

Use of a CeraPlus™ Skin Barrier with Remois Technology*

Case Study 1

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 impact 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.

Setting

The patient was admitted to the hospital for an emergency colostomy and Hartmann's procedure in August of 2015 for a diverticular stricture.

Patient Overview

The patient is a middle aged male who leads an active life, and is in good health. He has no co-morbidities or known allergies. He was placed on a standard wear skin barrier with no tape post operatively in the hospital, and continued on this product following discharge home.

Problem

Within a few weeks, despite having no problems with leakage or any signs of Peristomal Moisture Associated Skin Damage (PMASD), the patient started showing signs of peristomal skin irritation in the area underneath the skin barrier (**Photo 1**). The patient made an urgent call complaining that his skin was red, itchy, and sore. He also complained that his pouch was not adhering and that he was becoming increasingly concerned of a pouch failure in public.

Interventions

The patient was asked to switch to a Hollister **SoftFlex** skin barrier for its gentle properties. A skin swab was taken for a microbial culture and sensitivity test. No significant growth was detected, and the results were negative for Methicillin-resistant Staphylococcus Aureus (MRSA). Within a few days, the peristomal skin started to show improvement. The pouch was showing good adhesion, and the red and sore skin started to improve. However, the itching continued and was interrupting his sleep so 0.1% topical steroid, prescribed by a General Practitioner, was commenced (**Photo 2**).

After another week the peristomal skin showed further improvement and the General Practitioner recommended the patient discontinue the topical steroid.

continued on back



Photo 1 Irritated peristomal skin in the area underneath the skin barrier.



Photo 2 Some improvement seen with a change in skin barrier, and the application of a topical steroid.



Photo 3 Further improvement seen during use of a CeraPlus skin barrier

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Unfortunately, his skin became inflamed again and increasingly itchy and irritated. This required the use of an anti-inflammatory medication for pain relief. The topical steroid was not reinstated by the General Practitioner, as it is not to be used as a long-term treatment. The patient was then switched from the Hollister **SoftFlex** skin barrier to the Hollister **CeraPlus** skin barrier.

Outcomes

Within two days of changing to the CeraPlus skin barrier, the patient indicated that the irritation and itching of his peristomal skin had stopped. He no longer required an anti-inflammatory medication for pain relief. (Photo 3).

Conclusion

This case was challenging for several reasons. While a good fit around the stoma was achieved with each of the different skin barriers tried with no evidence of leakage, the patient was experiencing irritation and itching of the peristomal skin.

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 given³. Thankfully, this patient sought help and there was visible improvement of the peristomal skin. 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. 2007; 34(1):70.
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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 CeraPlus skin barrier with a specific patient and may not necessarily be replicated.



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

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