

# Ostomy, Continence and Skin Care

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**T**he sessions offered in the Ostomy, Continence and Skin Care stream were well researched and supported through detailed and practical presentations. A clear message was that we, as wound-care clinicians, have a responsibility to take research findings and translate the information to our clinical practices. We should be using validated, reliable tools to perform assessments and to audit, research and benchmark our interventions and findings to support evidence-based practice.

The sessions provided attendees with an opportunity to hear the latest research and to translate to frontline practice.

**Quality of life issues:** The science of quality of life (QoL) is essential to our practice. Our idea of another person's perception of his/her QoL is often based on our own ideas and perceptions; the patient's may be very different. Wound care is far behind other health illness states in this assessment.

**Application to practice:** We need to be able to quantify the difference we are making. Some countries are moving away from QoL to patient benefit index.

**More information:** Calman KC. QoL in cancer patients: A hypothesis. *Journal of Medical Ethics*. 1984;10,12427. van Korlaar IM, Vossen CY, Rosendaal FR, Bovill EG, Cushman M, Naud S, Kaptein A. The impact of venous thrombosis on quality of life. *Thrombosis Research*. 2003;114(1):11-18.

**Prevention of skin tears:** We need to focus on "responsible bathing" of frail elderly: Minimize bathing; shower with warm water; no hot water; and hydrate skin.

**Application to practice:** Skin tears should be categorized as follows:

- Category 1a: linear
- Category 1b: flap
- Category 2a: < 25 per cent loss
- Category 2b: >25 per cent loss
- Category 3: complete loss

Prevention and a systematic approach are key. Consider tetanus shot if > 10 years since last tetanus shot.

**More information:** LeBlanc K, Christensen D, Orsted HL, Keast DH. Best practice recommendations for the treatment of skin tears. *Wound Care Canada*. 2008;6(1):14-30.

**Advanced skin care strategies for patients with incontinence:** Incontinent-associated dermatitis (IAD) is linked to an increase in pressure ulcers.

**Application to practice:** Keep skin healthy and acidic. Focus on prevention and toilet patients regularly. Pouch fecal incontinence and use catheters as part of care planning. Use of absorbent products for incontinence is to be a last resort. If used, apply a skin barrier that allows skin to breathe. Leave briefs open under patients for air to circulate.

**Cost outcomes of ET nurses in chronic wound management:** A Canadian Association for Enterostomal Therapy (CAET) cost-outcomes study using healing trajectories for comparative effectiveness in economic evaluations has set a new benchmark for the evaluation of ET nurse-led interventions.

**Application to practice:** The greater the involvement by the ET-led specialty agency, the lower the overall cost of the treatment for acute and chronic wounds, realized by a shorter time to healing and a reduction in the number of nursing visits.

**More information:** Harris C, Shannon R. An innovative enterostomal therapy nurse model of community

wound care delivery: A retrospective cost-effectiveness analysis. *JWOCN*. 2008;35(2):169-183.

**A presentation of the French language version of the Braden Scale:** The French Canadian translation of the Braden Scale underwent a rigorous validation process and was deemed to be reliable and valid.

**Application to practice:** A validated pressure ulcer risk assessment tool is available in French.

**Peri-stomal complications:** Assessment of patients with ostomies contains many facets, many of which impact the success or failure of the pouching system.

**Application to practice:** For decision-making about using convexity with ostomies: if the abdomen is firm use a soft faceplate; if the abdomen is soft use a firm faceplate.

**More information:** Colwell J, Beitz J. Stomal peri-stomal complications: Content validation and problem interventions. *JWOCN*. 2007;34(1):57-69.

**CAET best practices of fistula management:** CAET best practice guidelines for enterocutaneous fistula management were discussed.

**Application to practice:** This guideline will provide an evidence-based approach to enterocutaneous fistula management.

**More information:** Virginia McNaughton, team lead for the CAET best practice guidelines for enterocutaneous fistula project, invited participants to review the document and provide feedback. Contact information: virginia31@sympatico.ca.

**Pediatric skin epidermolysis bullosa (EB):** Management of epidermolysis bullosa takes a village of committed people.

**Application to practice:** Epidermolysis bullosa blisters may be broken if the blister interferes with functions of activity of daily living (ADLs). Assess if the blister is tense/full before deciding to drain or not. The blister is cleansed and broken with a sterile needle large enough to promote drainage. Blisters are broken on the side and the blister tissue is left to protect the wound bed. Gently dab the blister with gauze.

**More information:** For EB, use existing Web resources for professionals and families:


- [www.ebnurse.org](http://www.ebnurse.org)
- [www.niams.nih.gov](http://www.niams.nih.gov)
- [www.debracanada.org/home.html](http://www.debracanada.org/home.html)

**Addressing challenges with bariatric patients with ostomies:** The number of patients with ostomies who are also bariatric is increasing. Data from the World Health Organization (WHO) and Health Canada reflect this prevalence and the seriousness of the issue. Care of patients with multiple co-morbidities that make healing more complex, including the bariatric population, is increasing across the world.

**Application to practice:** Health-care professionals need to be educated about the super-obese: BMI of 50 to 60 and the super-super size BMI 60+ and be knowledgeable of the multi-factorial issues surrounding bariatrics (WHO has 6 BMI risk levels).

**More information:** WHO statistics Adult Obesity/ bariatric: [www.who.org](http://www.who.org)

Maklebust J, Magnan MA. Preventing incontinence-associated dermatitis (IAD). *Adv Wound Care*. 1994;7(6):25,27D8,31D4. ☺



pressure ulcer awareness and prevention

**As clinicians,  
we have the tools  
to create change;  
the time is now  
to make change  
happen.**

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or e-mail us at [info@preventpressureulcers.ca](mailto:info@preventpressureulcers.ca)  
or call Kimberly Stevenson at 205-764-6283