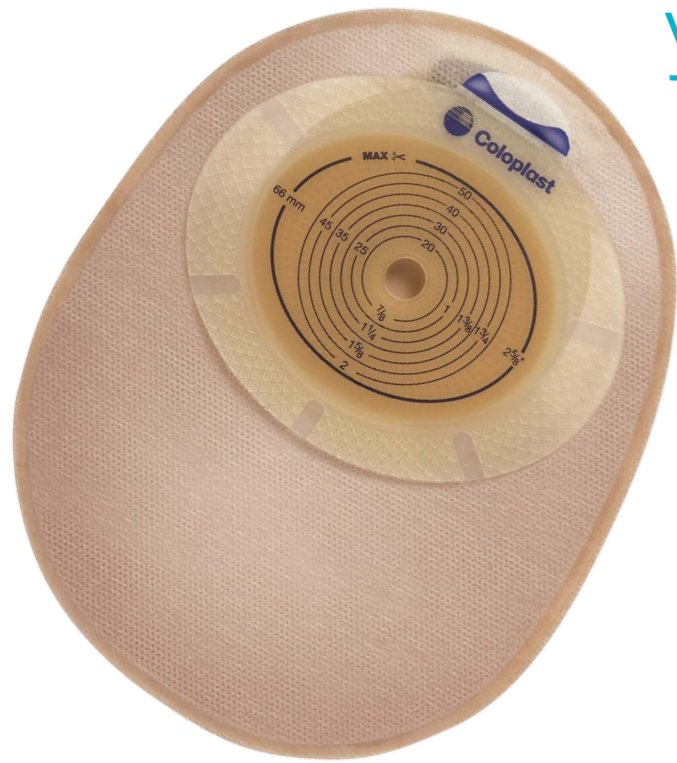


The revolutionary double-layer adhesive

**SenSura®** delivers security you can rely on



Unique **SenSura®** double-layer adhesive.

- Creates a tight seal reducing the risk of leakage for security day and night
- Oval shape and flexible material ensures consistent adhesion even for uneven abdominal areas and active lifestyles
- Protects your peristomal skin throughout the entire wear time

Protective layer



Adhesive layer



Protection layer

Strong adhesive material maintains a secure seal between the adhesive and stoma, protecting the skin from stoma effluent.

Adhesive layer

Designed to keep the skin underneath the adhesive healthy by absorbing excess moisture. Ensures consistent adhesion and prevents maceration of skin around the stoma.

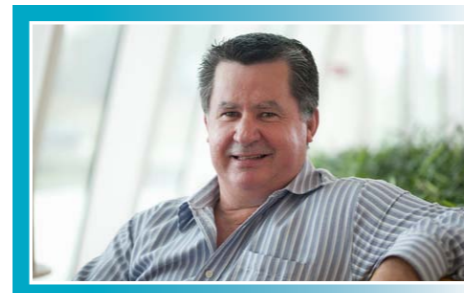
Healthy skin is peace of mind

**SenSura®** cares for your skin

# Care

Summer Issue

Edition 4



Dear Reader

Compliments of the season (belated!) and welcome to the first edition of our newsletter for 2013!

The focus of this edition is on "Wellness Education" where we talk about preventing or treating complications of the stoma itself or the skin directly surrounding the stoma. Often these complications cause appliances to not adhere properly to the skin or cause leakage or irritation. Being able to recognise these complication early will not only result in corrective action but also the possibility of saving money and minimise the risk of embarrassing situations!

Enjoy the read and remember your feedback is important to us, be it a complaint or compliment. It helps us breathe action into our vision of "Setting the global standard for listening and responding".

Yours, for Coloplast Care,  
**Dave Dudley**

**COMPETITION** • **14 WINNERS**

Mrs Elda Van Rooyen	Gauteng
Mrs Adri Knoetze	Limpopo
Mr Jacob Ehlers	Durban
Mr Ray Rethman	Durban
Mr John Colyn	Western Cape
Mrs Helene Hattingh	Alberton
Mr Matthew Wait	Free State
Mr APS Jansen	Bela Bela
Sanet Fourie	Gauteng
Mr Pieter van Venter	Turfontein
Leah Lehobye	Port Elizabeth
Mrs Gillian Grobler	Pretoria North
Mr Freddie Botha	Gauteng
	Edenvale





## Coloplast® Care

### What should I look for?

It is very important to maintain the health of both your stoma and your peristomal skin. Like many people with ostomies, you may never have complications with your stoma or with your peristomal skin (the skin around the stoma). However, it is good to know about potential complication so you can recognise them if they develop and can then seek advice from your Wound, Ostomy, Continence (WOC) Nurse or doctor.

No two stomas look exactly alike, and the skin around the stomas can look different from one person to another. But in working with your WOC Nurse, you will come to know what healthy skin looks like for you. Check your stoma and your skin each time you empty or change your pouching system to make sure that all the tissue looks normal and healthy.

It is important to look for any output that may have leaked onto your skin. Other signs of leakage can be odour, pain, skin irritation, or loosening (or “melting”) of the skin barrier. If you see evidence of leaking, try to determine how the leak occurred. Is your skin uneven under the barrier? Are there creases or folds in the skin that prevented you from getting a good seal? Then talk to your WOC Nurse to find out how to prevent the problem in the future.

### What types of skin problems could occur?

Like many people with ostomies, you may never have an issue with skin complications. But it's good to be aware of the following potential problems.

#### The First Step in Treatment

If you encounter any of these skin problems, treatment always begins with gently washing the affected skin. Using water alone is often fine. You can use soap, but avoid soaps that have moisturizers, oils or fragrances.

#### “Crusting” Technique

With certain types of skin irritation, your skin might be moist and weepy. You can use the crusting technique to produce a dry skin surface even on tender and moist skin. This ensures a better seal with the barrier:

- Sprinkle the moist skin with ostomy powder and brush off the excess.
- Use skin sealant to seal in the powder.
- Dab the sealant on the powder only, don't rub it on your skin.
- Allow the sealant to dry completely.
- Repeat the process as needed to form a dry crust.

**Irritant Dermatitis** — which looks like red, weepy areas surrounding the stoma. You might notice pain or even bleeding. Irritant dermatitis is caused by something that irritates your skin. It could be stool or urine, or products such as solvents or pastes.

- **Treatment:** Re-measure your stoma and make sure you cut the barrier to size (1/16 inch larger than the stoma). Use the crusting technique to help you get a good seal.
- **Future Prevention:** Make sure you change your pouch on a regular schedule. If uneven skin may be the cause of the irritation, consider an extended wear barrier or a convex (curved) barrier. If creases or folds in the skin may be the cause, use strip paste or an ostomy ring to “caulk” those areas. That can help you get a better seal.

**Mechanical Irritation** — which, like irritant dermatitis, looks like red, weepy areas around the stoma. Pain or bleeding might occur. It's caused by removing the skin barrier or tape with too much force, or by washing your skin too vigorously.

- **Treatment:** If your skin is moist and weepy, use the crusting technique.
- **Future Prevention:** Use a gentle touch when washing your peristomal skin. Likewise, be gentle when removing your skin barrier. Carefully peel the barrier downward while holding the skin tight with the other hand.

**Contact Dermatitis or Allergic Dermatitis** — which appears as red, irritated skin surrounding the stoma. Contact dermatitis can occur when your outer layer of skin has been cut or damaged, making it more easily irritated. Allergic dermatitis occurs if you're allergic to a product you're putting on your skin. The allergy may be caused by soap, wipes, paste, powder or the barrier or pouch material.

- **Treatment:** Talk to your WOC Nurse to find out (1) what might be causing the problem and (2) if you need a product to treat your skin.
- **Future Prevention:** Avoid using any allergy-causing products.

**Folliculitis** — which causes tiny, red, painful bumps. Folliculitis is caused by an infection of the hair follicles near your stoma. It can develop if you use force rather than gentle peeling when removing the barrier. It can also develop if you shave the hair in the peristomal area incorrectly, or too often.

- **Treatment:** If your skin is moist and weepy, use the crusting technique. An antibacterial cleanser or powder may be useful; talk to your doctor or WOC Nurse to find out if you need them.
- **Future Prevention:** It's best to use a scissors to clip the hairs on your peristomal skin. An electric shaver can also be used. If you use a razor, you should (1) use a clean, sharp razor, (2) use a non-moisturizing shaving cream or gel and (3) shave in (not against) the direction the hair grows. (4) Never shave towards the stoma.

## Coloplast® Care

**Fungal Infection** — which begins as a red rash before progressing to round, raised areas of skin. A fungal infection causes itching and burning and can spread beyond the edge of the barrier. People at higher risk of a fungal infection are those who have diabetes, have anaemia, have a lowered immune system or have taken antibiotics for more than a week.

- **Treatment:** If your skin is moist and weepy, use the crusting technique. Ask your doctor or nurse if you should use an antifungal powder.
- **Future Prevention:** Because fungal infections like moist, dark areas, always dry your skin thoroughly before replacing the pouching system. To keep your skin dry, be sure to change your pouching system before any output gets on your skin. It's also best to remove your pouching system gently, to keep your skin as healthy as possible.

**Hyperlasia** — which looks like white-, gray- or red-coloured raised areas of skin very close to the stoma. This portion of raised skin, which is thickened, can resemble warts. Pain and bleeding can also occur. Hyperplasia is most common with urostomies, and it is caused by urine pooling on the skin for long periods.

- **Treatment:** When you change your pouch, treat the affected skin for 5 minutes using a paper towel soaked in a diluted vinegar solution (1 part vinegar : 3 parts water). Then rinse thoroughly and dry your skin.
- **Future Prevention:** At regular intervals, re-measure your stoma and make sure you cut the barrier to size. It is important that the hole in the barrier is exactly the right size to match that of the stoma at skin level. If the hole is too small it can irritate the stoma, and if too large, stool or urine will be able to leak under your barrier and come into contact with the skin.

### What issues could occur with my stoma?

**Stomal Prolapse** — which occurs when a small part of the bowel protrudes through the stoma opening. A stoma that previously had projected about 1 inch from the skin might project 4 inches (or longer). The lengthened stoma is then at risk for injury or trauma. Stomal prolapse could result from increased pressure (for example, from pregnancy), blockages, tumours or loss of muscle tone with age.

- **Treatment:** See your doctor to make sure that additional surgery is not needed. If the prolapse can be managed without surgery, you might wear an ostomy support belt with a prolapse flap to hold the stoma in place. You should also check with your WOC Nurse, who can tell you if a

different type of pouching system might be better for you. You should also re-measure your stoma, in case you need to change the size of the barrier opening.

**Peristomal Hernia** — which is a weakness in the abdominal wall that can create a bulge from the bowel being pushed forward. Contact your doctor if you notice nausea, vomiting, abdominal pain, or decreased or absence of output from your stoma.

- **Treatment:** Talk to your WOC Nurse, since the change in shape of the abdominal wall might require a different type of pouching system. Some pouching systems—for instance, flexible pouching systems—adhere more easily to the rounded contours of the abdomen. A support belt or a lightweight girdle might also be helpful.

\* Coloplast does not practice medicine. The recommendations and information in this material are not medical advice. Contact your healthcare professional for personal medical advice or diagnosis. IF YOU THINK YOU HAVE A MEDICAL EMERGENCY, CALL 082 911.

