

Use of a **CeraPlus™** Skin Barrier with Remois Technology*

Case Study 12

Abstract

There is a high incidence of peristomal skin complications, with more than half of all people living with an ostomy experiencing a peristomal skin issue at some point in their lifetime¹. The types of complications, the reasons for them, and the solutions used to treat them can vary widely. For clinicians, managing these peristomal skin complications takes time and effort. For patients, sore peristomal skin can have a huge impact on their quality of life. Peristomal skin complications are the most common post-operative complication following creation of a stoma². One such story will be shared in this case study.

Aim

To visibly improve and maintain peristomal skin integrity by finding a suitable skin barrier formulation for the patient, and ensuring a proper skin barrier fit around the stoma.

Patient Overview

The patient is a middle aged male with a diagnosis of colon cancer (sigmoid colon). The rectal mass involved his bladder and prostate resulting in both an ileostomy and a urostomy. He was being treated with both chemo (oral and IV) and radiation therapy. He was admitted to the hospital for capcitabine induced mucositis. The WOC nurse was consulted because his ileostomy was leaking during this hospitalization. The pouching system around the urostomy was providing a good seal with a four day wear time. This case study will focus on management of the ileostomy.

Patient was very positive and understood that this was a temporary complication. He believed that the WOC nurse would be able to help him and his family was supportive and willing to assist him.

Problem

The patient was using a two-piece extended wear cut-to-fit convex skin barrier with a barrier ring to manage his ileostomy. He was getting a 4 day wear time prior to skin break down. The top layer of skin had sloughed off and was now moist and weeping (**Photo 1**). His wear time decreased to a few hours and he was having a lot of pain. The tape border of the skin barrier on the urostomy pouching system was cut away to keep it off his denuded skin and help minimize the pain.

Interventions

A strip of skin barrier was applied to the skin between the two stomas to prevent leakage from the ileostomy from breaking the seal around the urostomy. A barrier ring was added to the back of a two-piece **CeraPlus** cut-to-fit convex skin barrier (**Photo 2**) and applied around the ileostomy. Once in place, a hydrocolloid was used to cover the tape border of both skin barriers and the strip of skin barrier between the two stomas. In addition, an abdominal binder was placed to prevent staff from removing his pouching systems.

continued on back



Photo 1 Irritated and weeping skin beneath the skin barrier.



Photo 2 Intervention and product application.



Photo 3 Peristomal skin with granulation tissue, re-epithelization and re-pigmentation after four days.

Use of a CeraPlus Skin Barrier with Remois Technology*

Contributing Author and Affiliations:
Erin Testerman BSN, RN, CWOCN
New York Presbyterian/
Columbia Medical Center
New York, New York
United States

Case Study 12

Outcomes

Upon assessment four days later, the peristomal skin around the ileostomy presented with granulation tissue, re-epithelization and re-pigmentation (Photo 3). His wear time increased from a few hours to four days when the pouching system was changed to allow the dermatology team to assess his skin.

The patient was discharged home with the two-piece CeraPlus cut-to-fit convex skin barrier and drainable pouch to manage his ileostomy. He continued with the barrier ring but discontinued the additional hydrocolloid between the two stomas. The patient was changing his own pouching systems and was independent with ostomy care. He was able to get a six day wear time the week of his follow-up appointment because he wanted to wait until his clinic appointment to change his pouching system. The usual wear time for both the ileostomy and urostomy was four days.

Conclusion

Many people with ostomies experience peristomal skin issues and accept them as a normal aspect of having a stoma³. Achieving a good fit around the stoma and preventing leakage as a means of mitigating skin irritation is important. The formulation of a skin barrier also has an impact on the health of the peristomal skin. Finding the right combination of skin barrier formulation, and skin barrier fit is essential to maintaining a healthy peristomal skin environment.

References:

1. Richbourg L, Thorpe J, Rapp C. *Difficulties experienced by the ostomate after hospital discharge.* J Wound Ostomy Continence Nurs. 34(1):70. 2007.
2. Meisner S, Lehur P-A, Moran B, Martins L, Jemec GBE. *Peristomal Skin Complications Are Common, Expensive, and Difficult to Manage: A Population Based Cost Modeling Study.* PLoS ONE. 2012; 7(5): e37813.
3. Whiteley IA and Sinclair G *A Review of Peristomal Skin Complications Following the Formation of an Ileostomy, Colectomy or Ileal Conduit.* World council of Enterostomal Therapists Journal, 2010; 30(3) p. 23-29.

The support of Hollister Incorporated is gratefully acknowledged.

This case study represents one nurse's experience in using a two-piece CeraPlus cut-to-fit convex skin barrier with a specific patient and may not necessarily be replicated.



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

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

 Not all products are CE marked.

The Hollister logo and CeraPlus are trademarks of Hollister Incorporated. All other trademarks and copyrights are the property of their respective owners. © 2016 Hollister Incorporated

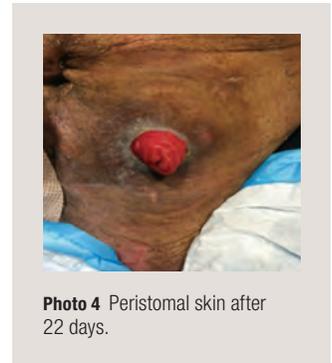


Photo 4 Peristomal skin after 22 days.



Hollister Incorporated
2000 Hollister Drive
Libertyville, Illinois 60048 USA
1.800.323.4060

www.hollister.com