

Skin complications after stoma surgery

The importance of close ET-nurse assessment and intervention

The Norwegian segment of the Ostomy Forum group:

Grete H Husebye, Liv Juel, Liv Guri Skogmo, Anne Bente Tvenge, Gro Irene Lien, V Hannestad, T Nichols

Introduction

One aim of the ET nurse is to ensure peristomal skin health and maintenance of the skin integrity following stoma surgery. Unfortunately, studies indicates that peristomal skin problems affect more than one-third of colostomy patients and more than two-third of ileostomy patients (Lyon and Smith 2001).

This high prevalence of skin problems in the peristomal area may be because of the abnormal stress that the peristomal skin is subjected to under the stoma appliances. These conditions being occlusion, maceration, irritation and shearing forces. In the early months after surgery the abdominal skin is not adapted to this kind of stress and will react in different ways according to the underlying problem. Stoma placement, surgical technique, incorrectly fitted stoma appliances, patient understanding and technique when changing the stoma appliance, the type of stoma or lost to follow-up are other reasons we see in our practise.

This poster summarizes some of the important findings of the collaborative efforts of The Ostomy Forum Group. – This is an international project whose purpose is to promote a better quality of life for people living with an ostomy.

Method:

A standardized Follow-up form and Observation Index was used in order to identify ostomy related problems occurring in the first year after surgery.

In outpatient clinics, 237 patients were observed using a standardized Follow-up form and Observation Index developed by the Ostomy Forum group of ET-nurses.

Data analysis; SAS version 9.1.3

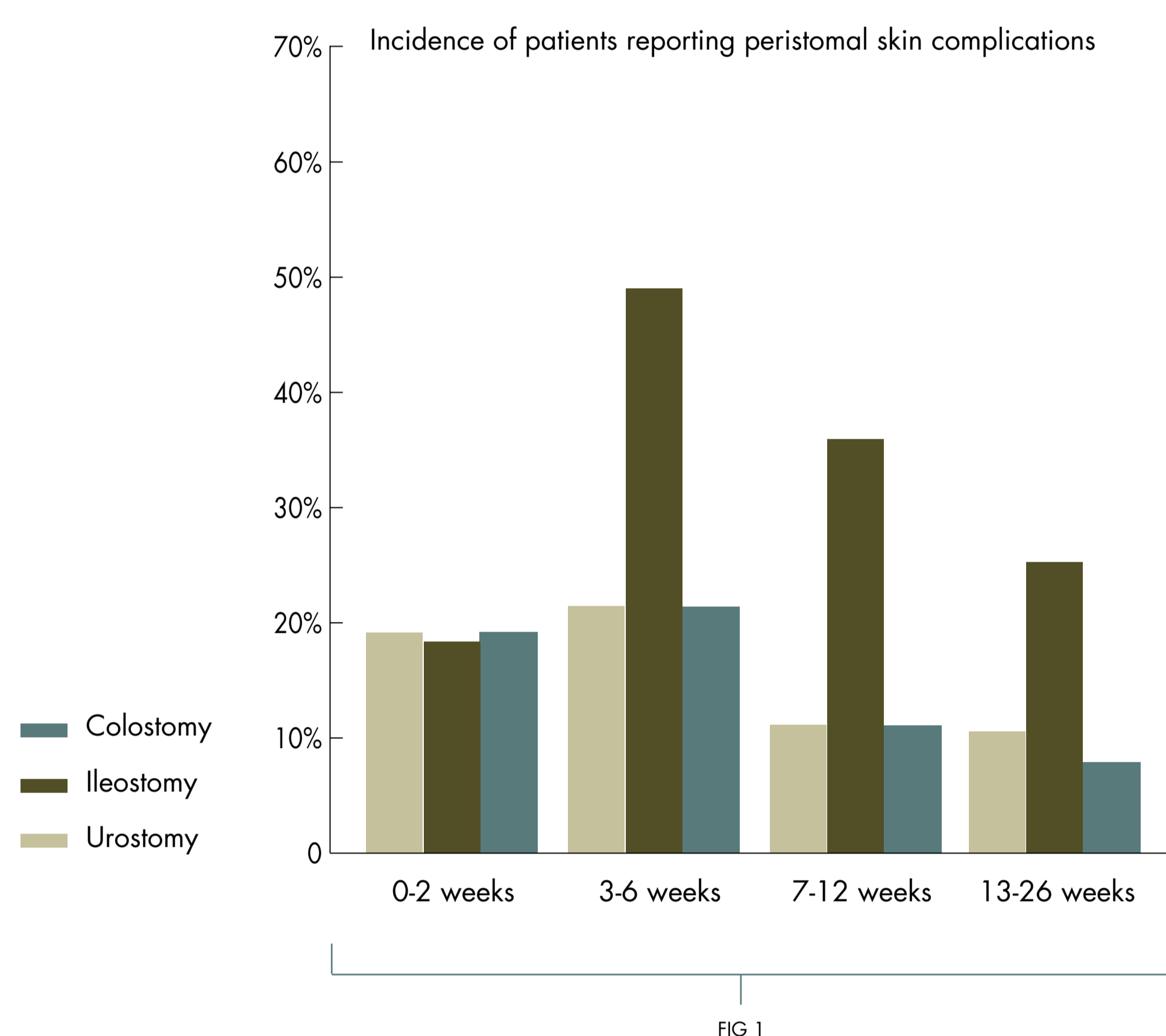


FIG 1

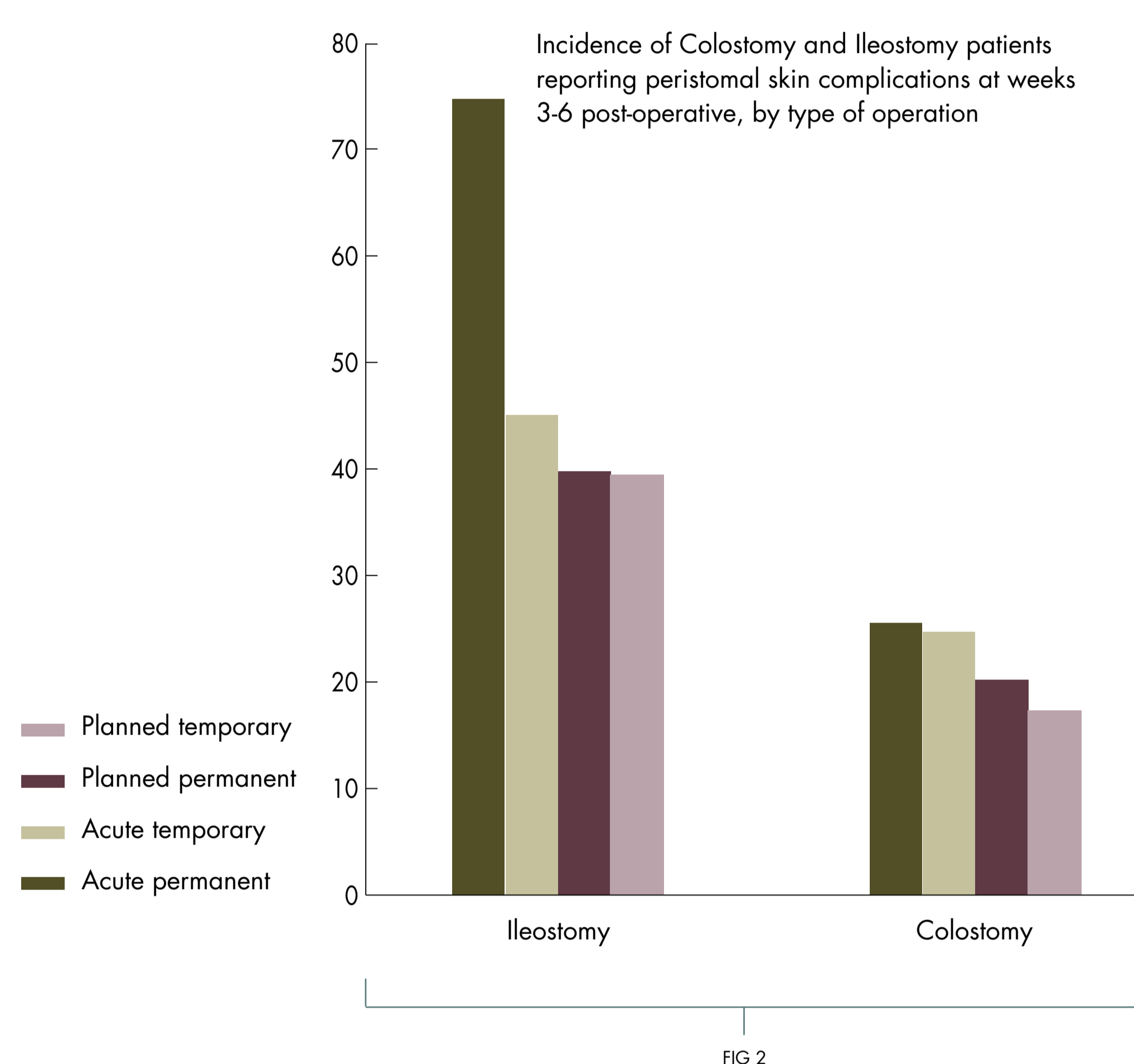


FIG 2

Discussion:

Skin problems affect all stoma types but the rate of complications increases dramatically in the second period (3-6 weeks) where on average, 34 percent of all respondents are suffering a skin problem. Within this period ileostomates report the greatest incidence of problematic skin (52 percent See Figure 1.). Within ileostomates, 63 percent of those with planned surgeries report problematic skin, with 82 percent of the planned surgeries being temporary ileostomies (9 of 11, see Figure 2).

The most prevalent skin condition reported in the 3 to 6 week period is erythema, or an erythema associated condition (67 percent of those reporting problematic skin).

Conclusion

The study demonstrates the importance of close supervision from the specialised nurse / the ET the first 3-6 weeks after stoma surgery. Especially the ileostomy patients must have regular, planned access to a specialised nurse during this period in order to prevent peristomal skin problems like erythema, maceration, erosion and ulceration.

Skin problems are ongoing so it is of utmost importance to continue, on a long term basis, the peristomal skin observations in the out patient clinic.



References:

- Lyon C, Smith A: *Abdominal Stomas and their Skin disorders*. UK: Martin Dunitz. Ltd, 2001.
- Observation Index by The International Forum, 2005
- Bryant R A, Hampton B G: *Ostomies and Continent Diversions*. USA: Mosby- Year Book 1992, rev 2000.
- Colton B, Mc Kenzie F, Sheldon J, Smith A, Tappe, A T, Wooley D: *Global stoma care challenges: A unitet approach*. WCET Journal October/December 2005, 25(4).
- Garcia JM, Subirana M, Sola` I, Urrutia G, Bonfill X: *Stomatherapists versus staff nurses for stoma care (Protocol)*. The Cochrane Collaboration, The Cochrane Library 2006, Issue 1.