

**Power Point on PeriStomal Skin Problems
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***What You Need To Know To Heal Skin Breakdown Around
The Stoma
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PeriStomal SKIN PROBLEMS: The facts

Definition

- Injury to the skin within a 3-4 inch radius of the stoma

Scope

- 30 – 77% of all people with a stoma encounter a peristomal skin complication

Impact on patient's life

- Many people with an ostomy are unaware that they have a skin problem
- Pain, reduced life satisfaction and increased cost

How peristomal skin complications can affect you

1. Leakage & pain
2. Reduced life satisfaction
3. Increased healthcare costs and hospital stays

Signs of peristomal skin complications

1. Discomfort, itching, soreness or even pain around the stoma
2. Recurrent leakage under pouching system or skin barrier
3. Excessive bleeding of stoma
4. Bulge in skin around stoma
5. Skin color changes from normal to red, bluish or purple
6. A rash around the stoma that is red or red with bumps
7. Wart-like, Pimple-like or Blister-like bumps under the skin barrier
8. Any type of wound or scratch on the peristomal skin

Factors contributing to Peristomal Skin Complications

- Peristomal contours/ill fitted ostomy appliances .
- Moisture/perspiration
- Leakage
- Noxious chemicals and irritants (can be the person's own effluent)
- Diseases of the skin
- Skin Allergens
- Mechanical trauma
- Pressure

Irritant contact dermatitis:

- Definition
 - Inflammation or erosion of the peristomal skin resulting from contact with stool or urine, usually from leakage under the pouching system or other sources of moisture.

Symptoms:

- Redness

- Pain
- Weeping areas of skin

Irritant contact dermatitis (Showed pictures)

- **Causes:**
- **Skin barrier cut too large so skin is exposed**
- **Skin barrier not centered**
- **Appliance worn too long and is breaking down**
- **Skin level or retracted stoma**
- **Irregular peristomal contours**

- **Management:**
 - **Identify and correct cause of leakage**
 - **Resizing of skin barrier to match stoma size and shape**
 - **Management**
 - **Modify pouching system as indicated (consider convexity or use of a belt)**
 - **Adjust wear time as appropriate**
 - **Management of high volume output (Imodium)**
 - **Strategies to thicken consistency (Metamucil)**
 - **(convexity)**
- **Treatment:**
 - **Clean skin with warm water (no soap)**
 - **Apply stoma powder to weeping, injured areas and dust off excess, follow up with a barrier wipe of your choose**
 - **Acidification of urine if indicated**
 - **If no improvement within 2 weeks, contact healthcare provider**
- **Sprinkle onto injured area, Brush off excess, Dab over those areas covered with the powder (gave demonstration)**

Peristomal Mechanical skin damage:

- **Definition**
 - **Redness, blisters, or skin tears associated with adhesive removal**
 - **Defined area of skin damage beneath adhesive**
 - **Risk factors**
 - **Skin fragility due to age,**
 - **medication,**
 - **Skin disease, etc.**

Peristomal mechanical skin damage :

Causes:

- **Improper removal of the skin barrier**
- **Abrasive cleaning**
- **Ripping the appliance off**
- **Frequent appliance changes**

• **Management:**

- **Use proper adhesive removal technique (push-pull)**
- **Consider use of adhesive removers/releasers**
- **Treatment:**
 - **Apply stoma powder to weeping, injured areas and dust off excess, follow up with a barrier wipe of your choose**
 - **Use thin hydrocolloid sheet to protect area and support healing**
 - **If no improvement within 2 weeks, contact healthcare provider**

folliculitis

- **Definition**
 - **Hair follicle inflammation**
- **Symptoms:**
- **Reddened, pinpoint, or infected areas at the base of the hair follicles around the stoma.**
- **Maybe Painful**

Causes:

- **Hair growth in peristomal area**
- **Ripping off the skin barrier**
- **Not shaving the peristomal skin**
- **Shaving the peristomal skin too aggressively**
- **Occlusion of hair follicles**

- **Management**
 - **Use an electric shaver and shave in the direction of hair growth**
 - **Use adhesive remover**

Treatment:

- **Topical cleansing with antibacterial soap/rinse well**
- **Skin antibacterial powder**
- **Consult your healthcare provider or Ostomy nurse**

Peristomal Fungal infection (candidiasis)

- **Definition**
 - **Maculopapular rash due to skin infection with fungal organisms such as candida**
- **Symptoms:**
 - **Itchy, bumpy red skin.**
 - **Burning sensation**

Causes:

- **Recent antibiotic administration**
- **Immunosuppression**
- **Diabetes**
- **Moist and warm peristomal skin under the skin barrier**
- **Perspiration**

- **Leaks**
- **Denuded, weepy skin**
- **Prolonged wear time**

- **Management**
 - **Identify the cause of moisture (leak, climate, exercise, etc.)**
- **Treatment:**
 - **Antifungal powder**
 - **Maintain dry skin by drying wet tape (hair dryer, fan)**
 - **Confirm appropriate skin barrier opening and pouch system fit**
 - **Consult your healthcare provider or Ostomy nurse**

Allergic contact dermatitis

- **Definition**
 - **Inflammatory skin response resulting from hypersensitivity to elements of pouching system**
 - **Symptoms:**
 - **Itching/burning**
 - **Difficulty maintaining seal**
 - **Moisture**

Causes:

Allergic to one or more of the products being used on the skin such as:

- **Tape**
- **Skin barriers**
- **Soap**
- **Adhesives**
- **Powders**
- **Pastes**
- **Pouch material**

- **Management**
 - **Try to Identify and remove offending product**
 - **Perform patch test with all products used**
- **Topical treatment**
 - **Eliminate offending product**
 - **You can consult a dermatologist, healthcare provider or Ostomy nurse**

Granulomas

- **Definition**
 - **Inflammatory red raised lesion(s) caused by foreign body or chronic irritation**
- **Symptoms:**
 - **Pain and/or difficulty with the ostomy skin barrier seal**
 - **Oozing of bloody or serous drainage**

Cause:

- **Retained sutures**
- **Chronic irritation of stoma from tight clothing**
- **Incorrectly sized barrier**

Management

- **Correct etiology (clothing, belt, etc.) If applicable,**
- **Contact your Healthcare Provider and ostomy nurse**

Peristomal pressure injury

Causes:

- **excessive pressure from an ostomy appliance**
- **Convexity or rigid faceplate**

- **Rigid components**
- **Belt/tension**
- **Tight Clothing**
- **Peristomal hernia**
- **work-related habits**

- **Management**
 - **Identify and relieve cause of pressure**
 - **Modify or replace pouching system**
 - **Topical treatment**
 - **For deep ulcers: use a filler dressing (e.g., alginate) covered with a thin hydrocolloid**
 - **For a shallow ulcer: skin barrier powder with or without no sting liquid barrier**
 - **Contact your Ostomy nurse or Healthcare Provider**

Peristomal pyoderma gangrenosum

- **Definition**
 - **An inflammatory skin disease often seen in patients with inflammatory bowel disease (IBD)**
- **Symptoms:**
 - **Painful Ulcer**
 - **Begins as pustules**
 - **The edges of the ulcers are red or purplish**
 - **Irregular shape**

Cause:

Autoimmune diseases such as:

- **Rheumatoid arthritis**
- **Crohn's disease**

- **Ulcerative colitis**
- **Management**
 - **It's imperative to manage and control the underlying disease**
 - **Contact your Healthcare Provider and ostomy nurse**
- **Treatment:**
 - **Fill the ulcer with powder, alginate, or hydrofiber**
 - **Cover dressing to allow pouching system to seal**
 - **Pain management**

Pseudoverrucous Lesions (HYPERPLASIA)

- **Definition**

Maceration, thickening and elevation of the peristomal skin associated with chronic exposure to urine or moisture.

- **Symptoms:**
 - **Pain**
 - **Wart-like, gray or purple-colored thickened areas next to the stoma**
 - **Frequent leakage or bleeding**
 - **White, sandy, or gritty granules on stoma or around base**

Cause:

- **Skin barrier cut too large**
- **High output, liquid stool or alkaline urine**
- **Flush or retracted stoma**

Peristomal varices (caput Medusae)

- **Definition**
 - **Dilated peristomal veins causing bluish discoloration of peristomal skin**

Symptoms:

- **Blue/purple area surrounding the stoma, irregular small blood vessels.**
- **May have spontaneous bleeding**

Cause: Portal hypertension related to liver disease

• Management

- **Consider use of adhesive releaser/remover**
- **Use the push pull technique for pouch removal**
- **Discontinue use of products that exert pressure in peristomal area (convexity, firm pouching system)**
- **Contact your Healthcare Provider and ostomy nurse**
- **Treatment of bleeding**
 - **Local pressure applied to point of bleeding**
 - **Seek appropriate medical care**

