

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

## Case Study 9

### 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 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 64 year old female who lives alone at home and is independent with her stoma care but has a caregiver visit twice per week to help with shopping and accompany her on hospital visits. She made contact with the Stomal Therapy Nurse requesting an appointment as she said her “bags would not stay on and that her stoma was sore”.

She was diagnosed with a colo-vaginal fistula after experiencing months of vaginal and rectal discharge. She underwent an ultra-low anterior resection and hand-sewn colo-anal anastomosis with formation of a loop ileostomy.

During initial hospitalization the patient received daily assessment and education on her stoma care. She also accessed a DVD on caring for an ileostomy as well written educational materials. She was discharged with one months' supply of ostomy products and was referred for follow up with a health and community care service for further education and support at home. She also obtained the relevant information for ordering her ostomy supplies.

### Problem

Despite the intensive education and follow up support provided pre- and post-discharge the patient experienced skin problems as her current pouching system would no longer adhere to her skin. She arrived at her appointment without a pouching system and holding a towel to her abdomen to contain her output. On examination her stoma appeared satisfactory with pink mucosa, no edema or slough. However, stomal protrusion was not ideal and protruding only 1cm above skin level. Ideal stoma protrusion for an ileostomy should be preferably 2cm or more<sup>3</sup>.

Her peristomal skin was extensively eroded, irritated, and fragile with a moist skin surface. This created obvious discomfort for her (Photo 1 & 2).

*continued on back*



**Photo 1** Irritated peristomal skin with a moist skin surface.



**Photo 2** Close up of the irritated peristomal surface.

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### Interventions

The patient was informed of a new skin barrier being evaluated and asked if she would participate in this evaluation. She agreed and was provided with a two-piece skin barrier and drainable pouch. She was educated on the application of the new products and was provided with additional supplies for future changes. No additional accessories were required.

### Outcomes

Within two weeks the peristomal skin presented with less than 25% irritation to the peristomal skin (Photos 3 & 4). The patient was very satisfied with the outcome as she now experiences no pain or leakage and her skin was greatly improved. She was able to change her skin barrier every three days which was a significant change in her wear time.

### Conclusion

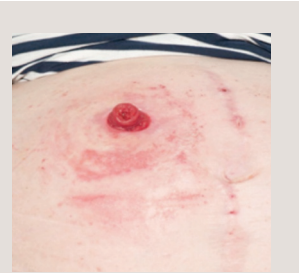
Many people with ostomies experience peristomal skin issues and accept them as a normal aspect of having a stoma; despite pre-and post-operative information they are given<sup>4</sup>. Thankfully, this patient sought help and the problem was resolved. Achieving a good fit around the stoma and preventing 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. Stricker, L., Hocevar, B., & Asburn, J. (2016). Fecal and urinary stoma construction. In J.E. Carmel, J.C. Colwell, & M.T. Goldberg (Eds.), *WOCN core curriculum ostomy management* (pp. 90-97). Philadelphia, PA: Wolters Kluwer.
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*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.*



**Photo 3** Significant improvement after changing to the CeraPlus skin barrier.



**Photo 4** Close up of the improvement to the peristomal skin.



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

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