



YOUR CASE STUDIES BOOKLET



Peer to Peer

INTRODUCTION

In this collection of case studies four experienced Stoma Care Specialists describe a challenging situation and how they assess their patient's situation and needs.

With many thanks to your peers:

Theresa Bowles, Clinical Nurse Specialist, Stoma care

Kate Benson, Clinical Nurse Specialist, Stoma care

Claire Ryan, Clinical Nurse Specialist, Stoma care

Linda Readding, Clinical Nurse Specialist, Stoma care

These are their own accounts.

Please note that these case studies reflect the experiences and opinions of the Stoma Care Specialists and patients referenced in this booklet which do not necessarily represent those of Dansac.

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CASE STUDY 1

NovaLife Soft Convex and skin creases

Author: Theresa Bowles, Clinical Nurse Specialist, Stoma Care

Doreen is a 77 year old woman. She underwent an emergency Hartmanns procedure in 2009 for perforated diverticular disease. She went on to develop a large parastomal hernia and had this repaired and resited in 2011. In 2013 she required a further parastomal hernia repair. Doreen's resited stoma sits high on the abdomen as she is just 4ft 9" tall.



Parastomal hernia and deep skin creases.

Problem

As a result of these multiple surgeries Doreen developed several deep creases across the abdomen and experienced significant problems maintaining a leak free seal with her appliance, further complicated by a loose and at times watery output.

To overcome this she was using a complex arrangement of dressings to even up the midline scar, sections of strip paste to fill creases and a soft convex appliance with a belt.

She found that the pouch she used had a hard plastic ridge along the top of the joint between pouch and flange which dug in under her ribs. She also experienced ballooning of the pouch and breakthrough smell from the filter. Doreen needed a soft convex product with deep 'shoulders' that would mould around the base of the stoma neatly to provide a seal.

She tried several different products including all the current soft convex drainable pouches available.



Dansac NovaLife 1 Open Soft Convex and Dansac Adhesive Remover

Solution

When the new Dansac NovaLife 1 Open Soft Convex pouch with EasiView™ viewing option became available she was really keen to try it. The first pouch was applied with the creases sealed with dressings and paste as before. This lasted 24 hours with no silent seepage. The next pouch was applied without the dressings in place and she felt confident to leave it in place for 48 hours. Again there was no silent seepage.

When we reviewed the product together she was so excited to have found something that was comfortable, secure, simple to use and smell free. She commented that: “As soon as you put it on it moulds into every little dent and crease. The barrier is absolutely wonderful, like a second skin. They mould to you. It really is fantastic.”

Monthly usage after assessment: 15 Dansac NovaLife 1 Open Soft Convex pouches, 1 Dansac Adhesive Remover spray

Monthly products no longer required: 30 convex pouches, 30 sealing rings, 30 barrier films, 30 bordered dressings, 1 deodorant spray

OUTCOME/CONCLUSION

Using the Dansac NovaLife 1 Open Soft Convex pouch, Doreen has been able to reduce her pouch changes to alternate days without the need for dressings and paste to fill in dents and creases.

The distinct ‘shoulders’ of the convex plateau fit well around the base of the stoma but are flexible enough to maintain her comfort. The tapered edges of the barrier lie into the midline scar without irritation or lifting and the NovaLife filter appears to prevent any breakthrough smell or spotting of stool. Consequently she has been able to reduce her product usage and gained greater confidence and freedom to get back to her usual activities. The ability to change the pouch on alternate days represents a clear cost saving alongside potential to improve quality of life.



NovaLife Soft Convex and pancaking

Author: Theresa Bowles, Clinical Nurse Specialist, Stoma care



Dansac NovaLife 1 Closed
Soft Convex

Suzie is a 42 year old mother of two who underwent an emergency Hartmann procedure for bowel cancer in January 2013. Although potentially a temporary stoma Suzie is continuing to receive palliative chemotherapy and has decided not to have reversal surgery. Initially Suzie selected a flat 1-piece closed pouch with a split in the cover to enable viewing of the stoma.

Problem

At her annual review she admitted to experiencing 'pancaking' of the stool and found that the stool never went into the pouch, collecting at the top around the stoma and seeping onto the skin. Consequently she needed to change the pouch four, sometimes six times a day to feel confident it would not leak and to prevent sore skin. However her lack of confidence in the security of the pouch meant she was also using a paper adhesive tape to picture frame the skin barrier as she felt this gave her added security.

Despite using an adhesive remover spray at every change, the repeated removal of the tape and pouch had caused the skin to be red, dry, sore and itchy around the edges of the area the pouch adheres to and moist and red immediately around the stoma due to pancaking of stool. The stoma was assessed and the template checked to ensure that the problems encountered were not due to poor template sizing or positioning technique. Suzie has a neat round 18mm stoma with a small 1cm spout on a flat abdomen with some small wrinkles in the skin.

About Pancaking

Pancaking is an important but poorly researched problem for people living with a stoma. In 2013 a group of UK stoma care nurses reported on a study they had undertaken exploring the experiences of people living with a colostomy and found that 52% of respondents with a colostomy experienced pancaking (Perrin et al 2013). Likewise a team from the Netherlands undertook a study of 'pancaking' in ostomates and found that 70% of colostomates and 50% of ileostomates that responded to their survey reported pancaking of stool which was frequently associated with leakage. Pancaking occurs when the stool collects at the top of the pouch rather than dropping into the pouch.

This is reported to be due to the consistency of the stool, but in some cases is also thought to be related to the film of the pouch, lack of 'space' at the top of the pouch and the use of tight clothing or support garments over the stoma.

In both studies a higher incidence of pancaking was experienced in 1-piece pouches and the majority of patients found the most effective solution to be changing the pouch (Perrin 2013, Klok-Vonkeman et al 2013).

It is not clear in these studies whether respondents were able to differentiate between seepage onto the skin and stool collecting in the top of the pouch.



Stoma through the EasiView™ viewing option.



Small neat stoma. Dry discoloured skin from previous 'picture framing' with tape.

CASE STUDY 2



Flexible barrier moulding around crease, scar and umbilicus.



Dansac NovaLife 1 Closed Soft Convex

Solution

The Dansac NovaLife 1 Closed Soft Convex pouch has recently become available. As pancaking is thought to be related to the vacuum caused by the pouch film adhering to the moist stoma surface, a soft convex appliance may create a 'space' at the stoma surface to allow the stool to come out of the stoma without pushing off the adhesive barrier. In Suzie's case the stool was not entering the pouch at all so a little pressure around the base of the stoma was also felt necessary to ensure an improved fit.

Further Reading

Klok-Vonkeman, S.I., Douw, G., Janse, A., (2013) Pancaking: an underestimated problem among ostomates. A cross sectional study of the prevalence and consequences of pancaking.

WCET Journal Vol.33, No. 4 p. 16-25

Perrin, A., Redmond, C., Cowin, C., Wiltshire, N., Smith, A., Loveday, N., Carlson, G. (2013) Patient experiences of pancaking while living with a colostomy: a survey.

BJN Stoma supplement Vol. 22, No.16 S6-9

OUTCOME/CONCLUSION

After two days of trialling the new product Suzie found that not only had the skin around the stoma started to heal, she had not suffered any silent leakage or pouch failure and had only needed to change it twice a day as the stool could get into the pouch. One month on and Suzie reports a significant improvement in her stoma care.

In an interview exploring her experiences of living with a colostomy, Suzie had many positive comments about the effectiveness of the Dansac NovaLife 1 Closed Soft Convex pouch.

“The seal is very good and the edges don’t lift, it seals straight away. I am confident enough to know it won’t come out of the sides now. When I go out and about I feel secure. These bags are amazing”.

“Nobody knows I have it because it doesn’t smell and now it doesn’t leak, even with diarrhoea after treatment.”

“I use the EasiView™ viewing option to make sure it’s fitted properly.”



Stoma and healed peristomal skin.

CASE STUDY 3

NovaLife Soft Convex and a loop ileostomy

Author: Theresa Bowles, Clinical Nurse Specialist, Stoma care



Dansac NovaLife 1 Open Soft Convex

Ray is an 81 year old man who underwent an anterior resection and temporary loop ileostomy for rectal cancer in July 2014. Ray has lived an active life and is usually fit and well, caring for his wife who suffers with Alzheimer's.

Ray was discharged home after participating in the enhanced recovery programme and spending seven days in the hospital.

Problem

Ray was discharged on a flat 1-piece drainable pouch which he was recommended to change every two days. This appeared to work well for the first week but when he was reviewed ten days after discharge he had experienced seepage under the adhesive barrier.



The spout of the stoma hangs down making it difficult to position the appliance.

The majority of loop ileostomies are formed with the proximal limb spouted and the distal limb flush at the base of the stoma. This can cause problems with pouch positioning as it is hard to see past the spout to the base of the stoma. The flush distal limb can also retract causing leakage. As the post-operative swelling reduces in the first few weeks after surgery the contours of the abdomen also change so that where the stoma appeared to be on flat skin in the first week after surgery, once home for a couple of weeks this may change considerably.



Sore skin can be seen above the stoma due to poor positioning.

In Ray's case the distal limb was flush and the spout of the ileostomy hangs over making it difficult for him to see where to position the pouch. This is evident by the sore skin above the stoma rather than underneath as he had not been lifting the loose skin to round off the stoma and position the edge of the pouch under the distal limb edge of the stoma.

Solution

Lifting the skin above the stoma lifts the spout to enable an improved fit. Using a split cover appliance means this can be checked after positioning to ensure the pouch is fitted correctly round the stoma. As Ray had also developed a dip and crease on the medial side of the stoma he also needed a soft convex appliance that would fit well under the lower edge of the stoma and ensure no leakage along the crease.



Lifting the skin lifts the spout to improve fit of the appliance.



Dansac NovaLife 1 Open Soft Convex

OUTCOME/CONCLUSION

The new Dansac NovaLife 1 Open Soft Convex cut-to-fit 981-34 was soft and flexible enough to be bent to enable accurate positioning and has the EasiView™ option so that positioning could be checked.



CASE STUDY 4

NovaLife Soft Convex and a moat

Author: Claire Ryan, Clinical Nurse Specialist, Stoma Care



Dansac NovaLife 1 Open Soft Convex

Betty is a 72 year old lady, who was discharged to the community service following laparotomy, resection of pelvic mass, omentectomy, node resection, rectosigmoid colectomy, right ureteric stent and loop ileostomy for a primary gynaecological cancer.

She was discharged home on the Dansac NovaLife 1-piece drainable. She was managing independently, the stoma was well spouted and passing thickened fluid stool.

Problem

Betty had been reviewed a few times by local stoma nurses and they had noted that she had excoriated skin and a silicone skin barrier spray and orahesive powder were advised. The stoma was still reducing in size following surgery.

On examination, Betty's peristomal skin was extremely excoriated due to faecal irritation and seepage behind the skin barrier. Her stoma was sitting in a moat and sloping to the left side. There was evidence of leakage on the skin barrier, consistent with seepage causing red excoriated peristomal skin.



Abdomen lifted to reveal excoriated skin around stoma.



Improving peristomal skin after one week using Soft Convex.

Solution

I demonstrated the possible effect of a Soft Convex base to fill the moat at the base of the stoma and help the stoma tilt upwards. Soft convexity creates a secure fit, preventing leakage under the skin barrier and allowing the skin to heal.

The stoma had reduced to 32mm so the Dansac Soft Convex 981-34 was recommended. Having the edge of the convex shape near the edge of the stoma ensures the best fit.

I left a supply of Soft Convex pouches and agreed to review the outcome one week later.



Dansac NovaLife 1 Open Soft Convex

OUTCOME/CONCLUSION

After a week Betty stated she had no leakage and her skin was not sore; although it remained slightly red she said it felt much more comfortable and secure. Betty commented on the viewing window and said she liked this feature as she could check the stoma after positioning the pouch.

She felt confident to go out without the worry or discomfort of pouch failure and leakage.



NovaLife Convex and a flush stoma

Author: Kate Benson, Clinical Nurse Specialist, Stoma care



Flush ileostomy.

Janet is a 68 year old female who lives alone. Janet had been suffering from severe Ulcerative Colitis symptoms with increasing blood loss and pain in the last 2 months prior to surgery. She became housebound due to the frequency she had to go to the toilet. This became unbearable for Janet and she felt that surgery would offer relief from her severe symptoms and reduced quality of life.

After a few days in hospital the surgeons decided it was necessary to perform emergency surgery for Ulcerative Colitis. She underwent a total colectomy, resulting in an ileostomy.

Problem

Post-operatively Janet coped very well but stated that she was anxious about being discharged from hospital. Having a stoma formed and learning to care for it can be a difficult obstacle to overcome. It is daunting for any new ostomist to go home with limited experience. It is common to feel nervous when changing the appliance and to feel anxious about leaving the safe hospital environment.

The Community Specialist Stoma Nurse can help identify the best possible product according to the individual needs of the patient and give support and advice on all issues.

Janet was discharged from hospital on a 1-piece Dansac NovaLife 1 Open pouch. As the post-operative stoma swelling receded, the stoma shrank and became flush with the skin. This resulted in the stoma output undermining the skin barrier and lifting it from the skin. Leakage of stool onto the skin resulted in the skin becoming macerated, red and sore.

Solution

To improve the adherence to the skin, a pouch with a convex barrier is often a good solution. Convexity should only be used when necessary and after clinical assessment from a Stoma Nurse. Using a belt with the appliance may add the right pressure to the convex insert and help the stoma to protrude above skin level, which may minimize the risk of leakage and potentially improve the quality of life for the patient.

After clinical assessment it was therefore deemed necessary by the Community Stoma Nurse to use the 1-piece Dansac NovaLife 1 Convex Open pouch. This was successful and a leak-proof seal was obtained. The skin appeared to be healed when the pouch was renewed 3 days later.



Dansac NovaLife 1 Open Convex

OUTCOME/CONCLUSION

Janet is very happy with the appliance and states that it: “doesn’t feel like it’s there.” She is relieved the surgery has been done as she is now healthy and living a full and active life. Within three months of surgery Janet was getting back to her usual activities.

She now enjoys:

- Walking the dog
- Going on holiday with her sister on UK coach holidays
- Shopping using the bus as transport
- Looking after her grandchildren
- Cooking
- Gardening

Janet is relieved the surgery has made her better and doesn’t find the stoma a problem at all.



The pouch is not visible above the waistband.

NovaLife Convex and low headspace

Author: Theresa Bowles, Clinical Nurse Specialist, Stoma care



Well spouted ileostomy with deep abdominal crease above and smaller creases to either side.

Sidonie is a twelve year old girl with a zest for life and climbing trees! Sidonie underwent a subtotal colectomy and had an ileostomy formed at age 10 for Ulcerative Colitis. She lives with her parents and has two brothers. With her father in the army as a serving officer she has moved house twice in the last two years. Over the last six months, since her most recent move, she has been the victim of bullying and has had to change schools as a result of this. Despite all of this Sidonie is a lively and sociable girl with an enjoyment of life to be reckoned with.

Problem

Sidonie's mother contacted the community stoma care team as Sidonie had been experiencing pouch leakage on an almost daily basis for the last six months. They were concerned that ongoing pouch leakage problems could affect Sidonie's ability to settle into her new school unnoticed. She was also experiencing difficulty managing her clothing in her attempt to be more like the other girls wearing low rise jeans and knickers rather than full waist clothes. This meant that the top of the pouch and adhesive sat above the clothing line.

On examination Sidonie has a well spouted broad stoma with a small crease on the medial side and a dip into a well on the lateral side. The stoma sits approximately three centimetres below her waist crease. There was a sore crescent of peristomal skin down the lateral side in the well although there was a lot of adhesive residue on the skin due to multiple pouch changes and the use of adhesive wafers. Upon assessment we found that she had occasionally reacted to some skin accessories in the past.

Her current product for use included:

- Dansac Nova Easifold Convex 1-piece
- Adhesive flanges
- Wipes to remove adhesive residue
- Spray to remove adhesive residue
- Skin protecting wipes

Sidonie was getting her pouches from the dispensary at her local surgery and was cutting them herself.

Discussion of her usual stoma regime identified she did not use the adhesive remover on a regular basis, hence the residual adhesive on the skin. She was not cutting an accurate template and tended to guess, trialling a different size each time. Consequently she suffered varying problems with sore and excoriated skin.

Solution

Based on this information coupled with her request to have something a little more discreet, an upgrade to the new Dansac NovaLife 1 Open Convex pouch was recommended. This product demonstrated a number of benefits for Sidonie, the most important being: the lowering of the headspace to enable her 'trendy' knickers and jeans to cover the bag and adhesive area.

Her stoma was approximately 33mm wide and 25mm high so the convexity plateau of 37mm fit perfectly.

The convex 1-piece appliance was flexible enough to move and flex with her body but to be sure we added a belt to wear when she was tree climbing! The addition of the belt also meant that she could join in with physical education classes at school and gain confidence that her appliance wasn't going to leak. In addition cutting of the skin barrier opening, via a cutting service, was arranged to ensure a more accurate fit every time.



Dansac NovaLife has reduced headspace and sits lower on the abdomen.



Dansac NovaLife 1 Open Convex

OUTCOME/CONCLUSION

Following one week of trialling the new product contact was made to review progress. On examination there was no adhesive residue and she no longer needed the additional adhesive strips. She had decided to change the pouch daily as part of her normal regime and because she still lacked confidence that it would not leak. The sore skin appeared to be healed.

Since starting back at high school Sidonie has not experienced any pouch leakage. She has established a new friendship group and is happy to be able to be an active 'nearly teenager'.

Novalife Convex and a flush stoma

Author: Linda Readding, Clinical Nurse Specialist, Stoma care

Debbie is a 41 year old woman with an active social life as well as a busy and demanding job as a supervisor in an insurance department.

Debbie presented to hospital with an acute episode of low abdominal pain. Diagnosed with an acute episode of diverticulitis she was treated conservatively initially, but when this failed she went on to have surgery and a Hartmann procedure was performed with formation of a temporary end colostomy. Debbie met a stoma care nurse and was sited prior to her surgery. She recalls paying little attention to what was said or done as the pain was getting worse and she was feeling very ill.

Problem

Initially, a 1-piece drainable pouch was used as the stoma was very active producing a liquid stool. She was able to empty her pouch but struggled with the odour and found it very unpleasant.

I first met Debbie at her home three weeks after the surgery. She was tired and weary, still suffering from low abdominal pain and was on the last few days of her second course of antibiotics. Her colostomy was small, flush and situated in a crease just below her waistline. There was sore skin at each side of the stoma due to seepage of the output along the crease. Debbie found it difficult to position her pouch, felt the need to check it frequently as she had experienced leakage and felt frustrated that despite her best efforts at managing her stoma she still had sore skin.

Debbie had several concerns; that she may develop skin problems as a result of having sensitive skin, that the leakage would continue, and that the pouch would show under her clothing.

Solution

I advised her that the Dansac NovaLife 1 Open Convex midi pouch may improve her stoma care and skin integrity and she agreed to try it. I showed her how she could fold it slightly so she could position it herself and that it would provide a better seal into her crease. Debbie said it felt secure and comfortable immediately.

A further visit was arranged the following week to review her skin, stoma size and output. The stoma had reduced in size slightly and her skin appeared to have healed, but it had become more difficult to empty as her output was more formed, so we discussed use of a closed pouch.

A Dansac NovaLife 1 Closed Convex midi pouch was fitted and Debbie was more confident placing the pouch. A subsequent visit found Debbie dressed in casual clothes with her make-up on. She felt that she could continue to dress in her usual clothes as the pouch was not visible over the top of trousers and the top of the pouch fitted nicely into her natural waistline. She was more positive in mood and felt more confident about her recovery in general.

OUTCOME/CONCLUSION

Debbie has continued to use the Dansac NovaLife 1 Closed Convex midi pouch and has resumed her social life. She is now planning for her return to work and a stoma reversal later this year.

In summary, use of the Dansac Novalife 1 Convex range of pouches allowed this woman to:

- Be free from leaks which resulted in improved skin condition despite a skin crease and sensitive skin
- Be independent and confident fitting her pouch
- Be confident that the pouch is secure
- Be confident that she can wear her normal clothing
- Be comfortable
- Be able to face the future



Dansac NovaLife 1 Open Convex



Dansac NovaLife 1 Closed Convex

NovaLife Open and rheumatoid arthritis

Author: Theresa Bowles, Clinical Nurse Specialist, Stoma care



NovaLife 1 Open

Gillian is a 63 year old lady with a passion for horses. A former race horse trainer and jump rider she still manages a small holding with two horses, five sheep, three dogs and a house of hens. She has Crohn's Disease.

15 years ago she was diagnosed with rheumatoid arthritis and has had multiple operations on her right wrist and hand. She has undergone treatment with both steroids and anti-TNF therapies with limited success. She is currently waiting for surgery on her left hand and wrist. In January 2013 she was admitted to hospital with an acute exacerbation of her Crohn's Disease. She underwent a subtotal colectomy and ileostomy formation two weeks later.

Problem

Following a slow recovery she was discharged from hospital on the 29th of January. She had lost a significant amount of weight and required the use of a crutch and the physical support of a family member to assist her to mobilise around the home and get up the stairs.

A problem identified early on after surgery was going to be the selection of an appropriate pouch to enable her to be independent with her stoma care. Due to the significant deformity and weakness in her hands we knew this would be a challenge. She initially tried an integral fastening that had a small tab on either side but she was unable to lift these due to poor fine motor neuron movements in her hands. She also tried a soft wire tie system, however after multiple accidents with the tie dropping out of its pockets and into the toilet, an alternative solution was required.

Solution

Together we reviewed a range of options and after much fiddling with samples she opted to try the Dansac NovaLife 1 Open pouch.

She found that the wide tab on the soft hook-lock fastening could be lifted with her thumb and the side of her forefinger and then the thumb of the other hand slipped along the hook-lock strip to release the fastening. The pouch unravelled easily, the wide neck could be popped open to clean the end effectively and it was easy for her to simply roll it back up. The fastening could then be 'grasped' by the fingers and heel of the hand to ensure adequate pressure.

Furthermore its discreet shape and low set starter hole meant the midi size pouch fitted discreetly under her clothes without visible slouching, or irritation of her groin or upper thigh.



Integral fastening can be lifted and opened with ease despite severe arthritis.

OUTCOME/CONCLUSION

The Dansac NovaLife 1 Open pouch with its integrated closure has enabled Gillian to be independent with her stoma care and maintain a positive outlook on her quality of life. Both her Crohn's Disease and the rheumatoid arthritis are currently well controlled and she has been able to get back to managing the farm and animal care.

CASE STUDY 9

NovaLife Closed and a skin friendly barrier

Author: Kate Benson, Clinical Nurse Specialist, Stoma care



Skin before treatment.



After one week.

Molly is an 81 year old female that lives with her husband. She underwent emergency surgery for perforated diverticular disease resulting in a colostomy. After discharge the stoma was flush with the skin and she was discharged from hospital using a convex pouching system.

Problem

One year post op she had developed a hernia. Due to the changes to Molly's abdominal contours her existing firm convex product was no longer appropriate. In addition she had developed a reaction to the adhesive characterised by a red itchy peristomal rash under the skin barrier.

Solution

In view of the skin rash and possible reaction to the barrier a change of product was recommended. Patient assessment in sitting, bending and lying positions identified the need for a flat and flexible pouching system and it was decided that Molly would try the Dansac NovaLife 1 Closed pouch.

She found this product much more comfortable to wear and the flexible skin barrier followed movement and secured a good seal. Following a prescription for a short course of steroid lotion, the rash and itching disappeared.



After treatment.



Dansac NovaLife 1 Closed

OUTCOME/CONCLUSION

Today Molly encounters no skin problems and finds the NovaLife product both comfortable and secure. Molly is self caring and has an active life. She likes to spend time with her husband and family, going out on day trips and eating out at restaurants.

CASE STUDY 10

Dansac Seal and a prolapsed stoma

Author: Claire Ryan, Clinical Nurse Specialist, Stoma care



Large prolapsed loop ileostomy and hernia.



Application of powder to sore skin. The Dansac Seal is designed to protect the skin around the base of the stoma to improve the wear time and prevent leakage.

A GP practice contacted the stoma service about a woman who was requesting too many pouches. This woman was not known to the community service and had not been reviewed since leaving the hospital.

Katherine has had her loop ileostomy since 2009 due to a colovesical fistula. This 88 year old woman is independent with her stoma care and has adapted to managing her prolapsed stoma and parastomal hernia. No intervention was offered to treat the prolapse and hernia due to her underlying medical conditions of chronic heart failure, atrial fibrillation and a pacemaker.

Problem

On examination Katherine's loop ileostomy was prolapsed measuring a length of approximately 8cm. The base at the mucocutaneous junction of the stoma measures 50mm but the pouch needs to be cut to 55mm to allow the pouch to fit over the prolapsed stoma. This left peristomal skin exposed causing faecal irritation and leakages, leading to frequent changes of the drainable pouch.

Solution

The reason for the sore and irritated skin was demonstrated to Katherine, and a trial with the Dansac Seal (code 070-50) to provide a barrier to the exposed peristomal skin was suggested. Using a presized seal has helped make its application and manipulation easy for Katherine to manage.



Dansac Novalife Open pouch.



Dansac Seals

OUTCOME/CONCLUSION

After trialling the seals for a week her peristomal skin appeared to have improved and her pouch wear time was extended to two days. Katherine also felt confident and comfortable using the Dansac Seal and will continue to use.

Dansac Seal and skin creases

Author: Claire Ryan, Clinical Nurse Specialist, Stoma care



Dark areas to the left of the stoma indicate the area previously damaged by pouch leakage.



In a lying position the line of the deep crease is just visible above the elastic waistband.

Robina leads a full and active life and enjoys trips to the cinema, pop concerts and comedy shows. Robina also attends a day centre where she can participate in radio presenting and film making which she loves. They create short films and radio programmes, which Robina likes to present.

Robina has had her stoma since 2000 due to a lower gastrointestinal bleed resulting in the surgical procedure of a total colectomy and end ileostomy. She has a history of cerebral lupus and cerebral palsy with limited mobility; she uses an electric wheel chair. Her regular carers are trained to assist with stoma care and this teaching was extended to her carers at the day centre she attends 3 times per week.

Problem

Robina was having frequent leakages and her skin was excoriated, red and sore due to faecal leakage. When sitting in the wheelchair her movement is restricted and she develops a deep crease along the base of her abdomen. There was a large area of faecal irritation to the side of the stoma radiating to her right hand side due to the crease in her abdomen and restricted position of sitting in her wheel chair for the majority of the day (unfortunately there are no photographs to show the extent of the damage of her skin when we first met). On the pictures you can see the dark area to left hand side of the stoma and this shows where the damage was to her skin.

The stoma output was very watery with occasional high volumes which exacerbated the pouch leakages. At times the pouch needed changing up to six times a day causing significant disruption to Robina's activities including trips to the day centre. She began to lose confidence and became low in mood.

Solution

We used a skin barrier film to the majority of excoriated skin and powder to the peristomal area to provide protection and dry up the excoriated wet skin. We also introduced the Dansac Seal (070-40) with the widest part of the seal positioned to the right hand side of the stoma to fill the crease and provide protection to the weakest point on her abdomen.

To overcome the crease the Dansac Nova EasiFold Convex pouch with a diamond shaped barrier was chosen*. Angled to the pubic area to ease emptying when sitting, the flat edge of the diamond sits along the low abdominal/groin crease when in the wheelchair. This has improved the skin condition and enabled Robina to change her pouch every two days.

*Convex solutions must be used with precaution when there is hernia present, close monitoring of the patient is mandatory.

OUTCOME/CONCLUSION

From first assessment with Robina until 5 weeks later, she now has her pouch changed every 2 days with no leakages.

Her peristomal skin appears to have improved with no excoriation and the combination of the Dansac Seal and EasiFold pouch is more comfortable. Robina's confidence and her self esteem is greatly improved, she is back to her day centre, has been going out for meals and has attended trips to concerts and cinemas.



Powder and Dansac Seal designed to protect the sore skin and improve the fit of the pouch.



The pouch is worn angled towards the pubis.



Dansac Seals

