

## AIM Guide for Peristomal Skin Care

YES

YES

YES

YES

YES

YES

## - 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 skir

#### **Assess Cause**

Does the construction of the stoma cause the skin to be exposed to faeces, urine or other secretions?

NO

Is the hole in the adhesive a different size than the stoma, allowing the skin to be exposed to faeces, urine or other secretions?

NO

On removal, is the adhesive eroded from exposure to faeces urine or other secretions?

NO

Does the appliance inadequately adhere to the skin allowing exposure to faeces, urine or other secretions?

NO

Does the person use soaps, solvents, adhesive removers or other products containing chemicals in the peristomal area?

**→** NO

Does the person complain of pain, burning or itching in the area?

#### **Care Guidance**

- Use a convex appliance along with accessories such as a paste, barrier ring or belt
- Surgical revision may be required
- Consider irrigation for adults with a colostomy to avoid using an appliance\*
- Assess the appliance fitting technique.\* Consider using a mouldable or pre-cut appliance so that the adhesive fits exactly to the diameter of the stoma
- If the stoma diameter tends to vary, use a barrier ring, paste or mouldable appliance
- Change the appliance more frequently
- Observe the erosion pattern on the adhesive to determine where leakage occurs\*
- Use adhesive and accessories with an extended wear time
- Use a protective skin product such as barrier film\*\*
- If there is a high volume of watery output, provide dietary advice and/or medication to thicken it (may require referral)
- Ensure skin is completely dry before applying adhesive
- For moist skin from an erosion, use products to dry and heal the skin (eg aloe vera products, ostomy powder, gentian violet), topical sucralfate and accessories with high absorbency
- For excessive perspiration, use a protective skin product, paste, barrier ring or a different type of adhesive
- For uneven skin, use accessories to provide a smooth surface, or consider a more flexible adhesive or belt.
   Consider a convex product for creased/folded peristomal areas
- For tissue overgrowth, treat with silver nitrate or a steroid (non-greasy formulation) according to local regulations/ guidelines (may require referral)
- Consider irrigation for adults with a colostomy to avoid using an appliance\*
- Assess cleansing technique\* and provide skin care guidance as the products listed can cause skin irritation
- Consider changing the appliance and accessories
- Consider possible allergic reaction (see Allergic Dermatitis)
- Consider the possibility of a secondary infection

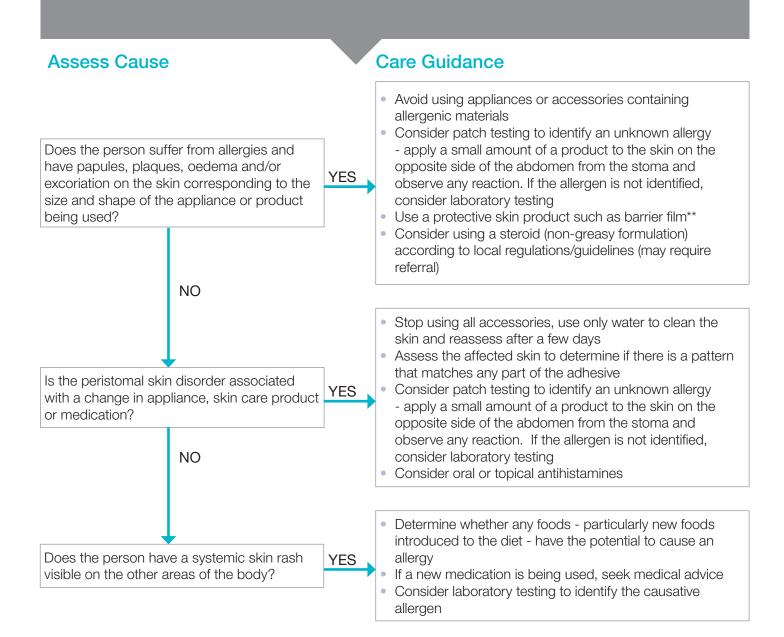


# AIM Guide for Peristomal Skin Care

## - Chemical Irritation

#### Allergic Dermatitis - Visual Symptoms

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



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<sup>\*</sup> See the List of Practical Care Tips in the Ostomy Skin Tool Handbook for further information

<sup>\*\*</sup> This is not recommended in premature babies



# AIM Guide for Peristomal Skin Care - Disease Related

YES

YES

YES

YES

YES

### 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**

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

NO

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

NO

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

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?

NO

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

#### **Care Guidance**

#### 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)

to local regulations/guidelines (may require referral)

Swelling / oedema

#### **Care Guidance Assess Cause** Cause: possible folliculitis Assess shaving technique\* and reduce frequency of shaving Remove appliance using adhesive removers Consider cleansing peristomal skin with a mild or Are there red pustules around the hair YES antibacterial soap until cured follicles that progress to papules and then Consider applying povidone-iodine or gentian violet\* crusted reddened areas? 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) Cause: possible fungal infection NO • 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 Does the skin have a red, raised, pruritic to local regulations/guidelines YES rash (localised or generalised) with satellite Consider an accessory or appliance with increased pustules and maceration? absorbency • Assess frequency of appliance changes, either change less frequently by using an extended wear appliance to ensure NO 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) Cause: possible abscess For a fluid-filled abscess allow collection to drain\* • If abscess wound is deep, packing may be required to YES protect the wound from faeces, urine or other secretions. Is the skin swollen, red and painful? and prevent healing at the surface before the base has If systemic symptoms are present, use antibiotics according

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# AIM Guide for Peristomal Skin Care

## - Mechanical Trauma

#### **Assess Cause** Care Guidance • 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 Is there a risk of friction or pressure (eg from YES convex appliance, belt, clothing or obesity)? 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 Consider changing to a different adhesive or cut the adhesive to a different shape Has friction caused bleeding, lesions and Consider changing the position of the adhesive at each YES tearing around the edges of the adhesive? appliance change Consider using a protective skin product, such as barrier NO Assess the adhesive removal technique. \* Use an adhesive Is the adhesive removal or cleansing YES remover if necessary\* technique too rough? Assess cleansing technique\* and cleansing products used NO Switch to extended wear appliances and accessories YES Use accessories that will prolong adhesive properties (eg Is the adhesive changed too frequently? paste, barrier film)\*\* Use a less sticky adhesive NO Assess shaving technique and only shave when necessary\* If hair growth is excessive, consider laser treatment YES Is the skin shaved too frequently? Consider applying povidone-iodine\* If folliculitis has developed, please refer to the infection related care guidance

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