

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

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ABSTRACT

Irritant dermatitis caused by effluent leaking on the skin is the most common type of peristomal skin complication¹. 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 adhesives². Another option is a liquid skin protectant containing cyanoacrylate. Cyanoacrylates polymerize in the presence 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 that had failed conventional adhesive methods were followed. Four patients had ileostomies, one patient had an ileal conduit and the other patient had a jejunoduodenostomy. The peristomal skin was cleansed with water, dried, the cyanoacrylate was applied around the stoma, and then the 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.

Ileostomy Patient

77 year old female with bowel perforation



Before

4 days later

7 days after 1st photo

Jejunoduodenostomy Patient

62 year old male with duodenal fistula



Before

3 days later

Ileal Conduit Patient

67 year old male with bladder cancer



Before

4 days later

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 studies¹.



Methods

Sample:

A convenience sample of hospitalized ostomy patients that had problems with pouch adherence related to skin irritation.

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.



The Problem

Maintaining the seal of the ostomy pouch with peristomal skin irritation can be problematic. Moist irritated skin can cause the seal of the pouching system to loosen allowing contact with the stoma effluent, worsening the skin irritation & causing pouch failure. Accessory products may enhance the seal: skin barrier paste, skin barrier strips or rings, skin barrier powder, & liquid skin protectants (LSP*). This poster is a case series of patients managed with LSP to maintain a fluid resistant barrier on the peristomal skin to assist with pouch adherence.



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

- 1 Ratliff CR. (2010). Early Peristomal Skin Complications Reported by WOC Nurses in Central Virginia. JWOCN. 37(5):505-10.
- 2 Milne CT, Saucier D: Evaluation of a Cyanoacrylate Protectant to Manage Peristomal Skin Irritation Under Ostomy Skin Barrier Wafers. Presented at: Symposium on Advanced Wound Care, Orlando, FL, April 2010; and 2010 Joint Conference of the WOCN/WCET, Phoenix, AZ, June 2011

*Product used was Marathon Liquid Skin Protectant by Medline