

**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**

