

# Urostomy Case Study

## Overview

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Mr. C is a 75-year-old male with a past medical history (PMH) of cancerous polyps in the bladder. For the past six years, he has undergone regular cystoscopy and bladder scrapings. He underwent a cystectomy and formation of an ileal conduit four months ago, when a polyp was found to be more aggressive. He has one kidney that functions at 96%.



*The photo above shows Mr C emptying his urostomy pouch using his left hand only.*

**Problem:** Due to a shoulder defect at birth, Mr. C has marked muscle wastage in his right arm, with limited dexterity to his fingers. He has good movement in his index finger and thumb – he can “pinch” well. He carries out most practical tasks with his left arm, making him completely independent.

Given his pre-operative limitations, his Clinical Nurse Specialist (CNS) in Stoma Care gave him a selection of different brands of urostomy pouches to choose from. It was important to ascertain which tap/emptying device he could operate. The twist tap on the Hollister urostomy pouch was found to be the easiest for him to manage. He was able to open and close it using his left hand alone.

Despite the fact that he could not use his right hand/arm at all, he made a fast recovery and was discharged on his sixth post-operative day. He went home equipped with the Hollister **Moderma Flex** urostomy one-piece pouch, which he could change and empty independently.



Unfortunately, after a few weeks, he experienced frequent leakage from his flange. Upon examination by the CNS in Stoma Care, it was found that he had developed abdominal creases. In addition, when he was sitting and lying down, the stoma became quite flat.

*The pictures above and to the right shows the abdominal crease at 7 o'clock through to 8 o'clock from where the pouch was leaking.*



*The photo above shows Mr. C sitting.*



**Solution:**

The CSN decided to try the Hollister **Adapt** convex ring and the Hollister **Compact** urostomy pouch, because of the larger flange. Because the ring swells, it ensures a secure fit around the stoma. Mr. C found it easier to attach the Adapt convex ring directly to the pouch prior to applying it to his abdomen.

*The photo above shows the Adapt convex ring applied to the pouch prior to being applied to the abdomen.*



*This photo shows the pouch being removed. The Adapt convex ring has absorbed mucous and urine. There are no leakages evident on the flange.*

A secure stoma pouch is paramount. Therefore, he changes his pouch daily. Flange leaks could shake his confidence and curtail his active lifestyle.

Adapt convex rings are made from a durable **Flextend** skin barrier, which combines erosion resistance and proven skin friendliness.



*This photo shows the Compact urostomy one-piece pouch with an Adapt convex ring on the abdomen.*

***Outcome:***

Mr. C enjoys an active life. Just three months after surgery, he returned home. He has been married to his wife for six years. They travel extensively visiting relatives worldwide. They enjoy dining out, attending the theatre and museum exhibitions. They also enjoy long walks. He maintains a positive attitude towards an independent life with a stoma.

***Conclusion:***

This gentleman, with the help of his specialist stoma care nurse, has been able to remain independent even though he has a challenging stoma to manage.

*Hollister gratefully acknowledges the assistance and caring of the following nurse:*

*Val Flick*

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