

Quality Of Life Case Study

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This case study represents my experience in using Dansac NovaLife TRE soft convex barrier with the named patient and may not necessarily be replicated.

Patient Overview

The patient is a 62 year woman married with grown up children. She has Type II diabetes, hypertension, AKI and has had a cholecystectomy. She is a heavy smoker with BMI >30 (obese level of 39) and developed necrotising fasciitis on her right buttock.

About Necrotising Fasciitis

Necrotising fasciitis is caused by a serious bacterial infection which affects the underlying tissue beneath the skin, muscle and fascia, causing dark blotches that then turn into painful fluid filled blisters. This can result from a cut/scratch; insect bite; puncture wound or surgical incision. It can also be a rare side effect of sodium-glucose co-transporter 2 (SGLT2) inhibitors.¹

Symptoms include intense pain; fever and flu like symptoms; swelling /redness which is firm to touch, diarrhoea and vomiting. Left untreated the bacteria rapidly spreads through the body leaving the patient dizzy, weak and confused. If this continues to develop untreated, sepsis and organ failure will occur which can be fatal.²

Action

The patient was admitted to hospital with an area of confirmed necrotising fasciitis of her right buttock (abscess) measuring approximately 210mm x 160mm. The skin around the perineum was broken and the area was extremely sore and painful.

The patient underwent three periods of surgical debridement to her buttock and a loop colostomy. The loop colostomy was performed to ensure that the debrided area was able to heal without contact from faecal matter which could lead to delayed healing and further infection.³ Following the procedure, the patient suffered a severe reaction to the IV antibiotics and was in ITU for 28 days. At this stage, her husband was informed that she may not survive, causing him psychological trauma.

Following six weeks in hospital she was discharged home. On discharge the stoma had already retracted and the immediate left side of the incision site had dehisced. Measurement of the stoma at this stage was 90mm by 40mm, and the peristomal skin was pink and intact with superficial erosion from the stoma rod at 6 and 9 o'clock.

The Tissue Viability Nurse (TVN) advised incorporating management of the area within the stoma appliance. Before discharge, the patient and her husband were taught how to change the appliance and were discharged with Dansac Nova 1 Easifold Maxi pouches.

Intervention

The patient was referred to me two weeks post discharge. Prior to this she had been receiving district nurse support for the perineal wound. Her husband was her main carer and was responsible for the management of the stoma and bag changes, as she felt psychologically unable to cope.

On my first home visit, I found that leakage was a major issue and the peristomal skin was very red and sore. Both the patient and her husband felt unable to cope, and patient was withdrawn and reluctant to engage with health care professionals.

Due to the width of the stoma, I continued to use the Dansac Nova 1 Easifold Maxi pouch. I demonstrated to the patient's husband how to manage the area, but advised him that it may not always be successful, as at times the patient suffered with pancaking. The following day there was very little improvement and the width of the wound was not healing as quickly as expected.

Although the bags appeared secure, there was often silent seepage and the bags needed to be changed three to four times a day which was distressing to the patient. With more bag changes than anticipated, the patient also had problems at times accessing the GP and prescriptions, adding to her emotional stress.

During my visits, I noticed the patient became resentful of intervention and demonstrated anger, embarrassment, depression and social isolation as she was afraid to leave the house with potential leakage. Also, she was dependent on her husband to change the bags which put a strain on their relationship. As well as being her main carer, the husband was also coping with the trauma that he may have lost his wife affecting his own mental health and resilience.

In addition, intense pain from the stoma/peristomal area and from the perineum limited the patient's mobility and she had difficulty in sleeping or sitting in certain positions which affected her quality of life. Leakage at night also presented an added burden for the couple in terms of increased laundry.

Almost one month later, with very little improvement, I decided to try the Dansac NovaLife TRE soft convex barrier 3081-54 along with the Dansac TRE seal to protect the skin and help keep it healthy.



First assessment upon referral



Week 3: Initial TRE seal application

Results

On my next visit after the weekend (three days later), the patient and her husband were coping much better and felt more confident with the procedure. They were greatly relieved with the outcome and were feeling more positive. The following week there was further improvement of skin integrity. The patient reported it was no longer so painful and leakages were occurring far less frequently. This combination resulted in increased confidence for the patient and she was now able to leave the confines of her home, other than for a hospital appointment. She was also less dependent on her husband and her depression had improved although she still had negative feelings towards her stoma.



Week 4: Visible improvement

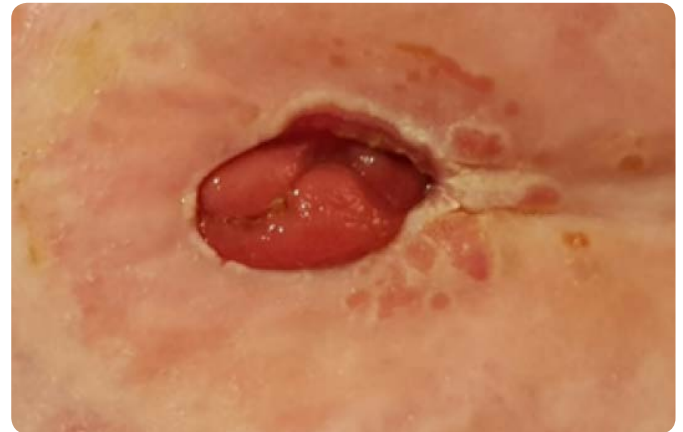
Conclusion

After 14 days applying NovaLife TRE soft convex barrier and TRE seal the peristomal skin had significantly improved, as part of an overall care plan and the stoma now measured 40mm x 30mm. The patient experienced no further leakage and the bags lasted 24 hours minimum. The adhesion, absorption and pH balance of TRE barrier and TRE seal helped protect the patient's peristomal skin from the damaging effect of stoma output. With the perineum completely healed, pain was no longer a barrier to mobility. The patient resumed her normal activities and was no longer confined to her home. Both the patient and her husband reported that their quality of life had greatly improved. The patient is currently awaiting reversal surgery.

References

1. Jallali N (2003) Necrotising fasciitis: its aetiology, diagnosis and management *Journal of Wound Care* 12 (8) 297-300
2. <https://www.nhs.uk/conditions/necrotising-fasciitis/>
3. Fulham J (2014) Caring for an ostomist with necrotizing fasciitis *Gastrointestinal Nursing* 12(6) 36-43

“ They were greatly relieved with the outcome and were feeling more positive ”



After 2 months: Final result

Key Learnings

- It is important to treat the patient holistically and not just to focus on the clinical challenges
- Be aware of the patient's quality of life and how this can be improved
- Be mindful of the wider family unit and the role they play in caring for the patient and how this impacts their own well-being
- Seek innovative solutions to challenges and don't be afraid to try alternatives

About Dansac NovaLife TRE

Living with a stoma does not have to mean accepting peristomal skin complications. Helping the skin around the stoma stay healthy goes a long way in enhancing the quality of people's lives.

The **Dansac NovaLife TRE** ostomy barrier is designed to help keep skin naturally healthy with 3 levels of protection: **Adhesion, Absorption and pH Balance.**

The best skin is healthy skin.

For more information contact your local representative.



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Disclaimer: This case study is representative of the patient's experience, but the exact results and experience will be unique and individual to each person.