

Quality Of Life Case Study

Angela Makwana, Stoma Clinical Nurse Specialist, Auckland, New Zealand

This case study represents my experience in using Dansac NovaLife TRE soft convex barrier with this specific patient and may not necessarily be replicated.

Patient Overview

The patient is a 74 year man who lives on his own and enjoys an independent and active lifestyle.

Patient History

The patient presented to hospital with severe abdominal pain, subjective fevers, diarrhoea and vomiting. He had been aware of gradual weight loss over the last six months and had noticed that his clothes were getting looser, but had not been unduly concerned. He also reported that his bowel motions had altered and that he had been feeling extremely lethargic.

A CT scan revealed the appearance of bowel ischemia involving distal small bowel, with thromboembolism within the superior mesenteric artery and vein. Mesenteric artery thrombosis is a condition involving occlusion of the arterial vascular supply of the intestinal system. It is a severe and potentially fatal illness typically of the superior mesenteric artery, which provides the primary arterial supply to the small intestine and ascending colon. (Ankush Sarwal., et al. "Superior Mesenteric Artery Thrombosis Risk and Treatment (SMART): Review of Literature". Acta Scientific Gastrointestinal Disorders 2.5 (2019): 54-56.)

The patient was taken to theatre for a laparotomy (small bowel resection, adhesiolysis and laparostomy). The ischemic bowel section was removed leaving 120cm of small bowel jejunum with 10cm distal terminal ileum, in place. The abdomen was left open. The following day, the patient returned to theatre for end to end bowel anastomosis and closure of the laparostomy. Initially, the patient seemed to be doing well, but his blood results showed increasing inflammatory makers which indicated infection from anastomotic leakage. The following week, the patient went back to theatre for a second laparotomy with takedown of the anastomosis and the formation of a double barrel stoma.



Photo 1: 6 days post-surgery: double barrel stoma, proximal lumen healthy, distal lumen sloughy



Photo 2: 13 days post-surgery: both lumens retracted below skin level, necrotic, no viable bowel seen

Intervention

The patient was referred to me in hospital one week later. At this point, he was in a great deal of pain and discomfort from the surgery as well as dealing with the shock of what had happened to him and the impact this would have on his quality of life.

On examination, I found that the ileostomy proximal end was healthy but the distal end was sloughy. The stoma was flush with the skin and the laparotomy wound had dehisced. Three days later the ileostomy appeared more oedematous and was dark red and protruding. Four days later the ileostomy had retracted with necrotic tissue. At this stage the patient was too ill to undergo any further

procedures. Clots were present on removing the patient's bag and the stoma was bleeding. Three weeks later the stoma had retracted and previously healthy peristomal skin had become damaged.

A retracted stoma discharges effluent at the skin level and causes peristomal irritation and is more prone to leakage. (Michael Kwiatt, MD and Michitaka Kawata, MD. *Avoidance and Management of Stomal Complications*, Clin Colon Rectal Surg. 2013 Jun; 26(2): 112-121).

Whilst the patient was in hospital, I tried various pouches and accessories and showed him how to care for his stoma and change the bag on his own. Generally, the bag would last up to a maximum of 24hrs, but it had to sometimes be changed three times a day as the patient had a very high stoma output. Despite these challenges, the patient gave the impression that he was coping well and did not want assistance with his bag changes. He also received intensive dietary input during his admission. Nine and a half weeks later, he was discharged to sheltered accommodation with a prescription for Loperamide 12mg QID and enerlyte 1L/day to help control the output.

However, within 12 hours of discharge, the patient was readmitted to hospital with stoma complications. His output was extremely high and he was experiencing continuous leakage. He was also feeling exhausted and "washed out" and explained that he had not filled his prescription on discharge, or eaten or drunk anything in an attempt to control his output. He was extremely anxious and admitted that he could not cope with changing the bags on his own. He did not want to mention this before as he was fearful of the future and becoming dependent on others.

On examination, I discovered that his peristomal skin was red and sore due to the continuous leakage and his DET score was 10. To help improve his skin health, I decided to trial the Dansac NovaLife TRE soft convex pouch (3081-44) as the pH buffering properties of this product provide peristomal skin protection and high absorbency. I also used powder and a seal for better adhesion as his skin was so wet.



Photo 3: 5 weeks post-surgery: stoma retracted, skin continued to deteriorate, bag lasting 24hrs maximum (prior to commencing NovaLife TRE soft convex pouch)



Photo 4: 10.5 weeks post-surgery: Dansac NovaLife TRE soft convex being used.

As the stoma was sited near the laparotomy wound, I spent time re-educating the patient on best practice and reinforced the message as to why it was so important to follow our instructions to avoid potential infection. He recognised the importance of this and agreed to take his time when changing his bags and to follow our procedures.

“ The patient was managing well with his bag changes and was confident with the products he was using. ”

The patient was discharged 14 days later with Loperamide 18mg QID; Codeine 30mg QID, St Marks Solution and Psyllium Husk 1tsp daily. He also received dietary support.

Three weeks later, the patient's stoma appeared red and healthy and was now flush with his skin. His peristomal skin had visibly improved with a DET score of 2. He felt comfortable and confident using the Dansac NovaLife TRE soft convex pouch (3081-44) and belt, and only needed to change his bag every 24 hours.

He still attended hospital three times a week for IV infusion of fluids and potassium, to help prevent dehydration from the high stoma output.

Conclusion

Two months later, the patient only had to change his bags every two to three days. He was coping well with the bag changes and felt confident with the products he was using as part of an overall care plan. The laparotomy wound had successfully healed and the patient regained his independent lifestyle. The following month, the patient's stoma was successfully reversed.

Key Learnings

- Be aware of the patient's quality of life and how stoma care nurses can make a direct and positive impact
- Keep up to date with new product technology and innovation. Selecting the right product at the right time can improve both physical and emotional outcomes
- Make sure that patients are confident in managing their bag changes, particularly when they live alone. Patients may sometimes be reluctant to admit they are not coping

References

1. Ankush Sarwal., et al. "Superior Mesenteric Artery Thrombosis Risk and Treatment (SMART): Review of Literature". Acta Scientific Gastrointestinal Disorders 2.5 (2019): 54-56.
2. Michael Kwiatt, MD and Michitaka Kawata, MD. *Avoidance and Management of Stomal*

Complications, Clin Colon Rectal Surg. 2013 Jun; 26(2): 112-121.

About Dansac NovaLife TRE

Living with a stoma does not have to mean accepting peristomal skin complications. Helping the skin around the stoma stay healthy goes a long way in enhancing the quality of people's lives.

The **Dansac NovaLife TRE** ostomy barrier is designed to help keep skin naturally healthy with 3 levels of protection: **Adhesion, Absorption and pH Balance.**

The best skin is healthy skin.

For more information contact your local representative.



**Stoma
Skin
Soul**

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