

## **Comprehensive Clinical Scenario – Ostomy (SAMPLE)**

Chief complaint: leaking urostomy

History of Present Illness: 68 year-old patient reports that he has only been getting 2 days wear time before his urostomy leaks. He used to be able to go 4 or 5 days before he had to change it. Current products used are: Convatec wafer #125269 (3/4” pre-cut Stomahesive) with pouch #401544 as well as an adhesive remover to remove the black residual marks. He has noticed some itching under the wafer in the last 2 weeks. Denies any recent antibiotic use.

Past Medical History: Bladder cancer 4/2008, prostate cancer 2000, hypertension, diabetes type II, hyperlipidemia.

Current Medications: Metformin 1000 mg BID, Lisinopril 20 mg daily, Simvastatin 20 mg @ hs, aspirin 81 mg daily

### Pertinent Family & Social History:

Family history: 5 children alive and well. Father deceased age 61 of lung cancer, mother died in her sleep at 88

Social history: divorced, lives alone. Retired. Quit smoking cigarettes in 2000. Denies alcohol and illicit drugs. The patient does not have a driver’s license and takes a taxi to pick up ostomy supplies at local DME.

Allergies: penicillin- causes hives

### Pertinent Review of Systems:

General: The patient denies fever, chills, changes in weight.

Skin: The patient reports a mild rash under wafer that itches.

Genitourinary: The patient has a urostomy that has been leaking.

Endocrinology: reports blood sugars have been running a little higher than usual, with morning blood sugar in the 200 to 240 range. Does not know what last A1C was or when it was last done.

Psych: denies depressive symptoms

### Comprehensive Problem Focused Physical Exam:

General – well-groomed, good eye contact, affect normal, no apparent distress, alert & oriented, gait normal

Skin- Warm and dry, turgor good, pink papular rash consistent with candidiasis noted on peristomal skin from 4-8 o’clock

Abdomen- soft, obese, nontender. With a stoma in RLQ, stoma is red, moist, protrudes about 1 inch, is oval ¾ x 1 inch. Mucocutaneous junction is intact, rash as noted above. No significant peristomal creases when the patient is seated.

Diagnostic testing/evaluation: N/A

### Differential diagnosis:

1. Candidiasis caused by chronically wet peristomal skin. This is likely due to the fact that he is using a standard, rather than an extended-wear barrier. Also, he is using a ¾ inch

precut wafer but the horizontal length of his stoma is one inch. Both of these reasons would explain premature wafer leakage.

2. Hyperglycemia, which contributes to the fungal overgrowth on the skin.

#### Plan of Care:

1. Additional Testing Needed: none at this time
2. Consultations and referrals:
  - a. Referral to Primary Care Provider for evaluation of Metformin dosage.
  - b. Referral to Nutritionist for evaluation of dietary choices.
3. Evidence Based Therapeutic Interventions
  - a. Candidiasis
    - i. RX for Nystatin powder to be used at each wafer change for the next two weeks. Nystatin is an anti-fungal powder effective at reducing yeast overgrowth on the skin.
  - b. Ostomy Supplies
    - i. Discontinue use of Convatec 125269. Patient to order Convatec Moldable Durahesive wafer 404593. The Durahesive barrier is designed for use with urine. The moldable wafer will allow the patient to form an oval opening and it will also turtleneck around the stoma to prevent undermining of urine.
4. Discharge Planning for transfer to next level of care: N/A
5. Anticipatory Guidance and Teaching
  - a. Patient education
    - i. crusting technique with Nystatin powder and 3M Cavilon No-Sting Skin Sealant to peristomal rash before application of wafer.
    - ii. technique for molding opening in wafer to accommodate oval stoma.
6. Advocacy
  - a. Set him up with Edgepark mail order company, who will mail his ostomy supplies, file his Medicare insurance forms, and only bill him for his co-pay. This will save patient the cost of hiring a taxi, as well as avoid having to pay the full price for his supplies and then wait for a reimbursement from Medicare.

#### Evaluation of Plan of Care

Return to the clinic in 2-3 weeks for re-evaluation of skin condition and review of blood sugar logs. Expected outcomes include resolution of the skin rash and lower fasting blood sugars. If skin has not improved, will perform a KOH prep using skin scrapings to confirm candidiasis.

Pertinent References: Colwell JC, Goldberg MT, & Carmel JE. Fecal & Urinary Diversions: Management Principles (2004). pg. 315-6.