Proactive Decisions vs. Reactive Responses

ABSTRACT

Often stoma care product decisions are reflective of reactive treatment methods to manage peristomal skin conditions. Proactive skin assessment and appropriate skin barrier selection at an earlier stage is discussed as a potential method of management to help reduce peristomal skin issues before they occur.

DISCUSSION

Healthy peristomal skin is crucial to maintain the quality of life and the positive body image perception of an individual living with a stoma. Maintenance of healthy peristomal skin is a constant challenge and peristomal skin issues are frequently reported when the pouching system and/or skin barrier fails. From the very beginning, the skin barrier plays a major role in caring for the peristomal skin as it not only secures the ostomy pouching system to the skin, it helps protect the skin from damaging stoma discharge. As stoma care nurses we understand the value of adequate skin protection, and that generally once peristomal skin damage occurs it can be difficult and expensive to manage by both the clinician and the person with an ostomy. If the skin barrier of the pouching system fails the user, the whole pouching system essentially fails. Therefore, choosing the appropriate skin barrier for an individual should always be the key deciding factor when selecting an ostomy product.

Ostomy surgery alone has a profound affect on the quality of life of a person. The two largest ostomy studies to date - The Montreux Study and The Ostomy Comprehensive Health and Life Assessment have identified that a key factor contributing to the diminished quality of life for the person with an ostomy is damaged peristomal skin. It is generally well-accepted among stoma clinicians that prevention of peristomal skin damage is easier than having to manage a problem once it occurs. Damaged peristomal skin often increases transepidermal water loss (TWL), which in turn can reduce the effective adhesion of a skin barrier and the resulting cycle of repeated barrier replacement causes further skin damage. There are several different clinical tools now available that can be used to gauge the peristomal skin of an individual with an ostomy. These Tools can be useful with the assessment of already damaged peristomal skin and help to manage the problem once it has occurred. However they do not necessarily make recommendations about what to do when the peristomal skin is not damaged (for example: normal = ‘do nothing’). This means that stoma care in many situations is a reactive process rather than a proactive process - or in the case of ‘do nothing’, passive. Consequently, there is a potential in some instances to reduce the incidence of peristomal skin problems through more proactive measures.

One proactive process would be the selection of an appropriate ostomy skin barrier prior to its application and after initial patient assessment. As described in the manuscript by Nichols, Menier and Purnell (pages 11-16 of this supplement), this assessment should be based on several criteria. This includes skin type, stoma output, skin barrier change frequency, as well as knowledge of the properties and performance characteristics that the differing skin barrier formulations can deliver. This process should be relatively simple and fast for the experienced and inexperienced person delivering stoma care. How to simplify choice and maximize the understanding of the differing skin barriers can be a challenging prospect.

As described in the Nichols, Menier and Purnell manuscript of this supplement, a simple patient assessment process when used in conjunction with the skin barrier selector tool was used successfully by clinicians in several countries to select an appropriate skin barrier for their patients prior to discharge. Some comments received from clinicians during the evaluation process of the selector tool questioned the need for skin assessment when choosing a skin barrier. They believed the stoma effluent is the primary concern. Stoma effluent will of course give an indication for the type of skin barrier selected, but it should not be the sole deciding factor when selecting a skin barrier (considering there are four fundamental skin types). The peristomal skin is the anchor point for any skin barrier and all factors including the type of skin, the stoma effluent, and change frequency, should be considered so that there is not a skin type to skin barrier
mismatch. Skin issues can sometimes be the result of an incorrect skin barrier choice for that individual as this can impact their expected wear time and therefore their quality of life.

Many patients are sited pre-operatively and hopefully this includes visual inspection of their skin by the stoma care nurse prior to marking for the stoma site. This again provides an opportune moment for closer skin assessment at an even earlier stage. A comprehensive approach to the prevention and management of peristomal skin complications begins preoperatively and continues until the stoma can be closed or for the rest of a persons life. Correct skin assessment coupled with the knowledge of the pending type of surgery can provide directional recommendations to help determine appropriate skin barrier choice for a specific individual and may help to mitigate skin type to skin barrier mismatch.

CONCLUSION

Proactively matching the right skin barrier with the right skin type, the stoma output, and the frequency of skin barrier change should be a process used by clinicians during initial and ongoing patient assessment. This process may decrease the number of peristomal skin issues experienced by the person with an ostomy after discharge leading to an enhanced quality of life.

REFERENCES


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