Use of a

CeraPlus™ Skin Barrier

with Remois Technology*

Hollister Education™

Case Study 8

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 impact their quality of life. Peristomal skin complications are the most common post-operative complications following creation of a stoma[2]. 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 86 year old woman who was diagnosed with rectal cancer and underwent bowel resection resulting in the formation of a colostomy. She recently suffered a stroke resulting in limb weakness. This patient resides in a residential aged care facility (RACF) and is reliant upon staff to assist her with her colostomy care.

Problem

The patient was admitted to hospital for revision of stoma due to "recurrent [skin] infections". She began to have trouble with skin barrier adhesion two months earlier. Numerous products were evaluated by the RACF staff and her accessory use had increased. Despite these attempts, her pouching system was being changed at least daily due to leakage. The patient was very frustrated and conveyed a loss of control due to frequent leakage and reliance upon others for a task she had previously performed herself. On admission, the patient was assessed by the Stomal Therapy Nurse. There was peristomal moisture associated skin damage (PMASD) almost to the margins of the skin barrier and the peristomal skin was painful and burning (Photo 1).

Interventions

It was determined that the PMASD was due to leakage. The skin was cleaned and dried, a seal/skin barrier ring was fitted around the stoma and a convex **CeraPlus** skin barrier was then applied. After determining the right fit and formulation, the patient was transferred back to the RACF the following day. The management plan was discussed with the patient and the RACF staff to help ensure optimal care.

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

Photo 2 Initial improvement seen to peristomal skin in one week.

Photo 3 The peristomal skin after two weeks of using the CeraPlus skin barrier.

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Outcomes

After one week the patient no longer required a seal/skin barrier ring or other accessories to assist with security of the skin barrier (Photo 2). After two weeks the pouching system was being changed twice a week as per routine and there was still no leakage. The staff elected to change the skin barrier on a Monday and a Friday as this suited the staff allocation. The patient's peristomal skin made continuous improvements (Photo 3).

The patient was very happy with the outcome as her stoma and pouching system application was now manageable. She felt more confident and her skin was no longer painful and resembled the skin on the other side of her abdomen- healthy and intact.

Conclusion

This case was challenging for several reasons. This patient was experiencing continuous peristomal skin complications despite other management interventions. Many people with ostomies experience peristomal skin issues and accept them as a normal aspect of having a stoma[3]. Achieving a good fit around the stoma and preventing leakage as a means of migrating 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 two-piece pouching system with a convex CeraPlus skin barrier with a specific patient and may not necessarily be replicated.

Remois

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

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