

PERISTOMAL SKIN PROBLEMS/TREATMENTS

UOAA UPDATE 9/09 by Judith Pagano RN, ET

One of the first things every ET (WOCN) and ostomy patient is taught is to keep the skin around the stoma healthy. Good skin care is an important part of ostomy care. Addressing problems quickly prevents unnecessary worry and discomfort.

The most common problem occurs when effluent, stool or urine, come in contact with the skin or when adhesives are used incorrectly. This can begin as skin irritation which can lead to future breakdown. The appearance is red, weepy, sometimes denuded skin, with occasional bleeding present. The treatment is to wash and pat dry the area. Then apply a skin barrier powder, such as stomahesive powder and seal the powder in with a skin prep, preferably a no-sting prep or one without alcohol to avoid burning of the skin.

Another common problem can be caused by the removal of hair from the follicle, or either by incorrect pouch removal or by aggressive adhesives resulting in irritation or infection of the hair follicle called folliculitis, evident by the reddened areas at the base of the hair follicle. Treatment consists of clipping the hair with a scissors or shaving of the area with an electric razor and then following the treatment used for skin irritations. Powder sealed in with a prep before pouch application, occasionally an antimicrobial powder may be needed. Adhesive removers may be necessary in pouch removal.

A third problem is a fungus or yeast rash caused by persistent skin moisture or from antibiotics resulting in fungal overgrowth. Its appearance is a red rash with itching present and several satellite lesions, this is called macular popular rash. The treatment consists of keeping the skin clean and dry and applying an antifungal powder, one containing miconazole 2 percent with a prep sealant over the powder before pouch application. Repeated treatment is necessary until condition clears.

Lastly, an allergic reaction which can be attributed to any product can also create a problem. The appearance is one of red, moist, denuded skin with itching, burning and stinging present with an outline generally corresponding to the allergic product. A patch test will be needed to determine the allergen to be eliminated. It may be necessary to see your ET nurse or physician if you are not able to “patch test.” Also, a corticosteroid agent may be needed to control the itching.

Preventing skin problems is better than treating them and some basic steps that can help minimize these problems are:

- * Begin with proper pouch removal, which means gently peeling the pouch away from the skin while pressing down on the skin, thus preventing a shearing or friction injury of the skin.
- * Proper cleansing and rinsing of the skin after using solvents of any kind and the use of proper skin protection products, such as preps, powder and paste.
- * Proper cleansing consists of using warm water and if soap is used, rinsing thoroughly to remove residue to prevent dermatitis. Also, allowing the skin to dry adequately before applying pouch.

- * Shaving should be done routinely if the personal skin is hairy to prevent folliculitis. Shave from the stoma out and cover the area that the pouch rests on.
- * When routine care warrants using a powder whether it be stomahesive powder or an antifungal powder, it is to be applied sparingly and the excess powder brushed off and blotted with a skin prep.
- * Readjustment of the size of the flange may be necessary to prevent leakage of stool or pooling of urine. If shrinkage of the stoma has occurred, as in the first year of surgery, or if you have gained or loss weight, a change in the size of the flange may be necessary or a new system may be needed.

In summary every ostomy patient needs to know that a complete change is necessary anytime the skin begins to itch or burn or if the pouch leaks. If a problem persists or if you need help with a new system you need to consult your physician or your ET nurse for further assessment.
