Case Study

FormaFlex Skin Barrier

Colostomy

The Easy-to-Use New Image Two-Piece Pouching System with a FormaFlex Skin Barrier with Tape for Ostomy Care

Abstract:

The New Image two-piece pouching system with a FormaFlex skin barrier with tape is designed to provide better maneuverability and easier skin barrier maintenance for an ostomy. We recently used the New Image two-piece pouching system with a FormaFlex skin barrier on an elderly patient, who was having difficulties securely maintaining her ostomy. We found that this system significantly improved her quality of life (QOL) and reduced the burden on her caregivers.

Aim:

To provide a simplified, and cost-effective method of skin barrier application to assist caregivers in managing stoma care.

Setting:

An acute care hospital setting in Japan.

Patient Overview:

The patient is an 83-year-old female who had surgery two years ago for an ileus secondary to sigmoid cancer. She had a loop transverse colostomy formed. She also has an abdominal aortic aneurysm (no indication for surgical repair). She lives with her 85-year-old husband, who carries out all the ostomy care procedures for her. Her stoma size was 2.5 cm long x 3.5 cm wide x 1.5 cm tall (Fig. 1). The time required for her ostomy care by her husband was more than an hour for each pouch change, which was once per day.

Figure 1

Hollister

The ostomy was created at the right hypochondrium, where the proper application of the skin barrier was difficult due to sagging and wrinkling of the aging abdominal skin. The mushroom-shaped stoma could not be covered from direct proximal to the base of the stoma. To adjust for gaps with deep pits formed at three o'clock and nine o'clock from the stoma, an ostomy paste was applied. The skin barrier opening had to be cut larger than the stoma base, leaving excess space between the stoma and the surrounding skin. This was to accommodate fitting the mushroom shape of the stoma into the pouch. Room for the application of further paste to protect the exposed peristomal skin was recommended.

The choice of ostomy pouching system at the time of discharge was a flexible one-piece ostomy system with a cut-to-fit skin barrier and stoma paste. Due to frequent leakage, various skin barrier systems were tried without success. However, the original system choice has not been changed as it provided some degree of successful management.

Problem:

Despite the caregiver's efforts, extensive erosion was observed on the peristomal skin at the patient's follow-up visit. Medical staff found that her husband was applying the stoma paste directly to the skin to prevent frequent leakage, but this was resulting in skin irritation. The husband also expressed his concern regarding the increasing cost for extra consumables and the mental stress from the frequent need for pouching system replacement.

Her ostomy care was becoming increasingly difficult for her husband to manage due to inappropriate use of the accessory materials. He had difficulty in shaping the skin barrier using scissors due to deteriorating vision and he was becoming more distressed due to the short interval time required for system replacement. Expenses for her ostomy care consumables were increasing due to frequent pouch exchange and inappropriate overuse of accessory materials.

Intervention:

To reduce the caregiver's burden, the pouching system was switched to the New Image two-piece pouching system with a FormaFlex skin barrier with tape (44 mm). The 'shape-to-fit' feature of the New Image two-piece pouching system with FormaFlex skin barrier allowed her caregiver to manually shape the skin barrier without using scissors and apply the skin barrier to her ostomy, even one with an irregular shape.

The skin barrier was easily changed, even by the patient's aging husband, and helped reduce the caregiver's mental stress (Fig 2). The skin protection provided by the FormaFlex skin barrier means it can easily be re-adjusted if overstretched. The skin barrier could be prepared to loosely fit the stoma. It could further be adjusted by manually forming the skin barrier adhesive to closely cover the exposed peristomal skin area after its application (Fig 3 and 4), without the need for additional skin-protective paste. This was an ideal solution as the mushroom-shaped stoma was creating difficult pouching management. Furthermore, the floating design of the flange allowed for the attachment of a pouch without applying excessive pressure to the abdominal surface, which was a major concern for this patient in whom an aortic aneurism had been detected and left without surgical repair (Fig 5).

Outcome:

The regular replacement interval of the pouching system was extended to every four days (Fig 6). The time required for ostomy care was significantly shortened, relieving the patient's husband from cumbersome procedures and mental stress.

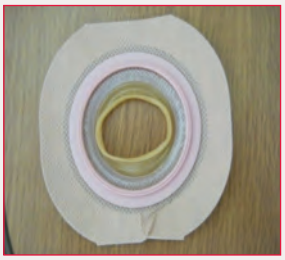

Figure 2

Figure 3

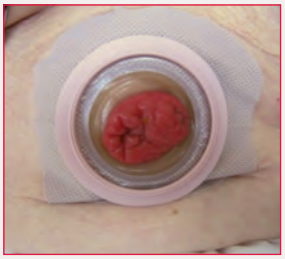

Figure 4

Figure 5

Figure 6

Conclusion:

The New Image two-piece pouching system with a FormaFlex skin barrier with tape successfully improved the maneuverability and adhesiveness of the skin barrier, and consequently reduced the stress of both the patient and caregiver and improved their QOL. The New Image two-piece pouching system with a FormaFlex skin barrier could be a more favorable option for ostomy care for elderly patients and their family members.

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Ethical Considerations

Patient consent was obtained after the patients were fully informed of the purpose of the present study, as well as the anonymity and restricted use of the data obtained.

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