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Question: 712

A patient with significant weight changes post-ostomy surgery is struggling with pouch fit. What is the most appropriate recommendation?

- A. Measure the stoma size frequently and adjust the pouch accordingly
- B. Use a larger pouching system regardless of fit
- C. Reassure them that weight changes do not affect pouching
- D. Recommend they stop any weight changes immediately

Answer: A

Explanation: Regularly measuring the stoma size and adjusting the pouch accordingly is crucial to ensure a proper fit and prevent leaks, especially with significant weight changes.

Question: 713

A patient with a new transverse colostomy expresses concerns about odor control. What is the most effective measure to manage this issue?

- A. Using a pouching system with an odor control filter
- B. Limiting protein intake
- C. Increasing fiber intake
- D. Applying a deodorizing spray

Answer: A

Explanation: Using a pouching system with an odor control filter is the most effective measure for managing odor associated with colostomies, providing an ongoing solution rather than temporary fixes.

Question: 714

A patient asks about the best way to care for their peristomal skin to prevent complications. Which of the following practices should you emphasize?

- A. Keep the area dry at all times
- B. Use alcohol-based cleansers for cleaning
- C. Apply a barrier cream before pouch application
- D. Change the pouch only when it leaks

Answer: C

Explanation: Applying a barrier cream is essential to protect the peristomal skin from irritation and leakage, thereby preventing complications.

Question: 715

In managing a patient with a neobladder, which complication is most important to monitor in the early postoperative phase?

- A. Infection
- B. Neobladder capacity
- C. Electrolyte imbalance
- D. Urinary incontinence

Answer: A

Explanation: Infection is a significant risk in the early postoperative phase, requiring vigilant monitoring and prompt intervention if symptoms arise.

Question: 716

A patient with acute diverticulitis has experienced recurrent episodes and is now considering surgical intervention. What is the recommended surgical procedure for a patient with recurrent diverticulitis?

- A. Appendectomy
- B. Fistula repair
- C. Colonic resection with anastomosis
- D. Sigmoid colectomy

Answer: D

Explanation: Sigmoid colectomy is recommended for patients with recurrent diverticulitis to prevent further episodes and complications.

Question: 717

What is the most common cause of peristomal dermatitis in ostomy patients?

- A. Allergic reaction to the adhesive
- B. Stoma size changes
- C. Infection
- D. Excessive moisture

Answer: D

Explanation: Excessive moisture from output can lead to skin breakdown and dermatitis, making it the most common cause of peristomal skin issues.

Question: 718

When discussing modifications to lifestyle post-ostomy, which of the following is a critical point to address regarding physical activity?

- A. Avoid all forms of exercise for six months.
- B. Only walking is recommended post-operatively.
- C. Strenuous activities can be resumed after one week.
- D. Light exercise is encouraged immediately after surgery.

Answer: D

Explanation: Light exercise is encouraged soon after surgery to promote healing and improve overall well-being, but patients should avoid strenuous activities initially.

Question: 719

Which of the following types of skin barriers for ostomy management provides flexibility and conforms well to irregular skin surfaces?

- A. Flexible skin barriers
- B. Rigid skin barriers
- C. Flat skin barriers
- D. Convex skin barriers

Answer: A

Explanation: Flexible skin barriers provide flexibility and conform well to irregular skin surfaces. They are designed to move with the body and provide a comfortable fit. Rigid skin barriers, on the other hand, are more rigid and may be suitable for individuals with well-formed stomas or to provide additional support. Flat skin barriers have a flat surface and are suitable for individuals with flat or flush stomas. Convex skin barriers have a convex shape and are designed to help manage stomas that are retracted or flush with the skin surface.

Question: 720

Which healthcare professional plays a role in providing support and education to patients undergoing fecal and urinary diversion surgery?

- A. Surgeon
- B. Pharmacist
- C. Physical therapist
- D. Radiologist

Answer: A

Explanation: The surgeon has a primary role in the surgical management of fecal and urinary diversion. They are responsible for performing the surgery and providing post-operative care, including support and education to the patients.

Question: 721

What is the recommended treatment for food blockage in an ileostomy?

- A. Ileostomy lavage
- B. Medication administration
- C. Pouching fistulas
- D. Colostomy irrigation

Answer: A

Explanation: In the case of food blockage in an ileostomy, ileostomy lavage is a recommended treatment. It involves the gentle instillation of warm water into the stoma to help dislodge the blockage and facilitate its passage.

Question: 722

Which type of dermatitis is caused by exposure to irritants such as stool, urine, or adhesive products?

- A. Peristomal candidiasis
- B. Allergic contact dermatitis
- C. Psoriasis
- D. Irritant contact dermatitis

Answer: D

Explanation: Irritant contact dermatitis is a common skin condition that occurs when the skin comes into direct contact with irritant substances. In the context of ostomy management, it can be caused by exposure to stool, urine, or adhesive products used to secure the pouching system.

Question: 723

What is the recommended treatment for peristomal candidiasis?

- A. Topical antifungal creams
- B. Oral antibiotics
- C. Surgical intervention
- D. Immunosuppressive therapy

Answer: A

Explanation: Peristomal candidiasis is a fungal infection that affects the skin around the stoma. The recommended treatment is the use of topical antifungal creams or ointments to control the infection.

Question: 724

Which of the following is a characteristic of pyoderma gangrenosum in the context of ostomy management?

- A. Pseudoverrucous lesions
- B. Folliculitis
- C. Suture granulomas
- D. Skin trauma

Answer: A

Explanation: Pyoderma gangrenosum is a rare inflammatory skin disease that

can occur in the peristomal area. It is characterized by the development of pseudoverrucous lesions, which are raised, wart-like growths on the skin.

Question: 725

Which of the following is a non-infectious inflammatory skin condition that can occur around the stoma and is often associated with underlying inflammatory bowel disease?

- A. Pseudoverrucous lesions
- B. Pyoderma gangrenosum
- C. Suture granulomas
- D. Psoriasis

Answer: B

Explanation: Pyoderma gangrenosum is a non-infectious inflammatory skin condition that can occur around the stoma and is often associated with underlying inflammatory bowel disease. It is characterized by the development of painful, necrotic ulcers with undermined borders. Pseudoverrucous lesions refer to wart-like growths that can occur around the stoma. Suture granulomas are inflammatory reactions that can occur in response to sutures used during surgery. Psoriasis is a chronic skin condition characterized by the development of red, scaly patches on the skin.

Question: 726

Which type of skin barrier is recommended for irregular or uneven peristomal areas?

- A. Flat skin barrier
- B. Convex skin barrier
- C. Flexible skin barrier

D. Rigid skin barrier

Answer: B

Explanation: A convex skin barrier is recommended for irregular or uneven peristomal areas. It helps create a secure seal around the stoma, preventing leakage and protecting the surrounding skin.

Question: 727

Which of the following is a common complication associated with peristomal hernia?

- A. Peristomal candidiasis
- B. Folliculitis
- C. Suture granulomas
- D. Peristomal fistula

Answer: D

Explanation: Peristomal hernia refers to the protrusion of an organ or tissue through the abdominal wall around the stoma. It can lead to the formation of a peristomal fistula, which is an abnormal connection between the stoma and adjacent organs or tissues.

Question: 728

Which type of ostomy system is designed as a single unit combining the skin barrier and pouch?

- A. One-piece system
- B. Two-piece system
- C. Flexible skin barrier

D. Rigid skin barrier

Answer: A

Explanation: A one-piece system is an ostomy system that combines the skin barrier and pouch into a single unit. It is convenient and easy to use, as the entire system is replaced when necessary.

Question: 729

Which of the following is a type of peristomal complication characterized by the growth of abnormal tissue that resembles a wart or verruca?

- A. Peristomal hernia
- B. Peristomal fistula
- C. Pseudoverrucous lesions
- D. Pyoderma gangrenosum

Answer: C

Explanation: Pseudoverrucous lesions are a type of peristomal complication characterized by the growth of abnormal tissue that resembles a wart or verruca. They can occur around the stoma and may require treatment to prevent further complications. Peristomal hernia refers to the protrusion of abdominal contents through a weak area in the abdominal wall around the stoma. Peristomal fistula is an abnormal connection between the stoma and adjacent organs or tissues. Pyoderma gangrenosum is a non-infectious inflammatory skin condition characterized by the development of painful, necrotic ulcers.

Question: 730

Which of the following factors can impact the psychosocial effects of fecal and

urinary diversion surgery?

- A. Stoma site marking
- B. Colostomy irrigation
- C. Quality of life
- D. Nasogastric tube management

Answer: C

Explanation: The psychosocial effects of fecal and urinary diversion surgery can be influenced by various factors, including the individual's quality of life. The adjustment to living with a stoma can have a significant impact on a person's psychological well-being and overall satisfaction with life.

Question: 731

Which complication is characterized by the narrowing or constriction of the stoma opening?

- A. Peristomal hernia
- B. Stoma prolapse
- C. Stoma necrosis
- D. Stoma stenosis

Answer: D

Explanation: Stoma stenosis refers to the narrowing or constriction of the stoma opening, making it difficult for effluent to pass through. It can be caused by various factors, including tissue inflammation or scarring.

Question: 732

Which of the following ostomy accessories is used to secure the pouching

system and provide additional support and protection?

- A. Stoma cap
- B. Skin barrier sealant
- C. Stoma paste
- D. Ostomy belt

Answer: D

Explanation: Ostomy belts are used to secure the pouching system and provide additional support and protection. They can help prevent accidental detachment or movement of the pouching system, especially during physical activities. Stoma caps are small, lightweight pouches used for temporary use when the main pouching system is not needed. Skin barrier sealants and stoma paste are used to fill in gaps or crevices between the skin barrier and the skin surface to help create a more secure seal.

Question: 733

Which of the following ostomy systems is specifically designed for fecal diversion?

- A. One-piece systems
- B. Two-piece systems
- C. Closed-end pouches
- D. Drainable pouches

Answer: B

Explanation: Two-piece systems are specifically designed for fecal diversion. They allow for easy attachment and detachment of the pouch, making it convenient for emptying and changing the pouch as needed. One-piece systems have the pouch and skin barrier permanently attached to each other and are

suitable for both fecal and urinary diversions. Closed-end pouches are typically used for one-time use and are suitable for individuals with predictable bowel movements. Drainable pouches have an opening at the bottom that can be opened to empty the contents and are suitable for individuals with unpredictable bowel movements.



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