

Use of an Antibacterial Foam Ostomy Dressing* for the Management of Peristomal Skin Problems

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Introduction:

Skin and wound issues under an ostomy pouching system are common and present complex treatment challenges. The incidence of peristomal skin breakdown varies between 10 and 43%.¹ Drainage from irritated, weeping skin or wounds can make pouch adhesion difficult. Treatment is directed at alleviating skin damage while maintaining an effective seal between the skin barrier and the peristomal skin.² This poster describes the use of an antibacterial foam ostomy dressing* for the management of peristomal skin problems.

Case Study 1: Peristomal Wound Related to Pressure

History

Patient with multiple sclerosis, functional paraplegia, permanent urostomy (ileal conduit) due to recurrent urinary tract infections, type II diabetes, and a large peristomal hernia. Stoma was located in the right lower quadrant. Patient remained in bed for long periods, favoring right side, and unable to turn without assistance. Patient also had a chronic pressure wound to her right lateral malleolus. Patient used a one-piece drainable system and refused a hernia belt. Patient resided in an assisted living facility.

Wound Characteristics and Prior Treatment

Patient presented with a non-healing pressure ulcer, of approximately 10 months duration, from 9 to 12 o'clock. Wound bed was shallow with 100% pink tissue, minimal serous drainage, and measured 5.7 x 1.8 cm (Case 1 Photo 1). A culture of the wound came back positive for Methicillin-resistant Staphylococcus aureus (MRSA) infection. Prior treatments included: stoma powder with skin barrier spray, and silver alginate with hydrocolloid dressing.

Treatment

An antibacterial foam ostomy dressing* was placed over the wound bed and covered with a one-piece pouching system. Dressing and pouching system were changed approximately every 2 days.

Results

After 2 weeks of treatment with an antibacterial foam ostomy dressing*, the wound bed continued to have 100% pink tissue and decreased in size to 3.3 x 1.8 cm. After 4 weeks, the wound measured 1.3 x 0.9 cm. After 8 weeks, the wound had healed completely. Patient achieved a 4-day wear time following wound closure (Case 1 Photo 2).



Case 1 Photo 1
Peristomal pressure ulcer measuring 5.7 x 1.8 cm from 9 to 12 o'clock.



Case 1 Photo 2
After 8 weeks, the wound had healed completely.

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Case Study 2: Peristomal Wound of Unknown Etiology

History

Patient presented with end colostomy, history of Crohn's disease, chronic anemia, psoriasis, and complex surgical history that included an abdominal perineal resection. Patient was started on adalimumab and methotrexate during the course of her treatment. In addition to the wound, maintaining a reliable wear time was further complicated by a stoma retracted below skin level, and close proximity of a Jackson-Pratt drain and surgical wound.

Wound Characteristics and Prior Treatment:

Patient presented with a non-healing peristomal wound, of five months duration, from 3 to 4 o'clock. Wound edges with induration and a purplish-gray hue. Wound bed with pink granulation tissue, moderate amount of serous drainage and measured 2.4 x 0.9 cm on first assessment (Case 2 Photo 1). Patient complained of pain with palpation. Pyoderma gangrenosum was suspected but not confirmed. Prior treatments included: alginate dressing, collagen sheet dressing, and silver alginate dressing (each covered with a thin hydrocolloid), and silver nitrate treatment.

Treatment

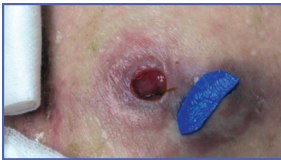
Patient was instructed to cut the antibacterial foam ostomy dressing* to fit the wound bed and cover with a thin hydrocolloid (Case 2 Photo 2). Other ostomy accessories included stoma powder, a flat barrier ring, barrier film wipe, medical adhesive spray, and an ostomy belt. Dressings and pouching system were changed approximately every 2 days. Routine follow-up occurred approximately every 3 weeks.

Results:

After 3 weeks, the wound showed progress towards healing as evidenced by a thin strip of new epithelial tissue that divided the original wound into two separate wounds (Case 2 Photo 3). The larger wound measured 1.4 x 0.9 cm with a pink, slightly raised wound bed and a moderate amount of purulent drainage expressed from the wound edge. The smaller wound measured 0.2 x 0.5 cm. Patient was started on adalimumab and methotrexate at this time. Dressings and pouching system were still changed every 2 days. After 6 weeks, the smaller wound had healed (Case 2 Photo 4). The remaining wound measured 1.5 x 0.7 cm with a red, slightly raised wound bed, and a scant amount of beige drainage expressed from the edge. Patient reported a decreased pain level. After 10 weeks, the wound had healed completely with slightly raised scar tissue (Case 2 Photo 5). Patient achieved a 3-day wear time following wound closure.



Case 2 Photo 1
Retracted stoma with peristomal wound measuring 2.4 x 0.9 cm on initial assessment.



Case 2 Photo 2
A piece of antibacterial foam ostomy dressing* placed over the wound.



Case 2 Photo 3
After 3 weeks, a thin strip of new epithelial tissue divided the wound into two separate wounds.



Case 2 Photo 4
After 6 weeks, the smaller wound healed. The remaining wound measured 1.5 x 0.7 cm.



Case 2 Photo 5
After 10 weeks, the wound had healed completely.

Case Study 3: Peristomal Wound of Unknown Etiology

History

Patient is a partial quadriplegic, related to an accident several years ago, has a permanent colostomy, and requires full-time care and assistance with activities and daily living.

Wound Characteristics and Prior Treatment

Three small wounds noted to the peristomal skin from 9 to 10 o'clock (Case 3 Photo 1). Patient does not feel pain due to quadriplegia. Some of the indications were consistent with Pyoderma gangrenosum but there was no purple halo around the wound bed. Prior treatment consisted of polysporin ointment. Wounds appeared to deteriorate with application of the ointment and this interfered with the pouching system seal resulting in leakage.

Treatment

An antibacterial foam ostomy dressing* was applied to the wounds, and covered with the skin barrier. Dressing and pouching system were changed every three days.

Results

Wound began to epithelialize and healed within two weeks of starting the antibacterial foam ostomy dressing* (Case 3 Photo 2).



Case 3 Photo 1
Peristomal wounds on initial assessment



Case 3 Photo 2
After 2 weeks, the wounds were completely healed.

Conclusion:

Peristomal skin damage is attributable to a variety of etiologies, and assessment and management should be based on knowledge of the underlying cause.³ In these cases, this dressing offered a viable solution that provided absorption of fluid as well as an antibacterial option, while still achieving a reasonable wear time with the ostomy pouching system.

References:

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*Hydrotera Blue Antibacterial Foam Ostomy Dressing.