

# A New Skin Barrier Technology to Ease Patient Transition

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## Statement of Clinical Problem

The skin barrier is the most important part of any pouching system. An incorrect fit compromises skin integrity, security, and quality of life. Finding the right pouching system for an individual requires knowledge of available products and new options. Selection criteria include: skin type, output, and desired change frequency. It is critical to match the skin barrier to the patient's unique needs throughout the continuum of care.

## Description of Past Management

When a stoma is round and well-constructed, there are many skin barrier options. Cut-to-fit skin barriers can provide a customized opening for stomas that are changing size and are not round – especially in the postoperative period when the stoma and abdomen can change dramatically.

Many hospitals look to simplify their ostomy product formulary to help eliminate confusion and waste. Some patients or nurses are unable to cut the skin barrier precisely to ensure a proper fit. Transition to home can result in an ill-fitted skin barrier if the patient continues to use the initial template provided. Errors can lead to frustration and skin erosion.

## Current Clinical Approach

In addition to cut-to-fit pouching systems, moldable skin barriers have been introduced. However, these may not be able to reduce stocked products and can create difficulty in achieving a customized fit for odd shaped stomas.

## Patient Outcomes

Using a standardized method, a product evaluation was initiated in the US and Canada. The new skin barrier\* did not require scissors and was evaluated with different stoma types. It was determined to be easy to shape, flexible to skin folds, and able to provide acceptable wear time (Figure 1).



Figure 1

\* Hollister FormaFlex™ Shape-to-Fit Skin Barrier

## Case Studies

All clinicians involved in the pilot study found target populations within their settings where this skin barrier provided enhanced value for the patient. Additionally, each clinician felt this product would be a viable option for some of their patients after discharge.

*The following case studies illustrate some of these findings.*

### Case Study #1

77-year-old patient with Crohn's disease and ileostomy revision (Figures 2-5)

- Opening is easily customized to the base of the stoma with irregular shape
- Skin barrier is flexible and easy to shape
- Easy to teach an elderly patient to use
- Pouch is easy to attach without discomfort due to the integrated floating flange



Figure 2



Figure 3

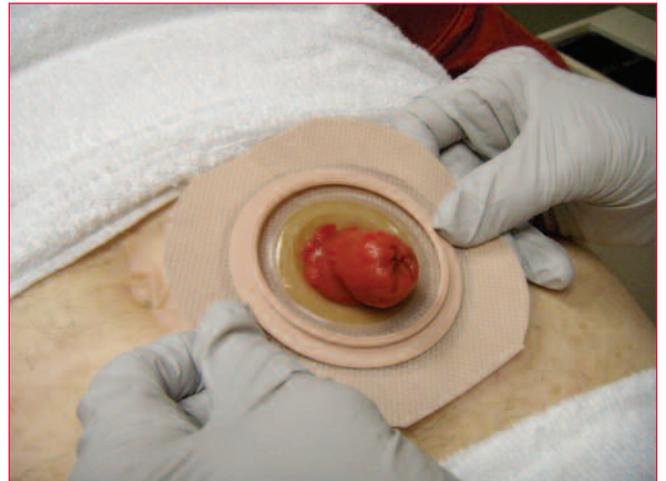


Figure 4



Figure 5

## Case Study #2

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58-year-old patient with low anterior resection and loop ileostomy with rod in situ (Figures 6-7)

- Easy to manipulate the skin barrier to the desired shape for skin protection
- Lack of “memory” makes the skin barrier easier to work with during application under the rod
- Rod does not stick to the skin barrier material once it is in place
- Integrated floating flange makes the skin barrier flexible and the pouch application easy

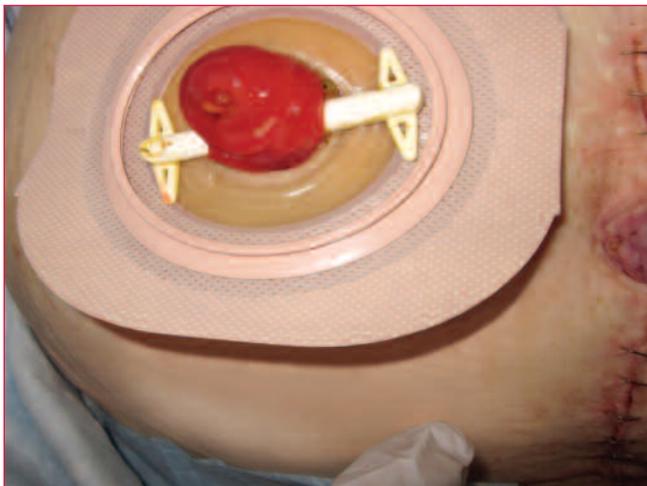


Figure 6

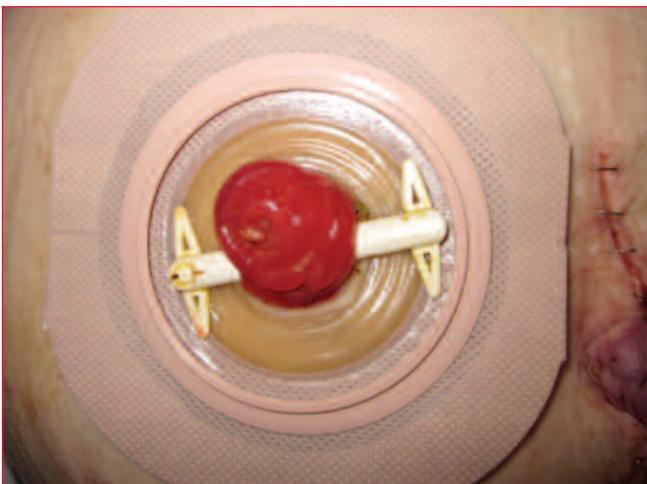


Figure 7

## Conclusion

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Cutting skin barriers can be difficult and inaccurate, negatively impacting outcomes. The data and photos from these cases support a new shape-to-fit skin barrier which offers an effective alternative to scissors for nurses and patients. This technology provides skin protection, a customized opening, and security especially when the stoma size and the abdomen are changing. The consistent starter hole and the ability to easily stretch the skin barrier can minimize inventory needed in an acute care setting.

In addition, the new skin barrier minimizes the steps and complexity when compared to cut-to-fit skin barriers making it easy to teach to patients and their families. This helps bedside and home care nurses to become more engaged with patient education throughout the continuum of care.

As presented at  
**11th ECET Congress**

June 12-15, 2011  
Bologna, Italy



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**Financial Assistance/Disclosure**

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The support of Hollister Incorporated is gratefully acknowledged.