## Peristomal Management Mastery

Enhancing Care for Ostomy Patients





## **Coloplast** | **Professional** Peristomal Management - Agenda

Time slot	Session
09:00 - 09:15	Registration and Welcome
09:15 - 10:15	Understanding Peristomal Skin
10:15 - 10:30	Morning Break
10:30 - 11:45	Patient assessment
11:45 - 12:45	Peristomal skin complications
12:45 - 13:30	Lunch
13:30 - 14:45	The challenge of solution selection
14:45 - 15:15	Getting it right
15:15 - 15:30	Summary, key takeaways and close



## Understanding the skin

Anatomy, physiology and function



### The Anatomy, Physiology of the Skin

### Anatomy of the Skin<sup>1,2</sup>

#### • Layers of the Skin:

- Epidermis: Outermost layer; provides a barrier and skin tone.
  - Contains keratinocytes, melanocytes, Langerhans cells, and Merkel cells.
- **Dermis:** Middle layer; contains connective tissue, sweat glands, sebaceous glands, hair follicles, and blood vessels.
- Hypodermis (Subcutaneous tissue): Fat and connective tissue providing insulation and cushioning.

### **Physiology of the Skin**<sup>1,2</sup>

- **Keratinization:** The process of keratinocyte migration from the basal layer to the stratum corneum, forming the protective barrier.
- Wound Healing:
  - Hemostasis: Blood clot formation.
  - Inflammation: White blood cells clear debris and pathogens.
  - Proliferation: New tissue formation.
  - Remodeling: Scar maturation and strengthening.





### The functions of the skin<sup>1,2</sup>



#### Protection

- Acts as a physical barrier against mechanical, chemical, and microbial insults.
- Acidic pH and natural microbiota prevent pathogen colonization.



#### Regulation

- Maintains hydration by preventing water loss.
- Regulates body temperature through vasodilation, vasoconstriction, and sweating



#### Sensation

 Contains specialized nerve endings to sense touch, temperature, pressure, and pain.



#### Immune Defence

 Langerhans cells detect and respond to pathogens



### Vitamin D Synthesis

 UV exposure converts 7dehydrocholestero l to Vitamin D3



1. Proksch, E., Brandner, J. M., & Jensen, J.-M. (2008). "The Skin: An Indispensable Barrier." Experimental Dermatology. 2. Madison, K. C. (2003). "Barrier Function of the Skin: 'La Raison d'Être' of the Epidermis." Journal of Investigative Dermatology

### Understanding the acid mantle

We must always bear in mind that faecal output, sweat, mucous and other liquids will inflict a hostile pH value to the skin (+/- the skin's natural balance ~pH 4.7). This can affect its ability to undertake its primary functions. With this in mind, we must ensure that any product we use has a good pH buffer. In this sense, a pH buffer simply refers to the ability of a product to resist strong acids or bases<sup>1,2,3,4</sup>.

Any supporting product e.g. seals, must:

- Have a very good pH buffer and ensure a good pH balance
- Supports the natural low skin pH
- Supports an acidic skin surface pH
- Is resistant to aggressive constituents of output
- Is resistant toward breakdown or dissolving
- Protects the skin against aggressive output and faecal enzymes

pН



1. Fluhr, J. W., Darlenski, R., & Surber, C. (2008). "Glycerol and the skin: Holistic approach to its origin and functions." British Journal of Dermatology

2. Schmid-Wendtner, M. H., & Korting, H. C. (2006). "The pH of the Skin Surface and Its Impact on the Barrier Function." Skin Pharmacology and Physiology

3. Proksch, E., Brandner, J. M., & Jensen, J.-M. (2008). "The Skin: An Indispensable Barrier." Experimental Dermatology.

4. Lambers, H., Piessens, S., Bloem, A., Pronk, H., & Finkel, P. (2006). "Natural Skin Surface pH Is on Average Below 5, Which Is Beneficial for Its Resident Flora." International Journal of Cosmetic Science

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## Digestive enzymes friend and foe

Each of the many different digestive enzymes targets a specific nutrient and splits it up into a form that can eventually be absorbed.

The most important digestive enzymes are:

- Amylase
- Maltase
- Lactase
- Lipase
- Proteases
- Sucrase

1. Ferraris, R. P., & Diamond, J. (1997). "Regulation of Intestinal Sugar Transport." Physiological Reviews.

- 2. Wurtman, R. J., & Wurtman, J. J. (1996). "Carbohydrate Craving, Obesity, and Brain Serotonin." Nutrition Reviews
- 3. Vonk, R. J., & Pierzynowski, S. G. (2010). Digestion in the Small Intestine. Springer.
- 4. Whitcomb, D. C., & Lowe, M. E. (2007). "Human Pancreatic Digestive Enzymes." Digestive Diseases and Sciences.
- 5. Lehninger, A. L., Nelson, D. L., & Cox, M. M. (2017). Lehninger Principles of Biochemistry. Macmillan Learning.

6. Johnson, L. R. (2018). Gastrointestinal Physiology. Elsevier.

**Proteases** also called peptidases, proteolytic enzymes, or proteinases; these digestive enzymes break down proteins into amino acids. The main ones are:

- **Pepsin:** Pepsin is secreted by the stomach to break down proteins into peptides, or smaller groupings of amino acids. Those amino acids are then either absorbed or broken down further in the small intestine.
- **Trypsin:** Trypsin forms when an enzyme secreted by the pancreas is activated by an enzyme in the small intestine. Trypsin then activates additional pancreatic enzymes, such as carboxypeptidase and chymotrypsin, to help break down peptides.
- **Chymotrypsin:** This enzyme breaks down peptides into free amino acids that can be absorbed by the intestinal wall.
- Carboxypeptidase A and B: A is secreted by the pancreas, it splits peptides into individual amino acids.
   B is secreted by the pancreas, it breaks down basic amino acids.



## Patient assessment

- The importance of obtaining a baseline
- Tools to support practice



## Our ability to practice is dependent on a simple process

Being able to provide high standards of appropriate, individualised care is only achievable if we follow the golden rule:

- Assess
- Plan
- Implement
- Evaluate

What happens when you remove a stage?





## Using tools in clinical practice

Validated tools should be used in specialist nursing to ensure accurate, reliable, and standardised care, leading to:

- Improved patient outcomes
- Enhanced clinical decisionmaking
- Increased patient safety
- Consistent quality of care
- Assess and document clinical decisions



## Tools to support your practice

Physical	Psychological	
<b>OST</b>	QOL	
Here you can add	Here you can add	
some explanation	some explanation	
about the big data	about the big data	
above	above	
BPA	LIA	
Here you can add	Here you can add	
some explanation	some explanation	
about the big data	about the big data	
above	above	



## Assess the affected area and severity in each domain to obtain a DET score

First assess the area that is affected directly under the baseplate

- Unaffected 0
- <25% 1
- 25–50% 2
- >50% 3

### Then assess the severity score

Severity can be scored as 1 or 2. You assess the severity according to the descriptions within the three domains

#### Document your assessment

Adding each domain will give you the total DET score for that individual. You can then document your score like this:

### DET - \_ + \_ + \_ + \_ + \_ + \_ = \_



## Tools to support your practice





## The 6 steps under the 3 peristomal body profiles represent a total of 216 individual profiles

- 1 Is the form of the area around the stoma regular, inward or outward?
- 2 Is the form around the stoma uniform or variable?
- 3 Is the area around the stoma soft or firm?
- 4 Does the skin around the stoma have superficial creases or deep folds?
- 5 Is the location of the stoma above bending line, at bending line, or below bending line?
- 6 What is the position of the stoma opening and the height of the stoma?



#### 7 Type of output

The consistency of stoma output has a major influence on the choice of pouch and adhesive plate

## Tools to support your practice





### What is the Stoma-QoL?

- Specifically designed for people with a stoma all questions are based on input from people with a stoma
- Validated tested in representative stoma populations in different countries
- Reliable weighted to emphasise the issues that are most critical to the respondent's quality of life
- Cross-cultural translated into 16 languages
- Simple the questionnaire only takes 5–10 minutes to complete





## Tools to support your practice





### How to use the LIA tool

- The first question simply identifies if the individual worries or not about leakage and is based on a score between 1 (never) and 5 (continually)
- If they score 1 on this question the assessment is complete.
- A score of 2 or more further assessment is needed. This assessment askes 8 questions based around different aspects of how leakage can affect an individual.
- By adding all of the scores together you will obtain the LIA score:
  - 1 No impact
  - 45 Greatest possible impact

#### *Heylo*™ Leakage impact assessment —

Name	NHS No.	
SCN	Hospital	
Date		212





# Peristomal skin complications

- Categorisation of PSCs
- Care of different PSCs



## Peristomal skin is healthy "by nature", but becomes compromised by leakage and mechanical trauma



The majority of peristomal skin complications relates to leakage and mechanical trauma.\*

\* 69% of all skin issues arise from chemical (output) and mechanical issues, Dialogue Study 2010



Leakage and peristomal skin complications (PSC) are still the most prevalent problems for people with a stoma



1. OLS - 2019 (Consumer & Nurse)

 Fellows, J. et al., Multinational survey on living with an ostomy: prevalence and impact of peristomal skin complications, BJN, s22-s30, Sep 2021;
 Voegeli, D. et al., Factors influencing the incidence of peristomal skin complications: evidence from a multinational survey on living with a stoma. GASN, EWOC Supp, 2020, 18(4):S31-S38



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Skin disorders are classified into five diagnosis categories depending on their cause:

- **01**. Irritant contact dermatitis
- 02. Allergic dermatitis
- 03. Mechanical trauma
- 04. Disease-related
- 05. Infection-related





### 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

- Does the construction of the stoma cause the skin to be exposed to faeces, urine or other secretions?
- Is the hole in the adhesive a different size than the stoma, allowing the skin to be exposed to faeces, urine or other secretions?
- On removal, is the adhesive eroded from exposure to faeces, urine or other secretions?
- Does the appliance inadequately adhere to the skin allowing exposure to faeces, urine or other secretions?
- Does the person use soaps, solvents, adhesive removers or other products containing chemicals in the peristomal area?
- Does the person complain or pain, burning or itching in the area?



### Allergic dermatitis

### Visual symptoms

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

- Does the person suffer from allergies and have papules, plaques, oedema and/or excoriation on the skin corresponding to the size and shape of the appliance or product being used?
- Is the peristomal skin disorder associated with a change in appliance, skin care product or medication?
- Does the person have a systemic skin rash visible on other areas of the body?



### 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 boarders

- Is there a risk of friction or pressure (e.g. from convex appliance, belt, clothing or obesity)?
- Has friction caused bleeding, lesions and tearing around the edges of the adhesive?
- Is the adhesive removal or cleansing technique too rough?
- Is the adhesive change too frequent?
- Is the skin shaved too frequently?



### **Infection related**

### Visual symptoms

- Discolouration (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

- Are there red pustules around the hair follicles that progress to papules and then crusted reddened areas? – **Possible folliculitis**
- Does the skin have red, raised, pruritic rash (localised or generalised) with satellite pustules and maceration? – Possible fungal infection
- Is the skin swollen, red and painful? Possible abscess



#### Possible folliculitis

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- Assess shaving technique and reduce frequency of shaving
- Remove appliance using adhesive remover
- 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/sever/persistent folliculitis which can lead to cellulitis or abscess formation – consider oral antibiotics according to local regulations/guidelines (may require referral)



#### Possible fungal infection

- Determine potential causes of infection such as leakage from appliance
- Cleanse skin gently and dry completely
- Consider antifungal powder/spray (e.g. 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 appliance with increased
  absorbency or desperation
- 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)



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)

### **Infection related**

### **Disease related**

### Visual symptoms

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

- Is the skin red and itchy with moisture exuding from raised areas or are there areas of patchy dry skin? – Possible eczema/atopic dermatitis
- Does the skin have irregular, raised, thick, silvery white scaly plaques or is there a history of psoriasis? – Possible psoriasis
- Does the skin have a bluish purple hue and/or obvious dilation of the veins? – Possible caput medusa (peristomal varices)
- Is the skin ulcerated with irregular, painful, raised purple margins and/or does the patients have a history of Crohn's disease, ulcerative colitis or rheumatoid arthritis? – Possible pyoderma gangrenosum
- Does the skin have red, oedematous, palpable nodules or cauliflower-like lesions? – Possible benign or malignant lesions



#### Possible eczema/atopic dermatitis

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

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- Possible Pyoderma Gangrenosum
- Use a steroid (non-greasy formation) on the affected area 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



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#### Possible psoriasis

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

#### 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



#### Possible Caput Medusa

- Use gentle cleansing techniques to prevent bleeding
- Change appliance less frequently and use 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

### **Disease related**

# The challenge of solution selection

Why we use what we use





Is what is important to **you** in a solution the same as that of the ostomate?

Let me pose a question... What is important to you when choosing a product solution?

- Leak free
- Security
- Healthy skin
- Appropriate
- Ease of use
- • •

If we asked an ostomate would they say the same? As we know patients wants and needs constantly changing



## There are many benefits related an ostomate having influence on their ostomy product choice<sup>1</sup>

### Empowerment/ Agency in own care

"For me it means that I'm able to choose my care and products and make my own decisions."

Gerardine, UK, 24, Salts ConfidenceBE

### **Regaining control**

"Choice means that there is something to control about this. We have no control over our bodies when things go wrong. But when I get to try a new bag, I get that control back and I get so excited"

Laura, UK, 24, Salt's ConfidenceBE / SenSura Mio, SpeediCath Compact Eve

### Acceptance of new life and body image

"Being able to have a choice of what to use and how to manage your condition will help you come to terms with the situation"

Latifah, UK, 34, SenSura Mio

#### Normalisation

"To have choices and options makes you feel that you are a human again."

Danielle, UK, 47, Infyna Chic

### Confidence

"When you are wearing a bikini, you can match the bag with it. It makes you feel better with yourself, having that option to choose and match your bags"

Sue Ellen, UK, 42, SenSura Mio, Salts ConfidenceBE

### Enabling different situations and activities

"Having a wide range of options for products to choose from that you can adapt to your particular situation. Drainable or non-drainable, colours to best suit my lifestyle, etc. I feel more prepared to tackle different situations when I have choices."

Matthew, UK, 27, Salts ConfidenceBE

## Let's focus in on one aspect for an example

"Discretion is probably the main thing about choosing a bag and wearing a bag, and how you feel wearing it. At the end of the day, it's different for everybody, and how you feel wearing it is the main priority."

Coloplast SenSura Mio User, Female





## Getting it right

Having the confidence to make the right choice



## By preventing leakage we can stop the cycle of leakage and skin complications

![](_page_34_Figure_1.jpeg)

![](_page_34_Picture_2.jpeg)

## Bodies are all different making it difficult to find and maintain the right fit<sup>1,2</sup>

Peristomal **body profiles and the skin contours** surface area around the stoma vary greatly from person to person.<sup>3</sup>

Bodies also move in different ways which places additional strain on the fit of the baseplate.<sup>3</sup>

<sup>4.</sup> Bible, J. E., Biswas, D. et al. Normal Functional Range of Motion of the Lumbar Spine During 15 Activites of Daily Living. J Spinal Disord Tech. Vol. 23, Number 2, April 2010

![](_page_35_Picture_7.jpeg)

<sup>1.</sup> Rolstad, B. S. & Erwin-Toth P. L. Peristomal Skin Complications: Prevention and Management. Ostomy Wound Manage. 2004;50(9):68-77.

<sup>2.</sup> Ratlif, C. R., Scarano, K. A. et al. Descriptive study of peristomal complications. J WOCN January/February 2005, 33-37.

<sup>3.</sup> WCET journal vol 36 issue 1 supplement 2016, page 6 (v1.0)

## If secure contact with the body is not achieved, leakage and skin complications can occur

If the adhesive does not adhere properly to the contours of the skin, channels and gaps occur between the adhesive and skin surface.

Output can leak through these channels and gaps and cause skin complications such as redness, itching and soreness.

![](_page_36_Picture_3.jpeg)

### The tools of our trade

![](_page_37_Picture_1.jpeg)

![](_page_37_Picture_2.jpeg)

### **Supporting products**

![](_page_37_Picture_4.jpeg)

## Would you agree that these are important?

## Security

Ensuring adhesion to the abdomen

![](_page_38_Picture_3.jpeg)

## Protection

Keeping the skin healthy around the stoma

![](_page_38_Picture_6.jpeg)

![](_page_38_Picture_7.jpeg)

## The perfect adhesive is about balancing five parameters

![](_page_39_Picture_1.jpeg)

To make the adhesive stick from application throughout the entire wear-time and prevent it from loosening, thereby prevent leakage To be able to absorb moisture from the skin or it will loosen from the skin making the skin macerated To keep the adhesive intact and to protect the skin from stoma output To let the adhesive follow the body movements and prevent the adhesive to loosen from the skin To be able to remove the adhesive in one piece, minimising residue and pain

![](_page_39_Picture_7.jpeg)

## Adhesive ingredients which support great adhesion

Polymers – give strength (erosion resistance) and adhesion

Hydrocolloids – ensure absorption of moisture and maintain skin health

![](_page_40_Picture_3.jpeg)

![](_page_40_Figure_4.jpeg)

### The challenge of convexity

![](_page_41_Picture_1.jpeg)

![](_page_41_Picture_2.jpeg)

### What we know about convexity

COF experts overwhelmingly

(11 out of 12) consider this

belief a myth based on their

experience.

![](_page_42_Figure_1.jpeg)

observed in only about half of

the cases.

emphasizing the importance of

choosing the right fit rather

depth.

than just considering convex

![](_page_42_Picture_2.jpeg)

## What do we want convexity to achieve?

We want it to prevent leakage and skin complications by providing a better fit to body.

This is achieved by:

- $\checkmark$  Causing a degree of protrusion of the stoma
- $\checkmark$  Providing better tension to the skin around the stoma
- ✓ Flattening peristomal skin contours

### Another definition is:

'The aim of convexity is to increase protrusion of the stoma above the surrounding skin level, to achieve a leak free seal and enhance a patient's quality of life'

![](_page_43_Picture_8.jpeg)

![](_page_43_Picture_9.jpeg)

![](_page_43_Picture_10.jpeg)

## Historically, with convexity, there has always been a compromise...

The challenge with convexity is choosing a convex product that combines **stability** and the ability to make a stoma protrude with **flexibility** providing a secure and comfortable fit.

### Folds need to be separated

![](_page_44_Picture_3.jpeg)

## What do we mean by stability and flexibility?

![](_page_45_Picture_1.jpeg)

![](_page_45_Picture_2.jpeg)

Stability/Compressibility is the capacity of the convex dome to be displaced or flattened  $^{\rm 1}$ 

Bendability/Flexibility is how easily the convex skin barrier can bend<sup>1</sup>

1. McNichol, L et al. Characteristics of Convex Skin Barriers and Clinical Application. Results of an International Consensus Panel. JWOCN, 48(6):p 524-532, Nov/Dec 2021

![](_page_45_Picture_6.jpeg)

## Traditional convex solutions did not meet the need...

Traditional convex solutions exerted pressure around the stoma to keep folds apart and make stoma protrude..

![](_page_46_Figure_2.jpeg)

...but they were not flexible enough to provide a secure, comfortable fit to inward peristomal areas!

![](_page_46_Picture_4.jpeg)

## When initiating convexity, you can look at five different characteristics

![](_page_47_Picture_1.jpeg)

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**Depth** is how deep the convex is from base to bottom

Flexibility (bendability) is how easily the convex can bend

#### Pressure

(Compressibility/Stability) is the capacity of the convex dome to be displaced or flattened

**Slope** is the angle from the base of the convex baseplate

**Tension Location** is the position in which the convex shell exerts downward and outward forces providing support around the stoma to either protrude the stoma or flatten creases and folds

![](_page_47_Picture_8.jpeg)

Matching the depth of the convexity to the need of the ostomate

![](_page_48_Picture_1.jpeg)

## SO..... does a soft convex provide convexity?

![](_page_49_Picture_1.jpeg)

For stomas with an opening above skin level that need gentle support due to **minor** challenges (e.g. creases or folds) in the area around the stoma

Let us look back at what we want convexity to achieve:

Causing a degree of protrusion of the stoma

X

Providing better tension to the skin around the stoma

Flattening peristomal skin contours

![](_page_49_Picture_8.jpeg)

When do **you** differentiate between using a "soft" convex or another form of convexity?

![](_page_49_Picture_10.jpeg)

## When initiating convexity, you can look at five different characteristics

![](_page_50_Picture_1.jpeg)

**Depth** is how deep the convex is from base to bottom

Flexibility (bendability) is how easily the convex can bend

#### Pressure

(Compressibility/Stability) is the capacity of the convex dome to be displaced or flattened

**Slope** is the angle from the base of the convex baseplate

**Tension Location** is the position in which the convex shell exerts downward and outward forces providing support around the stoma to either protrude the stoma or flatten creases and folds

![](_page_50_Picture_8.jpeg)

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### Tension location in convex usage

## What

**Tension Location** is the position in which the convex shell exerts downward and outward forces, providing support around the stoma to either:

- Protrude the stoma for better spout formation
- Flatten creases and folds for improved adhesion and leakage prevention

## How

### **Key Functions:**

- Ensures optimal pressure distribution for individual stoma needs
- Enhances skin contact to prevent leakage and peristomal skin issues
- Supports stoma management in cases of retraction or irregular abdominal

## Why

### **Clinical Importance:**

- Correct tension location minimises complications such as leakage and skin irritation<sup>1</sup>
- Adjusting the tension position ensures a better fit for patient-specific needs<sup>2</sup>
- Proper selection of convexity level optimizes long-term stoma care outcomes<sup>3</sup>

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- 2. Colwell, J.C., Pittman, J. and Raza, I. (2019) 'Convexity in ostomy management: Current perspectives', Journal of Wound, Ostomy & Continence Nursing, 46(5), pp. 421–430.
- 3. Burch, J. (2020) Stoma care: Clinical guidelines and evidence-based practice. 3rd edn. London: Elsevier.

<sup>1.</sup> Black, P. (2018) Stoma care: Clinical guidelines for nursing practice. 2nd edn. London: Wiley-Blackwell.

### The tools of our trade

![](_page_52_Picture_1.jpeg)

![](_page_52_Picture_2.jpeg)

### Supporting products

![](_page_53_Figure_1.jpeg)

![](_page_53_Picture_2.jpeg)

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### What is a seal?

A seal is a hydrocolloid ring with adhesive on both sides designed to seal the gap between the baseplate and the stoma

- Creates an even area around the stoma for the baseplate
- Protects the skin from output
- Increases wear-time

\_\_\_\_ Baseplate

position

Creates a snug fit by sealing the gap between stoma and baseplate

Fills in creases and folds

Brava® Protective Seal

## What are the key functions in an effective seal?

- Mouldable so it creates a snug seal around the stoma
- Absorbent material to absorb moisture to protect the skin
- Balance pH with a **pH buffer** to protect the skin
- High initial tack so sticks quickly and stays in situ
- Resistance to erosion when faced with corrosive output
- Skin-friendly material

![](_page_55_Picture_7.jpeg)

![](_page_55_Picture_8.jpeg)

### What is elastic tape?

Tape is designed to secure the edges of a baseplate, preventing it from lifting at the edges.

- Keeps the baseplate securely in place
- Provides ostomates with extra confidence and security

The type of stoma and shape of peristomal area aren't relevant to whether a tape should be used

![](_page_56_Picture_5.jpeg)

![](_page_56_Picture_6.jpeg)

### What is adhesive remover?

Adhesive Removers are used to help remove the baseplate. They break down the adhesive and remove residue from the skin.

- Help reduce irritation caused by skin pulling or tearing
- Removal of baseplates may cause partial seperation of the epidermal layers even when there's no obvious damage

Elderly and paediatric skin is particularly fragile

![](_page_57_Picture_5.jpeg)

### What is skin barrier?

Skin barriers protect the skin from output and adhesives. They create a breathable film to protect against damage without affecting baseplate adhesion.

- Ostomates may need a skin barrier if they have sensitive skin
- Used by ostomates experiencing sore skin around their stoma
- Intended for temporary use until the skin has healed

![](_page_58_Picture_5.jpeg)

# Supporting products can be driven by a clinical & emotional need

### **Clinical Need**

### Emotional Need

Lower the risk of leakage & peristomal skin complications. Increase the feeling of confidence in everyday situations.

![](_page_59_Picture_5.jpeg)

![](_page_60_Picture_0.jpeg)