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# Common Skin and Stoma Problems



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Irish Stoma care and Colorectal Nurses Study Day  
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There are estimated to be approximately 120,000 people at any one time with stomas in the UK (Herlufsen et al, 2006)

Approx 1000 Ireland per year

Average 175 new stomas each year at Beaumont Hospital

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Having a stoma has a profound effect on patients' psychosocial well being and body image, and those who have management difficulties with their stomas take longer in coming to terms with their change in body image

(Bekkers et al, 1996, White, 1998 )

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# Goal of good stoma management is to maintain healthy peristomal skin integrity



- Skin around the stoma should be clean, dry and intact with no significant difference between peristomal skin and the remainder of the healthy abdominal skin. (Williams J. 2009)

# Chemical / Irritant Dermatitis



## Cause -

- Appliance cut to big
- Faecal contents on skin
- Appliance leakage

## Treatment -

- Measure each change, stoma shrinks 4-6 weeks post op
- Cut to appropriate size
- Protective ring e.g. cohesive seal
- Cutting service if stoma oval and patient unable to cut.
- size can increase with weight gain / pregnancy / chemotherapy / hernia

# Mechanical Dermatitis



## Causes

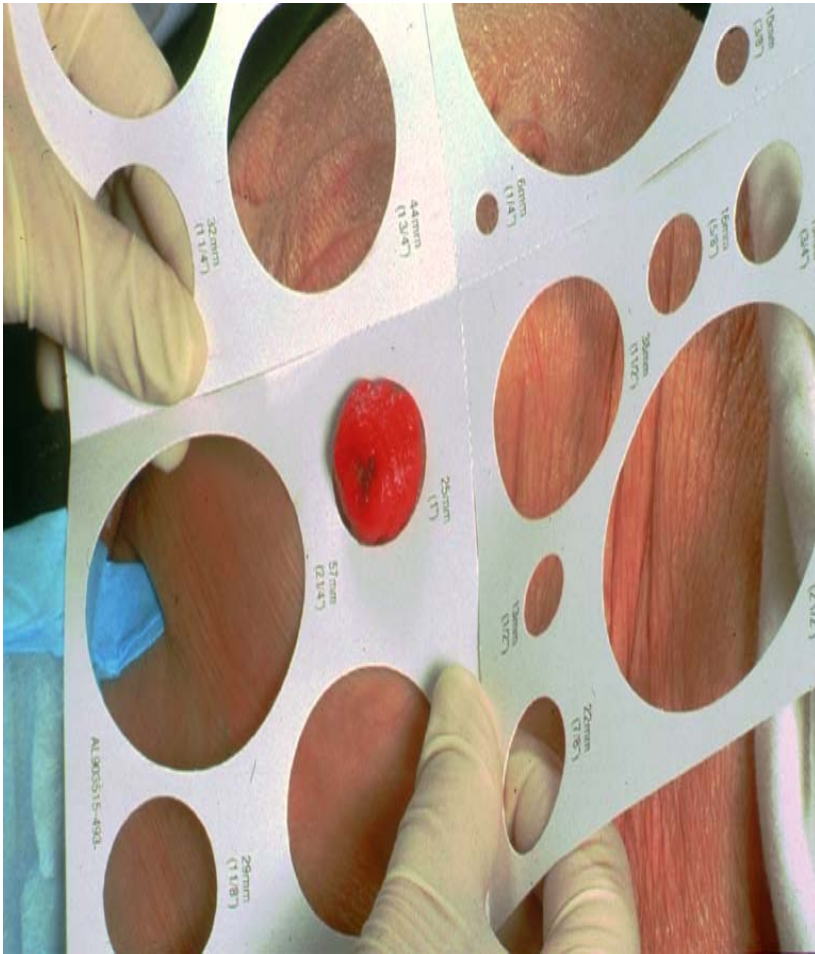
- Poor technique on removal of appliance- skin shearing/ frequent removal of appliance.
- sore painful skin
- lack of secure appliance/leakage

## Treatment -

- Re educate /simple instructions
- Silicone based adhesive remover may be of benefit , e.g. Lift Plus, Appeal.

(Rudoni 2008)

# Stoma care



## *Keep it simple*

- Gentle removal
- Wash warm water
- Remove all faecal exudates / adhesive
- Dry well
- Measure correctly
- Use appropriate appliance
- Minimize accessories
- Seek help if red skin
- Moisturizing body wash when showering eg. Elave /alveeno

# Observe appliance on removal



- Change appliance if itch or burning
- “hidden leak”
- Sudden leakages, erosion of appliance in urostomy patients can denote urinary tract infection.



# Allergic Reaction – Contact Dermatitis



Rare < 0.6% as a result of allergy. (Lyon C Smith A 2001)

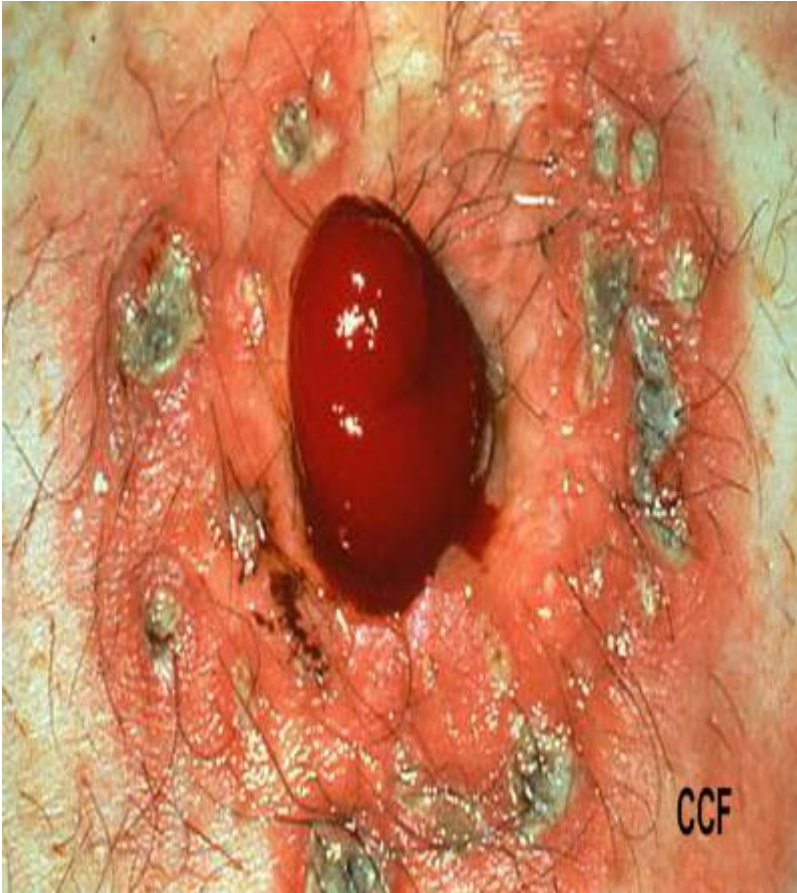
Clinical- erythematous, eroded or bleeding, present only under tape or adhesive

Treatment

- Patch test
- Remove irritant
- May need steroids

# Infection -

# Folliculitis



Clinical- erythema,  
papules/pustules. itch/burning

Cause-

- Inadequate shaving or trauma
- Poor peristomal hygiene
- Frequent appliance removal

Treatment

- Antibiotics / antifungal
- Re-education of skills
- Carefull hygiene/ shaving
- Swab if necessary

# Detachment



Incidence –

Linked to Diverticular Disease  
due to presence of sepsis –  
10%, - colorectal cancer – 7%

(Cottam J. 2006 )

- Treat according to level and depth
- Swab
- Orahesive powder/paste
- Protective paste (no alcohol)
- Wound dressing eg aquacel
- Good nutrition
- ? Refashioning stoma

# Detached stoma

(2)



- Stoma paste
- Cut opening of bag to stoma size not full detached area
- 2piece appliance if semi-solid stool/colostomy

# Detached stoma



- 6 weeks post op

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# Stoma Stenosis –narrowing of stoma

## Causes

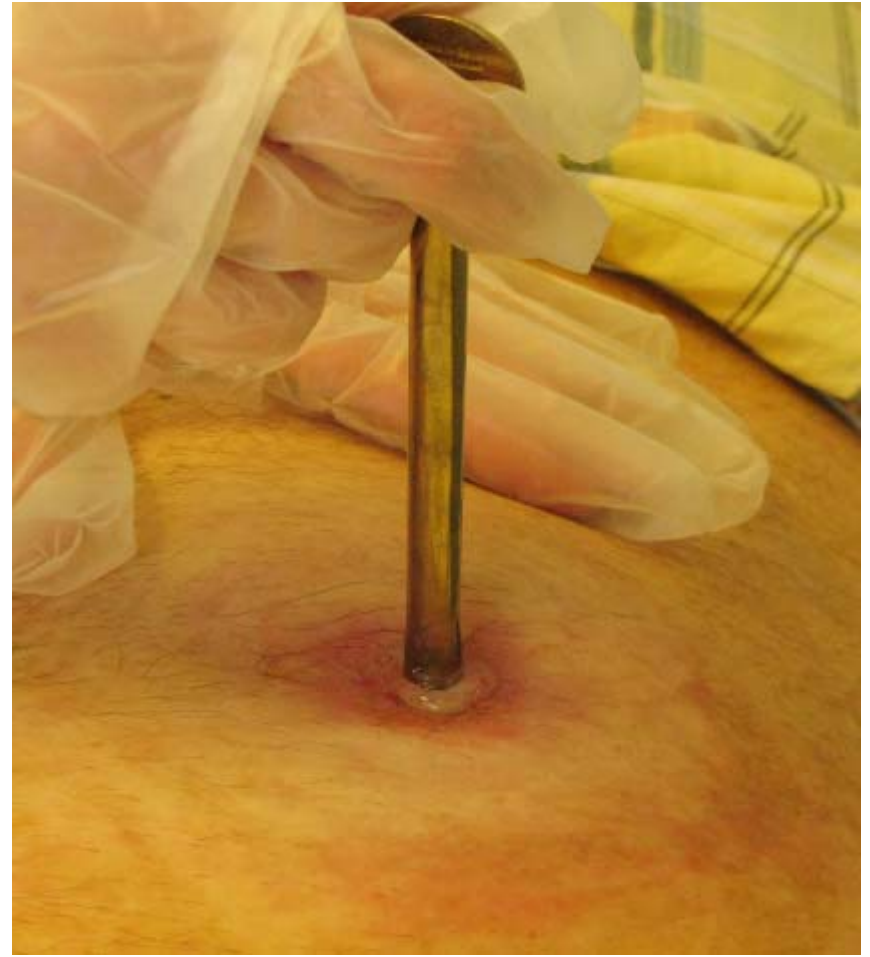
- Surgical technique
- Scar tissue
- Infection
- Detachment/  
retraction of stoma



# Stoma Stenosis

## Treatment

- Dilation of stoma
- Stool softeners
- Prevent constipation
- Surgical refashioning
- Convex appliance may be of benefit
- If urinary stoma/ dilate with catheter or soft dilator. /monitor output
- Can lead to obstruction



# Retraction

# Causes



- More likely after emergency surgery
- Stoma constructed under tension, causing “moat effect” around stoma.
- Inadequate mobilization of bowel
- Obesity
- Inadequate fixing
- Removal of bridge from stoma
- Weight gain
- Reported in 10-20% cases



# Retracted stoma



## Treatment

- Protect skin
- Convex appliance with /without belt
- Cohesive seals/conformable ring
- Surgical refashioning
- Psychological support

# What was the cause of this?



- Retracted stoma
- Poor stoma site
- Appliance aperture cut to big
- Shearing/trauma to skin
- Faecal contamination of skin

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# Evaluating skincare problems in stoma patients – study

- Majority of patients viewed their peristomal skin as very to fairly good.
- 68% were deemed to have significant peristomal skin problems, requiring professional intervention.
- 36% had retracted stoma- only 30% using a convex appliance.
- 25% reported a parastomal hernia – 50% observed to have one.
- Peristomal skin problems occur regardless of appliance type.

(Williams et al 2010, British Journal of Nursing, Vol 19 No 17)

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# STOMACARE PATIENT FOLLOWUP

- Open door policy/ Regular follow-up
  - Good skin care is an integral part of stomacare nursing
  - Thorough general history and physical examination
  - Reinforce teaching
  - Evaluate self care techniques
  - Educate on new technology, appliances
  - Assess lifestyle adaptations/ ageing process
  - Prevention and treatment of complications especially during chemo/radiotherapy
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# To Conclude

- A comprehensive approach to the prevention and management of peristomal skin and stoma complications begins preoperatively and continues until the stoma can be reversed or for the rest of the persons life.
  - Collaboration of surgeon and stomacare nurse to achieve good surgical outcome and optimum quality of life for their patients.
  - Intensive instruction in stoma management and easy to use, adaptable appliances, may address early and late complications
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Thank you

Questions ?



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# References

- Photographs from Stoma Dept Beaumont Hospital with patient consent and grant from Beaumont Foundation.
  - Cleveland Clinic Slide Series. Title Basic Ostomy Overview copyright 1992, R.B. Turnbull School of Enterostomal Therapy Nursing, The Cleveland Clinic Foundation, Department of Colorectal Surgery, Cleveland Ohio with permission from Paula Erwin-Toth.
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