Moldable Technology* Simplifies Pouching Over Rods

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Problem

Many loop ostomies with rods today are temporary. Our surgeons use several different techniques to help protect the distal anastamosis line and prevent loop stomas from retracting postoperatively. This requires a modification of pouching techniques, in order to accommodate the surgical hardware that is utilized.

Objectives

- Increase patient comfort by eliminating frequent pouch changes
- Increase wear time
- Decrease nursing time

Case Study 2: Case Study 1: Use of the Soft End of Jackson Pratt Drain Use of Flexible Rubber Catheters Connected With Wooden End of the Cotton Tip Applicator in an "O" Ring Configuration **Inserted Into Center** Challenges Challenges • Catheter is soft, pliable and not stitched to skin. • The rigid, short profile of the drain allows for • A large area of the catheter protrudes, making easier skin barrier placement pouch placement difficult Abdominal swelling may cause pressure ulcers alongside the rod. If a pressure ulcer occurs, a **Management Technique** physician's order to remove the rod is obtained. Moldable skin barrier wafers are utilized Doing this will remove the source of pressure, • We have found no need for accessory products and the ulcer is treated locally. using this system Management Technique • Due to the bulk of the catheter, a larger pouch is usually required. Moldable technology skin barriers Seal gaps and create a flat pouching surface by Outcomes adding a molded strip of a cohesive skin • Using moldable technology helps accommodate barrier** or stoma paste*** beside the rod, in the the catheter ring configuration, hugs the stoma, areas where the skin dimples and helps prevent leakage by sealing gaps. We Outcomes achieved an average 3-5 day wear time. • We achieved an average 3-5 day wear time using this technique.





Case Study 3: Use of Commercially Manufactured Loop Ostomy Rods

Challenges

- Loop rod is plastic and rigid; not very flexible and has a long profile, requiring the use of a larger skin barrier for management
- May be sutured to skin
- May not lay flat against abdominal contours

Management Technique

- Create a flat pouching surface by adding a molded strip of a cohesive skin barrier** or stoma paste*** formed around the stoma and over top of the loop ostomy rod
- Larger moldable skin barrier* was utilized

Outcomes

• This pouching technique helps keep the rod flat. We achieved an average of 3-4 days wear time using this system. Our surgeons rarely use this technique any longer due to the pouching difficulties created



Conclusion

Post-operative pouching of a stoma when the surgeon utilized the adoption of "O" ring configuration with red rubber catheter was simplified using moldable technology, eliminating pressure and decreasing pouching time. Alternatively, when Jackson Pratt drains were used as loop ostomy rods, the pouching technique that worked best was the use of moldable technology skin barriers and the appropriate accessory product. This minimized leakage from a poorly fitting appliance. Finally, in our practice, using a moldable skin barrier on a plastic manufactured rod worked best in keeping a good skin barrier seal.

As WOC nurses, we can work with our surgeons to educate them on how their surgical practices impact post-operative stoma management. We cannot always change the surgeon's practice, however whether commercially available plastic loop ostomy rods, rubber catheters or drains are used during surgical construction, we may help prevent the occurrence of post-operative complications. Knowledge of the basic principles of pouching combined with new moldable technology* applied to these surgeon-fashioned "rods" has led to successful outcomes from both the patient and nurse perspective.

*ConvaTec Moldable Technology[™] **Eakin Cohesive[®] Skin Barriers ***Stomahesive[®] Paste

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