COCN

Certified Ostomy Care Nurse

EXAMAIDES

PASS YOUR EXAM AT FIRST TRY

Total Question: 120 QAs

Question No: 1
A 5 7-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 No: 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 No: 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 No: 4
A male patient develops painful red pustular lesions about the peristomal area. 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 les ions are often pustular, red, and painful. Folliculitis usually results from s light nicks in the skin from shaving with a razor, from friction, or from occlusion. Candidiasis is a fungal infection that causes in flammation 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 No: 5
A patient with a colostomy develops herpes zoster with lesions in the peristomal area. 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 les ions heal.
D. mechanically debride lesions by washing and drying.
Answer: A
Explanation: Hydrocolloid dressing may be used to prevent fluid from herpetic les ions 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. While 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 No: 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 No: 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 1- Eermission: 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- Intensive Therapy: referring the patient to an appropriate specialist, for example if reconstructive surgery or psychotherapy is needed.

Question No: 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 No: 9
Which is the MOST common method to ensure correct placement of the 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 of the 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 1 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 No: 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: B
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 No: 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 res t, such as cancer, and (in children) major pelvic surgery.

Question No: 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:
1. Hang the bag with 500 to 1500 mL lukewarm water, with the bottom at shoulder level, and release air bubbles from the tubing.
2. Sit on or near toilet. Apply a long irrigation sleeve, placing the end into the toilet.
3. Lubricate the cone nozzle and insert it about 3 inches into stoma in the direction of the colon.

4. Holding the cone firmly in place to retain the fluid, open the clamp and let the fluid flow into colon s lowly, over about 5 to 10 minutes. Hold the cone in place for a few seconds and then remove it.
5. 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.
6. Dry and clamp the end of the irrigation sleeve. Keep the bag in place for up to an hour if stool continues to drain. Remove the irrigation sleeve, cleanse peristomal a rea, and apply the pouch.

Question No: 13
Which of the following groups of symptoms indicates obstruction of an ileostomy?
A. dry mouth and tongue, poor skin turgor, weight loss, diarrhea, and lethargy
B. high fever, abdominal cramping, dry mouth, poor skin turgor, and bloody diarrhea
C. palpitations, lethargy, fatigue, tinnitus, dyspnea, and headache
D. edematous stoma, high-pitched bowel sounds, obvious peristaltic waves, distension, dry mouth, abdominal pain, nausea, and vomiting
Answer: D
Explanation: Indications of ileostomy obstruction include edematous stoma, high-pitched bowel sounds, obvious peristaltic waves, dis tension, dry mouth, abdominal pain, nausea, and vomiting.
Obstruction is usually related to high-fiber foods. Other complications include
• Fluid and electrolyte imbalance: mouth and tongue dry, skin turgor poor, weight loss, diarrhea, and lethargy.
• Vitamin B12 deficiency: palpitations, lethargy, fatigue, tinnitus, dyspnea, and headache.
• Pouchitis: high fever, abdominal cramping, dry mouth, poor skin turgor, and bloody diarrhea.

Question No: 14
Which of the following is most important to avoid fluid and electrolyte imbalance with an ileostomy?
A. increase intake of high fiber foods to slow absorption
B. increase intake of water with diarrhea
C. take routine antidiarrheal medication
D. monitor intake and output
Answer: D
Explanation: Monitoring intake and output is most important in preventing fluid and electrolyte imbalance, along with ensuring adequate nutrition. During episodes of diarrhea, the patient should substitute water with Gatorade® or a similar sports drink designed to replenish electrolytes and supply nutrition. With electrolyte imbalance, increasing the oral intake of flu ids is not sufficient, because these fluids will be excreted through the kidneys and may not correct the electrolyte imbalance. If stools are too liquid, the patient can increase fiber and, if stools are too dry, increase sodium. Antidiarrheal agents should be taken only as necessary when dietary changes are not sufficient, never routinely.

Question No: 15
What is the correct volume and type of fluid to use for an ileostomy lavage?
A. 500 to 1500 mL warm tap water
B. 500 mL normal saline
C. 100 mL warm tap water
D. 30 to 50 mL normal saline
Answer: D

Explanation: Lavage is NOT the same as an irrigation, which uses large volumes of fluid. About 30 to 50 mL of normal saline (NS) is used to prevent further dehydration, instilled with a catheter-tipped piston or bulb syringe with a 14 to 16 Fr catheter attached. Lavage is usually done after an abdominal x-ray has determined that food is the cause of a blockage.
1. Apply irrigation sleeve with the end in the toilet.
2. Do a digital exam to determine the direction of intestine.
3. Lubricate the catheter and gently insert it approximately 12 to 15 ems.
4. Slowly inject normal saline into the intestine and then slowly aspirate the entire amount with light to moderate pressure.
5. Repeat the procedure until the blockage is relieved.

Question No: 16
After ileostomy takedown, the BEST functional result is
A. 8 to10 stools per day with no incontinence.
B. 6 to 8 stools per day with nighttime incontinence.
C. 4 to 5 stools per day with no or little incontinence.
D. 6 to 8 stools per day with occasional day and night incontinence.
Answer: C
Explanation: After ileostomy takedown, the best functional result is 4 to 5 stools per day with no incontinence, but most procedures result in (at best) 95% continence during the daytime and 90% continence during the night. The ileoanal reservoir is usually quite small after surgery, so 8 to 10 stools per day is not unusual in the immediate postoperative period, putting the person at risk for fluid and electrolyte imbalances; the reservoir capacity will expand and stool frequency should decrease over a 6 to 12-month period.

Question No: 17
A patient with a loop ileostomy and a retained distal segment of bowel has copious anal discharge of mucus. The most likely cause is
A. normal mucus production.
B. diversion colitis.
C. anastomotic leak.
D. fluid and electrolyte imbalance.
Answer: B
Explanation: While some anal mucus discharge is normal, copious discharge is often associated with diversion colitis, in which the distal segment becomes inflamed. Treatment includes rectal irrigation and topical steroids, as well as oral antibiotics. The perianal area should be cleansed and protective cream or ointment applied to prevent irritation of the skin. The mucus fistula should be checked each time the appliance is changed and discharged mucus gently wiped from the opening. The stoma should remain pink. Changes in color or swelling may indicate compromised circulation or infection.

Question No: 18
In which instance is the surgical intervention of a strictureplasty appropriate for treating Crohn's disease?
A. when the stricture created by the disease is excessively long or several diseased portions of the bowel connect to one another
B. when a diseased portion of the bowel connects to a healthy portion of the bowel

C. when both the colon and the rectum are infected by the disease
D. surgical interventions are contraindicated in the case of Crohn's disease
Answer: B
Explanation: A strictureplasty is a surgical procedure that widens the narrowed bowel in cases of chronic inflammation or scar tissue, such as that occurring with Crohn's disease. In this procedure, no aspect of the intestine is removed, preserving the bowel length. A strictureplasty is indicated when a diseased portion of the bowel connects to a healthy portion. The procedure widens the narrowed or scar red portion, and maintains the intestinal flow. If the strictures are extensive, part of the intestine will require removal (resection). If both the colon and the rectum are infected by the disease, the entire colon may need to be removed (colectomy). Approximately 70-90% of patients affected by Crohn's disease will require surgical intervention during their lifetime.

Question No: 19
Which of the following complies with the AMA guidelines for informed consent for a patient facing surgery for severe inflammatory bowel disease?
A. the patient is advised to have the ileostomy with Kock pouch because the surgeon has more experience with that procedure
B. the patient is provided a brief summary of possible complications
C. the patient is provided with a number of surgical options
D. the patient is advised to relax and focus on thinking positively
Answer: C
Explanation: Providing the patient with a list of surgical options complies with the AMA guidelines for informed consent. Options should not be limited by a specific surgeon's area of expertise or experience, as a patient can be referred to other surgeons. The patient must be provided a complete list and explanation of possible complications, not a brief summary. While relaxing and focusing on thinking positively may have benefits, this advice is not part of informed consent.

Question No: 20
Megacolon is associated with which of the following disorders?
A. necrotizing enterocolitis
B. Hirschsprung's disease
C. ulcerative colitis
D. Crohn's disease
Answer: B
Explanation: Megacolon is associated with Hirschsprung's disease, a congenital disorder in which infants are born without intestinal ganglion nerve cells in part of or the entire colon, causing mechanical obstruction. Normally, nerves signal the colon to contract, pushing the stool through the colon, but the absence of propulsion in the segments without ganglions causes the fecal material to accumulate. Affected areas almost always include the rectum and distal colon, but in rare instances can "skip" segments and involve the entire colon and the small intestine. As fecal material collects, the segment of the bowel proximal to the defect distends, creating megacolon.

Question No: 21
An imperforate anus with no external opening but rectum in normal position with normal function and no

connection to the GU tract is classified as
A. atypical anomalies.
B. low anomalies.
C. intermediate anomalies.
D. high anomalies.
Answer: B
Explanation: Imperforate anus with low anomalies: no external opening, but the rectum is otherwise in normal position through the puborectalis muscle, with normal function and no connection to the genitourinary tract.

Question No: 22
Which of the following symptoms are typical of an overactive neurogenic bladder?
A. dribbling
B. straining to urinate
C. urgency
D. retention
Answer: C
Explanation: An overactive neurogenic bladder is characterized by urgency, frequency, dysuria, urinary tract infection, and fever, while an underactive neurogenic bladder results in incontinence, dribbling, straining, inability to urinate, and retention. Neurogenic bladder is bladder dysfunction from lesions of the peripheral or central nervous system with traumatic or congenital etiologies or resulting from cerebrovascular accident or diabetic neuropathy. Nerve damage can cause an underactive bladder, which is unable to contract effectively to empty the bladder, or an overactive bladder, which contracts frequently and ineffectually.

Question No: 23
If the peristomal skin about an ileostomy becomes irritated, which medication(s) may be indicated?
A. oral antibiotics
B. topical corticosteroid spray
C. topical corticosteroid spray and nystatin powder
D. topical antibiotic ointment
Answer: C
Explanation: Peristomal irritation, usually caused by chemical trauma from secretions, may be treated with corticosteroid (Kenalog®) spray, to reduce inflammation, and nystatin (Mycostatin®) powder, for fungal infections, which are common under appliances. Oral antibiotics are not indicated unless there are signs of folliculitis (pustules, erythema, and warmth). Topical antibiotics are not indicated for irritation, and ointments should not be used under appliances, as they will prevent the appliance from adhering. Alternative methods include applying a Stomahesive® wafer directly over irritated skin or applying karaya powder and then a karaya gum washer.

Question No: 24
What change in ileostomy care is common during pregnancy?
A. no changes
B. change in size of appliances
C. diet modifications
D. decrease in ileostomy activity

Answer: B
Explanation: As the abdomen enlarges, the stoma often also enlarges and changes shape, becoming more oval. The stoma should be measured from time to time, and appliance size changed as necessary.
The stoma usually returns to normal shortly after delivery. An ileostomy may be more active during pregnancy because of increased pressure. While adequate flu id intake and nutrition are important, no special diet modifications are indicated. There is a slight chance of blockage as the fetus grows and applies pressure, causing distention and pain. Treatment includes liquid diet and rest or intravenous fluids to rest the intestines.

Question No: 25
The most common colorectal cancers are
A. adenocarcinomas.
B. lymphomas.
C. melanomas.
D. sarcomas.
Answer: A
Explanation: Adenocarcinomas develop from epithelial tissue in adenomatous polyps and account for 90 to 95% of all colorectal cancers. Lymphomas are rare primary tumors that occur primarily in the rectum, while secondary metastatic tumors occur primarily in the colon. Melanomas are rare tumors that usually metastasize from other parts of body, accounting for <2% of colorectal cancers.
Sarcomas (leiomyosarcoma) develop from smooth muscle and account for <2% of colorectal cancers, but >50% metastasize. Carcinoids are slow-growing tumors that rarely spread, most commonly found in the rectum and accounting for <I % of colorectal cancers.

Question No: 26
The nurse is teaching a 45-year-old woman with a colostomy to do irrigations. The nurse has prepared written directions and a video, but the patient ignores them and picks up the equipment and looks at each part, trying to figure it out. The patient's learning style is probably
A. auditory.
B. visual.
C. kinesthetic.
D. mixed.
Answer: C
Explanation: Kinesthetic learners learn best by handling, doing, and practicing and should be allowed to handle supplies and equipment with minimal instruction. They benefit from demonstrating their understanding by doing the procedure. Visual learners learn best by seeing and reading, and they benefit from written directions, videos, diagrams, pictures, and demonstrations. Auditory learners learn best by listening and talking, so procedures should be explained during demonstrations.
Auditory learners benefit from audiotapes and extra time for questions.

Question No: 27
A 30-year-old woman is hospitalized with severe depression and is incontinent of urine, although the urinary system is normal. The most appropriate nursing diagnosis is
A. functional urinary incontinence.
B. stress urinary incontinence.