

# The challenge in Stoma care nursing to find a secure and easy ostomy system & to treat a peri-stoma wound and a mucocutaneous separation

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## ► Introduction:

With the increased incidence of colorectal cancer<sup>1</sup>, we are witnessing an increasing number of surgeries resulting in stoma formations<sup>2</sup>.

As an ET nurse, I met Mrs. S, 70 years old, for the first time after it was decided by the surgeon that she would undergo a resection of her colorectal cancer with an ileostomy.

I gave the patient all the information she needed regarding the surgery and the site selection was done.

Due to her being overweight, the decision to fashion an ileostomy was aborted and an anastomosis was made instead. 5 days after surgery, Mrs. S was operated again as an emergency for a fistula on the anastomosis, resulting in creating an end colostomy, but poorly sited.

I saw the patient again on August 14, 2008 - 20 days after her second surgery. Her stoma was flat and I noticed a peri-stoma fibrinous wound on one side and a mucocutaneous separation on the other side. The separation was 1,5 cm width and 0,5 cm in depth.

Once the patient was seated, a crease was visible. As a result, seepage and leakage of stool was occurring underneath the skin barrier. Being constantly in contact with stool, the healing of the wound and the separation has been hindered.



August 14, 2008 :

- The picture above shows a peri-stoma fibrinous wound on one side and a mucocutaneous separation on the other side.

## ► Methods & Materials:

The purpose of the treatment was to prevent the peri-stoma wound and the mucocutaneous separation to be in contact with the stool that delayed the healing of the skin. Due to the presence of a significant crease over the colostomy, the choice was made to use 1 piece system.

1 - After cleaning and drying the stoma, a bandage of alginate was placed respectively on the wound and the disunity.

2 - To protect the separation and the wound from stool, an Adapt barrier ring was moulded on the barrier of the 1P system, Moderna Flex. This Flextend M, barrier Ring provides enhanced mouldability and flexibility, and has the added advantage of matching the skin's natural PH balance, helping maintain skin integrity and the skin's acid mantle.

3 - Finally, the 1P system, Moderna Flex was applied around the stoma. Thanks to the dimples, this ultra flexible Softflex skin barrier allows frequent pouch changes and permits the skin to rest and heal during use.



August 14, 2008



August 14, 2008



August 14, 2008

With this stoma care protocol, Mrs S was discharged from the hospital to a convalescent home.

## ► Results:

By changing the 1 piece system Moderna Flex, combined with an Adapt Barrier ring, daily for about 3 months, we achieved a full healing of the peri-stoma wound and of the mucocutaneous separation.

At the beginning, the nursing care was done by the community nurse. However, due to the stoma care system being easy to apply, the patient was able to take care of herself and to change the pouches without compromising the security.

Even though the patient was followed by a community nurse, I met with her on a frequent basis to support and evaluate the efficiency of the protocol.

Regarding the benefits of the 1P system, Moderna Flex, the patient had wished to keep using the same pouches.



September 1, 2008, J36:

- Regenerating cells of the epidermis had replaced the fibrinous tissue of the wound.
- Granulation tissue filling the void caused by the mucocutaneous separation.



September 29, 2008, J64:

- Healing of the wound skin and the mucocutaneous separation.



October 21, 2008, J86:

- This picture shows the diameter of the stoma that had decreased.

## ► Discussion:

Out of all the different stoma appliances that are on the market, Moderna Flex, a 1 piece system was preferred by the patient. The rationale choice for the Moderna Flex was with regards to flexibility and the skin friendly nature of the Softflex barrier.

Designed with dimples, Moderna Flex adheres well into the crease and allows frequent changes if required.

Otherwise to manage the wound and the separation around the stoma, an Adapt Barrier was used under the appliance.

After a surgery resulting in a stoma formation, one of the main patient's questions remains: "how can I manage that new part of my body, my stoma?". Therefore when we, stoma care nurses, adapt any stoma care system for the patient, we should have two priorities "Comfort" & "Security".

## ► Conclusion:

Every year people undergo colostomy surgery, and every patient faces their stoma in a different way. After colostomy surgery, the stoma acceptance process may be difficult; today's pouches are therefore light and low-profile under clothing, and they are designed to provide a proper fit, as well as comfort, flexibility and security<sup>3</sup>.

The careful siting of a stoma, whether permanent or temporary, plays an essential role in the rehabilitation of the patient. Nearly everywhere today, this is a major part of the stoma care nurse's preoperative role. And this study case proves that a badly sited stoma may cause serious problems such as postoperative complications; leaking and difficulties with appliances.

Nowadays, the patient's hospital stay is moving towards a short stay, therefore the stoma care nurses have also the responsibility, to enable the ostomy patient to leave the hospital with practical skills for the everyday management of both the stoma and the appliances he will had to use.

1 *Cancers du Colon et du Rectum: savoir utile*, Pr. Michel DUCREUX, Collection Sabinus & Santé, Edition MEDI-TEXT, page 26.

2 *L'Infirmière stomathérapeute, Abrégés professionnels de l'infirmière*, C. MEYER, D. JACOMIN, A. RODRIGUEZ, A. KRAEMER, Edition Masson, Paris, 1997, page 3.

3 *Vivre avec une stomie digestive ou urinaire, Handicap et Réadaptation*, H. BAUMJEL, J.F. LOUIS, Edition SIMEP, Paris, page 61.