

CASE STUDY:

UK.

PATIENT:

67 year old female.

TYPE OF STOMA:

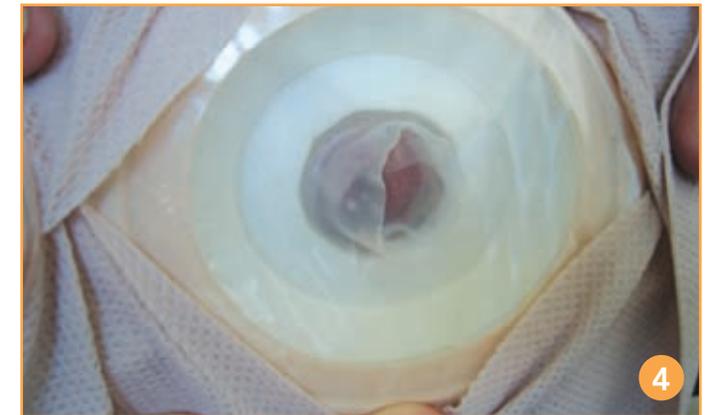
Urinary diversion for interstitial cystitis, in 2003.

BEFORE DERMACOL:

This lady has struggled for many years with a flush stoma and suffers from persistent urinary tract infections. She has used a variety of pouches over the years and has settled with her present pouch, but still finds that the pouch needs replacing daily, and if she has an infection then the adhesion is compromised and it can need changing 2-3 times a day.

RESULTS:

She was approached to try Dermacol and, after a week's trial, had success with them, despite the flush stoma. She found that the hydrocolloid ring does not deteriorate easily and the collar seems to help urine flow into the pouch. She can now wear a pouch for 48 hours, whether she has an infection or not. She prefers to use Method 1, and finds it easy to apply, feeling very confident with the adhesion.



1 Stoma 25mm flush to surface.

2 Method 1

(1mm left around the stoma fitting, to allow expansion of stoma when convexity applied).

3 Chooses **not** to cut down the collar.

4 Pouch in situ. Stoma more prominent and fits aperture comfortably.

5 This is the pouch after 48 hours' wear time.

CASE STUDY:

UK.

PATIENT:

62 year old man.

TYPE OF STOMA:

Emergency surgery involving a hemi colectomy with an end ileostomy for perforated colon in 2008.

BEFORE DERMACOL:

This patient's history is complex as he had undergone a resection of the colon and developed a dehiscence of anastomosis as well as necrosis of the colon. Before surgery, he had been taking oral chemotherapy for an existing condition. His post-op recovery was stormy, his ileostomy output was excessive and medication failed to improve this. 2 weeks post-op, a fistula developed at the outer aspect of the stoma.

Further surgery is out of the question due to his frail condition and need for chemotherapy. He has had a lot of difficulties with maintaining a good seal, as the pouch has to be cut slightly larger to incorporate the fistula, resulting in

excoriation due to the effluent leaking on to the skin. After numerous trials of appliances, he can now maintain a daily routine of pouch change using Salts hydrocolloid paste, Dermacol, a convex pouch, SecuPlast as well as a belt.

The skin is clean and dry most of the time but, although the skin is intact, he complains of extreme discomfort, itching, burning and stinging around the stoma all the time. He takes his pouch off to ease the pain, and has been prescribed Morphine to help, as nothing else is effective. This, however, only gives him small respite.

RESULTS:

Method 1 allows him to place Dermacol around the fistula securely and then apply the pouch. He can get a full 24 hours wear time as before, but he feels he does not currently want to extend his wear time until he feels more confident with the new system, as he does not want the pain and stinging to return. He admits to still having some discomfort but it is nothing like as severe as it was. I would like to hope that he will be able to come off the Morphine in time, should this combination continue to be effective.

