

# Use of a CeraPlus Skin Barrier with Remois Technology\*

## Case Study 4

### Abstract

There is a high incidence of peristomal skin complications, with more than half of all people living with an ostomy experiencing a peristomal skin issue at some point in their lifetime<sup>1</sup>. The types of complications, the reasons for them, and the solutions used to treat them can vary widely. For clinicians, managing these peristomal skin complications takes time and effort. For patients, sore peristomal skin can have a negative impact on their quality of life. Peristomal skin complications are the most common post-operative complication following creation of a stoma<sup>2</sup>. One such story will be shared in this case study.

### Aim

To restore and maintain peristomal skin integrity and quality of life by finding a suitable skin barrier formulation for the patient, and ensuring a proper skin barrier fit around the stoma.

### Setting

The patient was cared for in the community following repair of a parastomal hernia.

### Patient Overview

The patient is a 64 year old female who had emergency surgery resulting in formation of a loop ileostomy. However, this ileostomy was unable to be reversed due to her unstable Chronic Obstructive Pulmonary Disease (COPD). As a complication of having several acute episodes of the COPD, she developed a rather large parastomal hernia. She experienced a bowel obstruction and consequently underwent surgery, including repair of the parastomal hernia.

### Problem

During a routine home visit, the patient stated she had intense peristomal pain. She described the pain as similar to the bowel obstruction pain experienced before having the parastomal hernia repaired. She was very anxious and concerned that something had gone wrong and that she would need readmitting to hospital. Upon examination, the stoma was noted to be pink and healthy, and when it functioned, the stoma was telescoping and retracting to skin level. The retraction was allowing effluent to leak under the skin barrier resulting in skin maceration (**Photo 1**). The patient later reported her peristomal skin was itchy in addition to the maceration. She was reassured she did not require admission to the hospital nor an operation.

### Interventions

Following the repair of the parastomal hernia, she had managed the ileostomy using a flat one-piece pouching system with a barrier ring, which was changed daily. However, after the assessment of the stoma retracting during function the

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**Photo 1** Maceration to peristomal skin.



**Photo 2** Peristomal skin after 10 days.

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Contributing Author and Affiliations

**Carolyn Swash RGN BSc (Hon)**

Nurse Independent Prescriber

Clinical Nurse Specialist in Stoma Care

Hollister Limited

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decision was made to use a convex pouching system. The area was very painful and she wished to try a two-piece pouching system so she could leave the skin barrier in place for two-three days and change the pouch daily. A two-piece **CeraPlus** convex skin barrier with a drainable pouch would allow her to do this. As she was changing from using a one-piece to a two-piece pouching system, she was taught the proper application.

It was agreed she would change the skin barrier every third day with use of an adhesive remover wipe. The pouch could be changed daily. She continued to cleanse around the stoma with water as per her normal routine.

### Outcomes

A home visit was organized to assess the peristomal skin 10 days later (**Photo 2**). The patient reported the peristomal pain and itching had resolved and she felt much happier.

### Conclusion

Many people with ostomies experience peristomal skin issues and accept them as a normal aspect of having a stoma<sup>3</sup>. Achieving a good fit around the stoma and preventing leakage as a means of mitigating skin irritation may not be enough to keep the peristomal skin healthy. The formulation of a skin barrier also has an impact on the health of the peristomal skin. Finding the right combination of skin barrier formulation, and skin barrier fit is essential to maintaining a healthy peristomal skin environment.

### References:

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**Hollister Incorporated**

2000 Hollister Drive  
Libertyville, Illinois 60048 USA  
1.800.323.4060

[www.hollister.com](http://www.hollister.com)