Peristomal Skin Conditions, Part 2

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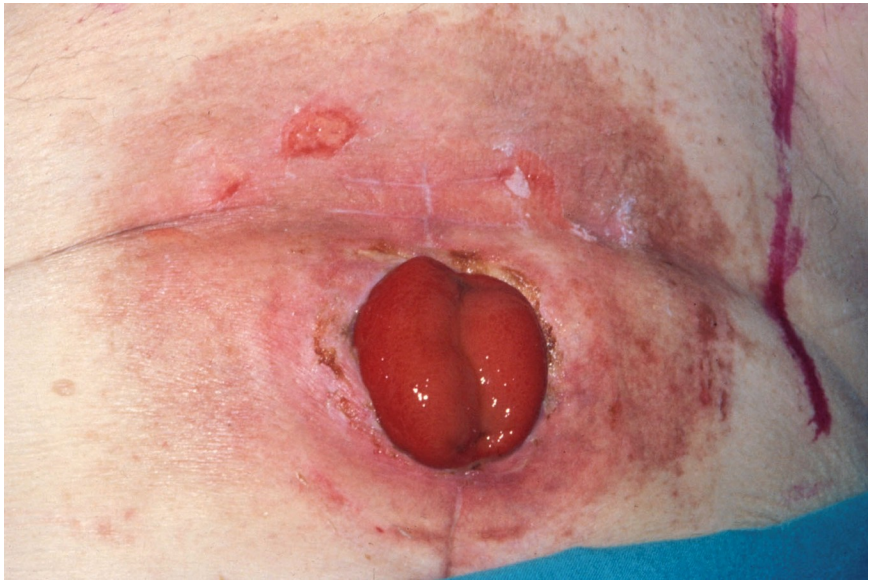
Radiation Concerns

- Type of reaction dependent upon
  - Daily dose given
  - Size of treatment field
  - Total dose of radiation delivered
  - Time interval between radiation and surgery

Radiation Concerns



- Immediate as well as late effects
  - Damage to small blood vessels
    - Ischemia
    - Necrosis
    - Fibrosis

Radiation Concerns: Interventions

- Cool water and soft cloth for cleansing of skin
  - “Dab” versus rubbing

- Avoid all irritants: soaps, perfumes, solvents, pastes, cornstarch, creams, ointments
- If possible, site outside radiation field

Radiation Concerns: Interventions

- Protect damaged skin
  - Consult radiation oncologist
- Replace metal systems for those without metal
- Products containing zinc, bismuth or other heavy metals contraindicated during therapy

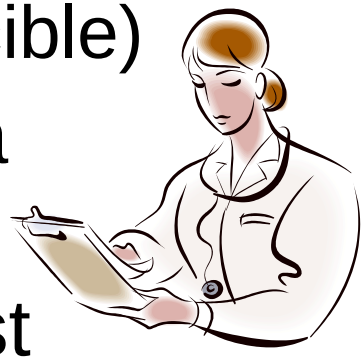
Radiation Concerns: Interventions

- Protect stoma mucosa/peristomal skin from injury
  - Trim nails
  - Gentle tapes
  - Pouch covers
  - Lubricant in pouch to prevent rubbing
  - No straight razors

- Petrolatum gauze over stoma if dressing used
- Prevent sun exposure to radiated area both during and after treatment

Radiation Concerns: Interventions

- For perianal skin protection
  - Aquaphor ointment (water miscible)
- Discontinue irrigation if diarrhea occurs
- Consult with radiation oncologist regarding specific treatment regimes for damaged skin
- Monitor for incision line breakdown

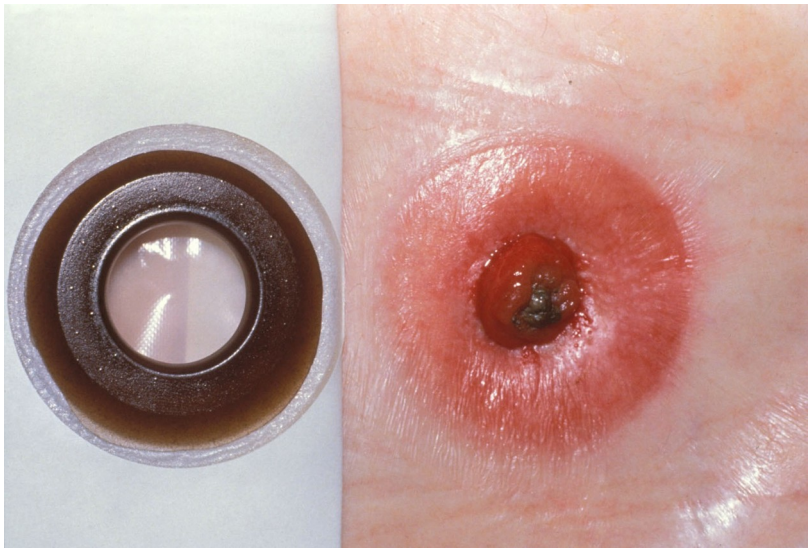


Allergic Contact Dermatitis: Definition

- An inflammatory skin response resulting from hypersensitivity to chemical elements
- An immunologic cutaneous response to an allergen
  - A person is sensitized to a particular product causing an inflammatory (allergic) response
  - Requires an initial exposure to a potential allergen
    - Antibodies are produced
    - Upon subsequent exposure, an allergic response is triggered.

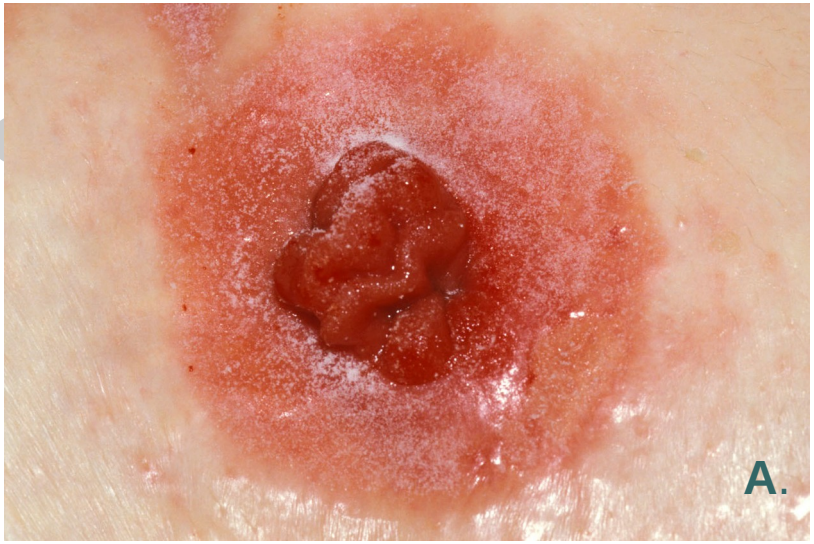
Allergic Contact Dermatitis

- Damaged or inflamed peristomal skin is at increased risk for sensitization
- Once a sensitivity develops, it usually lasts the patient's lifetime



Allergic Contact Dermatitis: Clinical Features

- Skin appears erythematous, edematous, weepy, or bleeding
- Inflammatory reaction directly corresponds to area covered by specific product
  - May have diffuse, blurred borders
- Complains of itching, stinging, burning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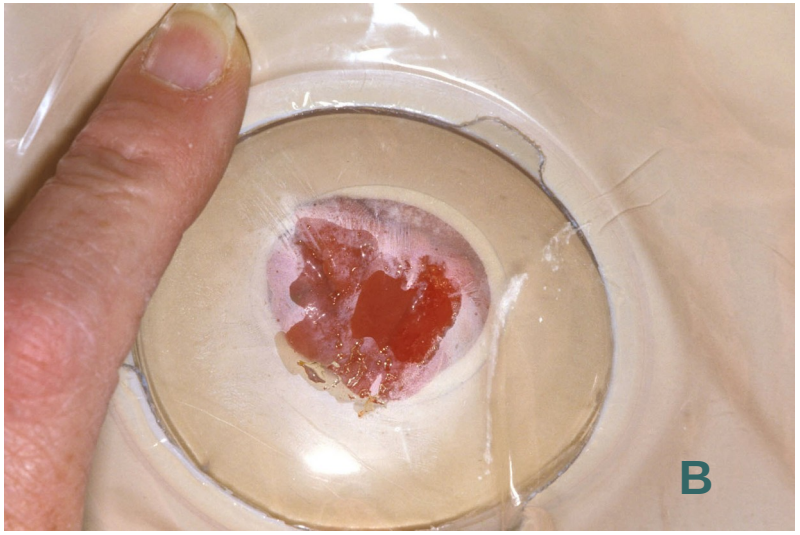
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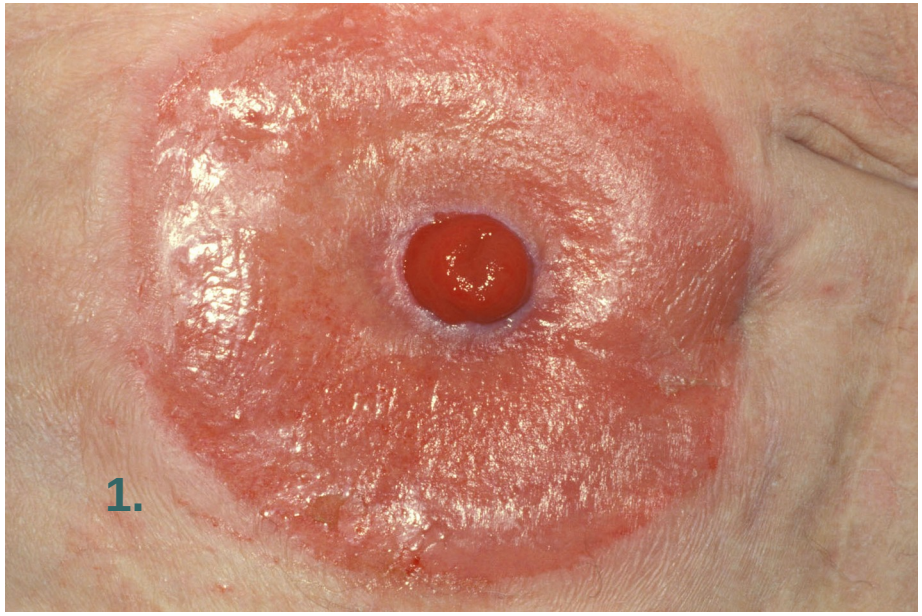
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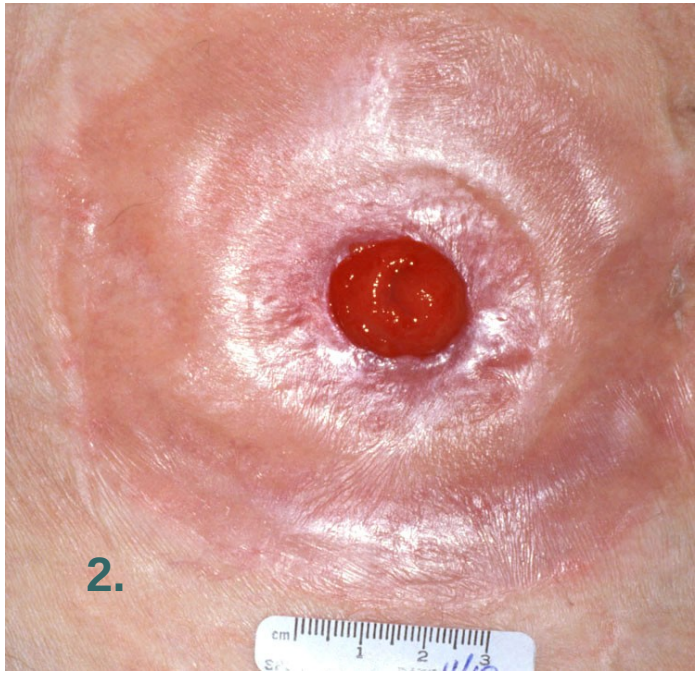
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Allergic Contact Dermatitis: Treatment

- Identify and remove allergen
- Avoid other irritants
- Eliminate unnecessary products
- Use of non-adhesive systems as needed
- Appropriate skin care: steroids and antihistamines as needed

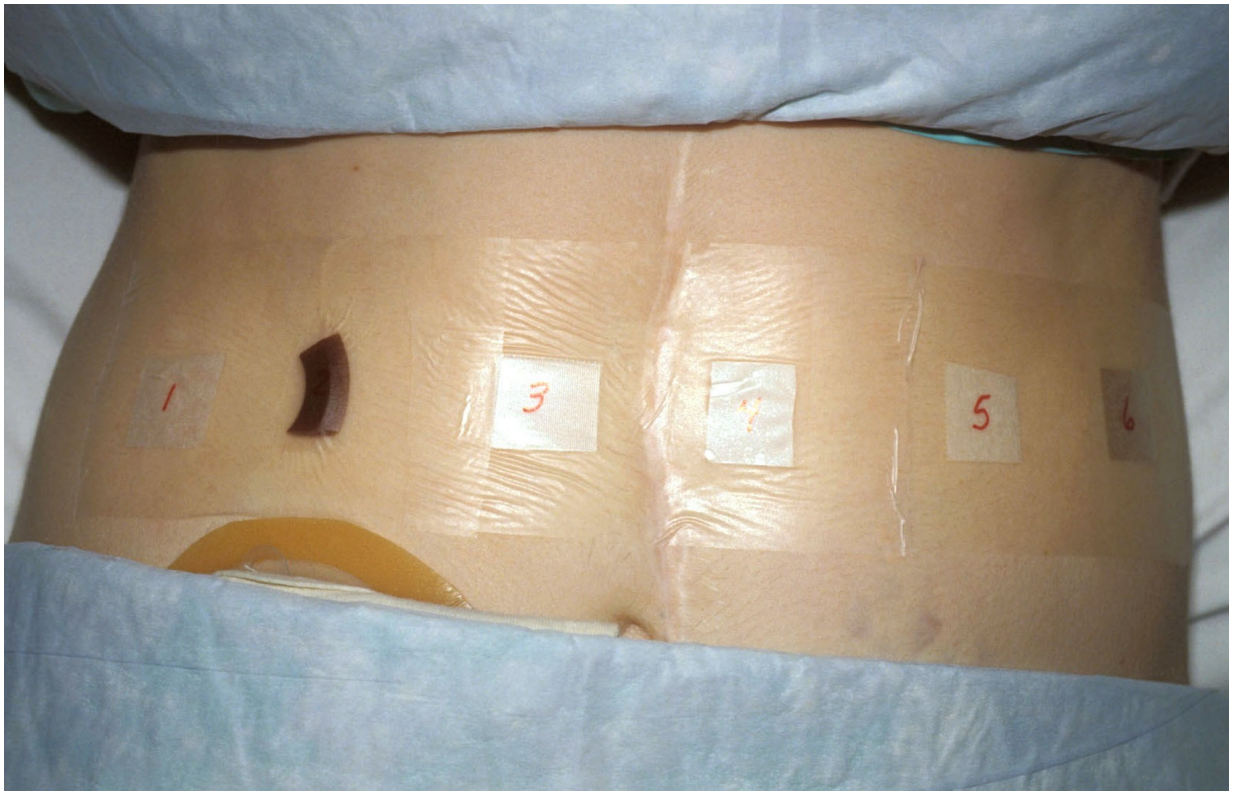
Allergic Contact Dermatitis: Patch Testing

- Test employed to detect hypersensitivities to foods, pollen, or other allergens
- Performed to confirm a reaction to a suspected allergen or irritant

Allergic Contact Dermatitis: Patch Testing

- Procedure
  - Patient history
    - Products used
    - Existing skin conditions
    - Limited physical examination
- Application
  - Midabdomen, back, upper arms
  - Placed on clean, dry, skin.
  - Patches should be 1” square, placed 2” apart.
  - Cover with non-sensitizing tape.

Allergic Contact Dermatitis: Patch Testing

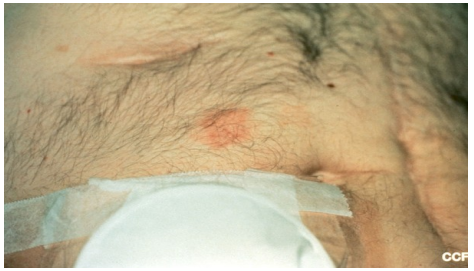


Allergic Contact Dermatitis: Patch Testing

- Remove patches in 48-72 hours.
- Read after 30 minutes have elapsed
- Delayed reaction: read again after another 24 hours, that is, at 96 hours after removal.

Allergic Contact Dermatitis: Patch Testing

- Scoring as per the International Contact Dermatitis Group



-False positive

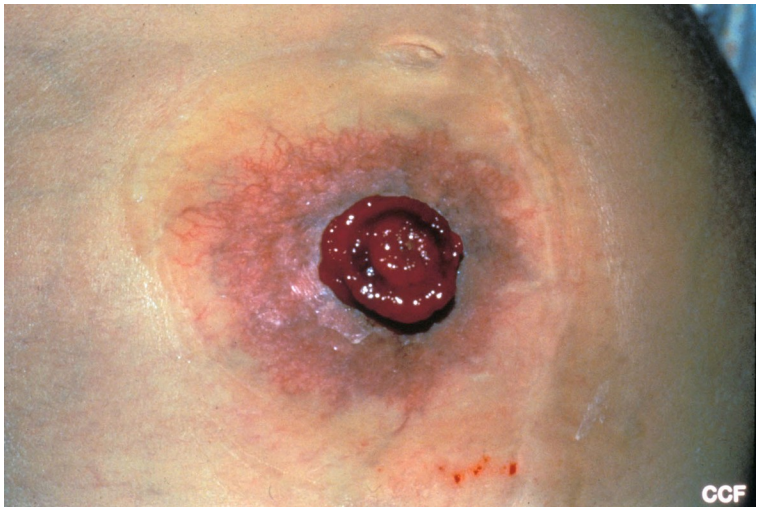
\+ Nonvesicular, weak reaction with erythema and edema. Not a true allergic reaction

++ Vesicular reaction with erythema, edema, infiltration, and possible papules

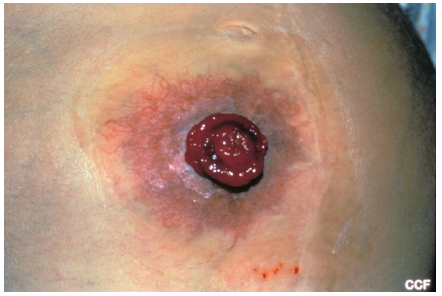
+++Bullous, strong reaction

Peristomal Varices (Caput Medusa): Definition

- Bluish-purple discoloration of skin around the stoma
- The area blanches when pressed and displays irregular, small blood vessels

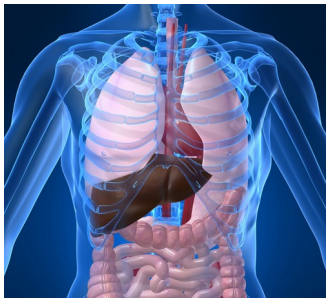


Peristomal Varices: Etiology



- A portosystemic shunt is created when the intestine is sutured to the skin.
- In patients with portal hypertension, the high pressure in the venous network of the mesenteric veins enlarges channels communicating with veins in the abdominal wall.
- These varices may bleed at the mucocutaneous junction.

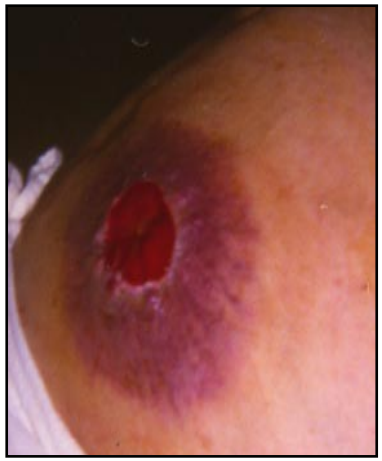
Peristomal Varices: Treatment

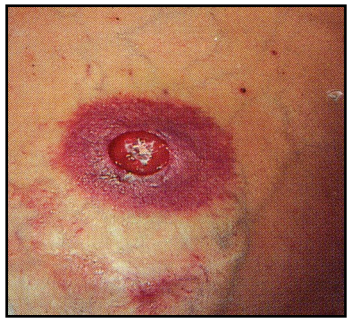


- Identify and treat underlying liver disease
  - Shunting (TIPS-transjugular intrahepatic portosystemic shunt)
  - Liver transplant
- Bleeding episodes
  - Direct pressure to bleeding area
  - Hemostatic agents such as silver nitrate, cautery, suture ligation, epinephrine-soaked gauze
  - Sclerotherapy
  - Surgery
    - Mucocutaneous disconnection
    - Relocation of stoma—varices will recur at new site if underlying disease not corrected

Peristomal Varices: Pouching Considerations

- Gentle removal of pouch
- Gentle peristomal skin care
- Use of less aggressive adhesives, less stiff pouching systems
- Education of what to do for bleeding episodes

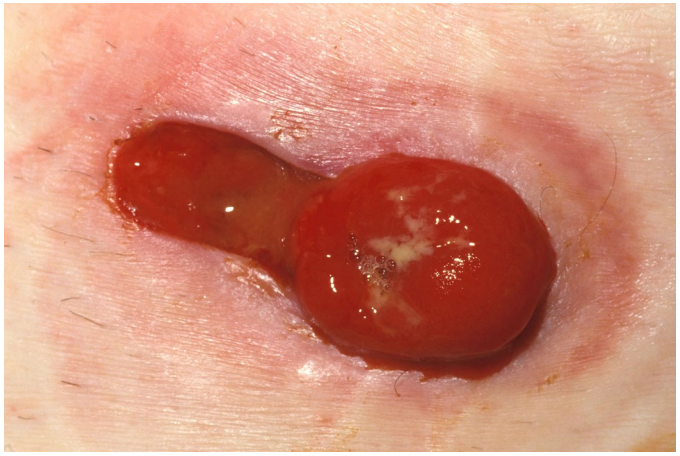


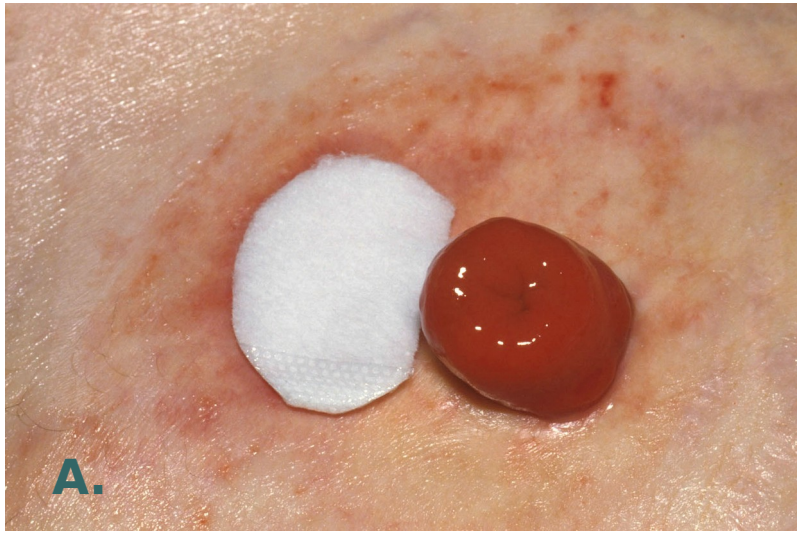


Hampton and Bryant, Ostomies, 1992

Parastomal Ulcers

- Associated most commonly with Crohn's disease
- Assess for "unroofing"-- i.e., debridement of area

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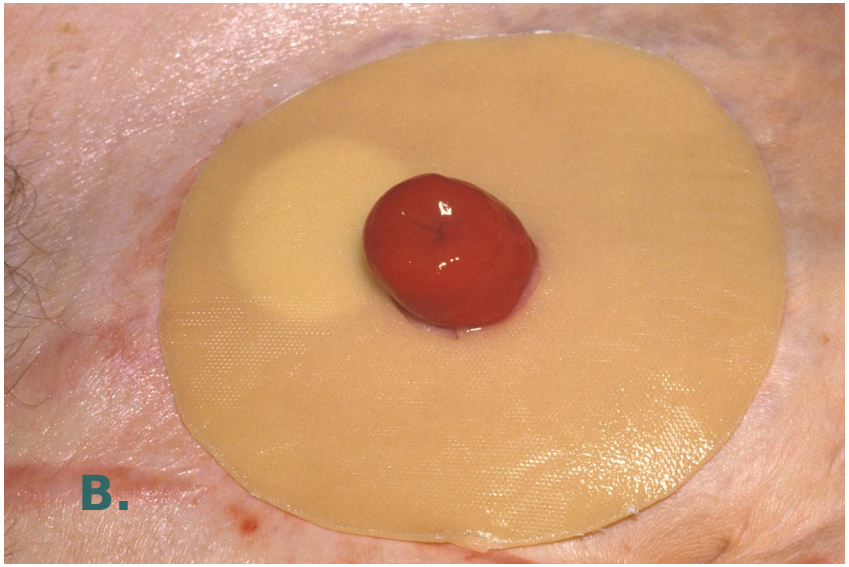
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Parastomal Ulcers: Treatment

- Dependent upon assessment of ulcers, but includes absorptive powders, non-adherent dressings, hydrocolloids, alginates, hydrofiber, foams, transparent film dressings, and antimicrobials

Parastomal Ulcers: Pyoderma Gangrenosum (PG)

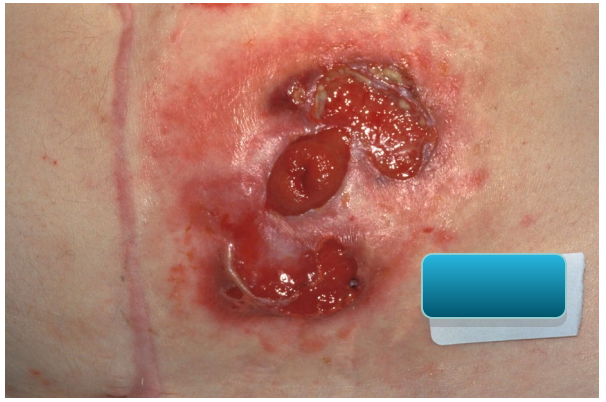
- Rare
- Etiology unclear, but is felt to be due to an alteration in the immune system
- Lesions can be secondarily infected
- Associated with Crohn's disease, MUC, arthritis, leukemia, polycythemia vera, and multiple myeloma

Parastomal Ulcers: PG: Clinical Manifestations

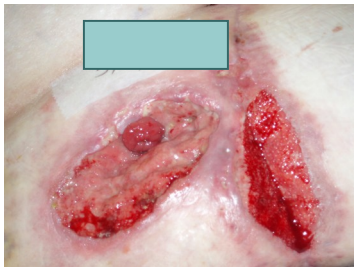
- Lesions are multiple or solitary
- Begin as a red lesion that becomes indurated and ulcerated
- Base enlarges, discharging purulent and hemorrhagic exudate

Parastomal Ulcers: PG: Clinical Manifestations

- Dusty reddish purple/blue margins and blue halo are classic
- Borders are erythematous, irregularly shaped
- Severe pain is classic, described as “exquisite pain”

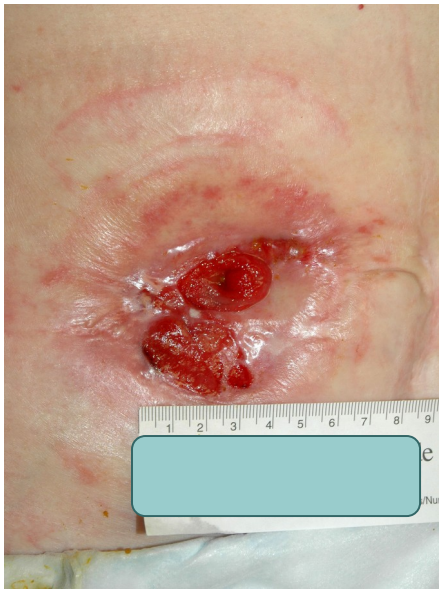


Parastomal Ulcers: PG: Clinical Manifestations



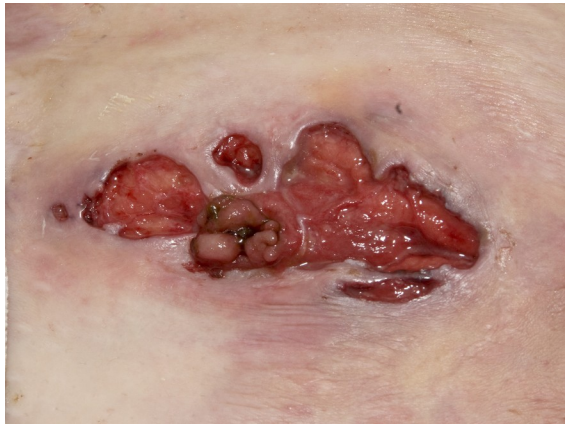
- Clinical appearance most telling
- No specific diagnostic test available
  - Biopsy is histologically nonspecific and used to rule out other disease processes
- Lesions occur in the parastomal area, lower extremities, face, buttocks, abdomen

Parastomal Ulcers: PG: Treatment



- Treat underlying disease process
- Medication
  - 6MP
  - Steroids
  - Remicade
  - Sulfonamides
- Local ulcer treatment
  - Includes intralesional steroids, topical immunomodulators: tacrolimus (Protopic) or pimecrolimus (Elidel)

Parastomal Ulcers: PG: Treatment



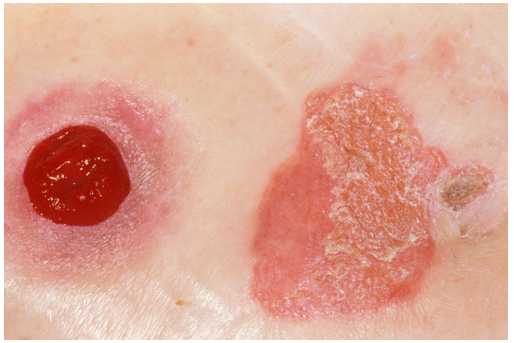
- Local treatment
  - Conservative debridement
  - Topical dressing choice based on wound characteristics
- Refit pouching system as needed
  - Non-adherent pouching system if ulcers extremely large

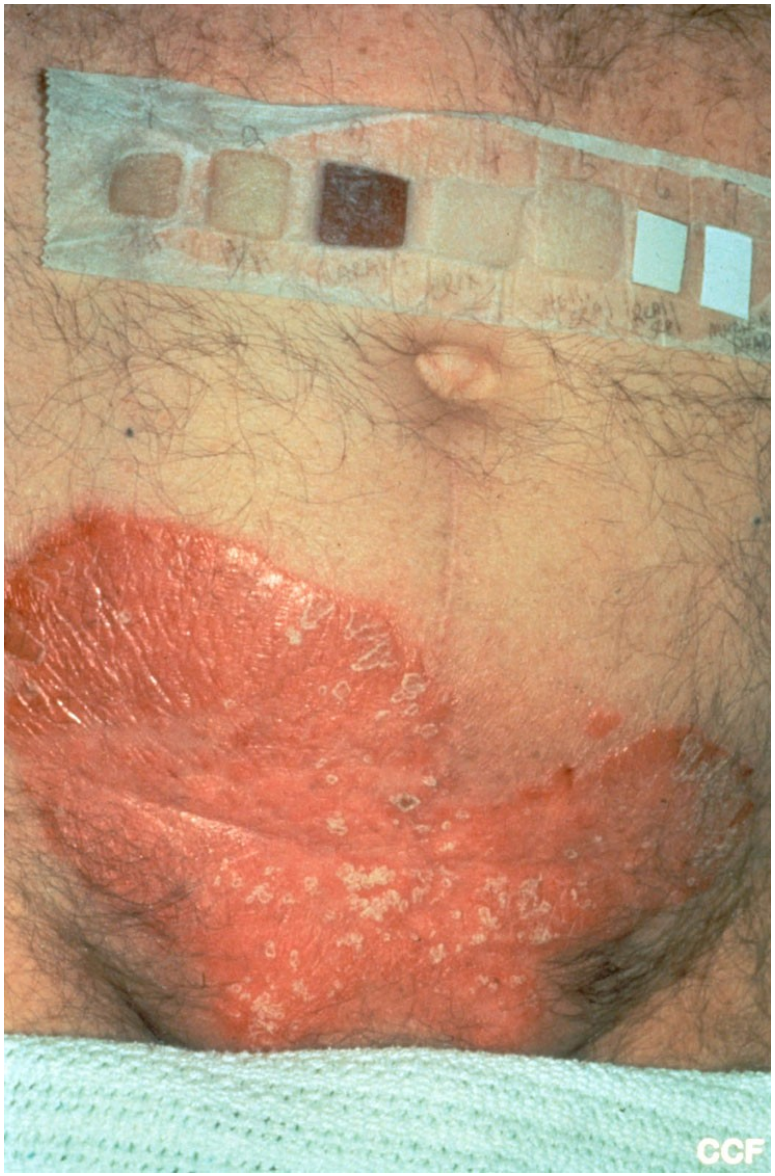
Psoriasis

- Chronic genetic skin disease that can occur in the peristomal region and present pouching difficulty
- Characterized by discrete erythematous papules and plaques covered by a silvery white scale
- Course unpredictable

Psoriasis: Koebner Phenomenon

- Precipitation of local eruption of psoriasis at site of trauma, i.e. along incision lines. May explain psoriatic lesions under pouching systems
- Treatment includes
  - Topical steroids
  - Coal tar preparations
  - Antimitotic meds
  - PUVA (photosensitizing meds with ultraviolet light)

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Psoriasis:
WOC Nursing Concerns

- Recognition of psoriasis in peristomal area
- Restore for Psoriasis as skin barrier
- Use of non-adherent pouching systems as needed to facilitate application of topical medication

Other

- Pemphigus: Rare autoimmune disorder in which antibodies attack the intercellular substance of the epidermis. Characterized by blisters, bulla, erosions, and crusts.
- Treatment
  - Steroids
  - Topical compresses
  - Antibiotics to prevent/treat secondary infection
- Pouching
  - Evaluate for non-adherent system