

# Use of a CeraPlus™ Skin Barrier with Remois Technology\*



## Case Study 3

### Abstract

There is a high incidence of peristomal skin complications, with more than half of all people living with an ostomy experiencing a peristomal skin issue at some point in their lifetime<sup>1</sup>. The types of complications, the reasons for them, and the solutions used to treat them can vary widely. For clinicians, managing these peristomal skin complications takes time and effort. For patients, sore peristomal skin can have a huge impact on their quality of life. Peristomal skin complications are the most common post-operative complication following creation of a stoma<sup>2</sup>. One such story will be shared in this case study.

### Aim

To visibly improve and maintain peristomal skin integrity and quality of life by finding a suitable skin barrier formulation for the patient, and ensuring a proper skin barrier fit around the stoma.

### Setting

This case study is set in the community, in the patient's own home. The patient concerned was three months post procedure, subtotal colectomy with formation of an internal pouch and diverting loop ileostomy for ulcerative colitis.

### Patient Overview

The patient is a female adult. She had been diagnosed with ulcerative colitis five years ago and following an exacerbation had made the decision to have ostomy surgery. She had no known sensitivities or drug allergies.

Post operatively, she had recovered well although, she had high output while in hospital which was controlled through dietary manipulation. Initially, she used a one-piece pouching system with a standard wear skin barrier and drainable pouch. This allowed for the pouch to be changed daily without irritation or damage to the peristomal skin. However as the stoma matured it became apparent that a convex skin barrier was required to prevent leaks from occurring. After trying various pouching systems, she found a two-piece pouching system with an extended wear convex skin barrier suited her needs. She would change the skin barrier on alternative days and the pouch daily.

### Problem

On visits, the patient would occasionally mention her peristomal skin felt itchy. On examination there was often nothing visible to indicate that there was any changes to the skin integrity. It was established that she generally would use water to clean around the stoma and peristomal skin. If she used soap, which she did on some occasions, this would be a non-perfumed soap and she rinsed and dried the area thoroughly before applying a new skin barrier.

Prior to a scheduled home visit, she telephoned requesting to be seen sooner as she felt the peristomal skin had become sore and itchy. This was effecting her quality of life to such an extent that she wanted to just stay in bed. On reviewing her at home, it was found that the peristomal skin was intact and there were no signs of inflammation, however, she was distressed. After a long discussion it was established that there were no changes in her peristomal skin care regime or medications.

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### Interventions

After further discussion with the patient, it was decided that she would try a two-piece CeraPlus convex skin barrier changing the skin barrier on alternative days.

### Outcomes

She was provided with a seven day supply of CeraPlus skin barriers and another appointment was made to review her progress. However, on the fourth day of using a CeraPlus skin barrier, a text message was received from her stating she “loved” the new skin barrier and felt her skin “was very comfortable” and the itching, which was making her life miserable, had ceased.

### Conclusion

Itching had a detrimental effect on this patient’s quality of life. From a clinical perspective itching can be very difficult to treat when the peristomal skin appears to be intact and free from inflammation. This case study highlights the positive affect the introduction of the CeraPlus skin barrier had within the overall plan of care for this patient.

Many people with ostomies experience peristomal skin issues and accept them as a normal aspect of having a stoma<sup>3</sup>. Thankfully, this patient sought help and there was visible improvement of the peristomal skin. Achieving a good fit around the stoma and preventing leakage as a means of mitigating skin irritation may not be enough to keep the peristomal skin healthy. The formulation of a skin barrier also has an impact on the health of the peristomal skin. Finding the right combination of skin barrier formulation, and skin barrier fit is essential to maintaining a healthy peristomal skin environment.

### References:

1. Richbourg L, Thorpe J, Rapp C. *Difficulties experienced by the ostomate after hospital discharge.* J Wound Ostomy Continence Nurs. 2007; 34(1):70.
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3. Whiteley IA and Sinclair G A *Review of Peristomal Skin Complications Following the Formation of an Ileostomy, Colectomy or Ileal Conduit.* World council of Enterostomal Therapists Journal, 2010; 30(3) p. 23-29.

*The support of Hollister Incorporated is gratefully acknowledged.*

*This case study represents one nurse’s experience in using a two-piece CeraPlus convex skin barrier with a specific patient and may not necessarily be replicated.*



\*Remois is a technology of Alcare Co., Ltd.

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