

# Increased Postoperative Wear Time with an Effective Pouching System

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## PURPOSE

To demonstrate a more effective pouching system by improving wear time for postoperative management of ostomy patients in a large, metropolitan teaching facility.

## CLINICAL PROBLEM

There are two CWOCN nurses who consult throughout the facility. We encourage the staff nurses to assist with pouch changes when needed and assist with basic care and teaching for our ostomy patients. We began to notice that postoperative pouches needed to be changed shortly after surgery. Our expectations for the wear time of the pouch were not being met. The reason for the product failure was determined to be the result of skin barrier erosion that led to leakage and no protection of the peristomal skin. The pouch leakage led to skin breakdown, staff frustration, and delayed patient rehabilitation.

## CURRENT CLINICAL APPROACH

Our protocol required that patients be pouched immediately postoperatively when in the operating room. The two-piece pouching system that was previously used was chosen because of past material management decisions, stocking standards, and the OR staff and surgeons lack of knowledge of ostomy products. There has been some resistance to change because there is no patient follow-up and they do not see the effects of pouch leakage after the patient has left the operating room.

When we began to notice that the pouch wear time was unpredictable and unreliable, we decided to evaluate other products. After several years of evaluating the wear time of skin barriers immediately post-operatively, the CWOCN nurses at Virginia Commonwealth University Health System and Materials Management agreed on one product (CenterPointLock Two-Piece Ostomy System with FlexWear Skin Barrier, Hollister Incorporated).

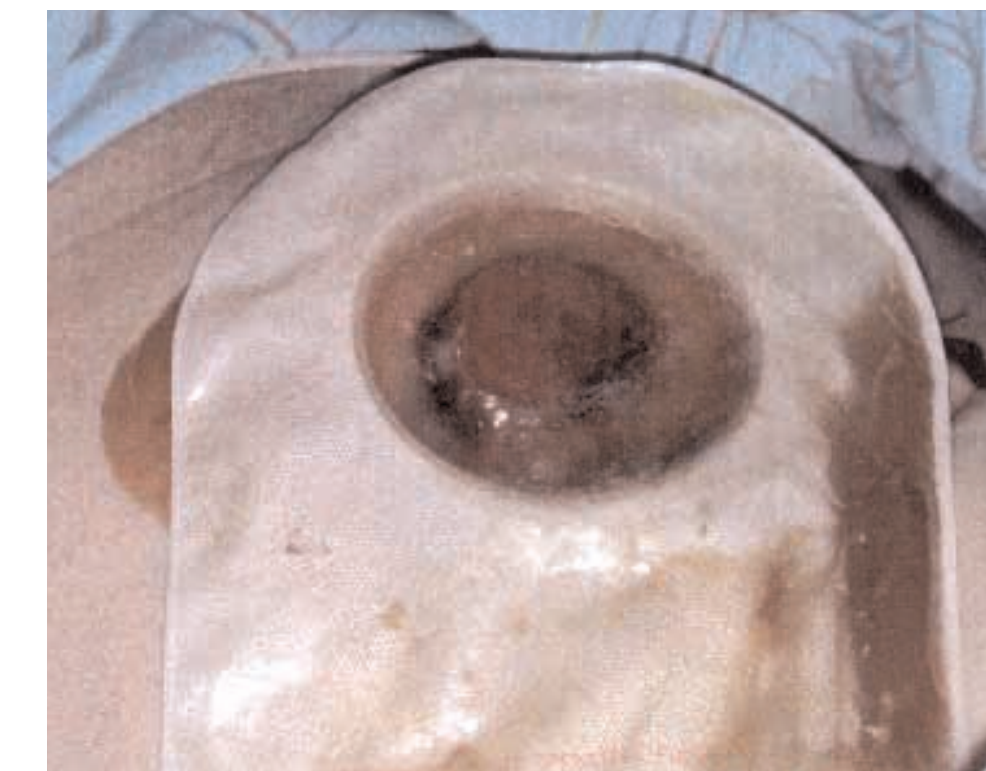
## PATIENT OUTCOME

Our postoperative pouch system was changed to include the skin barrier that we felt improved our patient outcomes. As a result, several factors were noted:

- increased wear time (3-5 days longer)
- decreased incidence of leakage and unscheduled pouch changes in the immediate post-operative period
- easier removal of the barrier from the skin in one piece and without damaging intact skin
- patient and staff confidence in the security of their pouch system
- better skin protection due to improved barrier durability
- decreased incidence in peristomal skin erosion and yeast
- decrease in unnecessary nursing tasks
- decreased skin stripping due to frequent and unplanned pouch changes.

## CASE STUDY EXAMPLES

The following examples demonstrate the differences seen between skin barrier performance in our clinical setting. Photos illustrate acceptable and not acceptable clinical outcomes.



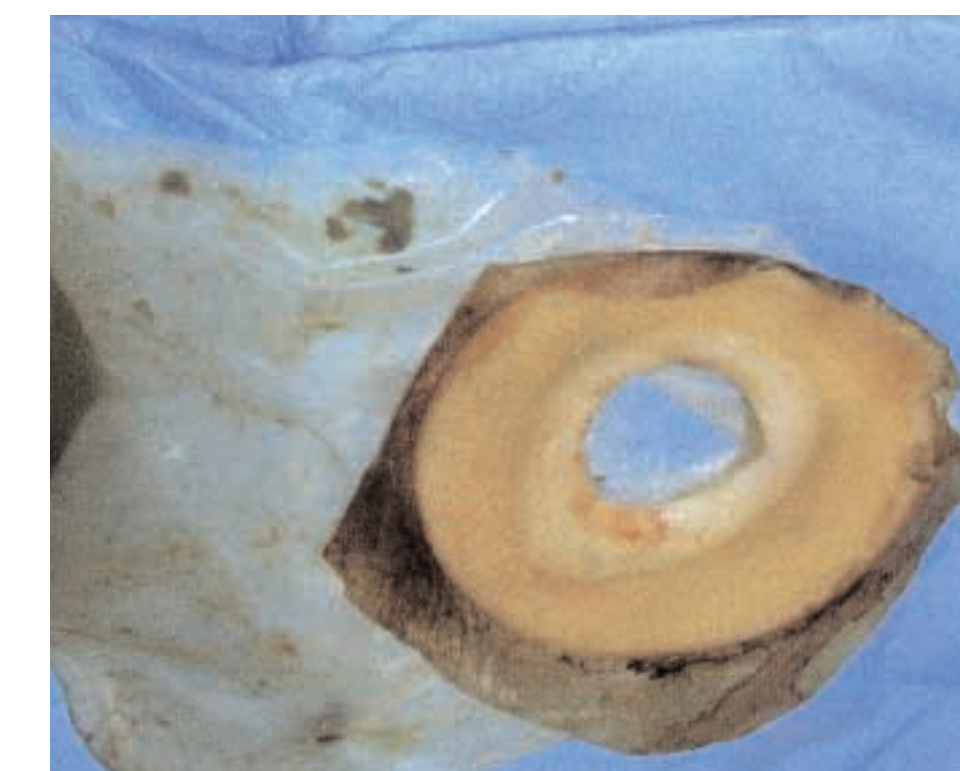
**Patient 1:** Ileostomy post-op day two. Stoma is non-functioning yet barrier is showing erosion on lateral side. Unacceptable wear time. (other brand skin barrier)



**Patient 1:** Ileostomy post-op day two. Well-defined and budded stoma. Barrier erosion leaves skin unprotected. (other brand skin barrier)



**Patient 2:** Colostomy post-op day five. Stoma functional. Even distribution of barrier with effective skin protection. Acceptable wear time. (FlexWear Skin Barrier)



**Patient 3:** Pouch in place four days with functioning ileostomy. Effective skin protection. Fistula effluent saturated wafer barrier tape. Pouch changed due to questionable skin erosion and patient's medical history. Acceptable wear time. (FlexWear Skin Barrier)

## CONCLUSION

A change in the skin barrier made a significant difference in the management and rehabilitation of our ostomy patients in the early post-operative period.

## Wear Time

Wear time is the length of time a product can be worn before failure. Wear time varies widely based upon factors such as skin condition, discharge consistency, activity levels, and climate.

Failure is usually the result of barrier erosion or separation of the skin barrier from the skin surface. Barrier erosion is influenced by the durability of the skin barrier selected as evidenced by its ability to stand up to the stomal discharge. The barrier's adhesiveness, flexibility and convexity all influence the ability of the skin barrier to remain in contact with the skin surface.

There are many skin barriers to choose from on the market. They may vary in certain physical properties such as the adhesive tack, thickness, flexibility, barrier backing, and durability. Depending on the objectives for a particular patient situation, one barrier may be more appropriate than another to meet the clinical objectives for care. The goal of selecting an appropriate ostomy pouching system is to provide a predictable and consistent wear time.

## More about FlexWear Skin Barrier...

- FlexWear is a synthetic skin barrier that provides effective adhesion for a good skin and barrier contact.
- This skin barrier is designed to be worn for more than one day. Typical wear time range would be four to seven days.
- FlexWear provides reliable durability with different types of discharge.
- This barrier is a good choice for colostomies and ileostomies.

## REFERENCES

Hampton B, Bryant R. Ostomies and Continent Diversions. Mosby Year Book, 1992.  
Wells J, Doughty D. Pouching Principles and Products. O/WM, 40.6, 1994, 50-62.

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