

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

Case Study 11

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 an adult female with Ulcerative Colitis. She was offered an ileal pouch-anal anastomosis (IPAA or J-pouch) due to decreased quality of life and complications from steroid medication. At the time of her surgery, she was taking 60 mg of steroid (prednisone) daily. She began weaning off the steroids by 10 mg weekly and was taking 40 mg at the time of her first interaction with the WOC nurse.

Problem

She was referred to home care due to frequent leakage that required her to change the pouching system up to three times a day. This began while she was still in the hospital and she struggled with leakage until seeing the WOC nurse two weeks after discharge. Her abdomen was swollen due to medication but was slowly resolving leaving visible stretch marks (**Photo 1**).

Upon assessment there was a distinct mucocutaneous separation (**Photo 2**) that the patient had been trying to accommodate by cutting the skin barrier larger. This led to raw irritated peristomal skin that was bleeding and “burning”. The location of the stoma was near the naval and this made it difficult for the skin barrier to conform and adhere to the abdomen as well.

Interventions

The patient had been using a one-piece extended wear cut-to-fit flat pouching system from two different manufacturers. She had tried a convex pouching system without success. The WOC nurse explained that the mucutaneous separation was most likely due to the steroid medication. Ostomy powder and a skin protective wipe were used to treat her peristomal skin irritation. Patient was then taught the proper application of stoma paste and a one-piece **CeraPlus** cut-to-fit convex pouching system was applied with a belt. This still extended a little over the naval.

continued on back

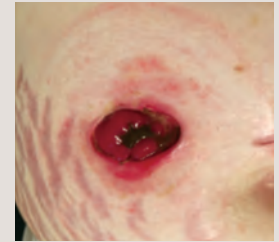


Photo 1 Visible stretch marks.



Photo 2 Distinct mucocutaneous separation.



Photo 3 Improved granulation tissue in base of mucocutaneous separation.

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Outcomes

Upon assessment seven days later, the patient stated she was “a new woman”. She had changed the pouch on day 3 and was able to wear it until the WOC nurse returned four days later. She had no leakage and the irritation to her peristomal skin had visibly improved. Improved granulation tissue was evident in the base of the mucocutaneous separation (**Photo 3**). She had received a smaller one-piece CeraPlus cut-to-fit convex pouching system through the manufacturers discharge program that fit her naval area better. She continued with this product and reported no further skin irritation or leakage during a follow up call with the WOC nurse 14 days later. This patient was discharged from home care and scheduled to have her reversal in the coming months.

Conclusion

Many people with ostomies experience peristomal skin issues and accept them as a normal aspect of having a stoma³. Thankfully, this patient sought help and there was visible improvement in her 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. 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 cut-to-fit convex pouching system with a specific patient and may not necessarily be replicated.



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

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