

Optimizing Recovery: The Role of CeraPlus™ Soft Convexity in Managing an Ileostomy with Mucocutaneous Separation

Lisandra Santos, MSN, APRN, WCP-C, Advanced Practice Registered Nurse in Stoma Care, Miami, Florida, US

Abstract

Use of ostomy barriers with convexity has traditionally been avoided in the early post-operative period due to the perception of potential complications such as mucocutaneous (MCS) and pressure injuries.¹ During a recent consensus on the use of convexity in the immediate postoperative period, the discussion among panelists was based on the identification that achieving a secure pouch seal with no leakage is a fundamental goal of ostomy management and essential to reduce or eliminate leakage and peristomal injury and help the patient adapt to life with a stoma.¹

Mucocutaneous separation (MCS) is defined as a partial or circumferential detachment of the mucosa from the peristomal skin.² Early detection and appropriate wound care can help resolve most cases of MCS.

During a recent consensus by Colwell and colleagues, the panel recommended ostomy clinicians consider the type and characteristics of convexity based on its ability to provide a secure seal, prevent leakage, and maintain/restore optimal peristomal skin health, while taking steps to exert the least amount of pressure possible on the mucocutaneous junction.¹

The objective of this case study is to highlight the effective management of peristomal skin issues in a patient post-ileostomy surgery for ulcerative colitis and other comorbidities. It also emphasizes how consideration of barrier characteristics in selection of a convex pouching systems allow for a better fit despite peristomal skin complications.

Aim

To effectively manage MCS and peristomal skin breakdown and find a pouching system that provided an improved seal, thereby facilitating the patient's post operative recovery, acceptance of their stoma, and a return to their normal daily activities.

Background and Medical History

The patient was a 32-year-old male who underwent the formation of an ileostomy due to ulcerative colitis that was refractory to medicinal therapy. In addition to ulcerative colitis his medical history included gastroparesis, full hip replacement, and steroid-induced avascular necrosis in the shoulder. The patient's unique medical history contributed to the complexity of care and necessitated careful assessment of concurrent health issues throughout the postoperative period. The patient remained in the hospital for a month after his initial surgery for stoma creation.

Problem Identification

The patient was readmitted to the hospital two weeks following discharge. This was prompted by a series of discomforting symptoms including nausea, vomiting, and dehydration. The patient also reported experiencing chronic leakage of his pouching system and a "burning" sensation around his stoma. In response to these developments, a consultation with the ostomy nurse was arranged to assess the stoma and devise a resolution for the ongoing issues.

Nursing Assessment and Intervention

Upon initial examination, it was observed that the parastomal area was firm and edematous. Furthermore, there was an almost complete separation at the mucocutaneous junction, irritant contact dermatitis, and partial thickness wounds along the midline incision. (See Figure 1)

The mucocutaneous separation was treated with stoma powder and subsequently with a hydrofiber wound dressing placed under the ostomy skin barrier³. The same hydrofiber dressing was also used to treat the partial thickness wounds to the midline incision. This approach was taken to absorb wound drainage, promote healing and prevent further complications.

continued over page



Figure 1 Initial assessment at eight weeks post-surgery.

LEVEL OF EVIDENCE - CASE STUDY

Optimizing Recovery: The Role of CeraPlus™ Soft Convexity in Managing an Ileostomy with Mucocutaneous Separation

The highly active stoma was located close to the incision line. There was concern that leakage into these wounds could potentially result in an infection.⁴ Given how active the stoma was, it was deemed necessary for the patient to continue with a convex barrier.

Considering the condition of the patient's skin and the need for a more flexible convex skin barrier to conform securely to his abdominal contours⁵, the patient was transitioned from the two-piece standard wear convex skin barrier to an extended wear ceramide-infused, CeraPlus™ Soft Convex Skin Barrier* with a slim ring and a belt. This switch was made with the understanding that an easily compressible convex skin barrier should be considered when the patient has a firm abdomen and convexity is required.⁵

Outcome

The decision to switch to CeraPlus™ Soft Convex Skin Barrier* and slim ring, tailored to the patient's specific needs, proved to be a turning point in the patient's recovery. The patient received medical treatment for dehydration, and the wound and mucocutaneous separation were managed with stoma powder and a hydrofiber dressing.³ These interventions, along with the addition of a belt for extra security, resulted in the cessation of leakage, rapid healing of the mucocutaneous separation and partial thickness wounds to the midline incision, and visible improvement in the condition of the peristomal skin after two days. (See Figure 2) The patient was also able to go from leaking three to four times per day to a consistent wear time of three days, boosting his confidence in the effectiveness of his pouching technique.

Conclusion

This case study highlights the importance of choosing a convex skin barrier with the right characteristics and formulation. Two key insights were gained from this case study.

First, switching to a CeraPlus™ Soft Convex Skin Barrier* played a crucial role in improving the health of the patient's skin. It is essential to have products that offer an optimal blend of fit and formulation to maintain healthy peristomal skin.

Secondly, use of a soft convex skin barrier ensured a proper seal around the stoma, prevented leakage, and allowed the mucocutaneous separation to heal. (See Figure 3)



Figure 2 Visible improvement seen two days after switching to the CeraPlus™ Soft Convex Skin Barrier*.



Figure 3 After five days with the CeraPlus™ Soft Convex Skin Barrier*.



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

References

1. Colwell J, Stoia Davis J, Emodi K, et al. Use of a convex pouching system in the postoperative period: A national consensus. *J Wound Ostomy Continence Nursing*. 2022; 49(3):240-246.
2. Parini D, Bondurri A, Ferrara F, et al. Surgical management of ostomy complications: A MISSTO-WSES mapping review. *World Journal of Emergency Surgery*. 2023; 18:48.
3. Pittman J. Chapter 17. Stoma complications. In: *Wound, Ostomy and Continence Nurses Society Core Curriculum. Ostomy Management. 2nd Ed.* Philadelphia, PA: Wolters Kluwer; 2022.
4. Bateman S. The dehisced abdomen following invasive intervention: Case report. *Wounds UK*. 2012; 8(2).
5. McNichol L, Cobb T, Depaifve Y, et al. Characteristics of convex skin barriers and clinical application. *J Wound Ostomy Continence Nursing*. 2021;(48)6: 524-532.



*CeraPlus™ Skin Barriers contain the Remois technology of Alcare Co., Ltd.

Prior to use, be sure to read the package insert for information regarding Intended Use, Contraindications, Warnings, Precautions, and Instructions for Use.

Not all products are CE marked.

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

Hollister, the Hollister logo, the Hollister Education logo and CeraPlus are trademarks of Hollister Incorporated. All other trademarks and copyrights are the property of their respective owners.

© 2024 Hollister Incorporated. October 2024.



Hollister Incorporated
2000 Hollister Drive,
Libertyville, Illinois 60048

www.hollister.com