

AIM Guide for Peristomal Skin Care

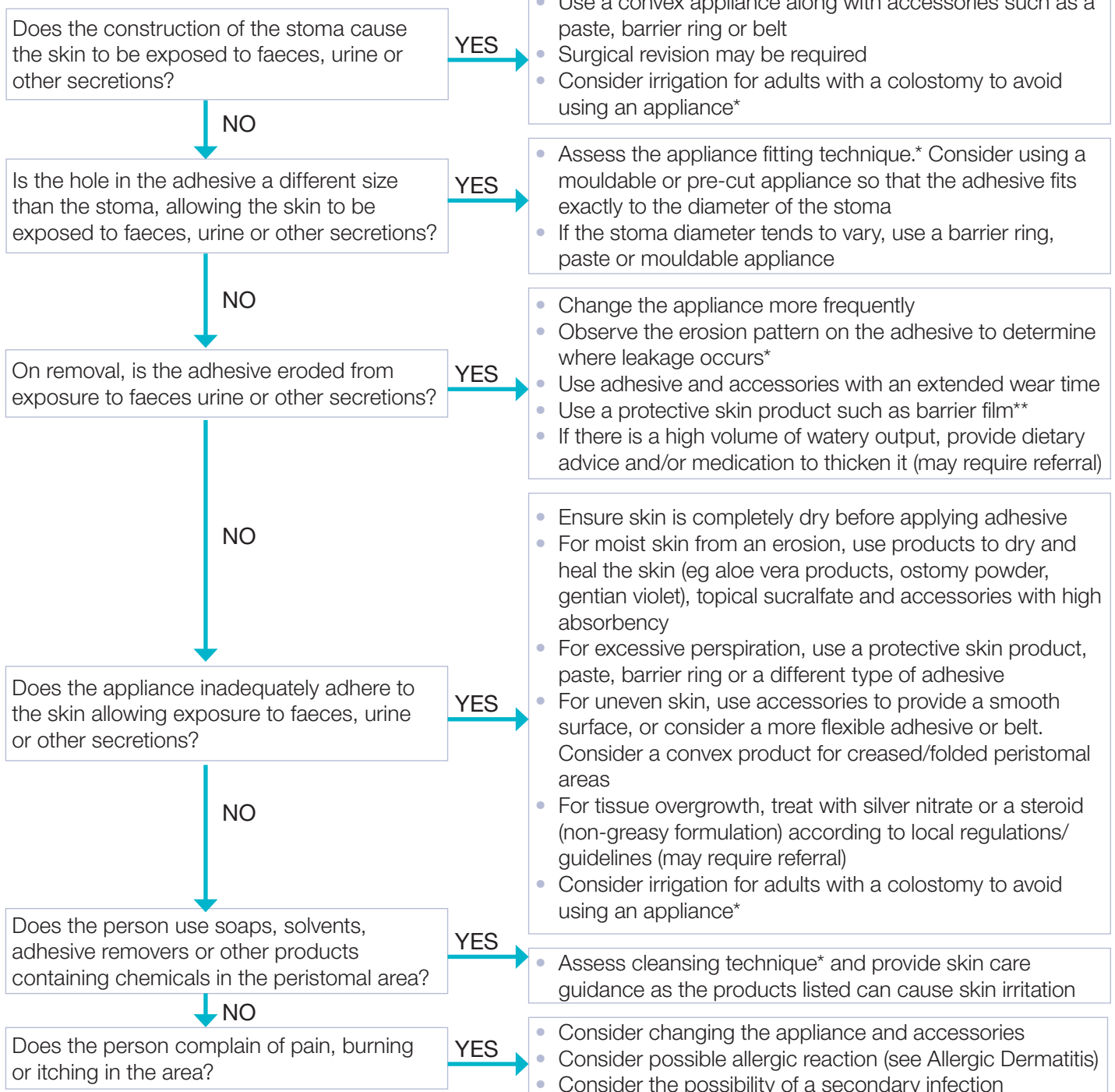
- Chemical Irritation

Irritant Contact Dermatitis - Visual Symptoms

- Red or discoloured skin and/or
- Loss of epidermis and/or
- Moist skin surface and/or
- Bleeding skin surface and/or
- Hyperplasia (wart-like papules, nodules, white grey or reddish-brown hyperkeratosis) and/or
- Ulcer/wound involving all three skin layers
- Maceration (moist, white-coloured softening of the skin)

Assess Cause

Care Guidance



AIM Guide for Peristomal Skin Care

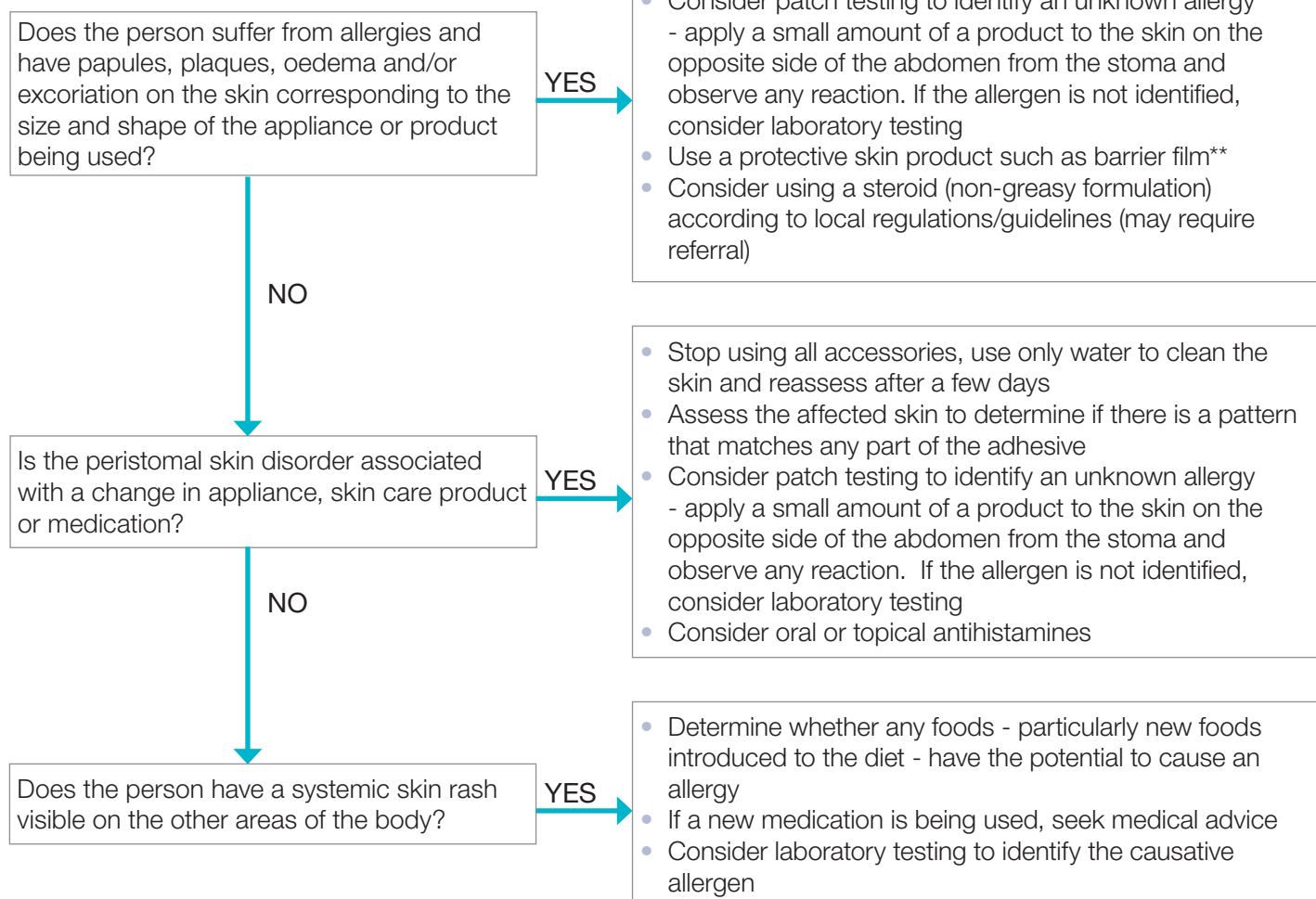
- Chemical Irritation

Allergic Dermatitis - Visual Symptoms

- Red, irritated skin corresponding to the shape of the adhesive contact surface

Assess Cause

Care Guidance



* See the List of Practical Care Tips in the Ostomy Skin Tool Handbook for further information

** This is not recommended in premature babies

Note: All information is based where possible on the best available evidence. For a list of references and their level of evidence see References in the Ostomy Skin Tool Handbook

AIM Guide for Peristomal Skin Care

- Disease Related

Disease Related - Visual Symptoms

- Solitary or multiple lesions
- Lesions indurated or ulcerated
- Red to purplish discolouration
- Necrosis with undermined ulcer edges
- Bleeding or purulent exudate
- Erythematous, thick, silvery-white, scaly plaques
- Fistula
- Köbners phenomenon (consequence of psoriasis)

Assess Cause

Care Guidance

Is the skin red and itchy with moisture exuding from raised areas or are there areas of patchy dry skin?

YES

NO

Does the skin have irregular, raised, thick, silvery white scaly plaques or is there a history of psoriasis?

YES

NO

Does the skin have a bluish purple hue and/or obvious dilation of the veins?

YES

NO

Is the skin ulcerated with irregular, painful, raised purple margins and/or does the patient have a history of Crohn's disease, ulcerative colitis or rheumatoid arthritis?

YES

NO

Does the skin have red, oedematous, palpable nodules or cauliflower-like lesions?

YES

Cause: possible eczema/atopic dermatitis

- Use a steroid (non-greasy formulation) on the affected area according to local regulations/guidelines (may require referral)
- Ensure steroid is completely absorbed before attaching the appliance
- If skin is weeping, consider using appliances and accessories with high absorbency

Cause: possible psoriasis

- Use a steroid (non-greasy formulation) on the affected area according to local regulations/guidelines (may require referral)
- Assess cleansing technique.*
- Consider using a soft, flexible appliance and accessories

Cause: possible caput medusa (peristomal varices)

- Use gentle cleansing technique* to prevent bleeding
- Change appliance less frequently and consider using a soft, flexible one-piece appliance without a belt (avoid two-piece appliances) to relieve any pressure
- Assess stomal varices at the mucocutaneous junction, particularly for signs of haemorrhage
- If haemorrhage occurs, apply direct pressure and cauterise using silver nitrate or a topical dressing designed to promote haemostasis. If severe, refer for further treatment
- Refer for treatment of underlying disease

Cause: Possible pyoderma gangrenosum

- Use local (non-greasy formulation) or systemic steroids, or immunosuppressive drugs (eg tacrolimus) according to local regulations/guidelines (may require referral)
- Change appliance less frequently and consider using a soft, flexible appliance without a belt
- Provide pain and ulcer management*
- Appliance may need to be refitted once the skin has healed due to full-thickness tissue destruction or an uneven healed area
- Refer for treatment of underlying disease

Cause: Possible benign or malignant lesions

- For dry lesions, consider using a soft, flexible appliance
- If discharge is present, consider an appliance with a drainable pouch
- Ensure the adhesive is properly cut to fit around the stoma and draining lesion to collect all discharge in the pouch
- Consider odour-eliminating products
- May require more frequent monitoring if growth distorts peristomal area or changes size or shape of stoma
- Refer for treatment of underlying disease

AIM Guide for Peristomal Skin Care

- Infection Related

Infection Related - Visual Symptoms

- Discoloured (redness, hyperpigmentation)
- Red papules with a white top
- Maceration (moist, white-coloured softening of skin); may include satellite lesions at the periphery
- Papules, pustules (folliculitis)
- Swelling / oedema

Assess Cause

Care Guidance

Are there red pustules around the hair follicles that progress to papules and then crusted reddened areas?

YES

Cause: possible folliculitis

- Assess shaving technique* and reduce frequency of shaving
- Remove appliance using adhesive removers
- Consider cleansing peristomal skin with a mild or antibacterial soap until cured
- Consider applying povidone-iodine or gentian violet* according to local regulations/guidelines
- For deep/severe/persistent folliculitis - which can lead to cellulitis or abscess formation - consider oral antibiotics according to local regulations/guidelines (may require referral)

NO

Does the skin have a red, raised, pruritic rash (localised or generalised) with satellite pustules and maceration?

YES

Cause: possible fungal infection

- Determine potential causes of infection such as leakage* from appliance
- Cleanse skin gently and dry completely*
- Consider antifungal powder/spray (eg containing miconazole) or silver powder (rub into area and brush off excess)
- Consider applying povidone-iodine or gentian violet* according to local regulations/guidelines
- Consider an accessory or appliance with increased absorbency
- Assess frequency of appliance changes, either change less frequently by using an extended wear appliance to ensure optimal skin protection or change daily to allow treatments to be applied*
- Treat fungal infection elsewhere in body according to local regulations/guidelines (may require referral)

NO

Is the skin swollen, red and painful?

YES

Cause: possible abscess

- For a fluid-filled abscess allow collection to drain*
- If abscess wound is deep, packing may be required to protect the wound from faeces, urine or other secretions, and prevent healing at the surface before the base has healed
- If systemic symptoms are present, use antibiotics according to local regulations/guidelines (may require referral)

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- Mechanical Trauma

Visual Symptoms

- Discolouration and/or
- Loss of epidermis - full thickness tissue loss can be seen and/or
- Moist skin surface and/or
- Bleeding skin surface and/or
- Pain
- Lesions have irregular borders

Assess Cause

Care Guidance

Is there a risk of friction or pressure (eg from convex appliance, belt, clothing or obesity)?

YES

- If a belt is used, assess whether it is necessary
- Use a shallower or softer convex appliance or an adhesive with an extra seal (eg barrier ring)
- Assess and modify where possible other factors that may cause friction or pressure
- Provide education on monitoring for symptoms of friction and pressure
- Provide advice on lifestyle modification
- Consider irrigation for adults with colostomies to avoid using appliances*

NO

Has friction caused bleeding, lesions and tearing around the edges of the adhesive?

YES

- Consider changing to a different adhesive or cut the adhesive to a different shape
- Consider changing the position of the adhesive at each appliance change
- Consider using a protective skin product, such as barrier film**

NO

Is the adhesive removal or cleansing technique too rough?

YES

- Assess the adhesive removal technique. * Use an adhesive remover if necessary**
- Assess cleansing technique* and cleansing products used

NO

Is the adhesive changed too frequently?

YES

- Switch to extended wear appliances and accessories
- Use accessories that will prolong adhesive properties (eg paste, barrier film)**
- Use a less sticky adhesive

NO

Is the skin shaved too frequently?

YES

- Assess shaving technique and only shave when necessary*
- If hair growth is excessive, consider laser treatment
- Consider applying povidone-iodine*
- If folliculitis has developed, please refer to the infection related care guidance

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