Peristomal skin complications and management

The OST 1.0

Association of Stoma Care Nurses UK

Why do it

Provides SCN's with a common language to describe the severity of peristomal skin complications directly under the baseplate

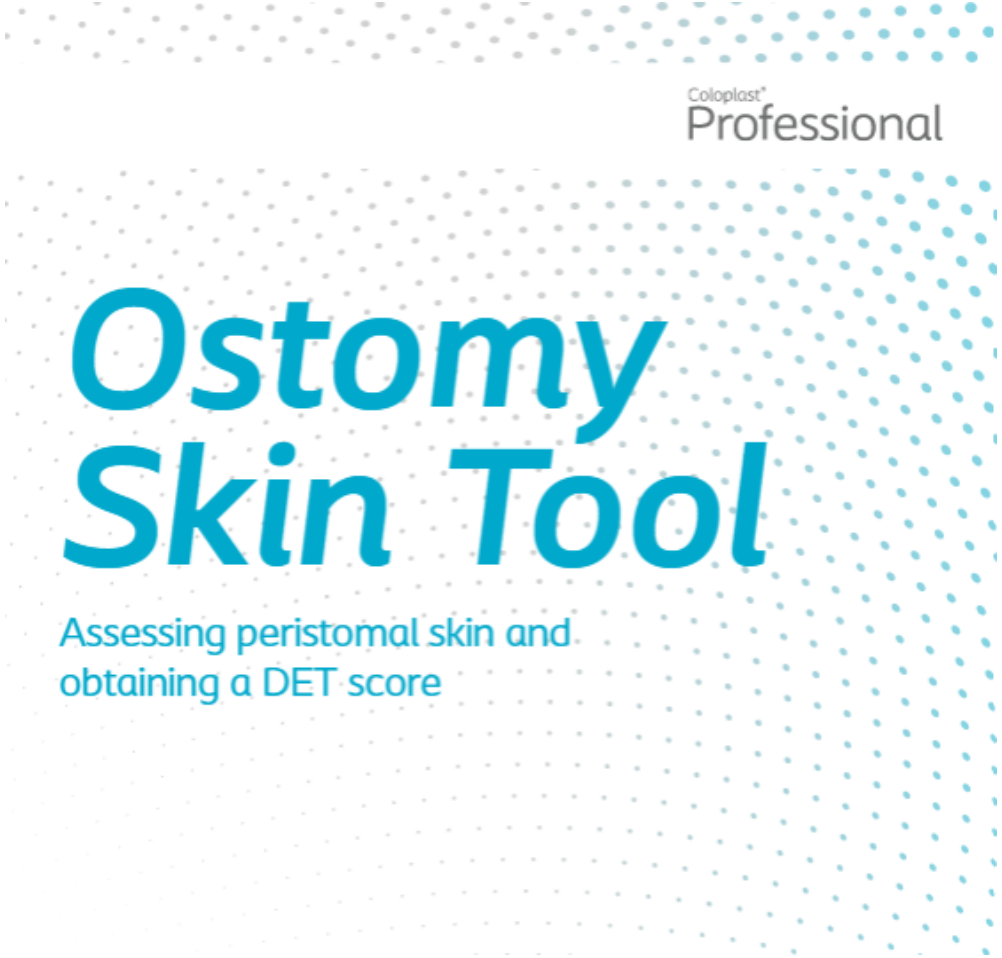
What does it do?

Generates an objective score based on the clinical observations of 3 domains

- Discolouration
- Erosion/ulceration
- Tissue overgrowth

How does it do it?

The 3 domains are scored according to the extent of the peristomal area they cover (max score 3) and the severity of the skin change (max score 2). Therefore 0 is normal skin and 15 represents the greatest severity and extent



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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

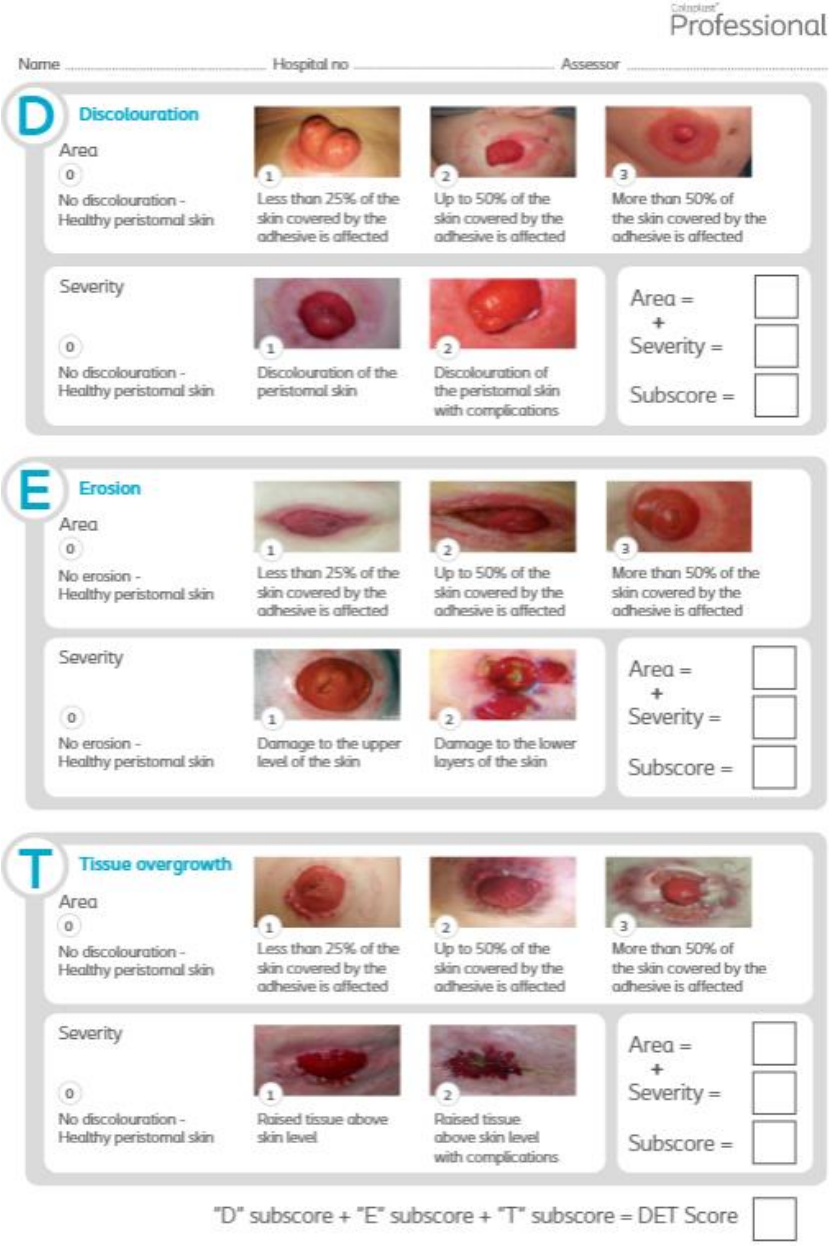
Then assess the severity score

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 - ☐+☐+☐+☐+☐+☐=☐



The Ostomy Skin Tool 2.0

- OST 2.0 – assess both visual and non-visual PSC symptoms
- 75% of people living with a stoma experience PSC symptoms without peristomal discolouration. Being able to assess non-visual symptoms is another step to help prevent PSCs.
- The revised ostomy skin tool, OST 2.0 features a patient-reported outcome (PRO) questionnaire which enables you to evaluate non-visual symptoms such as pain, itching and burning during patient consultations

OST 2.0

comprises a patient reported outcome questionnaire and a decision tree to establish the presence and severity of PSC symptoms.

Patient name: _____ Date: _____

1 Patient Reported Outcome questionnaire

Go through the questionnaire with the patient and record their answers for later use in the Decision Tree on the next page.

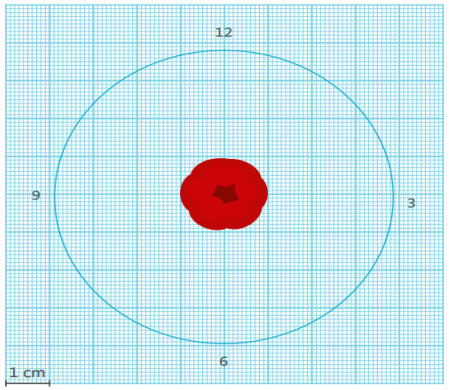
Q1.	Are you experiencing any **ulcers or sores** around your stoma right now when changing your product?	○ Experiencing ○ Not experiencing
Q2.	Do you experience any **bleeding** from the skin around your stoma right now when changing your product?	○ Experiencing ○ Not experiencing
Q3.	Once you have cleaned and dried the skin, do you still experience any **weeping** or **moisture** on the skin around your stoma right now when changing your product?	○ Experiencing ○ Not experiencing
Q4.	Please rate on a scale from 0-10 how **itchy** the skin around your stoma has been **at its worst** since you last changed your product.	0 1 2 3 4 5 6 7 8 9 10 0 = none 1 = very mild 10 = worst possible
Q5.	Please rate on a scale from 0-10 how **painful** the skin around your stoma has been **at its worst** since you last changed your product.	0 1 2 3 4 5 6 7 8 9 10 0 = none 1 = very mild 10 = worst possible
Q6.	Please rate on a scale from 0-10 any **burning feelings** from the skin around your stoma **at its worst** since you last changed your product.	0 1 2 3 4 5 6 7 8 9 10 0 = none 1 = very mild 10 = worst possible

PIB score:*

*The PIB (Pain, Itching, Burning) score is the highest score recorded for either question 4, 5 or 6. So, if the answer to one question is 8 and the other two are 7 and 3, then the PIB score is 8.

2 Assessment of the patient's discoloured skin

Observe and assess the patient's peristomal skin for discoloration and tissue overgrowth. Indicate the size and area of the discolored skin below.



Additional notes:

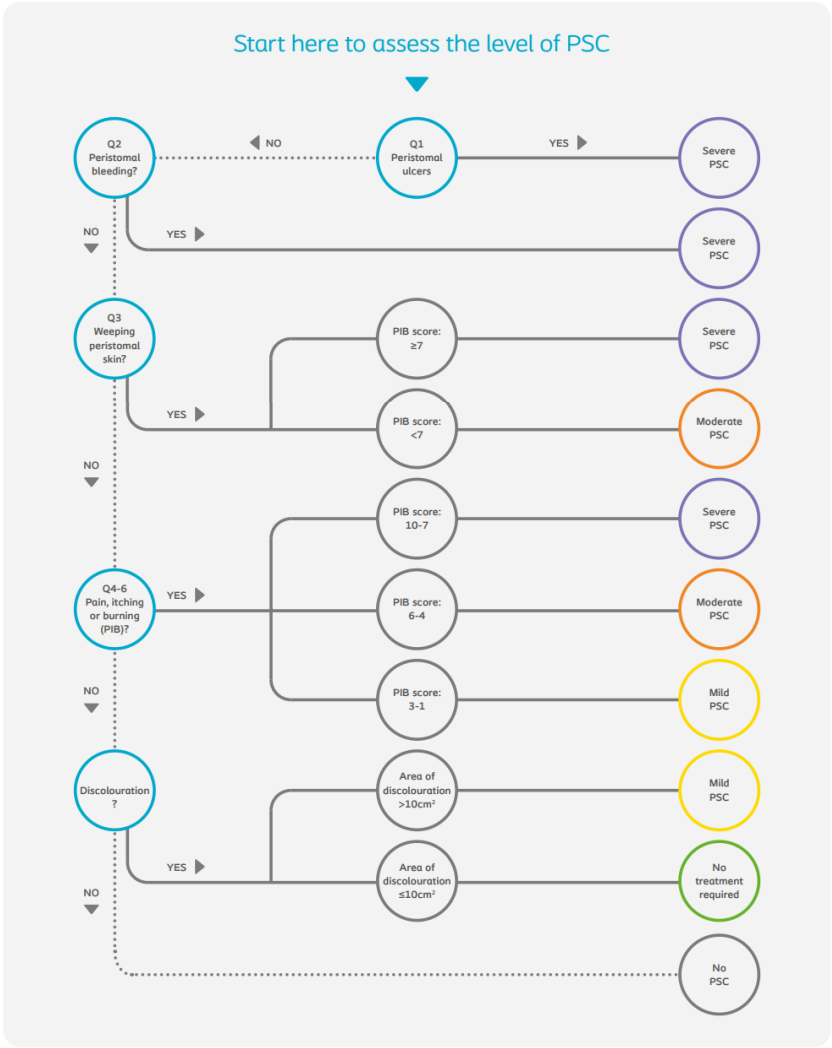
Size of discoloured area
- ○ Discoloured area > 10cm²
- ○ Discoloured area < 10cm²

Tissue overgrowth?*
- ○ Yes
- ○ No

*Excessive formation and build up of normal cells and tissue protruding from the skin surface.

3 Decision Tree

If you want to understand the level of severity of the PSC, you can use the questionnaire answers and the result from the discolouration area assessment by going through the Decision Tree. You can also use it to monitor changes in the level of severity over time.



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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

Assessing the cause

- 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

Assessing the cause

- 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

Assessing the cause

- 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

Assessing the cause

- 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**

1 Possible folliculitis

- 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)

2 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)

3 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)

Assessing the cause

- 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**

1 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

2 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

3 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

4 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

5 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

Disease related

Mission

Making life easier for people with intimate healthcare needs

Values

Closeness… to better understand
Passion… to make a difference
Respect and responsibility… to guide us

Vision

Setting the global standard for listening and responding

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