# Where a Soft Convex Skin Barrier May Improve Fit

#### Case 1: Parastomal hernia with flush stoma<sup>1</sup>

A parastomal hernia may create a bulge on the abdomen. When convexity is clinically indicated, a firm rigid convex barrier may pose the potential for pressure related skin damage.

A flexible soft convex barrier may be an appropriate solution.

#### Case 2: Firm abdomen with pressure injury from use of firm rigid convexity<sup>2,4</sup>

Pressure ulcers may be more likely when a firm convex barrier is pressing against the skin for a prolonged period of time, especially with the addition of an ostomy belt.

A flexible soft convex barrier may provide the correct fit while removing the cause of pressure.

#### Case 3: Stoma located in a crease<sup>3</sup>

A firm rigid convex barrier may not conform to the abdominal contours and "pop off" when used in a creased area.

A flexible soft convex barrier may be considered a more appropriate fit.

#### Case 4: Stoma located in abdominal folds<sup>2,3</sup>

Abdominal folds can compromise the seal of the barrier. A convex shape can enhance the barrier fit.

A flexible soft convex barrier may match to the correct depth of the folds, conform to the abdominal contours and provide less peristomal pressure.

#### Case 5: Stoma height less than 20mm (2cm)<sup>3</sup>

A stoma that does not protrude above the skin may cause leakage problems under the skin barrier.

A flexible soft convex barrier may provide the right depth of convexity to help with stoma protrusion.

# Case 6: Immediate post-op stoma with firm distended abdomen and off-centered lumen at risk for mucocutaneous separation<sup>2,5</sup>

A mucocutaneous separation may occur as a result of poor healing, infection, or excessive tension at the mucocutaneous junction.

A flexible soft convex barrier may help achieve a correct fit with less pressure at the base of the stoma.

#### Case 7: Loop stoma<sup>3</sup>

The distal limb (arrow) of a loop stoma may discharge mucous which can undermine the barrier seal.

A flexible soft convex barrier may help provide the right fit with less pressure around the stoma to minimize undermining.

#### Case 8: Pyoderma gangrenosum<sup>2,4</sup>

Trauma to the peristomal skin may initiate and aggravate a pyoderma gangrenosum ulcer. Efforts should be made to alleviate pressure and friction.

A flexible soft convex barrier may provide less pressure than firm convexity.

















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## **Hollister Soft Convex Barrier Options**



### Premier™ One-Piece Soft Convex Pouching System

Options:

- CeraPlus Skin Barrier with Remois Technology\* Formulation
- Flextend Skin Barrier Formulation
- Cut-to-Fit
- Pre-Sized
- Drainable Pouch
- Urostomy Pouch

### **References:**

#### New Image<sup>™</sup> Two-Piece Soft Convex Pouching System Options:

- CeraPlus Skin Barrier Formulation
- Cut-to-Fit
- Pre-Sized



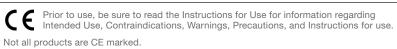
#### Adapt<sup>™</sup> Oval and Round Convex Barrier Rings Options:

- Flextend Barrier Infused with
- Flextend Barrier Infused with Ceramide
- Flextend Barrier Formulation

- 1 Turnbull, G. The Ostomy Files: Parastomal Hernia Ostomy Wound Management Volume 49- Issue 11 November 2003
- 2 J.C. Colwell, M.T. Goldberg, & J.E. Carmel (Eds.). (2004). *Fecal & Urinary Diversions: Management Principles.* In Chapter 12 and Chapter 14. St. Louis, MO: Elsevier Mosby
- 3 J.C. Colwell, M.T. Goldberg, & J.E. Carvel (Eds.). (2015). WOCN<sup>®</sup> Society Core Curriculum Ostomy Management. In Chapter 10. Philadelphia, PA: Wolters Kluwer
- 4 J.E. Carmel, J.C. Colwell, M.T. Goldberg (Eds.), WOCN Society Core Curriculum Ostomy Management p 181, 186. Philadelphia: Wolters Kluwer. 2016
- 5 External Stoma and Peristomal Complications following Radical Cystectomy and Ileal Conduit Diversion: A Systematic Review -Szymanski, K.M., St-Cyr, D., Alam, T., Kassouf, W. WOCN Society Core Curriculum Ostomy Management. p. 192. Philadelphia, PA: Wolters Kluwer. 2010

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Routine follow-up with your healthcare professional is recommended.



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