Moisture-Associated Skin Damage is the injury to the skin by repeated or sustained exposure to moisture.

- Intertriginous dermatitis
- Incontinence-associated skin dermatitis
- Periwound moisture-associated dermatitis
- Peristomal moisture-associated dermatitis
Intertriginous Dermatitis

Non-Caustic Moisture Damage: Perspiration

Intertriginous dermatitis (ITD) - Inflammation in skin-to-skin or skin-to-device related to perspiration, friction and bacterial/fungal bioburden. Characteristics include erythema, itching, maceration, erosion and odor (possible satellite lesions).

Interventions
1. Assess and treat the cause.
2. Gently cleanse the skin fold daily with a pH-balanced, no-rinse skin cleanser. (Bedside® Care Foam or Bedside-Care EasiCleanse™ Bath)
3. Pat dry or air dry.
4. Place InterDry® Ag in the skin fold or under the medical device.
5. Allow 2 inches to be exposed to the air.
6. Date and initial InterDry Ag.
7. Reposition as needed.
8. Replace if soiled with urine, stool or blood.
9. Discard after 5 days of use.
Incontinence-Associated Dermatitis

Caustic Moisture Damage: Stool/Urine

Incontinence-associated dermatitis (IAD) – Inflammation of the skin that occurs when urine or stool comes into contact with perineal/perigenital area, inner thighs, buttocks, or adjacent skin folds. Characteristics include inflammation and erythema with or without erosion or denudation.

Interventions
1. Assess and treat cause of incontinence.
2. Use a urinary and/or fecal containment device. Consider using a male external catheter (Conveen® Optima) for men.
3. Offer toileting at least every 2 hours, as appropriate.
4. Cleanse skin at time of soiling with a gentle no-rinse cleanser (Bedside-Care® Foam).
5. Apply a protective moisture barrier ointment (Critic-Aid® Clear or Baza Cleanse & Protect® Lotion) to the affected area.
6. Apply a topical antifungal treatment (Critic-Aid Clear AF or Baza® Antifungal), if needed.
7. Consider using under pads or briefs that are absorbent.
Caustic Moisture Damage: Wound exudate

Periwound moisture-associated dermatitis – Wound exudate has sustained contact with the skin, causing damage. Characteristics include inflammation and erythema with or without erosion.

Interventions

1. Assess cause of periwound damage. If wound is exuding large amounts of exudate, consider using an absorbent dressing (SeaSorb® Alginate or Biatain® Foam Dressing).

2. Cleanse the wound at time of each dressing change with a saline-based wound cleanser (Sea-Clens® Wound Cleanser). Pat the periwound edges dry.

3. Apply protective skin barrier (Coloplast® Prep) to the periwound edges.

4. Let dry and then re-apply.
**Peristomal Moisture-Associated Dermatitis**

**Caustic Moisture Damage: Stoma effluent**

Peristomal moisture-associated dermatitis – Inflammation around a stoma due to sustained contact of stool or urine on the peristomal skin.

**Interventions**

1. Assess cause of peristomal damage.

2. Prevent any further damage (i.e., cut ostomy barrier to size, change pouch according to schedule, change pouch immediately for burning or irritation).

3. Gently wash the peristomal skin before applying a new pouching system. Pat dry.

4. If skin is moist and weepy, consider managing with crusting technique (Ostomy Powder and Coloplast® Prep).
Incontinence-Associated Dermatitis (IAD)

- **Appearance**: Spread-out irregular edges. Located in perineal area, inner thighs, buttocks and adjacent skin folds.
- **Injury**: Starts at the top layer of skin and works inward
- **Cause**: Moisture and friction
- **Color**: Red or shiny red
- **Odor**: Skin may smell of ammonia
- **Depth**: Partial thickness damage
- **Tissue**: No necrotic tissue
- **Symptoms**: Pain and/or itching
- **Treatment**: Apply moisture barrier ointment, paste, or cream to prevent skin injury and protect from irritants
IAD vs. Pressure Ulcer

Pressure Ulcer

- **Appearance**: Defined area of injury, usually over a bony prominence

- **Injury**: Starts on the inside and moves outward
- **Cause**: Pressure and shear
- **Color**: Red, yellow, brown, black, or purple
- **Odor**: Foul smelling when bacteria present
- **Depth**: Partial or full thickness damage
- **Tissue**: If full-thickness, may have necrotic tissue - slough or eschar
- **Symptoms**: Pain and/or itching
- **Treatment**: Provide pressure redistribution and moist wound healing dressings

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Candidiasis

Yeast Infection

A yeast infection of the skin caused by candida fungus. Commonly found in warm, moist areas, such as skin folds. Characteristics include small pustules, macerated beefy red rash with satellite lesions.

Interventions

1. Assess and treat cause.

2. Gently wash with a pH-balanced skin cleanser. (Bedside-Care® Foam or EasiCleanse™ Bath Cloths)

3. Management options:
   • May use a topical antifungal (Micro-Guard® powder or Baza® Antifungal cream).
   • When incontinence is present: apply antifungal moisture barrier (Critic-Aid® Clear AF)
   • For skin folds: use InterDry® Ag to eliminate friction, moisture & bacterial/fungal bioburden.
Xerosis

Dry Skin

An abnormal dryness of the skin. Characteristics include dry, scaly, itchy, red skin. May have fissures and cracks. Arms, legs and heels are commonly affected. Pruritis may be present.

Interventions

1. Assess and treat cause of dry skin.

2. Gently wash with a pH-balanced cleanser (Bedside-Care® Foam or EasiCleanse™ Bath Cloths).

3. Apply moisturizer to skin at least daily and PRN (Sween® 24).

4. To exfoliate extremely dry/fissured skin, such as heels use moisturizer with urea and lactic acid (Atrac-Tain® Cream).
A bacterial infection caused by corynebacterium minutissimum. Characteristics include a reddish-brown, slightly scaly patch with sharp borders, occurring in moist areas such as groin, axilla, and skin folds. Pruritis may be present.

Interventions

1. Assess for cause of skin irritation.

2. Gently wash with a pH-balanced cleanser. (Bedside-Care® Foam or EasiCleanse™ Bath Cloths)

3. Management options:
   • May treat with a topical antibacterial.
   • For skin fold/under medical device: use InterDry® Ag to eliminate friction, moisture & bacterial/fungal bioburden.
Tinea Cruris

Jock Itch

A fungal infection of the groin, caused by friction and perspiration. Characteristics include an itchy, red, scaly rash which can spread from the groin to the genitals, inner thighs, buttocks and anus.

Interventions

1. Assess and treat cause.

2. Gently wash with a pH-balanced cleanser. (Bedside-Care® Foam or EasiCleanse™ Bath Cloths)

3. Management options:
   • May use a topical antifungal (Micro-Guard® powder or Baza® Antifungal cream).
   • When incontinence is present: use antifungal moisture barrier (Critic-Aid® Clear AF).
   • For skin folds: use InterDry® Ag to eliminate friction, moisture & bacterial/fungal bioburden.
Tinea Pedis

Athlete’s Foot

A fungal infection in the foot. Characteristics include fissuring, maceration, scaling and burning between the toes.

Interventions

1. Assess and treat cause.
2. Gently wash with a pH-balanced skin cleanser (Bedside Care® Foam or EasiCleanse™ Bath Cloths).
3. Management options:
   - Use InterDry® Ag between toes to eliminate friction, moisture & bacterial/fungal bioburden.
   - May use topical antifungals (Micro-Guard® powder or Baza® Antifungal Cream).
Pruritis Ani

Chronic Itching

An intensely itchy rash around the anus caused by exposure to irritants in the stool. Rash is worsened by vigorous use of toilet tissue or scrubbing with soap and water.

Interventions

1. Assess for cause of skin irritation.

2. Gently cleanse skin after each bowel movement with a pH-balanced, no-rinse perineal/skin cleanser (Bedside® Care foam, EasiCleanse™ Bath cloths or Baza Cleanse & Protect®).

3. Apply skin protectant (Critic-Aid® Clear).
Photos
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The Coloplast story began back in 1954. Elise Sørensen is a nurse. Her sister Thora has just had an ostomy operation and is afraid to go out, fearing that her stoma might leak in public. Listening to her sister’s problems, Elise creates the world’s first adhesive ostomy bag. A bag that does not leak, giving Thora – and thousands of people like her – the chance to return to their normal life.

A simple solution with great significance.

Today, our business includes ostomy care, urology and continence care and wound and skin care. But our way of doing business still follows Elise’s example: we listen, we learn and we respond with products and services that make life easier for people with intimate healthcare needs.

Ostomy Care
Urology & Continence Care
Wound & Skin Care

Coloplast develops product and services that make life easier for people with very personal and private medical conditions. Working closely with the people who use our products, we create solutions that are sensitive to their special needs. We call this intimate healthcare. Our business includes ostomy care, urology and continence care and wound and skin care. We operate globally and employ more than 7,000 people.

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