

Leveraging New Consensus Statements in Patient Care and the Importance of Ongoing Review of Patients Using Convexity Products

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Abstract

Convexity products in ostomy care have been available for decades.¹ Until recently however, guidelines and a consistent taxonomy surrounding their descriptors and usage has been lacking.¹ Consensus statements that help clinicians to describe the characteristics of convex products have now been developed to aid with the consistency and translation of meaning when describing convexity products.² This case study marries this new information with some of the recommendations about using convex products and discusses the importance of regular patient review to ensure positive patient outcomes are both attained and maintained.

Medical/Surgical History & Challenges

Mr. J (initial changed to protect privacy) is a sixty-one-year-old male who underwent surgery for bladder cancer in late 2021. His surgery entailed performing a cystectomy, a radical prostatectomy, and the formation of an ileal conduit. Mr J had had a reasonably large and relatively firm abdomen but had a reasonably spouted stoma despite these features. Additionally, there was a slight moat around the stoma that required filling. (See *Figure 1*) He had a relatively uneventful post-operative journey and was soon discharged home on a CeraPlus™ one-piece*, soft convex, urostomy pouching system. Soft convexity products have an easily compressible convex dome in the skin barrier and are suitable for use on firmer abdomens as well as post-operative use.² The depth of the convex insert can help to compensate for the compression of the convex dome and still achieve a secure skin seal into the small peristomal moat. Overall, this style of convexity construction is also highly flexible for contouring around challenging skin topography.² Lastly, his stoma was round and measured 25mm, so he was able to use a pre-cut style of product and managed his self-care well.

It should be noted that patients with ileal conduits frequently require some form of convexity due to the always liquid nature of the stomal output.^{3,4} We often see patients discharged on a convex product (soft or firm) as a proactive model to limit the potential for leakage in the future. Such proactive solution approaches can assist with positive patient outcomes earlier in their journey rather than relying on reactive approaches where one awaits the problem and then remedies it.⁵

For the most part, Mr. J initially managed well at home without suffering leakage but experienced a significant and rapid gain in weight of 10kg over a short period. He was visited by community services for review and complained of some discomfort, most notably at nine o'clock on the stoma face. On removal of his pouching system, it was observed that his rapid weight gain had sufficiently altered his peristomal plane enough. So much so, that the defect from the previously obvious peristomal moat had almost disappeared. (See *Figure 2*)

Nursing Interventions

It should be noted that all patients using convex ostomy products should be reviewed at regular intervals at least every 6 months as there are frequently changes in both stoma and peristomal planes.⁶ Daily review is recommended in the immediate post-operative period to assess the peristomal skin.⁷ While review times vary in the literature, it appears that some formal review at periodic intervals should be undertaken to ensure the objectives and the outcomes of the pouching system are the same.¹ Peristomal pressure changes under convex products are common occurrences when people gain (and in some cases lose) weight or when there are other changes such as the development of parastomal hernia.^{2,3} The sudden increase in pressure on the peristomal topography underneath the convex skin barrier of Mr. J is an example that relates to this concept.

Despite the use of a compressible, soft convex product, it appeared even this gentle application of tension created a feeling of discomfort for Mr. J. and was now too much for the peristomal plane. However, a minor peristomal moat remained.

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Figure 1 Urostomy with slight peristomal moat



Figure 2 Peristomal defect (moat) reduced and smoothed with weight gain

LEVEL OF EVIDENCE - CASE STUDY

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A urostomy pouch with a CeraPlus™ flat skin barrier was selected with aim of helping to reduce his sensation of discomfort and a hydrocolloid seal (Dansac TRE™ seal) was used to fill the peristomal moat. Using a non-convex skin barrier provided a more flexible system than one incorporating a convex barrier. The seal provided additional moisture absorption should there be any potential leakage. (See Figure 3)

Results

This more compressible and flexible solution still provided a secure seal from an even softer convexity application. Mr. J expressed greater comfort while wearing it. The combination of the flat skin barrier and seal addressed his minor peristomal defect without delivering excessive tension to the peristomal plane and Mr. J remained leak free. However, as discussed previously, pouching systems for patients should be reviewed periodically to assess their ongoing efficacy.

Conclusion

Convexity products are an important component of the clinician's armamentarium. The new terminology regarding the selection of products based on specific characteristics is an easily adoptable language as it is logical and relatable. This new evidence in stoma care can help guide clinical practice for both the novice and experienced clinician.

Importantly, understanding that peristomal planes are dynamic and frequently can change is an important concept when using both flat and convex products as well as accessories. This dynamism infers that ongoing review is needed to ensure the goals of care are consistently met for the clinician. Merging this concept into clinical practice of the new language now developed with the experience of the clinician can only provide enhanced outcomes for our patients.



Figure 3 Mr. J's revised pouching system - a flat urostomy pouch and seal



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Disclaimer: This case study represents this nurse's experience in using the CeraPlus™ skin barriers with the named patient, the exact results and experience will be unique and individual to each person.

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