An Alternative to Post Operative Ostomy Care Management and Pain

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Introduction

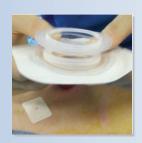
The general practice for the postoperative ostomy patient was to have a pouching system on the patient that was convenient to apply in the operating room. Although this was efficient for the operating room staff, it did not fully consider the postoperative ostomy care needs of the patient. The pouching system still required changing within 24 hrs. Changing came at the most difficult time during the patient's postoperative recovery resulting in considerable anxiety and discomfort.

Methods

A clinical evaluation was conducted on a total of 15 colostomy, ileostomy and urostomy patients using an adaptor with an extended wear skin barrier* or a moldable standard skin barrier.** The initial pouching system application was done in the operating room by the surgeons, and an evaluation was completed by the operating room surgical staff. Evaluations were also completed after each pouch change by the unit RN and by the patient.

A four section product evaluation form provided by the manufacturer was completed for the first five patients. For the remaining ten patients, abbreviated information was collected. Section 1 contained 13 questions about patient demographics and the initial stoma assessment. Section 2A contained a series of 8 questions to be rated by the surgical staff in the operating room regarding ease of molding the product, ease of applying the low pressure adaptor, and security of skin barrier fit to the stoma. Section 2B contained similar questions for the WOCN or RN staff to rate the product during the postoperative period until hospital discharge, with additional questions regarding patient comfort and ability of the low pressure adaptor to alleviate pressure to the abdomen. Section 3 contained a series of 10 similar questions for the Surgeon, WOCN, caregiver and patient to answer, including information about the ease of teaching patients how to use the system. Patient comfort was evaluated by caregivers asking patients if the pouching system had the ability to alleviate postoperative pressure during pouch changes. Section 4 summarized how many pouch changes were done for each patient and final comments about patient discharge. The WOCN coordinating the evaluation completed a final summary of the results of the first five written evaluations.

Overall, the pouching system with the addition of the low pressure adaptor was rated as providing greater patient comfort than traditional ostomy systems.









Initial application of the moldable technology skin barriers** with a low pressure adaptor* system done in the OR by surgeons



Using the low pressure adaptor* permitted the staff to apply pouch with minimal pressure on the abdomen and allowed detaching the pouch without pulling directly from the skin barrier



Using the low pressure adaptor* system as a standard post op system, patients are able to participate in routine post op care because of minimal discomfort

Results

Using the adaptor with the moldable skin barrier, we were able to introduce a new standard postoperative pouching system that allowed accessibility to the stoma without total pouching system change for 48 hrs. It permitted both the medical and the nursing staff to manipulate the pouching system without subjecting the patient to the typical lift and push pressure on the abdomen associated with traditional systems during detachment and reattachment of the pouch to and from the skin barrier.

Conclusion

The utility of the product was best demonstrated by patients reporting they experienced minimal discomfort during ostomy care. Favorable comments and feedback from the medical and nursing staff and the patients convinced us to use the low pressure adaptor with the moldable skin barrier as part of our standard postoperative pouching system.

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Product Notation

*SUR-FIT Natura[®] Low Pressure Adaptor with Stomahesive[®] or Durahesive[®] Skin Barrier **SUR-FIT Natura[®] Moldable Stomahesive[®] Skin Barrier with Hydrocolloid Flexible Flange

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