

Where a Soft Convex Skin Barrier May Improve Fit



Case 1: Parastomal hernia with flush stoma¹

A parastomal hernia may create a bulge on the abdomen. When convexity is clinically indicated, a firm rigid convex barrier may pose the potential for pressure related skin damage.

A flexible soft convex barrier may be an appropriate solution.



Case 2: Firm abdomen with pressure injury from use of firm rigid convexity^{2,4}

Pressure ulcers may be more likely when a firm convex barrier is pressing against the skin for a prolonged period of time, especially with the addition of an ostomy belt.

A flexible soft convex barrier may provide the correct fit while removing the cause of pressure.



Case 3: Stoma located in a crease³

A firm rigid convex barrier may not conform to the abdominal contours and “pop off” when used in a creased area.

A flexible soft convex barrier may be considered a more appropriate fit.



Case 4: Stoma located in abdominal folds^{2,3}

Abdominal folds can compromise the seal of the barrier. A convex shape can enhance the barrier fit.

A flexible soft convex barrier may match to the correct depth of the folds, conform to the abdominal contours and provide less peristomal pressure.



Case 5: Stoma height less than 20 mm (2 cm)³

A stoma that does not protrude above the skin may cause leakage problems under the skin barrier.

A flexible soft convex barrier may provide the right depth of convexity to help with stoma protrusion.

Where a Soft Convex Skin Barrier May Improve Fit



Case 6: Immediate post-op stoma with firm distended abdomen and off-centred lumen at risk for mucocutaneous separation^{2,5}

A mucocutaneous separation may occur as a result of poor healing, infection, or excessive tension at the mucocutaneous junction.

A flexible soft convex barrier may help achieve a correct fit with less pressure at the base of the stoma.



Case 7: Loop stoma³

The distal limb (arrow) of a loop stoma may discharge mucous which can undermine the barrier seal.

A flexible soft convex barrier may help provide the right fit with less pressure around the stoma to minimise undermining.



Case 8: Pyoderma gangrenosum^{2,4}

Trauma to the peristomal skin may initiate and aggravate a pyoderma gangrenosum ulcer. Efforts should be made to alleviate pressure and friction.

A flexible soft convex barrier may provide less pressure than firm convexity.

For product questions or sampling needs call:

Australia 1800 880 851

New Zealand 0800 678 669

1) Turnbull, G. The Ostomy Files: Parastomal Hernia Ostomy Wound Management Volume 49- Issue 11 – November 2003. 2) J.C. Colwell, M.T. Goldberg, & J.E. Carmel (Eds.). (2004). Fecal & Urinary Diversions: Management Principles. In Chapter 12 and Chapter 14. St. Louis, MO: Elsevier Mosby. 3) J.C. Colwell, M.T. Goldberg, & J.E. Carvel (Eds.). (2015). WOCN® Society Core Curriculum Ostomy Management. In Chapter 10. Philadelphia, PA: Wolters Kluwer. 4) J.E. Carmel, J.C. Colwell, M.T. Goldberg (Eds.), WOCN Society Core Curriculum Ostomy Management p 181, 186. Philadelphia: Wolters Kluwer. 2016. 5) External Stoma and Peristomal Complications following Radical Cystectomy and Ileal Conduit Diversion: A Systematic Review - Szymanski, K.M., St-Cyr, D., Alam, T., Kassouf, W. WOCN Society Core Curriculum Ostomy Management. p. 192. Philadelphia, PA: Wolters Kluwer. 2010

Routine follow-up with your Stomal Therapy Nurse is recommended.

Prior to use, be sure to read the Instructions for Use for information regarding Intended Use, Contraindications, Warnings, Precautions, and Instructions.

The Hollister logo and "Healthy skin. Positive outcomes." are trademarks of Hollister Incorporated. Not all products are CE marked. © 2020 Hollister Incorporated. AUH264. June 2020.

Australia
PO Box 375
Box Hill, VIC 3128
1800 880 851
www.hollister.com.au

New Zealand
PO Box 62-027
Mt Wellington, Auckland
0800 678 669
www.hollister.co.nz