

# Dansac TRE Seal



## Patient case study

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Patient had surgery in 2001 for intestinal obstruction caused by diverticular disease, acute inflammation and adhesions resulting in a Hartman's procedure and colostomy formation. Postoperatively the patient had significant weight gain and had developed a parastomal hernia. The patient continued treatment for breast cancer and was also diagnosed with diabetes. For these reasons, the patient opted not to proceed with a reversal procedure.

### Problem

Secondary to changes in patient's abdominal topography, frequent stomal leakage was experienced, resulting in peristomal granuloma formation. Leakage was assessed to be as a result of stomal retraction and significant abdominal creases related to weight gain. This was the beginning of a 16 year history of peristomal granuloma. Initial treatment focused on a cyclic 4 week protocol of silver nitrate. She also explored alternative base plates, pouching systems, seals, stoma pastes, creams and skin barrier films.

Dermatology consult resulted in diathermic removal of the granulomas under local anaesthetic. Upon post-operative review there was evidence of over-granulation with several granuloma back in situ. Silver nitrate protocol was recommenced with cyclic 4 weekly treatment. Unfortunately, there was no evidence of improvement and deterioration continued. Further dermatological referral was made to assess for cryotherapy treatment. Cryotherapy treatment was initiated and continued every 4 weeks throughout March 2015 to July 2017. The Peristomal granuloma remained a persistent problem affecting the physical, emotional and social well-being of this patient.

### Intervention

The Dansac TRE seal was introduced to the overall ostomy care plan in June 2017. This seal was chosen as it is designed to absorb moisture and maintain the skin's natural pH balance. The importance of providing a secure flexible seal, protecting the skin from the damaging effects of stomal output containing active digestive enzymes was a priority in the care plan.

## Outcomes



November 2016 – Baseline

Faeces exudate would bathe the granuloma and under the skin barrier during episodes of leakage. Cryotherapy continued with protective cream and seal applied over the granuloma. Her pouching system consisted of a two-piece barrier and pouch with the addition of flange extenders. She reports a lack of confidence with her pouching system.

### March 2017 – Clinic Review

On examination multiple granuloma remain insitu. Patient reports that they appear to bleed readily. Cryotherapy applied and follow-up appointment made for 4 weeks.



July 2017 - Dansac TRE Seal introduced

Cryotherapy continued to the granulomas however the Dansac TRE seal was added to the overall care plan.



July 2017 – 14 Days post application of TRE seal

Patient reports that the granulomas do not readily bleed and the peristomal area is less sore and generally feels comfortable. She reports an increased product wear time as she experienced no leakage. On examination there is improvement to the peristomal skin as the majority of granulomas have decreased in size. Cryotherapy now only required to two large granuloma positioned at 6 o'clock.



35 Days Post Application of TRE Seal

The granulomas continued to decrease in size and appear less nodular. There is evidence of a large granuloma at the base of the stoma which required Cryotherapy. The patient had difficulty positioning seal correctly to the area where the large granuloma was present, however, the remainder of the peristomal area was covered by the Dansac TRE seal. The patient reports no soreness and minimal bleeding. Overall the stoma and the stoma appliance feels comfortable and she feels happy and getting back to "feeling normal again."



65 Days Post Application of TRE Seal

The patient states that she feels the stoma is manageable, the peristomal area is comfortable. The granulomas do not bleed as much as they had in the past. The granulomas have further reduced and the two large granulomas at the base of the stoma also had reduced with correct placement of the Dansac TRE seal. No cryotherapy applied and Dansac TRE seal application will continue as part of the overall care regime.

### Summary

The original seal was replaced with the Dansac TRE seal with positive outcomes. Overall, the patient experienced a secure seal resulting in a longer barrier wear time as she experienced no leakage and cryotherapy treatment was eventually discontinued. The patient reported an improved comfort level and was pleased with the Dansac TRE seal as part of her new routine. Further case studies are required to understand the impact the Dansac TRE seal has on peristomal skin; however, this case study had a positive effect on this patient. Her Peristomal area had been affected by granulomas for a total of 16 years which was associated with leakage, pain, discomfort, bleeding, reducing social activities and interactions. Since the use of the Dansac TRE seal, as part of the overall care plan, she has reported the granulomas have minimised, the patient has no pain, no discomfort, no bleeding, and longer wear time of her base plate. She also is able to easily apply the seal to ensure the peristomal skin is covered and protected from the stomal effluent. These changes have impacted the patient as she now reports that she is able to go out socially, mix with her family again, but most importantly "be herself again".