

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 20mm (2cm)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.



Case 6: Immediate post-op stoma with firm distended abdomen and off-centered 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 minimize 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.



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Hollister Soft Convex Barrier Options



Premier™ One-Piece Soft Convex Pouching System

Options:

- CeraPlus Skin Barrier with Remois Technology* Formulation
- Flexextend Skin Barrier Formulation
- Cut-to-Fit
- Pre-Sized
- Drainable Pouch
- Urostomy Pouch



New Image™ Two-Piece Soft Convex Pouching System

Options:

- CeraPlus Skin Barrier Formulation
- Cut-to-Fit
- Pre-Sized



Adapt™ Oval and Round Convex Barrier Rings

Options:

- Flexextend Barrier Infused with Ceramide
- Flexextend Barrier Formulation

References:

- 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

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