

# Because Not All Stomas are Round and Not All Abdominal Shapes are Ideal

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## Overview:

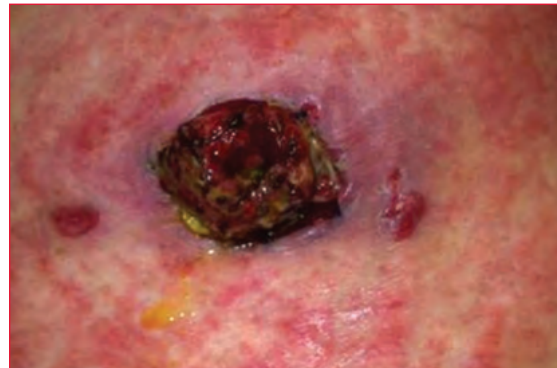
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Ostomy products to manage oval stomas and abdomens that are not ideal are determined by the WOC Nurse during a patient assessment. Since individuals are unique, there are a variety of stoma shapes and sizes. With an increase in loop ostomies performed today, WOC Nurses manage more oval shaped stomas. These stomas often are difficult to pouch as the stomal opening is not centered and may require the use of convexity. In addition, abdominal contours are not always ideal and the need for varying levels and degrees of convexity is required to achieve a secure seal.

## Case Study 1: Low Anterior Resection with Loop Ileostomy

**History:** 54-year-old patient admitted with rectosigmoid invasive adenocarcinoma post-neoadjuvant chemotherapy. Patient underwent a low anterior resection with loop ileostomy.

**Problem:** The stoma was located in an abdominal skin fold and upon assessment there were deeper creases at the 3 and 9 o'clock position. A pouch with an extended wear convex skin barrier was initially used. However, leakage continued and denuded skin was present (Case 1: Photo 1). The abdominal location of the stoma made it high risk for leakage, peristomal skin complications, frequent pouch changes (every 24 hours), discomfort, and it created a feeling of overall desperation for the patient.



Case 1: Photo 1

It was determined that the New Image convex skin barrier with tape border and a transparent drainable pouch, with the addition of a Adapt oval convex barrier ring would be used to fill in the skin fold as well as the deeper creases (Case 1: Photo 2).

**Outcome:** The patient did not need to change the pouching system for 3 days. After two weeks, the patient's stoma changed in size and she was fitted for a medium size Adapt oval convex barrier ring. The patient continues to care for her stoma without challenges. The patient was recently seen in outpatient department with intact peristomal skin (Case 1: Photo 3).



Case 1: Photo 2



Case 1: Photo 3

## Case Study 2: Diverting Colostomy and Urostomy

**History:** 47-year-old patient with history of rectal cancer stage IV. Post-surgery: left percutaneous nephrostomy, diverting colostomy, and urostomy.

**Problem:** During an outpatient clinic visit, an assessment of the patient showed the colostomy was functioning with no stomal or peristomal skin problems. The urostomy was located directly beneath the colostomy stoma making it a challenge to pouch both stomas and obtain an intact seal. The peristomal skin around the urostomy was denuded from changing the pouching system 2–3 times per day due to leakage (Case 2: Photo 1).

**Outcome:** The patient was placed in a CenterPointLock flat skin barrier with tape border and a transparent urostomy pouch. An Adapt oval convex barrier ring was used to fill in the skin fold (Case 2: Photo 2). An ostomy belt was also worn for added security. The patient was able to achieve 2–3 days wear time. The peristomal skin was completely healed in one week (Case 2: Photo 3).



Case 2: Photo 1



Case 2: Photo 2

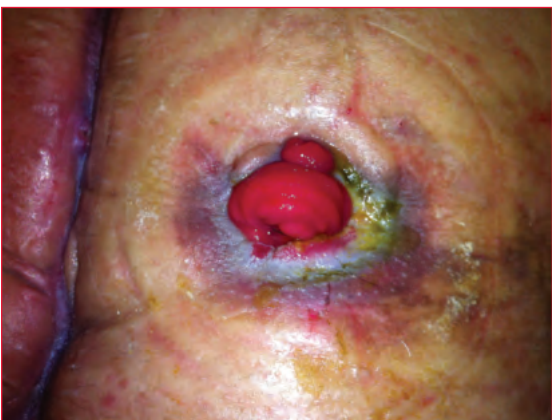


**Case 2:** Photo 3

### **Case Study 3:** Total Colectomy and LLQ End Ileostomy

**History:** 54-year-old patient with rectal cancer underwent total colectomy and LLQ end ileostomy. While in the hospital, the patient did not have any problems with ostomy pouching system.

**Problem:** The patient was discharged and had slight weight loss which caused an uneven peristomal plane. The patient began to have leakage problems at 3 o'clock with skin irritation and was afraid to lie down due to fear of pouching system leakage (Case 3: Photo 1). The patient's stoma opening was not located in the center of his stoma. The pouching system lasted less than 24 hours.



**Case 3:** Photo 1



**Case 3:** Photo 2

**Outcome:** Patient was placed in a New Image cut-to-fit flat skin barrier without tape. An Adapt oval convex barrier ring was placed on the skin barrier (Case 3: Photo 2), and a New Image transparent drainable pouch was used to collect the effluent. The patient picture framed around the barrier with pink tape and wore an Adapt ostomy belt for added security. Wear time was 3 days but more importantly, the patient was able to lie down and not feel anxious that the pouching system would leak.

### **Conclusion:**

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The use of new and innovative product accessories can positively impact clinical outcomes for the patient with a stoma that is not perfectly round, and abdominal contours requiring the use of convexity. The innovative use of Adapt oval convex barrier rings in a variety of complex clinical cases has extended wear time and provided peristomal skin protection.

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