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Peristomal Skin complications treated with Transforming Powder Dressing: A new Technology improves standard approaches to management

Purpose:

The purpose of this poster is to introduce WOCN's and other providers to the value of a new technique to manage peristomal skin and periwound complications using a new Transforming Powder dressing.

Objectives:

At the conclusion of this presentation the participant will be able to:

1. Identify Peristomal skin complications and the need for new management techniques.
2. Introduce the concept of peristomal skin management with Transforming Powder dressing.
3. Revisit novel approaches to stoma management with new innovative wound materials.

Abstract:

Surgical patients with stomas and abdominal fistulas are some of the most challenging patients to manage when the peristomal and periwound skin is damaged. The weeping moisture from the damaged skin affects the ability to keep an appliance in place to control enteral discharge. Enterostomal soiling will exacerbate the skin condition making management even more difficult. The end result is a painful stoma or fistula site that patients find nearly impossible to manage on their own and require frequent re-application of the appliance increasing their cost of supplies. A new Transforming Powder Dressing material has become available that can help protect and heal damaged peristomal and wound skin while managing moisture successfully. Moisture management becomes critical to success with problematic appliance placement. Creativity with pouching and a new Transforming Powder Dressing has helped patients with peristomal skin wounding and mucocutaneous separation. Transforming powder dressing not only allowed them to heal, but helps extend wear time of the appliance. Two illustrative cases are presented to demonstrate this innovative approach to stomal care.

Methods and Materials:

Transforming Powder dressing was applied to a patient's stoma complicated by mucocutaneous separation and peristomal skin wounding. The appliance was applied over the powder dressing and monitored.

A second patient developed a high output abdominal fistula.

Transforming powder dressing was used to protect the skin damaged by enteric content. With skin protected by Transforming Powder Dressing, the fistula was controlled with suction and film.

Results:

Used under a stomal appliance, the mucosal separation healed as did the skin wounding. The stoma appliance was placed over the powder dressing and worked well to protect the skin from further damage from leakage. The mucosal skin separation was filled with Transforming Powder dressing and sealed with the stomal appliance to avoid leakage. Appliance wear time was extended which contributed to healing the peristomal skin.

Transforming powder dressing protected the skin in a case of difficult to control high output fistula and allowed the patient to be successfully managed. Without the powder dressing, the patient had pain and irritation from the skin exposure from enteric contents. The Transforming Powder Dressing worked well to protect the skin and conformed to the shape of the wound. These results are illustrated in the Case Studies.

CASE 1

Damaged peristomal skin and mucocutaneous separation



Transforming Powder Dressing applied



Stomal appliance applied over powder dressing



Peristomal Skin and mucocutaneous separation healed



CASE 2

Small Bowel Fistula developed in midline wound



Transforming Powder Dressing applied to protect skin



Powder covering skin and fistula walled off with stoma paste



Film applied to cover suction and control fistula effluent



Discussion:

When skin breakdown and mucocutaneous separation occur, ostomy leakage becomes more likely. Repeated skin injury may result in damaged skin and a weeping stoma area that will not accept an appliance. Prompt attention and effective treatment will more likely heal the condition and avoid lasting complication. Management of the moisture is imperative to fitting and securing the appliance footplate. Appliance leakage and failure becomes a result of repeated skin injury and can become cyclical, impacting on the patients self-esteem and quality of life. Transforming Powder dressing manages moisture and protects the wound bed from external contamination. We found that the stomal appliance can be placed over the powder dressing and remain in place to heal and protect the skin.

Small bowel fistulas when high output, are difficult to control. The surgeon is reluctant to re-operate within the first 12 weeks so as to avoid a "difficult abdomen" situation and run the risk of further complication. Having a management strategy that is effective in controlling the fistula and allow time to resolve the hostile post-operative abdomen is essential. Transforming Powder Dressing controlled the complicated skin issues that occurred with this difficult fistula. Enterostomal Therapists may find this technique useful in caring for their stomal and complex wound patients.

References:

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