



OUR SKIN

**2025
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STOMAL THERAPY NURSE
ONL NSW LTD**

PRESENTATION 1





DISCLAIMER

ONL LTD SUPPORTS ALL COMPANIES EQUALLY SUPPLYING STOMA & RELATED PRODUCTS???

THIS PRESENTATION IS FOR EDUCATION ONLY AND DOES NOT REPLACE DISCUSSING / SEEING YOUR STOMAL THERAPIST WITH ANY ISSUES YOU MAY BE CONCERNED ABOUT.



STOMA TALK

Stoma

Faeces

Urine

Appliance

Baseplate

- Ostomy, colostomy, ileostomy, urostomy
- Stool, poo, effluent, shit, ka ka,
- Wee, piss, piddle
- Pouch, bag, sticky thing
- Flange, wafer, landing plane, skin barrier, adhesive, gasket,

AIM FOR TODAY



- Understand your skin
- Know how to remove & reapply a baseplate or pouch
- Scroll through “Hints & Tips”



REFLECTION OF YOUR HEALTH & WELLBEING

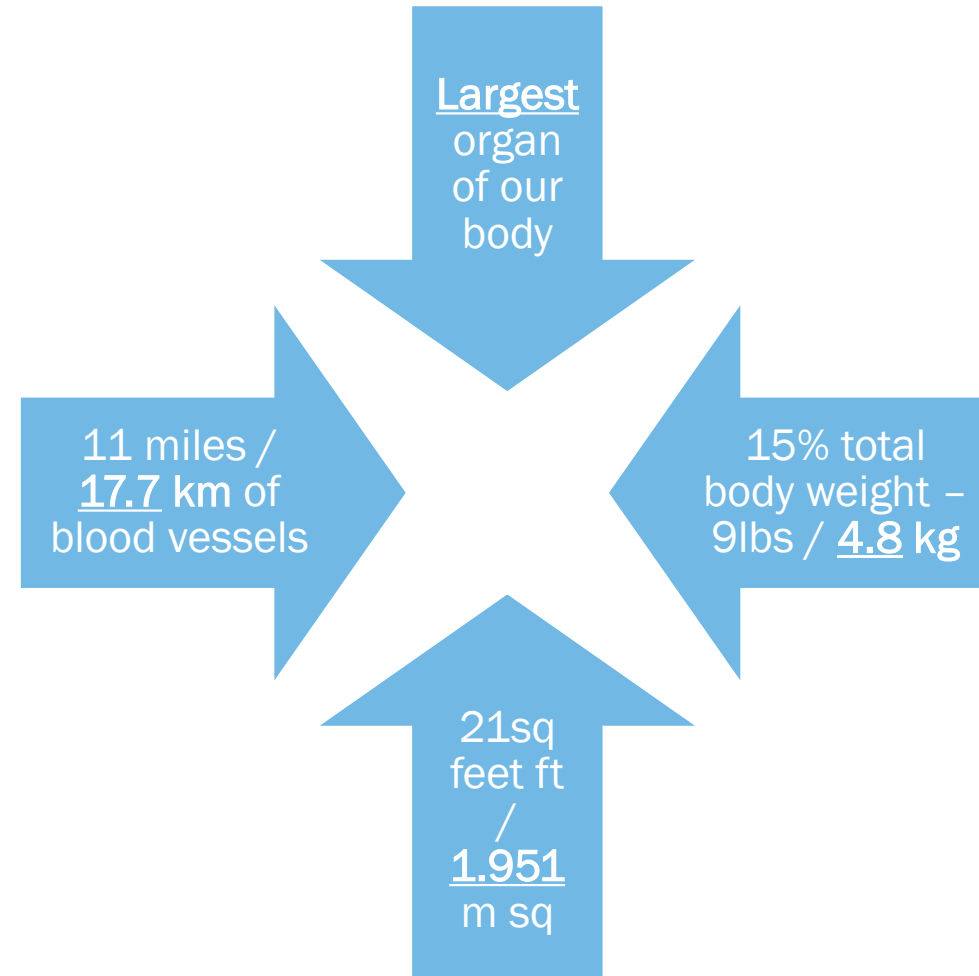
SKIN FACTS



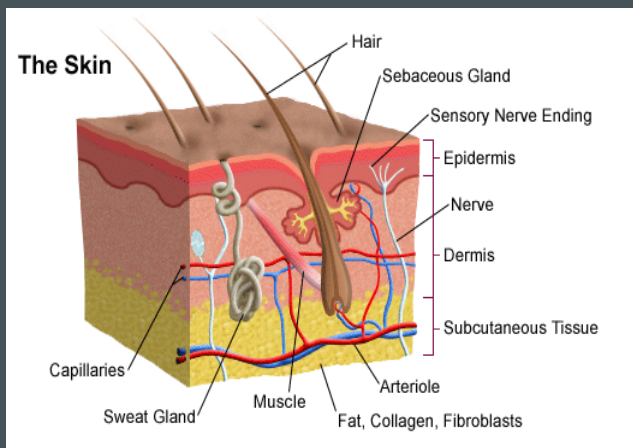
DID YOU KNOW?

The average person has about 300 million skin cells.

A single square inch of skin has about 19 million cells and up to 300 sweat glands.



SKIN FUNCTION



EPIDERMIS

- Protection injury,
- Excessive water loss
- Foreign body identification

DERMIS

- Melatonin production
- Vit D production
- Heat regulation / cooling
- Pain sensation

SUBCUTANEOUS TISSUE

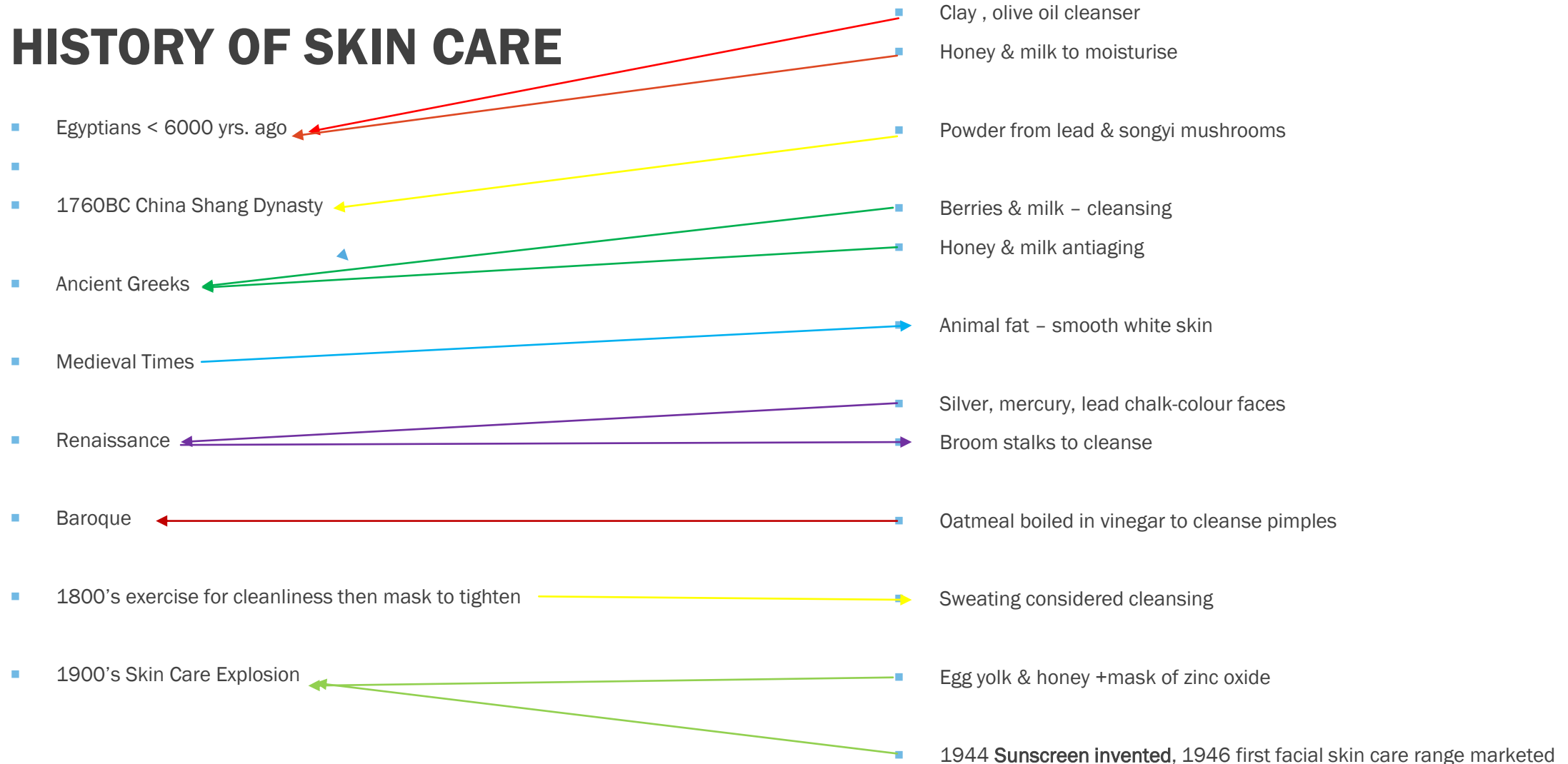
- Loose connective tissue & fat (adipose tissue)
- Cushion
- Energy store

WHAT IS YOUR SKIN LIKE?

- Tight
- Cracked
- Wrinkly
- Soft
- Saggy
- Spotted
- Different tones
- Healthy



HISTORY OF SKIN CARE





PERISTOMAL SKIN

- The skin immediately surrounding your stoma(s)



RESEARCH

- WOCN Conference San Antonio 2015, live symposium, 277 virtual members & 300 live members, over time so some questions finalised by webinar
- Goal : generate statements about what is a standardised way to use medical adhesive products for wound, continence & stoma care. Voting held for each statement



DEFINITIONS

- Definition of Medical Adhesives (*abbreviated from US Food and Drug Administration's Definition*)
- A **M**edical **A**dhesive is a product used to approximate wound edges or
to affix an external device (i.e., tape, dressing, catheter, electrode, **pouch** or patch) to the skin.”
- **Related Skin Injury (MARSI)**
- “A medical adhesive related skin injury is an occurrence in which erythema and/or other manifestation of cutaneous abnormality (including, but not limited to, vesicle, bulla, erosion, or tear) persists 30 minutes or more after removal of the adhesive.



93%

WARM HAND PRESSURE

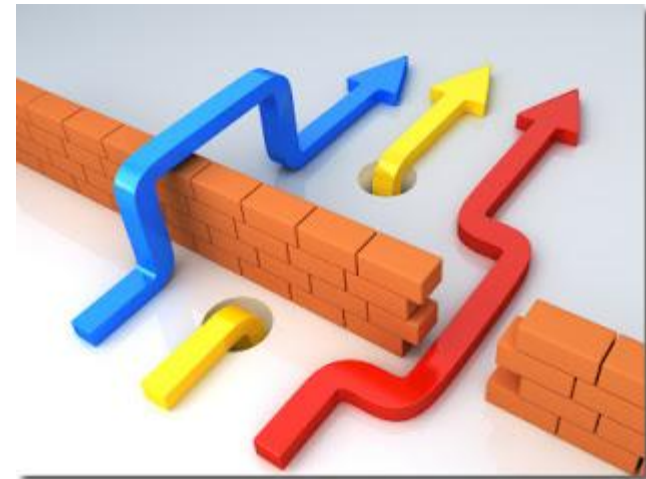
“When applying ostomy skin barrier, use gentle warming hand pressure to initiate adhesion process to contours of skin”

83%

Limit

“ Limit or avoid use of additional trafficking (adhesive enhancers) under ostomy products”

- Seals
- Pastes
- Glues



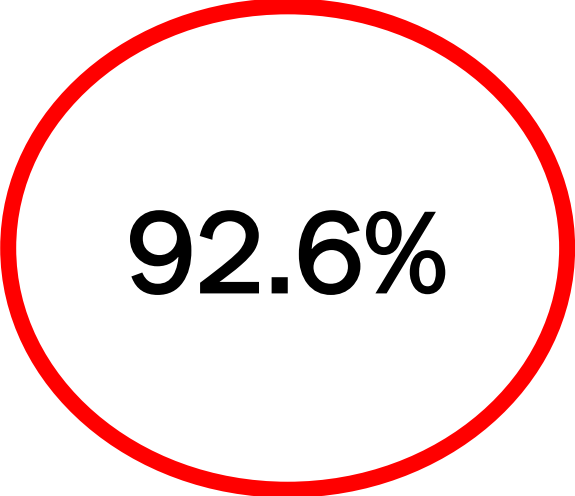


97.7%

- “When applying adhesive in areas where movement is expected, choose adhesive with a stretch backing.”

REMOVING APPLIANCES

- General statement about removal of adhesives
- “use two hands, remove adhesive at a low angle parallel to skin, slowly, while supporting the skin – tape interface.”

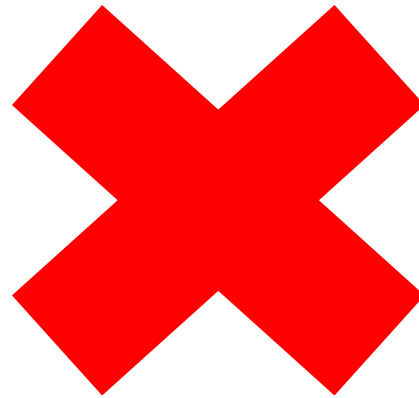
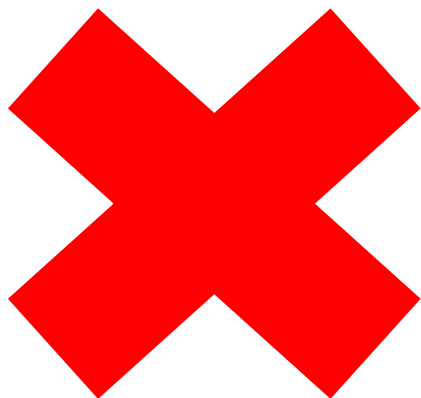


92.6%



MASD

- “Moisture-associated skin damage (MASD) is caused by prolonged exposure to various sources of moisture, including urine or stool, perspiration, wound exudate, mucus, saliva, and their contents”.
- JWOCN 2011:38(3):232-41



**“HEALTHY SKIN SHOULD
BE THE RULE, NOT THE
EXCEPTION”**

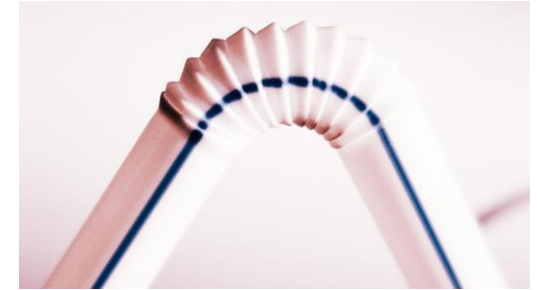
- Skin complications should not happen!
- Are all skin barriers the same?
- Is itchy skin always red?
- Formulation & fit are both needed?

WHAT IS AN ADHESIVE?

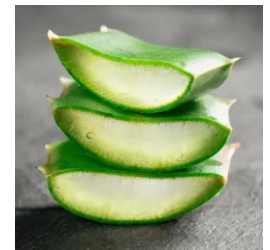
Recipe: many products that make up the adhesive (sticky) contact layer used to attach to our skin around your stoma (most bases)



Coloplast Dialogue Education Your Guide to Ostomy Adhesives



- Pectin, hydrocolloid powder, cotton fibres, transglutaminase, tackifiers
- Development: adhesion, absorption, relaxation, elasticity, flexibility, breathability, removerability (my word), support bag, security,
- Ceramide
- Aloe Vera
- pH buffering technology
- Silicone – body fit technology
- Manuka Honey



STEP

1

- KISS
- Think through steps before doing
- Don't rush!!!
- Wash hands
- Plan - cut out pouch / base plate before removing
 - - dampen some Chux
 - - rubbish bag ready
 - - equipment within reach

STEP

2

- Use remover spray /wipe to help loosen pouch / baseplate
- **Gently** remove from skin, using both hands (if possible) supporting skin with one hand
- Do not pull up, try to **roll parallel** to skin to avoid, tearing, blistering etc.
- Used pouch / baseplate into rubbish bag
- Clean around stoma
- Dry well

STEP

3

- Remove backing from new pouch / baseplate
- Fold in half placing at bottom of stoma, roll up & over
- Attach pouch if using 2 piece (from bottom up)
- Do up outlet if drainable pouch
- **Warm hand** to help adhesion, 1-2 minutes
- Dispose of rubbish
- Wash hands

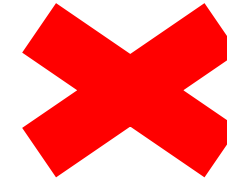


VIDEO: CHANGING A TWO PIECE POUCH

HINTS & TIPS



- Avoid products with chemicals perfumes, irritants e.g. baby wipes etc..
- Avoid soap, or pH neutral if using
- Gentle, take your time, be planned
- If using remover wipes/sprays clean peristomal skin well
- Use two hands & support your skin
- Dry skin well
- Know about your product
- Replace if burning, stinging felt
- Always have a spare kit for emergencies & take with you to hospital
- Take photos as helps log changes
- Check back of pouch/baseplate as helps see where leaks/issues are coming from



- Don't rush
- Don't rip off
- Don't cut out all your supplies at once as your stoma(s) may change size
- Do not add extras unnecessarily
- Don't use creams unless discussed with STN
- Don't flush
- Try not to delay seeking help, even a phone call

STOMAL COMPLICATIONS

Peristomal/parastomal contact allergic dermatitis

- Inflammatory, demarcated skin reaction
- Reaction from contact with a product



STOMAL COMPLICATIONS

Peristomal/parastomal irritant dermatitis

- Inflammation , erosion, or ulceration from sustained contact with stomal effluent



STOMAL COMPLICATIONS

Pseudoverrucous lesions

- Moist or dry hyperkeratosis due to exposure to effluent
- Usually urine (usually alkaline)



STOMAL COMPLICATIONS

Granuloma

- Mucocutaneous
- Mucosal granuloma
- Friable, papular hypergranulation due to an inflammatory response, & often prolonged irritation



STOMAL COMPLICATIONS

Sutures

- A stoma(s) under tension may develop these little skin holes
- If a rod is used may be worse.
- Will heal with time and care



STOMAL COMPLICATIONS

Mucocutaneous separation

- Movement of the peristomal skin away from the stoma
- Will heal over time.



THANK YOU

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