

Managing a person with an ileostomy and burns on the adjacent skin

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Objectives

- To understand the considerations to help prevent leakage in a case where a patient presented with burns around the stoma
- To consider the impact of odour for a stoma patient

Introduction

The poster will discuss the situation which recently occurred to a stoma patient who was admitted to a burns unit. The lady is a 53 year old who had her stoma surgery in 2016 at a different location, leading to formation of an ileostomy. One issue that concerned her was odour when she was changing the bag. It was suggested to her that striking a match could assist in getting rid of the odour. The poster covers the implications of doing this and the stoma care needed to support her.

Patient Details

- Female aged 53
- Surgery at Royal Free Hospital for Ulcerative Colitis, Sept 2016 leading to formation of loop ileostomy – discharged for 10 days prior to admission
- No allergies
- PMH
- TIA x 2 2012
- Complex pain syndrome since 2010
- Referred to Marie Curie for pain relief
- Medication; Morphine Sulphate Oxycodone 5mg/5mL, Paracetamol 2mg BD, Venlaflexine, Prednisilone 5mg, Clopidogrel 75mg OM, Chlorphenamine 4mg TDS, Enoxaparin, Ibuprofen, Diazepam 10mg ON (Trial of High dose Prednisilone 3 days)

Reflection on Event

Unfortunately for this lady the result in doing this at home caused her to have 2% burns (area of one hand equates to 1% burn). The area affected by the burn was under her right breast where the burn is mid/deep dermal and the abdomen and skin around and near the stoma, which is superficial partial thickness burns.

The photograph's of this lady's injuries will highlight to the audience the detrimental effect impact that the action of striking a match after using an adhesive remover spray.

Also the difficulty encountered by the limited peristomal skin area available to attach the pouch.

With regards to the burn under the breast, the patient required an operation for split skin grafting to this area.

Consequences to the Patient

- Pain
- Difficulty applying pouch
- Patient was in hospital for 3 weeks
- Cost of the dressings approx £20 per change
- Cost of £350 per night in burns unit
- Approx £7,500
- Additional cost of psychological issues to the patient
- Additional cost of the stoma equipment;
- Large Adapt seal 7806
- CeraPlus midi drainable pouch
- Belt
- Adapt powder

This is what the abdominal burn looked like



Limited peristomal skin to attach pouch



Management of Stoma and Patient

- Lots of reassurance
- Frequent visits
- Changed bag daily initially and then every 2 days
- Before putting her usual CeraPlus Midi Drainable Soft Convex pouch, we cut off the adhesive border because there was insufficient area due to the dressing treatment for the burns
- Used a large Adapt seal and folded back the inner opening on itself (did not stretch it)
- Adhesive remover with pleasant smell used to assist with the odour

Considerations

- Patients should not strike a match or use a naked flame near ostomy products such as ostomy adhesive remover sprays, ostomy skin prep sprays and some aerosol deodorants
- Concern about odour should be taken seriously and deodorants or adhesive removers with a deodorising element should be considered to maintain patient safety
- Limited area to attach pouches challenges SCNs when applying pouches

Conclusion

This poster reflects and imparts the impact on the stoma care. It is relevant to the NMC Code from the perspective of Preserve Safety and Practice Effectively.

References:

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- Norton C et al 2010 'Strike a match before emptying the appliance', 2010 Oxford Handbook of Gastroenterology p282, accessed on line 23rd March 2017, at <https://books.google.co.uk/books?id=aCrKKJSdc8oC&pg=PA282&dq=strike+a+match+Christine+Norton&source=bl&ots=RvVFRSOAB&sig=WWfQ-TwhgU8-97K97Yn37eOBHg0&hl=en&sa=X&ved=0ahUKEwiO4e2-OuzSAhUKIFQKHrdWAL0Q6AEIGJAA#v=onepage&q=strike%20a%20match%20christine%20norton&f=false>
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