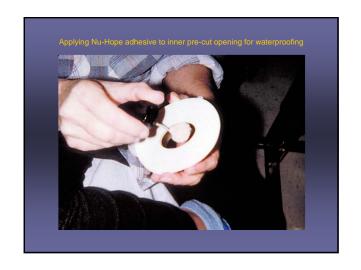


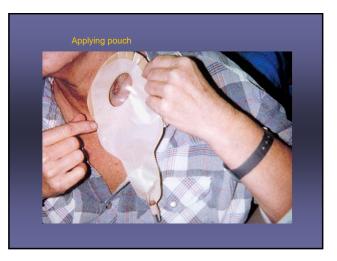


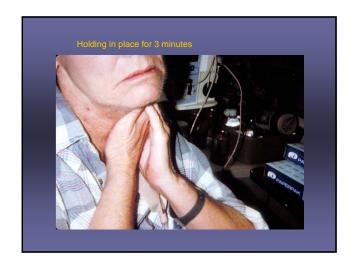


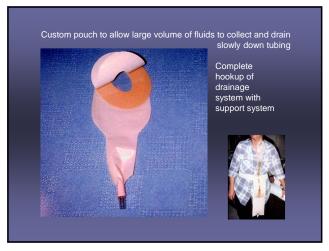








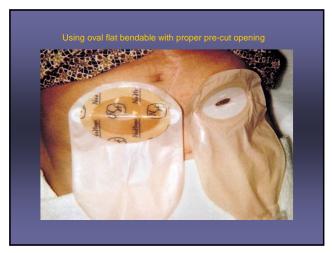


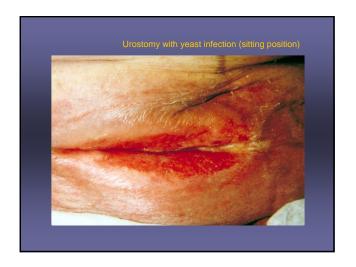


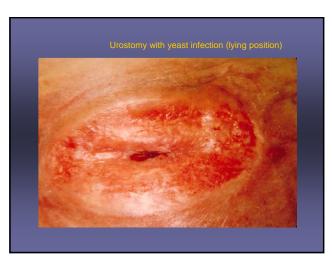




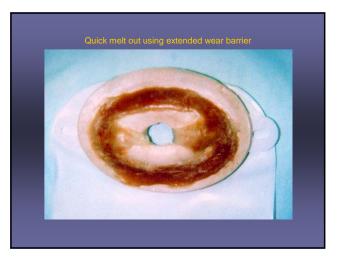




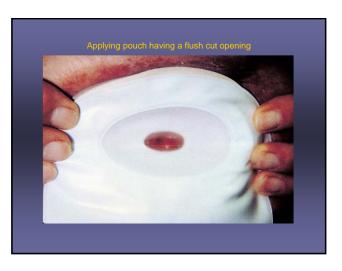




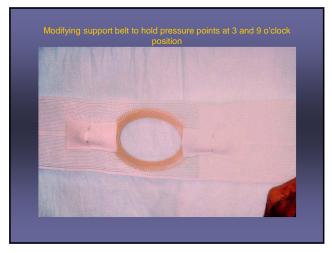










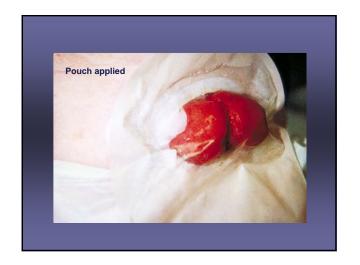


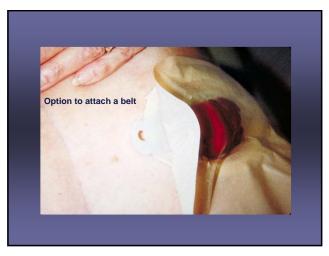


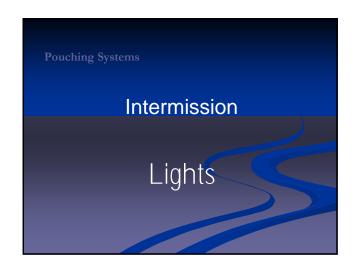


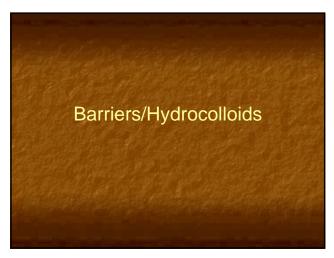






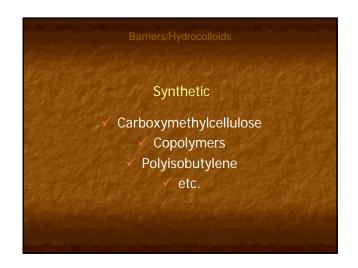
























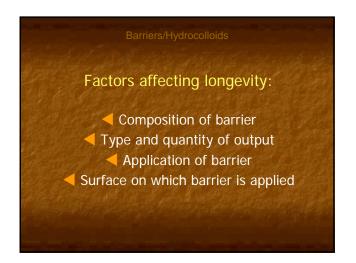






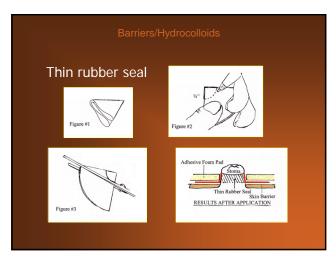




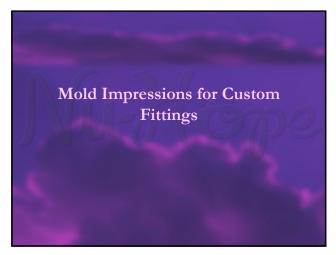








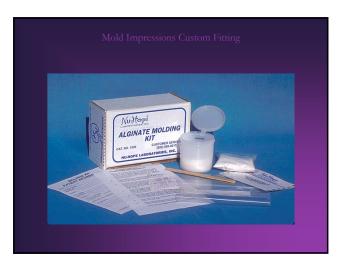














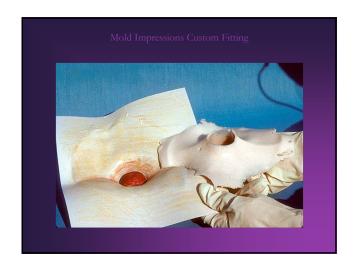






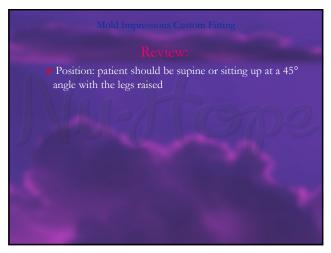




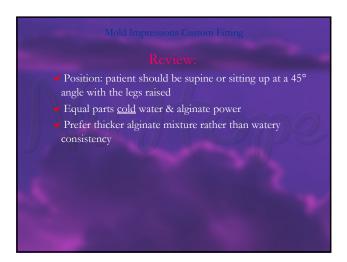




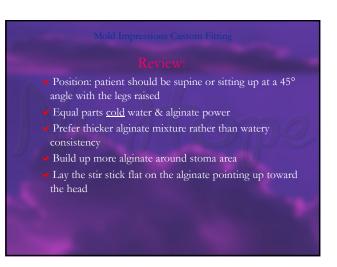




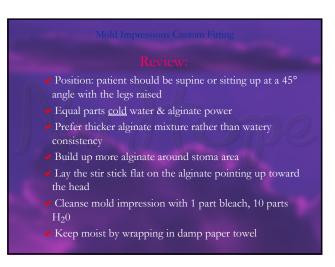
Review: Position: patient should be supine or sitting up at a 45° angle with the legs raised Equal parts cold water & alginate power

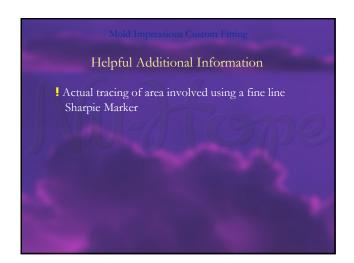


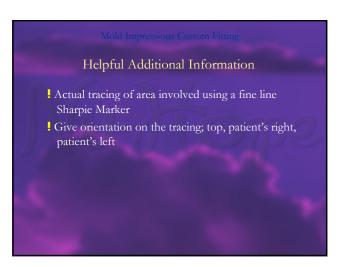
Review: Position: patient should be supine or sitting up at a 45° angle with the legs raised Equal parts cold water & alginate power Prefer thicker alginate mixture rather than watery consistency Build up more alginate around stoma area



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 H₂0







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 land marks on tracing umbilicus, wounds, tubes, scars, creases





























