Successful Applications of a New Soft Convex Product in the Management of Stoma Patients

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Introduction

Stomal Therapy Nurses are faced with the daily challenge in the care of their stoma patients in maintaining a secure, reliable, and leak-proof skin seal to avoid potential peristomal skin complications from leakage. Traditionally, management methods included the usage of accessory products such as hydrocolloid seals and rings (to obtain a soft convex skin seal) and/or firm convexity skin barriers to achieve a firmer seal. However, these are not without their financial and physical considerations.

While used successfully and often clinically required, the application of accessories to achieve soft convexity often incur extra steps for the person with a stoma. This may increase the risk of misapplication as well as create additional time required for changing their pouching systems. Firm convexity has likewise been used successfully for decades, but has some reported incidences of creating undue pressure resulting in peristomal skin injuries. This can create clinician concerns about using a convexity solution even when might be it required.

This series of case examples aims to demonstrate the patient benefits of soft convexity in clinical practice and how it can be positive adjunct to the Stomal Therapy Nurse’s product armory.

CASE EXAMPLE 1
Soft Convexity & Loop Ileostomy

An 81 year old male with loop ileostomy underwent an anterior resection and temporary loop ileostomy for rectal cancer in July 2014. The distal limb was flush and the spout of the ileostomy sagged over making it difficult for him to see where to position the pouch. (Figures 1 & 2) This was evident by the irritated skin above the stoma rather than underneath as he had not been lifting the loose skin to round off the stoma and position the edge of the pouch under the distal limb. (Figure 3)

Lifting the skin above the stoma lifted the spout enabling an improved fit. The viewing option allowed the position to be inspected to ensure the pouch was fitted correctly round the stoma. As the patient had also developed a dip and crease on the medial side of the stoma he also needed a soft convex solution that would fit well under the lower edge of the stoma to ensure no leakage.

CASE EXAMPLE 2
Soft Convexity and Pancaking

A 42 year old female underwent an emergency Hartmann’s procedure for bowel cancer in 2013. Although potentially a temporary stoma the patient decided not to have reversal surgery. Her stoma was a neat, round 18mm sigmoid end colostomy. (Figure 4) Initially she selected a flat one-piece closed pouch with a split cover to enable visualisation of her stoma. (Figure 5)

At her annual review she admitted to experiencing ‘pancaking’ of the stool and found that the stool never went into the pouch, collecting at the top around the stoma and seeping onto the skin. Consequently she needed to change the pouch four, sometimes six times a day to feel confident it would not leak and prevent skin damage.

In two UK studies a higher incidence of pancaking was experienced in one-piece pouches and the majority of patients found the most effective solution to be changing the pouch (Perrin 2013, Klok-Vonkeman et al 2013). Likewise a team from the Netherlands undertook a study of ‘pancaking’ in ostomates and found that 70% of colostomates and 50% of ileostomates that responded to their survey reported pancaking of stool which was frequently associated with leakage.

As pancaking is thought to be related to the vacuum caused by the pouch film adhering to the moist stoma surface, a soft convex appliance may create a ‘space’ at the stoma surface to allow the stool to come out of the stoma without pushing off the adhesive barrier. In this patient’s case the stool was not entering the pouch at all so a little pressure around the base of the stoma was also felt necessary to ensure an improved fit. A new, closed, and soft convex pouch provided the ideal solution. (Figure 6)

CASE EXAMPLE 3
Soft Convexity & Skin Creases

A 77 year old female underwent an emergency Hartmann’s procedure in 2009 for perforated diverticular disease. She went on to develop a large parastomal hernia and had this repaired and rested in 2011. In 2013 she required a further parastomal hernia repair. Her realised stoma sits high on the abdomen as she is just 4ft 9” tall.

As a result of these multiple surgeries she developed several deep creases across the abdomen and experienced significant problems maintaining a leak free seal with her appliance, further complicated by a loose and at times watery output. (Figure 7)

To overcome this she was using a complex arrangement of dressings to even up the midline scar, sections of strip paste to fill creases and a soft convex appliance with a belt. This was a time consuming and costly method.

She found that the pouch she used had a hard plastic ridge along the top of the joint between pouch and flange which dug in under her ribs. She also experienced ballooning of the pouch and breakthrough smell from the filter. She required a soft convex product with deep ‘shoulders’ that would mould around the base of the stoma neatly to provide a seal.

She tried several different products including all the current soft convex drainable pouches available.

When she reviewed the product together she was so excited to have found something that was comfortable, secure, simple-to-use, and odour-free. She commented that: “As soon as you put it on it moulds into every little dent and crease. The barrier is absolutely wonderful, like a second skin. They mould to you. It really is fantastic.” (Figures 8 & 9)

Positive Economic Impact

Monthly usage after assessment: 15 Dansac NovaLife, 1 Open Soft Convex pouches, 1 Adhesive Remover spray

Monthly products no longer required: 30 convex pouches, 30 sealing rings, 30 barrier films, 30 bordered dressings, 1 deodorant spray

PRODUCT OPTIONS
Dansac Soft Convexity Closed & Open Pouches with Viewing Option

CONCLUSION

A new alternative is now available to stoma patients and the clinicians who manage them, to address the concerns of undue pressure causing peristomal skin injuries while maintaining a leak-proof seal – Integrated Soft Convexity. This new style of product can in some cases eliminate the need for accessories by providing a softer and easier to apply convexity solution. It can also potentially reduce costs in managing leakage without the use of accessories as well as avoid the reported discomfort that is often associated with firm convexity.

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