What to Do if the Ostomy Pouch Won't Stick?

Catherine R. Ratliff, PhD, APRN-BC, CWOCN
Marilu Dixon, RN, MSN, CWOCN, PNP
University of Virginia Health System
Charlottesville, Virginia

Study # LIT067R

This study was sponsored by:

Educare
wound & skin care education

The clinical education division of
ABSTRACT

Irritant dermatitis caused by effluent leaking on the skin is the most common type of peristomal skin complication. Treatment is usually directed at drying the skin and evaluating the appropriateness of the pouching system. A pouching system should provide predictable wear time and protect the peristomal skin. Products that are typically used to strengthen the pouch seal against the skin are adhesives. Adhesives are available as contact cement, adhesive sprays, and pads/wands to wipe on liquid adhesives. Another option is a liquid skin protectant containing cyanoacrylate. Cyanoacrylates polymerize in the presence of moisture such as seen with irritant dermatitis. The cyanoacrylate then sets up a polymer film that can be used to secure the ostomy pouch to the skin. Six patients ranging in age from 5 months to 85 with a history of irritant dermatitis, one patient had an ileal conduit & 1 other patient had a jejunoduodenostomy. The peristomal skin was cleansed with water, dried, the cyanoacrylate was applied around the stoma, & then the ostomy pouch was applied. After the first application of cyanoacrylate, the presence of irritant dermatitis was decreased and patient satisfaction with their pouching system improved demonstrating that cyanoacrylate is another option that WOC nurses can use to provide a better ostomy pouch seal to decrease the peristomal complication of irritant dermatitis.

Introduction

In a recent study, Ratliff reported an incidence of 47% (N=42) of ostomy patients that had peristomal complications. The majority (74%) resulting from leaking pouches. She found 45% of patients with peristomal complications were ileostomy patients which is consistent with other studies.

Methods

Sample:
A convenience sample of hospitalized ostomy patients that had problems with pouch adherence related to skin irritation. At pouch change, the peristomal skin was assessed.

Procedure:
At pouch change, the peristomal skin was cleansed with water, dried, LSP was applied around the stoma, & then the ostomy pouch was applied. At each pouch change, the peristomal skin was assessed.

Results

Seven patients with peristomal skin irritation were followed until the peristomal irritation resolved. Five patients had ileostomies, 1 patient had an ileal conduit & 1 other patient had a jejunoduodenostomy.

- With the first pouch change after application of LSP, skin irritation was noticeably decreased with improved patient comfort and satisfaction.

IMPLICATION FOR PRACTICE

In this case series (N=7), the LSP provided a protective skin barrier as an adjunct for pouch adhesion with resolution of peristomal skin irritation. The robustness of the barrier that is formed with the cyanoacrylate material and its apparent resistance to erosion by body fluids during use may allow for resolution of skin damage typically seen in some patients who are adhesive pouch users. Additional studies with a larger sample size are warranted.

REFERENCES


*Product used was Marathon Liquid Skin Protectant by Medline