Use of a

CeraPlus™ Skin Barrier

with Remois Technology*

Hollister Education™

Case Study 14

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 lifetime[1]. 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 stoma[2]. One such story will be shared in this case study.

Aim

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

Setting

The patient was referred to the WOC nurse during her hospitalization by the hospital team.

Patient Overview

The patient is an active 68 year old female with an ileostomy due to ulcerative colitis. She has had her ostomy for three years and has been dealing with an ulceration to her peristomal skin on the right side of her stoma for almost three years as well.

Problem

The patient was referred to the WOC nurse during her hospitalization. On assessment the ulceration was noted at eight o'clock which was in line with where her belt connected to her pouching system. Eighteen months prior she received a possible diagnosis of pyoderma gangrenosum and was started on an immunosuppressant. She also had contact irritant dermatitis surrounding the ulceration. Her stoma was positioned near a prominent abdominal contour (Photo 1). She wanted a pouching system that allowed her to feel confident enough to engage in more social activities.

Interventions

Initially the patient was wearing a one-piece extended-wear convex cut-to-fit pouching system with a barrier ring and a belt. She was applying an alginate and hydrocolloid dressing to the ulcerated area. The belt was discontinued after the first assessment. The patient continued to have leakage from where the ulceration was located and developed irritant contact dermatitis (Photo 2). Hypergranular tissue was also noted over the ulceration and a cauterizing agent was applied.

The convexity appeared to be too rigid for her abdomen and she was switched to a one-piece extended wear flat cut-to-fit pouching system with a barrier ring. The alginate and hydrocolloid dressings were continued to the ulceration and stoma powder and a skin protective wipe were applied to the area of irritant contact dermatitis. The patient was changing the pouch daily.

Three weeks into her care with the WOC nurse she was switched to a one-piece **CeraPlus** flat cut-to-fit pouching system with a barrier ring. A collagen dressing was

continued on back

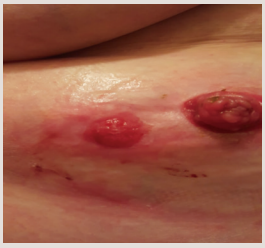

Photo 1 Ulceration to peristomal skin at eight o'clock with surrounding irritation. Stoma located next to a prominent skin fold.

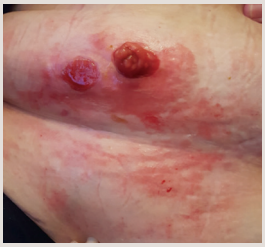

Photo 2 Leakage from where the ulceration lead to irritant contact dermatitis.

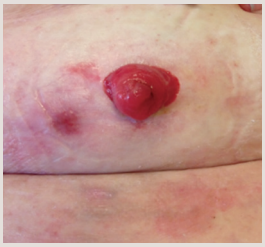

Photo 3 Improvement to peristomal skin after eleven weeks.

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Author and Affiliations:

Michelle Wenzel, MSN, FNP-BC, CWON
Unity Point Health – St. Luke's Hospital
Cedar Rapids, Iowa United States

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placed over the ulceration and covered with alginate and a hydrocolloid dressing. Stoma powder and a skin protective wipe were continued to any areas on contact irritant dermatitis. She was also started on a stool thickener. The patient was able to change her pouching system every other day.

After ten weeks a specialty belt without tabs was ordered to assist with flattening out her abdominal contours and provide more stoma protrusion. This belt also provided the patient with a sense of security as she was used to wearing a belt.

Outcomes

After eleven weeks of close follow-up and multiple nursing interventions including use of a **CeraPlus** skin barrier, the wound was healed and she was no longer having leakage from her ostomy pouch (Photo 3). She was able to get at least a three day wear time which was acceptable for her because it allowed her to feel more confident in her pouching system.

Conclusion

Many people with ostomies experience peristomal skin issues and accept them as a normal aspect of having a stoma; despite pre-and post-operative information they are given[3]. Thankfully, this patient sought help and the problem was resolved. Achieving a good fit around the stoma and preventing leakage as a means of mitigating skin irritation may not be enough to keep the peristomal skin healthy. 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 one-piece CeraPlus flat cut-to-fit pouching system with a barrier ring with a specific patient and may not necessarily be replicated.

Remois

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

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Hollister Incorporated
2000 Hollister Drive
Libertyville, Illinois 60048 USA
1.800.323.4060

www.hollister.com