



# embracing ostomy life

## Troubleshooting skin and stoma problems

### Peristomal skin complications

Skin irritation is most often due to stool on the skin, changing your appliance too frequently or being rough with your skin. It is a medical issue best treated by a medical professional. Contacting your physician or WOC nurse at the first sign of problems can make all the difference.

Symptoms:

- Inflammation
- Redness
- Dampness, weepy skin
- Bleeding (mild bleeding from the stoma when wiped is normal)
- Blisters
- Itching or burning
- Small bumps

### Common skin problems

**Irritant dermatitis** is due to stool under the baseplate. The skin may look red and moist and can burn and sting. It's important to identify the cause quickly and get help. In the meantime, treat the damaged skin by gently rinsing, drying and covering the affected skin with a light layer of stoma powder, followed by a barrier spray or wipe (crusting technique\*).

**Allergic dermatitis** – an allergy to either the adhesive or a product. Skin is red, itchy and sometimes becomes blisters or welts. Best way to identify an allergy is trial and error. You can test of different parts of your body and see if you get a reaction.

**Yeast/fungal skin infection** – Shiny, red skin with flat patches and small, raised bumps that might look like pimples or blisters. Keeping the area dry is important and contact your doctor to get a prescription for an anti-fungal medication.

**Inflamed hair follicles** – skin around the hair is red and irritated. Clip long hairs and check with your physician or nurse for an antifungal remedy.

### Crusting Technique

1. Gently cleanse the skin around the stoma with water and pat dry. If there is stoma paste residue use an adhesive remover or roll off gently with a dry washcloth. Scrubbing can irritate or damage the skin.



2. Sprinkle a light dusting of stoma powder over the irritated skin and carefully dust off any extra powder.

3. Apply a skin barrier spray or dab a wipe over the area covered with powder, forming a protective layer.

4. You may repeat steps 2 and 3 once or twice more, making sure each layer dries completely before adding another.

5. If itching/burning persists and/or a rash develops contact your physician or nurse.

**Stoma issues** – right after surgery your stoma will be swollen and will decrease in size over the next 6-8 weeks. You will need to monitor these changes and adjust the hole in your baseplate accordingly.

**Flush or retracted stoma** – a stoma should protrude out from your abdomen so that the output will drain down in your pouch. If your stoma is level with your skin or sunken it may be difficult to get a good seal. This leads to problems like

leaks and pancaking. Reach out to a WOCN to find out which products will be best to address this issue.

**Stoma prolapse** – the stoma becomes longer and sticks out above the skin around it. If your stoma stays red and moist, this is generally not an emergency, but you should check with your physician or nurse. Problems that require immediate medical treatment:

- Color changes (dark red, purple or pale pink) or small white or pale-yellow patches may indicate blood supply problem
- Stoma temperature is cool instead of body temp
- Reduced output could signal a blockage