

Triple Skin Challenges for Wound Ostomy Continence Nurses: Consider a Cyanoacrylate Liquid Skin Protectant for the Treatment of Peristomal Skin Damage, Incontinence Associated Dermatitis and Skin Tears Type 1: A Case Series

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Statement of the Clinical Problem/Challenge:

- Wound Ostomy Continence Nurses (WOCNs) referrals encompass skin issues including: Peristomal Skin Damage (PSD), Incontinence Associated Dermatitis (IAD), and Skin Tears Type 1 (ST-1) that are often accompanied by patient suffering.¹
- Peristomal skin complications are experienced by up to 80% of patients with an ostomy within two years of surgery.²
- In a survey conducted in the US and Canada, nearly one out of five incontinent patients had documented IAD.³ ST-1 are classified as: “no skin loss with skin flap that can be repositioned to cover the wound” and occur more frequently in elderly patients.⁴

Significance to Clinical Practice:

- The purpose of this case series was to evaluate 1-2 cyanoacrylate liquid skin protectant (CLSP) applications for the treatment and healing of PSD, IAD, and ST-1.

Solution/Clinical Treatment Approach:

- Thirteen patients were evaluated in this study.
- Five of the 13 patients had ileostomies or urostomies and pain associated with PSD.
- These five patients received one CLSP application prior to applying the pouch apparatus.
- Four out of 13 patients had IAD and were evaluated following 1-2 applications of CLSP.
- Four out of 13 elderly patients with ST-1 were evaluated for closure and healing following one CLSP application.



Case 1. An 85-year-old female with Ileac conduit as a result of bladder cancer. Medical history of coronary artery disease, peripheral vascular disease, and cardiac dysrhythmias. Presented with leakage issues, frequent changes, and worsening peristomal skin. Images shown at-pre-treatment, immediately after treatment, days 2, 5, and 8 following CLSP treatment.



Case 2. 73-year-old with diarrhea, weak anal sphincter, and medical history of cervical cancer and hypertension. Presented for a flex sigmoidoscopy and acute IAD. Images shown: Pre-treatment, post-treatment, day 1: Considerable improvement in symptom management – much relieved from burning symptoms. Cleaned and reapplied CLSP and provided patient with a silicone barrier to apply after cleaning for bowel movement. Week 1: Patient stated “my whole quality of life is 99% improved”



Case 3. An 80-year-old healthy male fell and sustained a skin tear type 1. Images shown: Pre-treatment and immediately after treatment, Day 11, and day 18 following CLSP treatment

Outcomes:

- For the five patients treated for PSD, complete healing was observed at 2-8 days following pouch apparatus replacement and CLSP application. (Example Case 1)
- For the four patients treated for IAD, complete healing was observed at 5-8 days with patients reporting improved QOL. (Example Case 2)
- For the four patients treated for ST-1, closure was observed 3-5 days after CLSP application with complete healing at 14-18 days. (Example Case 3)

Conclusion:

- Based on this case series of 13 patients, we conclude that 1-2 applications of the cyanoacrylate liquid skin protectant is an effective treatment for patients suffering from PSD, IAD, and ST-1.

References

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