

Successfully Managing Excessive Peristomal Sweat Utilising a Ceramide Infused Skin Barrier

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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 lifetime¹. 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 may have a negative impact on their quality of life. Peristomal skin complications are the most common post-operative complication following creation of a stoma². 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

This patient was a middle aged male who is retired, lives at home with his family and is very active. He initially presented to the hospital for emergency surgery for perforated diverticulum undergoing a Hartmann's Procedure with formation of temporary sigmoid end colostomy. His recovery was quite straight forward, his stoma was a good size and shape, and situated on a smooth peristomal plane. He was discharged eight days after his initial surgery, with a two-piece pouching system, and no evidence of peristomal skin irritation.

Problem

On his first clinic visit, it was noted that his peristomal skin was quite irritated. (See Figure 1). Evaluation of the skin barrier showed it to be saturated, swollen and dissolving (See Figure 2), leaving a residue on his skin. (See Figure 3). This constant moisture on his peristomal skin made for an ongoing challenge in managing his pouching system adequately.

Upon assessment there was no evidence of faecal leakage, however, it was noted that the patient had excessive peristomal skin perspiration.

Interventions

On the first visit, stoma powder was applied over the moist irritated area and a large hydrocolloid skin barrier ring (seal) was used underneath the pouching system skin barrier in attempts to increase absorption at the skin surface.

Three days later, his skin remained irritated. Povidone iodine solution was applied to the now broken and weeping areas and he was advised to change his skin barrier every other day. Slight improvement in his skin condition was noted within a few days, but he was still experiencing moisture related skin issues due to perspiration. On a subsequent visit, the skin area remained plagued with moisture with no improvement seen. His pouching routine was therefore changed to one-piece pouch (despite his two-piece preference) with the addition of a protective barrier wipe to enable more frequent changes and direct management of his skin. He expressed his inability to leave the home for long periods of time due to concerns of adhesion and leakage.

During the 6th follow up visit, the skin redness remained. A ceramide infused skin barrier, the CeraPlus™ skin barrier* was introduced and the pouching system was changed every other day.



Figure 1 Irritated peristomal skin in the area underneath the skin barrier.



Figure 2 Previous skin barrier dissolving.



Figure 3 Skin barrier residue on peristomal skin.

LEVEL OF EVIDENCE - CASE STUDY

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Outcomes

His skin issues were significantly visibly improved within 7 days (See Figure 4) and almost completely resolved within 14 days. (See Figure 5). The extended wear barrier was the correct formulation as it was able to absorb the peristomal moisture related to his excessive perspiration to help maintain healthy peristomal skin. He now changes his pouching system every three days and as such has been able to leave the house for extended periods as was per his usual routine. The patient was very happy with his progress.

Conclusion

This case was challenging as leakage was not the primary culprit for his Peristomal Moisture Associated Skin Damage (PMASD), however it was related to an excessive amount of perspiration coming from the skin around his stoma. Despite many solutions being tried, visible improvement was not seen until the patient used a CeraPlus™ skin barrier.

Many people with ostomies experience peristomal skin issues and accept them as a normal aspect of having a stoma. Thankfully, this patient sought help and there was visible improvement to the peristomal skin. 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.



Figure 4 Significant visible improvement seen after 7 days with CeraPlus™ skin barrier.



Figure 5 After 14 days with the CeraPlus™ skin barrier.



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To visit the Hollister Clinical Education Website, click here or scan the QR code

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.



*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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