

THE ROAD TO INDEPENDENCE: SUCCESSFUL USE OF MOLDABLE OSTOMY SKIN BARRIERS* TO IMPROVE PATIENT OUTCOMES

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Introduction

New ostomates have many challenges post-operatively as well as the emotional struggles with adjusting to their new body image and lifestyle.¹ Every client has their own special needs and concerns. For some clients who have difficulty with their fine motor dexterity or remembering the order of a multiple step process, anxiety can become a key factor in their recovery process. Many different methods have been utilized to simplify the process for the client. A common concern of the clients is cutting the appropriate size and shape of the opening in the wafer. A method that has helped our clients to travel down the road to “independence” again while learning how to change their ostomy appliance is to use the moldable wafers. By using the moldable wafer, clients have quickly felt successful in the mastering of this skill. This has been the case regardless if the flat or convex skin barriers were used. This poster presents three clients with different needs who were able to use the moldable wafers as an appropriate solution to their individual situations.

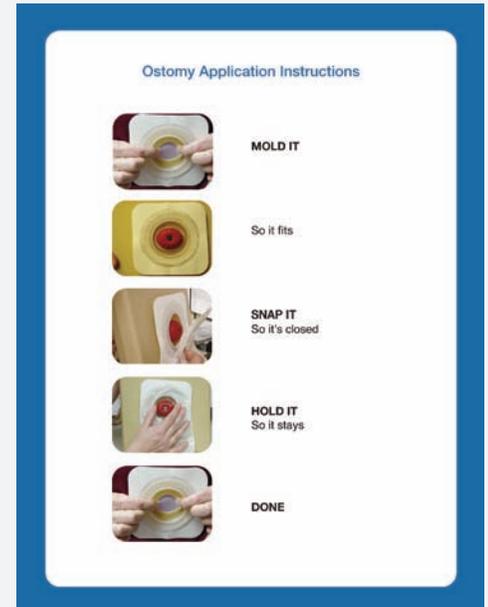
Client #1

Client 1 had previously used a cut to fit wafer on his proximal transverse colostomy. As his disease process progressed, he required further surgery and now had a left sided ileostomy. The client was a very anxious individual who worried about deviations from his established routine. He had limited mental capacity. Patient teaching was done in a manner that took into consideration this high level of anxiety and level of understanding. Working with him post-op was a challenge; his anxiety was so great that he would hyperventilate in anticipation of impending failure during the changing of his appliance. We attempted to continue with the flat one piece cut to fit appliance and to minimize changes for him, however, due to the contour of his abdomen, he had multiple leaking issues and his peristomal skin quickly deteriorated. We initiated the two piece moldable flat wafer with a belt. Within three days he had not experienced any leaking episodes and his skin was healed. The patient felt comfortable molding the wafer and he was pleased with the increased wear time as well as the security of the new system. The client's mother, who was involved in his care and equally anxious, was also quickly able to learn the regimen.



Client #2

Client 2 was 82 years old with a new colostomy due to a cancer diagnosis. Although she was recently diagnosed with dementia, she remains extremely active, and with much support from her niece, wishes to remain living alone in her own apartment for as long as possible. Because of short term memory lapses, her niece was concerned that if her aunt could not independently manage her ostomy she would have to consider assisted living arrangements. The patient was adamant that she wanted to stay in her apartment and was highly motivated to learn her care. We initially utilized the one piece cut to fit which was difficult for her to trim. The moldable pouching system was then introduced as an alternative option. She was easily able to mold the wafer appropriately complete the process with visual cues (pictures) and remain independent in her apartment.



Client #3

Client 3 was an active 84 year old male with a new ileal conduit due to bladder cancer as well as an incarcerated umbilical hernia repair. Even though he had a supportive son who was willing to help him at home, he wanted to care for his ostomy independently. The stoma was oval and irregularly shaped with urinary stents in place at skin level. There were also small skin depressions at the three and nine clock positions, all of which just added to the challenges of learning self management. Initially post op, he was placed in a flat one piece appliance which did not provide a secure fit, causing the peristomal skin to macerate and become slightly denuded. By changing the appliance to a moldable convex wafer with paste, the peristomal skin improved and his wear time was increased by two days. During the second appliance change while in the hospital he was able to mold the wafer appropriately and complete the process of applying the appliance with verbal cues.



Stents at skin level, oval shaped stoma, skin depression at 3:00 and 9:00, and minimal protuberance



Application of convex moldable wafer with paste



By utilizing a convex moldable wafer with paste the clients peristomal skin improved and his wear time was increased.

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Reference:

Richbourg, L. Thorpe, J. Rapp, C. Difficulties experienced by the ostomate after hospital discharge. JWOCN. 2007; 34 (1).

*ConvaTec Moldable Technology™ skin barriers
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