

A Case Study in Peristomal Itch

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**Abstract**

Itching, also known as pruritus is the uncomfortable sensation causing the desire to scratch. When it is acute (time-limited), it may just cause a temporary annoyance. When chronic, pruritus may be difficult to treat and have more severe impact on the individual.¹

There is a paucity in the literature regarding peristomal pruritus except in relationship to certain skin conditions such as candidiasis and dermatitis.² A common cause of peristomal skin complications is leakage of stool or urine onto the skin.

During a recent double-blinded, randomised controlled trial (RCT) of a ceramide-infused skin barrier – CeraPlus™ skin barrier*, it was reported by patients during this trial that they were ‘very satisfied’ with itching prevention.³ This case study (not part of the original RCT) illustrates the positive effect in the reduction of itching once the CeraPlus™ skin barrier was applied.

Background

This patient Mrs. J (initial changed to protect privacy) was a sixty-six year-old widow living at home alone, however she had a supportive network of friends and relatives. She was diagnosed with metastatic muscle invasive squamous cell carcinoma (SCC) of the bladder and underwent a laparotomy, cystectomy, hysterectomy and formation of ileal conduit.

Relevant Medical History

Mrs. J did not have a significant medical or surgical history prior to her diagnosis of SCC and her only surgical history prior was to repair a hernia. From a medical perspective, she was an ex-smoker and drank alcohol in moderation.

However, just a few months after her diagnosis with SCC she developed recurrent malignant pelvic tumour formation leading to rectovaginal fistula. She underwent another laparotomy, lysis of adhesions, colonic lavage and the formation of a second stoma, an end descending colostomy.

Post surgery, she commenced radical chemotherapy and radiotherapy. However, within four months she developed pulmonary metastatic disease and started chemotherapy again one month later, to which her lung lesions had a ‘good response’.

Challenges

Stomal therapy nursing services became involved with Mrs. J’s care after her initial surgery. She became self-caring and capable with the physical stoma care for her urostomy and discharged to a friend’s house with no issues reported.

Working again with her in August, she expressed that she was very against the colostomy and did not want a second pouch to manage. She required a lot of emotional support as she was against the idea of ‘dealing with poo’. She fluctuated emotionally and mentally during this period giving significant challenges to ward and kitchen staff, but was always cooperative and friendly with the stomal therapy nurses. Routine follow post-discharge was offered and she was encouraged to call with any issues, or changes. Her usual follow up appointment revealed no issues.

When she came for review about six months post op, she was using two-piece systems for both stomas as well as remover sprays and cleaning wipes, but no extra accessories. She reported no issues with the stomas other than the development of an itch, which small to begin with, had begun to increase in severity. She began to notice her skin while intact, was becoming irritated on both stomas (See Figure 1) and the barriers were losing adherence. She added an elastic tape to the periphery to try to get them to adhere. Because they were not sticking, they started leaking and the itch got worse and worse.



Figure 1 Skin irritation and itch for both stomas.



Figure 2 Day 2 after CeraPlus™ skin barrier application. The patient reported her itch had resolved and there was observable diminished skin irritation.



Figure 3 Day 10 after CeraPlus™ skin barrier application. Itch remains resolved and skin appears healthy.

LEVEL OF EVIDENCE - CASE STUDY

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Clinical Management Objectives

Surprisingly her concern was not about the skin appearance; it was rather more that she was 'going crazy' with the itch that made her present for review. Leakage can lead to skin break down creating a vicious cycle of poorer adherence, more itching, and further leakage as a result. She needed resolution of both issues to ensure her peristomal skin health needs were achieved.

After hearing about some of the positive impacts on peristomal itching from the Hollister sales specialist, it was decided to apply Hollister CeraPlus™ skin barrier on both stomas. Mrs. J wanted to use two-piece systems only and required convexity for her conduit, and flat barriers for her colostomy. Both flat and convex variations were available in the CeraPlus™ skin barrier product range as well as an integrated border of adhesive so she no longer had to resort to elastic tapes. Additionally, barrier wipes (films) were not used (nor recommended) as they can impact wear times of products as well as impairing the interface of CeraPlus™ skin barrier with the skin.

Outcomes

Within only two days, there was noticeable visible improvement to her skin. She was like a different person already and reported that her relief from itching was almost immediate. Yet again, she did not really care about the skin appearance! (See Figure 2)

She was booked for review in another ten days and was under strict instructions to call us if it got worse before then. Within ten days, she felt comfortable and happy with the CeraPlus™ skin barrier results. Her quality of life improved, and she returned to activities she enjoyed. (See Figure 3)

Conclusion

Peristomal itching is a common problem experienced by ostomy patients and often reported to their stoma care nurse. However, in many cases, there is no visible causation for the itching and ostomy patients may resign themselves to tolerating the issue as an inevitable consequence of wearing an ostomy skin barrier.

She reported that the application of a ceramide-infused skin barrier (the CeraPlus™ skin barrier), soothed her itchy skin during her final days. Ultimately, her disease progressed and one year from diagnosis, she deteriorated, was unable to self-care and lost interest. Eventually all treatments were ceased and she was transferred to a Palliative Care unit where she subsequently passed away.



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To visit the Hollister website, click here or scan the QR code



To visit the Hollister Clinical Education Website, click here or scan the QR code

References

1. Bautista, D.M., Wilson, S.R., Hoon, M.A. (2014). Why we scratch an itch: The molecules, cells and circuits of itch. *Nat. Neurosci* 17(2): 175-182.
2. Salvadalena, G. (2016). Peristomal skin conditions, Chapter 15 in Carmel, J.E., Colwell, J.C., & Goldberg, M.T. (eds). *Wound Ostomy and Continence Nurses Society Core Curriculum Ostomy Management*. Wolters Kluwer, PA.
3. Colwell J, Pittman J, Raizman R, Salvadalena G, A Randomized Controlled Trial Determining Variances in Ostomy Skin Conditions (ADVOCATE), *J Wound Ostomy Continence Nurs*. 2018;45(1):37-42.



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Disclaimer: This case study represents this nurse's experience in using the CeraPlus™ skin barriers with the named patient, the exact results and experience will be unique and individual to each person.

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