Providing a Positive Outcome for a Patient with Ongoing Stoma Pain & Peristomal Skin Issues using Aurum 2 Piece Convex Appliance

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The Patient

Mrs K is a pleasant 68 year old grandmother, who is fully independent and now retired.

In 2008 she underwent a Right Hemicolectomy for bowel cancer. Her recovery was essentially unremarkable.

Her past medical history includes Asthma, Gord, Hepatitis C, Lap banding surgery (later removed), depression and back pain. Mrs K has a mild allergy to surgical tapes and her skin is moderately tattooed with an interesting assortment of coloured inks. Her abdomen is scarred from multiple surgical procedures.

Since her initial surgery, Mrs K has been suffering from increased and uncontrollable chronic faecal incontinence. Despite numerous medically prescribed drug treatments and lifestyle adjustments, her symptoms worsened and seriously affected her daily living. Her mood swings and increasing depressive illness impacted heavily on her ability to function normally. As a result, managing employment was difficult.

After much consideration, and in consultation with her Surgical team, Mrs K underwent a Laparoscopy, Laparotomy and formation of an end colostomy in 2019, eleven years post her initial bowel surgery.

The Problem: Source

In October 2019 Mrs K was admitted to our Hospital facility with pain in and around her stoma. Mrs K has been having chronic stomal pain issues for some time prior to admission.

On assessment of her end colostomy, Mrs K was using a one piece soft convex cut to fit appliance. She was accepting and diligent with her stomal care, but the constant pain she experienced was becoming intolerable. As a result, she started to have trouble functioning normally each day, and began to withdraw from social activities. She also missed surgical appointments, despite regular analgesia and the support and encouragement of her family.

Assessment: October 2020

Mrs K's left sided end colostomy appeared pink, warm, active with soft faeces and situated at skin level. However due to constant leakage issues, Mrs K was changing her appliance frequently. The peristomal area was erythematous, bleeding and eroded in places. It appeared sore and painful. The peristomal border was irregular and a significant large ulcerated polypoid granulomatous lesion was evident.

In liaison with the treating Consultant Surgeon, a surgical EUA (examination under anaesthetic) would be performed. Upon examination, there was no obvious evidence of stenosis, retraction or stomal prolapse. The large stalk based granuloma was removed, but peristomal inflammatory changes were noted. A biopsy was performed also which provided no evidence of dermatitis, neoplasm or necrosis. Subsequently there was no evidence of fungal infection or Pyoderma Gangrenosum. Allergy to the stomal appliance was also considered but disregarded by Mrs K and the surgical team. Poor patient stomal care technique was also a potential that was questioned by the Stomal Therapy Nurse.

Post operatively, Mrs K was encouraged to try a two piece soft convex appliance, the same as her initial appliance brand. A no sting barrier spray, protective seal and ostomy belt were also used. Her stomal care technique was scrutinised and her ability to accurately manage the "cut to fit" aperture was also evaluated.

As a result her stomal issues appeared to improve, leakage was minimal and the two piece appliance easier to manage and leave intact. Mrs K was discharged home.

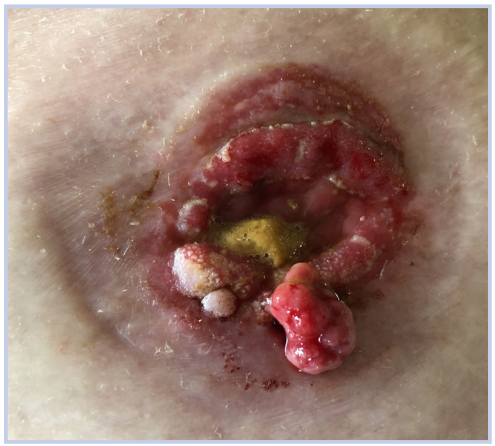


Figure 1: First Presentation October

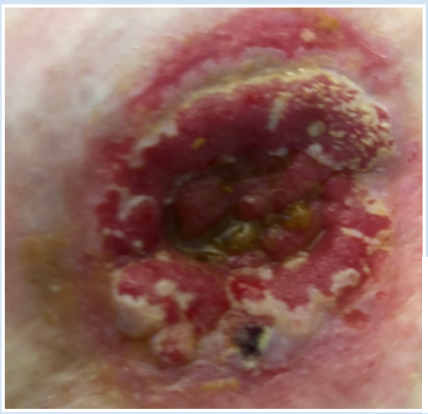
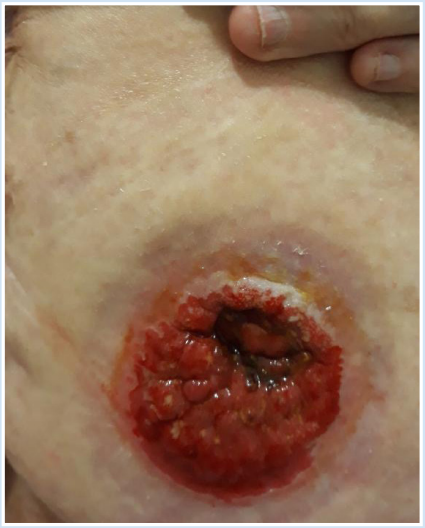


Figure 2: Post granuloma removal – October 2020

Less than three weeks after discharge, Mrs K was readmitted with severe stomal pain and associated sore skin issues. The patient was visibly distressed and considering stomal reversal. (photo as below)

On assessment, Mrs K's area of peristomal skin excoriation had extended well beyond her stoma border - her stoma looked worse than before. It appeared that she was cutting the aperture larger to accommodate the increasing area of sore skin, which was not helping and pain was still an issue.



Solution

After collaboration with colleagues, the patient was trialled with Aurum® 2 piece Convex pouch and a Welland HyperSeal® with Manuka honey, was also directly applied over her sore skin at the lower edge of the stoma.

The Aurum appliance adhered well and did not leak. Mrs K felt it was comfortable and easy to manage. It was left in situ for 72 hrs until reviewed by the Stomal Therapy Nurse & Surgeon.

Conclusion

The results when the appliance was removed at 72 hours were astonishing. The skin was much less inflamed, there was no bleeding, the skin appeared smoother, pinker and most importantly, there was significantly much less pain. The patient was discharged home the same day.

With the addition of an ostomy belt, Mrs K has experienced much less pain & discomfort, and as a result her quality of life has improved significantly.

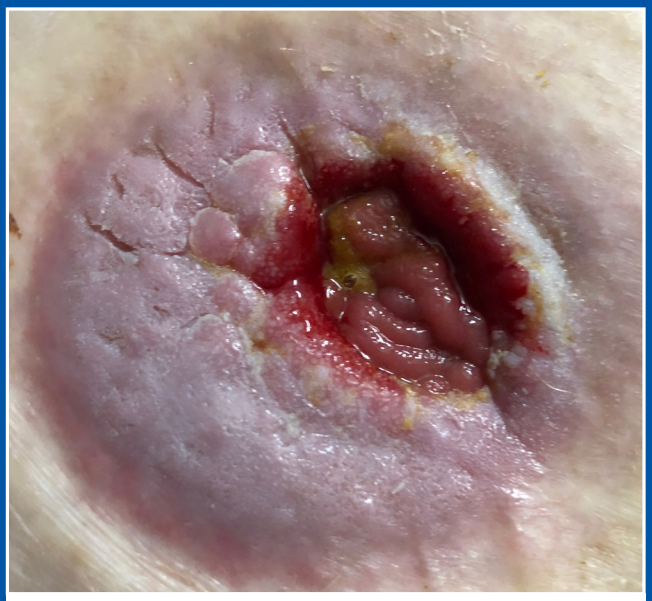


Figure 4: 72 hours post Aurum 2/Welland Manuka Hyperseal use

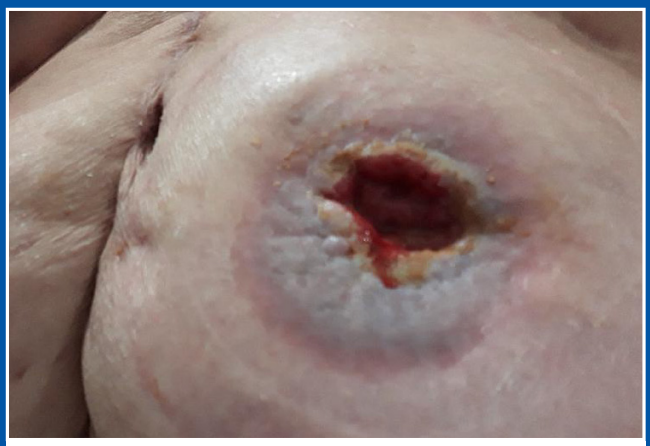


Figure 5: 8 days – Using Aurum 2 Cx & Welland Hyperseal pouching system

References

1 Birch J, 2019. Stoma Care. St Marks Hospital London UK.

2 Welland Medical; 2019 Evidence of Innovation, volume (3), Multiple Authors, Clinimed.UK.

3 Lyon CC,& Smith AJ, (2009). Abdominal Stomas and Their skin disorders - An Atlas of Diagnosis & Management.,2nd edition. Andover, UK; Thompson Publishing.