Nursing

WOCNCB-COCN
Certified Ostomy Care Nurse

Questions And Answers PDF Format:

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Question: 1

A 57-year-old male is diagnosed with stage III cancer of the bladder with invasion of the muscle tissue. Which primary treatment is MOST common?

A. partial or segmental cystectomy
B. interstitial radiation only
C. radical cystectomy with urinary diversion and chemotherapy
D. chemotherapy only

Answer: C

Explanation:
The most standard treatment for cancer that has invaded the muscle is radical cystectomy with urinary diversion. Chemotherapy may be done prior to or after surgery to improve survival rates, because recurrence rates are about 50%. In males, the bladder, prostate, seminal vesicles, and perivesical tissues are removed: in females, the bladder, uterus, ovaries, fallopian tubes, urethra, and anterior vaginal wall are removed. Urinary diversions may include an ileal conduit or an internal pouch, such as the Indiana pouch or neobladder (formed from part of the intestine).

Question: 2

Which of the following stomal complications indicates a need for surgical intervention?

A. slight bleeding when changing stomal appliance
B. slow oozing at one area of the mucocutaneous juncture
C. slow bleeding at mucocutaneous juncture and caput medusa
D. frank bleeding from the mucocutaneous juncture

Answer: D

Explanation:
Frank bleeding from the mucocutaneous juncture may indicate bleeding from a mesenteric artery, requiring surgery to open the incision and ligate the artery. A slight bleeding when changing of stomal appliance relates to mechanical trauma to the mucosa and is normal, unless it continues. Slow oozing usually stops, but may require cauterization. Oozing of blood may be caused by antiplatelet drugs, such as salicylates. Slow bleeding along with caput medusa (distention of veins about the umbilicus) is a complication related to portal hypertension.

Question: 3

Within what period of time postoperatively should an ileostomy begin to excrete stool?

A. immediately
B. 24 to 48 hours
C. 2 to 3 days
D. 4 to 5 days

Answer: B

Explanation:
An ileostomy should begin to function and excrete stool by 24 to 48 hours postoperatively, because digested food passes quickly into the small intestine in liquid form. A colostomy, however, may not pass stool for 4 to 5 days, varying somewhat with the position of the colostomy, which affects reabsorption of liquids. Because kidneys constantly produce urine, an ureterostomy should immediately produce urine. Stomas should be observed carefully to ensure that they are functioning properly. Delayed function may indicate obstruction or other complications.

Question: 4

A male patient develops painful red pustular lesions about the peristomal are
a. The most likely diagnosis is
A. candidiasis.
B. folliculitis.
C. contact dermatitis.
D. trauma.

Answer: B

Explanation:
Folliculitis is inflammation of the hair follicles by staphylococcus aureus. The lesions are often pustular, red, and painful. Folliculitis usually results from slight nicks in the skin from shaving with a razor, from friction, or from occlusion. Candidiasis is a fungal infection that causes inflammation with burning and itching and red patches, related to prolonged moisture on skin, usually from secretions or leakage under the pouch. Contact dermatitis may result from a hypersensitivity reaction to a particular chemical or product in the pouching system. Skin may be red, draining, and painful. Chemical trauma from secretions may look similar: red, draining, and painful.

Question: 5

A patient with a colostomy develops herpes zoster with lesions in the peristomal are
a. The draining lesions are interfering with pouch adhesion. The BEST solution is to
A. apply hydrocolloid dressing to lesions.
B. apply barrier paste to lesions.
C. leave appliance off until the lesions heal.
D. mechanically debride lesions by washing and drying.

Answer: A

Explanation:
Hydrocolloid dressing may be used to prevent fluid from herpetic lesions from interfering with the pouching system. Herpes zoster and herpes simplex both viral illnesses, remain dormant, but can be triggered by illness or stress and can erupt in the peristomal area. Antiviral treatments may be used to speed healing. Herpetic lesions in the peristomal area may be irritated by pouch adhesive. Wthile cool moist compresses may provide some relief from discomfort, the lesions should be allowed to open and dry on their own (usually within 2 to 3 weeks).

Question: 6

Which is the most effective type of pouching system for a retracted stoma?

A. concave pouching system
B. large pouching system without rigid rings
C. transparent pouching system
D. convex pouching system with a belt

Answer: D

Explanation:
A convex pouching system with a belt is used for a retracted stoma because it fits snugly about the stoma to prevent leakage. Retraction occurs when the stoma pulls below the skin level. This is caused by tension below the stoma, which can be from a variety of factors, including excessive scar formation, obesity, inadequate stoma length, recurrence of active Crohn's disease, and improper excision of skin. In severe cases, achieving a seal about the stoma may be very difficult, and may require surgical revision.

Question: 7

In the PLISSIT model for communicating about sexuality, at which level should the nurse discuss topics such as the use of lubricants and pouch covers?

A. level one
B. level two
C. level three
D. level four

Answer: C

Explanation:
Specific suggestions are given at Level 3 in the PLISSIT model:
Level I—permission: giving the person permission to have feelings or attitudes and to do or not do something.

Level 2—Limited Information: providing factual information, specifically related to needs and concerns of patient, that helps dispel misconceptions and fears.
Level 3—Specific Suggestions: making recommendations when a person needs to take action or seek treatment with medical guidance.
Level 4—1ntensive Therapy: referring the patient to an appropriate specialist, for example if reconstructive surgery or psychotherapy is needed.

Question: 8

Peristomal abscess is most commonly associated with

A. Crohn's disease.
B. systemic bacterial infection.
C. paralytic ileus.
D. ulcerative colitis.

Answer: A

Explanation:
Peristomal abscess is common with active Crohn's disease distal to the stoma. Crohn's disease is a form of inflammatory bowel disease in which ulcerations occur in the small and sometimes in the large intestines. Peristomal abscess is characterized by open (from fistulae) and closed lesions that are painful, swollen, and erythematous. Peristomal abscess may also occur after stomal revision, because of contamination from skin bacteria. Colostomy irrigation may result in perforation that causes abscess formation. A peristomal abscess rarely heals spontaneously but requires surgical incision and drainage.

Question: 9

Which is the MOST common method to ensure correct placement ofthe stoma during surgery?

A. careful written instructions
B. marking site with permanent marker or tattoo
C. marking site by making circular scratches with a small-gauge needle
D. photograph of abdomen with site indicated

Answer: B

Explanation:
The most common method to ensure correct placement ofthe stoma during surgery is to mark the site with a permanent marker. The site is marked with an X or circle, and is usually covered with a transparent dressing to protect the markings. Markings will usually last for I to 3 weeks, but patients should be provided a marking pen and additional dressings in case markings fade. Tattooing is the most permanent method of marking, but is painful for the patient. Making circular scratches in the epidermis with a small-gauge needle is not recommended, because the break in the skin can lead to infection.

Question: 10

Which type of colostomy creates one or two stomas, usually in the upper abdomen in the middle or on the right side?

A. descending
B. transverse
C. ascending
D. end

Answer: A

Explanation:
A transverse colostomy creates one or two stomas in the transverse colon, usually in the upper abdomen, in the middle or on the right side. A descending (sigmoid) colostomy (most common) creates a stoma from the end of the sigmoid colon, usually in the lower left abdomen. An ascending colostomy creates a stoma from the ascending portion of the colon on the right side of the abdomen. An end colostomy is a temporary procedure or a permanent procedure where a stoma is created proximal to an inoperable carcinoma to allow for fecal diversion and to prolong life.

Question: 11

A loop colostomy is usually performed for

A. simplicity of procedure.
B. inflammatory bowel disease.
C. permanent fecal diversion.
D. short-term fecal diversion.

Answer: D

Explanation:
A loop colostomy is usually performed for short-term fecal diversion. A loop colostomy creates one stoma with two openings, one for stool and the other for mucus, usually in the transverse colon. A supporting rod may be in place to maintain the stoma's position. This procedure is relatively easy and can be reversed in a simple operation. Indications include trauma, conditions requiring the bowel to heal and rest, such as cancer, and (in children) major pelvic surgery.

Question: 12

When a patient is doing a colostomy irrigation, what is the correct level for the bottom of the irrigation bag?

A. above the head
B. shoulder level
C. level with the stoma
D. level with the umbilicus

Answer: B

Explanation:
The bag should be at shoulder level. Follow this procedure:
Hang the bag with 500 to 1500 mL lukewarm water, with the bottom at shoulder level, and release air bubbles from the tubing.
Sit on or near toilet. Apply a long irrigation sleeve, placing the end into the toilet.
Lubricate the cone nozzle and insert it about 3 inches into stoma in the direction ofthe colon.
Holding the cone firmly in place to retain the fluid, open the clamp and let the fluid flow into colon slowly, over about 5 to 10 minutes. Hold the cone in place for a few seconds and then remove it.
Drain fecal output into the toilet for 10 to 15 minutes. The initial flow of fluids is usually followed by fecal material within 15 minutes.
Dry and clamp the end ofthe irrigation sleeve. Keep the bag in place for up to an hour if stool continues to drain. Remove the irrigation sleeve, cleanse peristomal area, and apply the pouch.

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