

Supporting Peristomal Skin Health with Fit & Formulation

Case Study

Abstract:

A critical goal of care for the Stomal Therapy Nurse is to help ensure that each patient regains quality of life (QOL) after surgery. All patients are individuals with unique needs. As such, the evaluation of pouching systems and products to meet an individual's specific needs is imperative in achieving the goal of individualised care. Skin problems from various causes, can be ongoing issues occurring throughout a patient's lifetime. These may lead to constant skin irritation, pain, itching, and poor skin barrier adherence that in turn, can lead to further leakages, creating a vicious cycle. The literature reports that up to seventy-six per cent of stoma patients will experience peristomal skin irritation.¹ This ongoing cycle of leakage, skin issues, and associated patient distress are challenging for the clinician but more importantly, for the patient as it influences their skin health and QOL.²

This case study highlights one such patient and his experience with finding a suitable pouching system that relies on the mix of fit and formulation in achieving the goals of attaining and maintaining skin health. The product described for this case, incorporates a ceramide-infused skin barrier formulation (CeraPlus skin barrier with Remois Technology[®]) in conjunction with a soft and flexible convex insert as part of the barrier construction to help provide fit.

Background & Relevant Medical History:

Mr. J (initial changed to protect privacy) is a seventy-three old man who underwent a radical cystectomy and formation of ileal conduit in 2013 for a Grade 3 superficial bladder cancer with significant urethral stricture. He also has diet controlled type 2 diabetes creating an essential tremor resulting in some dexterity challenges.

In 2014, he developed his first peristomal ulcer above his urostomy that took five months to resolve. Then a month later, he developed an ulcer on the opposing side that took then required three months to resolve. Over the following four years, he had some minor skin issues that were not too challenging as well as the occasional urinary tract infection (UTI).

Challenges:

Mr. J was admitted to a psychogeriatric ward sometime in 2018 with severe depression. While there, another ulcer appeared at the side of his stoma as well as some immediate peristomal skin maceration as denoted by the white material visible near and on the stoma (See Figure 1). We evaluated several different pouching systems and a wide variety of different dressings. These met with varying success (See Figure 2). The ulcer would almost resolve and then he experience another depressive or ketotic episode and the ulcer would recur (See Figure 3). During this time, he left the psychogeriatric ward and was a resident in various rest homes before he left such hospital level care and went into a rented unit on his own.

Clinical Management Objectives:

Maintaining a seal that would help minimise leakage without the use of firm convexity, was the solution we identified and were seeking. Previously, Mr. J was using a firm convexity and it is uncertain if the ulcer formation was a type of Peristomal Medical Adhesive Related Skin Injury (PMARSI) caused by pressure injury.³ Mr. J also expressed the desire to wear an ostomy belt at all times for an extra sense of security. Again, it is uncertain if the use of the ostomy belt was a contributing factor.⁴

continued on back



Figure 1 Peristomal skin ulceration and skin maceration on examination – May 2018



Figure 2 Peristomal ulceration and macerated skin after dressings and differing pouching systems with minimal visible improvement – July 2018



Figure 3 Marginal peristomal ulcer improvement observed with ongoing management methods – December 2018.

Supporting Peristomal Skin Health with Fit & Formulation

Jacquelyn Hutchings RN STN
Christchurch, New Zealand

Case Study

I became aware of the availability of the Hollister CeraPlus soft convex urostomy pouch in early 2019. This was determined as a potentially more suitable option for his stoma management and I applied this pouching system for the first time in July 2019 (See Figure 4).

One additional challenge was his sensitivity to the adhesive border of tape. Generally, this helps in providing an overall feeling of flexibility and security for the wearer; however, it was not suitable for his skin type. To mediate this challenge, hydrocolloid barrier extenders were used under the tape to help modify his pouching system to meet his needs.

Outcomes:

By September 2019, the ulcer and maceration had resolved despite multiple hospital admissions over this period for other challenges (See Figure 5). One month later, his skin continued to appear visually healthy. The continued use of the ostomy belt does not appear to have created any additional pressure and the soft convexity he described as being comfortable to wear.

Previously he had a daily district nurse to do a complex dressing and now has a quick pouch change every second day and hopefully we can extend this out to a twice-weekly change once he gains confidence that it won't leak.

Conclusion:

Achieving peristomal skin health through fit and formulation is a key concern for the clinician and the person living with a stoma. The impact of peristomal skin conditions can sometimes create profound impacts on a person's quality of life² and identifying the correct fit from a pouching system may go a long way in ensuring positive patient outcomes.

However, fit may not be the sole deciding factor when considering a pouching system. During one's clinical decision making, selecting products that may offer more than fit alone, such as formulations for skin health support, is an aspect some clinicians possibly overlook regarding peristomal skin health. With new skin barrier options designed to support skin healthy skin from the start, formulation should be an element that is factored in, rather than incidental.



Figure 4 Pre-Application of CeraPlus soft convex urostomy pouching system – July 2019



Figure 5 Peristomal skin ulcer visible resolution and skin appears healthy – September 2019

References

1. Richbourg, L, Thorpe, J & Rapp, CG 2007, 'Difficulties experienced by the ostomate after hospital discharge', *Journal of Wound Ostomy and Continence Nursing*, vol. 34, no. 1, pp. 70-79.
2. Nichols, TR 2016, 'Quality of life in US residents with ostomies assessed via the sf36v2: Role-physical, bodily pain, and general health domain' *Journal of Wound Ostomy and Continence Nursing*, vol. 43, no. 3, pp. 280-287.
3. LeBlanc, K, Whiteley, I, McNichol, L, Salvadalena, G & Gray, M 2019, 'Peristomal medical adhesive-related skin injury results of an international consensus meeting', *Journal of Wound Ostomy & Continence Nursing*, vol. 46, no. 2, pp. 125-136
4. Hoeflok, J, Kittscha, J & Purnell, P 2013, 'Use of convexity in pouching: A comprehensive review', *Journal of Wound, Ostomy and Continence Nursing*, vol. 40, no. 5, pp. 506-512.



*Remois is a technology of Alcare Co., Ltd.

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 CeraPlus are trademarks of Hollister Incorporated. All other trademarks and copyrights are the property of their respective owners. Not all products are CE marked. © 2019 Hollister Incorporated. AUH225. October 2019.



Australia
Suite 3, Ground floor
990 Whitehorse Rd
Box Hill VIC 3128
1800 880 840

www.hollister.com.au

New Zealand
58 Richard Pearse Drive,
Airport Oaks, Auckland,
New Zealand
0800 678 669

www.hollister.co.nz