OSTOMY & PERISTOMAL SKIN MANAGEMENT

All Connections Matter!
Missouri Alliance for HOME CARE Conference
April 26, 2017

Goals:

■ Connecting on Ostomy Basics – Patients and Nurses all on the same page

■ Anticipating and Preventing Peristomal Skin Problems

■ Managing Peristomal Skin Problems

What is an Ostomy?

• Ostomy = stoma
• A surgically created opening
• No sphincter
• Characteristics
  – Red, moist, painless
  – Size and shape may change
  – Peristomal skin should be intact
The “Dream” Stoma

- Proper location
  - Smooth surface
  - Through rectus muscle
  - Where patient can see it
- Color
  - Red color indicates healthy blood supply
- Height (protrusion)
  - Approximately 1” is preferred
- Shape
  - Round
- Location of opening
  - Opening in center of stoma

GI Stomas: Colostomy

- Description: Opening into the colon
- Most common type
- Output
  - Varies: liquid → formed
  - Gas common
  - Color

GI Stomas: Ileostomy

- Description: Opening into the ileum
- Most Challenging Type
- Output
  - Liquid to mushy
  - Digestive enzymes
  - Gas may or may not be an issue
  - Usually little odor
Two-Piece Pouching Systems

Must have both pieces
Flange type and size must match!
Flange size NOT EQUAL to stoma size

One-Piece Pouching Systems

Skin barrier and pouch are attached
May be easier to use
Most flexible pouching option

Factors That Impact Skin Barrier Wear Time

- Type of discharge
- Skin condition
- Moisture – humidity, perspiration, water
- Frequency of emptying
- Pouching system
  - Right size?
  - Right type?
  - Right application?
Healthy Stoma and Peristomal Skin

- The peristomal skin should be intact without irritation, rash or redness.
- A properly fitting skin barrier protects the skin from being irritated or damaged.

Basics of Ostomy Care

- Empty the pouch when 1/3-1/2 full.
- No products on the peristomal skin (no baby wipes, skin prep, adhesive remover).
- Gently cleanse peristomal skin with paper towel and water, pat dry.
- Change the barrier/pouch at the first sign of leaking (burning, itching) – do not patch with tape!
- When changing barrier look at back for signs of problems in seal.
- Address peristomal skin problems early.
- Address leaks or blowout for root cause.

Skin Care Tips

- Remember, less is better when caring for the skin around your stoma.
- Water & paper towels are sufficient for cleaning the skin around the stoma.
- Remind patient to wash hands after changing or emptying your pouch.
- Soap may leave a residue or film on skin and interfere with adhesion.
Skin Care Tips (2)

- Skin prepping wipes decrease wear time
- Things NOT recommended for routine skin care around your stoma: soap, creams, lotions, powders, baby wipes, isopropyl alcohol, steroidal medications or ointments
- No skin irritation is “normal.” If there is red, broken or irritated skin identify the cause and resolve.

Day to Day Tips

- You can shower, bathe, hot tub or swim with the barrier/pouch
- Some find it convenient with a 2 piece pouch to switch to a different pouch for the shower so that the pouch you wear stays dry
- When emptying pouch it is not necessary to rinse it out, but shorten wear time
- A lubricating deodorant makes emptying colostomy pouch easier
- Do not put oils or cooking sprays in ostomy pouch

Two-Piece Pouching System

1. Measure the stoma using a sizing guide or use a pattern
2. Trace the pattern onto the skin barrier. The skin barrier should fit closely around the stoma.
3. Using scissors, carefully cut an opening in the skin barrier to match the pattern. Do not cut beyond the line on the release liner.
Two-Piece Pouching System

4. Carefully lift an edge of the adhesive and peel downward, gently pushing the skin away from the skin barrier. Properly dispose of used pouch and skin barrier. Do not flush down toilet.

5. Remove the release liner from the skin barrier. Set aside with adhesive facing up.

6. Center the skin barrier opening over the stoma in a diamond shape. For tape bordered barriers, remove the backing paper on both sides and press adhesive against the skin.

Pouching Tips

• Prepare new pouching system before you remove used pouch

• Empty pouch when 1/3 to 1/2 full of discharge or gas - Do not let the pouch overfill

• Empty pouch before activities and before bedtime

• If you notice a lot of gas in pouch (colostomy or ileostomy) consider a pouch with a filter

Pouching Tips (2)

• The best time for a routine pouching system change is in the morning before anything to eat or drink

• After application of skin barrier apply a belt or gently hold hand over the barrier for about 10 minutes for it to melt to skin

• Place two-piece pouching system in a diamond shape for a smoother fit
Skin Irritation

- Peristomal skin irritation will make keeping a seal difficult
- The most important part of dealing with skin problems is to learn what caused the irritation and address it

Improperly Fitting Skin Barrier

If the opening of the barrier is too large or there is a leak, the drainage from the stoma will damage the peristomal skin

Suggestions:
- Identify the cause of the breakdown
- Measure stoma size
- Select a product that fits closely around the stoma
- Apply powder to any open skin before applying barrier (crusting)
- Discontinue use of Premium Powder after the skin has healed.

Skin Irritation Due to Leakage

Stoma output is irritating to the skin, causing redness that can progress to open raw skin that weeps or even bleeds. This type of irritation is often very painful. Ileostomies are at the highest risk because of the type and volume of output. A change in the stoma or the shape of the abdomen lead to leakage.

Suggestions:
- Change your pouch promptly if drainage is leaking under the skin barrier indicated by itching or burning
- Change pouch on a regular schedule before it leaks
- Consider use of accessories (convex skin barrier, belt, barrier rings) to help prevent leakage under the skin barrier
Convexity May be Considered When:

- Convexity is the outward curving of the skin barrier, designed to interface with the immediate peristomal skin.
- Convex skin barriers promote a good fit between the barrier & skin where flat barriers would be unsuccessful.
- The convexity barrier pushes on the surrounding skin, opens or flattens skin folds or helps the stoma protrude more.

Retracted Stoma

A retraction occurs when the stoma is pulled inward and may be due to poor healing, a thick abdominal wall or excessive scar tissue.

Suggestions:

- A convex skin barrier which adds support next to the edge of your stoma.
- An ostomy belt which secures the pouching system to your body.

Mucocutaneous Separation

The goal is to promote healing of the skin:

- 1 piece system.
- After cleaning and drying the stoma, alginate or hydrofera blue placed in wound bed.
- Ring + barrier over dressing.
- Belt.
- Change q 3days.
Peristomal Hernia

Suggestions
- Prevention
- Belt + One Piece
- Nu Hope Binder

Prolapsed Stoma

Suggestions:
- Select a pouching system that has more flexibility to accommodate a change in stoma size (e.g., flat, one-piece)
- Cut skin barrier large enough to accommodate the stoma at its largest size
- Support binder to help prevent the stoma from prolapsing
- Apply the pouch while lying down to make it easier to attach
- Immediately contact physician if stoma turns dark in color

Skin Irritation under Tape

Suggestions:
- Check the process the patient is using to change barrier
- How are they removing the old barrier and how often
- Consider using a Ceramide infused barrier
You are the Resource... Don’t be the Only One!

- UOAA
- Manufacturer’s CWOCN
- Manufacture Samples
- Cancer websites
- National Distributors

Discharge Planning for a Patient with a New Ostomy: Best Practice for Clinicians

Be Current!

- Would you go to Best Buy for help and be happy with an associate who only knew a 2003 Mac?

- Know Best Practice - Not old practice

- Share evidence based suggestions

- Know what concerns your patient – get the knowledge to know how to manage it or the resources for the patient to go to

- Talk to your patients 6 months later – they will be the experts!
Equip Yourself and Empower your Patients

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