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**Literature search results**

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**Search details**

Management and complicaitons of stoma care patients with peristomal skin conditions.

**Resources searched**

NHS Evidence; TRIP Database; Cochrane Library; AMED; BNI; CINAHL; EMBASE; HMIC; MEDLINE; Google Scholar

**Database search terms**

stoma; ostomy; OSTOMY CARE; ostom*; stomas; peristomal adj2 skin; PERISTOMAL SKIN CARE; SKIN AND SKIN DISORDERS; demal; dermatitis; derma*; skin adj2 care; STOMA; peristomal; stomal; exp OSTOMY; SKIN CARE; skin

**Google search string**

(stoma OR stomas OR ostomy OR ostomies) (peristomal OR stomal) (skin OR dermal OR dermatitis)

**Summary**

There is such a wealth of research into peristomal skin complications and management that it is impossible to summarise.

**Guidelines**

**European Association of Urology Nurses**


**Map of Medicine**

*Diverticular disease - stoma care* 2010

**New Zealand Dermatological Society**

*Skin problems from stomas* 2011
Registered Nurses’ Association of Ontario
Ostomy care and management 2009

Wound, Ostomy, and Continence Nurses Society
Management of the patient with a fecal ostomy: best practice guideline for clinicians 2009

Evidence-based reviews
Clinical Immediate Reference
Stoma Care 2010

Published research

1. The road to independence: successful use of moldable ostomy skin barriers* to improve patient outcomes.
   Author(s): Haas, Shelly L, Reider, Kersten E
   Citation: Journal of Wound, Ostomy & Continence Nursing, 02 May 2011, vol./is. 38/3S(0-0), 10715754
   Publication Date: 02 May 2011
   Source: CINAHL

2. Skin barrier selection in an outpatient ostomy clinic.
   Author(s): Erbe, Janice M
   Citation: Journal of Wound, Ostomy & Continence Nursing, 02 May 2011, vol./is. 38/3S(0-0), 10715754
   Publication Date: 02 May 2011
   Source: CINAHL

3. Peristomal skin and tape: stick to the facts.
   Author(s): Kelly, Connie, Lyon, Calum, Rao, Samara, Nichols, Thomas
   Citation: Journal of Wound, Ostomy & Continence Nursing, 02 May 2011, vol./is. 38/3S(0-0), 10715754
   Publication Date: 02 May 2011
   Source: CINAHL

4. Pigmentary complication of the peristomal skin in colorectal cancer patients under systemic chemotherapy using S-1.
   Author(s): Kodama, Mitsuko, Kume, Makoto, Miyazawa, Hideaki, Satoh, Seiji, Yamamoto, Yuzo, Ito, Tomoko, Asanuma, Yoshihiro
   Citation: Journal of Wound, Ostomy & Continence Nursing, 01 May 2011, vol./is. 38/3(280-285), 10715754
   Publication Date: 01 May 2011
   Abstract: PURPOSE: This study describes hyperpigmentation at the epidermis around a colostomy during and after systemic chemotherapy with S-I (a compound of tegafur, gimestat, and potassium oxonate). SUBJECTS AND SETTING: Thirty-one colorectal cancer patients (male 17, female 14) visited the stoma-care clinic, Akita University Hospital between April 2003 and March 2006. Fourteen patients (male 8, female 6) had been observed continuously for more than 3 months. METHODS: Results of 5 male patients who received systemic chemotherapy using S-I were compared to those of 9 male and female patients who did not receive S-I. The shades of epidermal pigmentation at the peristomal area were graded on a 3-point Likert scale, where grade 2 indicated very dark pigmentation, grade 1 indicated moderately dark pigmentation, and grade 0 indicated no...
pigmentation of the peristomal skin. RESULTS: Pigmentation scores in patients receiving S-l were significantly higher than scores in patients who did not receive S-l systemic chemotherapy. CONCLUSIONS: Rapid and excessive pigmentation of the peristomal skin may occur in patients receiving S-l systemic chemotherapy because it indicates an adverse event related with systemic chemotherapy and leads to peristomal skin problems.

Source: CINAHL

5. Using chamomile solution or a 1% topical hydrocortisone ointment in the management of peristomal skin lesions in colostomy patients: results of a controlled clinical study.

Author(s): Charousaei, Firuzeh, Dabirian, Azam, Mojab, Faraz

Citation: Ostomy Wound Management, 01 May 2011, vol./is. 57/5(28-), 08895899

Publication Date: 01 May 2011

Abstract: Peristomal skin complications interfere with stoma appliance use and negatively affect patient quality of life. To find an alternative to long-term peristomal skin treatment involving corticosteroid products, a prospective study was conducted to compare the effect of a German chamomile solution to topical steroids on peristomal skin lesions in colostomy patients. Persons seeking care for the treatment of a peristomal skin lesion were assigned to a treatment regimen of once-a-day hydrocortisone 1% ointment (n = 36) or twice-a-day chamomile compress (n = 36) application. Treatments were assigned by matching patient demographic, history, and skin condition variables. At baseline, no significant differences between the variables were observed. Forty-two (42) of the 72 patients were female. Most participants had their stoma for more than 1 year (18.14 months in the chamomile and 17.69 months in the steroid group). Lesions were assessed every 3 days for a maximum of 28 days. Lesions healed significantly faster in the chamomile than in the hydrocortisone group (mean time to healing 8.89 ± 4.89 and 14.53 ± 7.6 days, respectively; P = 0.001). Stoma patient symptoms (pain and itching) also resolved more expediently in the chamomile than in the hydrocortisone group. Because corticosteroids are nonspecific anti-inflammatory agents, herbal extract use can prevent the side effects of long-term topical corticosteroid use. The results of this study suggest that German chamomile can be recommended to relieve itching and inflammation and that twice daily application facilitates healing of peristomal skin lesions. Methods to facilitate the application of topical treatments without interfering with appliance adhesion or necessitating frequent appliance removal should be refined. Additional randomized studies are needed to confirm the results of this study.

Source: CINAHL

6. Using chamomile solution or a 1% topical hydrocortisone ointment in the management of peristomal skin lesions in colostomy patients: results of a controlled clinical study

Author(s): Charousaei F., Dabirian A., Mojab F.

Citation: Ostomy/wound management, May 2011, vol./is. 57/5(28-36), 1943-2720 (May 2011)

Publication Date: May 2011

Abstract: Peristomal skin complications interfere with stoma appliance use and negatively affect patient quality of life. To find an alternative to long-term peristomal skin treatment involving corticosteroid products, a prospective study was conducted to compare the effect of a German chamomile solution to topical steroids on peristomal skin lesions in colostomy patients. Persons seeking care for the treatment of a peristomal skin lesion were assigned to a treatment regimen of once-a-day hydrocortisone 1% ointment (n = 36) or twice-a-day chamomile compress (n = 36) application. Treatments were assigned by matching patient demographic, history, and skin condition variables. At baseline, no significant differences between the variables were observed. Forty-two (42) of the 72 patients were female. Most participants had their stoma for more than 1 year (18.14 months in the chamomile and 17.69 months in the steroid group). Lesions were assessed every 3 days for a maximum of 28 days. Lesions healed significantly faster in the chamomile than in the hydrocortisone group (mean time to healing 8.89 +/- 4.89 and 14.53 +/- 7.6 days, respectively; P = 0.001). Stoma patient symptoms (pain and itching) also resolved more expediently in the chamomile than in the hydrocortisone group. Because corticosteroids are nonspecific anti-
inflammatory agents, herbal extract use can prevent the side effects of long-term topical corticosteroid use. The results of this study suggest that German chamomile can be recommended to relieve itching and inflammation and that twice-daily application facilitates healing of peristomal skin lesions. Methods to facilitate the application of topical treatments without interfering with appliance adhesion or necessitating frequent appliance removal should be refined. Additional randomized studies are needed to confirm the results of this study.

Source: EMBASE

7. Pigmentary complication of the peristomal skin in colorectal cancer patients under systemic chemotherapy using S-1: report of cases.

Author(s): Kodama M, Kume M, Miyazawa H, Satoh S, Yamamoto Y, Ito T, Asanuma Y

Citation: Journal of Wound, Ostomy, & Continence Nursing, May 2011, vol./is. 38/3(280-5), 1071-5754;1528-3976 (2011 May-Jun)

Publication Date: May 2011

Abstract: PURPOSE: This study describes hyperpigmentation at the epidermis around a colostomy during and after systemic chemotherapy with S-1 (a compound of tegafur, gimestat, and potassium oxonate).SUBJECTS AND SETTING: Thirty-one colorectal cancer patients (male 17, female 14) visited the stoma-care clinic, akita university hospital between april 2003 and march 2006. fourteen patients (male 8, female 6) had been observed continuously for more than 3 months.METHODS: Results of 5 male patients who received systemic chemotherapy using S-1 were compared to those of 9 male and female patients who did not receive S-1. the shades of epidermal pigmentation at the peristomal area were graded on a 3-point likert scale, where grade 2 indicated very dark pigmentation, grade 1 indicated moderately dark pigmentation, and grade 0 indicated no pigmentation of the peristomal skin.RESULTS: Pigmentation scores in patients receiving S-1 were significantly higher than scores in patients who did not receive S-1 systemic chemotherapy.CONCLUSIONS: Rapid and excessive pigmentation of the peristomal skin may occur in patients receiving S-1 systemic chemotherapy because it indicates an adverse event related with systemic chemotherapy and leads to peristomal skin problems.

Source: MEDLINE

8. Peristomal skin care and the use of accessories to promote skin health.

Author(s): Burch, Jennie

Citation: British Journal of Nursing (BJN), 22 April 2011, vol./is. 20/7(0-), 09660461

Publication Date: 22 April 2011

Abstract: Stomas are frequently encountered by nurses. Common complications include problems with the peristomal skin--the skin around the stoma. It has been reported that up to 80% of people with a stoma, who are termed ostomates, are affected. The three main types of stomas are colostomy, ileostomy and urostomy; all these come with a risk of sore peristomal skin. These stomas pass faeces or urine, which are collected in a stoma appliance that adheres to the peristomal skin. It is essential to ensure that this skin is free from breaks or soreness as this might lead to appliance leakage. This article is aimed at ward nurses and will focus on some of the stoma accessories that are used to treat, protect or 'level' peristomal skin. Accessories, such as barrier creams or films, can be used to protect skin. Filler paste, seals and convex appliances, for example, can be used to resolve creases in the skin or to treat a retracted stoma. The situations in which stoma accessories might be useful in resolving peristomal skin problems or retaining its integrity are numerous.

Source: CINAHL

Full Text:
Available in fulltext at EBSCO Host
Available in print at Grantham Hospital Staff Library
Available in print at Lincoln County Hospital Professional Library
Available in print at Pilgrim Hospital Staff Library
9. **Effective management of peristomal pyoderma gangrenosum.**

**Author(s):** Hanley, Judy  
**Citation:** British Journal of Nursing (BJN), 22 April 2011, vol./is. 20/7(0-), 09660461  
**Publication Date:** 22 April 2011  
**Abstract:** Peristomal pyoderma gangrenosum (PPG) is a skin disorder which manifests as painful exudating, ulcerative lesions. It is generally associated with inflammatory bowel disease (IBD) when affecting patients with a stoma. Patients with PPG typically present to the stoma care nurse (SCN) in the first instance, when the discharging ulcers cause pain, prevent effective stoma appliance application and result in leakage. Anecdotal evidence suggests that clinical nurse specialist posts, such as that of the SCN, are being diluted within some trusts, with a demand for staff to work on wards to cover clinical shifts. As a consequence there is a possibility that these patients will not receive a prompt diagnosis and treatment plan. This article will examine the role of the SCN in managing the patient with PPG, including the use of effective topical treatments. The importance of early diagnosis to prevent escalation of PPG and subsequent prolonged patient discomfort—and the SCN's crucial role in this—is discussed.  
**Source:** CINAHL  
**Full Text:** Available in fulltext at EBSCO Host  
Available in print at Grantham Hospital Staff Library  
Available in print at Lincoln County Hospital Professional Library  
Available in print at Pilgrim Hospital Staff Library

10. **Stoma management: enhancing patient knowledge.**

**Author(s):** Burch, Jennie  
**Citation:** British Journal of Community Nursing, 01 April 2011, vol./is. 16/4(162-166), 14624753  
**Publication Date:** 01 April 2011  
**Abstract:** Community nurses are likely to encounter people with a stoma, most commonly a colostomy. An appliance is used to collect and contain the stomal output. There are various appliances available, each designed to specifically care for a particular type of stoma. Ostomates (people with a stoma) are trained to care for their stoma while they are in hospital by the stoma specialist nurse. However, it is possible that complications can occur, such as sore peristomal skin, and in this instance a stoma accessory can be used to good effect. There are many accessories available, which can make choice difficult. However, an understanding of why accessories are used can assist in the assessment and treatment choice. It may be necessary to request the assistance of the stoma specialist nurse.  
**Source:** CINAHL  
**Full Text:** Available in fulltext at EBSCO Host

11. **Choosing the correct accessory for each stoma type.**

**Author(s):** Burch, Jennie  
**Citation:** Gastrointestinal Nursing, 01 April 2011, vol./is. 9/3(12-), 14795248  
**Publication Date:** 01 April 2011  
**Abstract:** Many ostomates require nothing more than an appliance to care for their stoma. However, if problems occur, stoma accessories can be invaluable. It is essential that a problem is assessed before commencing the use of the stoma accessory and the effectiveness of the subsequent accessory is monitored. In this article, Jennie Burch focuses on the indications for choosing and using some of the available stoma accessories. The types of appliances required to care for colostomies, ileostomies and urostomies are explained. Several ostomy accessories including accessories that address
12. **Stoma management: Enhancing patient knowledge**

**Author(s):** Burch J.

**Citation:** British Journal of Community Nursing, April 2011, vol./is. 16/4(162-166), 1462-4753 (April 2011)

**Publication Date:** April 2011

**Abstract:** Community nurses are likely to encounter people with a stoma, most commonly a colostomy. An appliance is used to collect and contain the stomal output. There are various appliances available, each designed to specifically care for a particular type of stoma. Ostomates (people with a stoma) are trained to care for their stoma while they are in hospital by the stoma specialist nurse. However, it is possible that complications can occur, such as sore peristomal skin, and in this instance a stoma accessory can be used to good effect. There are many accessories available, which can make choice difficult. However, an understanding of why accessories are used can assist in the assessment and treatment choice. It may be necessary to request the assistance of the stoma specialist nurse.

**Source:** EMBASE

**Full Text:** Available in fulltext at EBSCO Host

13. **Peristomal skin care and the use of accessories to promote skin health.**

**Author(s):** Burch J

**Citation:** British Journal of Nursing, April 2011, vol./is. 20/7(S4, S6, S8 passim), 0966-0461;0966-0461 (2011 Apr 14-27)

**Publication Date:** April 2011

**Abstract:** Stomas are frequently encountered by nurses. Common complications include problems with the peristomal skin-the skin around the stoma. It has been reported that up to 80% of people with a stoma, who are termed ostomates, are affected. The three main types of stomas are colostomy, ileostomy and urostomy; all these come with a risk of sore peristomal skin. These stomas pass faeces or urine, which are collected in a stoma appliance that adheres to the peristomal skin. It is essential to ensure that this skin is free from breaks or soreness as this might lead to appliance leakage. This article is aimed at ward nurses and will focus on some of the stoma accessories that are used to treat, protect or 'level' peristomal skin. Accessories, such as barrier creams or films, can be used to protect skin. Filler paste, seals and convex appliances, for example, can be used to resolve creases in the skin or to treat a retracted stoma. The situations in which stoma accessories might be useful in resolving peristomal skin problems or retaining its integrity are numerous.

**Source:** MEDLINE

**Full Text:** Available in fulltext at EBSCO Host

14. **Cyanoacrylates in neonatal and infants peristomal skin damage**

**Author(s):** Neiswender L.

**Citation:** Wound Repair and Regeneration, March 2011, vol./is. 19/2(A40), 1067-1927 (March-April 2011)
Peristomal skin damage in neonates and infants is an all too common occurrence, and such damage to skin can lead to further complications and morbidity. Given the fragility of the infant or neonatal skin, which is still not fully developed at birth, the clinician's options in terms of choosing a skin protectant are very limited. Denuded skin prevents containment devices from adhering. Skin Preps that contain solvents carry associated inhalation and fire hazard risks in a neonatal environment. A relatively new class of materials, cyanoacrylates, is applied solvent-free to the skin, and forms a non-adhesive polymer barrier very quickly. The formation of such film allows relief to the peristomal skin, protects underlying skin from further damage caused by leaking gastric contents or stoma effluent, and allows the skin to recover its natural health. It also provides a robust platform for the attachment of a collection device. A cyanoacrylate barrier was applied to infants and neonates with peristomal skin damage in gastrostomy and ostomy patients in an effort to recover denuded skin and, in the case of ostomy patients, increase wear-time of the appliance. Appliance wear-time was increased for neonatal and infant patients with ostomies. Skin condition improved, and none of the patients developed an adverse reaction to the cyanoacrylate during their stay in the hospital. In previous experience this type of skin breakdown has been difficult to manage.

Source: EMBASE

15. Assessing peristomal skin changes in ostomy patients: Validation of the Ostomy Skin Tool


Citation: British Journal of Dermatology, February 2011, vol/is. 164/2(330-335), 0007-0963;1365-2133 (February 2011)

Publication Date: February 2011

Abstract: Summary Background: Peristomal skin problems are common and are treated by a variety of health professionals. Clear and consistent communication among these professionals is therefore particularly important. The Ostomy Skin Tool (OST) is a new assessment instrument for the extent and severity of peristomal skin conditions. Formal tests of reliability and validity are necessary for its use in clinical practice, research, and education. Objectives To estimate inter- and intra nurse assessment variability of the OST and validity by comparison to a 'gold standard' (GS) defined by an expert panel. Methods Thirty photographs of peristomal skin were presented twice to 20 ostomy care nurses - 10 from Denmark (DK) and 10 from Spain (ES) - to determine intra- and inter nurse assessment variability. The same photographs were presented to an international group of experts (dermatologist and ostomy care nurses), to establish a GS for comparison and validation of the results. Results A high intra-nurse assessment agreement, = 084, was found with no differences in the intra-nurse assessments from the two groups of nurses (DK and ES). The inter-nurse assessment agreement was 'moderate to good', = 054, with the agreement between the experts higher, = 070. A high correlation between the scores from the nurses and the GS were seen in the lower part of the two scales [Discoloration, Erosion, Tissue overgrowth (DET) score < 7)]. Conclusion The study supported the validity of the OST. It is suggested that a categorical scale can be used to illustrate the severity of the DET scores. 2011 British Association of Dermatologists.

Source: EMBASE


Author(s): Burch, J

Citation: Br J Nursing, February 2011, vol/is. 20/4(208), 0966-0461 (2011 24 Feb)

Publication Date: February 2011

Abstract: Outline of the different types of stoma and the different stoma appliances, with requirements for good skin care. Prevention of leakages and skin protection methods are outlined.
17. **Body image perception, the stoma peristomal skin condition.**

**Author(s):** Nichols, Thomas, Riemer, Michael

**Citation:** Gastrointestinal Nursing, 01 February 2011, vol./is. 9/1(22-26), 14795248

**Publication Date:** 01 February 2011

**Abstract:** The perception of body image can change according to a number of different variables including age, weight, height and self-esteem. It is widely accepted that physical changes to the body lead to a change in body image. Any surgery resulting in an altered body appearance, such as ostomy surgery, may alter perceptions or amplify negative perceptions. In this article, Thomas Nichols and Michael Riemer discuss the effect of stoma surgery and peristomal skin on body image perception.

**Source:** CINAHL

**Full Text: Available in print at Lincoln County Hospital Professional Library**

18. **Peristomal skin care: the essentials of good care.**

**Author(s):** Burch J

**Citation:** British Journal of Nursing, February 2011, vol./is. 20/4(208), 0966-0461;0966-0461 (2011 Feb 24-Mar 9)

**Publication Date:** February 2011

**Source:** MEDLINE

**Full Text: Available in fulltext at EBSCO Host**

19. **The development and use of algorithms for diagnosing and choosing treatment of ostomy complications: results of a prospective evaluation.**

**Author(s):** Kalashnikova I, Achkasov S, Fadeeva S, Vorobiev G

**Citation:** Ostomy Wound Management, January 2011, vol./is. 57/1(20-7), 0889-5899;1943-2720 (2011 Jan)

**Publication Date:** January 2011

**Abstract:** Stoma complications are classified and treated based on the etiology, pathology, location, and clinical presentation of the complication. Clinical assessments and descriptions of abdominal stomal topography differ among care providers, hampering interpretation and communication. Using existing literature and clinical experience at the State Scientific Centre of Coloproctology in Russia, algorithms were developed to facilitate a uniform approach to the diagnosis and choice of treatment of ostomy complications. The algorithms consist of a definite sequence of explicit step-by-step procedures, including visual inspection, digital exploration, and instrumental exploration, for determining whether complications should be categorized and treated as a stoma problem or peristomal skin disorder. The algorithm was subsequently used by nonexpert nurses for all consecutive patients who visited the clinic during a 2-year period. Of the 1,427 patients seen, 553 (38.8%) had 742 complications. Of those, 387 were stoma complications and 355 were classified as peristomal skin disorders (eg, contact dermatitis, hypergranulation of the skin,
Stoma complications are classified and treated based on the etiology, pathology, location, and clinical presentation of the complication. Clinical assessments and descriptions of abdominal stomal topography differ among care providers, hampering interpretation and communication. Using existing literature and clinical experience at the State Scientific Centre of Coloproctology in Russia, algorithms were developed to facilitate a uniform approach to the diagnosis and choice of treatment of ostomy complications. The algorithms consist of a definite sequence of explicit step-by-step procedures, including visual inspection, digital exploration, and instrumental exploration, for determining whether complications should be categorized and treated as a stoma problem or peristomal skin disorder. The algorithm was subsequently used by nonexpert nurses for all consecutive patients who visited the clinic during a 2-year period. Of the 1,427 patients seen, 553 (38.8%) had 742 complications. Of those, 387 were stoma complications and 355 were classified as peristomal skin disorders (e.g., contact dermatitis, hypergranulation of the skin, allergic dermatitis, folliculitis, psoriasis and herpes). Of the 553 patients with complications, the most frequent complications were found to be contact dermatitis (184 patients, 33.3%), parastomal hernia (97, 17.5%), and mucocutaneous separation (72, 13.0%); 176 patients were referred to surgery and 377 received conservative treatment. Although the algorithms remain to be validated, the authors believe that studying the manifestation and causes of complications will help in the selection of justified treatments, which will eventually reduce the number of complications and improve the quality of stoma care.

Source: MEDLINE

20. The development and use of algorithms for diagnosing and choosing treatment of ostomy complications: results of a prospective evaluation

Author(s): Kalashnikova I., Achkasov S., Fadeeva S., Vorobiev G.

Citation: Ostomy Wound Management, 01 January 2011, vol./is. 57/1(20-27), 08895899

Publication Date: 01 January 2011

Abstract: Stoma complications are classified and treated based on the etiology, pathology, location, and clinical presentation of the complication. Clinical assessments and descriptions of abdominal stomal topography differ among care providers, hampering interpretation and communication. Using existing literature and clinical experience at the State Scientific Centre of Coloproctology in Russia, algorithms were developed to facilitate a uniform approach to the diagnosis and choice of treatment of ostomy complications. The algorithms consist of a definite sequence of explicit step-by-step procedures, including visual inspection, digital exploration, and instrumental exploration, for determining whether complications should be categorized and treated as a stoma problem or peristomal skin disorder. The algorithm was subsequently used by nonexpert nurses for all consecutive patients who visited the clinic during a 2-year period. Of the 1,427 patients seen, 553 (38.8%) had 742 complications. Of those, 387 were stoma complications and 355 were classified as peristomal skin disorders (e.g., contact dermatitis, hypergranulation of the skin, allergic dermatitis, folliculitis, psoriasis and herpes). Of the 553 patients with complications, the most frequent complications were found to be contact dermatitis (184 patients, 33.3%), parastomal hernia (97, 17.5%), and mucocutaneous separation (72, 13.0%); 176 patients were referred to surgery and 377 received conservative treatment. Although the algorithms remain to be validated, the authors believe that studying the manifestation and causes of complications will help in the selection of justified treatments, which will eventually reduce the number of complications and improve the quality of stoma care.

Source: CINAHL

21. Colostomy irrigation and peristomal skin complications

Author(s): D'Orazio M.

Citation: Journal of Wound, Ostomy and Continence Nursing, January 2011, vol./is. 38/1(16), 1071-5754 (January-February 2011)

Publication Date: January 2011

Source: EMBASE

22. The development and use of algorithms for diagnosing and choosing treatment of ostomy complications: results of a prospective evaluation

Author(s): Kalashnikova I., Achkasov S., Fadeeva S., Vorobiev G.

Citation: Ostomy/wound management, January 2011, vol./is. 57/1(20-27), 1943-2720 (Jan 2011)

Publication Date: January 2011

Abstract: Stoma complications are classified and treated based on the etiology, pathology, location, and clinical presentation of the complication. Clinical assessments and descriptions of abdominal stomal topography differ among care providers, hampering interpretation and communication. Using existing literature and clinical experience at the State Scientific Centre of Coloproctology in Russia, algorithms were developed to facilitate a uniform approach to the diagnosis and choice of treatment of ostomy complications. The algorithms consist of a definite sequence of explicit step-by-step procedures, including visual inspection, digital exploration, and instrumental exploration, for determining whether
complications should be categorized and treated as a stoma problem or peristomal skin disorder. The algorithm was subsequently used by nonexpert nurses for all consecutive patients who visited the clinic during a 2-year period. Of the 1,427 patients seen, 553 (38.8%) had 742 complications. Of those, 387 were stoma complications and 355 were classified as peristomal skin disorders (eg, contact dermatitis, hypergranulation of the skin, allergic dermatitis, folliculitis, psoriasis and herpes). Of the 553 patients with complications, the most frequent complications were found to be contact dermatitis (184 patients, 33.3%), parastomal hernia (97, 17.5%), and mucocutaneous separation (72, 13.0%); 176 patients were referred to surgery and 377 received conservative treatment. Although the algorithms remain to be validated, the authors believe that studying the manifestation and causes of complications will help in the selection of justified treatments, which will eventually reduce the number of complications and improve the quality of stoma care.

Source: EMBASE

23. Preventing and managing peristomal skin infections and sore skin.

Author(s): Burch J

Citation: Gastrointestinal Nursing, 01 November 2010, vol./is. 8/9(22-28), 14795248

Publication Date: 01 November 2010

Abstract: People with a stoma need to wear an appliance to contain the stomal output of faeces or urine and to protect the peristomal skin in order to improve adhesion of the appliance and prevent troublesome leaks. However, even if an appliance is worn, peristomal skin infections and sore skin can and do occur. These can be bacterial infections such as folliculitis or contact irritant dermatitis. Jennie Burch explains that thorough assessment and often simplistic changes are necessary to maintain the integrity of peristomal skin.

Source: CINAHL

Full Text:
Available in print at Lincoln County Hospital Professional Library

24. Content validation of a standardized algorithm for ostomy care.

Author(s): Beitz J, Gerlach M, Ginsburg P, Ho M, McCann E, Schafer V, Scott V, Stallings B, Turnbull G

Citation: Ostomy Wound Management, 01 October 2010, vol./is. 56/10(22-), 08895899

Publication Date: 01 October 2010

Abstract: The number of ostomy care clinician experts is limited and the majority of ostomy care is provided by non-specialized clinicians or unskilled caregivers and family. The purpose of this study was to obtain content validation data for a new standardized algorithm for ostomy care developed by expert wound ostomy continence nurse (WOCN) clinicians. After face validity was established using overall review and suggestions from WOCN experts, 166 WOCNs self-identified as having expertise in ostomy care were surveyed online for 6 weeks in 2009. Using a cross-sectional, mixed methods study design and a 30-item instrument with a 4-point Likert-type scale, the participants were asked to quantify the degree of validity of the Ostomy Algorithm's decisions and components. Participants' open-ended comments also were thematically analyzed. Using a scale of 1 to 4, the mean score of the entire algorithm was 3.8 (4 = relevant/very relevant). The algorithm's content validity index (CVI) was 0.95 (out of 1.0). Individual component mean scores ranged from 3.59 to 3.91. Individual CVIs ranged from 0.90 to 0.98. Qualitative data analysis revealed themes of difficulty associated with algorithm formatting, especially orientation and use of the Studio Alterazioni Cutanee Stomali (Study on Peristomal Skin Lesions [SACSTM Instrument]) and the inability of algorithms to capture all individual patient attributes affecting ostomy care. Positive themes included content thoroughness and the helpful clinical photos. Suggestions were offered for algorithm improvement. Study results support the strong content validity of the algorithm and research to ascertain its construct validity and effect on care outcomes is warranted.

Source: CINAHL

25. [To evaluate the quality of life and peristomal skin ostomy patient with the new device Sensura]. [Spanish] Evaluacion de la calidad de vida y de la piel periestomal
UNLABELLED: In 2006, Coloplast launched in several European countries a new device for ostomy care called Sensura. This clinical research report includes only the results of the subpopulation included in Spain as a part of an international study involving many countries such as Denmark, United States, Canada, Australia, Poland, Netherlands, France, Slovakia, Germany, UK, Italy, Iceland, Japan, Czech Republic, Portugal, South Korea and Argentina. OBJECTIVES AND STUDY VARIABLES: The main purpose of the study is to evaluate the experience with Sensura, under normal conditions of use, with special attention to skin condition and quality of life. The main objective of the study is to evaluate the quality of life, through Quality of Life Questionnaire called "Stoma QoL". A secondary objective is to study the correlation between quality of life and the peristomal skin condition. Other Secondary objectives include the evaluation of the patient's current device at the time of entering the study and by the other hand, the device Sensura and safety evaluation throughout the study. DESIGN STUDY: The study was designed as an open label non-comparative, multi-national Post Market study. The study period for each patient is 6 to 8 weeks +/- 4 days, which includes an initial visit and a final visit. The study population included people who carry a colostomy or ileostomy. METHODOLOGY: Regarding Spain, a total of 10 sites participated and included a total of 131 patients. This report only presents results for nine sites and a total of 123 patients. The reason is that the last participating site began the study with a considerable delay. The remaining subjects included in this site together with the other centers in Spain and the other participating countries will be included in the final international report, that will present the overall results. MEASUREMENT TOOLS. Stoma-QoL (Quality of Life Questionnaire for people with an ostomy), OST (Ostomy Skin Tool) instrument for the assessment of peristomal skin. RESULTS: As for the quality of life, at baseline we found a mean of 59 out of 100 (SD = 8.8), while the final study visit, mean score was 59.6 out of 100 (SD = 9.3), although the final results on this variable will be presented in the global report, since it has not reached sufficient population in Spain for the analysis of this variable. The study revealed a significant improvement in the peristomal skin condition at the end of the study, measured by the tool OST (Ostomy Skin Tool). Regarding the evaluation of the SenSura device, there was a significant improvement related to the appearance of leakage of effluent, as well as other items evaluated in relation with the device.

Source: MEDLINE


Author(s): McCann E

Citation: Ostomy Wound Management, 01 October 2010, vol./is. 56/10(14-14), 08895899

Publication Date: 01 October 2010

Source: CINAHL

27. To evaluate the quality of life and peristomal skin ostomy patient with the new device Sensura [Spanish].

Author(s): Crespo Fontán, Beatriz, Caparrós Sanz, Maria Rosario, Lainez Pardos, Pilar Lourdes, Davín Durban, Inmaculada

Citation: Revista Rol de Enfermería, 01 October 2010, vol./is. 33/10(16-22), 02105020

Publication Date: 01 October 2010

Abstract: In 2006, Coloplast launched in several European countries a new device for ostomy care called Sensura. This clinical research report includes only the results of the subpopulation included in Spain as a part of an international study involving many countries such as Denmark, United States, Canada, Australia, Poland, Netherlands, France, Slovakia, Germany, UK, Italy, Iceland, Japan, Czech Republic, Portugal, South Korea and Argentina. OBJECTIVES AND STUDY VARIABLES: The main purpose of the
study is to evaluate the experience with Sensura, under normal conditions of use, with special attention to skin condition and quality of life. The main objective of the study is to evaluate the quality of life, through Quality of Life Questionnaire called "Stoma QoL". A secondary objective is to study the correlation between quality of life and the peristomal skin condition. Other Secondary objectives include the evaluation of the patient's current device at the time of entering the study and by the other hand, the device Sensura and safety evaluation throughout the study. DESIGN STUDY: The study was designed as an open label non-comparative, multi-national Post Market study. The study period for each patient is 6 to 8 weeks +/- 4 days, which includes an initial visit and a final visit. The study population included people who carry a colostomy or ileostomy. METHODOLOGY: Regarding Spain, a total of 10 sites participated and included a total of 131 patients. This report only presents results for nine sites and a total of 123 patients. The reason is that the last participating site began the study with a considerable delay. The remaining subjects included in this site together with the other centers in Spain and the other participating countries will be included in the final international report, that will present the overall results. MEASUREMENT TOOLS. Stoma-QoL (Quality of Life Questionnaire for people with an ostomy). OST (Ostomy Skin Tool) instrument for the assessment of peristomal skin. RESULTS: As for the quality of life, at baseline we found a mean of 59 out of 100 (SD = 8.8), while the final study visit, mean score was 59.6 out of 100 (SD = 9.3), although the final results on this variable will be presented in the global report, since it has not reached sufficient population in Spain for the analysis of this variable. The study revealed a significant improvement in the peristomal skin condition at the end of the study, measured by the tool OST (Ostomy Skin Tool). Regarding the evaluation of the SenSura device, there was a significant improvement related to the appearance of leakage of effluent, as well as other items evaluated in relation with the device.

Source: CINAHL

28. Stoma-related complications and stoma size - a 2-year follow up.

Author(s): Persson E, Berndtsson I, Carlsson E, Hallen AM, Lindholm E

Citation: Colorectal Disease, October 2010, vol./is. 12/10(971-6), 1462-8910;1463-1318 (2010 Oct)

Publication Date: October 2010

Abstract: AIM: The purpose of the study was to prospectively describe stoma configuration and evaluate stoma-related complications and their association with possible risk factors. METHOD: All elective patients (n = 180) operated on with a formation of colostomy, ileostomy or loop-ileostomy between 2003 and 2005 were included in the study. Follow up took place on the ward postoperatively and five times during 2 years after discharge. On these occasions the diameter and height of the stoma were recorded. Complications such as peristomal skin problems, necrosis, leakage caused by a low stoma, stenosis, granuloma formation, prolapse and peristomal hernia formation were evaluated. RESULTS: Most complications occurred 2 weeks after discharge: 53% of patients with colostomies, 79% with loop-ileostomies and 70% of patients with end-ileostomy had one or more complications. The most common complication was skin problems and it was most common in patients with end-ileostomies (60%) and loop-ileostomies (73%). Postoperatively at ward review, the most common complication was necrosis, which occurred in 20% of patients with a colostomy. Granuloma formation was most frequent in colostomies. Almost all patients with an end-ileostomy and loop-ileostomy with a height lower than 20 mm had leakage and skin problems as had half of the patients with a colostomy height lower than 5 mm. CONCLUSION: To prevent stoma-related complications, it is important to produce an adequate height of the stoma, with early and regular follow ups and adjustment of the appliance. To work closely in collaboration with the colorectal surgeons is of utmost important to provide feedback and in turn, to improve stoma outcome. Copyright 2010 The Authors. Colorectal Disease Copyright 2010 The Association of Coloproctology of Great Britain and Ireland.

Source: MEDLINE

29. Evaluating skin care problems in people with stomas.

Author(s): Williams J, Gwillam B, Sutherland N, Matten J, Hemmingway J, Ilsey H, Somerville M, Vujnovich A, Day S, Redmond C, Cowin C, Fox K, Parker T

Citation: British Journal of Nursing (BJN), 23 September 2010, vol./is. 19/17(0-),
Aim: This study aimed to identify actual and potential peristomal skin problems in relation to the use of different types of stoma appliances and accessories. It also compared ostomists’ perceptions of their peristomal skin condition with those of stoma care nurse specialists. Background: Maintaining skin integrity is a basic skill that ensures good stoma management. It is widely accepted that from time to time a patient with a stoma will seek clinical advice about a peristomal skin problem. Little is known about how often patients present with these problems, the clinical course of peristomal skin problems, and how patients manage them. Method: A multi-centred descriptive study was conducted among 80 ostomists. Fieldwork took place over 13 months. The sample was drawn from a UK home care delivery database. Using structured questionnaires, ostomists were interviewed by a stoma care nurse specialist. A digital photograph was taken of their peristomal skin and their answers compared with nurse assessment using the Stoma Care Ostomy Research index scoring system. Findings: Of the interviewees 32% had healthy peristomal skin both via questionnaire and at observation. At observation, 68% were observed to have peristomal skin problems, of whom 44% had irritated skin, 12% had ulcerated skin, 9% had an apparent allergy and 3% had macerated/eroded skin. In addition, 21% had an ill-fitting appliance at observation. Half (50%) were observed to have a parastomal hernia, although only 24% reported having one. These findings demonstrate significant differences between the perception of skin problems among ostomists and actual skin problems observed by stoma care nurse specialists. Conclusions: Peristomal skin problems are common among ostomists. The difference between ostomists’ and nurses’ perceptions of peristomal skin condition led to the identification of educational needs for the new ostomist. Education and regular follow-up by the stoma care nurse specialist is imperative.

Source: CINAHL

Available in full text at EBSCO Host

Available in print at Grantham Hospital Staff Library

Available in print at Lincoln County Hospital Professional Library

Available in print at Pilgrim Hospital Staff Library

30. Early peristomal skin complications reported by WOC nurses.

Author(s): Ratliff CR

Citation: Journal of Wound, Ostomy & Continence Nursing, 01 September 2010, vol./is. 37/5(505-510), 10715754

Abstract: PURPOSE: The range of peristomal skin complications reported in the literature varies from 10% to 70%. Inconsistent terminology as well as a lack of a standardized tracking tool may account for this variability. The purpose of this study was to describe peristomal skin complications seen by WOC nurses over a 1-year period using a standardized data collection tool and using the peristomal terminology developed by the WOCN Society. METHODS: A prospective research design was used to describe peristomal skin complications of ostomy patients seen within the first 2 months of ostomy surgery by WOC Central Virginia Affiliate nurses. The WOC nurses completed a peristomal skin complication form on each ostomy patient that was seen within 2 months of the original ostomy surgery regardless of whether or not he or she had a peristomal complication. Descriptive statistics were used to summarize data. SUBJECTS AND SETTING: Twelve WOC nurses saw a total of 89 patients over a 12-month period. Subjects had a median age of 61 years (range, 1-91 years). The sample included 46 females and 43 males. All patients were seen in the central Virginia area. Thirty-two patients were seen in hospital, 31 were seen in a home health setting, and 26 were seen in outpatient clinic. RESULTS: Forty-two patients (47%) had peristomal complications. The types of ostomies seen were 37 colostomies, 33 ileostomies, and 15 urinary conduits. Thirty-one patients had chemical damage to the peristomal skin (iritant dermatitis), 5 had mechanical injury, and 4 had Candida infections, 1 had an allergic reaction, and another
had pyoderma gangrenosum. CONCLUSIONS: Research studies that describe peristomal skin complications over time and over multiple settings are limited. A central data repository using a standardized tool may be one way to monitor them and then begin to look at standardized evidence-based peristomal skin care.

Source: CINAHL

31. **Looking after stomas and peristomal skin.**

Author(s): Burch J

Citation: Nursing & Residential Care, 01 September 2010, vol./is. 12/9(430-), 14659301

Publication Date: 01 September 2010

Abstract: The correct use of stoma products leads to healthier, happier skin. Here Jennie Burch provides solutions to common appliance errors, and explains how to assess and treat associated sore symptoms.

Source: CINAHL

Full Text: Available in fulltext at [EBSCO Host](http://ebSCOhost.com)

32. **Pseudoverrucous irritant peristomal dermatitis with an histological pattern of nutritional deficiency dermatitis**

Author(s): Fernandez I.S., Moreno C., Vano-Galvan S., Olasolo P.J.

Citation: Dermatology Online Journal, September 2010, vol./is. 16/9, 1087-2108 (September 2010)

Publication Date: September 2010

Abstract: Pseudoverrucous papules and nodules (PPN) is an uncommon complication, mainly reported in the diaper area. It is thought to be a manifestation of chronic irritant contact dermatitis that develops as a result of prolonged exposure to liquid stool and/or urine. We report a case of a peristomal PPN with a histolopathology simulating a nutritional deficiency dermatitis. 2010 Dermatology Online Journal.

Source: EMBASE

33. **Evaluating skin care problems in people with stomas.**

Author(s): Williams, J, Gwillam, B, Sutherland, N

Citation: Br J Nursing, September 2010, vol./is. 19/17(S6-S15 supplement), 0966-0461 (2010 23 Sep)

Publication Date: September 2010

Abstract: Stoma Care supplement. Research among patients living with a stoma to identify skin problems they commonly experience and their educational needs. The Stoma Care Ostomy Research Index was used to score the severity of skin problems and participants’ responses concerning the basic care procedures they used, problems they experienced and their awareness of them are discussed. 30 refs.

Source: BNI

Full Text: Available in fulltext at [EBSCO Host](http://ebSCOhost.com)

Available in print at Grantham Hospital Staff Library

Available in print at Lincoln County Hospital Professional Library

Available in print at Pilgrim Hospital Staff Library

34. **Looking after stomas and peristomal skin.**

Author(s): Burch, J

Citation: Nursing & Residential Care, September 2010, vol./is. 12/9(430-6), 1465-9301 (2010 Sep)
Abstract: Maintenance of healthy skin surrounding colostomies, ileostomies and urostomies. Causes, incidence, types and signs of peristomal skin problems are explained and common complications are discussed. A checklist to prevent skin breakdown is included. 21 refs.

Source: BNI

Full Text: Available in fulltext at EBSCO Host

35. Evaluating skin care problems in people with stomas.


Citation: British Journal of Nursing, September 2010, vol./is. 19/17(S6-S15), 0966-0461;0966-0461 (2010 Sep 23-Oct 13)

Abstract: AIM: This study aimed to identify actual and potential peristomal skin problems in relation to the use of different types of stoma appliances and accessories. It also compared ostomists' perceptions of their peristomal skin condition with those of stoma care nurse specialists.BACKGROUND: Maintaining skin integrity is a basic skill that ensures good stoma management. It is widely accepted that from time to time a patient with a stoma will seek clinical advice about a peristomal skin problem. Little is known about how often patients present with these problems, the clinical course of peristomal skin problems, and how patients manage them.METHOD: A multi-centred descriptive study was conducted among 80 ostomists. Fieldwork took place over 13 months. The sample was drawn from a UK home care delivery database. Using structured questionnaires, ostomists were interviewed by a stoma care nurse specialist. A digital photograph was taken of their peristomal skin and their answers compared with nurse assessment using the Stoma Care Ostomy Research index scoring system.FINDINGS: Of the interviewees 32% had healthy peristomal skin both via questionnaire and at observation. At observation, 68% were observed to have peristomal skin problems, of whom 44% had irritated skin, 12% had ulcerated skin, 9% had an apparent allergy and 3% had macerated/eroded skin. In addition, 21% had an ill-fitting appliance at observation. Half (50%) were observed to have a parastomal hernia, although only 24% reported having one. These findings demonstrate significant differences between the perception of skin problems among ostomists and actual skin problems observed by stoma care nurse specialists.CONCLUSIONS: Peristomal skin problems are common among ostomists. The difference between ostomists' and nurses' perceptions of peristomal skin condition led to the identification of educational needs for the new ostomist. Education and regular follow-up by the stoma care nurse specialist is imperative.

Source: MEDLINE

Full Text: Available in fulltext at EBSCO Host

36. The Ostomy Skin Tool: tracking peristomal skin changes.

Author(s): Martins L, Ayello EA, Claessens I, Hansen AS, Poulsen LH, Sibbald RG, Jemec GB

Citation: British Journal of Nursing (BJN), 12 August 2010, vol./is. 19/15(960-964), 0966-0461

Abstract: The Ostomy Skin Tool is a standardized measuring instrument for assessing the extent and severity of peristomal skin change in terms of discolouration (D), erosion (E), and tissue overgrowth (T) (DET). The reliability and validity of this tool has been
determined in a previous study. The purpose of this article is to highlight the study's most important findings, and to demonstrate the usefulness of the DET score by evaluating three examples of peristomal skin changes. Additionally, a simplified categorical severity scale (defining 'mild', 'moderate', and 'severe' conditions) is introduced that may improve clinical interpretation of the DET score. It is reasonable to conclude that the DET score may empower the ostomy care nurse with an evidence-based platform to make qualified decisions on evaluation and treatment of peristomal skin disorders.

Source: CINAHL

Full Text:
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Available in print at Grantham Hospital Staff Library
Available in print at Lincoln County Hospital Professional Library
Available in print at Pilgrim Hospital Staff Library

37. The Ostomy Skin Tool: tracking peristomal skin changes.

Author(s): Martins, L, Ayello, E, Claessens, I

Citation: Br J Nursing, August 2010, vol./is. 19/15(960-4), 0966-0461 (2010 12 Aug)

Publication Date: August 2010

Abstract: Research into the use of the Ostomy Skin Tool as a standardised method to assess peristomal skin condition in terms of discolouration, erosion and tissue overgrowth. Work in Denmark and Spain among ostomy care nurses to validate the tool and the degree of inter-nurse agreement on mild, moderate and severe examples is described. 8 refs.

Source: BNI

Full Text:
Available in fulltext at EBSCO Host
Available in print at Grantham Hospital Staff Library
Available in print at Lincoln County Hospital Professional Library
Available in print at Pilgrim Hospital Staff Library

38. Patch testing for peristomal dermatitis among patients with a stoma: Results of our 10 years’ experience

Author(s): Al-Niaimi F., Lyon C.C.

Citation: British Journal of Dermatology, July 2010, vol./is. 163/(42), 0007-0963 (July 2010)

Publication Date: July 2010

Abstract: Patients with a stoma may exhibit a wide range of peristomal skin conditions some of which may pose a diagnostic challenge due to the atypical appearance and relatively infrequent presentation to most dermatologists. We present data from our 10 years’ experience in patch testing patients with a stoma who presented with peristomal dermatitis in one of Europe’s largest specialist dermatology stoma clinics. One hundred patients with a stoma were identified with dermatitis; infection, psoriasis, endogenous eczema and other primary skin diseases were ruled out. These patients were patch tested to the European standard battery of allergens as well as to stoma-specific allergens including patients’ own devices, medicaments, etc. Our most important finding is the relatively low presence of relevant allergies in patients with a stoma in contrast to what was previously speculated. We had three positive tests to preservative biocides in wipes used for stoma care, two cases of fragrance allergy and two cases of past relevant allergies (biocides in skin gel). Contact allergy is rare among patients with a stoma and does not differ from the general population with regard to the commonly found allergens. The impression of allergy as a significant problem in patients with a stoma may have been falsely exaggerated by the tendency to publish case reports of unusual reactions such as to Gantrez resins.

Source: EMBASE
39. Keeping up to date with stoma care accessories: enabling informed choice.

Author(s): Boyles, A

Citation: Gastrointestinal Nursing, July 2010, vol./is. 8/6(28-42), 1479-5248 (2010 Jul/Aug)

Publication Date: July 2010

Abstract: Use of stoma care accessories to help patients dealing with problematic stomas, including the role of stoma care nurses in the recommendation of these products. Sore skin, peristomal moats and dips, instability, odour, discomfort and parastomal herniae, are discussed, with reference to appropriate products for their management. 28 refs.

Source: BNI

40. Keeping up to date with stoma care accessories: Enabling informed choice.

Author(s): Boyles A

Citation: Gastrointestinal Nursing, 01 July 2010, vol./is. 8/6(28-42), 14795248

Publication Date: 01 July 2010

Abstract: A range of products and accessories are available to assist patients to overcome a number of stoma problems and enhance their self-care. Used in conjunction with good appliance selection, they help to maintain peristomal skin integrity and promote pouch reliability. For many patients they make the difference between gaining independence in their stoma care, and living with continuing problems. Anna Boyles examines the incidence of problematic stomas, why accessories are used and who should recommend them. A range of problems are examined and the choices available on the market and their appropriate use are discussed.

Source: CINAHL

41. An ostomy-related problem-solving guide for the non-ostomy therapist professional.

Author(s): Stelton S, Homsted J

Citation: World Council of Enterostomal Therapists Journal, 01 July 2010, vol./is. 30/3(10-19), 08194610

Publication Date: 01 July 2010

Source: CINAHL

42. Stoma dermatitis: Prevalent but often overlooked

Author(s): Agarwal S., Ehrlich A.

Citation: Dermatitis, June 2010, vol./is. 21/3(138-147), 1710-3568 (June 2010)

Publication Date: June 2010

Abstract: Peristomal dermatoses commonly afflict the area around stoma openings in ostomy patients. These complications, however, are often unreported by patients and remain untreated for years, thus affecting maintenance and recovery from the surgery. These dermatoses can have chemical, mechanical, irritant, bacterial, immunologic, or disease-related etiologies. Examples of common forms of dermatitis that occur peristomally include fecal or urine irritant contact dermatitis, chronic papillomatous dermatitis, mechanical dermatitis, and allergic contact dermatitis. This article summarizes various skin irritations that can occur after an ostomy and also reviews previously published reports of peristomal allergic contact dermatitis. In addition, the clinical importance of identifying these dermatoses (most important, their effects on the patient’s quality of life), risk factors
for the skin irritations, the importance of patch testing, treatment of stoma dermatitis, and
the importance of patient education and patient-doctor communication are also discussed.
2010 American Contact Dermatitis Society. All Rights Reserved.

Source: EMBASE

Full Text:
Available in fulltext at EBSCO Host

43. Basic ostomy management, part 2.

Author(s): Deitz, D, Gates, J

Citation: Nursing, May 2010, vol./is. 40/5(62-3), 0360-4039 (2010 May)

Publication Date: May 2010

Abstract: Wound & Skin Care series. Guidance on choosing an ostomy pouching system
and the procedure for changing pouches. The management of complications, including
dermatitis, is described. 5 refs.

Source: BNI

44. Peristomal skin disorders in patients with intestinal and urinary ostomies:
influence of adhesive forces of various hydrocolloid wafer skin barriers.

Author(s): Omura Y, Yamabe M, Anazawa S

Citation: Journal of Wound, Ostomy & Continence Nursing, 01 May 2010, vol./is.
37/3(289-298), 10715754

Publication Date: 01 May 2010

Abstract: PURPOSE: This study examines the adhesiveness of hydrocolloid wafers and
its relationship to physical damage of the underlying skin. DESIGN: Observational study.
SUBJECTS AND SETTING: All subjects received ostomy care at the Tokyo Ostomy
Center and outpatient departments of 4 hospitals in Tokyo, Japan. One hundred ninety-
four of 917 patients receiving care over a 23-year span agreed to participate in the
research. Subjects met 2 inclusion criteria: (1) ostomy management was performed using a
combination of skin barriers and an adhesive ostomy pouch; and (2) the patient's medical
file and color photographs were available, allowing analysis of the peristomal skin over
time. INSTRUMENT: Photographs were taken with an Olympus (OM2) camera equipped
with an Olympus macro lens and a ring flash. METHODS: We analyzed the impac
t of the
adhesive force of various hydrocolloid wafers on the underlying skin. Photographs were
digitized and systematically examined the peristomal skin exposed to regular use of skin
barriers. The observation period varied among individual patients, ranging from 1 week to
30 years after surgery. RESULTS: The incidence of dermatologic changes (active, inactive,
and area cutanea changes) was lower in patients who used skin barriers with adhesive
force of not more than 2 Newtons(N) than among those using higher forces (>2 N).
Specifically, there was a significant difference in change of the area cutanea. The
incidence of papules and erosion was unrelated to the adhesive force of skin barriers.
CONCLUSIONS: These results suggest that the peristomal skin is irritated by repeated
peeling, resulting in physical damage to the horny layer of the skin. The presence of
papules and erosion was not associated with the adhesive force of skin barriers. This
finding suggests that these changes are associated with an inflammatory process, possibly
carried out by chemical substances within the skin barrier.

Source: CINAHL

45. Stories from the bedside: yarnangungurra (Aboriginal meaning for "the whole
body").

Author(s): Hill H, Walsh J

Citation: World Council of Enterostomal Therapists Journal, 01 April 2010, vol./is. 30/2(14-
16), 08194610

Publication Date: 01 April 2010

Abstract: Behind a stoma is a whole body. We first met Joy (not the patient's real name) in
March 2007, a delightful 39-year-old woman, married with three lovely children. She had
an ileal conduit formation in December 2006 for a bladder tumour. No problems were
experienced with either stoma or skin for the first three months, then she became progressively more distressed as her skin broke down, becoming more and more excoriated. This case report illustrates the effectiveness of acting in conjunction with others, solutions to this particular skin problem and gives an outline of her phaeochromocytoma.

Source: CINAHL

46. **Beclometasone inhaler used to treat pyoderma gangrenosum.**

**Author(s):** Chriba M, Skellett AM, Levell NJ

**Citation:** Clinical & Experimental Dermatology, April 2010, vol./is. 35/3(337-8), 0307-6938;1365-2230 (2010 Apr)

**Publication Date:** April 2010

**Abstract:** Pyoderma gangrenosum (PG) is a neutrophilic dermatosis, often associated with underlying systemic disease. We report the use of a corticosteroid inhaler to successfully treat peristomal PG.

Source: MEDLINE

**Full Text:** Available in fulltext at EBSCO Host

47. **WOC nurse consult: Moist, painful peristomal skin. Chemical irritant dermatitis and pseudoverrucous lesions.**

**Author(s):** Hocevar BJ

**Citation:** Journal of Wound, Ostomy, & Continence Nursing, March 2010, vol./is. 37/2(163-5), 1071-5754;1528-3976 (2010 Mar-Apr)

**Publication Date:** March 2010

Source: MEDLINE

48. **Factors affecting ostomy-related complications in Korea.**

**Author(s):** Sung YH, Kwon I, Jo S, Park S

**Citation:** Journal of Wound, Ostomy & Continence Nursing, 01 March 2010, vol./is. 37/2(166-172), 10715754

**Publication Date:** 01 March 2010

**Abstract:** PURPOSE: We sought to determine the type and incidence of ostomy-related complications and identify associated factors in Korean ostomy patients. METHODS: A retrospective analysis of medical records of 1,170 patients who underwent end colostomy in Samsung Medical Center between October 1994 and February 2005 was completed. Complications were classified as stomal or peristomal. Stomal complications included bleeding, necrosis, mucocutaneous separation, prolapsed stoma, retracted stoma, and stenosis. Peristomal complications included varices, hernia, irritant contact dermatitis, allergic contact dermatitis, maceration, folliculitis, hyperplastic granulation, bacterial infection, candidal infection, malignancy in the peristomal area, mechanical damage, and pyoderma gangrenosum. A flat (flush) stoma was the most common stomal complication, occurring in 8.5% of subjects. Irritant contact dermatitis, occurring in 15.5%, was the most common peristomal complication. Gender and body mass index were associated with irritant contact dermatitis, hyperplasia, peristomal hernias, flat stomas, and retracted stomas. CONCLUSIONS: Education for preventing irritant contact dermatitis, such as proper pouching and peristomal skin protection, and for weight control, should be emphasized in a self-care program for persons living with an ostomy. Preoperative marking by a WOC nurse is needed to reduce the prevalence of flat (flush) stomas.

Source: CINAHL

49. **Skin problems in stoma patients**

**Author(s):** Nybaek H., Jemec G.B.E.

**Citation:** Journal of the European Academy of Dermatology and Venereology, March 2010, vol./is. 24/3(249-257), 0926-9959;1468-3083 (March 2010)
Abstract: Ostomy patients are dependent on the integrity of their peristomal skin to maintain a normal lifestyle. Peristomal skin problems are thought to be common and may interfere with the use of ostomy pouching systems. This is a specialist area not commonly seen by dermatologists. This article seeks to provide an overview of the topic for the general dermatologist. A systematic literature search was conducted. The articles found were reviewed and relevant articles were selected by two investigators. Loss of skin integrity may be related to chemical injury, mechanical destruction, infectious conditions, immunological reactions, disease-related conditions. Peristomal irritant dermatitis caused by skin contact with ostomy effluent is by far the most ordinary condition seen. Mechanical trauma, infection and aggravation of pre-existing skin diseases are also seen. Allergic contact dermatitis, which is often cited as the cause of peristomal skin problems, appears to be a rare condition with an estimated prevalence of only 0.6%. In spite of the importance of the integrity of peristomal skin, the topic is poorly described in the literature. The existing publications suggest that although peristomal skin disease can be diagnosed and treated, additional information on both patients and physicians is necessary to optimize patient care. 2010 European Academy of Dermatology and Venereology.

Source: EMBASE

Full Text:
Available in fulltext at EBSCO Host

50. Caring for peristomal skin: what every nurse should know.
Author(s): Burch J
Citation: British Journal of Nursing (BJN), 11 February 2010, vol./is. 19/3(166-172), 09660461
Publication Date: 11 February 2010

Abstract: Stomas are encountered by most nurses. The three types of ostomates (people with a stoma) to be discussed in this article are those with a colostomy, ileostomy and/or urostomy. One of the more common problems associated with ostomates is sore peristomal skin (skin around the stoma). This article will focus on several issues related to sore peristomal skin, including contact irritant dermatitis, parastomal hernias and skin infections. The probable causes and treatment options for the skin problems will be explored. Treatment includes a range of therapies from re-educating ostomates on their stoma care technique to the use of stoma accessories, such as a skin protector, paste or seals.

Source: CINAHL

Full Text:
Available in fulltext at EBSCO Host
Available in print at Grantham Hospital Staff Library
Available in print at Lincoln County Hospital Professional Library
Available in print at Pilgrim Hospital Staff Library

51. Quality of life assessment among patients with peristomal skin disease.
Author(s): Nybaek H, Knudsen DB, Laursen TN, Karlsmark T, Jemec GBE
Citation: European Journal of Gastroenterology & Hepatology, 01 February 2010, vol./is. 22/2(139-143), 0954691X
Publication Date: 01 February 2010

Abstract: AIM: No data exist to describe how a skin problem may additionally affect the quality of life (QOL) in ostomates. We have studied the QOL in patients with peristomal skin problems and the variables that may affect it. METHODS: A total of 141 ostomates (74 cases and 67 controls) received a set of three life quality questionnaires, that is, Short Form-36, Dermatological Life Quality Index (DLQI) and Ostomy Adjustment Scale (OAS). RESULTS: The mean DLQI score was significantly higher in cases than controls (1.7 vs. 0.8; P=0.0026) (higher scores indicating lower QOL), and the mean OAS score was significantly lower in cases than controls (151 vs. 166; P=0.0083) (lower OAS score...
indicating poorer adjustment/QOL). Similarly, patients with self-reported peristomal skin problem had a significantly higher mean DLQI score (2.6 vs. 0.8; P=0.004) and a significantly lower OAS score (145 vs. 163; P=0.046) than ostomates who did not report a skin problem, but were diagnosed with a skin problem by a dermatologist. The QOL scores were inversely proportional to the physician-assessed severity of the skin problem.

CONCLUSION: A small but significant negative impact on the QOL was found for ostomates with skin problems compared with ostomates without a skin problem. Similarly, ostomates with self-reported skin problems had scores indicating a lower QOL. The severity of the skin problem as assessed by the physician correlated with the QOL, ostomates with a severer skin problem had lower QOL than those with a milder skin problem.

Source: CINAHL

52. Peristomal allergic contact dermatitis to stoma-adhesive paste containing Monobutyl ester/maleic acid of Polymethylvinylether (Gantrez 425) but not to Isopropyl ester/maleic anhydride of Polymethylvinylether (Gantrez 335)

Author(s): Field S., O'Sullivan C., Murphy M., Bourke J.F.

Citation: Contact Dermatitis, February 2010, vol./is. 62/2(120-121), 0105-1873;1600-0536 (February 2010)

Publication Date: February 2010

Source: EMBASE

Full Text: Available in fulltext at EBSCO Host

53. Wound wise: Peristomal skin complications

Author(s): Erwin-Toth P., Stricker L.J., Rijswijk L.V.

Citation: American Journal of Nursing, February 2010, vol./is. 110/2(43-48), 0002-936X (February 2010)

Publication Date: February 2010

Abstract: Successful treatment can mean a successful ostomy. 2010 Lippincott Williams & Wilkins, Inc.

Source: EMBASE

Full Text: Available in fulltext at Ovid

Available in fulltext at the ULHT Library and Knowledge Services’ eJournal collection

54. Stratum corneum integrity as a predictor for peristomal skin problems in ostomates

Author(s): Nybaek H., Lophagen S., Karlsmark T., Bang Knudsen D., Jemec G.B.E.

Citation: British Journal of Dermatology, February 2010, vol./is. 162/2(357-361), 0007-0963;1365-2133 (February 2010)

Publication Date: February 2010

Abstract: Background Peristomal skin problems are common, most often the result is disruption of the skin barrier and this may account for more than one in three visits to ostomy nurses. Therefore a specific assessment of individual risk factors relating to the skin barrier function would be of great interest. Methods Skin barrier integrity in ostomy patients with peristomal skin problems (PSP) was compared with that of ostomy patients with normal skin (controls) using transepidermal water loss (TEWL). Mechanical barrier disruption was determined by a tape stripping test and chemical barrier disruption [sodium lauryl sulphate (SLS) 025%]. Results Patients and controls had a highly significant increase in TEWL value in the peristomal area compared with nonperistomal contralateral abdominal skin (P < 00001 for both groups). The skin barrier of normal-looking contralateral skin of ostomates was found to be borderline impaired in patients with PSP compared with those without. A linear association was seen between the number of tape strips removed and TEWL for both cases and controls. Tape stripping suggested that
patients with PSP had less resilient skin (P = 0.002). A significant difference in TEWL value between cases and controls was also seen for the SLS patch test on the dorsal skin (P = 0.002). Conclusion Successive tape stripping, a situation analogous to the normal use of a pouching system, caused a higher degree of barrier damage more rapidly in patients with PSP, indicating an impaired mechanical quality of the barrier. The SLS exposure test suggested a generally increased susceptibility to irritant dermatitis as assessed by TEWL. Our findings suggest tape stripping and SLS testing may have a role as predictive tests to identify patients at risk of PSP. 2009 British Association of Dermatologists.

Source: EMBASE

Full Text: Available in fulltext at EBSCO Host

55. Caring for peristomal skin: what every nurse should know.

Author(s): Burch, J

Citation: Br J Nursing, February 2010, vol./is. 19/3(166-72), 0966-0461 (2010 11 Feb)

Publication Date: February 2010

Abstract: The causes, treatment and care of problems concerning the skin around a stoma in patients with a colostomy, ileostomy or urostomy. Allergic reactions, granulomas, parastomal hernias and skin infections are discussed and treatment of mucocutaneous separation, irritant contact dermatitis and soreness of the skin is described. 20 refs.

Source: BNI

Full Text: Available in fulltext at EBSCO Host

Available in print at Grantham Hospital Staff Library
Available in print at Lincoln County Hospital Professional Library
Available in print at Pilgrim Hospital Staff Library

56. External stoma and peristomal complications following radical cystectomy and ileal conduit diversion: a systematic review.

Author(s): Szymanski KM, St-Cyr D, Alam T, Kassouf W

Citation: Ostomy Wound Management, 01 January 2010, vol./is. 56/1(28-35), 08895899

Publication Date: 01 January 2010

Abstract: An ileal conduit is the most common urinary diversion following radical cystectomy for invasive bladder cancer. Unlike internal complications commonly described in urological literature, reports about the incidence of external complications are sparse. A Medline database review (1996-2008) of English-language literature was conducted to: 1) describe and compare external stoma and peristomal complications and complication rates among outpatients with ileal conduit diversion following radical cystectomy, and 2) summarize commonly used prevention and management strategies. Fourteen publications (mostly retrospective, single-center studies) met inclusion criteria. The reported incidence of complications ranged from 15% to 65%. Divided according to pathogenesis, the most commonly reported complications are 1) stoma or abdominal wall-related changes - parastomal hernia, stoma prolapse, stenosis, and retraction; and 2) peristomal skin changes - chemical injury: irritant contact dermatitis, pseudoverrucous lesions, and alkaline crustations; mechanical injury: pressure ulcers, skin stripping injuries, mucocutaneous separation; infection: candidiasis, folliculitis; immunologic disorders: allergic contact dermatitis; and disease-related lesions: varices, pyoderma gangrenosum, malignancy. Peristomal complications also appear to be under-recognized and under-reported. Research to establish the validity and reliability of assessment tools and long-term follow-up studies are needed to improve the evidence-base of prevention and care.

Source: CINAHL

57. Primary adenocarcinoma in peristomal skin: a case study.

Author(s): Al-Niaimi F, Lyon CC
Abstract: Primary adenocarcinoma at an ileostomy site is an exceedingly rare occurrence but has been documented at the peristomal skin of patients with a long-standing ileostomy. Chronic irritation and resultant metaplasia is thought to be a key underlying mechanism for this phenomenon. Biopsy of newly developing lesions in the peristomal area of long-standing stomas is essential in order to avoid delayed diagnosis and limit complications. A 37-year-old man with a history of ulcerative colitis and ileostomy surgery 18 years prior presented with an asymptomatic polypoid lesion at the mucocutaneous junction. Initially diagnosed as pyogenic granuloma, the lesion was treated using topical silver nitrate. This did not resolve the lesion but ulceration and bleeding were observed. A biopsy showed evidence of primary adenocarcinoma arising from the ileostomy site. The lesion was removed surgically, an ileo-anal J pouch was created, and the patient is currently receiving long-term follow-up and monitoring for any possible future complications. This case study is one of several in the literature suggesting that a high index of suspicion is warranted when ileostomy patients, especially those with a history of ulcerative colitis, present with unusual peristomal lesions.

Source: CINAHL

58. The ostomy files. Two new tools for your ostomy practice.

Author(s): Page AC

Citation: Ostomy Wound Management, 01 December 2009, vol./is. 55/12(10-11), 08895899

Publication Date: 01 December 2009

Source: CINAHL


Author(s): Woo KY, Sibbald RG, Ayello EA, Coutts PM, Garde DE

Citation: Advances in Skin & Wound Care, 01 November 2009, vol./is. 22/11(522-534), 15277941

Publication Date: 01 November 2009

Abstract: PURPOSE:: To provide the wound care practitioner with an overview of practical approaches to prevent and treat common peristomal skin conditions. TARGET AUDIENCE:: This continuing education activity is intended for physicians and nurses with an interest in skin and wound care. OBJECTIVES:: After participating in this educational activity, the participant should be better able to:

Source: CINAHL

60. WOC nurse consult: nonhealing peristomal ulcer.

Author(s): Hocevar BJ

Citation: Journal of Wound, Ostomy & Continence Nursing, 01 November 2009, vol./is. 36/6(649-650), 10715754

Publication Date: 01 November 2009

Source: CINAHL

61. Peristomal skin complications and management


Citation: Advances in skin & wound care, November 2009, vol./is. 22/11(522-532; quiz 533-534), 1538-8654 (Nov 2009)

Publication Date: November 2009

Abstract: PURPOSE:: To provide the wound care practitioner with an overview of practical approaches to prevent and treat common peristomal skin conditions. TARGET AUDIENCE:: This continuing education activity is intended for physicians and nurses with an interest in skin and wound care. OBJECTIVES:: After participating in this educational
activity, the participant should be better able to:

**Source:** EMBASE

62. **Assessment of the prevalence and perception of skin problems in patients with permanent stoma [Italian]** Valutazione della prevalenza e della percezione dei problemi cutanei peristomali nei pazienti con stomia permanente

**Author(s):** Piccinelli M., Brazzale R., Saracco C.

**Citation:** Assistenza infermieristica e ricerca: AIR, October 2009, vol./is. 28/4(183-189), 1592-5986 (2009 Oct-Dec)

**Publication Date:** October 2009

**Abstract:** INTRODUCTION: The incidence of peristomal skin in ostomy patients ranges from 25 to 35%. In a recent paper it was reported that patients may not be aware of the skin problem. AIM: To describe the prevalence and characteristics of skin disorders in ostomy patients and to assess their perception of the skin problem. METHODS: Consecutive patients attending the stoma care clinic of Varese Hospital and with a permanent stoma (>1 year) were asked if they had any skin problem subsequently visited by the stoma care nurse. The skin problems were classified with two different scales (Mose le tavole and SACS). RESULTS: Of 48 patients, 35 (73%) declared no skin problems but overall 27 patients had a skin disorder (11/13 of those aware of having a problem and 16/35 of those not aware). Patients that self cared for their stoma did not report any problem although 27/31 had some skin disorder. No patient reported to have a skin erosion although 13 were detected by the stoma care nurse. CONCLUSIONS: Although "expert" patients may not be aware of their skin problems. Attention should be paid not only to patients with recent stomas but also to those with permanent stoma, that may need further educational support.

**Source:** EMBASE

63. **Dermacol®RG: a unique stoma collar to protect the skin from leakages.**

**Author(s):** Redmond C

**Citation:** Gastrointestinal Nursing, 01 September 2009, vol./is. 7/7(12-16), 14795248

**Publication Date:** 01 September 2009

**Abstract:** The aim of the formation of a stoma is to improve health and quality of life for patients with intestinal or urinary tract disorders. However, complications can occur; in particular, leakage of faecal matter or urine can cause skin damage, resulting in pain and irritation, and reducing the ability of the stoma pouch to adhere to the skin (thus worsening the risk of leakage). Several methods are available to improve contact between skin and pouch to reduce leakage, such as adhesives, paste, seals, washers, tape and belts. Most recently, DermacolRG has been launched; this is a unique collar that fits over the stoma to prevent output coming into contact with skin. It can be used with different stoma sizes and shapes, it is soft, pliable and comfortable, and it gives patients confidence because it effectively reduces leakage, thus protecting the skin and preventing irritation and pain.

**Source:** CINAHL

64. **Dermacol (R): a unique stoma collar to protect the skin from leakages.**

**Author(s):** Redmond, C

**Citation:** Gastrointestinal Nursing, September 2009, vol./is. 7/7(12-7), 1479-5248 (2009 Sep)

**Publication Date:** September 2009

**Abstract:** Product review of Dermacol, a flexible collar fitting over a stoma to prevent faecal matter or urine coming into contact with the skin. Trials of Dermacol are reviewed and 4 case studies are used to illustrate its effectiveness. 7 refs.

**Source:** BNI

65. **Maintaining healthy skin in the older ostomate.**

**Author(s):** Williams, J

**Citation:** Nursing & Residential Care, August 2009, vol./is. 11/8(389-92), 1465-9301 (2009
Publication Date: August 2009

Abstract: Peristomal skin problems and their prevention in elderly patients with a stoma. The roles of the community nurse and the stoma care specialist nurse in caring for elderly ostomates are discussed. 23 refs.

Source: BNI

Full Text: Available in fulltext at EBSCO Host

66. Maintaining healthy skin in the older ostomate.

Author(s): Williams J

Citation: Nursing & Residential Care, 01 August 2009, vol./is. 11/8(389-392), 14659301

Publication Date: 01 August 2009

Abstract: Peristomal skin problems can have physical and psychological effects as well as influence the future care of a stoma. Julia Williams discusses the principles of maintaining healthy skin of the older ostomate.

Source: CINAHL

Full Text: Available in fulltext at EBSCO Host

67. Ostomy basics.

Author(s): Dorman C

Citation: RN, 01 July 2009, vol./is. 72/7(22-27), 00337021

Publication Date: 01 July 2009

Abstract: The nurse's personal feelings toward ostomies play a role in patient outcomes.

Source: CINAHL

Full Text: Available in fulltext at EBSCO Host

68. Peristomal allergic Contact Dermatitis to stoma adhesive paste containing Gantrez 425 (butyl ester of polymethylvinylether copolymer) but not to Gantrez 335 (isopropyl ester of polymethylvinylether copolymer)

Author(s): Field S., O'sullivan C., Murphy M., Bourke J.

Citation: British Journal of Dermatology, July 2009, vol./is. 161/(87), 0007-0963 (July 2009)

Publication Date: July 2009

Abstract: A 71-year-old male with an ileostomy following colectomy for ulcerative colitis presented 6 months later with peristomal dermatitis. It cleared with Dermovate cream (clobetasol propionate; GSK, Uxbridge, U.K.) but relapsed when treatment was stopped. Varying stoma bags was unhelpful but switching adhesive pastes was beneficial. His rash recurred with Stomahesive (ConvaTec Ltd, Uxbridge, U.K.), Adapt (Hollister Ltd, Wokingham, U.K.) and Dansac soft paste (Dansac Ltd, St Ives, Cambs, U.K.) but not when using Karaya paste (Hollister Ltd.). Patch testing to the BCDS standard, plastics and glues, and bases + preservatives batteries, an adhesive piece of his stoma bag, stoma wafer and Micropore tape (Micropore Technologies Ltd., Loughborough, U.K.) was negative. He was patch test positive to Stomahesive, Adapt and Dansac pastes but negative to Karaya paste at 96 h. Further investigation revealed that Karaya paste contained a slightly different glue - Gantrez ES 335. The others contained Gantrez ES 425. Patch testing to Gantrez ES 335 and Gantrez ES 425 neat, 10% and 50% in white soft paraffin revealed positive reactions only to neat Gantrez ES 425. Gantrez is a polymer with a significant ability to adhere to wet or moist areas (Scafale LA, Fowler JF Jr. Peristomal ACD due to Gantrez in Stomahesive paste. J Am Acad Dermatol 2000; 42: 355-6). Gantrez ES 425 (butyl ester of copolymer PVM/MA) is a copolymer consisting of the partial butyl ester of the polycarboxylic resin
formed from vinyl methyl ether and maleic anhydride. Gantrez ES 335 is also a partial ester with the same resin PVM/MA but is estered with isopropyl. Gantrez ES 425 functions as a binder, film former or hair fixative and is present in many hair grooming products and also in resins for toothpaste, mouthwash, denture adhesive preparations and stoma pastes. Gantrez ES 325 functions as a binder, emulsion stabilizer, film former and hair fixative (International Cosmetic Ingredient Dictionary and Handbook, 8th edn, 2000, ISBN 1-882621-22-0). ACD to Gantrez ES 425 and to Stomahesive paste has been reported previously (Scelf and Fowler, 2000; Heskel NS. ACD from Stomahesive paste. Contact Dermatitis 1987; 16: 119-21). This case demonstrates a lack of cross-reactivity between two Gantrez preparations despite the very similar chemical structure. Patients allergic to Gantrez ES 425 may try adhesives containing Gantrez ES 335. We received no funding and have no conflicts of interest.

Source: EMBASE

Full Text:
Available in fulltext at EBSCO Host

69. Metastasis of ulcerative colitis in peristomal skin--an extremely rare case.

Author(s): Ahmed I, Koulouzidis A, Iqbal J, Wardle T

Citation: Journal of Gastrointestinal & Liver Diseases, June 2009, vol./is. 18/2(257), 1841-8724;1841-8724 (2009 Jun)

Publication Date: June 2009

Source: MEDLINE

70. Control the effluent, protect the skin... 41st Annual Wound, Ostomy and Continence Nurses Annual Conference, St. Louis, Missouri, June 6-10, 2009.

Author(s): Douglas MA, Bryant NM

Citation: Journal of Wound, Ostomy & Continence Nursing, 02 May 2009, vol./is. 36/3S(0-0), 10715754

Publication Date: 02 May 2009

Source: CINAHL

71. Utilizing concentrated melting moisturizing creme as the first step to achieve proper skin care... 41st Annual Wound, Ostomy and Continence Nurses Annual Conference, St. Louis, Missouri, June 6-10, 2009.

Author(s): Pattison P

Citation: Journal of Wound, Ostomy & Continence Nursing, 02 May 2009, vol./is. 36/3S(0-0), 10715754

Publication Date: 02 May 2009

Source: CINAHL

72. MICU skin integrity rounds: empowering the staff nurse and improving patient outcomes... 41st Annual Wound, Ostomy and Continence Nurses Annual Conference, St. Louis, Missouri, June 6-10, 2009.

Author(s): Trevellini C, Smith J

Citation: Journal of Wound, Ostomy & Continence Nursing, 02 May 2009, vol./is. 36/3S(0-0), 10715754

Publication Date: 02 May 2009

Source: CINAHL

73. Core components of a comprehensive wound and skin care management program... 41st Annual Wound, Ostomy and Continence Nurses Annual Conference, St. Louis, Missouri, June 6-10, 2009.

Author(s): Nissen C

Citation: Journal of Wound, Ostomy & Continence Nursing, 02 May 2009, vol./is. 36/3S(0-
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<th>Publication Date: 02 May 2009</th>
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<td><strong>74. Saving skin in the ICU and beyond... 41st Annual Wound, Ostomy and Continence Nurses Annual Conference, St. Louis, Missouri, June 6-10, 2009.</strong></td>
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<tr>
<td>Author(s): Haverkamp CJ, DeLeone S, Arndt J</td>
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<tr>
<td>Citation: Journal of Wound, Ostomy &amp; Continence Nursing, 02 May 2009, vol./is. 36/3S(0-0), 10715754</td>
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<td><strong>Publication Date: 02 May 2009</strong></td>
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<td><strong>75. Skin Changes At Life’s End (SCALE)... 41st Annual Wound, Ostomy and Continence Nurses Annual Conference, St. Louis, Missouri, June 6-10, 2009.</strong></td>
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<td>Citation: Journal of Wound, Ostomy &amp; Continence Nursing, 02 May 2009, vol./is. 36/3S(0-0), 10715754</td>
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<td><strong>76. Skin risk card -- a tool for identifying an individual patient’s risk for skin breakdown... 41st Annual Wound, Ostomy and Continence Nurses Annual Conference, St. Louis, Missouri, June 6-10, 2009.</strong></td>
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<td>Author(s): Brady S</td>
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<td>Citation: Journal of Wound, Ostomy &amp; Continence Nursing, 02 May 2009, vol./is. 36/3S(0-0), 10715754</td>
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<td><strong>77. Impact of linen layers to interface pressure and skin microclimate... 41st Annual Wound, Ostomy and Continence Nurses Annual Conference, St. Louis, Missouri, June 6-10, 2009.</strong></td>
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<td>Author(s): Williamson R</td>
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<td>Citation: Journal of Wound, Ostomy &amp; Continence Nursing, 02 May 2009, vol./is. 36/3S(0-0), 10715754</td>
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<td><strong>78. Assessing the impact of nursing education on skin and wound care... 41st Annual Wound, Ostomy and Continence Nurses Annual Conference, St. Louis, Missouri, June 6-10, 2009.</strong></td>
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<td>Author(s): Boudreau L, Maurer R, Reft J, Larson S, Hancock B, Kleinpell R</td>
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<td>Citation: Journal of Wound, Ostomy &amp; Continence Nursing, 02 May 2009, vol./is. 36/3S(0-0), 10715754</td>
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<td><strong>79. White petrolatum and OLIVAMINE for a complex patient with perineal dermatitis: an enigma... 41st Annual Wound, Ostomy and Continence Nurses Annual Conference, St. Louis, Missouri, June 6-10, 2009.</strong></td>
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<td>Author(s): Fankhanel BY, Martois E, Bock K, Delamora NC, Lo T</td>
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<td>Citation: Journal of Wound, Ostomy &amp; Continence Nursing, 02 May 2009, vol./is. 36/3S(0-0), 10715754</td>
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80. Incontinence dermatitis in hospitalized patients: prevalence, evidence-based nursing care and nurse education program... 41st Annual Wound, Ostomy and Continence Nurses Annual Conference, St. Louis, Missouri, June 6-10, 2009.

Author(s): Bliss DZ, Savik K, Peterson KJ

Citation: Journal of Wound, Ostomy & Continence Nursing, 02 May 2009, vol./is. 36/3S(0-0), 10715754

Publication Date: 02 May 2009

Source: CINAHL

81. Incontinence-associated dermatitis (IAD) in a long-term acute care (LTAC) facility: a prospective study... 41st Annual Wound, Ostomy and Continence Nurses Annual Conference, St. Louis, Missouri, June 6-10, 2009.

Author(s): Arnold-Long M, Reed L, Dunning K, Ying J

Citation: Journal of Wound, Ostomy & Continence Nursing, 02 May 2009, vol./is. 36/3S(0-0), 10715754

Publication Date: 02 May 2009

Source: CINAHL

82. Changing the focus to provide increased stoma and peristomal skin protection... 41st Annual Wound, Ostomy and Continence Nurses Annual Conference, St. Louis, Missouri, June 6-10, 2009.

Author(s): Durnal A

Citation: Journal of Wound, Ostomy & Continence Nursing, 02 May 2009, vol./is. 36/3S(0-0), 10715754

Publication Date: 02 May 2009

Source: CINAHL

83. Use of silver-impregnated hydrofiber and wall-suction in the treatment of peristomal pyoderma gangrenosum... 41st Annual Wound, Ostomy and Continence Nurses Annual Conference, St. Louis, Missouri, June 6-10, 2009.

Author(s): Ayer M

Citation: Journal of Wound, Ostomy & Continence Nursing, 02 May 2009, vol./is. 36/3S(0-0), 10715754

Publication Date: 02 May 2009

Source: CINAHL

84. Prospective assessment and classification of stoma-related skin disorders... 41st Annual Wound, Ostomy and Continence Nurses Annual Conference, St. Louis, Missouri, June 6-10, 2009.

Author(s): Scott VAB, Raasch D, Kennedy G, Heise C

Citation: Journal of Wound, Ostomy & Continence Nursing, 02 May 2009, vol./is. 36/3S(0-0), 10715754

Publication Date: 02 May 2009

Source: CINAHL

85. An association between peristomal skin condition and life satisfaction in new ostomates... 41st Annual Wound, Ostomy and Continence Nurses Annual Conference, St. Louis, Missouri, June 6-10, 2009.

Author(s): Riemer M, Nichols T

Citation: Journal of Wound, Ostomy & Continence Nursing, 02 May 2009, vol./is. 36/3S(0-0), 10715754

Publication Date: 02 May 2009

Source: CINAHL
86. Stoma registry data collection report: stoma and peristomal skin problems... 41st Annual Wound, Ostomy and Continence Nurses Annual Conference, St. Louis, Missouri, June 6-10, 2009.

Author(s): Hocevar BJ, Mapel S, Kiran PR

Citation: Journal of Wound, Ostomy & Continence Nursing, 02 May 2009, vol./is. 36/3S(0-0), 10715754

Publication Date: 02 May 2009

Source: CINAHL

87. Studies on skin biophysics and ostomy skin barriers: comparison of peel force measurements and skin structure between peristomal and normal surrounding skin... 41st Annual Wound, Ostomy and Continence Nurses Annual Conference, St. Louis, Missouri, June 6-10, 2009.

Author(s): Murahata RI, Taylor MG, Damia J, Houser T, Grove GL

Citation: Journal of Wound, Ostomy & Continence Nursing, 02 May 2009, vol./is. 36/3S(0-0), 10715754

Publication Date: 02 May 2009

Source: CINAHL

88. The ostomy files. Understanding skin barriers.

Author(s): Page A

Citation: Ostomy Wound Management, 01 May 2009, vol./is. 55/5(10-10), 08895899

Publication Date: 01 May 2009

Source: CINAHL

89. A prospective multicenter evaluation of a moldable stoma skin barrier.

Author(s): Hoeflok J, Guy D, Allen S, St-Cyr D

Citation: Ostomy Wound Management, 01 May 2009, vol./is. 55/5(62-69), 08895899

Publication Date: 01 May 2009

Abstract: Ostomy skin barriers can be difficult to size and shape; gaps between the skin and the appliance can compromise peristomal skin protection. A multicenter evaluation was initiated to assess the satisfaction of persons with ostomies (n = 172, mean age 56.6 years) and enterostomal therapy nurses (ETs, n = 49; number of evaluations = 195) with a new moldable skin barrier. The majority (116) of participants had ostomy surgery >90 days before the evaluation. Study participants received up to five product samples. Evaluation forms included stoma background information and questions regarding the product's ease of application and molding, ease of creating a customized fit, adherence of the hydrocolloid collar, ability to shape and reshape, effectiveness of skin protection, level of satisfaction with the product, and concerns/problems. At baseline, skin irritation was noted in 41% of ET evaluations and by 46% of participants with a stoma and cited as a reason to discontinue product usage in 11 ET reports (6.4%) and by seven users (3.6%). Regardless of the type of ostomy surgery, the percentage of "very good"/"excellent" ratings from participants for all evaluation criteria was 84.2% for colostomies, 85.4% for ileostomies, and 92.5% for urostomies. Similarly, for the ET evaluations, the percentage of "very good"/"excellent" ratings for all evaluation criteria was 89.0% for colostomies, 92.7% for ileostomies, and 92.7% for urostomies and 87% of ETs noted that teaching product usage was easy. Although interpretation of the results is limited by the study design, these findings confirm previous reports that the prevalence of skin irritation among ostomy patients is high and suggest that the barrier evaluated is comfortable and easy to use. Controlled clinical studies to compare the safety and effectiveness of ostomy appliances as well as their effect on patient quality of life are needed.
90. **Prevention of peristomal skin excoriation**

**Author(s):** Phadke M.V.

**Citation:** Journal of Clinical Oncology, May 2009, vol./is. 27/15 SUPPL. 1(e20746), 0732-183X (20 May 2009)

**Publication Date:** May 2009

**Abstract:** Background: Purpose of this paper is to prevent the peristomal skin excoriations. So far there has not been any permanent solution for this complication. Approximately 45% of patients with stoma suffer from this problem and are told to learn to live with it. It is important to understand the pathogenesis of any complication before a solution can be found. The excoration results from digestion of the epithelium by enzymes in the mucus flowing out of the stoma. The liquid contents of the feces, because of their physical property, run along the mesenteric border of the intestine which is shorter than the anti-mesenteric border. This is complicated by bacterial contamination present in feces. It is essential to have intact mucosa all around the stoma. Skin is less resistant to bacterial invasion when compared with mucosa. When peristalsis starts, it tends to pull the mesenteric corner of the stoma inside the peritoneal cavity. This will continue till the mesenteric corner comes to the skin level. At this point there is no mucosa to protect and the liquid intestinal contents, instead of dropping in the bag leak over the skin and start digesting the epithelium. To change the mechanics of peristalsis, it is necessary to separate the mucosal (inner) tube from the serous (outer) tube. Once this is achieved, the peristalsis affects only the serous tube and has no effect on the mucus tube which forms the lumen of the stoma. This results in a 360 degree mucosal protection of the stoma.

**Methods:** Delayed-Primary Self-Maturation a technique of constructing stoma described by Phadke was utilized in constructing all ileostomies and colostomies. Primary maturation of stoma is avoided. The stoma is left obstructed with staples. It is opened with cautery only after good peristalsis has returned. The opening is at the anti-mesenteric corner. Mucosal cuff protrudes and is pushed by peristalsis. It everts and debrides the eschar of serositis, exposing the granulation tissue. The cuff rolls out and auto-grafts over the granulation tissue. The margins of the cuff come in contact with dermis of the opening in skin and complete the maturation process.

**Results:** 63 Colostomies and 17 Ileostomies were constructed using this technique. All complications were prevented.

**Conclusions:** DPSM technique will prevent peristomal skin excoriations and all other complications.

**Source:** EMBASE

**Full Text:**

Available in **fulltext** at the ULHT Library and Knowledge Services’ eJournal collection.

91. **Skin problems in ostomy patients: A case-control study of risk factors**

**Author(s):** Nybaek H., Knudsen D.B., Laursen T.N., Karlsmark T., Jemec G.B.E.

**Citation:** Acta Dermato-Venereologica, 2009, vol./is. 89/1(64-67), 0001-5555 (2009)

**Publication Date:** 2009

**Abstract:** Skin complications are frequent in ostomy patients and a number of risk factors have been suggested. The data on risk factors have, however, been documented mainly in single-centre studies and the actual importance of the suggested risk factors should therefore be verified in a group of ostomy patients broadly selected from the general population. All patients with permanent ostomies living in Roskilde County, Denmark, were invited to participate in the study. A total of 338 responded and 199 agreed to participate. Forty-five percent of all patients presented a skin problem. Less than half (43%) of patients with a skin problem were aware of the skin problems, and less than 1 in 5 (16%) had sought treatment for their skin problem. Ileostomies, ostomies with leakage and ostomies in patients with body mass index >30 were associated with skin problems. In conclusion, ileostomy, leakage and obesity predisposed patients to peristomal skin problems. Other suggested risk factors appear to be weak or insignificant. Patients under-report the presence of peristomal skin problems and therefore it is suggested that they need to be assessed by a professional on a routine basis in order to avoid or better manage peristomal skin complications.

2009 The Authors. Journal Compilation 2009 Acta Dermato-Venereologica.
92. Incidence of complications of the stoma and peristomal skin among individuals with colostomy, ileostomy, and urostomy: a systematic review.

Author(s): Salvadalena G

Citation: Journal of Wound, Ostomy & Continence Nursing, 01 November 2008, vol./is. 35/6(596-609), 10715754

Abstract: The objectives of this systematic review were to assess the incidence of complications of the stoma and peristomal skin, synthesize possible reasons for variability in results, and make recommendations for future research. Twenty-one studies published in English between January 1990 and August 2007, with a prospective design that reported the number of complications of the stoma or peristomal skin among participants with colostomy, ileostomy, or urostomy, were identified. The types of complications most commonly reported were retraction, hernia, prolapse, peristomal skin problems, and necrosis. Incidence rates varied widely among studies, even when the same types of complications were measured. Inadequate reporting of attrition, the number of participants at each phase of analysis, and missing data were common problems. Differences among study durations, the absence of definitions of complications, and failure to describe how complications were evaluated contributed to variability in reported complication rates. More studies are needed that use a prospective design, consistent operational definitions, and valid and reliable measurement methods. These recommendations will help increase the availability of standardized data to make comparisons among studies possible.


Author(s): Yoong S., Dunne G., Cochrane J., Lee B., Lee J.

Citation: Diseases of the Colon and Rectum, October 2008, vol./is. 51/10(1577-1579), 0012-3706;1530-0358 (October 2008)

Abstract: Extensive peristomal skin necrosis is an unusual complication, which is difficult to manage because of frequent contamination from the stoma site. This wound leads to difficulty in applying the stoma appliance. This case report describes the successful use of the vacuum-assisted closure system in the management of a patient who developed peristomal skin necrosis after emergency Hartmann's procedure. 2008 The American Society of Colon and Rectal Surgeons.

94. Common peristomal skin problems and potential treatment options

Author(s): Burch J., Sica J.

Citation: British journal of nursing (Mark Allen Publishing), September 2008, vol./is. 17/17(S4, S6, S8 passim), 0966-0461 (2008 Sep 25-Oct 8)

Abstract: Stomas are encountered by nurses in many different fields and may be newly formed or many years old. Caring for ostomists can be problematic, particularly if complications occur. One of the more common problems for ostomists is excoriated peristomal skin. Sore skin can occur for a number of reasons and the cause can be an indicator for the therapy required. At times the treatment can be simple but often the skills of a stoma specialist nurse are required. This article focuses on some of the more commonly encountered ostomy problems that nurses may be faced with. The potential
problems are described and potential treatment options are offered.

Source: EMBASE

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Available in print at Lincoln County Hospital Professional Library
Available in print at Pilgrim Hospital Staff Library

95. Common peristomal skin problems and potential treatment options.

Author(s): Burch, J, Sica, J

Citation: Br J Nursing, September 2008, vol./is. 17/17(S4-11 supplement), 0966-0461 (2008 25 Sep)

Publication Date: September 2008

Abstract: Stoma Care supplement. Skin disorders and treatment in stoma care. Causes and treatment of sore skin, including appliance problems, candida infections, folliculitis, granulomas, psoriasis, ulcerative inflammation and output from urinary stomas are described. 32 refs.

Source: BNI

Full Text:
Available in fulltext at EBSCO Host
Available in print at Grantham Hospital Staff Library
Available in print at Lincoln County Hospital Professional Library
Available in print at Pilgrim Hospital Staff Library

96. Peristomal skin complications.

Author(s): Meisner S, Balleby L

Citation: Seminars in Colon & Rectal Surgery, 01 September 2008, vol./is. 19/3(146-150), 10431489

Publication Date: 01 September 2008

Abstract: Peristomal skin complications are very common and are seen in 80% of persons operated on with an ostomy. Our article gives, in addition to general principles of skin care, detailed recommendations for erythema and leakage, irritant contact dermatitis, allergic contact eczema, folliculitis, infections, pseudoverrucous epidermal hyperplasia, dermatologic diseases and special wounds. All topics with information on etiology, patient history, diagnosis, treatment, follow-up and referral. The summary of recommendations can be used as a quick guide to peristomal skin complications in the care of ostomy patients. CO 2008 Elsevier Inc. All rights reserved.

Source: CINAHL

97. Managing stoma & skin related problems.

Author(s): Wright J

Citation: Journal of Community Nursing, 01 August 2008, vol./is. 22/8-9(36-38), 02634465

Publication Date: 01 August 2008

Abstract: Joanne Wright gives an overview of the management of stomas and skin related problems.

Source: CINAHL

Full Text:
Available in fulltext at EBSCO Host
Available in print at Grantham Hospital Staff Library
98. **Dermatological care for stoma patients.**

**Author(s):** Cronin E  
**Citation:** Nursing & Residential Care, 01 August 2008, vol./is. 10/8(382-385), 14659301  
**Publication Date:** 01 August 2008  
**Abstract:** Elaine Cronin introduces two of the most common dermatological conditions in stoma care and discusses the importance of diagnoses and treatment in providing the best possible care.  
**Source:** CINAHL  
**Full Text:** Available in fulltext at EBSCO Host

99. **Dermatological care for stoma patients.**  

**Author(s):** Cronin, E  
**Citation:** Nursing & Residential Care, August 2008, vol./is. 10/8(382-6), 1465-9301 (2008 Aug)  
**Publication Date:** August 2008  
**Abstract:** Peristomal skin care, focusing on irritant dermatitis and contact dermatitis. Causes, stages and symptoms are explained and suggestions are made for managing skin problems. 11 refs.  
**Source:** BNI  
**Full Text:** Available in fulltext at EBSCO Host

100. **Managing stoma & skin related problems.**  

**Author(s):** Wright, J  
**Citation:** J Community Nursing, August 2008, vol./is. 22/(36-40), 0263-4465 (2008 Aug/Sep)  
**Publication Date:** August 2008  
**Abstract:** Overview of stomas and skin related problems. The management of ulcers, bruising, pressure sores, parastomal hernias, peristomal moats, peristomal skin creases and skin dips is described. 7 refs.  
**Source:** BNI  
**Full Text:** Available in fulltext at EBSCO Host

101. **Caring for a patient with a urostomy in a community setting [corrected] [published erratum appears in BR J COMMUNITY NURS 2009 Feb;14(2):59].**  

**Author(s):** Nazarko L  
**Citation:** British Journal of Community Nursing, 01 August 2008, vol./is. 13/8(354-), 14624753  
**Publication Date:** 01 August 2008  
**Abstract:** Around 7 500 people in the UK have a urostomy. A urostomy is normally performed if a person has bladder cancer, congenital bladder abnormalities. Many people who have a urostomy have long term conditions and may require the help and support of
community nurses. This article examines common complications of urostomy including stomal complications, urinary tract infections and dermal complications. Although stoma complications are common and can affect quality of life, many people with a stoma tend not to seek help. Community nurses can provide care and support to optimize stoma management and enable the person with a urostomy to enjoy the best possible quality of life.

Source: CINAHL

Full Text:
Available in fulltext at EBSCO Host

102. Caring for a patient with a urostomy in a community setting

Author(s): Nazarko L

Citation: British Journal of Community Nursing, August 2008, vol./is. 13/8(354-61), 1462-4753 (2008 Aug)

Publication Date: August 2008

Abstract: Around 7500 people in the UK have a urostomy. A urostomy is normally, performed if a person has bladder cancer, congenital bladder abnormalities. Many people who have a urostomy have long term conditions and may, require the help and support of community nurses. This article examines, common complications of urostomy including stomal complications, urinary tract infections and dermal complications. Although stoma complications, are common and can affect quality of life, many people with a stoma, tend not to seek help. Community nurses can provide care and support to optimize stoma management and enable the person with a urostomy to, enjoy the best possible quality of life.

Source: AMED

Full Text:
Available in fulltext at EBSCO Host

103. Skin integrity and silicone: APPEEL 'no-sting' medical adhesive remover.

Author(s): Stephen-Haynes J

Citation: British Journal of Nursing (BJN), 26 June 2008, vol./is. 17/12(792-5), 0966-0461 (2008 26 Jun)

Publication Date: 26 June 2008

Source: CINAHL

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Available in print at Pilgrim Hospital Staff Library

104. Skin integrity and silicone: Appeel(R) 'no-sting' medical adhesive remover.

Author(s): Stephen-Haynes, J

Citation: Br J Nursing, June 2008, vol./is. 17/12(792-5), 0966-0461 (2008 26 Jun)

Publication Date: June 2008

Abstract: The use of silicone-based medical adhesive removers to maintain skin integrity in wound, urostomy and stoma care and in haemangioma and epidermolysis bullosa, among neonatal, paediatric and elderly patients. The use of Appeel(R) 'no-sting' medical adhesive remover is described. 30 refs.

Source: BNI

Full Text:
105. **A patient with nicorandil-induced peristomal ulceration.**

**Author(s):** Fake J, Skellet A, Skipper G

**Citation:** Gastrointestinal Nursing, 01 June 2008, vol./is. 6/5(19-23), 14795248

**Publication Date:** 01 June 2008

**Abstract:** Healthy peristomal skin is imperative to ensure maximum pouch adhesion. There is widespread literature available on peristomal skin disorders, but little available on peristomal ulceration. It has been identified that nicorandil, an anti-anginal drug, may be the cause of non-healing peristomal ulceration. This article will highlight a problem that has not been widely documented, but caused us as health professionals, and our patient, much anguish. We will present a case study of a non-healing peristomal ulcer and review the appropriate literature to identify a possible cause.

**Source:** CINAHL

106. **Doing away with scissors and patterns using a new technology of ostomy skin barriers...** Scientific and clinical abstracts from the 40th Annual Wound, Ostomy and Continence Nurses Annual Conference.

**Author(s):** Gerlach MA

**Citation:** Journal of Wound, Ostomy & Continence Nursing, 02 May 2008, vol./is. 35/3S(0-0), 10715754

**Publication Date:** 02 May 2008

**Source:** CINAHL

107. **What you don't know can hurt them: skin and wound issues unique to cancer patients...** Scientific and clinical abstracts from the 40th Annual Wound, Ostomy and Continence Nurses Annual Conference.

**Author(s):** Jakubek PR, Cochran S

**Citation:** Journal of Wound, Ostomy & Continence Nursing, 02 May 2008, vol./is. 35/3S(0-0), 10715754

**Publication Date:** 02 May 2008

**Source:** CINAHL

108. **A description of peristomal skin complications reported by wound ostomy continence nurses in central Virginia...** Scientific and clinical abstracts from the 40th Annual Wound, Ostomy and Continence Nurses Annual Conference.

**Author(s):** Ratliff CR

**Citation:** Journal of Wound, Ostomy & Continence Nursing, 02 May 2008, vol./is. 35/3S(0-0), 10715754

**Publication Date:** 02 May 2008

**Source:** CINAHL

109. **Simple techniques to heal peristomal skin with good results...** Scientific and clinical abstracts from the 40th Annual Wound, Ostomy and Continence Nurses Annual Conference.

**Author(s):** Schank JE

**Citation:** Journal of Wound, Ostomy & Continence Nursing, 02 May 2008, vol./is. 35/3S(0-0), 10715754

**Publication Date:** 02 May 2008

**Source:** CINAHL
110. Clinical experiences with a new flat moldable skin barrier... Scientific and clinical abstracts from the 40th Annual Wound, Ostomy and Continence Nurses Annual Conference.

Author(s): Sellers DL, Matson SW

Citation: Journal of Wound, Ostomy & Continence Nursing, 02 May 2008, vol./is. 35/3S(0-0), 10715754

Publication Date: 02 May 2008

Source: CINAHL

111. An ostomy skin evaluation tool: how a tool can help patients with peristomal skin problems... Scientific and clinical abstracts from the 40th Annual Wound, Ostomy and Continence Nurses Annual Conference.

Author(s): Tavernelli K, Reif S

Citation: Journal of Wound, Ostomy & Continence Nursing, 02 May 2008, vol./is. 35/3S(0-0), 10715754

Publication Date: 02 May 2008

Source: CINAHL

112. Using convexity in the management of complex clinical challenges... Scientific and clinical abstracts from the 40th Annual Wound, Ostomy and Continence Nurses Annual Conference.

Author(s): Hill JL, Scott N

Citation: Journal of Wound, Ostomy & Continence Nursing, 02 May 2008, vol./is. 35/3S(0-0), 10715754

Publication Date: 02 May 2008

Source: CINAHL

113. Associations between financial responsibility for ostomy appliances, appliance change habits and peristomal skin condition.

Author(s): Riemer M, Nichols T, Schroeder S

Citation: Journal of Wound, Ostomy & Continence Nursing, 02 May 2008, vol./is. 35/3S(0-0), 10715754

Publication Date: 02 May 2008

Source: CINAHL

114. Development and testing of an instrument to assess incontinence associated dermatitis... Scientific and clinical abstracts from the 40th Annual Wound, Ostomy and Continence Nurses Annual Conference.

Author(s): Borchert KM, Bliss DZ, Savik K, Radosevich DM

Citation: Journal of Wound, Ostomy & Continence Nursing, 02 May 2008, vol./is. 35/3S(0-0), 10715754

Publication Date: 02 May 2008

Source: CINAHL

115. Incontinence-associated dermatitis in a long term acute care facility... Scientific and clinical abstracts from the 40th Annual Wound, Ostomy and Continence Nurses Annual Conference.

Author(s): Arnold-Long M, Reed L, Dunning K, Ying J

Citation: Journal of Wound, Ostomy & Continence Nursing, 02 May 2008, vol./is. 35/3S(0-0), 10715754

Publication Date: 02 May 2008

Source: CINAHL

116. Reactive eccrine syringofibroadenoma arising in peristomal skin: An unusual
presentation of a rare lesion.

Author(s): Mattoch IW, Pham N, Robbins JB, Bogomilsky J, Tandon M, Kohler S

Citation: Journal of the American Academy of Dermatology, April 2008, vol./is. 58/4(691-6), 0190-9622;1097-6787 (2008 Apr)

Publication Date: April 2008

Abstract: We report the third case of eccrine syringofibroadenoma (ESFA) arising in peristomal skin. A 55-year-old man presented with a 15- x 10-cm pale pink verrucous, exophytic, intermittently tender plaque involving his ileostomy site. He had undergone proctocolectomy with ileostomy creation 33 years prior for ulcerative colitis. The clinical differential diagnosis included granulomatous dermatitis, infection (fungus or atypical mycobacterium), or neoplasm. A punch biopsy specimen was performed and showed ESFA. Although ESFA is considered to be benign, recent reports have demonstrated an association of ESFA with malignancy or malignant transformation of ESFA. Furthermore, ESFA and reported cases of ileostomy carcinoma share similar clinical symptoms at presentation including pain, irritation, ulceration, bleeding, and the presence of a fungating mass. The lesion was, therefore, excised in toto and the excisional specimen showed no evidence of malignancy. We speculate that ESFA is a reaction to chronic irritation and, analogous to other long-standing reactive processes such as lichen sclerosis or burn scar ulcers, may be associated with malignant transformation. Because of this possibility and the clinical overlap with ileostomy carcinoma, peristomal ESFA should be treated with complete excision. If it is not amenable to complete excision because of lesion size or anatomic complexity, generous sampling and close clinical follow-up are recommended.

Source: MEDLINE

Full Text: Available in print at Pilgrim Hospital Staff Library

117. Peristomal skin disorders and the Ostomy Skin Tool.

Author(s): Claessens I, Serrano JLC, English E, Martins L, Tavernelli K

Citation: World Council of Enterostomal Therapists Journal, 01 April 2008, vol./is. 28/2(26-27), 08194610

Publication Date: 01 April 2008

Abstract: The international ostomy nursing community has recognised the need for a common language to describe peristomal skin disorders. This article introduces the Ostomy Skin Tool, which is described in more detail in the accompanying supplement. The tool is used to calculate a score for the extent and severity of peristomal skin disorders and provides a common language to describe them. The Ostomy Skin Tool can help ostomy care nurses assess and communicate changes in peristomal skin in a consistent, effective manner.

Source: CINAHL

118. A guide to the appropriate use of convex stoma care products.

Author(s): Cronin, E

Citation: Gastrointestinal Nursing, March 2008, vol./is. 6/2(12-6), 1479-5248 (2008 Mar)

Publication Date: March 2008

Abstract: Problems that can occur from inappropriate use of convex stoma products including friction, peristomal skin pressure, mucocutaneous separation and capillary trauma. 12 refs.

Source: BNI

119. Peristomal dermatology.

Author(s): Alvey B, Beck DE

Citation: Clinics in Colon & Rectal Surgery, February 2008, vol./is. 21/1(41-4), 1530-9681;1530-9681 (2008 Feb)

Publication Date: February 2008
Abstract: Inflammatory or infectious conditions affecting the skin around an intestinal stoma are common and may be a source of considerable aggravation to patients. Recognition and prompt appropriate treatment of these conditions improves their quality of life. Peristomal pyoderma gangrenosum represents a most unusual peristomal skin condition that is difficult to treat; resolution often requires diagnosis and therapy of underlying inflammatory bowel disease.

Source: MEDLINE

Full Text:
Available in fulltext at National Library of Medicine

120. Early stomal complications.
Author(s): Kann BR
Citation: Clinics in Colon & Rectal Surgery, February 2008, vol./is. 21/1(23-30), 1530-9681;1530-9681 (2008 Feb)
Publication Date: February 2008
Abstract: The creation of intestinal stomas for diversion of enteric contents is an important component of the surgical management of several gastroenterologic disease processes. Despite the frequency with which these procedures are performed, complications of stoma creation remain common, despite extensive measures aimed at reducing them. Early postoperative complications (those seen less than one month postoperatively) can lead to significant cost, both financially and psychologically, and incur significant morbidity. Commonly seen early postoperative stomal complications include improper stoma site selection, vascular compromise, retraction, peristomal skin irritation, peristomal infection/abscess/fistula, acute parastomal herniation and bowel obstruction, and pure technical errors. The author reviews these early complications associated with stoma creation, discusses means of preventing them, and outlines the management strategy for such complications when they do occur.

Source: MEDLINE

Full Text:
Available in fulltext at National Library of Medicine

121. Ostomy management guidelines.
Author(s): Faller NA
Citation: Journal of Wound, Ostomy & Continence Nursing, 01 January 2008, vol./is. 35/1(23-24), 10715754
Publication Date: 01 January 2008
Source: CINAHL

122. Peristomal skin care.
Author(s): Benbow M
Citation: Irish Nurse, 01 November 2007, vol./is. 8/7(26-27), 14633817
Publication Date: 01 November 2007
Source: CINAHL

123. The ostomy files. Ostomy care and radiation therapy.
Author(s): Turnbull GB
Citation: Ostomy Wound Management, 01 November 2007, vol./is. 53/11(24-25), 08895899
Publication Date: 01 November 2007
Source: CINAHL

Author(s): Black P
Intact skin provides a protective barrier between the body and its environment. The frequent application and removal of stoma appliances can damage skin by stripping away the epidermal layer. Hydrocolloid flanges in either a one- or two-piece appliance hold moisture in the mass and are therefore more skin friendly than older appliances with acrylic adhesives, making hydrocolloid the choice for ostomy appliance manufacturers. Peristomal skin problems are a significant problem for the stoma patient. As many as one third of colostomy patients and more than two thirds of ileostomy and urostomy patients will be affected (Lyons and Smith, 2003). The correct and judicial use of barrier creams, gels, lotions, sprays and wipes in peristomal skin care can play an important role in giving the stoma patient a good quality of life.

Source: CINAHL

Full Text:
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Available in print at Grantham Hospital Staff Library
Available in print at Lincoln County Hospital Professional Library
Available in print at Pilgrim Hospital Staff Library

125. Care of a colostomy.

Author(s): Hampton S

Citation: Journal of Community Nursing, 01 September 2007, vol./is. 21/9(20-22), 02634465

Publication Date: 01 September 2007

Abstract: Sylvie Hampton discusses some of the practical issues faced by ostomates and the management of skin and stoma.

Source: CINAHL

Full Text:
Available in fulltext at EBSCO Host
Available in print at Grantham Hospital Staff Library
Available in print at Lincoln County Hospital Professional Library
Available in print at Pilgrim Hospital Staff Library

126. A guide to maintaining healthy peristomal skin.

Author(s): Williams J

Citation: Gastrointestinal Nursing, 01 September 2007, vol./is. 5/7(18-21), 14795248

Publication Date: 01 September 2007

Abstract: Maintaining good skin care is a basic need of both the new, and the well-established ostomist. It is usually the role of the stoma care nurse specialist, in conjunction with other ward staff, to ensure that patients with stomas are educated in such a manner that they are aware of possible complications that may lead to peristomal skin problems. This article reviews the current literature with regard to good peristomal skin care, highlighting potential problems and offering some basic solutions.

Source: CINAHL

127. A proposal for classifying peristomal skin disorders: results of a multicenter observational study.


Citation: Ostomy Wound Management, 01 September 2007, vol./is. 53/9(38-43),
Publication Date: 01 September 2007

Abstract: The challenges of caring for abdominal ostomy disorders have grown over the years. Because the literature shows no evidence of a tool to classify peristomal skin disorders, a study group comprised of seven enterostomal therapy nurses and four surgeons sought to provide an objective, reproducible, standardized classification instrument. A prospective, observational study was conducted among eight ostomy centers across Italy. The 339 patient participants (272 men, 67 women, average age 63 [25 to 85] years) were divided into two groups according to onset of complications (less than or greater than 1 year); 800 digital photographs were taken to enhance observation and blood samples were drawn for additional data. From the data obtained, a classification scheme was created and subsequently tested using four non-study group experts. The resulting instrument facilitated lesion interpretation and detection, including topography. Thus far, this is the first validated classification attempt not based on assessments of lesions attributable to entirely different etiopathogenetic factors. Further research to refine the tool and to correlate the additional data obtained from blood samples with the classification system is underway.

Source: CINAHL

128. A guide to maintaining healthy peristomal skin.

Author(s): Williams, J

Citation: Gastrointestinal Nursing, September 2007, vol./is. 5/7(18-22), 1479-5248 (2007 Sep)

Publication Date: September 2007

Abstract: Review of current literature on the role of nurse in providing good skin care for ostomists. Potential skin problems and appropriate treatments are discussed. 14 refs.

Source: BNI

129. Care of a colostomy.

Author(s): Hampton, S

Citation: J Community Nursing, September 2007, vol./is. 21/9(20-4), 0263-4465 (2007 Sep)

Publication Date: September 2007

Abstract: Overview of colostomy care, and the impact of the condition of the skin surrounding the colostomy on patient quality of life. Peristomal skin complications and their treatment options are described. Diet in colostomy patients is discussed, and the procedure for changing a stoma bag is described. 12 refs.

Source: BNI

Full Text:
Available in fulltext at EBSCO Host
Available in print at Grantham Hospital Staff Library
Available in print at Lincoln County Hospital Professional Library
Available in print at Pilgrim Hospital Staff Library

130. Peristomal skin care: an overview of available products

Author(s): Black P.

Citation: British journal of nursing (Mark Allen Publishing), September 2007, vol./is. 16/17(1048, 1050, 1052-1054 passim), 0966-0461 (2007 Sep 27-Oct 10)

Publication Date: September 2007

Abstract: Intact skin provides a protective barrier between the body and its environment. The frequent application and removal of stoma appliances can damage skin by stripping away the epidermal layer. Hydrocolloid flanges in either a one- or two-piece appliance hold moisture in the mass and are therefore more skin friendly than older appliances with acrylic
adhesives, making hydrocolloid the choice for ostomy appliance manufacturers. Peristomal skin problems are a significant problem for the stoma patient. As many as one third of colostomy patients and more than two thirds of ileostomy and urostomy patients will be affected (Lyons and Smith, 2003). The correct and judicial use of barrier creams, gels, lotions, sprays and wipes in peristomal skin care can play an important role in giving the stoma patient a good quality of life.

Source: EMBASE

Full Text:
Available in fulltext at EBSCO Host
Available in print at Grantham Hospital Staff Library
Available in print at Lincoln County Hospital Professional Library
Available in print at Pilgrim Hospital Staff Library

131. Use of a family of clear skin protectant barriers for perineal skin care in a variety of clinical situations... 39th Annual Wound, Ostomy and Continence Nurses Annual Conference.

Author(s): Ratliff CR
Citation: Journal of Wound, Ostomy & Continence Nursing, 02 May 2007, vol./is. 34/3S(0-0), 10715754
Publication Date: 02 May 2007
Source: CINAHL

132. Reducing the risk of skin damage on periwound and ostomy skin... 39th Annual Wound, Ostomy and Continence Nurses Annual Conference.

Author(s): Coutinho VL, Assad LG
Citation: Journal of Wound, Ostomy & Continence Nursing, 02 May 2007, vol./is. 34/3S(0-0), 10715754
Publication Date: 02 May 2007
Source: CINAHL

133. Persistent multiple venous hypertension dermatitis ulcerations healed completely using polymeric membrane wound filler under compression... 39th Annual Wound, Ostomy and Continence Nurses Annual Conference.

Author(s): Harrison JE
Citation: Journal of Wound, Ostomy & Continence Nursing, 02 May 2007, vol./is. 34/3S(0-0), 10715754
Publication Date: 02 May 2007
Source: CINAHL

134. The causes of peristomal skin interventions... 39th Annual Wound, Ostomy and Continence Nurses Annual Conference.

Author(s): Herlufsen P, Olsen AG, Carlsen B, Nybaek H, Jemec GBE, Karlsmark T
Citation: Journal of Wound, Ostomy & Continence Nursing, 02 May 2007, vol./is. 34/3S(0-0), 10715754
Publication Date: 02 May 2007
Source: CINAHL


Author(s): Benbow M
Citation: Nursing in Practice: The Journal for Today's Primary Care Nurse, 01 April 2007, vol./is. /34(70-73), 14739445
Publication Date: 01 April 2007
136. **Management of peristomal skin: an update.**

**Author(s):** Benbow, M  
**Citation:** Nursing in Practice, April 2007(70-4), 1473-9445 (2007 Apr)  
**Publication Date:** April 2007  
**Abstract:** Prevention and management of peristomal skin problems. The psychological problems of adapting to a stoma are addressed and the importance of good education and support for patients is highlighted. A list of possible causes of skin problems is provided, including maceration, infection and skin irritation. 32 refs.

**Source:** BNI

137. **Managing peristomal skin complications.**

**Author(s):** Benbow, M  
**Citation:** Dermatological Nursing, March 2007, vol./is. 6/1(10-7), 1477-3368 (2007 Mar)  
**Publication Date:** March 2007  
**Abstract:** Literature review on the reasons for stoma surgery and the prevention and management of associated skin complications. Selection of the ostomy site and procedures for colostomy, ileostomy, urostomy and tracheostomy are outlined. Skin disorders involving maceration, excoriation, irritation or infection are described and care of the stoma, including cleaning procedures is considered. 26 refs.

**Source:** BNI

138. **Irritant contact dermatitis and stomas in palliative care**

**Author(s):** Loughnane J, Donnelly S, McQuillan R  
**Citation:** European Journal of Palliative Care, March 2007, vol./is. 14/2(53-6), 1352-2779 (2007 Mar-Apr)  
**Publication Date:** March 2007  
**Abstract:** Irritant dermatitis can be painful, distressing and difficult to treat. In the palliative care setting, it can commonly occur as a complication of stoma and fistula formation, or as a side-effect of radiotherapy treatment. This article will mainly focus on the treatment of skin problems associated with stomas, but will also consider the treatment of other causes of irritant dermatitis seen in palliative care patients.

**Source:** AMED

139. **Colostomy: complications and effective management.**

**Author(s):** Nazarko L  
**Citation:** Nursing & Residential Care, 01 March 2007, vol./is. 9/3(104-106), 14659301  
**Publication Date:** 01 March 2007  
**Abstract:** Around 50 000 people have colostomies, many of them are older people. Complications such as leakage, skin problems and fears about odour are common. Effective management can resolve such problems and improve quality of life.

**Source:** CINAHL  
**Full Text:** Available in fulltext at EBSCO Host

140. **Survey of wound, ostomy and continence (WOC) nurse clinicians on stomal and peristomal complications: a content validation study.**

**Author(s):** Colwell JC, Beitz J  
**Citation:** Journal of Wound, Ostomy & Continence Nursing, 01 January 2007, vol./is. 34/1(57-69), 10715754  
**Publication Date:** 01 January 2007
**Abstract:** PURPOSE: Validated and reliable stomal and peristomal complication definitions and associated interventions are lacking. Available literature is either narrowly medically focused or only of case study level. The objectives of this study were to establish content validation data for the proposed stomal and peristomal complication definitions and their associated interventions, to obtain the data related to contact with stomal and peristomal complication patients, and to gain insight into the ostomy care process. METHODS: A researcher-designed survey was sent to 2900 expert Wound, Ostomy and Continence nurse clinicians via a national mailing to a representative nonrandomized sample of participants who identified that they included ostomy care in their professional practice. In total, 686 nurses returned the survey, a response rate of 24%. The purposive sample was asked to quantify the degree of validity of the survey's stated stomal and peristomal definitions and interventions. Hand-written qualitative comments of the participants were transcribed, analyzed, and themes were derived. RESULTS: On a scale of 1 to 4, the mean score for all definitions and interventions was 3.64 (SD = 0.30). The overall survey's content validity index was .91. Ratings demonstrated high consensus validation on the stomal and peristomal definitions and interventions, with definitions scoring higher. The mean scores and the content validity index results on selected items were slightly lower for interventions, especially stomal interventions. Qualitative analysis of participants' comments about the whole instrument generated 10 themes and associated subthemes related to omitted complications and interventions and general observations about the ostomy care process and the validation research process. CONCLUSION: The proposed stomal and peristomal definitions and interventions were rated as generally valid. Further research documenting validation of participants' comments is necessary. Given the findings, additional complications and interventions not identified in the literature were noted and need to be further scrutinized and researched.

**Source:** CINAHL

**141. Peristomal skin care.**

**Author(s):** Benbow, M

**Citation:** Irish Nurse, 2007, vol./is. 8/7(26-7), 1463-3817 (2007)

**Publication Date:** 2007

**Abstract:** Problems affecting the site of a stoma, including colostomies, tracheostomies and urostomies. Incidence, types, prevention and management of maceration, excoriation, irritation, infection and other peristomal skin problems are reviewed. The importance of cleansing and hygiene is highlighted. 29 refs.

**Source:** BNI

**142. Skin complications after stoma surgery: the importance of close ET nurse assessment and intervention... 16th Biennial Congress of the WCET.**

**Author(s):** Kjille LGS, Heen GH, Juel L, Tvenge AB, Nichols T, Hannestad V

**Citation:** World Council of Enterostomal Therapists Journal, 01 October 2006, vol./is. 26/4(43-43), 08194610

**Publication Date:** 01 October 2006

**Source:** CINAHL

**143. Tacrolimus ointment 0.1% for the treatment of peristomal skin disease: 3 Case reports**

**Author(s):** Wells G.L., Brown J., Manganiello W.D., Chapman M.S.

**Citation:** Cutis, October 2006, vol./is. 78/4(258-260), 0011-4162 (October 2006)

**Publication Date:** October 2006

**Abstract:** Patients with stomas face a variety of problems, such as skin breakdown or ulceration at the peristomal site, that can complicate care. Topical steroids are frequently used to treat various inflammatory conditions that affect peristomal skin with good results, but chronic use can lead to undesirable side effects. Tacrolimus ointment 0.1%, a nonsteroidal immunosuppressant, could offer a more favorable alternative to topical steroids. We present 3 cases of peristomal skin disease that were successfully treated with tacrolimus ointment 0.1%.
### 144. *Stoma care. Study of peristomal skin disorders in patients with permanent stomas.*

**Author(s):** Herlufsen P, Olsen AG, Carlsen B, Nybaek H, Karlsmark T, Laursen TN, Jemec GBE

**Citation:** British Journal of Nursing (BJN), 14 September 2006, vol./is. 15/16(854-861), 09660461

**Publication Date:** 14 September 2006

**Abstract:** The aim of this article was to investigate the frequency, severity and diversity of peristomal skin disorders among individuals with a permanent stoma in a community population. All individuals with a permanent stoma (n=630) in a Danish community population were invited to participate in a cross-sectional study. A total of 202 individuals (101 men; 101 women) agreed to participate. Data were collected through questionnaires and clinical examinations. It was found that peristomal skin disorders were higher for participants with an ileostomy (57%) and urostomy (48%) than in those with a colostomy (35%). Of the diagnoses of skin disorders, 77% could be related to contact with stoma effluent. Only 38% of diagnosed participants agreed that they had a skin disorder and more than 80% did not seek professional health care. The study revealed a high frequency of peristomal skin disorders. Participants frequently failed to perceive that they had a skin irritation and did not seek help. This suggests that more education and perhaps regular, annual follow-up visits at local stoma care clinics are needed.

**Source:** CINAHL

**Full Text:** Available in fulltext at EBSCO Host

Available in print at Grantham Hospital Staff Library

Available in print at Lincoln County Hospital Professional Library

Available in print at Pilgrim Hospital Staff Library

### 145. *Wet colostomy and peristomal skin breakdown... including commentary by Ginger Salvadalena.*

**Author(s):** Pierce M, Rice M, Fellows J, Salvadalena G

**Citation:** Journal of Wound, Ostomy & Continence Nursing, 01 September 2006, vol./is. 33/5(541-548), 10715754

**Publication Date:** 01 September 2006

**Source:** CINAHL

### 146. *Study of peristomal skin disorders in patients with permanent stomas*

**Author(s):** Herlufsen P., Olsen A.G., Carlsen B., Nybaek H., Karlsmark T., Laursen T.N., Jemec G.B.

**Citation:** British journal of nursing (Mark Allen Publishing), September 2006, vol./is. 15/16(854-862), 0966-0461 (2006 Sep 14-27)

**Publication Date:** September 2006

**Abstract:** The aim of this article was to investigate the frequency, severity and diversity of peristomal skin disorders among individuals with a permanent stoma in a community population. All individuals with a permanent stoma (n=630) in a Danish community population were invited to participate in a cross-sectional study. A total of 202 individuals (101 men; 101 women) agreed to participate. Data were collected through questionnaires and clinical examinations. It was found that peristomal skin disorders were higher for participants with an ileostomy (57%) and urostomy (48%) than in those with a colostomy (35%). Of the diagnoses of skin disorders, 77% could be related to contact with stoma effluent. Only 38% of diagnosed participants agreed that they had a skin disorder and more than 80% did not seek professional health care. The study revealed a high frequency of peristomal skin disorders. Participants frequently failed to perceive that they had a skin
irritation and did not seek help. This suggests that more education and perhaps regular, annual follow-up visits at local stoma care clinics are needed.

Source: EMBASE

Full Text:
Available in fulltext at EBSCO Host
Available in print at Grantham Hospital Staff Library
Available in print at Lincoln County Hospital Professional Library
Available in print at Pilgrim Hospital Staff Library

147. Study of peristomal skin disorders in patients with permanent stomas.
Author(s): Herlufsen, P, Olsen, A, Carlsen, B
Citation: Br J Nursing, September 2006, vol./is. 15/16(854-62), 0966-0461 (2006 14 Sep)
Publication Date: September 2006
Abstract: Research in Denmark into incidence of peristomal skin disorders in patients with a permanent stoma. Incidence in patients with ileostomy, urostomy and colostomy was recorded along with the severity of skin disorder. Patients' perception of the problem and numbers seeking healthcare were also recorded. 14 refs.

Source: BNI

Full Text:
Available in fulltext at EBSCO Host
Available in print at Grantham Hospital Staff Library
Available in print at Lincoln County Hospital Professional Library
Available in print at Pilgrim Hospital Staff Library

148. The management of stoma-related skin complications.
Author(s): Vujnovich, A
Citation: Wounds UK, September 2006, vol./is. 2/3(36-47), 1746-6814 (2006 Sep)
Publication Date: September 2006
Abstract: Causes and treatment of stoma-related skin complaints. The importance of taking a thorough patient history is highlighted and guidance on diagnosing the cause of skin excoriation and subsequent treatment is given. 27 refs.

Source: BNI

149. Skin matters. Variations in assessment based on skin color [corrected] [published erratum appears in OSTOMY WOUND MANAGE 2006 Sep;52(9):11].
Author(s): Barr JE
Citation: Ostomy Wound Management, 01 August 2006, vol./is. 52/8(16-17), 08895899
Publication Date: 01 August 2006
Source: CINAHL

150. Maintaining skin integrity and improving wear time for the active ostomate: a patient--WOCN collaborative study on skin barriers.
Author(s): Schmitt SM
Citation: Journal of Wound, Ostomy & Continence Nursing, 02 May 2006, vol./is. 33/3S(0-0), 10715754
Publication Date: 02 May 2006
Source: CINAHL
151. Laser hair removal for peristomal skin [5]
Author(s): Preston P.W., Williams G., Abdullah A.
Citation: Clinical and Experimental Dermatology, May 2006, vol./is. 31/3(458), 0307-6938;1365-2230 (May 2006)
Publication Date: May 2006
Source: EMBASE
Full Text: Available in fulltext at EBSCO Host

152. Psoriasis localized exclusively to peristomal skin.
Author(s): Moriyasu A, Katoh N, Kishimoto S
Citation: Journal of the American Academy of Dermatology, February 2006, vol./is. 54/2 Suppl(S55-6), 0190-9622;1097-6787 (2006 Feb)
Publication Date: February 2006
Source: MEDLINE
Full Text: Available in print at Pilgrim Hospital Staff Library

153. Wet colostomy and peristomal skin breakdown
Author(s): Pierce M., Rice M., Fellows J., Salvadalena G.
Citation: Journal of Wound, Ostomy and Continence Nursing, 2006, vol./is. 33/5(541-548), 1071-5754 (2006)
Publication Date: 2006
Source: EMBASE

Author(s): Benbow, M
Citation: Nursing in Practice, January 2006(19-24), 1473-9445 (2006 Jan/Feb)
Publication Date: January 2006
Abstract: Caring for people with a stoma and preventing the development of skin complications such as maceration, excoriation, irritation and infection. 17 refs.
Source: BNI

155. Clinical treatment options for peristomal pyoderma gangrenosum.
Author(s): Vujinovich, A
Citation: Br J Nursing, September 2005, vol./is. 14/16(S4-8 (supplement)), 0966-0461 (2005 8 Sep)
Publication Date: September 2005
Abstract: Stoma care supplement. Pyoderma gangrenosum in patients with a stoma. Signs and symptoms of the disease are tabulated and treatments for mild, severe and widespread disease are described. 14 refs.
Source: BNI
Full Text: Available in fulltext at EBSCO Host
Available in print at Grantham Hospital Staff Library
Available in print at Lincoln County Hospital Professional Library
Available in print at Pilgrim Hospital Staff Library

156. Infections of the peristomal skin
The ostomy files. Infections of the peristomal skin.

Author(s): Turnbull GB

Citation: Ostomy Wound Management, 01 June 2005, vol./is. 51/6(14-15), 08895899

Publication Date: 01 June 2005

Source: CINAHL

Peristomal allergic contact dermatitis—case report and review of the literature.

Author(s): Martin JA, Hughes TM, Stone NM

Citation: Contact Dermatitis, May 2005, vol./is. 52/5(273-5), 0105-1873;0105-1873 (2005 May)

Publication Date: May 2005

Abstract: Allergic contact dermatitis (ACD) is a rare cause of peristomal skin problems. Only 23 cases have previously been reported in the literature. We report the case of a colostomy patient with a severe disabling blistering peristomal dermatitis. Patch testing to a British Contact Dermatitis Society standard series, medicaments and a plastics and glues series was negative. Patch testing to the patient's own products gave a positive reaction (+) at D2 and D4 to Dansac soft paste and Stomahesive paste. Further patch testing to the components of Dansac soft paste showed a positive (+) reaction at D2 and D4 to ester of polymethyl vinyl/maleic acid copolymer (Gantrez-ES) only. This is the first reported case of ACD due to Dansac soft paste. ACD to Gantrez has previously been reported but in different products. We also review the other previously reported cases of ACD causing peristomal dermatitis and stress the importance of patch testing in these cases, in particular to the patient's own products, as avoidance of identified allergens can have a large impact on the quality of life.

Source: MEDLINE

Skin changes induced by a zinc oxide dressing compared with a hydrocolloid dressing in healthy individuals.

Author(s): Nielsen LF, Blume N, Romme T, Samuelsen P, Everland H, Ifversen P, Karlsmark T

Citation: Skin Research & Technology, May 2005, vol./is. 11/2(140-51), 0909-752X;0909-752X (2005 May)

Publication Date: May 2005

Abstract: BACKGROUND/PURPOSE: Incidence of skin complications in ostomy patients constitutes a well-known and well-described problem. The reasons are, however, very difficult to describe because of the many factors contributing to the problem. This article describes the skin changes derived exclusively from the adhesives used in a carefully controlled, long-term study using two fundamentally different types of adhesives: a hydrocolloid adhesive and a zinc oxide adhesive.METHODS: The adhesives were changed daily on the volar forearm of 11 volunteers for a 4-week period. Once a week, transepidermal water-loss (TEWL), water content of the skin, erythema and the peel force applied for removal of the adhesives were measured. On the last day of the study, a replica of the skin surface was obtained to determine changes in the skin topography, and a biopsy was taken to study changes at the cellular level.RESULTS AND CONCLUSION: We found increased TEWL and decreased water content in skin treated with the zinc oxide adhesive, but increased water-loss and water content when the hydrocolloid adhesive was used. In addition, the area treated with zinc oxide adhesive showed significant increase of
epidermal thickness, scaly appearance and parakeratosis with similarities to pathological dry skin diseases such as psoriasis and atopic dermatitis, changes that were not found when using the hydrocolloid adhesive. The skin response seems to be the result of the content of zinc oxide and the mechanical interaction of the zinc oxide adhesive. We conclude that the nature of the adhesive plays an important role in the skin response to repeated application of adhesives, as seen in peristomal skin.

Source: MEDLINE

Full Text:
Available in fulltext at EBSCO Host

160. Reactive syringofibroadenomatous hyperplasia in peristomal skin with formation of hybrid epidermal-colonic mucosa glandular structures, intraepidermal areas of sebaceous differentiation, induction of hair follicles, and features of human papillomavirus infection: A diagnostic pitfall

Author(s): Kazakov D.V., Mikyskova I., Mukensnabl P., Brouckova M., Treska V., Hes O., Michal M.

Citation: American Journal of Dermatopathology, April 2005, vol./is. 27/2(135-141), 0193-1091 (Apr 2005)

Publication Date: April 2005

Abstract: We report a case of reactive syringofibroadenomatous hyperplasia in peristomal skin. The patient was a 62-year-old woman who had undergone abdominoperineal resection of the rectum for rectal adenocarcinoma with subsequent colostomy 2 years earlier. Clinically, a nodule and small, whitish, warty lesions developed at the outer margin of the stoma extending onto the adjacent skin. Following a clinical suspicion of adenocarcinoma, recurrent at the colostomy site, a 5 X 4 X 3-cm excision of the peristomal skin and the affected portion of the stoma was performed and submitted for histologic examination. The biopsy revealed a peculiar composite lesion of reactive syringofibroadenomatous hyperplasia and the excised part of the stoma. Several unusual histopathological features were detected in the syringofibroadenomatous part of the lesion such as the formation of plentiful hybrid epidermal-colonic mucosa glandular structures, intraepidermal areas of sebaceous differentiation, koilocytic changes, induction of rudimentary hair follicles, and intradermal mucinous lakes. The cellular composition of the glandular structures was mainly similar to that seen in a normal colonic mucosa epithelium. They also contained occasional Paneth cells. Being located at a distance from the stoma, these accentuated colonic mucosa epithelial glands reaching the epidermis may be a diagnostic pitfall prompting the consideration of adenocarcinoma involving the stoma. The rudimentary follicles and sebaceous differentiation were probably induced by an altered stroma and/or human papillomavirus (HPV): HPV, type 36 was identified by PCR using consensus primers followed by sequencing of the PCR products. Copyright 2005 by Lippincott Williams & Wilkins.

Source: EMBASE

161. Descriptive study of peristomal complications

Author(s): Ratliff C.R., Scarano K.A., Donovan A.M.

Citation: Journal of Wound, Ostomy and Continence Nursing, January 2005, vol./is. 32/1(33-37), 1071-5754 (January/February 2005)

Publication Date: January 2005

Abstract: OBJECTIVE: The objective of this study was to assess new ostomy patients for the presence of peristomal complications when they returned for their 2-month postoperative follow-up at a major university hospital. DESIGN: A prospective descriptive design was used. SETTING AND SUBJECTS: For 1 year, new ostomy patients were seen at a 540-bed university-based hospital. Subjects included 220 patients with ostomies who underwent a fecal or urinary diversion at a university-based hospital. INSTRUMENTS AND METHODS: For 12 months, each patient who returned for a 2-month follow-up visit was assessed by 1 of 3 WOC nurses for the presence or absence of peristomal complications using a tool developed by the investigators. The study was conducted from August 2001 to August 2002. Descriptive statistics were used to summarize the data. RESULTS: A total of 220 new ostomy patients were examined, 35 of whom had peristomal complications for a
Sixteen of the 35 patients had ileostomies, 10 patients had colostomies, and 9 patients had ileal conduits. Of the 35 patients with peristomal complications, 24 had irritant dermatitis, 7 had mechanical injury, and 3 had Candida infections. The WOC nurses determined the causes of the peristomal complications to be related to flush stomas, peristomal hernias, inappropriate opening in the skin barrier, and mechanical injury from the pouching systems. Nine of 35 patients had flush stomas; 5 patients developed peristomal hernias. For 7 patients, the skin barrier in the pouching system was larger than the stoma, allowing the effluent to contact the peristomal skin, resulting in denuded peristomal skin; and 7 patients had pressure areas on the peristomal skin and were wearing convex pouching systems. CONCLUSIONS: With more laparoscopic ostomy surgeries resulting in decreased hospital stays, there is less opportunity for the patient to learn pouching techniques and problem solving regarding peristomal complications. Patients require more education regarding peristomal issues and follow-up after discharge to ensure the maintenance of a secure pouching system. Decreased hospital stays and decreased reimbursement for outpatient and home health services will continue to be a challenge for the WOC nurse. There is also a need for universal definitions of complications and the need for continued studies examining the frequency of these complications, as well as the role of stoma site marking in reducing these complications.

Source: EMBASE

162. Stoma care accessories: an overview of a crowded market.

Author(s): Burch, J, Sica, J

Citation: Br J Community Nursing, January 2005, vol./is. 10/1(24-31), 1462-4753 (2005 Jan)

Publication Date: January 2005

Abstract: A review of products available to manage problems which arise in stoma care, such as leaking appliances, odour, skin problems and cleansing, pancaking and loose output. Developments in other stoma care accessories are also described. 22 refs.

Source: BNI

Full Text: Available in fulltext at EBSCO Host


Author(s): Ratliff CR, Scarano KA, Donovan AM

Citation: Journal of Wound, Ostomy & Continence Nursing, 01 January 2005, vol./is. 32/1(33-37), 10715754

Publication Date: 01 January 2005

Abstract: OBJECTIVE: The objective of this study was to assess new ostomy patients for the presence of peristomal complications when they returned for their 2-month postoperative follow-up at a major university hospital. DESIGN: A prospective descriptive design was used. Setting and subjects: For 1 year, new ostomy patients were seen at a 540-bed university-based hospital. Subjects included 220 patients with ostomies who underwent a fecal or urinary diversion at a university-based hospital. INSTRUMENTS AND METHODS: For 12 months, each patient who returned for a 2-month follow-up visit was assessed by 1 of 3 WOC nurses for the presence or absence of peristomal complications using a tool developed by the investigators. The study was conducted from August 2001 to August 2002. Descriptive statistics were used to summarize the data. RESULTS: A total of 220 new ostomy patients were examined, 35 of whom had peristomal complications for a frequency of 16%. Sixteen of the 35 patients had ileostomies, 10 patients had colostomies, and 9 patients had ileal conduits. Of the 35 patients with peristomal complications, 24 had irritant dermatitis, 7 had mechanical injury, and 3 had Candida infections. The WOC nurses determined the causes of the peristomal complications to be related to flush stomas, peristomal hernias, inappropriate opening in the skin barrier, and mechanical injury from the pouching systems. Nine of 35 patients had flush stomas; 5 patients developed peristomal hernias. For 7 patients, the skin barrier in the pouching system was larger than the stoma, allowing the effluent to contact the peristomal skin, resulting in denuded peristomal skin; and 7 patients had pressure areas on the peristomal skin and were wearing convex pouching systems. CONCLUSIONS: With more laparoscopic ostomy
surgeries resulting in decreased hospital stays, there is less opportunity for the patient to learn pouching techniques and problem solving regarding peristomal complications. Patients require more education regarding peristomal issues and follow-up after discharge to ensure the maintenance of a secure pouching system. Decreased hospital stays and decreased reimbursement for outpatient and home health services will continue to be a challenge for the WOC nurse. There is also a need for universal definitions of complications and the need for continued studies examining the frequency of these complications, as well as the role of stoma site marking in reducing these complications.

Source: CINAHL

164. A review of perineal skin care protocols and skin barrier product use.
Author(s): Nix D, Ermer-Seltun J
Citation: Ostomy Wound Management, 01 December 2004, vol./is. 50/12(59-67), 08895899
Publication Date: 01 December 2004
Abstract: Perineal skin damage secondary to incontinence is painful, prevalent, and preventable. Skin care professionals consider regular application of skin protectants for patients with incontinence the standard of care for preventing perineal skin injury secondary to incontinence. Although protocols to improve care exist, the extent to which they are implemented and followed has not been documented. A study was conducted to ascertain the extent to which perineal skin care protocols are consistent with Wound, Ostomy and Continence Nurses Society Clinical Practice Guidelines and to estimate the level of compliance related to the use of protective perineal skin barriers. A convenience sample of 76 perineal skin care protocols was obtained from acute care (n = 55), long-term care (n = 9), and nondisclosed types of extended care facilities (n = 12). All protocol interventions were compared to the Wound, Ostomy and Continence Nurses guidelines. Healthcare Products Information Services data were used to obtain the total amount of skin protectants sold to US healthcare facilities in 2002. Skin protectant use was compared to previously published urinary and fecal (urofetal) incontinence prevalence data. All 76 protocols lacked one or more of the interventions considered important in perineal skin care. Although 75% of the protocols included the use of skin protectants, Healthcare Products Information Services data and urofetal prevalence data suggest underutilization of skin protectants; an estimated 10 cents per day versus an anticipated average cost of 23.5 cents per application is being spent. Further study is warranted and necessary to ensure the application of evidence-based protocols of care in practice.

Source: CINAHL

165. What interventions are effective for managing peristomal pyoderma gangrenosum?.
Author(s): Gray M, Catanzaro J
Citation: Journal of Wound, Ostomy, & Continence Nursing, September 2004, vol./is. 31/5(249-55), 1071-5754;1071-5754 (2004 Sep-Oct)
Publication Date: September 2004
Source: MEDLINE

166. Assessment and management of stomal complications: a framework for clinical decision making.
Author(s): Barr JE
Citation: Ostomy Wound Management, September 2004, vol./is. 50/9(50-2, 54, 56 passim), 0889-5899;0889-5899 (2004 Sep)
Publication Date: September 2004
Abstract: Assessment and management of stoma complications are often the responsibility of nurses across the continuum of care. These complications can occur at different times based on their etiology - immediately postoperatively or even several years after surgery - and often require modifications in a person's daily stoma management. This article presents a conceptual framework to help categorize types of stoma complications based on either etiology or location and offers management options to facilitate quality
The five major categories of complications include Poor Siting, Stoma Proper, Peri-Intestinal Area, Mucocutaneous Junction, and Iatrogenic. Most of these suggested approaches to care are the recommendations of certified ostomy nurses based on their educational training, expert opinion, and successful experiences. Although these recommendations have often solved the specific problems and greatly improved the quality of life for the person with stomal complications, much research is still needed to confirm and/or improve these nursing approaches.

Source: MEDLINE

167. Peristomal skin complications: prevention and management [corrected]
[published erratum appears in OSTOMY WOUND MANAGE 2004 Oct;50(10):7].

Author(s): Rolstad BS, Erwin-Toth PL

Citation: Ostomy Wound Management, 01 September 2004, vol./is. 50/9(68-77), 08895899

Publication Date: 01 September 2004

Abstract: Peristomal skin complications are the most common reason ostomy patients visit an outpatient wound, ostomy, and continence nursing service. Prevention and management of peristomal skin complications are critical components of ostomy care. Identifying risk factors for the occurrence of peristomal skin complications according to types of injury and clinical features can help optimize assessment and management approaches. Treatment can further be addressed based on etiology - chemical injury (irritant contact dermatitis, pseudoverrucous lesions, and encrustations); mechanical injury (pressure/shear, stripping, mucocutaneous separation, mucosal transplantation); infection (Candidiasis, folliculitis); immunologic disorders (allergic contact dermatitis); and disease-related lesions (varices, pyoderma gangrenosum, malignancy). The importance of prevention and the impact of having access to knowledgeable care providers cannot be over-emphasized.

Source: CINAHL

168. Peristomal skin complications: prevention and management

Author(s): Rolstad B.S., Erwin-Toth P.L.

Citation: Ostomy/wound management, September 2004, vol./is. 50/9(68-77), 0889-5899 (Sep 2004)

Publication Date: September 2004

Abstract: Peristomal skin complications are the most common reason ostomy patients visit an outpatient wound, ostomy, and continence nursing service. Prevention and management of peristomal skin complications are critical components of ostomy care. Identifying risk factors for the occurrence of peristomal skin complications according to types of injury and clinical features can help optimize assessment and management approaches. Treatment can further be addressed based on etiology - chemical injury (irritant contact dermatitis, pseudoverrucous lesions, and encrustations); mechanical injury (pressure/shear, stripping, mucocutaneous separation, mucosal transplantation); infection (Candidiasis, folliculitis); immunologic disorders (allergic contact dermatitis); and disease-related lesions (varices, pyoderma gangrenosum, malignancy). The importance of prevention and the impact of having access to knowledgeable care providers cannot be over-emphasized.

Source: EMBASE

169. Topical therapy for peristomal pyoderma gangrenosum

Author(s): Nybaek H., Olsen A.G., Karlsmark T., Jemec G.B.E.

Citation: Journal of Cutaneous Medicine and Surgery, August 2004, vol./is. 8/4(220-223), 1203-4754 (Aug 2004)

Publication Date: August 2004

Abstract: Background: Pyoderma gangrenosum (PG) is an uncommon condition. Literature on the management of peristomal PG (PPG) is sparse. In the absence of randomized controlled trials the reporting of case series is potentially helpful to the management of this uncommon disease. Objective: In this study we report our experience
with topical corticosteroid therapy for 14 consecutive cases of PPG. Methods: A clinical diagnosis PPG was made by a trained dermatologist using the appropriate investigations where necessary. Results: The majority of the cases presented were managed with simple topical corticosteroids, occasionally in combination with a change of dressing. In 8/14 (57%) cases ulcer resolution was achieved within 3 months with topical treatment alone or topical treatment plus a change of dressing to a silicone-based product applied directly to the wound under the normal base plate of the stoma bag. Conclusion: Our experience suggests that a significant proportion of PPG can be managed by topical treatment alone. The simple topical treatment allows the patient to continue use of stoma care products while minimizing the potential for side effects.

Source: EMBASE

Full Text:
Available in fulltext at EBSCO Host


Author(s): Turnbull GB, Colwell J, Erwin-Toth P

Citation: Ostomy Wound Management, 02 July 2004, vol./is. 50/7A(2-12), 08895899

Publication Date: 02 July 2004

Abstract: Ostomy surgery changes a person's life in observable, obvious, overt, physical ways. Often what is not apparent to the clinician but acutely obvious to the patient has more influence over whether the patient will achieve a physically and emotionally healthy recovery. That elusive quantity is called quality of life - a standard of living that can only be defined by the patient. Moving through the continuum of care and across the span of life, the patient faces new issues and challenges at each juncture that redefine the individual's perception of quality of life. Before a patient can achieve a desired quality of life, however, basic needs must be met. 1) maintenance of a pouching seal for a consistent, predictable wear time; 2) maintenance of peristomal skin integrity; and 3) social and professional support of the patient. Guiding the patient to the ostomy management system suited to his or her lifestyle can play a vital role toward achieving individual quality-of-life goals. Continually advancing technology available in modern pouching systems can significantly and positively affect quality of life. Nurses in every clinical setting who care for patients with a stoma must be sensitive to the evolving issues surrounding a patient's quality of life. Teaching plans should be individualized and customized to reflect and accommodate the phase of rehabilitation and patient-defined quality-of-life goals at the time the nurse interacts with the patient, whether during the preoperative or postoperative periods or years after.

Source: CINAHL

171. Similar gastrostomy peristomal skin irritations in three pediatric patients.

Author(s): Borkowski S, Rogers VE

Citation: Journal of Wound, Ostomy, & Continence Nursing, July 2004, vol./is. 31/4(201-5; discussion 205-6), 1071-5754;1071-5754 (2004 Jul-Aug)

Publication Date: July 2004

Source: MEDLINE

172. Peristomal faecal/urine dermatitis and allergy.

Author(s): Vujnovich, A

Citation: Gastrointestinal Nursing, June 2004, vol./is. 2/5(25-31), 1479-5248 (2004 Jun)

Publication Date: June 2004

Abstract: Skin problems in stoma care patients caused by an allergic reaction to a leakage of faeces or urine, which may resemble an allergy to a stoma product. Causes of the problem and the role of the stoma nurse in assessment, diagnosis and management are discussed. 24 refs.

Source: BNI
173. **Peristomal faecal/urine dermatitis and allergy.**

**Author(s):** Vujnovich A

**Citation:** Gastrointestinal Nursing, 01 June 2004, vol./is. 2/5(25-31), 14795248

**Publication Date:** 01 June 2004

**Abstract:** Whereas an allergy to a stoma product is rare, peristomal faecal/urine dermatitis is a common problem encountered by many stoma patients, but both produce similar signs and symptoms. The role of the stoma care nurse is to make a thorough assessment of the patient and presenting complaint, identify the cause and begin treatment as soon as possible before the patient begins to experience major peristomal skin deterioration leading to appliance leakage problems. This article explains how this can be done.

**Source:** CINAHL

174. **Ensuring correct use of skincare products on peristomal skin.**

**Author(s):** Brewster, L

**Citation:** Nursing Times, May 2004, vol./is. 100/19(34-5), 0954-7762 (2004 11 May)

**Publication Date:** May 2004

**Abstract:** Risks to the skin surrounding a stoma site and routine skin care procedures. Types of skin care products are reviewed including hydrocolloids, emollients and creams, skin films and adhesive removers. 7 refs.

**Source:** BNI

**Full Text:**
Available in print at Lincoln County Hospital Professional Library
Available in fulltext at the ULHT Library and Knowledge Services’ eJournal collection
Available in print at Louth County Hospital Medical Library
Available in print at Pilgrim Hospital Staff Library

175. **Ensuring correct use of skincare products on peristomal skin**

**Author(s):** Brewster L.

**Citation:** Nursing times, May 2004, vol./is. 100/19(34-35), 0954-7762 (2004 May 11-17)

**Publication Date:** May 2004

**Abstract:** Peristomal skin requires careful management to maintain its health and integrity. Although a wide range of skincare products is available, these should be used in response to clinical need, rather than routinely. This article discusses risks to peristomal skin, routine care, and use of products when the health of skin is compromised.

**Source:** EMBASE

**Full Text:**
Available in print at Lincoln County Hospital Professional Library
Available in fulltext at the ULHT Library and Knowledge Services’ eJournal collection
Available in print at Louth County Hospital Medical Library
Available in print at Pilgrim Hospital Staff Library

176. **The management and care of people with stoma complications.**

**Author(s):** Burch J

**Citation:** British Journal of Nursing (BJN), 25 March 2004, vol./is. 13/6(307-), 09660461

**Publication Date:** 25 March 2004

**Abstract:** There are a variety of complications that are associated with stomas. These are described and their causes explained. A number of solutions are presented and advice that the nurse can give is offered. Some of the complications are commonly seen by the nurse, such as sore skin, whereas others are rare, such as an allergy to the stoma appliance. There may be sexual dysfunction after surgery, which may be temporary or permanent.
These and many other potential problems are elaborated upon to aid the nurse when caring for people with stomas.

**Source:** CINAHL

**Full Text:**
Available in *fulltext* at EBSCO Host
Available in *print* at Grantham Hospital Staff Library
Available in *print* at Lincoln County Hospital Professional Library
Available in *print* at Pilgrim Hospital Staff Library

**177. Nursing management for peristomal irritant dermatitis.**

**Author(s):** Mei-chum Z

**Citation:** World Council of Enterostomal Therapists Journal, 01 October 2003, vol./is. 23/4(40-40), 08194610

**Publication Date:** 01 October 2003

**Source:** CINAHL

**178. Stomal lichen sclerosus.**

**Author(s):** Fitzgerald, P

**Citation:** Gastrointestinal Nursing, September 2003, vol./is. 1/7(31-4), 1479-5248 (2003 Sep)

**Publication Date:** September 2003

**Abstract:** Lichen sclerosus occurring at a stoma site. 5 refs.

**Source:** BNI

**179. Peristomal dermatitis - A common condition and a differential diagnostic challenge [German] Ulkus, infektion, allergie, ekzem: Hautprobleme rund ums stoma**

**Author(s):** Fischer S., Kirchdorfer B., Ring J., Kohn F.-M.

**Citation:** MMW-Fortschritte der Medizin, May 2003, vol./is. 145/21(43-46), 1438-3276 (22 May 2003)

**Publication Date:** May 2003

**Abstract:** Inflammation of the skin in the immediate neighborhood of a stoma (peristomal dermatitis) occurs - at least temporarily - in about two-thirds of all stoma patients. The often apparently uniform clinical presentation may conceal a variety of different pathological conditions, a knowledge of which is a must for the correct diagnosis and therapeutic strategy, which in turn is essential to prevent the development of a vicious circle of dermatitis and stomal insufficiency, which in the worst case may make a surgical intervention necessary.

**Source:** EMBASE

**180. Managing peristomal pyoderma gangrenosum.**

**Author(s):** Hess CT

**Citation:** Advances in Skin & Wound Care, 01 May 2003, vol./is. 16/3(151-151), 15277941

**Publication Date:** 01 May 2003

**Source:** CINAHL

**181. Eccrine syringofibroadenoma arising in peristomal skin: a report of two cases.**

**Author(s):** Clarke LE, Ioffreda M, Abt AB

**Citation:** International Journal of Surgical Pathology, January 2003, vol./is. 11/1(61-3), 1066-8969;1066-8969 (2003 Jan)

**Publication Date:** January 2003

**Abstract:** Eccrine syringofibroadenoma (ESFA) is a benign neoplasm arising from the
intraepidermal portion of eccrine ducts. It is characterized by a distinctive histologic pattern of epithelial cells arranged in anastomosing cords surrounded by a fibrovascular stroma. Approximately 50 cases of ESFA have been reported, and in recent years the lesion has been described occurring in association with other skin conditions. We report 2 cases of ESFA arising in abdominal skin adjacent to enterostomy sites.

Source: MEDLINE

Full Text:
Available in fulltext at EBSCO Host

182. Peristomal allergic contact dermatitis caused by Stomahesive paste: An additional case [2]

Author(s): Gallo R., Ciambellotti A., Cozzani E., Parodi A.

Citation: Journal of the American Academy of Dermatology, October 2002, vol./is. 47/4(633), 0190-9622 (01 Oct 2002)

Publication Date: October 2002

Source: EMBASE

Full Text:
Available in print at Pilgrim Hospital Staff Library

183. An evaluation of the Canadian Ostomy Assessment Guide.

Author(s): St-Cyr D

Citation: Ostomy Wound Management, 01 August 2002, vol./is. 48/8(26-32), 08895899

Publication Date: 01 August 2002

Abstract: The Canadian Ostomy Assessment Guide was developed to assist in the selection of appropriate pouching systems by nonspecialized nurses. Since its development in 1999 until December 2001, 4,500 nurses across Canada have been trained to use the Canadian Ostomy Assessment Guide in their clinical practice. Because the effects of its use had not been studied, a prospective, cohort study was conducted to assess the effect of the guideline on pouching system wear time and cost; peristomal skin condition; patients' perceptions of their ostomies, pouching system, and sense of wellbeing; and usefulness of this generic clinical tool. Registered nurses were trained to use the Canadian Ostomy Assessment Guide and study data collection sheets, including the Quality of Life questionnaire. All patients were assessed three times and an end of study evaluation was completed following the third and final visit. Fifty patients (26 men, 24 women) were enrolled and completed the study. Following implementation of the Canadian Ostomy Assessment Guide, appliance wear time increased an average of 1.5 days (P < 0.001) and pouching system costs decreased (mean $1.80 Canadian/day, P < 0.05). No significant differences in peristomal skin status were observed, but patient sense of well being and security increased significantly during the study (P <0.05). The Canadian Ostomy Assessment Guide was rated as an extremely useful clinical tool by 67% of the nonspecialized nurses who used it. Ostomy patients experience major benefits when nonspecialized nurses use this generic clinical tool to select an appropriate pouching system.

Source: CINAHL

184. An unusual case of squamous cell carcinoma arising at the stomal site: case report and review of the literature

Author(s): Ramanujam P., Venkatesh K.S.


Publication Date: July 2002

Abstract: An unusual case of squamous cell carcinoma arising at the ileocutaneous stomal site is reported. The presenting symptoms were peristomal ulceration and bleeding. The patient was treated with wide local excision of the stoma and the peristomal skin, and relocation of the ileostomy. A search of the literature for other similar cases subsequently
identified two additional cases that were reported in the literature in 1987 and 2000.

Source: EMBASE

185. **Treating peristomal skin problems in the community.**

Author(s): Black P

Citation: British Journal of Community Nursing, 01 April 2002, vol./is. 7/4(212-216), 14624753

Publication Date: 01 April 2002

Abstract: Adaptation to life with a stoma depends to a large extent on the health of the peristomal skin. This area of skin can become damaged in various ways, and the resulting discomfort or pain can make the use of a stoma appliance difficult. Problems such as these can be one of the major factors facing a community nurse in her/his care of the stoma patient. If the community nurse is able to recognize and correct these problems, this will enable the patient to carry on with a normal and productive life. Failure to correct stoma-related problems can have significant negative effects on patients’ psychosocial well-being. This article discusses the causes and management of the commonest stoma-related skin problems.

Source: CINAHL

Full Text:

Available in fulltext at [EBSCO Host](https://www.ebscohost.com)

186. **Specialist nursing. Multidisciplinary care of skin problems in stoma patients.**

Author(s): Smith AJ, Lyon CC, Hart CA

Citation: British Journal of Nursing (BJN), 14 March 2002, vol./is. 11/5(324-330), 09660461

Publication Date: 14 March 2002

Abstract: Skin integrity is essential for the normal usage of a stoma appliance. There is little published on the prevalence, prevention or management of stoma skin problems. Allergic contact dermatitis is often cited as the cause, usually without evidence from formal investigations. The authors approached, by postal questionnaire, 525 patients who had had a stoma formation in the last 10 years. A total of 325 responded. All those who described a skin problem were invited to attend a multidisciplinary clinic for further investigations and appropriate treatment of their peristomal skin. This may be severe and debilitating as well as socially restricting. However, with a multidisciplinary approach a number of conditions can be recognized and easily treated, thus improving the quality of life for stoma patients.

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187. **Multidisciplinary care of skin problems in stoma patients**

Author(s): Smith A.J., Lyon C.C., Hart C.A.

Citation: British journal of nursing (Mark Allen Publishing), March 2002, vol./is. 11/5(324-330), 0966-0461 (2002 Mar 14-27)

Publication Date: March 2002

Abstract: Skin integrity is essential for the normal usage of a stoma appliance. There is little published on the prevalence, prevention or management of stoma skin problems. Allergic contact dermatitis is often cited as the cause, usually without evidence from formal investigations. The authors approached, by postal questionnaire, 525 patients who had had a stoma formation in the last 10 years. A total of 325 responded. All those who described a skin problem were invited to attend a multidisciplinary clinic for further
investigations and appropriate treatment of their peristomal skin. This may be severe and debilitating as well as socially restricting. However, with a multidisciplinary approach a number of conditions can be recognized and easily treated, thus improving the quality of life for stoma patients.

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Available in print at Lincoln County Hospital Professional Library
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188. Multidisciplinary care of skin problems in stoma patients.

Author(s): Smith, A, Lyon, C, Hart, C
Citation: Br J Nursing, March 2002, vol./is. 11/5(324-30), 0966-0461 (2002 14 Mar)
Publication Date: March 2002
Abstract: Research by questionnaire to patients followed by attendance at a multidisciplinary clinic for further investigation and treatment. 10 refs.
Source: BNI

Full Text:
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Available in print at Pilgrim Hospital Staff Library

189. Peristomal Pyoderma gangrenosum in Crohn’s disease [German] Peristomales Pyoderma gangraenosum bei morbus Crohn

Author(s): Henschel R., Lochner J., Breit R., Gummer M.
Citation: Aktuelle Dermatologie, 2002, vol./is. 28/6(203-206), 0340-2541 (2002)
Publication Date: 2002
Abstract: Pyoderma gangrenosum occurs in 1-2% of all patients with Crohn's disease, however, a peristomal location is very rare. According to literature, peristomal Pyoderma gangrenosum has been observed predominantly in females, appearing between 2 weeks and 3 years after stoma surgery. As differential diagnosis, primarily cutaneous progre...dence of intestinal Crohn's disease, contact dermatitis as well as bacterial infections must be ruled out. Here, we report the case of a 25-year-old patient suffering from Crohn's disease, who developed a peristomal ulcer 8 weeks after re-surgery of an ileostoma. Initially beeing regarded as a peristomal form of Crohn's disease, it only healed partially despite oral corticoid therapy over several months. Because of the clinical picture (livid ulcer border, severe symptomatic pain) as well as the histology, showing leucocytoclastic vasculitis, we finally made the diagnosis of peristomal Pyoderma gangrenosum. After oral therapy with Cyclosporin A/250 mg/d for 5 months we observed a complete healing of the ulcer.
Source: EMBASE

190. Allergic contact dermatitis from local anaesthetic on peristomal skin.

Author(s): Fernandez-Redondo V, Leon A, Santiago T, Toribio J
Citation: Contact Dermatitis, December 2001, vol./is. 45/6(358), 0105-1873;0105-1873 (2001 Dec)
Publication Date: December 2001
Source: MEDLINE

Full Text:
191. **A case of chronic skin lesions in the peristomal area due to malignancy.**

**Author(s):** Fujii K, Onodera Y, Sasaki H, Ikeuchi T

**Citation:** World Council of Enterostomal Therapists Journal, 01 October 2001, vol./is. 21/4(36-37), 08194610

**Publication Date:** 01 October 2001

**Abstract:** Peristomal malignancy is uncommon and may indicate a potentially fatal complication. A case is presented demonstrating peristomal malignancy following ureterostomy. Conclusions include warning ET nurses to be concerned if there are firmly established skin lesions in spite of usual skin care and the discouragement of daily self care of stoma complications by patients without first having professional assessment. It is necessary to perform a biopsy of those chronic skin lesions for which causes are unknown. A care plan, including consultation for accurate diagnosis and appropriate treatment and collaboration with the internist, surgeon or dermatologist, is often indicated.

**Source:** CINAHL

192. **Wound and stoma care: focus. Managing gravitational eczema and allergic contact dermatitis.**

**Author(s):** Patel GK, Llywellyn M, Harding KG

**Citation:** British Journal of Community Nursing, 01 August 2001, vol./is. 6/8(394-), 14624753

**Publication Date:** 01 August 2001

**Abstract:** Venous leg ulceration is a common chronic problem in the community, and gravitational eczema is a common complication of it. The presence of gravitational eczema can lead to further ulceration and may also impair wound healing. Treatment often requires more than one topical preparation, to gain control and prevent relapse. Knowledge of the benefits and risks of these therapeutic modalities is essential. In this article we aim to provide a practical approach to the treatment of gravitational eczema. We also discuss allergic contact dermatitis, a common complication of gravitational eczema.

**Source:** CINAHL

193. **Surgical and nonsurgical options for a patient with a retracted stoma and peristomal skin crease**

**Author(s):** Haugen V., Loehner D.

**Citation:** Journal of wound, ostomy, and continence nursing : official publication of The Wound, Ostomy and Continence Nurses Society / WOCN, July 2001, vol./is. 28/4(219-222), 1071-5754 (Jul 2001)

**Publication Date:** July 2001

**Source:** EMBASE

194. **Caring for a stoma is more than skin deep.**

**Author(s):** Erwin-Toth, P

**Citation:** Nursing, May 2001, vol./is. 31/5(36-40), 0360-4039 (2001 May)

**Publication Date:** May 2001

**Abstract:** Nursing care before and after surgery and possible skin complications. 5 refs.

**Source:** BNI

**Full Text:**
Available in fulltext at **EBSCO Host**
Available in print at Grantham Hospital Staff Library
Available in print at Pilgrim Hospital Staff Library

195. **Clinical management extra: ostomies and fistulas. Prevention and management**
of peristomal skin complications.

**Author(s):** Erwin-Toth P

**Citation:** Advances in Skin & Wound Care, 01 July 2000, vol./is. 13/4 part 1(175-179), 15277941

**Publication Date:** 01 July 2000

**Source:** CINAHL

196. **Prevention and management of peristomal skin complications**

**Author(s):** Erwin-Toth P.

**Citation:** Advances in skin & wound care, July 2000, vol./is. 13/4 Pt 1(175-179), 1527-7941 (2000 Jul-Aug)

**Publication Date:** July 2000

**Source:** EMBASE

197. **Peristomal allergic contact dermatitis due to Gantrez in Stomahesive paste.**

**Author(s):** Scalf LA, Fowler JF Jr

**Citation:** Journal of the American Academy of Dermatology, February 2000, vol./is. 42/2 Pt 2(355-6), 0190-9622;0190-9622 (2000 Feb)

**Publication Date:** February 2000

**Abstract:** We report a case of severe peristomal dermatitis that was refractory to conventional treatments. Patch testing revealed positive allergies to myroxylon perulase (balsam of Peru), propylene glycol, Stomahesive paste, and Gantrez. This is the second reported case of patch-test-positive peristomal allergy to Gantrez.

**Source:** MEDLINE

**Full Text:** Available in print at Pilgrim Hospital Staff Library

198. **Topical sucralfate in the management of peristomal skin disease: An open study**

**Author(s):** Lyon C.C., Stapleton M., Smith A.J., Griffiths C.E.M., Beck M.H.

**Citation:** Clinical and Experimental Dermatology, 2000, vol./is. 25/8(584-588), 0307-6938 (2000)

**Publication Date:** 2000

**Abstract:** Dermatoses affecting the skin around stoma sites are common and difficult to treat. We have investigated the effectiveness of topical sucralfate in the management of peristomal dermatoses in adults using an open study design. Apart from forming a physical barrier to further irritation, sucralfate binds to basic fibroblast growth factor preventing its degradation and thereby promotes healing. In eight out of nine patients with faecal or urine erosions, daily, topical sucralfate treatment was associated with healing within 4 weeks. There was limited or no response to treatment in a further nine patients with traumatic ulcers, excoriated dermatitis or pyoderma gangrenosum. Topical sucralfate represents a safe, inexpensive and effective therapeutic intervention, particularly for those patients with high output or short stomas where repeated stoma leakage may be unavoidable.

**Source:** EMBASE

**Full Text:** Available in fulltext at EBSCO Host

199. **Peristomal dermatoses: A novel indication for topical steroid lotions**

**Author(s):** Lyon C.C., Smith A.J., Griffiths C.E.M., Beck M.H.

**Citation:** Journal of the American Academy of Dermatology, 2000, vol./is. 43/4(679-682), 0190-9622 (2000)

**Publication Date:** 2000
Abstract: Background: Dermatoses that interfere with the normal use of a stoma appliance are common. When preventable causes, such as infection or allergy, are not identified, barrier preparations or topical steroids have been used. However, topical medicaments formulated in a cream or ointment base will cause stoma bags to detach, resulting in leaks. Objective: Our purpose was to investigate the efficacy and suitability of corticosteroids in aqueous/alcohol lotions in the management of peristomal dermatoses. Methods: A clinic runby a dermatologist and 2 stoma nurses was created. Patients with a variety of noninfective, inflammatory dermatoses were treated with topical corticosteroid lotions up to a maximum of 4 weeks, with occasional use thereafter in some cases. Results: Topical, aqueous/alcohol, corticosteroid lotions have been used in 60 patients and have proved particularly useful for the treatment of irritant dermatitis, pyoderma gangrenosum, psoriasis, and constitutional eczema. After the initial treatment course, occasional applications, approximately every 2 weeks, may be necessary to control the skin disorder. This low frequency of application minimizes the risk of side effects so that we have not identified local or systemic side effects in any of the patients treated so far. Conclusion: Topical corticosteroids formulated in aqueous alcohol lotion are effective and acceptable treatments for peristomal dermatoses. If used appropriately, the risk of side effects is low.

Source: EMBASE

Full Text: Available in print at Pilgrim Hospital Staff Library

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200. Ostomy-Stomal/peristomal complications: 3383: PROSPECTIVE ASSESSMENT AND CLASSIFICATION OF STOMA-RELATED SKIN DISORDERS
VABL Scott, D Raasch, G Kennedy... - ... of Wound Ostomy & ..., 2009 - journals.lww.com

METHODS: A prospective, ongoing observational study was conducted in which surgical patients with an ileostomy, a colostomy or urostomy were assessed postoperatively and on a regular basis thereafter as determined by the patient or home care nurse. The Italian skin...

201. A Description of Peristomal Skin Complications Reported By Wound Ostomy Continence Nurses in Central Virginia: 2101
CR Ratliff - Journal of Wound Ostomy & Continence Nursing, 2008 - journals.lww.com

TOPIC: Peristomal skin complications reported by WOC nurses in Central Virginia. PURPOSE: The range of peristomal skin complications reported in the literature is between 10 and 70%. Inconsistent terminology as well as a lack of a standardized tracking tool may...

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202. Ostomy-Psychosocial and Quality of Life Aspects: 3426: AN ASSOCIATION BETWEEN PERISTOMAL SKIN CONDITION AND LIFE SATISFACTION IN NEW...
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METHODOLOGY: The retrospective study uses a subset (n = 805) of the data from the Ostomy Comprehensive Health and Life Assessment survey (N = 2989). This ongoing survey has been distributed in North America and the United Kingdom by electronic and conventional mail, ...

203. Results of patch testing in 10 patients with peristomal dermatitis
MN Landis, JH Keeling, JA Yiannias... - Journal of the American ..., 2011 - Elsevier...

... to the more than 1 million persons in North America who already have intestinal stomas. ... Patients also were tested to their respective ostomy devices and supplies, as outlined in Table I and ... Age, y, Sex, Type of stoma, Allergens tested, Relevant allergens, Follow-up, mo, Dermatitis ...

204. Stoma Complications
DE Beck, PL Roberts, JL Rombeau... - The ASCRS Manual of ..., 2009 - Springer
If the dermatitis conforms precisely to the outline of the stoma appliance, then an allergic reaction to the wafer or other component of the appliance is likely the culprit (Fig. 205). High-Output Stomas... Because the ostomy effluent is rich in sodium, hyponatremia can be a problem...


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206. **Stoma-related complications after stoma construction in emergency surgery.**

I Berndtsson - 2009 - swepub.kb.se

... study of the frequency and type of stoma-related complications after stoma construction in ... On these occasions diameter, height and shape of the ostomy were recorded...

Peristomal skin problems, necrosis, leakage due to low ostomy, stenosis, granuloma, prolapse and peristomal...

Cached

207. **Istomal skin complications: prevention and management**

BS Rolstad... - Ostomy Wound Management, 2004 - o-wm.com

Adhesives and cleansing. Protecting skin also includes nontraumatic adhesive use and skin cleansing. Gentle removal of adhesives is recommended to avoid skin stripping. The pouching system is removed by supporting the skin and using a soft tissue with water. For patients...

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