Pouch Product Types and Skin Preparation; the Critical Element in Ostomy Pouch Wear Time 5/30/2013 Revised

By,
Kenneth R. Schena, CLU

The following article is written by a Colostomate to help others by sharing the knowledge he has gained in learning to manage daily life with an ostomy. Ken is not a medical professional, but has invented a pouch with a cleansing system. The pouch called EZ-Clean permits the user to sit on the toilet, evacuate the pouch contents, avoiding any physical contact with body waste, which is then flushed away, all in less than 3 minutes.

When a patient comes home from the hospital after having undergone colorectal surgery, the resultant colostomy or ileostomy is very foreign to their lifestyle. Both have what is called a stoma, which is a direct conduit from either the colon or the ileum that has been routed through a hole cut by the surgeon in the abdomen. Generally, the stoma is located on the left side of the person for a colostomy and right side for an ileostomy.

The colon or ileum conduit is pulled through the abdominal hole and folded into a cuff and then sutured to the abdomen to form the stoma. This process is called Brooking and provides the means by which fecal waste is expelled by the body. It is this area that this article addresses and the care that must be taken to successfully attach a pouch collection system to contain the body's disposal waste.

Achieving a leak proof seal between the wafer or skin barrier and the abdominal skin surrounding the stoma is extremely important and requires the development of unique skills. The content of body waste is very acidic and will attack the adhesive used to attach the wafer / skin barrier to the body. Developing these skills without any prior knowledge is a very trying experience for ostomates who should seek the help of an Ostomy Nurse or Ostomy Support Group to learn the required skills.

It is very important to understand what types of pouches are available on the market today. Knowing what is available and the unique characteristics they possess will help to make a selection that will perform according to the needs of the stoma and body configuration of the ostomate. Following is a listing of the different types of pouches and their use description:

Pouch Types / Characteristics:

1. **One piece pouch with a drain at the bottom** to facilitate emptying, a closable opening that can be sealed is located at the bottom of the pouch. The opening can be sealed by a number of methods, but generally with a clip or hook & loop mechanism.

2. **One piece pouch with closed end** which is replaced in its entirety when the pouch has filled with body waste. The entire pouch including contents is disposed of in the trash because this product is not flushable.

3. **Two piece pouch that has a separate wafer / skin barrier with a drain at the bottom**. The pouch is removable and is secured with a Tupperware like airtight connection allowing the pouch to be removed for cleaning or a change and can thereafter be re-attached to the wafer.

4. **Two piece pouch with no drain** this product has a separate wafer and closed disposable pouch that can be removed when full of body waste and discarded. A New pouch is then attached to replace the one discarded so body waste can be collected. These pouches are not disposable in the toilet and must be bagged, sealed and thrown in the trash.

NEW

5. **EZ-Clean One piece pouch with a built-in cleansing manifold, bottom drain and a top inlet.** This system permits the ostomate to sit on the toilet (pouch attached), connect one of three (3) different available water feed to the inlet, depress a thumb actuator trigger to clean the pouch interior. All the waste is evacuated into the toilet to be flushed completing the process. The manifold also provides a means of releasing accumulated gas in the pouch. **This is the newest revolutionary pouch system that has become available to ostomates and is protected by 5 US and 4 Foreign Patents with others pending.**

There are characteristics built into the above identified pouch systems that facilitate different conditions and help to establish a leak proof connection. The most common is what is called Convexity which is a raised area that forces a tighter seal to the area immediately surrounding the stoma. This type of pouch is more commonly used by ileostomates who have a more liquid output that is highly acidic thus creating a higher probability of experiencing leak problems.

There are a variety of methods that can be employed to achieve an airtight seal to the abdomen and it is important to learn about each. Knowing how each of the works can help to select the one that will solve a problem when it surfaces. The common seal aids are: Paste, which generally comes in a tube and is applied around the stoma opening on the wafer or to scared areas on the abdomen that are uneven. **The newest product is Stoma Surround Sealant from Schena Ostomy Technologies which comes in a tube and provides a seal around the stoma.** There are also skin barriers that have been formed into a washer that fits around the stoma to create a seal which re-enforces the wafer attachment.

Now that you have a basic understanding of the different pouch systems and seal aids available, we can move on to the purpose of this article, which is to help identify the problems associated with achieving a positive leak proof bond between the wafer / skin barrier and the body skin surrounding the stoma. This skin must be kept in clean irritation free condition to successfully attach and utilize a collection pouch without leakage or odor.

1. After removing the pouch from your body, the skin surrounding the area should be thoroughly cleaned removing any adhesive residue. There are skin cleaning wipes available from most manufacturers that will clean the area. I personally use nothing but **Williams Lectric Shave** which is available from pharmacies, supermarkets or department stores. It will remove all residues and leave a clean surface.
2. If there is body hair in the area, it should be shaved to provide a clean dry surface for application of the wafer. The area should be cleaned after shaving and the Williams can be used for this purpose. I personally use Bounty paper towel (4 ½ inch sheets) folded into a pad and saturated with the Lectric Shave.
3. If there are any areas with irritation they should be treated and an OCN (Ostomy Care Nurse) or WOCN (Wound Ostomy Continent Nurse) should be consulted if the problem is serious. Under mild conditions, a light dusting of medicated powder can be used to treat the skin. An alcohol free skin barrier wipe can be used to seal in the medicated powder.
4. The skin area around the stoma should be dried thoroughly with a hair dryer on the warm position to remove any moisture left in the pores that can impede adhesion of the wafer. Using a facial tissue to wipe assures the clean dry surface required for good wafer adhesion.
5. Warming the wafer with the hair dryer will bring it to body temperature which will provide maximum adhesion to the skin. Once the wafer has been attached, use your fingers to trace all around the wafer to make sure it meets the body totally and securely.
6. If the skin surrounding the stoma is scarred from surgery or irregular due to body weight, it may be necessary to use additional sealing aids like stoma paste or a seal ring.

   Note 1: The stoma paste or Stoma Surround Sealant generally comes in a tube and should be applied around the hole cut in the wafer to accommodate the stoma. Often a U shaped application will work to seal the critical leak areas.The application should be minimal thickness (1/4 inch) and applied using the tube and no hand contact. The wafer when applied should be finger press traced on the outside around the stoma to assure good compressed contact of the paste or sealant with the body skin.

   Note 2: The seal rings are generally formable and should be applied surrounding the stoma to establish a secure fit which will seal around the wafer when it is applied. Most can be flattened to obtain a good seal between the pouch and the abdominal skin. There are tape materials available that can be used to frame the wafer sealing the edges from outside or inside penetration. Swimmers find this helpful in preventing chlorinated water from attacking the adhesive skin seal.

Note 3: There are many skin preps available, however it has been my experience that they shorten the length of time a pouch can be worn. The best secure wafer attachment is achieved with clean dry skin which is free of, or treated to overcome, scars and crevices on the abdomen.

Note 4: Ostomates should realize that following a hygienic, careful process will result in the correct pouch application for which the normal wear time is 3 to 5 days. It is important to note that you can try anything medically sound to achieve successful results wearing a pouch collection system.

I hope readers found the contents of this article helpful in understanding what can be done to lead a normal life with an ostomy.

Sincerely,
Kenneth R. Schena, Colostomate
Inventor of the EZ-Clean System
239 263-9957
Email: kenschena@comcast.net
Web: www.ostomyezclean.com