POUCHING ROADBLOCK: DIPS AND HOLES EVERYWHERE

Clinical Problem

- 41 y.o. Blind Female
- Dx: Ischemic Colitis
- Surgical Intervention: Right hemicolectomy with loop ileostomy
- Order per the surgeon to maintain the ostomy and wound separately to avoid stool contamination
- Interfering Factors:
 - High output ileostomy
- Close proximity of wound dehiscence
- No family support or assistance at home
- Patient noncompliance with dietary recommendations
- Patient blindness
- Significant weight loss which created deeper skin folds on her soft abdomen
- Pica— patient ate baby powder and put it all over her skin

Method 2

Ostomy Pouch and Negative Pressure Wound Therapy

- Procedure:
- Crusting to areas of denudation.
- Negative Pressure Wound Therapy (NPWT) was applied into the dehisced surgical incision
 - black foam into the dehisced wound
 - white foam applied to the superficial open areas on the skin
 - convex wafer and high output pouch attached to bedside drainage bag
- As the wound healed, the patient's weight loss caused the midabdomen to sink inward, creating a channel for stool to seep underneath the NPWT drape.



Conclusion

Method 3 was a success! After 3 pouch changes, the wound and peristomal skin was healed enough that the surgeon was able to take down the ileostomy. The patient was then managed with simple wound care to the abdominal wound.





Method 1:

Ostomy and Wound Separate

- Procedure:
- Crusting
- Stoma paste applied directly around stoma and into creases
- Convex wafer and High-Output Pouch with Belt
- Silver Hydrofiber and ABD Pad treated the dehisced surgical incision.
- We could not achieve the surgeon's order or stable pouching system with this method.

Method 3

Occlusive Wound Dressing and Large Wound Pouch

- Procedure:
- Wound pouch was cut to accommodate the wound, the ostomy and the abdominal creases.
- Crusting
- Silver Hydrofiber applied to the abdominal wounds
- Wounds were outlined with stoma paste
- Waterproof tape was then applied as a cover dressing over the dehisced wound.
- Stoma paste was applied into the creases and around the stoma
- Wound pouch was applied and barrier rings were flattened to protect the exposed skin.
- Pouching/dressing system lasted an average of 4 days.



Participants

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