

The Positive Impact when Changing from Firm Convex to Soft – A Patient Perspective

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Abstract

A guiding principle in managing patients with a stoma, is the attainment, and maintenance, of a secure and reliable skin seal with a correctly fitting pouching system.¹ For decades convex products have been highly influential in realising this principle.^{1,2} While firm or rigid convex products have been readily available, and are well-accepted for use in clinical application, little is evidenced that the newer styles of products incorporating a softer insert meets both clinical and patient needs.³ This complex case study illustrates the positive impact in terms of quality of life (QOL) for a patient who changed from a firm convex skin barrier to a soft convex skin barrier while still attaining the clinical goals of a reliable and secure fit.

Background

Tania is a fifty-three-year-old mother of four adult children and has two grandchildren. (See Figure 1) Some years ago, Tania became very unwell with extreme abdominal pain, and found it difficult to eat. Her QOL was significantly impacted as she felt she couldn't do anything. Tania was diagnosed with Ehlers-Danlos Syndrome (EDS). This condition describes a group of heritable connective tissue disorders.⁴ Leading indicators for EDS are tissue fragility, joint hypermobility, and skin hyperextensibility.⁴

Surgical Interventions

A surgical review determined the need to perform rectopexy using mesh implants to stabilise her posterior compartment pelvic organ prolapse and alleviate the obstruction in her rectum.⁵ However, in addition to this, she underwent several other operations to no avail. Further diagnosis was intestinal failure and gastroparesis. She was finding it more challenging now to not only 'get things out' but she now had difficulty 'getting things in'.

Tania then made a key decision to have a permanent ileostomy performed. While the surgery went well she immediately developed a parastomal hernia as a result of her EDS. Her tissues were friable and weak and difficult to connect, even with suture materials. Mesh has helped and she has multiple areas of mesh in her abdomen from her multiple surgeries.

After surgery she developed a significantly visible skin rash under the ostomy skin barrier being used as her post-operative pouch which she described as awful. However, this was not addressed immediately, as within two weeks of her ileostomy surgery, her parastomal hernia had become strangulated and she was rushed to hospital for emergency surgery.

Nursing Interventions

As her rash was significant, it was determined that a well-fitting two-piece pouching system with a skin barrier infused with ceramide - a CeraPlus™ skin barrier* - might help minimise pouching system change frequency and help protect her skin. Originally she was placed in flat skin barrier with an Adapt CeraRing™ barrier ring, an Adapt™ ostomy belt, and Adapt stoma powder. (See Figure 2) Tania describe the change in her skin improvement as remarkable and says she 'has never looked back'. However, over time her peristomal skin contours changed and her stoma was highly mobile and could pull back to skin level when active resulting in occasional leakage. As such, she was changed to a two-piece firm convex skin barrier to help stabilise the abdomen and assist the stoma protrude into the pouch and help reduce the potential for leakage.^{1,2} While this solution readily resolved the leakage challenge with a more secure fit and helped her maintain good peristomal skin health, she indicated that she could feel the firm convex insert while she was wearing it – particularly when she was bending. (See Figure 3) She also could not sleep on her back as she was concerned about the stoma 'hiding'. However, she was not willing to risk leakage with a poor fit and continued using the firm convexity.

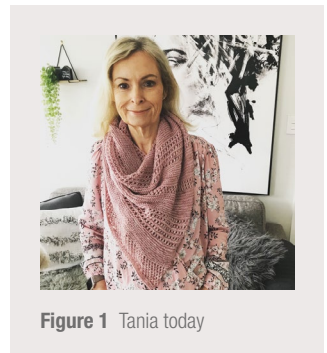


Figure 1 Tania today

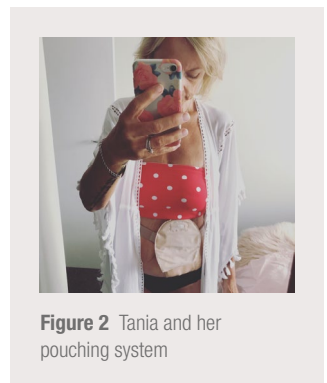


Figure 2 Tania and her pouching system



Figure 3 Skin condition using firm convex

LEVEL OF EVIDENCE - CASE STUDY

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One year later, she was introduced to a different product, the CeraPlus™ soft convex skin barrier in a two-piece version. Keen to try, Tania applied the soft convex skin barrier and immediately could feel the difference in comfort. She described this as though she was not wearing anything. Yet, she found it still made her stoma 'stay put' and she did not experience any leakage and was able to sleep once again on her back as she felt both greater comfort and security. (See Figures 4 & 5) Importantly, she found her peristomal skin remained just as healthy as before.

Conclusion

Convexity products have been proven over the decades to help optimise a secure and reliable fit. Recent product additions to help manage our patients more effectively with incremental positive outcomes that not only address secure fit, but impacts other needs in quality of life domains, for instance comfort or sleep, as well as barrier formulation for skin health, can add to these overall goals and principles of care. Additionally, having the ability to move quickly and easily between flat skin barriers, soft convex skin barriers, and firm convex skin barriers within a product range provides greater flexibility to achieve these positive patient outcomes and make clinical decisions easier.



Figure 4 Skin condition using soft convex



Figure 5 CeraPlus™ soft convex skin barrier in place



To learn more about CeraPlus™ Products, click here or scan the QR code



To visit the Hollister website, click here or scan the QR code



To visit the Hollister Clinical Education Website, click here or scan the QR code

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*Contains the Remois Technology of Alcare Co., Ltd.

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Disclaimer: This case study represents this nurse's experience in using the CeraPlus™ skin barriers with the named patient, the exact results and experience will be unique and individual to each person.

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