A Practical Guide to Stomas

Stoma
Skin
Soul

dansac

Stoma care with stoma, skin and soul

People are more than stomas. They are real people with real lives, who face the challenges we all face, in addition to the challenges living with a stoma can bring.

This booklet has been designed to help support clinicians care for their patients stoma, their skin and their soul.

Your patients have undergone a big change and it is important that together with Dansac they feel strong and comfortable in their own skin.

Acknowledgments:

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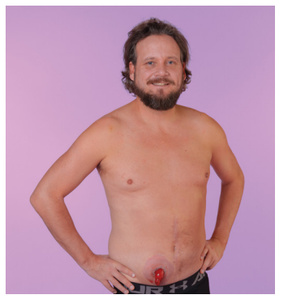

Stoma care with a soul.

Stoma
Skin
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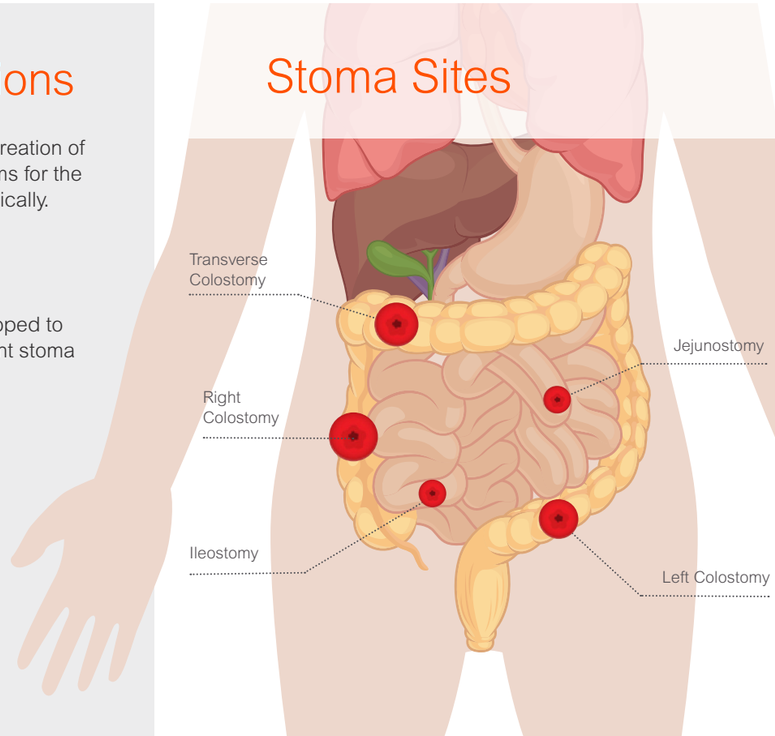
Stoma Complications

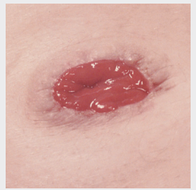
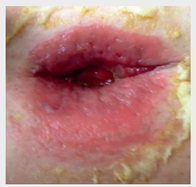
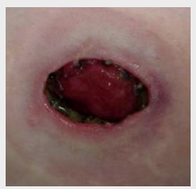
Complications following the surgical creation of a stoma can cause significant problems for the patient both physically and psychologically.

Patients can present with early stomal complications within the first 30 days following surgery.

The following pages have been developed to provide clinicians examples of different stoma complications, possible interventions and management.

Stoma Sites



Stoma	Status	Definition/presentation	Guidelines for management
	Flush	A stoma that is skin level with the peristomal skin.[1]	Pancaking can sometimes occur with a flush stoma. This is when faeces collects around the stoma and sticks to the top of the pouch. It may be useful to try a lubricant deodorant to help faeces pass into the pouch. Alternatively keeping a little air inside the pouch may help stop faeces from sticking to the top of the pouch. Using a pouch without filter or apply filter cover (where provided) may help. If leakage is occurring consider using a convex barrier. Please contact your stoma care nurse for further questions or advice.
	Recessed	Alteration in the abdominal contours resulting in a linear defect.[1]	A convex barrier may be considered following assessment by a stoma care nurse. Consider using stoma paste and /or seals in the creases to help level/flatten out the skin folds before applying the pouching system.
	Mucocutaneous separation	The detachment of stomal tissue from the surrounding peristomal skin.[2]	No treatment is required for superficial separation. Reassure the patient that this will heal in time and consider: Cutting the skin barrier to the stoma size so the skin barrier covers the separation. Ostomy seals or non-alcohol based stoma paste may help achieve a good seal. Hydrofiber or alginate dressings may support wound healing. Consider using a convex product if directed by the stoma care nurse.

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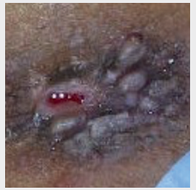
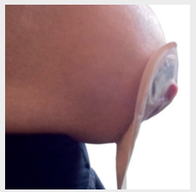
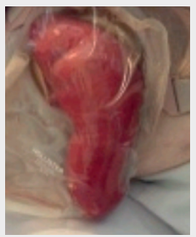
	Stenosis	The impairment of effluent drainage due to the narrowing or contracting of the stomal tissue at skin level.[2]	This is not necessarily a medical emergency unless the stoma is non-functioning, the patient is in pain or vomiting. Management of mild stenosis may include, a low residue diet, stool softeners, or a high liquid diet.[2] Pouch management does not need to be changed. In severe cases dilatation or surgical correction may be required.
	Hernia	A defect in the abdominal fascia that allows the intestine to bulge into the parastomal area.[2]	Conservative management and no surgical intervention is the treatment of choice for the asymptomatic patient. The patient must be assessed in both supine and standing postion.[2] A flexible pouching system is recommended to accommodate a changing stoma size and bogy contour. The use of support garments or abdominal belts may help support the herniated area.[2] Patient may also benefit from a regular diet and fluids to help soften stool and prevent constipation.[2] Routine follow up by the stoma care nurse is recommended and only when conservative management fails will surgical review be considered.
	Prolapsed	Stomal prolapse is the telescoping of the intestine through the stoma.[2]	This is not necessarily a medical emergency and often conservative management of the stomal prolapse is recommended. The patient should seek advice/be reviewed by the stoma care specialist.[2] It is best to consider applying the pouch when the prolapse is reduced, have the patient lie flat and apply gentle pressure over the stoma.[2] To accomodate the oedematous stoma, consider cutting the skin barrier larger than the stoma size. Exposed surrounding peristomal skin may be protected with the use of a skin protective wipe or a barrier seal.

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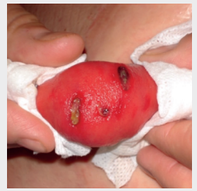
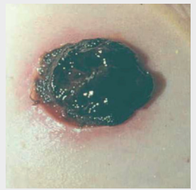
	Trauma/ Laceration	Injury to the stomal mucosa.	The cause is often related to pressure or physical force. In order to treat the stomal injury, the cause of the trauma must be determined and corrected. Stomal injuries often heal spontaneously and it is recommended that management includes assessment of each pouch change for indications of healing.[2]
	Necrotic	Death of the stomal tissue resulting from impaired blood flow.[2]	Necrosis is evidenced by a progression of discoloration of the stomal tissue from pink to black.[2] Close observation of stoma colour is recommended. The use of a clear pouch can support ongoing visual assessment. Report changes to the stoma care nurse as surgical intervention may be indicated.

"Having a stoma has not affected my quality of life. He is my friend and I am used to living with him."

Pasi, Cancer Fighter

Notes

Notes

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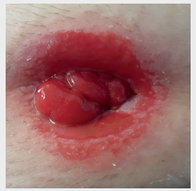
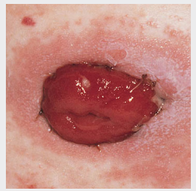
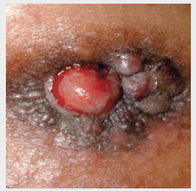
	Peristomal Moisture Associated Skin Damage (PMSAD)	Inflammation and erosion of the skin.	Irritant contact dermatitis is considered the most common of all PMASD in those with stoma formation. Identify and correct the source of the leakage, this may require: • Resizing of skin barrier • Modify pouching system The use of stoma powder may help when the skin is wet to the touch. Stoma paste or ostomy seals may help to improve the seal around the base of the stoma, helping to reduce leakage or seepage. Consider using soft convexity.
	Maceration	Soft moist skin that appears water logged.[3]	Identify and reduce the moisture where it is causing the skin to be overhydrated. Review change of pouch frequency and size of skin barrier opening. Consider using ostomy seals which may help absorb excess moisture under the skin barrier. Consider using convex pouching system as directed by the stoma care nurse.
	Pseudoverrucous Lesions	Exuberant growth of benign papules around the stoma.[3]	Primary aim is to prevent contact of stoma effluent on to the affected area. Confirm appropriate skin barrier opening size and modify accordingly. if unable to achieve a good fit with the skin barrier, please refer to stoma care nurse for advice on treatment to elevated nodules.

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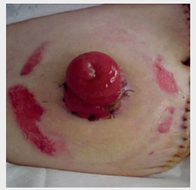
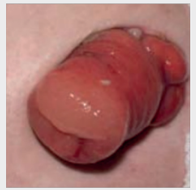
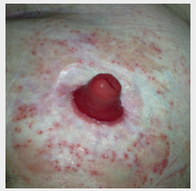
	Peristomal Medical Adhesive Related Skin Injury (PMARSI)	When peristomal skin is injured due to mechanical damage.	Medical adhesive related skin injuries are common and may also be referred to as skin stripping.[3] They are defined as occurrences in which erythema and/or other manifestations such as a tear, blister or other injury lasts for longer than 30mins after the removal of the medical adhesive product. Management consists of finding the cause of the injury and teaching the patient how to prevent it from happeningin the future.[1]
	Oedema	Swelling of the stoma.	Post-operative oedema is common after surgery and will usually reduce. Unexplained gross oedema may need further investigation by the stoma care nurse. Assess the stoma size regularly and adjust the aperture of the pouch to avoid exposure of the peristomal skin.
	Folliculitis	Hair follicle inflammation.	Assess the patients hair and skin barrier removal technique. Teach the patient to gently remove the skin barrier in the direction of hair growth while supporting the skin.[4] Suggest clipping using an electric razor and decrease frequency dependent upon hair growth.[4] In severe cases obtaining a swab and topical medication may be required, this would be for the stoma care nurse to review.

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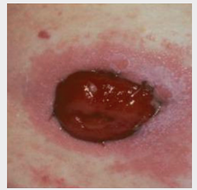
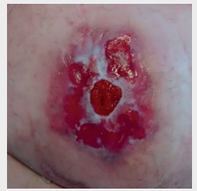
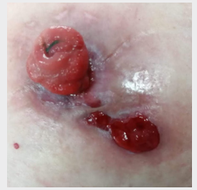
	Fungal	Candida skin infection.	Infection may present as erythema with a maculopapular rash accompanied by satellite lesions.[3] Fungal rashes start in moist areas, thus tend to be beneath skin barriers.[3,4] Cleanse the skin gently and teach the patient to make sure to dry the skin prior to applying a new skin barrier. Topical treatment may be prescribed by your stoma care nurse or health care professional.
	Injury	Medical device related pressure ulcers.	Pressure ulcers are likely when ostomy belts and firm skin barriers are pressing against the skin for a prolonged time.[3,4] It is helpful to assess the patient pouching system in siting, standing and reclining positions. Describe the type of injury to the patient to help prevent reoccurrence in the future. Where possible lessen the pressure exerted on the peristomal skin where possible by using an alternative skin barrier system.
	Entero-cutaneous fistula	An abnormal connection between the bowel and the skin surface.[3,4]	The goal is to help protect peristomal skin from fistula drainage while providing a secure seal to collect stoma output. Consider using seals or stoma paste to protect the peristomal skin.

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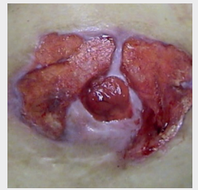
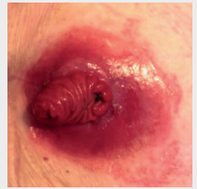
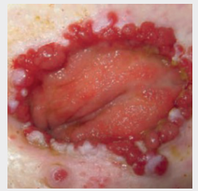
	Pydoderma gangrenosum	Characterized by recurrent painful ulcerations.[3]	The main goal involves treating infection and reducing the inflammatory process.[3,4] Evaluate all pouching products and consider removing any sources of pressure and friction.[3,4] Refer to stoma care nurse for review for local management plan.
	Infection	Infection can be bacterial or fungal.	Skin may appear dry and flaky or raised, red and moist. Assess the patient changing the pouch techniques. A diagnostic test such as a skin scraping and/or a microbiological swab for culture may be indicated under the supervision of the stoma care specialist. Treatment my vary and will depend on the result from microbiology.
	Granuloma	Raised red bumps located on or around the stoma.[3]	The granulomas may be painful, bleed easily when touched during skin cleansing and pouch changes. Pouch leakage is often reported caused by the moisture from the nodules. Consider reducing any obvious causes of friction from the pouching system, belts or clothing. Selection of a soft flexible pouching system may be useful. Contact the stoma care nurse for advice regarding treatment.

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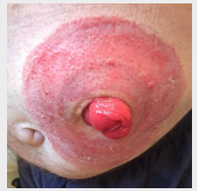
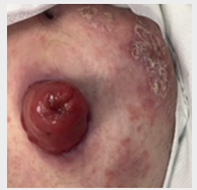
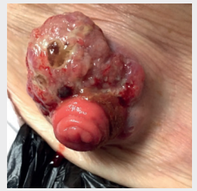
	Allergic	An allergic response resulting from hypersensitivity to chemical elements.[3,4]	Allergic contact dermatitis is rare, and often the patient will complain of severe itching. Assess all stoma care products the patient is using on the skin, include tapes, skin barriers, dyes, perfumes, preservative soaps and lotions.[3] Management is identifying and removing the allergen and sometimes a simple product change resolves the irritation. If symptoms persist a patch test or topical treatments may be indicated by the stoma care nurse.
	Psoriasis	A chronic inflammatory and autoimmune disorder.[3]	Refer to the stoma care nurse for advice. It is advisable to use non-oily topical treatments in conjunction with stoma care products. Teach the patient the importance of using a properly sized skin barrier to reduce the risk of leakage which may prevent peristomal psoriasis occurrence.[3]
	Malignancy	Growth or nodule on or around the stoma.	The clinical presentation is often a polyp, nodule, lesion, or wound on the peristomal area, stoma or mucocutaneous junction. Diagnostic tests and treatments depend on the type of malignancy. Please contact your stoma care nurse for further questions or advice.

Peristomal skin complications

The peristomal skin is exposed to mechanical, chemical and microbial threats on a daily basis.[3] Assessment of the peristomal skin is similar across a variety of skin conditions, and starts with:

- Taking a problem-focused history
- A physical examination before the pouching system has been removed
- Examination of the peristomal skin
- Assessing the peristomal contours in lying and sitting position
- Measuring the size of the stoma

The general guideline for managing peristomal skin conditions is to determine and treat the cause of the peristomal skin condition, and identify and address any possible contributing factors.

The following pages will provide you with examples of peristomal skin conditions you may encounter in your practice, it also provides you with guidance on how you may manage them.

"I was using a different make of pouch and it was just so sore and all the time I could feel it there, it was really painful. I was trying all options and different things and then I found the Dansac pouch and I can't tell you how much of a difference it has made to my life."

Jen, Crohn's Hero

Feeling comfortable in your own skin

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References:
1. Bowen, D., 2020. WOCN - Peristomal Skin Assessment Guide. [online] Psag.wocn.org. Available at: <https://psag.wocn.org/> [Accessed 27 April 2020].
2. Pittman, J., 2016. Stoma Complications. In: J. Carmel, J. Colwell and M. Goldberg, ed., Core Curriculum Ostomy Management. Philadelphia. Baltimore. New York. London. Buenos Aires. Hong Kong. Sydney. Tokyo: Wolters Kluwer, p.191-200
3. Salvadalena, G., 2016. Peristomal Skin Conditions. In: J. Carmel, J. Colwell and M. Goldberg, ed., Core Curriculum Ostomy Management. Philadelphia. Baltimore. New York. London. Buenos Aires. Hong Kong. Sydney. Tokyo: Wolters Kluwer, p.176-190

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