

The Use of a CeraPlus Skin Barrier with Remois Technology* to Manage a Complex Case

Case Study

Abstract:

A rapid change in an individuals' health status can significantly impair their ability to self-care in relation to their stoma management. This also can result in challenges maintaining a secure skin seal and healthy peristomal skin. This case study involved a patient with an ileostomy with peristomal scarring in a deep skin crease and subsequent pouching system leakages. In addition to this challenge, the patient was further impaired by general overall muscle deconditioning, hemiplegia, reduced muscle tone, and a sudden loss of independence.

Relevant Medical History:

Mr. P (initial changed to protect privacy), is 70 year-old male admitted to a rehabilitation ward following a long period in the Intensive Care Unit (ICU), with complications from a left-sided middle cerebral artery (MCA) stroke. He had a history of proctocolectomy and ileostomy formation 30 years previously for ulcerative colitis.

Background:

Prior to this admission, Mr. P had previously been independent with his stoma care. After a prolonged ICU admission, deconditioning and right-sided weakness left him unable to self-manage. Additionally, he gained significant weight (117kg) that resulted in an oval-shaped stoma which measured 40 x 45mm, with a central spout in a flat 'moat' of peristomal tissue. At the time of admission, Mr. P had experienced poor pouching system security, resulting in damaged peristomal skin and a small dermal ulcer.

Skin Profile:

Initially he experienced peristomal moisture associated skin damage (PMASD) from leakage, but this quickly improved with use of a hydrocolloid ostomy powder during pouching system changes. A small dermal ulcer at the six o'clock position was managed with hydrocolloid powder and while slower to heal, had resolved by the time of writing.

While there was no hernia and the stoma was both well positioned and spouted, there was a lack of muscle tone in his right side (See Figures 1 & 2) due to the stroke. These factors, combined with his body habitus and lengthy periods seated in wheelchair resulted in the stoma almost touching his thigh when sitting upright. Despite best efforts to avoid it, the pouch folded into the crease below the stoma (See Figures 1, 2 & 5) thereby reducing its capacity. The trapping of effluent around the stoma occasionally caused minor seepage under the top edge of the baseplate increasing the risk of pouching system failure. With the armrest of the wheelchair removed, it was possible to partially empty the pouch but this was a challenge due to his right sided weakness and remained more difficult than anticipated. Staff were instructed to ensure the pouch was emptied immediately before transfer into the chair and on returning to bed.



Figure 1 Bulge of atonic muscle, with deep creases at 3 o'clock and deep crease below stoma.



Figure 2 Immobile right arm (above) with Adapt Paste application on stoma, and right thigh below.

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Clinical Management Objectives:

Simplify stoma care, protect peristomal skin, maintain appliance security, and educate carers about stoma care.

Considerations:

Mr. P had used a two-piece pouching system when he was self-managing and now requested to use a one-piece if possible. After multiple pouch and accessory evaluations, a Hollister CeraPlus skin barrier with flat drainable pouch with tape border, Adapt oval convex CeraRing barrier ring and Adapt paste were chosen (See Figure 3).

The introduction of the CeraPlus barrier ring further minimised discomfort and maintained healthy peristomal skin. His skin was very sensitive and barrier removal frequently caused discomfort. To help alleviate this, Adapt adhesive remover spray facilitated easier removal.

Lifting equipment and a rehabilitation plan necessitated Mr. P to sit out of bed for approximately six hours a day. This included physio sessions while seated in the chair, resulting in repeated crushing/folding of the pouch leading to premature leakage. The position of the stoma combined with his body shape resulted in the stoma spout facing his thigh when sitting and his total pouch capacity was reduced as there was no way to prevent the phenomenon of folding (See Figure 5).

Constant adjustment and ongoing staff education was required to achieve a workable routine. Initially Adapt flat rings were used, but his wife and carer had difficulty stretching/molding them into the correct size and shape, so a change to the oval ring simplified the process. The Stomal Therapy Nurse reviewed him daily, (Monday to Friday) to assess the outcome of each readjustment.

Conclusion:

The appliance remained secure with a twenty-four hour wear time maintaining healthy peristomal skin condition. The CeraPlus skin barrier was gentle on his skin and flexible to fit irregular contours. The integrated tape border further enhanced the sense of security of the edges, which had previously required the addition of extra hydrocolloid borders adding time, complexity, and cost. His wife now found the process simple, which increased his confidence and helped in maintaining his dignity.

Unfortunately, we were unable to overcome the challenges of the pouching system folding into the thigh crease and the effluent was not fluid enough to attach a drainage system.

We managed to find a workable solution for multiple co-existing issues by utilising the Hollister ceramide-infused product offering. Additionally, the oval convex rings (not available from other manufacturers) were ideal and the tape border of the pouch eliminated the need for extra frames.



Figure 3 Convex 38mm x 56mm Adapt Oval Convex CeraRing – placed over Adapt Paste.



Figure 4 Change complete. The pouch visibly begins to fold in the deep crease. Mr. P is supine in the preceding photos.



Figure 5 Patient seated in wheelchair. Bag 'folding', reducing capacity and causing effluent to pool around stoma.



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

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