

# PERISTOMAL SKIN ISSUES

## Balancing patient needs with improved skin integrity outcomes

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### AIMS

The real-life clinical environment study focused upon peristomal skin integrity and peristomal skin complications (PSC) issues faced by Stoma Care Nurses (SCNs) and their patients. PSCs are costly to the patient in relation to pain, time and concern whilst impacting upon nursing activity levels and healthcare costs

The study identifies the number of patients presenting with PSCs and the causative factors. Getting the balance right between peristomal skin needs and pouch preference has been considered through:

1. SCN assessment of PSC
2. Potential conversion to an alternative flange type eg. suitability for convexity or Profile
3. Post usage outcomes validated by a SCN

### METHOD

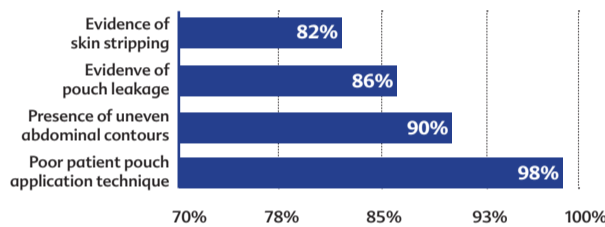
1. SCNs independently identified patients with PSCs
2. Conducted a peristomal skin assessment
3. Facilitated a patient discussion as to the suitability of a change in stoma pouch to a medical grade Manuka honey adhesive flange
4. Following the pouch change, the patient was reviewed by the SCN and the details documented

### THE RESULTS DISCUSS

1. The current PSC within SCN caseloads
2. The nature of the PSC
3. The peristomal skin health outcomes
4. Patient satisfaction outcomes following pouch change

#### The most common attributes to PSC from the SCNs overall current caseload were:

- 98% Poor patient pouch application technique
- 90% Presence of uneven abdominal contours
- 86% Evidence of pouch leakage
- 82% Evidence of skin stripping



#### The study consisted of 58 patients from across the UK, supported by 32 SCNs from 26 independent centres Table 1. Cohort demographics

|  |  |
|--|--|
| Gender   | 64% female: 36% male   |
| Stoma type   | 39% colostomy<br>46% ileostomy<br>13% urostomy<br>2% fistula                                       |
| Stoma pouch preference                               | 94% used a one-piece system  |
| Stoma flange preference                              | 61% flat<br>37% convex<br>2% Profile (other)   |
| Stoma formation                                      | 46% less than 18 months<br>35% within the 2–6 year period<br>19% over 6 years                      |
| The appearance of the stoma was reported by the SCNs | 56% flush to the skin,<br>33% protruding<br>11% retracted  |
| Routine use of accessory products                    | 74% Silicone medical adhesive remover<br>46% Barrier product<br>30% Flange extenders<br>24% Washer |

#### SCN descriptions of peristomal skin complications



#### Table 2 SCNs peristomal skin descriptors grouped into classification categories

|          | Good | Dry | Red | Irritated | Sore | Broken | Weeping |
|----------|------|-----|-----|-----------|------|--------|---------|
| Normal   |      |     |     |           |      |        |         |
| Mild     |      |     |     |           |      |        |         |
| Moderate |      |     |     |           |      |        |         |
| Severe   |      |     |     |           |      |        |         |

#### SCN peristomal skin descriptive terms used

The skin descriptors were allocated into sub-groups; the terms and titles used have already been validated by a group of SCNs and consensus gained as part of a previous study undertaken by the authors

Using the sub-groups defined, the SCNs' peristomal skin descriptors were grouped into peristomal skin classifications as shown in Table 2 and Table 3 groups them into the 4 classifications shown

#### Table 3 SCNs skin descriptors collated by classification of severity

|                   |     |
|-------------------|-----|
| Normal appearance | 6%  |
| Mild              | 25% |
| Moderate          | 22% |
| Severe            | 47% |

#### Re-assessment of the peristomal skin by the SCN following the introduction of the Manuka honey pouch



The follow-up review date was determined by the SCN and the patient, the second part of the study evaluation sought confirmation from the SCN and patient when the peristomal skin improvement, if any, was first observed following the introduction of a medical-grade Manuka-honey flange

The importance of the SCNs reassessment of the stoma and type of flange used can be shown through the reduced leakage episodes experienced by the patients during the product evaluation

#### Overall improvement was reported by patients

The SCNs were asked to provide feedback following their patient's experience of the use of the Manuka honey flange (via free text on the study questionnaire)

Of the SCNs, 89% reported that their patients had experienced fewer leakages following the introduction, where clinically appropriate, of a non-flat flange and in all instances a flange containing Manuka honey

This resulted in an increased pouch wear time for 62% of patients

Overall improvement was reported by patients to be 94% within 7 days, 33% reported an improvement within 3 days

87% of the cohort reported the benefit of Manuka honey within the pouch.

### SCN FEEDBACK

#### Peristomal skin

The SCNs were asked to provide feedback following their patient's experience of the use of the Manuka honey flange (via free text on the study questionnaire)

- The skin improved significantly within a matter of 48 hours
- Felt the pouch was the best for comfort and peristomal skin
- Peristomal skin better
- Improved the peristomal skin condition
- Peristomal skin fully better – no redness and has not required any accessories
- No skin irritation from the flange since changing to the Manuka honey pouch
- The Manuka honey pouch worked well for this patient



#### Patient's quality of life

The SCNs were asked to provide feedback following their patient's experience of the use of the Manuka honey flange (via free text on the study questionnaire)

- Patient felt confident
- The patient was so happy with the pouch and wished they had been on these earlier
- This patient had completely lost confidence with his stoma care and is now managing well with his Manuka honey pouch
- Patient really liked the Manuka honey pouch. Improved their quality of life as not worried about pancaking
- The patient experienced no leakage and now more confident and happy with the pouch
- The patient now has a positive outlook and accepts the stoma much more and also more confident to self-care
- Patient had been changing previous pouch 4-6 times daily, with this pouch now changing daily
- The patient is more confident and able to socialise and continue with daily life



#### Pouch adherence

The SCNs were asked to provide feedback following their patient's experience of the use of the Manuka honey flange (via free text on the study questionnaire)

- The patient felt the pouch was more secure and gave the patient increased confidence
- Much better for the patient, even when the patient was exercising
- The patient felt that they needed to spend a bit more time warming the pouch and checking that it is secure
- The patient has experienced minimal leaks, is more confident and able to continue with her office work for longer period. The peristomal skin is healthy
- The pouch offered good security and adhesion – the patient liked the option of the belt
- The pouch worked really well for my patient



#### In summary

The design of this study enabled detailed patient outcomes to be captured across 26 independent nursing centres, facilitating the review of real-life experiences of patients following the use of a pouching system where the flange contained Manuka honey

The study questionnaire captured the change of treatment pathways implemented by the SCNs as they sought to reduce the level of PSC experienced by their patients

This study reinforces that clinical discussions facilitated by the SCN and their patient with Peristomal Skin Complications help to balance product preferences and patient needs, as the study outcomes demonstrate improved peristomal skin integrity following the introduction of Manuka honey adhesive flanges