# Proactive Use of New Convexity Consensus Statements and Patient Assessment Tools in Achieving Positive Patient Outcomes

**Jeanie McCarroll,** Clinical Nurse Specialist - 2, New South Wales, Australia


## Abstract

*"The way to bring about change is to be proactive and active."* – Octavia Spencer.

Currently we live in exciting times in stoma care. There has been a distinct lack of evidence supporting our clinical practice but in recent years this has started to change and evolve. There has been several studies and journal articles coming through that are supplying stoma care nurses with rich sources of information that will help to positively impact patient outcomes. Such information will support evidence-based practice and much of it can be deployed into clinical practice almost immediately. This proactive approach should be the model moving forward versus the current state which is to be reactive and wait for problems to arise and then address them.[1] There is a potential in some instances to reduce the incidence of peristomal skin problems through such proactive measures.[1] This case study examines such evidence and applies it to a new post-operative patient with good outcomes.


**Figure 1** Post-operative stoma and peristomal appearance. Note presence of PMASD.

## Background & Relevant History

Mr. B (initial changed to protect privacy) is a seventy-three-year-old male who was diagnosed as having bladder cancer. He was admitted for a cystoprostatectomy, bilateral lymph node dissection, appendectomy, and formation of ileal conduit. This type of surgery for bladder cancer has been well studied and has been shown to effectively relieve postoperative symptoms, improve the quality of life, and may improve survival outcomes when combined with adjuvant therapies.[2]

He is a smoker and suffers from rheumatoid arthritis. He is socially and physically active and lives at home with his wife. His length of stay at our hospital was nine days and he had a relatively unremarkable recovery after his surgery. This case study reviews a proactive approach to the management of his stoma using clinical guidelines regarding convexity products that have been recently published, as well as the use of a validated patient assessment tool that facilitates reliable assessment techniques for patients when deciding on the type of product to consider.

## Nursing Review

On initial review, his stoma was pink in colour, only slightly oval (32mm x 30mm), and well-spouted with a central lumen/os through which his stents exited. His mucocutaneous junction was intact and there was no visual evidence of existing or potential separation. His peristomal plane was assessed and it appeared flat, with no creases or skin or skin folds, and his abdominal tone was assessed as firm. He had some post-operative oedema present. He also had some evidence of mild peristomal moisture associated skin damage (PMASD) around his stoma and after investigating this, it appeared his skin had been exposed to urine for a lengthy period due to an overfull pouch. *(See Figure 1)*

## Proactive Management Decisions

Mr. B was initially assessed using a software application (APP) that is available to use with handheld devices or desktop computers. This APP is called the Hollister Fit Indicator Tool (FIT). This tool was developed with an international panel of experienced stoma care nurses, to help clinicians determine if their patients need a flat or convex ostomy skin barrier.[3] The patient is assessed in a variety of positions, then data is inputted into the relevant checkbox fields within the APP. The data generates a recommendation for the style of product that would be most appropriate for a particular patient. In the case of Mr. B, his data that was inputted included the following:

- peristomal post-operative oedema
- a firm abdominal tone
- liquid output (urine)
- a slightly spouted stoma (<20mm) with two stents, and
- potential for changes in both stoma size/protrusion in first month post-op

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Mr. B also indicated a preference for a one-piece pouching system for simplicity and an easy-to-use tap and night drainage connection. This assessment method indicated that he required some form of convexity. *(See Figure 2)*

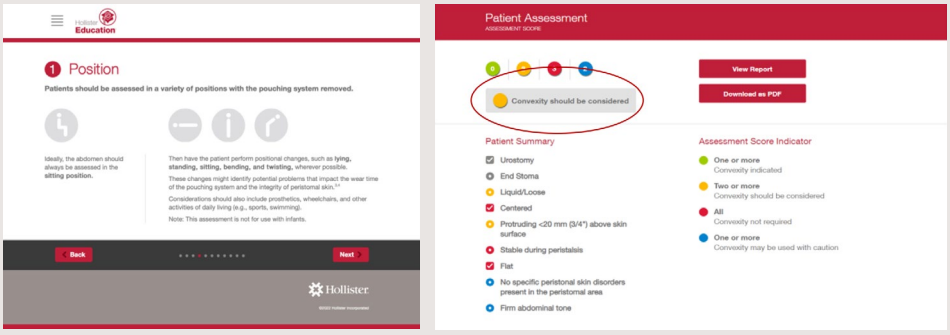


**Figure 2** Patient assessment result after using the Hollister Fit Indicator Tool. Note: *'Convexity should be considered'* result.

Understanding that he required convexity, the next step was to match the type of product with his individual needs. This task was made easier using recently published consensus statements regarding convexity product attributes and the clinical implications for each. These guidelines helped to redefine the characteristics of convexity into a common vocabulary that is logical, easy to understand, and most importantly to implement in clinical practice straight away. The five characteristics are depth, flexibility, compressibility, slope, and tension location.[4] Each characteristic was matched with clinical practice impact statements that are helpful in guiding the clinician to a suitable product solution for a patient. Note, these characteristics are not ranked in order of importance. Some characteristics will be more relevant than others depending on the patient assessment. During such assessments, the clinician will often be guided on the primary characteristic for product selection followed by secondary or tertiary characteristics to arrive at a solution. Possibly all five characteristics may be evaluated depending on the patients' needs.

In the case of Mr. B, due to his firmer abdomen around the peristomal plane, and the absence of abdominal creases and folds, a shallower, softer convex skin barrier was chosen to enhance a secure skin seal. Additionally, based on both the FIT Tool and consensus statements from 2017, liquid output is an indicator that convexity should be considered.[3,5] At the time of initial assessment, it was determined that an ostomy belt was not required. These are often used to enhance the effect of convexity by increasing the depth.[4,5] An easily compressible skin barrier (a 'soft convex' style) was chosen for the post-operative firm abdomen, to help achieve a good seal with less pressure at the base of the stoma, since the stoma was also slightly spouted. Patients with a firm abdominal tone may require a more compressible convexity to help prevent pressure-related injuries.[4,5] Interestingly, depth and compressibility will often go together. The more compressible the skin barrier is, the less influence the depth of the barrier provides.[4] Understanding that a more compressible convexity should have greater depth to accommodate the dome compacting due to abdominal pressure, or pressure from applying an ostomy belt, is an important concept when reviewing convexity products for the characteristic of compressibility.

As the patient was quite active, a degree of comfort and flexibility was another consideration for the barrier to conform smoothly to his abdominal contours and flex with his movement. A convexity product with an adhesive border was also a priority for consideration as the border is much thinner than a skin barrier and by its' nature will be more flexible. It also negates the need for other securement accessories such as hydrocolloid barrier extenders. Lastly, a cut-to-fit skin barrier was selected to help provide the greatest tension away from the stoma and to help maintain flatter peristomal skin further away from his stoma. Additionally, he had an oval-shaped stoma that was expected to change in size and possibly shape. It was determined that the post-operative swelling of his abdomen and stoma would reduce. A pre-cut skin barrier might be a suitable option in future based on a future assessment.

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## Result

Based on all the assessment criteria, the product chosen was a CeraPlus™ one-piece soft convex pouching system*. *(See Figure 3)* An Adapt™ ostomy belt was selected prior to discharge as it was not clear if his additional movement going home would impact the security of the skin seal. This will be reviewed at his next visit. Mr. B was leak-free with intact and healthy appearing skin when he left our care.

**Figure 3** CeraPlus™ one-piece soft convex urostomy pouch with an Adapt™ ostomy belt.

## Conclusion & Reflection

The chief reasons for choosing this product were based on specific characteristics that became prominent during this patients' assessment. Chiefly, these were depth, compressibility, and flexibility. While other characteristics did come into consideration, these were the primary attributes that needed to be considered for a successful outcome. Mr. B has stated that he is happy with his pouching system as it is easy to use and comfortable to wear.

Proactive decision-making for ostomy patients using evidence-based approaches to their care should be the standard if we wish to improve patient outcomes. Adopting new nomenclature and incorporating it earlier into clinical practice seems a fundamental shift in ostomy care, however if stoma care is to advance, it should become the norm. Currently, evidence-based practice in similar modalities in healthcare, such as wound management, is now the norm. Embracing new information and applying it to clinical practice will be pivotal in patient care.

**To learn more about CeraPlus™ Products, click here or scan the QR code**

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**References**

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*Contains the Remois Technology of Alcare Co., Ltd.



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