

AIM Guide for Peristomal Skin Care - Disease and Infection Related

Disease Related - Visual Symptoms • Solitary or multiple lesions Bleeding or purulent exudate • Lesions indurated or ulcerated • Erythematous, thick, silvery-white, scaly plagues • Red to purplish discolouration Necrosis with undermined ulcer edges • Köbners phenomenon (consequence of psoriasis) Care Guidance **Assess Cause** Cause: possible eczema/atopic dermatitis • Use a steroid (non-greasy formulation) on the affected area Is the skin red and itchy with moisture according to local regulations/guidelines (may require referral) YES Ensure steroid is completely absorbed before attaching the exuding from raised areas or are there areas of patchy dry skin? If skin is weeping, consider using appliances and accessories NO with high absorbency Cause: possible psoriasis Does the skin have irregular, raised, thick, • Use a steroid (non-greasy formulation) on the affected area YES silvery white scaly plaques or is there a according to local regulations/guidelines (may require referral) Assess cleansing technique.* history of psoriasis? Consider using a soft, flexible appliance and accessories Cause: possible caput medusa (peristomal varices) NO • 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 Does the skin have a bluish purple hue and/ YES Assess stomal varices at the mucocutaneous junction, or obvious dilation of the veins? 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 NO 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) Is the skin ulcerated with irregular, painful, Change appliance less frequently and consider using a soft, raised purple margins and/or does the patient YES flexible appliance without a belt have a history of Crohn's disease, ulcerative Provide pain and ulcer management* colitis or rheumatoid arthritis? Appliance may need to be refitted once the skin has healed due to full-thickness tissue destruction or an uneven healed Refer for treatment of underlying disease NO 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 Does the skin have red, oedematous, • Ensure the adhesive is properly cut to fit around the stoma and draining lesion to collect all discharge in the pouch palpable nodules or cauliflower-like lesions? Consider odour-eliminating products

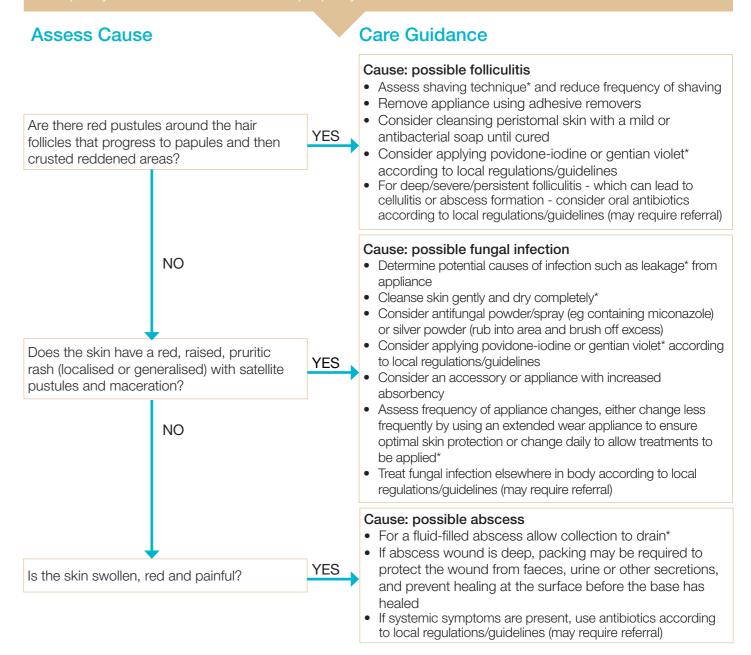
May require more frequent monitoring if growth distorts

peristomal area or changes size or shape of stoma

Refer for treatment of underlying disease

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 peripher.
- Papules, pustules (folliculitis)
- Swelling / oedema



- * See the List of Practical Care Tips in the Ostomy Skin Tool Handbook for further information
- ** This is not recommended in premature babies

Note: All information is based where possible on the best available evidence. For a list of references and their level of evidence see References in the Ostomy Skin Tool Handbook



AIM Guide for Peristomal Skin Care - Chemical Irritation

Assess Cause Care Guidance Use a convex appliance along with accessories such as a Does the construction of the stoma cause paste, barrier ring or belt YES Surgical revision may be required the skin to be exposed to faeces, urine or Consider irrigation for adults with a colostomy to avoid other secretions? using an appliance* NO Assess the appliance fitting technique.* Consider using a Is the hole in the adhesive a different size mouldable or pre-cut appliance so that the adhesive fits YES than the stoma, allowing the skin to be exactly to the diameter of the stoma exposed to faeces, urine or other secretions? If the stoma diameter tends to vary, use a barrier ring, paste or mouldable appliance NO Change the appliance more frequently Observe the erosion pattern on the adhesive to determine where leakage occurs* On removal, is the adhesive eroded from YES . Use adhesive and accessories with an extended wear time exposure to faeces urine or other secretions? 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 NO 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 For excessive perspiration, use a protective skin product, paste, barrier ring or a different type of adhesive Does the appliance inadequately adhere to For uneven skin, use accessories to provide a smooth YES the skin allowing exposure to faeces, urine surface, or consider a more flexible adhesive or belt. or other secretions? Consider a convex product for creased/folded peristomal For tissue overgrowth, treat with silver nitrate or a steroid NO (non-greasy formulation) according to local regulations/ guidelines (may require referral) Consider irrigation for adults with a colostomy to avoid using an appliance* Does the person use soaps, solvents, YES adhesive removers or other products Assess cleansing technique* and provide skin care containing chemicals in the peristomal area? guidance as the products listed can cause skin irritation **↓** NO Consider changing the appliance and accessories Does the person complain of pain, burning Consider possible allergic reaction (see Allergic Dermatitis) or itching in the area? Consider the possibility of a secondary infection

Irritant Contact Dermatitis - Visual Symptoms

Allergic Dermatitis - Visual Symptoms

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

Assess Cause Care Guidance Avoid using appliances or accessories containing allergenic materials Consider patch testing to identify an unknown allergy Does the person suffer from allergies and - apply a small amount of a product to the skin on the have papules, plaques, oedema and/or opposite side of the abdomen from the stoma and YES excoriation on the skin corresponding to the observe any reaction. If the allergen is not identified, size and shape of the appliance or product consider laboratory testing being used? Use a protective skin product such as barrier film** Consider using a steroid (non-greasy formulation) according to local regulations/guidelines (may require referral) NO Stop using all accessories, use only water to clean the skin and reassess after a few days Assess the affected skin to determine if there is a pattern that matches any part of the adhesive Is the peristomal skin disorder associated Consider patch testing to identify an unknown allergy YES with a change in appliance, skin care product - apply a small amount of a product to the skin on the or medication? opposite side of the abdomen from the stoma and observe any reaction. If the allergen is not identified, NO consider laboratory testing Consider oral or topical antihistamines Determine whether any foods - particularly new foods introduced to the diet - have the potential to cause an Does the person have a systemic skin rash YES visible on the other areas of the body? If a new medication is being used, seek medical advice Consider laboratory testing to identify the causative

- * See the List of Practical Care Tips in the Ostomy Skin Tool Handbook for further information
- ** This is not recommended in premature babies

Note: All information is based where possible on the best available evidence. For a list of references and their level of evidence see References in the Ostomy Skin Tool Handbook



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 Use accessories that will prolong adhesive properties (eg YES 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

Note: All information is based where possible on the best available evidence. For a list of references and their level of evidence see References in the Ostomy Skin Tool Handbook

^{*} See the List of Practical Care Tips in the Ostomy Skin Tool Handbook for further information

^{**} This is not recommended in premature babies