Quality Of Life Case Study Christine Wilson, Community Stoma Nurse Specialist, Hartlepool & North Tees



This case study represents my experience in using Dansac NovaLife TRE soft convex barrier with this specific patient and may not necessarily be replicated.

Patient Overview

The patient is an 80 year old male. He currently lives in a care home and receives stoma care from health care workers each morning. The patient was referred to our services after he reported pain and discomfort at his stoma site. The pain worsened during his daily stoma care.

Patient History

The patient had colostomy formation nine years ago as a result of a diagnosis of bowel cancer. Since then, the patient had not been assessed by a stoma nurse. The patient was referred to our community service by a carer who had recently started working at the care home, and whom I had educated in stoma care in her previous role.

On assessment, I discovered that the patient had several separate issues with regards to his stoma and stoma management. These had not been reported by the care home staff as they were unaware of the community service, and were not educated in stoma care. The patient also had several stoma product accessories which could be deemed unnecessary, in my opinion.

The first issue I observed on examination was the presence of a peristomal hernia. The second issue was an ill-fitting stoma barrier which had led to the development of Peristomal Moisture Associated Skin Damage (PMASD), and required urgent attention. The peristomal skin around the stoma was denuded between 4 and 8 o'clock, with partial thickness skin loss caused by the wrong barrier aperture. Peristomal granuloma was also present 8 to 10 o'clock.

The importance of preventing peristomal skin problems like PMASDs should never be underestimated. Protecting peristomal skin from faeces is key to preventing PMASDs and can be achieved by using a product such as an ostomy seal. (Haughey et al 2018).

Finally, there was also evidence of peristomal medical adhesive related skin injury (PMARSI). This was as a result of inappropriate barrier removal technique and lack of use of adhesive removers. This area of skin damage caused the patient considerable pain and discomfort.

Intervention

An individualised care plan was developed and delivered to the care home. The senior nurse was notified to ensure compliance with the new management and product application. Lapkin et al (2018) highlights the importance of an individualised care plan for the patient with a stoma and suggests positive outcomes as a result, particularly in the context of stoma care.

The stoma was resized, and following assessment, I decided to use the Dansac TRE seal to help protect the peristomal skin from the ongoing damaging effects of stoma output. I chose this product as it is designed with pH buffering and super-absorbent capability to help protect peristomal skin from the damaging effects of digestive enzymes.

Following The Association of Stoma Care Nurse (ASCN) guidance on the management of peristomal granuloma I commenced silver nitrate treatment. A weekly treatment plan was agreed with both the care home staff and patient. Adhesive remover was utilised and the carers were informed of the importance and benefits of using this to minimise skin trauma and pain to the patient. The ASCN provides a stomal leakage tool flow chart to identify particular skin conditions including granulomas and recommends silver nitrate treatment as a treatment (Burch et al 2017).

To help with awareness and education, I provided hernia management advice to both the patient and care staff as well as stoma information leaflets to the patient. Hernia support wear was recommended, but the patient declined this option stating that although he is aware of the benefits he is unable to tolerate support garments.

Peristomal skin health progression with a care plan



Week 1







Week 3

Week 4

The patient was relieved he no longer had to worry about pain when receiving stoma care and this greatly improved his quality of life. ¹

The care plan was commenced by the care home with immediate effect. Product supplies were provided and the staff received a clear individualised care plan with instructions on how to deliver effective stoma care, including application technique for the Dansac TRE seal. Contact numbers were provided to the senior nurse and future staff/carer training dates were confirmed.

Conclusion

Over the course of the following weeks of treatment, the patient's skin health continued to visually improve. He reported no further pain or discomfort on a daily basis; including pouch changes.

The patient was greatly relieved that he no longer had to worry about pain when receiving stoma care and this greatly improved his quality of life.

As a result of this case study experience, we plan to send out stoma care information to all care homes within our locality, including contact details of the community service, and the offer of a free education package for all care home staff.

Key Learnings

- Stoma education and awareness of community services is very important, particularly in the care home setting
- Be aware of the patient's quality of life and how stoma care nurses can make a direct and positive impact
- Keep up to date with new product technology and innovation. Selecting the right product at the right time can improve both physical and emotional outcomes

References

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About Dansac NovaLife TRE

Living with a stoma does not have to mean accepting peristomal skin complications. Helping the skin around the stoma stay healthy goes a long way in enhancing the quality of people's lives.

The **Dansac NovaLife TRE** ostomy barrier is designed to help keep skin naturally healthy with 3 levels of protection: **Adhesion, Absorption** and **pH Balance**.

The best skin is healthy skin.

For more information contact your local representative.



Stoma Skin Soul