

# Peristomal Skin Issues

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February 2022 Newsletter by Jenny Sterns, BSN, RN, CWOCN

## Intro

Skin breakdown around a stoma is a challenging problem for patients with ostomies. It can be painful, itchy or uncomfortable and interferes with appliance adhesion leading to leaks and more skin breakdown. It is important to notice any changes to the peristomal skin quickly and determine the cause in order to prevent a cycle of leakage and skin breakdown. Once the cause is identified, the goal is to prevent the problem and heal the skin to regain a peristomal skin surface that is pouchable.

## Common Types of Skin Breakdown

### 1. Mechanical Damage

Mechanical damage is typically caused during removal of adhesives such as tape or barrier devices, from scrubbing the skin while cleaning it, or by scratching the skin. This could also be caused by pressure or scratching of rigid appliances.

Folliculitis can also occur from mechanical damage. This is inflammation of the hair follicle. Cleaning the inflamed area with an antibacterial soap during a pouch change can help with resolution.

Caution should be taken when removing appliances. Be gentle when cleansing the skin and avoid excessive rubbing. Use adhesive removers when changing appliances to avoid stripping the skin.

When this has already occurred, use the crusting technique of barrier powder and sealant or a hydrocolloid wafer under the appliance until the skin heals.



(Mechanical damage)

<http://www.shieldhealthcare.com>



(Folliculitis)

<http://www.shildhealthcare.com>

## 2. Peristomal Moisture Associated Skin Damage

There are many problems that can occur when moisture gets underneath an appliance. The pattern of damaged skin should match moist areas on the back of the appliance, showing where leaking is occurring in the pouching system.

Maceration is overhydration of skin that most commonly occurs with urostomies. The skin looks white and wrinkled and moist compared to the rest of the skin and matches any wet parts on the back of an appliance. Reassess the size of the pouch and fit before

reapplying. Liquid skin barrier could help prevent breakdown from occurring in the affected site.



(Maceration)

<https://cme.lww.com/files/PracticeImplicationsforPeristomalSkinAssessmentandCare>

Pseudoverrucous lesions are wart-like overgrowths of skin that are often found with urinary diversions. Similar to maceration, prevention of further contact with urine is key to healing. A doctor or nurse practitioner may use other methods in the clinic to help resolve these.



(Pseudoverrucous lesions)

<http://www.shiedhealthcare.com>

Irritant contact dermatitis is a form of moisture associated skin damage that is caused by drainage with enzymes. This most commonly occurs in patients with ileostomies due to the liquid, enzyme filled output. This type of drainage is caustic to the skin and can quickly lead to painful raw skin. Re-evaluating fit of the ostomy appliance is key to prevent further breakdown. Crusting

technique or use of paste strips (without alcohol) will protect damaged skin.



(Irritant contact dermatitis)

<http://www.shiedhealthcare.com>

A fungal or yeast dermatitis can also occur when there is moisture underneath an appliance. This is usually identified by satellite lesions spreading from a more centralized rash. This requires an antifungal agent to be prescribed or recommended by an ostomy nurse, nurse practitioner, or physician.

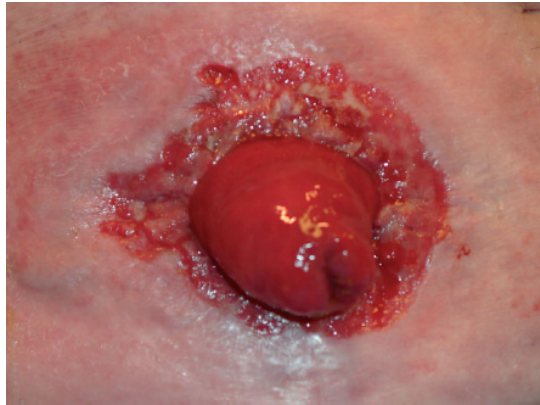


(Fungal dermatitis)

<https://blog.wcei.net/its-complicated-ostomy-patients-and-peristomal-skin>

### 3. Inflammatory Damage

Inflammatory damage is seen with patients who have inflammatory bowel disease or an underlying autoimmune disease. This requires a clinician to diagnose but are typically VERY painful lesions. They require medical management.



(Pyoderma Gangrenosum)

<https://scientificsurgery.bjs.co.uk/image/peristomal-pyoderma-gangrenosum/>

#### 4. Allergic Contact Dermatitis

This is the term for an allergic reaction or sensitivity to a product on the skin. This is typically identified when a rash or redness on the skin matches the product placed on the skin without signs of leaks. It usually itches or burns. A clinician would need to assist in changing products, identifying the causative agent through patch testing, and possibly prescribe topical medication to help heal the skin.



(Allergic contact dermatitis)

<https://www.coloplast.us/Global/US/Ostomy/Professional/Wellness%20Articles/Keeping%20Skin%20Healthy.pdf>

### Before Calling the Doctor

1. Inspect the back of the appliance during each removal. Check for any signs of moisture on the back of the appliance. If there is any, check

the skin in the location where the leaking is occurring. If there are signs of moisture, reassess fit and prevent skin breakdown with use of a liquid skin barrier or crusting.

2. If there is skin breakdown, use the crusting technique and try to troubleshoot the cause. If unable to find the cause to correct the problem, be quick to make an appointment with an ostomy nurse or the provider managing your stoma care. Taking action quickly will prevent further problems from occurring.

## Discussion

1. What steps do you take to prevent skin breakdown when removing ostomy products?
2. What techniques have worked for you if you have had skin breakdown?
3. Do you know who to call if you find peristomal skin breakdown and need help?

### Works Cited:

Ostomy and Continent Diversions Core Content. (2016). Emory University's Wound, Ostomy & Continence Nursing Education Program.

Peristomal Skin Complications, Characteristics, Causes and Management. (2016). Shield Healthcare. <<http://www.shieldhealthcare.com/community/ostomylife/2016/06/28/peristomal-skin-complications>>