

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

## Case Study 6

### 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<sup>1</sup>. 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<sup>2</sup>. 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 gentleman who underwent an anterior resection and formation of a loop ileostomy for rectal cancer. Due to a stricture at the anastomosis site, the stoma was not able to be reversed and may become permanent. This gentleman had been troubled with high output issues despite using high doses of an anti-diarrheal medication to control the ileostomy output. The patient's stoma is retracted as it lies in a "dip" of skin. This coupled with the high output issues, may make him prone to leakage.

### Problem

Since his stoma formation, one year ago, the patient has used a one-piece convex pouching system, often changing daily when his peristomal skin became irritated. He was also using a skin barrier wipe to help protect his peristomal skin. Despite the use of convexity to help prevent fecal pooling onto the peristomal skin, and the use of a skin barrier wipe, the patient had been troubled with peristomal skin complications since his stoma formation.

### Interventions

The patient presented to his local stoma care clinic with an exacerbation of his peristomal skin complication and granulomas around his stoma (**Photo 1**). The granulomas were treated with a cauterizing agent and a two-piece **CeraPlus** convex pouching system was fitted.

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**Photo 1** Irritated peristomal skin in the area underneath the skin barrier. Granulomas treated with a cauterizing agent.



**Photo 2** Improvement seen to the peristomal skin after two weeks.

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### Outcomes

The patient was reviewed in clinic two weeks later. His peristomal skin complications had dramatically improved and he was overjoyed to not feel the discomfort of the constant peristomal skin irritation (**Photo 2**). The two-piece CeraPlus convex skin barrier was staying in place for three-four days and the pouch was changed every two days, the skin barrier wipe had been discontinued. The patient felt his quality of life had substantially improved; he was sleeping better at night and was beginning to enjoy returning to his normal activities.

### Conclusion

Many people with ostomies experience peristomal skin issues and accept them as a normal aspect of having a stoma<sup>3</sup>. Thankfully, this patient sought help and the problem was visibly improved. 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.
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 convex skin barrier with a specific patient and may not necessarily be replicated.*



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

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