

## **Skin Irritations**

Healthy skin is a critical issue for ostomates. Irritated skin can be very painful and difficult to treat, and it can interfere with the adhesion of baseplates. Check your skin with every change. And be ready to swing into action when something's not right.

Remember that skin irritation is a medical issue and best treated by a medical professional. New ostomates in particular should consult with their physician or stoma nurse at the first sign of a problem under the baseplate. At the other end of the spectrum, people who've had ostomies for years, even decades, are generally familiar with the skin problems they're prone to. And they can become pretty knowledgeable about how to treat them. They usually know when it's an issue they can deal with themselves and when to call in the professionals.

The following explanations about symptoms and treatments are intended to help you be informed, wherever you are on the ostomy spectrum. The more you know, the less likely that a small problem will escalate into something more serious.

### **Symptoms**

If you have one or more of these symptoms, it's a sign of irritation.

- Redness
- Itching
- Burning
- Small bumps
- Inflammation
- Dampness
- Bleeding (other than normal, mild bleeding from the stoma when wiped)
- Raw, weepy skin or blisters

## Causes & treatments

Skin irritations can appear for many different reasons. But these are four of the most common causes:

### 1. Mechanical irritation

This is an irritation or trauma due to external forces. It means the skin is being damaged by some kind of action or exposure to something damaging – which is good news, because you can take steps to correct it. These are the most common types of mechanical irritation:

- **Frequent appliance changes**

Changing your appliance too often (like a few times a day versus once every few days) can strip away skin without giving it time to heal in between.

There are a number of reasons why you might be changing your baseplate too often. You have to identify and treat the *cause* (leaking? allergy to the adhesive? irritated skin?) before you can change the *effect* (frequent changes). Consult with a stoma nurse if you need help. Hopefully, after you've solved the underlying problem, you'll be measuring your change intervals in days, not hours.

- **Being too rough on your skin**

Washing the skin around your stoma too harshly will damage it. Wash the area gently with a soft cloth or tissue. This is no time or place for scrubbing. Yeeouch!

Pulling off the baseplate too roughly can be harmful too. Push the skin down with one hand while you gently remove the baseplate with the other, working your way around. Think of it as pushing the skin away from the baseplate, rather than peeling the baseplate off the skin. Use an adhesive remover if it doesn't come away easily.

- **Pressure ulcers**

These are sores that can develop from the pressure of convex baseplates, which are often necessary for stomas that are flush or retracted. It doesn't happen to everyone, but unfortunately it does happen, particularly if you have a peristomal hernia.



**This is no time for home remedies. See a medical professional like a stoma nurse to treat the ulcers and find a workable solution so it won't keep happening.**

Pressure ulcers begin as a reddened area, so they're easy to miss and can be mistaken for any other irritation. The skin eventually thickens and is more recognizable as an ulcer, or open sore.

These ulcers are not generally around the base of the stoma, but are located under a rigid part of the baseplate, like the part of a convex baseplate that presses into the skin.

## 2. Contact dermatitis

This is a skin rash caused by contact with something that causes an irritant or allergic reaction. There are two types:

- **Irritant dermatitis** can happen when your skin is repeatedly exposed to fecal matter under the baseplate (versus an allergic reaction to a chemical or product). This reaction is usually quicker to develop, and when it does, it can burn and sting. The skin may look red and moist.

*The output from an ileostomy is particularly corrosive to the skin. It's alkaline (not acidic, as many people think). But that's worse. It contains digestive enzymes, so when it's left on the skin, it actually starts to digest it.*

This can happen for several reasons – like leaking, the wrong size hole, or a stoma that’s flush or retracted. **Address the cause.** Speak to a stoma nurse, stop the leaking, correct the hole size, investigate convex baseplates, whatever it takes to keep your skin clean and safe from leaks.

**Meanwhile, treat the damaged skin.** After gently rinsing and drying the skin, cover the affected area with a very light dusting of stoma powder (to absorb moisture), then top that with a barrier spray or barrier wipe to seal it in. If you use a wipe, daub it on. Don’t actually wipe across the skin, or you might wipe the powder right off.

If this doesn’t do the trick, you can apply multiple layers. First the powder, then barrier spray or wipes. Repeat for 2–3 layers, allowing the barrier layer to dry thoroughly before putting on more powder. This is called “crusting” and is best done if the irritation is around the perimeter of the stoma, not over a large area.

Instead of a barrier spray marketed specifically for ostomies, you could try a liquid bandage. This comes in spray form, and serves the same purpose. And it’s available OTC at pharmacies.

A remedy that’s frequently used is calamine lotion, to soothe and dry out damp, irritated skin. If you pour a little into a saucer and let it become pasty (less liquid), it’s easier to dab onto your skin. Apply sparingly and as always, let it dry completely before sealing with a spray. This is a good choice for a large area of irritation.

Whatever type of product you use on the skin around the stoma, always top it with a barrier spray or wipe before applying the baseplate. Just make sure any excess powder is dusted off first, and any cream has dried or been thoroughly absorbed into your skin ... then the barrier spray or wipe, then the baseplate.

A lot of ostomates swear by tincture of benzoin. This is an OTC adhesive product often used to treat damaged skin (e.g., to protect the skin from contact with an irritant, and/or to help the baseplate adhere longer). Some ostomates use this instead of a barrier spray. Dab it on with a cotton ball or swab. Allow to dry for several minutes and become tacky before putting on the baseplate. You should be aware, though, that this product contains alcohol and may burn or sting irritated skin. So try it on a small area first.

- **Allergic dermatitis** means your body is actually allergic to a product. The reaction might take a long time to develop.

It may be a reaction to particular brand of baseplate (usually to the adhesive used by that brand) or to a product you're using – even if you've been using the same brand or product for a long time with no problem.

Red, itchy or burning skin, sometimes progressing to blisters or welts, often indicates allergic dermatitis, particularly if it covers an area that exactly matches where the product or baseplate was applied.

Trial and error is the only way to find another product your skin will tolerate. Get your hands on as many samples from different companies as you can. Test them on other parts of your body, leaving them in place for 48 hours. If your skin starts to get irritated before that, remove the product and wash the skin well. But if you make it through 48 hours without a reaction, it's probably safe to use it around your stoma.

Don't forget it's not just baseplate adhesives that can trigger an allergic reaction – it may be a wipe, spray, powder, paste, ring, or any other ostomy product or accessory. It may even be soap if you're using that to wash the area (in which case, stop using soap and switch to just plain water).

Some people react to the alcohol that's in many products. Alcohol will often sting for a few seconds if the product is placed on broken skin, but if the stinging persists beyond that, try to find a non-alcohol substitute.

Many folks whose skin reacts to ostomy products manage well by using barrier sprays or wipes with every change. For them, this is all they need to lay down a protective barrier between their skin and baseplate.

Doctors often prescribe a topical steroid ointment to deal with the irritation while you're on the hunt for a product you don't react to. These creams can interfere with the adhesion of baseplates though, so be sure to seal them with a barrier spray. You can also dust the area with stoma powder before the spray.

Another option is to use a steroid nasal spray, asthma pump, ear drops, or eye drops that contain corticosteroids – but are water-based. The idea is that you can get the steroids onto your skin without it being in a cream or ointment. You'll still need a doctor's prescription, but it's a good temporary treatment for skin that's become inflamed due to contact dermatitis.

### **3. Infections**

There are two main types of infections ostomates need to watch out for – yeast/fungal and hair follicle inflammation. The first one is more common.

- **Yeast/fungal infection**

A yeast or fungus called *Candida albicans* is normally found in your intestines. That's ok. But if it gets out (like with leaking), it can really take hold in the warm, dark, moist environment under your baseplate. It usually appears as red, shiny, flat patches with small, raised bumps

that may look like blisters or pimples, and can cluster together to form a rash. Unlike an allergic reaction, the irritation may extend beyond the baseplate, or only cover part of the area under the baseplate.

This kind of infection is best treated with anti-fungal powders and creams. Your doctor can prescribe one (like Nystatin or DIFLUCAN®), or you can try some of these OTC treatments that have worked well for many ostomates:

- Wash the area with a zinc-based shampoo, like HEAD & SHOULDERS® (classic formula, without a built-in conditioner). Lather and then rinse really well.
- Swab the infected area with gentian violet, an antiseptic solution (antibacterial, antifungal) widely available in drug stores. Several medical journals and wound care nurses have recommended it for fungal or yeast infections. It's been used for a long time in Asia, the Middle East, Africa, etc., to help with wound healing ... and as a dye. So apply it with a cotton swab to avoid staining your hands. It will paint your skin purple temporarily, but if you put it on an open sore it might cause a permanent purple tattoo. Because it's water-based, it dries thoroughly, unlike creams and ointments, and that's good for baseplate adhesion. Apply a 1% solution of gentian violet to the affected area 1-3 times a day for a few days. If you see no improvement, try something else.
- Apply an anti-fungal powder used for athlete's foot, like DESENX®. Use this instead of a regular stoma powder while you have a fungal infection. As always, don't go overboard. Use a minimum amount. Brush off any excess powder and follow with a barrier spray to seal it in.

- Another product many ostomates swear by is a zinc oxide cream like BOUDREAUX'S BUTT PASTE® (used for diaper rash), which has a high level of zinc. Apply the paste and let it sit on the infected skin for several minutes or longer. Then gently wipe or wash it off, make sure the area is very dry, and apply whatever powder you're using. Because this cream is so thick, it can be hard to completely remove and this can interfere with the adhesion of your baseplate. You may have to change your appliance more frequently for a few days (reapplying more paste each time). But once the reddened skin has cleared up, you can go back to your usual routine.

Keeping the area dry is important. This can be a challenge in hot, humid weather. If you think you can count on your stoma to behave, give your skin a chance to breathe. Leave it exposed to the air and light for a while with every change, before applying a product or baseplate.

- **Hair follicle inflammation**

Simply removing the baseplate can inflame hair follicles, but people who have to shave their abdomens to get a better seal on their baseplate are at more risk for this. A Staph or fungal infection can take hold, often appearing as small red pinpoint spots at the base of hairs.

It's usually recommended to start with an antifungal treatment. If that doesn't seem to be working, then switch to an antibacterial powder.

It's better to cut your abdominal hair than shave it. If you do shave, do it in the direction the hair's growing, not against it. Use warm water, not shaving cream. If you're concerned about nicking your stoma, hold a cardboard toilet paper tube or empty prescription bottle over it for protection. Using an electric shaver is another option, and I've even heard of some folks doing laser treatments to remove abdominal hair.



#### **4. Bag just won't stick!**

Occasionally, for no apparent reason, a particular brand of baseplate won't adhere well to your skin. You've ruled out skin irritation and allergy. You're not using too much product. You're doing everything right. But no luck. This isn't common, but everyone's skin chemistry is different. You and your baseplate may just be incompatible.

Try samples of baseplates from other companies. You might find one that adheres well.

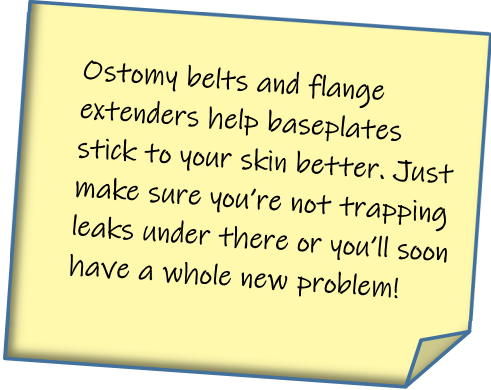
If other baseplates don't stick either, then a spray adhesive is worth a try. It also comes in liquid form and in wipes. Do a skin test first, on some other part of your body, to make sure you don't react to it (like burning or itching or turning red). If it's a go, then apply one layer of adhesive to clean, dry skin, in the area the baseplate will cover. Let it air dry for a few minutes before putting on the baseplate. The skin should feel sticky or tacky, not wet.

- These adhesives aren't recommended with 1-piece appliances – probably because they have to be changed (pulled off the skin) more often, and that could cause mechanical irritation.
- Use adhesive removers to remove the baseplate.

You could try a barrier sheet (a plastic film with an adhesive backing that goes on top of your skin, and under the baseplate). The baseplate might stick better to the sheet than to you.

An ostomy belt can help keep baseplates secure and tight, particularly convex ones, which should press down into your skin a bit. Attach one end of the belt to each side of the baseplate and tighten snugly around your waist. But not *too* tight. You should be able to slip a couple of fingers underneath it.

Flange extenders are another option. They're basically straight, C-shaped, or Y-shaped tapes that you apply around the edges of your baseplate. They literally "extend" the baseplate and add extra adhesion.



Ostomy belts and flange extenders help baseplates stick to your skin better. Just make sure you're not trapping leaks under there or you'll soon have a whole new problem!

## Stoma issues

We ostomates are a funny bunch. We look at photos of other people's stomas and say things like "Ooh, that's a pretty one" and "I have stoma envy!" Much like in a beauty pageant, a winning stoma would be the perfect size, shape, and height (length), and not make loud, embarrassing farts. But let's face it – most of us are going to be runners-up, for a variety of reasons.

**Size & shape** – By size, I mean the dimension of your stoma opening, and the size (or girth) of the stoma poking through it. By shape, I mean whether your opening is a perfect circle, or some other shape, like an oval. There's no such thing as a standard size or shape. What's important to know is what's normal for you, not what's normal to anyone else. Any change in *your* normal should be noted. The most common changes you might see are:

- **Changes during surgery recovery** – Immediately after surgery, your stoma will most likely be swollen. Because you've never seen a stoma before, it may not look swollen, but expect that it will decrease in size over the next 6–8 weeks. Then it should pretty much stabilize. During this recovery period, measure the dimension of your stoma frequently when you change your appliance, in case you need to adjust the hole in your baseplate.