

Peristomal Skin Care

How to Prevent, Identify and Treat Skin Break Downs

By Laura Herbe, BSN, RN, CWOCN

Just as no two stomas are alike, no two ostomy pouching systems are the same. Not having the right product can result in painful skin irritations and soreness. A 2006 ostomy skin study¹ found 45 percent of the study participants had a skin disorder and 77 percent of skin disorders were due to stoma output leaking onto the skin.

Living with an ostomy doesn't mean you have to experience this kind of physical and emotional pain. If you are worried your skin is becoming irritated from stool, urine or your pouching system, it is very important to take immediate steps to identify and correct the cause. Prevention and early care are much easier than treatment at late stages. Emptying the pouch when one-third full and removing gas by opening the clamp as opposed to "burping" at the flange seal are good preventative measures.

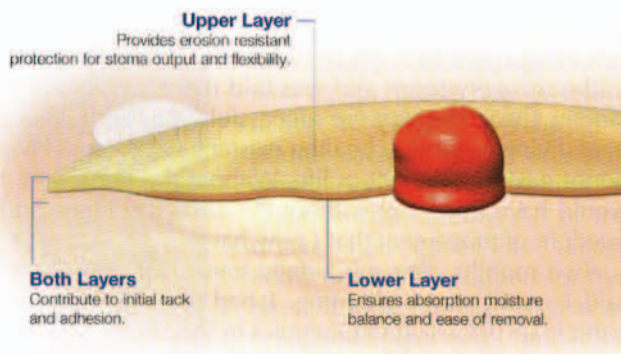
Leakage

The "silent" or "hidden" leak occurs when the skin barrier begins to "melt-away" leaving skin exposed to stoma output. There are no visible signs of leakage. Burning and itching may be the first clue that this type of leak has transpired, followed by the skin barrier loosening and pulling away from your skin. Inspect the skin barrier upon removal for areas of barrier erosion or melt-down.

The frank and sudden "Oh no!" or "surprise" leak occurs when output bores through the skin barrier or squeezes out from under the barrier. The leakage is usually obvious and odor may be evident.

No matter what type, leakage is a major culprit that can lead to skin irritation around your stoma. Burning, excessive itching and odor are a few of the symptoms of a leak, which can often be embarrassing and uncomfortable. Whether you have an ileostomy, urostomy or colostomy, if your skin is exposed to stool, urine or digestive juices (enzymes), you can count on experiencing discomfort, distress and potentially painful skin irritation around your stoma.

Fortunately, tremendous improvements in skin barriers have simplified ostomy care. With advancements



A double-layer ostomy barrier.

in skin barrier technology, you are no longer required to use multiple accessory products to get a good seal and prevent leaking.

Today's pouching systems are created with the concept of "less is best." An optimal seal is created when the skin barrier of the pouch is applied directly to clean, dry skin. When fewer products are used on the skin, there is less of a chance for developing skin problems.²

Additionally, some two-piece systems feature a click-lock security ring providing a secure, leak-proof coupling system. An audible "click" re-assures the user the product is locked into place.

With the right guidance, finding a leak-proof device and caring for the skin around your stoma do not have to be difficult. It's like the saying, "An ounce of prevention is worth a pound of cure."

Peristomal Skin Care

Your best skin protection is having a pouching system that fits well and is comfortable. Just as there are many types of stomas, there are also many types of pouching systems from which to choose. When deciding on a product, look for a pouching system that:

- Sticks firmly to help prevent leakage
- Offers flexibility and molds with the body
- Absorbs moisture away from the peristomal skin
- Protects the skin from stoma output
- Allows for ease of removal

These are the main ingredients to include in your decision-making. Take care of your skin by knowing

what is “normal.” Normal skin is free of persistent redness or discoloration, discomfort and openings or breaks in the skin. It should look like the skin on the other side of your abdomen.

Cleanse your skin and stoma with warm water and pat dry. Soaps containing moisturizers, creams or oils often leave a film that can prevent your skin barrier from sticking well. Dial® and Ivory® soap are good choices. Do not apply household cleaners to peristomal area or pouch. Avoid personal or baby wipes that contain moisturizers which remain on the skin.

Cut the skin barrier opening 1/8” larger than the size of your stoma – an opening that is too large can cause skin problems. When putting the barrier on, keep in mind no skin should be left exposed. The most important part of your pouching system is the skin barrier as it protects your skin from stoma output. Re-measure your stoma every time you purchase supplies.

Stick to your scheduled pouch change to help avoid the “surprise” leak. Take action and change your pouching system if leakage occurs. Do not try to patch the pouching system with tape or paste.

Play nice with your barrier. When removing your pouching system, never aggressively pull or tear off the skin barrier from your skin. This could cause soreness and irritation. Gently remove the old skin barrier by working slowly from top to bottom by gently pulling on the barrier as you push on the skin. Adhesive remover wipes can be used to ease removal. Be sure to remove any remaining product before applying a new barrier.

Look for Clues

Be a “detective.” If you experience leakage, you need to identify and correct the cause or consult your local WOC nurse or physician. Ask yourself:

– Why is stool or urine leaking under the skin barrier? Is my skin uneven? Do I have creases or folds on my skin? If you have uneven areas, scars or indentations around your stoma, you may need to fill-in or “caulk” with strip paste, rings or ostomy paste. These products help create a seal and protect your skin.

– Is my skin barrier breaking down due to the output? Check your skin and the back of your skin barrier each

time you change your pouching system. Look for places where stool or urine may have leaked under the skin barrier and onto your skin. This will appear as a “melting” or “staining” of the skin barrier. You may correct this problem by using an extended wear barrier and “caulking” uneven areas.

If you have mild skin irritation caused from leakage or trauma you can lightly dust the skin surface with ostomy powder and seal with an alcohol free skin sealant or simply dab with water and let completely dry before applying your pouching system. This is commonly called a “crusting technique.”

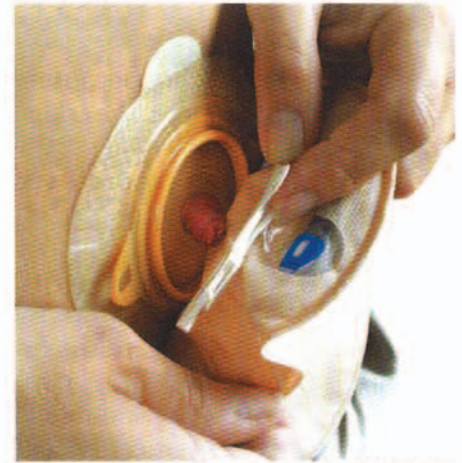
The recommendations and information in this material should not be considered a substitute for medical advice or diagnosis. If the irritation does not improve after changing the pouching system, please contact your WOC nurse or physician.

Denudement

This is an abrasion of the top layer (epidermis) of your skin (also called excoriation or erosion of the skin). This irritation can be caused by a “silent” leakage of stool or urine that seeps under your skin barrier. If your pouch is worn too long and the skin barrier “melts-down,” you will leave your skin exposed to this type of problem.

Using accessory products too often, such as film barrier, preps, pastes and tapes, can also lead to denudement. Keep in mind the rule, “less is best”! Pulling too aggressively when removing your skin barrier can also contribute to denudement.

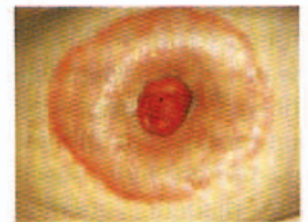
If the skin is broken, dust ostomy powder to the moist areas, brush away excess and dab over powdered skin with an alcohol-free skin sealant to seal in the powder. Allow skin to dry completely before applying your pouching system. Again, this is commonly called the “crusting technique.”



To remove, gently pull on the barrier while pushing on the skin



Cut a hole in the barrier 1/8” larger than the stoma



Irritant Dermatitis

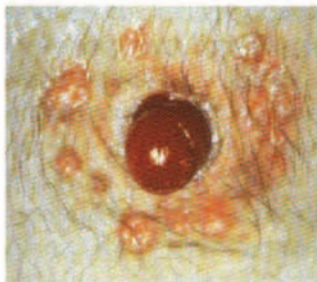
This irritation occurs because of persistent leakage of stool or urine onto the skin around the stoma. Irritating substances in liquid stool (digestive enzymes) and use of accessory products such as solvents, glues and deodorants, can erode the skin. Irritant dermatitis presents with red, weepy, painful areas of skin around the stoma. There may be bleeding from open areas.

Ensuring that the skin barrier is cut to the size of the stoma can avoid most skin irritations. You may require a convex or extended wear skin barrier if there are indentations, creases or skin folds, or if you experience persistent areas of erosion on your skin immediately surrounding the stoma. The "crusting technique" may be used for moist, weepy skin areas to create a dry surface for better adherence of your skin barrier.

While the skin is denuded and weeping, it is most likely that normal wearing time will not be achieved and the pouch will need to be changed more often.

Folliculitis

Folliculitis is an inflammation of the hair follicles surrounding the stoma. The rash lesions are red, raised pus-filled "pimples." Shaving against the hair shaft, aggressively pulling off the skin barrier or shaving too frequently may cause irritation.



Clipping is the preferred method to remove excess hair, but you can also use an electric or single-use razor; be sure to shave in the direction of hair growth. If skin barrier removal is painful use warm water or adhesive remover. Use the "crusting technique" if the skin is moist and weepy.

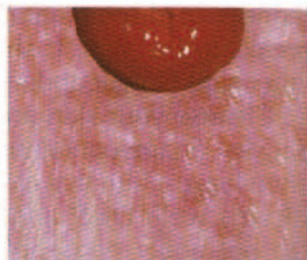
Candida

Candida is a skin infection caused by a yeast-like fungus. This organism loves areas of the body that are warm, dark and moist. A pouching system that does not fit well or has moisture built up after bathing can set you up for this type of infection.

You are more susceptible to fungal infections if you are diabetic, anemic, immunosuppressed or taking antibiotics longer than one week. The rash starts as pustules (small, round, raised areas of inflamed skin filled with pus) before it turns into a red, raised area. It causes itching and burning and spreads beyond the barrier.

Make sure your skin is dry prior to application of

your pouching system. If excess perspiration is a problem, use a pouch cover to help keep your skin dry. If your skin barrier has a paper border and becomes wet, a hair blow dryer set on cool or low can be used to dry the paper.



Anti-fungal powder ordered by a physician can be used to treat the rash. If skin is moist and weepy, consider treating with the "crusting technique" using anti-fungal powder in place of ostomy powder. Once resolved, return to your normal peristomal skin care routine and discontinue using the anti-fungal powder.

Mechanical Irritation

Mechanical irritation occurs when the skin barrier or tape is removed with too much force, too frequently or the skin is scrubbed too vigorously. The skin may be moist, weepy and painful, creating pouching problems. In severe cases bleeding may occur. Prevention focuses on gentle removal of the skin barrier and appropriate cleansing of the skin.

Check your pouching system. If you are wearing a belt, are you pulling it too tightly causing pressure? Is there excessive pressure to the peristomal area from deep convexity? With skin areas that are moist and weepy, consider using the "crusting technique."

Contact/Allergic Reaction

Areas of redness, itching and blistering can occur if you are allergic to any of the components of the pouching system or products used on the skin. Potential ingredients that can cause an allergy are latex-based products, preservatives, fragrances, powders, paste products and adhesives (tapes). The primary goal is to identify the offending agent and discontinue it. Consult a WOC nurse or dermatologist to determine the contributing agent and treat the skin.

Urine Crystal Formation

This condition can occur with urostomies and is caused by a change in the pH in your urine from being acidic to being alkaline. White and gritty crystal deposits form on or around your stoma. Washing the stoma and peristomal skin with a dilute vinegar and water solution can help dissolve urine crystals. You may also apply a dilute vinegar soak to the stoma with each

pouching system change. (Vinegar can cause temporary whitening of the stoma and does not indicate damage.) Prevention includes adequate fluid intake and making sure your barrier fits directly around your stoma. Talk to your physician if taking Vitamin C supplements to restore acidity is appropriate for you.

Hyperplasia (Pseudoverrucous Lesions)

Most commonly associated with urostomies, hyperplasia is a thickening of the top layer of skin. It will appear as a silvery, wart-like raised area immediately surrounding your stoma.

These lesions can be painful and bleed easily. A skin barrier opening that is too large exposes the peristomal skin to urine or liquid stool may be the cause of the problem. Re-measuring the stoma and applying a skin barrier with the proper sized opening should correct this problem.

Leakage is only one reason you may experience these common types of skin problems around your stoma. Many of the skin irritations identified in this article can be corrected with proper care and an appropriate pouching system. If red, sore skin persists, or your pouch is not staying on, contact your WOC nurse or physician since other conditions may be present requiring further medical attention and treatment.

Summary

Prevention and proper (simple) care are the basic rules in ostomy care. If you are worried your skin is becoming irritated from stool, urine or your pouching system, it is very important to take immediate steps to identify and correct the cause. Studies show that ignoring the problem or waiting for it to go away can only lead to more severe skin issues down the road.

And, perhaps more importantly, a well-cared-for stoma and use of the right product will allow you to get back to what matters most: a sense of security, comfort and encouragement to lead a full and active life.

*Reviewed by Jan Clark, RN, CWON and
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Images courtesy of Coloplast Corp.*

1 British Journal of Nursing, 2006, Vol 15, No 16, Pp 854-862.

2 Wound Ostomy and Continence Nurses Society. Newsletter. "Basic Ostomy Skin Care - A Guide for Patients and Healthcare Providers," Revised 2004. ☺