



A practical guide for  
Peristomal Skin problems  
Developed by the Ostomy Forum

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## A practical guide for Peristomal Skin



Normal Peristomal Skin

Peristomal skin is the skin immediately surrounding the stoma. Intact peristomal skin is vital in stoma care as it provides the surface on which the skin barrier/pouching system is adhered.

First line management of any peristomal skin problem is always to review stoma care practice.

Good stoma care practice is to:

- Assess patient self care, pouch application and removal.
- Measure the stoma size and alter the cutting template to fit the stoma. Educate the patient to measure their stoma regularly.
- Educate the patient to support the skin whilst removing the appliance.
- Provide the patient with written information on correct pouch changing technique.

In the following pages you will find examples of different peristomal skin conditions and we will provide suggestions for treatment and specific suggestions for intervention and management.

Peristomal skin	Status	Definition/Presentation
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Erythema

Red intact skin



Macerated

Excoriated; moist skin



Eroded

Excoriated; moist and bleeding skin



## Proposed intervention and management

Transient erythema or “blushing” of the skin is normal when removing an ostomy pouch. Common causes of erythema are: appliance cut too large, excessive changing of the appliance or poor changing technique.

Good stoma care practice is to:

- Assess patient self care, pouch application and removal.
- Measure the stoma size and alter the cutting template to fit the stoma. Educate the patient to measure their stoma regularly.
- Educate the patient to support the skin whilst removing the appliance.
- Provide the patient with written information on correct pouch changing technique.
- Check output consistency is appropriate to stoma type; add anti motility drugs/bulking agents if necessary.
- Skin protecting accessories are not normally required, however local practices may advise usage. They should be discontinued when problem resolves, to avoid residue build up.
- Consider seal or paste to protect the peristomal skin.

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- Review as for Erythema.
  - Review frequency of appliance change.
  - Use protective powder on moist areas only and discontinue use when the problem is resolved.
  - Consider the use of seals or change of product.
  - Alcohol based paste should not be used on broken skin.

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- Review as for Erythema and Macerated.
  - Apply topical treatments as per local stoma care protocols.

Peristomal skin Status

Definition/Presentation



Ulcerated

Skin defect reaching into subcutaneous skin layer



Irritated

Irritant causing skin to be inflamed, sore, itchy and red



## Proposed intervention and management

- Review as for Erythema.
- Skin protecting wafers and/or seal to fit the area; can be used in conjunction with topical treatments following local protocols.

Differential diagnoses may be:

- Pressure ulcer caused by convexity and/or belt. Consider removing the belt, change type of stoma appliance with Stoma Care Specialist advice.
- Check medication e.g. Nicorandil induced ulcer (ref. Ogden et al.).
- Pyoderma Gangrenosum (see other).
- Trauma /self harm or infection.

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The most common cause for the skin to be irritated is faecal or urine leakage onto the peristomal skin. Allergic reactions are very rare and diagnosis can only be confirmed after positive patch testing (ref. Lyon and Smith).

- Review as for Erythema.
- Swab and culture the skin and refer to Stoma Care Specialist for further assessment.
- Check whether there have been any changes/additions to their stoma care technique and products used for example: soaps, wipes, lotions, washing powder, adhesives. If so, discontinue use of the irritant.
- If no infection is present, apply local topical steroid treatment until resolved or for a maximum of 4 weeks (under supervision of the Stoma Care Specialist). If persistent refer to Dermatologist.

Peristomal skin Status

Definition/Presentation



Granulomas

Nodules/over-granulation tissue on skin



Chronic papillomatous dermatitis (CPD)

Greyish, raised lumps on skin caused by alkaline urine coming into contact with the skin



## Proposed intervention and management

- The granulomas may be painful, bleed easily and cause the appliance to leak. **It is important to maintain the template of the appliance to fit the stoma only.** Do not include the granulomas into this.
- When cleaning the area treat the skin very gently and pat dry.
- Management options may include:
  - Silver nitrate\*
  - Steroid cream\*
  - Liquid nitrate\*
  - Convex productsAll of the above as prescribed and must be used under the supervision of a Stoma Care Specialist.
- Large areas of over-granulation may require referral to medical practitioner for surgical removal.

\* Requires doctors prescription

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Only urostomates are affected, this is due to peristomal skin being exposed to urine over a prolonged period of time, can be painful.

- Assess patient self care, pouch application and removal.
- Measure the stoma size and cut a new template to fit the stoma. Consider using a pre cut convex product with a belt until resolved. Review within 4 weeks.
- Re-educate the patient on good peristomal hygiene.
- Provide the patient with written information on correct pouch changing technique.
- Consider seal or paste to protect skin from urine.
- Wash the lumps with a weak Vinegar and water solution at every pouch change till the problem is resolved.
- Oral intake, of no more than 1 gram Vitamin C tablets per day may help to acidify urine.
- Cranberry juice /tablets may also help to acidify urine. (NB: Cranberry juice/tablets are contraindicated if your patient is on Warfarin).

# A practical guide for Peristomal Skin

Peristomal skin	Status	Definition/Presentation
	Infection	Infection can be bacterial or fungal
	Pyoderma Gangrenosum	Purple edged, very painful ulcers which ooze exudate, skin bridges/strands may be present
	Psoriasis/ excema	Common skin disorders that appear on any part of the body
	Folliculitis	Infected hair follicles



## Proposed intervention and management

- Skin can appear dry and flaky or raised, red and moist.
- Take a skin scraping and/or a microbiological swab for culture.
- Assess patient self care and pouch changing technique. Re-educate if necessary.
- After positive results, appropriate treatment to be used under the supervision of the Stoma Care Specialist.

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- Refer to the Stoma Care Specialist/Dermatologist for further assessment.
  - Take a microbiology swab to culture the ulcer.
  - Depending on the severity there are various treatment options.

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- Take a microbiology swab to culture the area.
  - Refer to the Stoma Care Specialist for further advice.
  - Apply non-oily topical treatments in conjunction with stoma care products.

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- Assess patient technique for peristomal hair removal. Re-educate the patient on shaving technique using single use razor and water.
  - If very severe, oral antibiotic treatment/skin washes as per local protocol.





## Dansac Accessories



Flat wafers

All Dansac Skin Barriers are made of hydrocolloid and skin-friendliness is a top priority for Dansac. The smooth EMA carrier allows the skin to breathe, eases cleaning and prevents tugging from clothes.



X3 Wafers

The X3 wafer is a 3 mm thick hydrocolloid providing enhanced skin protection, extra security and comfort.



Soft Paste

Dansac Soft Paste is ideal for levelling skin folds and scars to make the appliance fit securely around stomas or fistulae. Dansac Soft Paste helps protect the skin, increase security and extend wear time.

## Dansac Convexity products



Soft Convex

The Dansac Soft Convex wafer is flexible and moldable and provides a moderate pressure around the stoma. Made for patients with a flush stoma, a partly retracted stoma, a stoma in a pliable skin fold or peristomal ulceration.



Convex\*

The Dansac Convex wafers are standard convex wafers with 6 mm convexity. It is firm and provides extra pressure around the stoma. For difficult cases: e.g. severe obesity, a stoma in a deep crease or a severely retracted stoma.



GX-tra Seals

Dansac GX-tra Seals are designed to reduce the risk of leakage. GX-tra Seals are an ideal solution if the skin around the stoma is uneven or creased - they can easily be formed to fit individual needs.

\*Notice that Convex products should only be applied after consulting a Stoma Care Specialist.