

Positive Skin Health Outcomes for a Patient with Pyoderma Gangrenosum

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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 have a negative impact on their quality of life. Peristomal skin complications are the most common post-operative complication 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 to support skin health for the patient, and ensuring a proper skin barrier fit around the stoma.

Patient Overview

This female patient is a young adult who was diagnosed with Ulcerative Colitis three years ago. Her family history includes Crohn's Disease. The medical management for her had failed and she opted for a subtotal proctocolectomy and ileoanal anastomosis (J Pouch). The surgery resulted in a temporary end ileostomy.

Initially a two-piece extended wear mouldable flat skin barrier and transparent drainable pouch was applied. This pouching system started leaking four hours after application and the patient became anxious when the tape collar detached from the skin. The WOC nurse switched her from a mouldable barrier to a two-piece extended wear flat cut-to-fit skin barrier. The patient was discharged home in this pouching system and would be followed by the home health nurses.

Problem & Interventions

On post-op day 10, the patient became very concerned about a "small gap" that had developed between the stoma and the skin. The patient was assessed in clinic and a mucocutaneous separation was noted at adjacent to the stoma at three o'clock. The WOC nurse instructed the patient in topical wound management consisting of an alginate dressing secured by adhesive tape strips. Another wound was also noted from eleven to twelve o'clock and had been documented by the surgeon as a small surgical burn. This wound was partial thickness and did not require a dressing. (See *Figure 1*) During this visit the patient was also introduced and switched to a two-piece CeraPlus™ cut-to-fit flat skin barrier*.

On postop day 26, the patient texted a follow-up photo to the WOC nurse noting that the "small gap" at the stoma edge and the wound above the stoma was improving. (See *Figure 2*)

Two months post-op, the patient sent a text to the WOCN complaining her skin was "so painful and burning". A photo accompanied the text message in which the patient had circled her areas of concern (See *Figure 3*) The patient was seen as an outpatient so the WOC nurse could assess this new wound. Her pain seemed disproportionate to the size of her wounds and Pyoderma Gangrenosum (PG) was suspected. A hydrofiber dressing was provided and an over the counter cortisone ointment was also recommended to be applied to painful areas. A flat, pre-sized CeraPlus™ skin barrier was chosen to ensure a consistent fit, cover the wound and help avoid further trauma to the peristomal skin.



Figure 1 A mucocutaneous adjacent to the stoma and partial thickness wound noted to the peristomal skin.



Figure 2 Peristomal skin after sixteen days. Visual improvement noted to mucocutaneous separation and wound.



Figure 3 At two months patient complained of pain and burning.

LEVEL OF EVIDENCE - CASE STUDY

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Twelve days later, the patient sent a text message with a photo showing a full thickness ulceration adjacent the stoma. (See Figure 4) This photo was shared with her surgeon who prescribed a topical immunosuppressant ointment. The hydrofiber dressing was continued to the ulceration and the WOC nurse recommended she use a remover spray every time she removed her skin barrier. The patient “loved” the CeraPlus™ skin barrier and wanted to continue with it.

Outcomes

Four days later, the patient texted a photo stating, “This is amazing! I changed my bag yesterday and look how much better it is. This is in only four days of having the cream on”. (See Figure 5) The patient felt the ulceration was starting to improve and the area was no longer as painful.

Conclusion

Many people with ostomies experience peristomal skin issues and accept them as a normal aspect of having a stoma.³ Thankfully, this patient sought help and the problem was resolved. Achieving a good fit around the stoma, preventing leakage and managing specific health issues 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 to support skin health, and a secure skin barrier fit is essential to maintaining a healthy peristomal skin environment.



Figure 4 Full thickness ulceration developed adjacent the stoma over two months post op.



Figure 5 Visual improvement noted to ulceration after four days of using topical immunosuppressant



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References:

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*Contains the Remois Technology of Alcare Co., Ltd.

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Disclaimer: This case study represents this nurse's experience in using the CeraPlus™ skin barriers with the named patient, the exact results and experience will be unique and individual to each person.

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