

Dansac NovaLife TRE Soft Convex Barrier



Patient case study

Debbie Johnson
Stoma care nurse, London

Patient overview

Patient -72 year old female required formation of a colostomy during debulking surgery for ovarian cancer. Post operatively she required chemotherapy and developed a parastomal hernia. The patient was visited at home by the stoma care nurse due to concerns regarding her peristomal skin and bleeding around the stoma.

Problem

The patient had previously experienced intermittent colostomy pancaking and had been started on a soft convex barrier. A barrier seal was later introduced to the care plan as faecal seepage remained an issue, however despite this her problems persisted and her peristomal skin deteriorated.

Actions

On examination the stoma was pink and healthy and her peristomal skin was red in appearance. Areas of raised tissue and ulceration were noted and a large granuloma at the 6 o'clock position. Nurses report a wide variation in practice for the treatment of granulomas¹, and as the patient described her skin to be extremely painful it was agreed not to proactively treat the granuloma.

It is common practice to use an ostomy skin tool (DET)² which helps improve consistency in patient monitoring, as well as optimize communication between those health professionals involved in the treatment of such conditions³.

After discussion with the patient she agreed to try the TRE barrier. The barrier is designed with three levels of protection

that all work to keep skin naturally healthy. Within 24 hours of wearing the pouch, the patient reported the feeling of rawness around her stoma had improved and she had not experienced any further bleeding from the granuloma.

Outcome

- The patient was reviewed one week later and there was significant improvement in her peristomal skin and the granuloma appeared to have reduced in size.
- At week 2 there was continued improvement and the granuloma appeared to have further reduced in size, no additional treatment prescribed.
- At week 5, DET score was 2. No treatment prescribed for the granuloma, peristomal skin healthy and barrier template resized again due to parastomal hernia.

Results

Introduction of the NovaLife TRE soft convex barrier as part of the overall care plan had a positive outcome. The patient experienced no further leakage, her peristomal skin health improved and she reported the barrier was flexible, it felt light and was easy to apply.

From a cost effective perspective the patient no longer requires regular home visits. She previously changed her pouch 4-5 times per day and now will change her pouch twice per day. She does not need additional stoma care products such as skin protectors and seals. Further case studies are required to understand the impact of TRE barrier on peristomal skin, however this case study has had a positive impact on peristomal skin health, resulting in no further treatment of the granuloma.

Notes

This case study represents my experience in using NovaLife TRE soft convex barrier with the named patient and may not necessarily be replicated.



1. Dukes, S., Lowther, C., Martin, T. and Osborne, D. (2010). Guidelines for treating stoma granulomas at the mucocutaneous junction. *Gastrointestinal Nursing*, 8(1), pp.16-21.

2. Southwesthealthline.ca.(2018).[online]Availableat:http://www.southwesthealthline.ca/healthlibrary_docs/G.3.1.DET_ScoringCard.pdf [Accessed 25 Sep. 2018].

3. Jemec, G., Martins, L., Claessens, I., Ayello, E., Hansen, A., Poulsen, L. and Sibbald, R. (2011). Assessing peristomal skin changes in ostomy patients: validation of the Ostomy Skin Tool. *British Journal of Dermatology*, 164(2), pp.330-335.