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# PATIENT CASE STUDIES

featuring  
Peri-Prep® Sensitive No-Sting  
Protective Film Foam Applicator



Peri-Prep® Sensitive  
No-Sting Protective Film



**SALTS**  
HEALTHCARE  
Excellence in stoma care

## PATIENT CASE STUDY No.1 (UK)

### PATIENT HISTORY

- 81 year old male
- Unstable insulin-dependent diabetic who'd had a triple coronary bypass
- Abdominoperineal excision of the rectum and left nephrectomy in 1999 for carcinoma
- Emergency splenectomy due to injuries sustained to the spleen during the surgery
- Following surgery, he developed a large incisional hernia, which was repaired in July 2008
- The abdominal wall was repaired with Permacol and his end colostomy was re-sited to the right iliac fossa
- Unfortunately, this resulted in a partial wound breakdown and the hernia soon recurred
- In July 2009, another hernia repair was attempted. Once more, the wound broke down and a vac dressing was used
- Unfortunately, a small bowel fistula developed and, following contrast studies, it was found to be located in the terminal ileum
- The patient was walking to the surgery three times weekly to attend the practice nurse so that his fistula could be changed
- Following a collapse at home and a badly broken ankle, it was requested that I support him at home

### OBSERVATIONS ON REFERRAL

- Could change his own dressing but couldn't always manage to get the bags on effectively
- The skin around the fistula was red and broken (Ref 1)
- The patient's daughter had noticed a brown staining and residue on the skin surrounding the fistula, which she was worried about

- There were deep ulcerations all around the fistula, with the surrounding skin red and inflamed
- The colostomy was cared for completely by the patient and caused little problem
- The fistula was being changed three times a week and a large number of accessories were being used

### TREATMENT

- A skin protector spray was being applied and this appeared to be the cause of the brown staining surrounding the area
- I cleaned the area with warm water and dried as usual, applying Orahesive powder to the excoriated skin
- I then applied the Peri-Prep® Sensitive to the surrounding area around the fistula in an approximate 10cm circle
- I then applied an Adapt conformable ring, together with some Salts stoma paste and the patient's usual Coloplast post-operative bag
- Over the course of a week, I substituted Peri-Prep® Sensitive for the Cavilon spray

### RESULTS

- Even over a short period of time, there was a reduction in the residue left on the skin
- The pouch appeared to be sticking better and therefore leaking less
- The ulcerated area also decreased slightly in size and depth (Ref 2)
- If this initial improvement continues, there will be a significant reduction in costs, as the accessories used can be reduced
- It should be possible to revert to a normal ileostomy pouch rather than a post-operative one, which will also have cost savings



## PATIENT CASE STUDY No.2 (UK)

### PATIENT HISTORY

- 83 year old male
- Excision of a gastric diverticulum
- Laparotomy to close a surgical oesophageal gastric perforation
- Construction of a cervical oesophagostomy and temporary tracheostomy
- Several months of epigastric pain, constant reflux and difficulty eating
- The patient's GP had sent him for an upper GI endoscopy and, at this point, a large diverticulum was identified
- Its removal by an upper GI surgeon was advised, since further problems were anticipated and there was a risk of spontaneous perforation

### OBSERVATIONS ON REFERRAL

- The peri-oesophageal skin was red, weeping, irritated, bleeding and sensitive (Ref 1)
- District Nurses had struggled to cope with the opening, which was situated on the left-hand side of the neck, lateral to the trachea



- There were copious amounts of mucus and saliva emanating from the opening and this corrosive fluid was causing a contact dermatitis and skin breakdown
- The skin around the oesophagostomy, especially between one and five o'clock, was puckered and raised due to constant fluid contamination
- Where the tracheostomy had sat, fluid often welled up within this defect, causing skin irritation and redness. This was widening the dermatitic condition
- District Nurses only managed to keep an appliance *in situ* for three to five hours, at which point it fell off. The patient had to resort to lint and gamgee dressings until the nurse's visit the following day
- Growth of facial hair was hugely problematic, as this was preventing pouch adhesion and only compounding the problem
- The patient was unable to eat solid food (he awaited a speech and language assessment – to assess his ability to swallow) and thus relied on jejunostomy feeding, which he received from 8pm to 8am
- He was allowed ice cubes and ice lollies to moisten his mouth (mucous membrane) and to reduce bacterial growth on the tongue. Unfortunately, this additional fluid oozed out through the oesophagostomy, causing copious amounts of fluid at times

### TREATMENT

- Peri-Prep® Sensitive was applied three times over a seven-day period to the left lateral aspect of the neck and the central tracheal area
- On the first visit, two Peri-Prep® Sensitive sticks were used to maximise skin coverage and create a strong, waterproof barrier. This maximised skin integrity and reduced the risk of further mucus and fluid contamination

- The severely damaged skin soaked up the solution quickly and its residue could be seen
- District Nurses were advised to use the Peri-Prep® Sensitive on alternate days

### RESULTS

- One week after the first application of Peri-Prep® Sensitive, there was a definite reduction in peri-skin/peri-oesophageal redness (Ref 2)
- Puckering of the skin between one and five o'clock had begun to settle
- The appliance stayed in place for 15 to 20 hours, increasing its wear-time
- There was an overall reduction in peri-oesophageal redness and the appliance could be worn for longer
- Peace of mind, greater comfort and reduction of pain for the patient



## PATIENT CASE STUDY No.3 (UK)

### PATIENT HISTORY

- 65 year old female
- Ulcerative colitis and psoriasis
- Total colectomy, panproctocolectomy and formation of end ileostomy in 2010
- The patient then developed a large parastomal hernia. This was repaired and her stoma was re-sited to the left side of her abdomen in 2011

### OBSERVATIONS ON REFERRAL

- Painful, sore skin
- She had two ulcers, which were extremely painful and bleeding. One was less than one millimetre in size and the other was larger, being approximately 3cm x 1.5cm in size (Ref 1)
- The skin around the stoma was very inflamed and sore



### TREATMENT

- After about a week, and only four applications of the Peri-Prep® Sensitive Foam Applicator, her skin was no longer painful. The inflamed area was now resolved. The small ulcer had healed and the larger ulcer had granulated well and had almost healed (Ref 2)

### RESULTS

- The use of Peri-Prep® Sensitive Foam Applicator was very successful in promoting skin healing and protection. I've recommended that the patient continue to use the product to maintain healthy skin dexterity



*After only four applications, her skin was no longer painful*

*Peri-Prep® Sensitive was very successful in promoting skin healing and protection*

## PATIENT CASE STUDY No.4 (UK)

### PATIENT HISTORY

- 63 year old female
- Subtotal colectomy and formation of ileostomy and mucous fistula
- Diagnosed with dementia and dependent on husband for stoma care
- After regular respite admissions to a care home, the patient had become a permanent resident

### OBSERVATIONS ON REFERRAL

- Mucous fistula was within a deep crevice and in very close proximity to the ileostomy (Ref 1)
- Regular problems with leaks
- Red, inflamed peristomal skin
- Excoriated, moist, half-moon shaped maceration
- Blistered area at seven o'clock, below the stoma
- Patient non-compliant and regularly pulling off her pouch
- Nursing home staff were unsure how to deal with the situation

### TREATMENT

- Peri-Prep® Sensitive Foam Applicator applied directly around stoma and over the whole excoriation (Ref 2)
- Salts SecuPlast® Mouldable Seal was positioned around the stoma and mucous fistula to protect the moist half-moon
- Changed from previous convex pouch to Salts Confidence® Supersoft Convex due to poor adhesion

### RESULTS

- Peri-Prep® Sensitive improved the skin in three days with a daily application
- After a week, peristomal skin was notably improved (Ref 3)
- The patient was more comfortable and no longer pulling the pouch off so frequently
- Reduction in pouch changes, producing significant cost savings (See right-hand panel.)
- More efficient use of staff resources

### COSTS:

Peri-Prep® Sensitive.....	1 box	£3.80
<b>Cost over 10 days</b>		
Peri-Prep® Sensitive .....		£7.60
SecuPlast® Mouldable Seal .....		£16.28
Pouch.....		£41.68
Belt.....		£7.43
<b>Total .....</b>		<b>£72.99</b>

### Pouch change reduced to alternate days

Peri-Prep® Sensitive .....		£3.80
SecuPlast® Mouldable Seal .....		£8.14
Pouch.....		£20.84
Belt.....		£7.43
<b>Total over 10 days.....</b>		<b>£40.81</b>
<b>Cost benefit .....</b>		<b>£32.18</b>
<b>Annual saving .....</b>		<b>£1,174.57</b>



## PATIENT CASE STUDY No.5 (UK)

### PATIENT HISTORY

- 87 year old male
- End ileostomy
- Had a stoma for 20+ years, following a total colectomy for Crohn's disease
- End ileostomy, which was irregular in shape, with a small spout
- Effluent always very liquid, despite taking loperamide regularly
- Very large parastomal hernia, which causes problems with the patient's management
- Many problems with leaks over the past year due to output and poor application of the stoma pouch because of failing eyesight
- Patient independent with care and managing to maintain a fairly healthy peristomal skin, most of the time

### OBSERVATIONS ON REFERRAL

- Using SkinSafe at the time of visit
- Had been having leaks for two to three weeks
- Peristomal skin was sore and wet, so pouches weren't sticking and were leaking (Ref 1)
- The stoma was healthy, but the peristomal skin was red, broken in some places and sore

### TREATMENT

- Peri-Prep® Sensitive was applied to all of the peristomal skin, even if the skin appeared intact
- One Peri-Prep® Sensitive applicator was used to cover the whole area
- I advised the patient to change the stoma pouch daily, using only one applicator of Peri-Prep® Sensitive
- Four days later, I checked the peristomal skin and

adhesion of the pouch. I was pleased with initial results, and advised to continue changing the pouch daily, with one application of Peri-Prep® Sensitive (Ref 2)

- After my second visit, the peristomal skin was healed. I suggested that the patient should change his pouch on alternate days and continue to use Peri-Prep® Sensitive

### RESULTS

- Peristomal skin healed (Ref 3)
- Skin was less red and no longer sore or painful
- Wetness to the skin had gone, so pouch application was better, with good adhesion
- No leaks
- The patient found Peri-Prep® Sensitive easy to apply and found it gave good coverage over his skin
- He said Peri-Prep® Sensitive felt gentle to apply and gave good protection

### COSTS PREVIOUSLY:

SkinSafe (monthly x 1 box of 50 wipes) ..... £36.34

### COSTS CURRENTLY:

Peri-Prep® Sensitive  
(monthly x 6 boxes of 5 applicators) ..... £22.80

**Saving per month..... £13.54**

Pouch change reduced to alternate days

**Total over 1 month .....£11.40**

**Monthly cost benefit total .....£24.94**

**Annual saving .....£299.28**



## PATIENT CASE STUDY No.6 (UK)

### PATIENT HISTORY

- 65 year old female
- Laproscopic assisted defunctioning loop colostomy
- Six-month history of rapid weight loss, abdominal pain and vaginal discharge
- Diagnosed with a colo-vaginal fistula two months ago

### OBSERVATIONS ON REFERRAL

- The colostomy was ill-sited and obscured from the patient's view
- The colostomy sat eight inches from the umbilicus and was surrounded by an apron of fat
- Despite being a loop, the colostomy was flush with the skin. Both lumens sat on the surface, but the colostomy itself sat in a moat (360°) that was more pronounced between three and nine o'clock



- The patient had been discharged with a standard stoma product that was unable to conform to this defect
- The peri-stomal sutures were pulling significantly around the stomal perimeter and sores had developed at each stitch site. This was causing discomfort and burning
- Visualisation of the stoma was difficult for the patient, even with a mirror
- The patient had experienced a number of leaks. As a result, her confidence was greatly lacking
- Due to stomal tension (from the sutures), stomal leaks and an ill-fitting appliance, the skin was irritated and sensitive (Ref 1)

### TREATMENT

- At the first home visit, the peristomal sutures were removed, releasing the tension on the stoma and preventing the sores (at each stitch site) from becoming any worse
- Peri-Prep® Sensitive was applied to the peri-stomal plane, 360°, with a one-inch perimeter
- I asked the patient to apply further Peri-Prep® Sensitive when she next changed the appliance (in one to two days) and, again, before my next visit, if she was able
- Peri-Prep® Sensitive was applied to the immediate peri-stomal area, extending 360° and spanning a one-inch perimeter. This ensured that the Peri-Prep® Sensitive solution went into each stitch site following its removal
- Between my first and second community visit, five days had elapsed. In this time, there had been one further application and, upon my second visit, a third application was administered
- Overall treatment was six days and Peri-Prep® Sensitive was applied three times

### RESULTS

- The peristomal skin/plane was 85% better. The skin was less inflamed and red, with the stitch sites almost healed (Ref 2)
- The Peri-Prep® Sensitive improved pouch adhesion and no additional accessories were required
- Patient comfort was evident. She had more confidence and felt that the bag was adhering more firmly to her skin
- The burning sensation, as described at my first visit, had resolved and the patient now had the confidence to leave her home for the first time since returning there



## PATIENT CASE STUDY No.7 (UK)

### PATIENT HISTORY

- 57 year old female
- In 2010, reconstruction of vulva and bilateral groin node dissection
- The patient presented with squamous carcinoma of the vulva and, in early 2011, had adjuvant radiotherapy
- Defunctioning end ileostomy and insertion of two seton sutures in a large posterior perineal fistula
- At the end of 2011, she presented with Crohn's disease and a large posterior perineal fistula, anaemia and vitamin B12 deficiency

### OBSERVATIONS ON REFERRAL

- Painful and bleeding sore skin (Ref 1)
- Poor appetite
- Bloating abdomen and abdominal pain
- Ulcerated area around her stoma, which I referred to a consultant for further investigation
- Reoccurrence of her Crohn's disease and the ulcers related to this
- Awaiting further surgery for a total colectomy
- She was applying an ostomy powder to the ulcerated area, which was having no effect on the ulcers

### TREATMENT

- I applied the Peri-Prep® Sensitive Foam Applicator to the ulcers and surrounding inflamed skin
- I also requested anti-biotic cover for her

### RESULTS

- One week later, the ulcers were not as painful, although they did remain sensitive
- Surrounding skin was no longer inflamed (Ref 2)

- After five applications of the Peri-Prep® Sensitive Foam Applicator, the ulcers had healed remarkably well, and there was evidence of new granulation of the skin
- The patient was much more comfortable and will continue to use the Peri-Prep® Sensitive Foam Applicator to protect her skin dexterity



## PATIENT CASE STUDY No.8 (UK)

### PATIENT HISTORY

- 68 year old male
- Radical cystoprostatectomy and formation of ileal conduit in 2005
- Cancer of the bladder leading to radical cystoprostatectomy, following which the patient had wound breakdown and 'open abdomen' for 7 months
- Incisional hernia repair in 2006
- Parastomal hernia repair in May 2007 with mesh
- Recurrence of parastomal hernia in Jan 2008
- Having to wear convex appliances due to leaks
- Ulceration to peristomal skin first occurred in Aug 2008 (also diagnosed with Type II diabetes during this year)
- He went to his GP, who prescribed hydrocortisone cream, but problems persisted and topical treatment was changed to betamethasone; referred to dermatology
- Nov 08 – Dermatology OPA. Changed to a corticosteroid gel. (Unable to use this gel due to adhesion problems, had reverted to betamethasone)
- June 09 – Dermatology OPA. Betamethasone stopped
- Sept 09 – Ulcers remained, no improvement. S/C requested TVN involvement, who suggested a dressing under the flange
- Oct 09 – Overgranulation to ulcers – Dermatology OPA commenced a different dressing
- July 10 – Dermatology OPA – Skin was almost healed, so patient was discharged to care of the Stoma Team

### OBSERVATIONS ON REFERRAL

- Aug 10 – Gradual deterioration of peristomal skin ulcers due to hernia support belt, without which the appliances came off
- Bags generally unreliable, patient had no confidence when out. He had several 'disasters,' with his wife

## PATIENT CASE STUDY No.9 (UK)

unable to change bags easily due to her extensive rheumatoid arthritis. The patient was unable to manage the urostomy due to hernia size and stoma position

- Various types of appliances were trialled to try to avoid convex flanges. However, all proved unsuitable

### TREATMENT

- Peri-Prep® Sensitive Wipes were used to prepare the skin prior to applying Salts SecuPlast® Mouldable Seal. We were able to incorporate various dressings to the ulcers to promote healing, without compromising the seal of the flange
- The seal was now so good, the patient was able to use a two-piece flat flanged appliance, thereby reducing pressure areas to peristomal skin

### RESULTS

- Patient now has very few leaks and considers them 'rare.' Bags stay on securely for at least two days and he only wears a support belt if absolutely necessary
- Newly healed skin is well protected and shows no sign of trauma at routine bag changes
- Peristomal skin is virtually healed. However, setback recently after wearing trousers with a belt, causing a new ulcerated area. We are hopeful this will heal in the next month or so. Current regime of flat flange two-piece with Peri-Prep® Sensitive Foam Applicator, and dressing secured by cohesive seal, seems to be most reliable, while enabling peristomal skin to heal
- Previously, bags leaked almost every day and usage was therefore high. There was also a significant 'cost' to the patient in terms of QOL etc
- He is currently able to confidently go out for trips with his grandchildren and provide support to his wife

### PATIENT HISTORY

- 91 year old female
- Loop ileostomy for diverticular disease
- Suffering from dementia and resident in a nursing home, where nursing staff undertook her stoma care
- The patient had limited communication skills, but staff noticed a change in her mood. She'd become unsettled and agitated, and began to pick at her bags. As a result, there had been multiple leaks, which were becoming distressing for her

### OBSERVATIONS ON REFERRAL

- Skin around the stoma was red in colour (Ref 1)
- The skin was broken in places and painful to touch
- Nursing home staff had used another skin protector at times, but the problem was still occurring

### TREATMENT

- The area was cleaned with warm water and dried well
- Peri-Prep® Sensitive was applied in a circular movement over the sore skin and in a wider area under the wafer
- After a few minutes, when the skin felt tacky, the seal and bag were reapplied
- The stoma bag was changed every other day and the Peri-Prep® Sensitive was reapplied
- This process continued for two weeks until my next visit

### RESULTS

- After two weeks, the skin was back to normal (Ref 2)
- The added stickiness of the skin increased wear-time to three days
- The patient's mood improved and she stopped picking at her bag

- Time taken up changing bags was reduced and fewer stoma bags were being used per month, resulting in reduced costs



## PATIENT CASE STUDY No.10 (UK)

### PATIENT HISTORY

- 75 year old male
- Underwent anterior resection and loop ileostomy in 2007 for carcinoma of the rectum
- Ileostomy was reversed in 2008
- The patient was diagnosed with colovesical/ colocutaneous fistula in March 2012
- Colonoscopy and formation of defunctioning loop colostomy was performed in March 2012

### OBSERVATIONS ON REFERRAL

- The stoma was red and healthy, but retracted (*Ref 1*)
- Peristomal skin was sore due to problems with pouch leaks (*Ref 2*)
- Proximal lumen of the stoma close to skin surface

### TREATMENT

- Peri-Prep® Sensitive was applied to all the peristomal skin at each pouch change
- A soft, convex drainable pouch was used and changed on alternate days
- Peri-Prep® Sensitive was used over a period of ten days and things improved gradually (*Ref 3*)

### RESULTS

- The skin healed and the condition was much improved. The patient still uses Peri-Prep® Sensitive intermittently for protection (*Ref 4*)
- The patient felt more comfortable and able to resume his normal lifestyle



## PATIENT CASE STUDY No.11 (UK)

### PATIENT HISTORY

- 62 year old female
- Ileostomy formed eleven years ago for slow transit
- Over the last 18 months, the patient's hernia had become both more painful and pronounced. After a referral, a repair was scheduled

### OBSERVATIONS ON REFERRAL

- On helping her renew her ileostomy pouch, I witnessed her red, broken skin. She said she had just put up with the soreness as her pouch never leaked and she thought it was caused by the daily pouch change she performed (Ref 1)

### TREATMENT

- I introduced a barrier film to protect her skin from faecal effluent, applying Peri-Prep® Sensitive Foam Applicator to the red, broken skin

- I provided her with samples of Peri-Prep® Sensitive to take home with her and arranged to see her a week later

### RESULTS

- After seven days, the soreness had subsided and the patient's red, broken skin had started to heal (Ref 2)
- She now uses Peri-Prep® Sensitive at every pouch change. After removing her stoma pouch and washing the area with warm water, she dries the area thoroughly, ensuring that she pats, rather than rubs, the skin dry. She then applies her Peri-Prep® Sensitive before her stoma pouch
- She no longer has to renew the pouch daily as it's no longer 'burning' under the pouch after 24 hrs. Each one now lasts between 36 and 48 hours
- This represents a considerable cost-saving, so her GP has also benefited

- The patient has made a good recovery from her hernia repair, uses Peri-Prep® Sensitive regularly and is delighted with the product (Ref 3)

*After seven days, the soreness had subsided, and her red, broken skin had started to heal*



## PATIENT CASE STUDY No.12 (UK)

### PATIENT HISTORY

- Male
- Cystectomy
- Formation of ileal conduit
- The patient hadn't seen a stoma nurse since his immediate post-op follow-up
- During an initial visit, he commented that he had no particular problems with his stoma

### OBSERVATIONS ON REFERRAL

- Skin broken and macerated (Ref 1)
- The hole in the pouch was too big, so the skin was constantly exposed to urine

### TREATMENT

- Correct size of pouch hole was obtained but, after a week, the skin just wasn't healing
- At this stage, Peri-Prep® Sensitive had been applied only once to the sore skin, but it was already showing some improvement
- For a further week, Peri-Prep® Sensitive was applied on alternate days, each time the pouch was renewed (three applications). Further improvements were noticeable

### RESULTS

- After only minimal usage, the sore skin was less red and the maceration was healing (Ref 2)

- The healed skin prevented any further complications caused by the exposure of peristomal skin to urine
- The patient acknowledged that skin felt better
- He is to continue with Peri-Prep® Sensitive and felt that a routine review by a specialist nurse was beneficial

*Patient acknowledged that his skin felt better*

*Peri-Prep® Sensitive had been applied only once to sore skin, but it was already showing some improvement*



## PATIENT CASE STUDY No.13 (UK)

### PATIENT HISTORY

- 84 year old male
- The patient had suffered a stroke in 2010, which reduced his mobility
- The patient also had an eye operation for a bleed, which had impaired his vision
- Rectal cancer in September 2011
- Most of his care was undertaken by his wife

### OBSERVATIONS ON REFERRAL

- Blistered, peeling and raw area under the wafer (Ref 1)

### TREATMENT

- Peri-Prep® Sensitive was applied over the whole area
- Two-piece Salts Harmony® Duo was used to relieve the trauma of taking off the pouch
- The wafer was left intact for two days and the process was then repeated
- After four days, the skin was healing well, so the process was repeated and a further appointment was made for the following week

### RESULTS

- After 8 days, the skin had healed (Ref 2)
- The patient has continued to use Peri-Prep® Sensitive and has had no further soreness
- He has reverted back to Salts one-piece Confidence® Natural
- He also felt more confident



*After four days, the skin was healing well, so the process was repeated*

*After eight days, the skin had healed and the patient felt more confident*

## PATIENT CASE STUDY No.14 (UK)

### PATIENT HISTORY

- 33 year old female
- Ulcerative colitis
- Underwent colectomy and ileostomy in May 2012
- Regular leaks were leading to soreness

### OBSERVATIONS ON REFERRAL

- Signs of irritation at the outer edge of wafer (Ref 1)
- Burnt, wet, sore skin underneath lower part of ileostomy

### TREATMENT

- Peri-Prep® Sensitive was applied beneath, and in, the surrounding area of the ileostomy, incorporating the outer edge of the wafer
- The pouch was changed daily, with Peri-Prep® Sensitive applied on each change
- The treatment was undertaken daily for six days, until reviewed

### RESULTS

- All outline of irritation now gone (Ref 2)
- The skin was completely healed in six days
- The patient was very comfortable
- Her appliance was changed to Salts Confidence® Natural due to the patient being unhappy with her existing product's security



## PATIENT CASE STUDY No.15 (UK)

### PATIENT HISTORY

- 58 year old male
- Hartmann's procedure for perforated diverticulum in 2006
- Perforated bowel in May 2012
- Formation of end ileostomy and mucous fistula
- Experiencing high output, leaks and sore skin

### OBSERVATIONS ON REFERRAL

- Ileostomy was flush to the skin (Ref 1)
- Peristomal skin was wet and excoriated
- Peristomal skin was bleeding easily when wiped
- The pouch needed changing once or twice a day and wasn't adhering to the wet skin



### TREATMENT

- Peri-Prep® Sensitive was applied to the peristomal area at each pouch change, on alternate days

### RESULTS

- Significant improvement to skin condition
- Pouches now adhering for around 48 hours
- The patient is now much more comfortable
- He is no longer in pain and is much more confident
- The patient is to continue using Peri-Prep® Sensitive until the skin is completely healed



## PATIENT CASE STUDY No.16 (UK)

### PATIENT HISTORY

- 52 year old female
- Ileostomy formation due to adhesions
- Post-operatively, the patient developed mucocutaneous separation, which caused the ileostomy spout to point downwards
- This led to multiple problems, including burning peristomal skin, loss of confidence and pain
- The patient felt isolated, as she was afraid to go out, fearing that the pouch would leak, causing an odour and stained clothing

### OBSERVATIONS ON REFERRAL

- The patient self-referred to a stoma nurse specialist
- She reported a burning sensation to her peristomal skin, which she described as unbearable
- On examination, the ileostomy was flush to the skin and the spout was pointing downwards
- The peristomal skin was painful and a small area was broken
- Loose effluent was seeping under the wafer, causing the adhesive to dissolve and the peristomal skin to burn
- The patient was already on a convexity pouch with the aid of a Salts SecuPlast® Mouldable Seal, in an attempt to protect peristomal skin and prevent leaks
- She was changing her pouch four to five times every day to try and alleviate the burning sensation

### TREATMENT

- I advised the patient to treat her peristomal skin with Peri-Prep® Sensitive Foam Applicator on each pouch change to create an effective skin barrier from three to nine o'clock

### RESULTS

- Following one week of treatment, the patient reported that the burning sensation had vastly improved
- She now changed her pouch just once a day
- Her peristomal skin was well improved and the broken area had almost healed
- After two weeks, the burning sensation was resolved and peristomal skin was healed
- She reported that Peri-Prep® Sensitive Foam Applicator extended the wear time of her pouch to 24 hours, which produced huge cost savings compared to changing her pouch four to five times a day
- Increased confidence

Salts Healthcare wishes to thank the Stoma Care Nurses who contributed case studies