

Case Study TRE Pouch and TRE Seal

Jo Sica - Clinical Nurse Specialist, Stoma Care

Introduction

This case study sets out to describe the stoma care challenges of a female patient who following many years of active and remitting ulcerative colitis, had panproctocolectomy and formation of end ileostomy. Decades of steroidal medical management had resulted in soft, flaccid abdomen that posed particular issues with pouch adherence and seal. Here I will demonstrate how, for this particular patient, a proactive and considered pouch selection can lead to healthy peristomal skin, positive patient outcomes and health economic benefits.

Background

Patient - 57 year old female who had suffered with Ulcerative Colitis (UC) since her early 20's. Despite suffering with UC she remained an extremely active and motivated person, enjoying Pilates, swimming, running and walking. Following decades of exacerbation and remitting disease, she was no longer responding to the steroids and so underwent surgery to remove her colon and rectum. Due to the development of low rectal cancer it was decided that restorative surgery would not be possible. This resulted in formation of permanent end ileostomy. She adjusted to life with a stoma although struggled initially to find a skin barrier that would not irritate her skin. She had been discharged from hospital with a selection of ileostomy pouches. She admitted to having fair skin that often dislikes heavily perfumed wash detergents and plasters.

Problem

Ulcerative Colitis is an inflammatory bowel disease that affects the colon and rectum. Management of this chronic condition can often involve oral steroids.¹ Side effects of steroids include a stimulated appetite and weight gain, mood changes and increased risk of infection. As a result of this patient's disease presentation and medical management, she had received multiple courses of steroid treatment over more than 30 years. This had led to body changes known to be a common side-effect of prolonged or repeat corticosteroid therapy. Weight gain for

this patient had been troublesome and was most prevalent on her abdomen. Despite having a well formed, spouted stoma with protrusion above the 20mm, her abdominal tone was significantly flaccid. As a result she found difficulty obtaining good barrier adherence to the peristomal skin, which led to recurring pouch leakage and emotional distress. (Fig1)

In addition to the challenges of abdominal tone the stoma output was consistently liquid adding to the complexities of challenges that needed to be addressed. Loperamide, an anti-motility drug was prescribed in an effort to reduce her stoma output and help with her overall stoma management.

At point of discharge from hospital the most appropriate product(s) to meet this patient's stoma care needs were yet to be identified. To avoid delaying discharge the patient agreed to go home with a variety of pouches and barrier rings to continue the quest to find her preferred product. This would be one that would adhere well to her skin, reduce the risk of leakage and maintain her peristomal skin health.

Action

Upon review by community stoma care nurse it became apparent that despite best efforts she continued to experience ongoing leakage.

Following discussion it was decided to introduce the Dansac TRE soft convex drainable pouch and a TRE seal as part of the overall care plan. Initially the patient chose to change her pouching system daily as she continued to worry about pouch leakage, however she soon became increasingly confident with the performance of the Dansac TRE soft convex product so decided to replace her pouch every other day.

Result

A fundamental need for this patient was a skin barrier that would adhere, yet not irritate her skin whilst supporting natural surface pH. Healthy pH level of skin is slightly acidic between 4 and 6, this is often referred to as the acid mantle.²

I had learned that through a buffering formulation TRE was designed to maintain the natural pH balance of healthy peristomal skin. The skin barrier also needed to withstand a highly active ileostomy with liquid output. As can be seen in (Fig 2a & 2b) the TRE barrier demonstrates the ability to absorb excess sweat and moisture from the skin with evidence of barrier swelling around the aperture helping to create a good fit and seal around the stoma base. After trying the pouches for 2 weeks, the patient commented that the "TRE skin barrier from Dansac felt comfortable against my skin. I no longer experienced leakages as before."

As her confidence has grown from strength to strength she has now returned to her Pilates and she is keen to try swimming again.

In conclusion I have learned how the Dansac TRE skin barrier and seal with adhesion, absorption and pH balance capabilities has met with the demands of this patient's skin and stoma output.

The seal and barrier absorbed with adequate swelling to optimise the seal around the stoma base. That in conjunction with the soft convex plateau led to a very successful outcome for this patient. Her skin has remained protected from the highly corrosive and damaging effects of stoma output, and the barrier has been easy to remove, therefore reducing the possibility of Peristomal Medical Adhesive Skin Injury (PMARSI). There may be an additional economic benefit in this particular patient as she is able to change her pouch regime to every other day.

This has had a direct impact on the overall cost of her stoma care.

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



1. <https://www.crohnsandcolitis.org.uk> 5 Nov 2014

2. Blank HL. Measurement of pH of the skin surface. *J invest. Dermatol* 1939; 2:67-79.



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