



A practical guide for Stoma problems

Developed by the Ostomy Forum

A practical guide for Stoma and Peristomal skin problems

Developed by:

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The practical guide is based on the Observation Index developed by the Ostomy Forum group (a specialized group of ET nurses from Sweden, Norway, The Netherlands, Poland, Japan, UK and Denmark) and is made to help you manage common stoma and peristomal skin problems you might come across in your nursing practice.

Sharing best practice by use of this educational tool will lead to early detection and appropriate intervention to secure a high standard of stoma care.

This tool should be used in consultation with your Stoma Care Specialist.

Disclaimer:

We recognize that nurses in other practices will have different ways of treating the identified problems. The scope of this guide is to give first step, easy to use, practical advice that is recognized and accepted internationally.

Convex products should only be used under the supervision of an experienced Stoma Care Specialist.

A practical guide for Stoma



Normal Stoma




Stoma is a Greek word that means opening or mouth. It is a surgically created opening that can be temporary or permanent and allows for the excretion of faecal waste (colostomy, ileostomy) or urine (urostomy).

A stoma is a surgically made opening of the bowel:




- The bowel is brought out through the abdominal wall
- It is matured and sutured subcutaneously
- Faeces and urine will pass and be collected in a specially designed ostomy pouch.

In the following pages you will find examples of different stoma problems and concrete suggestions for intervention and management of the stoma.





Stoma	Status	Definition/Presentation	Proposed intervention and management
	Flush	Mucosa level with the skin	<p>Most flush stomas do not cause problems.</p> <ul style="list-style-type: none"> • If causing leakage it may require soft or shallow convexity. Contact your Stoma Care Specialist for appropriate advice. • If causing pancaking the aim is to keep the pouch away from the stoma surface to prevent a vacuum. One or more of the following may be effective; trap air in the pouch, cover the filter with the filter covers supplied in the box, add lubricating gel in the pouch, change the consistency of the output by fluid and dietary intake, consider bulking agents.
	Retracted	Mucosa below skin level, partial or circumferential	<ul style="list-style-type: none"> • Partial retraction: use of paste or seals to fill/level out the point of retraction and thereby reduce the risk of leakage, soft or shallow convexity, appropriate use of a belt. • Circumferential retraction: Use of paste or seals, consider a convex product with appropriate use of a belt. Contact your Stoma Care Specialist for assessment and advice on possible use of dilator (to reduce the risk of stoma stenosis).
	Prolapsed	Notable increased length of stoma	<ul style="list-style-type: none"> • This is not necessarily a medical emergency unless there is a change in stoma colour, the stoma is non-functioning, the patient has severe pain at the stoma site or is vomiting. The patient should be reviewed by the Stoma Care Specialist or medical practitioner. • To accommodate the oedematous stoma the hole of the appliance should be cut larger, this will cause the peristomal skin to be exposed. The use of seals/washers will protect the exposed skin. Cover the stoma with a swab while placing the pouch; this will stop the flange getting wet. • Many patients are able to manage their prolapsed stoma by using a flexible adhesive appliance. Depending on the length of the prolapse a large capacity appliance may be required.







Stoma	Status	Definition/Presentation	Proposed intervention and management
	Hernia	Bowel entering parastomal space	<ul style="list-style-type: none"> • Check the stoma size regularly as the hernia will usually cause the stoma to change shape. This should be assessed in both a sitting and standing position. • Large / oval shaped adhesive flanges may give more security. "Picture framing" of the flange with retention strips/tape may prolong wear time. However, if the seal is broken and the pouch is leaking it must be changed! • After assessment the Stoma Care Specialist may refer the patient for surgical review. • Use of support garments or abdominal belts are only effective if the hernia is reducible. Belts or garments should be fitted by an appropriately trained specialist.
	Stenosis	Tightening of stomal orifice	<ul style="list-style-type: none"> • This is not necessarily a medical emergency unless the stoma is non-functioning, the patient is in pain or vomiting. • Pouch management does not need to be changed. However ensure the aperture is sufficient to allow faeces to enter the pouch. • The stoma may require dilation. Refer the patient to a medical practitioner or Stoma Care Specialist for assessment. • Surgical correction may be required.
	Granulomas	Raised nodules/lumps on the stoma	<ul style="list-style-type: none"> • The granulomas may be painful, bleed easily and cause the pouch to leak. They may be due to friction from the appliance, belts, clothing or patient behaviour. • Treat the stoma very gently. Excessive bleeding may be stopped by using a cold compress. • Use a soft and flexible appliance to reduce friction. • Contact your Stoma Care Specialist who will initiate treatment according to local protocol.



Stoma	Status	Definition/Presentation	Proposed intervention and management
	<p>Separation</p>	<p>Mucocutaneous separation, partial or circumferential</p>	<p>No treatment is required for superficial separation. If there is a deep cavity, filler paste/seals or alginates may be used.</p> <p>Reassure the patient that this will heal in time. Stoma care practice differs when treating this condition. Common forms of management are:</p> <ol style="list-style-type: none"> 1. Cut the adhesive to the edge of the separation. Change the appliance according to local protocol. 2. Cut the adhesive to the stoma size so the adhesive seals as a lid over the separation. Change the appliance according to local protocol. 3. Use non-alcohol based paste/seals or alginates in the separation. Cut the adhesive to the stoma size and seal as a lid over the separation. Change the appliance according to local protocol. <p>Convex products should only be used under the supervision of an experienced Stoma Care Specialist and according to local protocol.</p>
	<p>Recessed</p>	<p>Stoma in a skin fold or a crease</p>	<ul style="list-style-type: none"> • Use filler paste and /or seals in the creases to level the area. • Flatten out the skin folds when applying the paste/seals and the appliance. • Consider using a convex product under Stoma Care Specialist advice.



Stoma	Status	Definition/Presentation	Proposed intervention and management
	Necrosis	Lack of blood supply causing partial or complete tissue death	<ul style="list-style-type: none"> • Reassure the patient. • Close observation of colour and temperature of the stoma. • Report changes immediately. • The stoma may be examined via an endoscope to identify the depth of the necrosis and check the viability of the bowel. • Apply a clear pouch for easier assessment. • May require surgical intervention.
	Laceration	Mucosa that is jagged/torn or ulcerated due to trauma	<ul style="list-style-type: none"> • Observe and identify the cause, it might be accidental or non accidental (inappropriate use of belts, convex appliances, self harm etc). • Remove the cause, re-educate the patient and refer to other agencies as necessary (Stoma Care Specialist, Clinical Psychologist etc). • Surgical intervention is unlikely unless the stoma is completely cut through.
	Oedema	Gross swelling of the stoma	<ul style="list-style-type: none"> • Post operative oedema is normal after surgery. It will slowly reduce within 10 days. Unexplained gross oedema needs further investigation. • Review the stoma size daily and adjust the aperture of the pouch to avoid exposure of the peristomal skin. • If the stoma is very oedematous the use of a cold compress may help reduce the swelling before applying the pouch. • After cutting the aperture to the correct size, the adhesive can be cut with radial slits (feathering/frilling) to enable easier application of the pouch.
	Entero-cutaneous fistula	An abnormal tract between the bowel and the skin surface	<ul style="list-style-type: none"> • Make sure the adhesive of the appliance does not cover the fistula. • Consider seal or paste to protect the peristomal skin. • Use of convex appliances may be indicated under supervision of the Stoma Care Specialist.

Notes

Your Local Stoma Care Specialist

Name: _____







Phone: _____

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The pictures of flush, prolapsed, stenosis, granulomas, separation, recessed, necrosis, oedema, infection, Pyoderma Gangrenosum, psoriasis, Chronic papillomatous dermatitis, ulcerated, erythema, normal stoma and normal skin are copyright of Medical Illustrations, Salford Royal NHS Foundation Trust.

The pictures of retracted, fistula, folliculitis and granulomas on skin are copyright of Dr. Calum Lyon.

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Dansac Accessories	Dansac Convexity products	
 <p>Flat wafers</p>	<p>All Dansac Skin Barriers are made of hydrocolloid and skin-friendliness is a top priority for Dansac. The smooth EMA carrier allows the skin to breathe, eases cleaning and prevents tugging from clothes.</p>	 <p>Soft Convex</p> <p>The Dansac Soft Convex wafer is flexible and moldable and provides a moderate pressure around the stoma. Made for patients with a flush stoma, a partly retracted stoma, a stoma in a pliable skin fold or peristomal ulceration.</p>
 <p>X3 Wafers</p>	<p>The X3 wafer is a 3 mm thick hydrocolloid providing enhanced skin protection, extra security and comfort.</p>	 <p>Convex*</p> <p>The Dansac Convex wafers are standard convex wafers with 6 mm convexity. It is firm and provides extra pressure around the stoma. For difficult cases: e.g. severe obesity, a stoma in a deep crease or a severely retracted stoma.</p>
 <p>Soft Paste</p>	<p>Dansac Soft Paste is ideal for levelling skin folds and scars to make the appliance fit securely around stomas or fistulae. Dansac Soft Paste helps protect the skin, increase security and extend wear-time.</p>  <p>GX-tra Seals</p> <p>Dansac GX-tra Seals are designed to reduce the risk of leakage. GX-tra Seals are an ideal solution if the skin around the stoma is uneven or creased - they can easily be formed to fit individual needs.</p> <p><small>*Notice that Convex products should only be applied after consulting a Stoma Care Specialist.</small></p>	

References:

Lyon C. and Smith A.: *Abdominal stomas and their skin disorders. An atlas of diagnosis and management*. Martin Dunitz, London 2001. (2nd edition 2009)

Ogden S., Mukasa Y., Lyon C.C. & Coulson L.H.: Nicotindil-induced ulcers: is nicotindil also associated with gastrointestinal fistula formation? *British Journal of Dermatology* 2007, March 156 (3): p. 608-9.



Peristomal skin Status	Definition/Presentation	Proposed intervention and management
<p>Infection</p> 	<p>Infection can be bacterial or fungal</p>	<ul style="list-style-type: none"> • Skin can appear dry and flaky or raised, red and moist. • Take a skin scraping and/or a microbiological swab for culture. • Assess patient self care and pouch changing technique. • Re-educate if necessary. • After positive results, appropriate treatment to be used under the supervision of the Stoma Care Specialist.
<p>Pyoderma Gangrenosum</p> 	<p>Purple edged, very painful ulcers which ooze exudate, skin bridges/strands may be present</p>	<ul style="list-style-type: none"> • Refer to the Stoma Care Specialist/Dermatologist for further assessment. • Take a microbiology swab to culture the ulcer. • Depending on the severity there are various treatment options.
<p>Psoriasis/eczema</p> 	<p>Common skin disorders that appear on any part of the body</p>	<ul style="list-style-type: none"> • Take a microbiology swab to culture the area. • Refer to the Stoma Care Specialist for further advice. • Apply non-oily topical treatments in conjunction with stoma care products.
<p>Folliculitis</p> 	<p>Infected hair follicles</p>	<ul style="list-style-type: none"> • Assess patient technique for peristomal hair removal. Re-educate the patient on shaving technique using single use razor and water. • If very severe, oral antibiotic treatment/skin washes as per local protocol.



Peristomal skin Status

Definition/Presentation

Proposed intervention and management



Granulomas

Nodules/over-granulation tissue on skin

- The granulomas may be painful, bleed easily and cause the appliance to leak. **It is important to maintain the template of the appliance to fit the stoma only.** Do not include the granulomas into this.
- When cleaning the area treat the skin very gently and pat dry.
- Management options may include:
 - Silver nitrate*
 - Steroid cream*
 - Liquid nitrate*
 - Convex products
- All of the above as prescribed and must be used under the supervision of a Stoma Care Specialist.
- Large areas of over-granulation may require referral to medical practitioner for surgical removal.

* Requires doctor's prescription



Chronic papillomatous dermatitis (CPD)

Greyish, raised lumps on skin caused by alkaline urine coming into contact with the skin

- Only urostomates are affected, this is due to peristomal skin being exposed to urine over a prolonged period of time, can be painful.
- Assess patient self care, pouch application and removal.
 - Measure the stoma size and cut a new template to fit the stoma.
 - Consider using a pre cut convex product with a belt until resolved. Review within 4 weeks.
 - Re-educate the patient on good peristomal hygiene.
 - Provide the patient with written information on correct pouch changing technique.
 - Consider seal or paste to protect skin from urine.
 - Wash the lumps with a weak Vinegar and water solution at every pouch change till the problem is resolved.
 - Oral intake, of no more than 1 gram Vitamin C tablets per day may help to acidify urine.
 - Cranberry juice /tablets may also help to acidify urine. (NB: Cranberry juice/tablets are contraindicated if your patient is on Warfarin).



Peristomal skin Status

Definition/Presentation

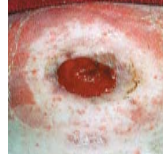
Proposed intervention and management



Ulcerated

Skin defect reaching into subcutaneous skin layer

- Review as for Erythema.
 - Skin protecting waters and/or seal to fit the area; can be used in conjunction with topical treatments following local protocols.
- Differential diagnoses may be:
- Pressure ulcer caused by convexity and/or belt. Consider removing the belt, change type of stoma appliance with Stoma Care Specialist advice.
 - Check medication e.g. Nicorandil induced ulcer (ref. Ogden et al.).
 - Pyoderma Gangrenosum (see other).
 - Trauma /self harm or infection.






Irritated

Irritant causing skin to be inflamed, sore, itchy and red

- The most common cause for the skin to be irritated is faecal or urine leakage onto the peristomal skin. Allergic reactions are very rare and diagnosis can only be confirmed after positive patch testing (ref. Lyon and Smith).
- Review as for Erythema.
 - Swab and culture the skin and refer to Stoma Care Specialist for further assessment.
 - Check whether there have been any changes/additions to their stoma care technique and products used for example: soaps, wipes, lotions, washing powder, adhesives. If so, discontinue use of the irritant.
 - If no infection is present, apply local topical steroid treatment until resolved or for a maximum of 4 weeks (under supervision of the Stoma Care Specialist). If persistent refer to Dermatologist.



Peristomal skin Status	Definition/Presentation	Proposed intervention and management
<p>Erythema</p> 	<p>Red intact skin</p> <p>Transient erythema or “blushing” of the skin is normal when removing an ostomy pouch. Common causes of erythema are: appliance cut too large, excessive changing of the appliance or poor changing technique.</p> <p>Good stoma care practice is to:</p> <ul style="list-style-type: none"> • Assess patient self care, pouch application and removal. • Measure the stoma size and alter the cutting template to fit the stoma. • Educate the patient to measure their stoma regularly. • Educate the patient to support the skin whilst removing the appliance. • Provide the patient with written information on correct pouch changing technique. • Check output consistency is appropriate to stoma type; add anti motility drugs/bulking agents if necessary. • Skin protecting accessories are not normally required, however local practices may advise usage. They should be discontinued when problem resolves, to avoid residue build up. • Consider seal or paste to protect the peristomal skin. 	
<p>Macerated</p> 	<p>Excoriated, moist skin</p> <ul style="list-style-type: none"> • Review as for Erythema. • Review frequency of appliance change. • Use protective powder on moist areas only and discontinue use when the problem is resolved. • Consider the use of seals or change of product. • Alcohol based paste should not be used on broken skin. 	
<p>Eroded</p> 	<p>Excoriated, moist and bleeding skin</p> <ul style="list-style-type: none"> • Review as for Erythema and Macerated. • Apply topical treatments as per local stoma care protocols. 	

A practical guide for Peristomal Skin



Normal Peristomal Skin

Peristomal skin is the skin immediately surrounding the stoma. Intact peristomal skin is vital in stoma care as it provides the surface on which the skin barrier/pouching system is adhered.

First line management of any peristomal skin problem is always to review stoma care practice.

Good stoma care practice is to:

- Assess patient self care, pouch application and removal.
- Measure the stoma size and alter the cutting template to fit the stoma.
- Educate the patient to measure their stoma regularly.
- Educate the patient to support the skin whilst removing the appliance.
- Provide the patient with written information on correct pouch changing technique.

In the following pages you will find examples of different peristomal skin conditions and we will provide suggestions for treatment and specific suggestions for intervention and management.

For outstanding contribution towards making this project a success Dansac would like to thank the following people:

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