

Products Supporting Skin Health Go a Long Way – Adding Trusted Services to the Continuum of Patient Care Can Help Accelerate Outcomes. A Virtual ‘Round-the-World’ Journey for a New Person with an Ostomy.

Yolande Smith, Acute & Community Registered Nurse, Queensland, Australia

C

Abstract

Social media has undoubtedly made connection across vast distances much easier. An interesting concept is the value of social media and how it might assist in playing a significant role in healthcare scenarios. The use of social media by patients for health-related reasons is growing.¹ Patients use social media mainly for social support, which is represented through information support, emotional support, esteem support, and network support. Often, social media platform use by patients can also lead to patient empowerment.¹ While this case is not specific to using differing types of social media, it represents an example where successful connection of a patient to the right services and products via social media helped ensure he had a better experience than he was currently enduring. It also describes other ways of connecting patients and clinicians in the virtual world to drive such empowerment through education and ongoing support.

Background

Colin (name changed to protect privacy) is a friend of mine currently residing in Canada. He is a forty-nine-year-old male and works as a practicing medical physician. As such, he is very up to date with matters of a medical nature and has an excellent understanding of most physical conditions. We regularly keep in touch via various means, such as various social media platforms, as I reside in Queensland, Australia. This is rather a distance, and we are around 11,600km apart.² Colin recently underwent emergency surgery for an incarcerated and strangulated incisional hernia (developed after previous laparotomy surgery for a Nissen fundoplication) which had subsequently perforated. This required the fashioning of a loop colostomy that would be closed later while his gastrointestinal tract recovered.

Colin's journey was not straightforward. Noticing a recent post by Colin on Facebook where he was undergoing a negative pressure wound therapy (NPWT) dressing change following his recent surgery, I enquired as to how he was managing. He expressed that he was overall progressing well but that he was having significant issues that were mostly related to his stoma and peristomal skin rather than the abdominal wound. Knowing my role and the support I provide to patients requiring stoma care, he sought my advice as he was experiencing significant challenges with his peristomal skin. At the time, he was using a product from a manufacturer that was not Hollister. He was using a flat one-piece pouching system and was enrolled in a competitor service program in Canada. He expressed he was at a loss as to how to best manage his issues and sadly, unsure who else to ask locally as he was disconnected from other ostomy specific support services. He had contacted a manufacturer's ostomy services program three weeks prior about his skin challenges and by the time we connected, still had not received a response. He began sending me images of his stoma and peristomal skin for advice.

Assessment & Interventions

The first image he sent to me demonstrated a slightly flush, oval-shaped stoma (See Figure 1) with some peristomal moisture associated skin damage (PMASD), some mucosal separation with tension from undissolved suture material, and some bleeding. Additionally, it was noted that his output was of toothpaste consistency which he did say on occasion might be more liquid as well as red inflamed skin. (See Figure 2) These images unfortunately do not capture the proximity of the midline wound with the NPWT dressing. This dressing location later proved to be problematic in always obtaining a secure skin seal.

He provided me with foundational information in the first instance. I explained the importance of measuring his stoma at regular intervals as they can often change size and shape after surgery. Poor fit from incorrect sizing can lead to an insecure skin seal resulting in leakage.³ I was unable to gain an accurate sizing based on a photograph, however he measured his stoma to be 25mm x 30mm using the sizing guide.



Figure 1 Note flush stoma, PMASD, skin loss, and mucocutaneous tension with sutures.



Figure 2 Note bleeding and output consistency as well as inflamed ring of skin.



Figure 3 After two days using CeraPlus™ one-piece soft convex pouching system. Note visual improvement in skin.

LEVEL OF EVIDENCE - CASE STUDY

Products Supporting Skin Health Go a Long Way – Adding Trusted Services to the Continuum of Patient Care Can Help Accelerate Outcomes. A Virtual ‘Round-the-World’ Journey for a New Person with an Ostomy.

Additionally, he was advised to cleanse his stoma and peristomal skin with clean, warm water only, and to consider avoiding the use of other accessories such as cleansers or barrier films as they may be associated with skin challenges in some cases and may increase total cost and add unnecessary time for pouch changes.

I then related the highly positive results I had witnessed firsthand with my patients when they used a ceramide infused ostomy skin barrier. Additionally, I referenced the published evidence regarding ceramides in ostomy care that he could access online.^{4,5,6} He was very interested in this concept and was keen to try it after conducting research to find more about ceramides and healthy skin through various websites. He contacted Hollister in Canada, and on my recommendation, requested some samples of a CeraPlus™ one-piece soft convex pouching system* (one-piece was his preference). Recently published consensus statements advise that some form of convexity should be considered with liquid output and poorly spouted stomas.⁷

What is challenging when assessing patients using photographs only, is the inability to conduct a full assessment, such as positional changes to observe and peristomal topography changes as well as the tone and shape of the abdomen. It is important to understand if the abdomen is firm or soft as this can also be an indicator as to what type of pouching system should be used.^{7,8} As such, my best guess was to start with a soft convex skin barrier. I did also explain the benefit of using a ceramide infused skin barrier ring / seal and how to use it. Also, for his minor skin irritation and mucosal separation, some stoma powder to absorb the excess moisture. I recommended he had both as backup in case he experienced further challenges. He was also able to access the Hollister YouTube™ videos on correct application of all his products. These were yet another helpful support to him as they showed real people with a stoma showing correct application techniques.

Lastly but significantly, I advised him to self-enrol into the Hollister Secure Start™ services program in Canada for additional help. This service has only recently been introduced into Australia and have found this support to be invaluable for our patients after discharge. I contacted Secure Start services in Canada via email to double-check on his enrolment and was informed he had made contact and they had his registration form. Colin soon received samples of CeraPlus™ products in flat and soft convex one-piece pouches, Adapt™ stoma powder, and some Adapt CeraRing™ barrier rings.

Outcomes

Colin tried the soft convex product and stated he felt an overall improvement in comfort almost immediately. He was able to go out shopping for the first time as he said he felt comfortable and secure, and his skin started feeling and looking better. (See Figure 3) Unfortunately he soon experienced some leakage over subsequent days at the point nearest to his NPWT dressing. An even more flexible solution was required to manage this unusual situation and the CeraPlus™ one-piece flat pouch and an Adapt CeraRing flat barrier ring was decided as a more suitable option to accommodate his needs rather than the soft convexity. His stoma was remeasured to double-check his correct sizing and Adapt stoma powder was used for the excess moisture.

Colin stated his revised system was comfortable as it was highly flexible yet felt secure without leakage. The barrier ring under the flat skin barrier provided enough gentle support to provide a skin seal yet was compressible and flexible enough to accommodate the very uneven distal peristomal topography due to the NPWT dressing and his abdominal shape. (See Figure 4) Flexibility and compressibility are product characteristics for convexity recently defined and explained in the literature.⁹ These considerations were necessary to ensure a secure and reliable fit. He felt his skin looked and felt so much better after just a little over a week. (See Figures 5 & 6) Colin felt so secure that he undertook a trip to The Netherlands only one week later as his total pouching system contoured well to his abdominal topography. (See Figure 7) He contacted me several times during his trip to update me on his progress and how well he was doing. He also mentioned to me that Secure Start services Canada called him soon after he landed in The Netherlands to make sure he arrived safely, was managing everything successfully, and to check if he needed anything else. Both he and I marvelled at the level of support he has received on both his patient journey and now his personal journey abroad.

continued over page



Figure 4 Barrier ring in place.



Figure 5 & 6 Skin appears visually improved in a little over one week.



Figure 7 Pouching system in place. (Top View). Note abdominal contours.

LEVEL OF EVIDENCE - CASE STUDY

Products Supporting Skin Health Go a Long Way – Adding Trusted Services to the Continuum of Patient Care Can Help Accelerate Outcomes. A Virtual ‘Round-the-World’ Journey for a New Person with an Ostomy.

Conclusion

Colin is still learning about what best suits him and is particularly focused on his diet and managing his output better in terms of what may trigger more liquid output. He changes his pouches every three-four days, and frequently sends me updates. His most recent picture is about one month since he began using CeraPlus™ Products. (See Figure 8) Both Colin and I are very satisfied with the CeraPlus™ Products and how they help promote healthy peristomal skin, but also the level of service that Secure Start services supplies to patients. His stoma reversal surgery he once considered as urgent when he was having so many issues with his stoma, but he is now less concerned about this date.

Being able to connect a patient with the right products and the right assistance via a clinician from another side of the world is fascinating to think of today. Understanding the value of combining such patient care services with evidence-based products, can only help improve quality patient outcomes and thusly a better quality of life.



Figure 8 Colin's peristomal skin most recently (about one month after using CeraPlus™ Products). Note the slight peristomal skin indentation from the barrier ring underneath the flat skin barrier.



To learn more about CeraPlus™ Products, click here or scan the QR code



To visit the Hollister website, click here or scan the QR code



To visit the Hollister Clinical Education Website, click here or scan the QR code

References

1. Smailhodzic, E, Hooijsma, W, Boonstra, A et al., 2016, 'Social media use in healthcare: A systematic review of effects on patients and on their relationship with healthcare professionals', *BMC Health Serv Res*, vol.16, no. 442.
2. Distance Between Vancouver and Townsville, <https://www.prokerala.com/travel/distance/from-townsville/to-vancouver/>, Accessed May 2022.
3. White, M, 2016, 'Stomal Leakage Tool', *ASCN Stoma Care Clinical Guidelines*, pp. 26-29.
4. Colwell, JC, Pittman, J, Raizman, R & Salvadalena, G 2018 'A Randomized Controlled Trial Determining Variances in Ostomy Skin Conditions and the Economic Impact (ADVOCATE Trial)', *Journal of Wound, Ostomy and Continence Nursing*, vol. 45, no. 1, pp.37-42.
5. Grove, G, Houser, T, Sibbald, G & Salvadalena, G, 2018, 'Measuring epidermal effects of ostomy skin barriers', *Skin Research & Technology*, vol. 25, no. 2.
6. Nichols, T, Houser, T & Grove, G 2019, 'Comparing the skin stripping effects of three ostomy skin barriers infused with ceramide, honey or aloe', *Journal of Stomal Therapy Australia*, vol. 39, no.2, pp. 14-18.
7. Hoeflok, J, Salvadalena, S, Pridham, S, Droste, W, McNichol, L & Gray, M 2017, 'Use of convexity in ostomy care – Results of an international consensus meeting', *Journal Wound Ostomy Continence Nursing*, vol. 44, no. 1, pp. 55-62.
8. Hoeflok, J, Kittscha, J & Purnell, P 2012, 'Use of convexity in pouching - A comprehensive review', *Journal Wound Ostomy Continence Nursing*, vol. 40, no. 5, pp.506-512.
9. Cobb, T, Depaive, Y, Quigley, M, McNichol, L & Smitka, K 2021, 'Characteristics of Convex Skin Barriers and Clinical Application - Results of an International Consensus Panel', *Journal Wound Ostomy Continence Nursing*, vol. 48, no. 6, pp. 524-532.



*Contains the Remois Technology of Alcare Co., Ltd.

Prior to use, be sure to read the Instructions for Use for information regarding Intended Use, Contraindications, Warnings, Precautions, and Instructions.

Disclaimer: This case study represents this nurse's experience in using the CeraPlus skin barriers and Adapt CeraRing barrier rings with the named patient, the exact results and experience will be unique and individual to each person.

Hollister, the Hollister logo, the Hollister Education logo, Adapt, Adapt CeraRing, CeraPlus and Secure Start are trademarks of Hollister Incorporated. All other trademarks and copyrights are the property of their respective owners. Not all products are CE marked.

© 2023 Hollister Incorporated



Hollister Incorporated
2000 Hollister Drive,
Libertyville, Illinois 60048

www.hollister.com