

# Keeping Skin Healthy, Preventing and Treating Complications



## In this article:

You will find information on the following topics:

- Checking for skin irritation
- Skin issues to look out for
- Stoma issues to look out for
- Products to help prevent skin issues

It's hard to overstate the importance of maintaining the health of your stoma and the skin around your stoma. Skin that's healthy is much less likely to become irritated. The pouching system also attaches better to healthy skin. However, on occasion, problems can occur. It's a good idea to recognize skin or stoma problems as early as possible, and to then seek advice from your Wound, Ostomy, Continence (WOC) Nurse or doctor. We've put together the following suggestions to help you keep your skin as healthy as possible.

### [Checking for skin irritation](#)

According to a recent study, almost half of all people living with an ostomy have irritated skin around their stoma. But the study had two surprising findings. First, people often don't recognize that they have preventable skin irritation. Second, when people notice signs of skin irritation, they often don't realize they need help from their Wound, Ostomy, Continence (WOC) Nurse or doctor. By seeking help, the problem can be addressed and resolved before it gets out of hand. Working with your WOC Nurse will help you come to know what healthy skin looks like for you.

## What should I look for?

Like many people with ostomies, you may never have an issue with skin complications. But it's good to be aware of potential problems. It's important to look for any output that may have leaked on your skin. Other signs of leakage can be odor, pain, skin irritation, or loosening of the skin barrier. Get in the habit of checking the skin each time you change your barrier and clean the area. If you are unable to see the skin around the stoma, use a hand-held mirror. Then follow this routine and ask yourself these questions:

### Examine your barrier after you remove it

What does it look like? Is any of the adhesive melted or washed away? Is there evidence that stool or urine has leaked underneath the barrier? (If so, your skin is directly exposed to the stool or urine from your ostomy and this can cause skin irritation and / or breakdown.)

### Examine your skin

What does it look like? Is there any leakage on your skin? Is there any adhesive residue? Is your skin uneven under the barrier? Are there creases or folds in the skin that prevented you from getting a good seal, causing a leak? Is the skin the same color as on the rest of the abdomen? Is there evidence of irritation, redness or rash? Does your skin feel sore? Are there open areas of skin?

### How do I keep my skin healthy?

There are things you can do to prevent stool or urine from coming into contact with your skin. And even if your skin does become irritated, proper care should return your skin to good health.

- When cleaning the skin around the stoma, use water. If there is any adhesive residue on the skin after cleansing, leave it alone.
- Avoid using bath oils or soaps with moisturizers and perfumes, since they can make it harder for the barrier to adhere to your skin.
- Before applying the barrier, make sure your skin is clean and completely dry.



- Adjust the hole in the barrier so that it fits exactly to the diameter of your stoma.
- Periodically check the size of your stoma. If there are any changes in the stoma size, be sure to adjust the hole size of the barrier.
- Ensure full contact between your skin and the barrier by using your hand to put light pressure over the barrier for two to three minutes.

Change your barrier as soon as you can if you notice any discomfort, itching or leaking.

### Crusting Technique

With certain types of skin irritation, your skin might be moist and weepy. You can use the crusting technique to produce a dry skin surface even on tender and moist skin. This ensures a better seal with the barrier:

- Sprinkle the moist skin with ostomy powder and brush off the excess.
- Use skin sealant to seal in the powder.
- Dab the sealant on the powder only, don't rub it on your skin.
- Allow the sealant to dry completely.
- Repeat the process as needed to form a dry crust.

## Skin issues to look out for



**IRRITANT DERMATITIS** – which looks like red, weepy areas surrounding the stoma. You might notice pain or even bleeding. Irritant dermatitis is caused by something that irritates your skin.

It could be stool or urine, or products such as solvents or pastes.

**Treatment:** Re-measure your stoma and make sure you cut the barrier to size ( $\frac{1}{8}$  inch larger than the stoma). Use the crusting technique to help you get a good seal.

**Future Prevention:** Make sure you change your pouch on a regular schedule. If uneven skin may be the cause of the irritation, consider an extended wear barrier or a convex (curved) barrier. If creases or folds in the skin may be the cause, use strip paste or a moldable ostomy ring to “caulk” those areas. That can help you get a better seal.



**MECHANICAL IRRITATION** – which, like irritant dermatitis, looks like red, weepy areas around the stoma. Pain or bleeding might occur. It's caused by removing the skin barrier or tape with too much force, or by washing your skin too vigorously.

**Treatment:** If your skin is moist and weepy, use the crusting technique.

**Future Prevention:** Use a gentle touch when washing your peristomal skin. Likewise, be gentle when removing your skin barrier. Carefully peel the barrier downward while holding the skin tight with the other hand.



**CONTACT DERMATITIS OR ALLERGIC DERMATITIS** – which appears as red, irritated skin surrounding the stoma. Contact dermatitis can occur when your outer layer of skin has been cut or damaged,

making it more easily irritated. Allergic dermatitis occurs if you're allergic to a product that you're putting on your skin. The allergy may be caused by soap, wipes, paste, powder or the barrier or pouch material.

**Treatment:** Talk to your WOC Nurse to find out (1) what might be causing the problem and (2) if you need a product to treat your skin.

**Future Prevention:** Avoid using any allergy-causing products.



**FOLLICULITIS** – which causes tiny, red, painful bumps. Folliculitis is caused by an infection of the hair follicles near your stoma. It can develop if you use force rather than gentle peeling when

removing the barrier. It can also develop if you shave the hair in the peristomal area incorrectly, or too often.

**Treatment:** If your skin is moist and weepy, use the crusting technique. An antibacterial cleanser or powder may be useful; talk to your doctor or WOC Nurse to find out if you need them.

**Future Prevention:** It's best to use a scissors to clip the hairs on your peristomal skin. An electric shaver can also be used. If you use a razor, you should (1) use a clean, sharp razor, and (2) use a non-moisturizing shaving gel.



**FUNGAL INFECTION** – which begins as a red rash before progressing to round, raised areas of skin. A fungal infection causes itching and burning and can spread beyond the edge of

the barrier. People at higher risk of a fungal infection are those who have diabetes, have anemia, have a lowered immune system or have taken antibiotics for more than a week.

**Treatment:** If your skin is moist and weepy, use the crusting technique. Ask your doctor or nurse if you should use an antifungal powder.

**Future Prevention:** Because fungal infections like moist, dark areas, always dry your skin thoroughly before replacing the pouching system. To keep your skin dry, be sure to change your pouching system before any output gets on your skin. It's also best to remove your pouching system gently, to keep your skin as healthy as possible.



**HYPERPLASIA** – which looks like white-, gray-, or red-colored raised areas of skin very close to the stoma. This portion of raised skin, which is thickened, can resemble warts. Pain and

bleeding can also occur. Hyperplasia is most common with urostomies, and it is caused by urine pooling on the skin for long periods.

**Treatment:** When you change your pouch, treat the affected skin for 5 minutes using a paper towel soaked in a diluted vinegar solution (1 part vinegar to 3 parts water). Then rinse thoroughly and dry your skin.

**Future Prevention:** At regular intervals, re-measure your stoma and make sure you cut the barrier to size. It is important that the hole in the barrier is exactly the right size to match that of the stoma at the skin level. If the hole is too small it can irritate the stoma, and if too large, stool or urine will be able to leak under your barrier and come into contact with the skin.

## Stoma issues to look out for

**STOMAL PROLAPSE** – which occurs when a small part of the bowel protrudes through the stoma opening. A stoma that previously had projected 1 inch from the skin might project 4 inches (or longer). The lengthened stoma is then at risk for injury or trauma. Stomal prolapse could result from increased pressure (for example, from pregnancy), blockages, tumors or loss of muscle tone with age.

**Treatment:** See your doctor to make sure that additional surgery is not needed. If the prolapse can be managed without surgery, you might wear an ostomy support belt with a prolapsed flap to hold the stoma in place. You should also check with your WOC Nurse, who can tell you if a different type of pouching system might be better

for you. You should also re-measure your stoma, in case you need to change the size of the barrier opening.



**PARASTOMAL HERNIA** – which is a weakness in the abdominal wall that can create a bulge from the bowel being pushed forward. Contact your doctor if you notice nausea, vomiting,

abdominal pain, or decreased or absence of output from your stoma.

**Treatment:** Talk to your WOC Nurse, since the change in shape of the abdominal wall might require a different type of pouching system. Some pouching systems – for instance, flexible pouching systems – adhere more easily to the rounded contours of the abdomen. A support belt or a lightweight girdle might also be helpful.

## Additional thoughts

Like many people with ostomies, you may never have complications with your stoma or with your peristomal skin. However, it's good to know about potential complications so you can be attuned to them if they develop. To avoid skin issues in particular: clean your skin gently, remove the barrier gently, use paste or other products to seal any creases or uneven surfaces, and change the pouching system before output could leak on your skin.

If you notice skin irritation or stoma issues: See your Wound, Ostomy, Continence (WOC) Nurse or doctor to find the underlying cause of the problem. Your WOC Nurse can help you decide if you need to make any changes.

Keeping your skin and stoma healthy are key factors in your feeling comfortable with your ostomy. And that can allow you to be worry free.

If you have any questions regarding stoma care, product usage and availability please contact your Coloplast Consumer Care Advisor at:

[1-877-858-2656](tel:1-877-858-2656).