Purpose

- Skin barriers protect the skin from contact with stoma drainage which helps prevent skin irritation and pain.
- Skin barriers are used to adhere an ostomy pouching system to the skin.

Skin Preparation Prior to Using a Skin Barrier

- Skin should be cleaned and thoroughly dried.
- If a skin cleanser or soap is used, it must be a kind that rinses completely from the skin without leaving a residue.
- Lotions, oils and powders may interfere with the adhesion of a skin barrier.
- Skin barriers adhere best to dry surfaces. If the skin is eroded, use a skin barrier powder (for example, Premium Powder). The powder should be applied to the moist areas and then excess powder must be removed. The powder will absorb the moisture. In some cases, a second application of powder may be needed. Some clinicians will use a skin sealant (for example, Skin Gel wipe) to "seal in" the powder. This is a clinical preference but is not required.
- The use of a skin sealant (Skin Gel wipe) interferes with the adherence of Flextend extended wear skin barrier and will decrease the wear time.
- If the stoma is active, use something dry, such as a rolled piece of gauze, on the stoma to control the output when the skin barrier is being applied.

Application

- Remove release paper or film prior to application of the skin barrier.
- Minimize the amount of touching or contact with the barrier prior to application.
- Once applied to the skin, the barrier adhesion will improve with heat. Enhance the adherence of the skin barrier by using a hand or fingers to hold the skin barrier in contact with the skin for 30 to 60 seconds.
- The flexibilty of the barrier can be improved by warming prior to application. One way this can be accomplished is by holding the barrier in your hands prior to the removal of the release paper or film. Do not microwave skin barriers.

Wear time

- Wear time is defined as the length of time a product can be worn before failure.
- Failure is usually the result of barrier erosion or separation of the barrier from the skin.
- Wear time can vary widely based upon factors such as skin condition, discharge consistency, activity, and climate.
- The goal is to provide predictable and consistent wear time.

Pouching Systems



System

System



Types of Skin Barriers

Composition

- Skin barriers usually contain one or more of the following ingredients:
 - Elastomeric Polymers
- Tackifiers
- Hydrocolloids
- Flexibilizer
- Mildly acidic (pH of 4.5-5.0), skin barriers help to control the growth of some skin organisms.

Flextend



- Synthetic skin barrier that is designed to be the most resistant to discharge.
- Barrier of choice for many urostomies and ileostomies.
- · Best choice for people who perspire heavily.
- A non-eroding barrier that swells when it comes in contact with liquid discharge.
- The use of a skin sealant (Skin Gel wipe) interferes with its adhesion and, as a result, will decrease the wear time.

FlexWear



- Synthetic skin barrier that provides excellent adhesion to the skin.
- · Designed to be worn for more than one day.
- More resistant to breakdown because of the internal integrity from its cross-linked molecular structure.
- Good choice of skin barrier for colostomies and ileostomies where longer wear time is desired.

SoftFlex



- · Synthetic skin barrier that provides gentle adhesive attachment to the skin.
- Excellent choice when the skin barrier is being removed frequently (for example, closed pouches) or when the skin is very fragile (pediatrics, elderly).
- Mildly resistant to breakdown and is best when used for low water content discharge (colostomies).

Karaya 5



- A "natural" skin barrier that is well-suited for sensitive skin or in some cases where allergic reactions to synthetic products have occurred.
- Mildly adhesive so a Karaya 5 skin barrier requires tape or a belt to hold it to the body.
- When exposed to high heat/humidity or high water content discharge, Karaya 5 will break down.



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