



Protecting peristomal skin: A two-pronged approach in stoma patients

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PERISTOMAL SKIN COMPLICATIONS

About one in 500 people are living with a stoma in the UK (Colostomy UK, 2019). A recent study showed that 63% of patients develop at least one stomal or peristomal skin complication (PSC) one month after ostomy creation (Maglio et al, 2021).

PSCs can occur at any time (Meisner et al, 2012), but are more likely to happen in the first few months after stoma formation (Steinhagen et al, 2017) and can therefore obstruct the process of adapting to living with a stoma.

The most common PSC is peristomal moisture-associated skin damage (PMASD). PMASD can be any PSC caused by prolonged skin exposure to moisture, which usually occurs when there is leakage of urine or faeces from the stoma to the surrounding skin (Burch, 2014). This can result in maceration, irritation (peristomal dermatitis), and/or breakdown of the peristomal skin and erosion of the stoma's mucocutaneous junction (Burch et al, 2021).

Another frequently diagnosed PSC is peristomal medical-adhesive related skin injury (PMARSI), which is largely caused by mechanical trauma associated with the use of adhesive stoma products (Fumarola et al, 2020). PMARSI occurs when removal of the adhesive product

generates epidermal stripping (or skin tears), erythema, erosion, blisters, vesicles and/or bullae, as a result of fragile skin or poor removal technique (LeBlanc et al, 2019).

IMPACT ON THE PATIENT

Stoma output can damage skin integrity and lead to pain and discomfort, affecting the ostomate's quality of life (QoL) and delaying their post-surgery rehabilitation (Kelly-O'Flynn et al, 2020).

PSCs usually appear when a combination of factors occur (Burch et al, 2021):

- **Surgical:** an ostomate's likelihood of developing a PSC is affected by the quality of the surgical construction of the stoma, especially how well the stoma is spouted from the abdomen (Cottam and Richards, 2006; Koc et al, 2017; Steinhagen et al, 2017; Murken and Bleier, 2019)
- **Comorbidities and medications:** conditions such as psoriasis, atopic eczema, obesity and malnutrition exacerbate vulnerability to breakdown of skin integrity (Burch et al, 2021). Drugs such as metformin can cause diarrhoea (Bouchoucha et al, 2011) and may provoke dermal side effects. Recreational drugs and alcohol can cause skin flushing and irritation, and/or affect faecal and urinary output (Coleman, 2020)

- **Age and demographics:** skin damage looks different across the age spectrum, from neonatal to older ostomates (Burch et al, 2021), and across the range of skin tones, that may respond differently to damage (Voegeli et al, 2015)
- **Different skin tones:** considering how diverse the stoma community is, understanding the differences in skin tones is important to provide the best prevention and/or treatment of PMASD and PMARSI. The skin immediately surrounding the stoma should look like the skin on the rest of the abdomen, and should not have any discolouration. Simply stated, ostomates with lighter skin tones should not have reddened peristomal skin and ostomates with darker skin tones should not have darker discolorations on their peristomal skin. A stoma is part of the patient, and the condition of their skin reflects their general health, which might be affected by health factors at the time, as noted by Stelton (2019). Articles have highlighted evidence of inequity in relation to clinical care and patient assessment, leading to higher prevalence of severe injuries before detection of damage in people with darker skin tones (Oozageer Gunowa et al, 2020). This increased awareness among clinicians means that they are encouraged to tailor their assessments of skin when it comes

to assessing PMASD and PMARSI in patients with darker skin tones.

Ostomates should be evaluated for the presence of a PSC. If their peristomal skin is healthy, they can be assessed for risk factors for future PSC development (Burch et al, 2021).

PROTECTING PERISTOMAL SKIN

Maintaining healthy peristomal skin is essential for pouch adherence and prevention of leakage. Stoma accessories such as fillers and seals, flange extenders, adhesive removers, and barrier films can protect the skin and improve the seal between the appliance and skin, but should be only used when appropriate:

- **Fillers and seals:** fillers can be shaped into abdominal contours to generate a flat surface for an appliance to adhere to, reducing the risk of leaks and PMASD, while seals or discs sit around the stoma to form an effective seal with the appliance (Burch et al, 2021). Both fillers and seals can be useful for ostomates with challenging body profiles, marked by dips or creases, or with a retracted or flush stoma (Burch et al, 2021)
- **Flange extenders:** these attach to the outer edge of the appliance flange to extend its adhesive area and provide extra security. They can be helpful for ostomates whose body profile makes it

difficult to secure an appliance, such as those with a parastomal hernia (Black, 2016). However, because flange extenders need to be removed from the skin, they may increase the risk of PMARSI (LeBlanc et al, 2019)

- **Adhesive removers:** wipes and sprays can provide pain-free adhesive removal without risking PMARSI. They should be prescribed for ostomates who show evidence of PMARSI or risk factors, such as fragile or damaged skin (Burch et al, 2021). PMARSI can be avoided with education on removal techniques, potentially assisted with an adhesive remover (Burch et al, 2021)
- **Barrier films:** wipes, creams and sprays create a film over the skin that acts as a barrier and protects the skin from the corrosive nature of stomal output, reducing the risk of PMASD (Metcalf, 2018). This waterproof barrier minimises exposure to urine and faeces (Dykes and Bradbury, 2016) and can increase appliance wear time for some ostomates. Barrier films can protect those whose body or stoma shape makes it hard to form a seal to prevent stomal output from corroding the skin.

A TWO-PRONGED APPROACH FOR PMASD AND PMARSI

Barrier films and adhesive removers can be used in combination to protect the

skin from PMASD and PMARSI.

A recent study on 101 patients using a barrier film (Medi Derma-S Total Barrier Film, Medicareplus International) recorded 54 responses: 63% (n=34) of patients noted an improvement, 33% (n=18) experienced no change and 4% (n=2) stated that the skin had deteriorated (Copson and Freitas, 2021). A number of case studies (Kelly-O'Flynn et al, 2020) on the use of an adhesive remover (Lifteez Medical Adhesive Remover, Medicareplus International) showed that it can help reduce pain on dressing or appliance removal and prevent skin tears and MARSI.

Both **Medi Derma-S** Total Barrier Film and **Lifteez** Medical Adhesive Remover can be part of a two-pronged approach in the management of the challenges posed by peristomal skin complications. The 4-step guide on Figure 1 shows how to use them before replacing an ostomy pouch.

CONCLUSION

Stoma accessories, such as barrier films and adhesive removers, can help prevent PMASD and PMARSI, two common PSCs that may affect an ostomate's QoL and delay their post-surgery rehabilitation. Maintaining a healthy peristomal skin is crucial for pouch adherence and prevention of leakage.

Figure 1: Preventing and managing peristomal skin complications



Use Lifteez Medical Adhesive Remover Aerosol or Wipe on a non-porous material

- Gently lift the edge of the appliance
- Gradually spray or wipe underneath the edge while gradually and gently removing the appliance



Remove adhesive residue

- Once the appliance has been removed, it is important to remove any adhesive residue
- Use a Lifteez wipe or spray Lifteez aerosol on a gauze swab, and gently wipe any residue off the skin
- Gently clean and dry around the peristomal site in accordance with clinical guidance
- Lifteez dries in seconds and does not compromise the adhesion of the replacement pouch



Use Medi Derma-S Total Barrier Film Applicator or Wipe

- Apply Medi Derma-S Total Barrier Film to protect the skin underneath the replacement appliance



Replace the ostomy pouch

- Once the Barrier Film is fully dry, apply the replacement pouch as normal. When using the applicator or wipe, allow 5 to 10 seconds to fully dry, ensuring to hold open any skin folds for complete drying. If using the pump spray or aerosol, allow up to 30 seconds to fully dry, again ensuring to hold open any skin folds for complete drying

Contact Medicareplus International for free product samples and clinical support at www.medicareplus.co.uk/request

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