Comfort and Care of Ostomies and Feeding Tubes
It’s the Little Things

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Disclosures

No conflicts of interest to declare
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I do not endorse any particular product brand which may be mentioned during this talk
Peristomal Skin Damage Types

- **Chemical or contact (contact dermatitis)**: related to ostomy output acidity, adhesives in pouch products, solvents used on skin

- **Mechanical (medical adhesive related skin damage)**: related to traumatic pouch or tape removal

- **Fungal rash**: related to antibiotics or moisture

- **Allergic reaction**: Product allergy
Contact Dermatitis

Skin looks reddened and “angry”, may be open

Stool exits at skin level at 7 o’clock
Contact Dermatitis Treatment

Topical Soaks
- Colloidal oatmeal: use if prickly rash present
- Astringent: use if open “weepy” skin to dry out

Develop a strategy to protect skin and keep stool off skin
Contact Dermatitis Skin Care

“Crusting” Technique

- Clean site with gentle soap or water
- Dry well
- Sprinkle powder (stoma or antifungal)
- Wipe excess away
- “Lock” it in with a skin protectant
Rings and Things
4 Days Later
Medical Adhesive Related Skin Injury (MARSI)

Bond between adhesive and top layer of skin may be stronger than between skin layers
Prevention of Skin Injury

Use proper skin preparation and proper application and removal of tape

**DO** Peel back tape *low and slow*

**DO NOT** Pull back tape at an angle

Finger supports skin
Fungal Rash

1st Anti-fungal powder peri-stomal skin & anti-fungal ointment to groin area
2nd Skin barrier wipe to “seal”
3rd Pectin ring
Allergies

• Skin inflammation that occurs when the skin's surface comes in contact with a substance originating outside the body

• Often localized, angry red, itchy rash

Allergy to tape border
Treatment

• Change product- if use wafer with tape border switch to no tape border, sample different brands

Manage:
1. Astringent soak x 5 minutes QD for weepy skin
2. D/C paste and powder use pectin ring
3. Steroid or antihistamine ointment to area
Ostomy Pearls

• Sign up for care program of ostomy supply company to get product samples, online education and support

• Change pouch on a schedule to avoid skin compromise or unexpected leakage

• Own your pouch change/care
Feeding Tube Skin Challenges

- Pressure Injury
- Leakage
- Granulation tissue formation
- Infection
Challenge: Pressure Injury

Injury caused by pressure of tube against skin or friction from tube rubbing against skin.

Tube too short

Bolster of tube pressed down too tight
Challenge: Leakage

May be due to inadequate balloon volume, ineffective stabilization or ineffective gastric seal

- Check Fit
  - Is there too much play in tube?
  - Is stoma enlarged?
- Check balloon volume
- Check stabilization of tube
Treatment of Leakage

Contact Dermatitis: from spillage of stomach contents causing skin irritation

Topical Products
Methylcellulose based powders, “crusting”
Antifungal ointment (not cream/powder)
Wicking/absorbant dressings:
  - silicone foam
  - hydrofiber dressing
Stabilize Feeding Tube
Severe Leakage

Will need to be seen by provider
• May need frequent dressing changes
• May need to consider tube removal for period of time
• Consider ostomy pouch to contain drainage
Challenge: Granulation Tissue

• Growth of excess tissue representing overgrowth of new capillaries which may bleed easy when touched

• Caused by excessive movement of tube in/out of tract
  ➢ improper fit
  ➢ improper stabilization
  ➢ improper balloon volume
Treatment: Granulation Tissue

• Stabilize tube

• Topical Treatments: (in consultation with provider)
  ➢ Foam dressing containing silver
  ➢ Steroid cream (triamcinolone)
  ➢ Silver Nitrate (safety considerations)
  ➢ Surgical removal
Challenge: Infection (Cellulitis)

Cellulitis: Skin infection caused by bacteria

S/S:
Fever
Warmth, pain +/or tenderness in the affected area
Skin redness or inflammation that gets larger quickly as the infection spreads
Tight, glossy, "stretched" appearance of the skin

Treatment:
Contact provider (antibiotics likely needed)
Outline erythema
Watch for foul smelling or pus like drainage
Prevention of Cellulitis

• Wash your hands before mixing formula. Use clean bowls, measuring cups, and spoons
• If using cans of formula, wash the top of the can before you open it
• Store formula in a clean container
• Cover distal end of feeding setup when disconnecting, wash feed set up with mild soap after use
• Change out feed extension on regular basis
Conclusions

Skin problems can arise at any time
Be prepared
Act quickly
Know your resources
Questions

Thank you for your interest and participation today!

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