

Use of a CeraPlus™ Skin Barrier with Remois Technology*

Case Study 10

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 lifetime¹. 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 may have a negative impact on their quality of life. Peristomal skin complications are the most common post-operative complication following creation of a stoma². One such story will be shared in this case study.

Aim

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

Patient Overview

This patient was a middle aged male who is retired, lives at home with his family and is very active. He initially presented to the hospital for emergent surgery for perforated diverticulum undergoing a Hartmann's Procedure with formation of temporary sigmoid end colostomy. His recovery was quite straight forward, his stoma was a good size and shape, and situated on a smooth peristomal plane. He was discharged eight days after his initial surgery, with a two-piece pouching system, and no evidence of peristomal skin irritation.

Problem

On his first clinic visit, it was noted that his peristomal skin was quite irritated (**Photo 1**). Evaluation of the skin barrier showed it to be saturated, swollen and dissolving (**Photo 1a**), leaving a residue on his skin (**Photo 1b**). This constant moisture on his peristomal skin made for an ongoing challenge in managing his pouching system adequately.

Upon assessment there was no evidence of fecal leakage, however, it was noted that the patient has excessive peristomal skin perspiration.

Interventions

On the first visit, stoma powder was applied over the moist irritated area and a large hydrocolloid skin barrier ring (seal) was used underneath the pouching system skin barrier in attempts to increase absorption at the skin surface.

Three days later, his skin remained irritated. Povidone iodine solution was applied to the now broken and weeping areas and he was advised to change his skin barrier every other day. Slight improvement in his skin condition was noted within a few days, but he was still experiencing moisture related skin issues due to perspiration. On a subsequent visit, the skin area remained plagued with moisture with no improvement seen. His pouching routine was therefore changed to one-piece pouch (despite his two-piece preference) with the addition of a protective barrier wipe to enable more frequent changes and direct management of his skin. He expressed his inability to leave the home for long periods of time due to concerns of adhesion and leakage.

continued on back



Photo 1 Irritated peristomal skin in the area underneath the skin barrier.

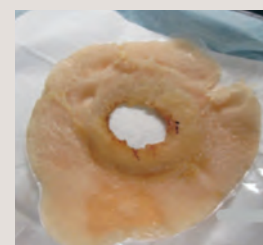


Photo 1a Previous skin barrier dissolving.



Photo 1b Skin barrier residue on peristomal skin.

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During the 6th follow up visit, the skin redness remained. The **CeraPlus** skin barrier was introduced and the pouching system was changed every other day

Outcomes

His skin issues were significantly improved within 7 days (**Photo 2**) and almost completely resolved within 14 days (**Photo 3**). The extended wear barrier was the correct formulation as it was able to absorb the peristomal moisture related to his excessive perspiration and maintain the peristomal skin health. He now changes his pouching system every three days and as such has been able to leave the house for extended periods as was per his usual routine. The patient was very happy with his progress.

Conclusion

This case was challenging as leakage was not the primary culprit for his Peristomal Moisture Associated Skin Damage (PMASD), however it was related to an excessive amount of perspiration coming from the skin around his stoma. Despite many solutions being tried, visible improvement was not seen until the patient used a CeraPlus skin barrier.

Many people with ostomies experience peristomal skin issues and accept them as a normal aspect of having a stoma. Thankfully, this patient sought help and there was visibly improvement to the peristomal skin. 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:

1. Richbourg L, Thorpe J, Rapp C. *Difficulties experienced by the ostomate after hospital discharge.* J Wound Ostomy Continence Nurs. 34(1):70. 2007.
2. Meisner S, Lehur P-A, Moran B, Martins L, Jemec GBE. *Peristomal Skin Complications Are Common, Expensive, and Difficult to Manage: A Population Based Cost Modeling Study.* PLoS ONE. 2012; 7(5): e37813.

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This case study represents one nurse's experience in using a CeraPlus skin barrier with a specific patient and may not necessarily be replicated.



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

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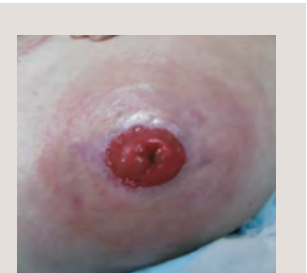


Photo 2 Significant improvement seen after 7 days with CeraPlus skin barrier.



Photo 3 After 14 days with the CeraPlus skin barrier.



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