



## What are the risks of developing peristomal skin complications?

We know that peristomal skin complications (PSCs) are a common issue for people living with a stoma. Evidence also shows that PSCs can negatively impact the health and quality of life for this population. **How can we be better at identifying people at risk of developing PSCs and help prevent them?** That's what a panel of stoma experts wanted to explore. Their work was presented in two articles, "Clinical preventive-based best practices to reduce the risk of peristomal skin complications – an international consensus report" and "A risk factor model for peristomal skin complications". This ShortRead is a summary of their findings.

### Leakage and PSC: a vicious cycle

First, let's briefly consider the connection between leakage and peristomal skin complications (PSCs). People living with a stoma often have to deal with leakage and PSCs. And leakage is one of the main causes for developing PSCs. For example, 77% of all stoma-related diagnoses are all related to the skin coming into contact with stoma output.<sup>1</sup>

The performance of a pouching system may be challenged if the peristomal skin is unhealthy.<sup>2</sup> Once the skin is damaged, it's harder to get a secure fit or seal.

And this, in turn, leads to leakage and more peristomal skin complications.<sup>3 4 5</sup> So, preventing leakage and PSCs go hand-in-hand.

While the link between quality of life and PSCs is well-proven, the risks that can lead to PSCs are less well documented<sup>6</sup>. The Coloplast skin Expert Panel set out to bridge this gap and improve our understanding of these risk factors. Their work was presented in two articles, and here is a short summary of their findings.

### The peristomal skin must be healthy

Almost all of the survey respondents agreed that one of a healthcare professional's main goals should be to prevent PSCs, and that they should always consider PSC risk factors when choosing a pouching system for their patients.

<sup>1</sup>Herlufsen P, Olsen AG, Carlsen B, et al. Study of peristomal skin disorders in patients with permanent stomas. *BJN*. 2006;15(16): 854–862.

<sup>2</sup>Nybaek H, Knudsen DB, Laursen TN, et al. Skin Problems in Ostomy Patients: A Case-control Study of Risk Factors. *Acta Derm Venereol*. 2009; 89: 64–67.

<sup>3</sup>Gray M, Colwell JC, Doughty D, et al. Peristomal moisture-associated skin damage in adults with fecal ostomies: a comprehensive review and consensus. *JWOCN*. 2013 Jul-Aug;40(4):389-99.

<sup>4</sup>Colwell J, Pittman J, Raizman R, et al. A Randomized Controlled Trial Determining Variances in Ostomy Skin Conditions and the Economic Impact (ADVOCATE Trial). *JWOCN*. 2018. 45(1): 37 - 42

<sup>5</sup>Colwell J. Selection of a pouching system. In: Carmel JE, Colwell JC, Goldberg MT, eds. *Wound Ostomy and Continence Nurses Society Core Curriculum: Ostomy Management*. Philadelphia, PA: Wolters Kluwer; 2016:120-130.

<sup>6</sup>Hansen AS, Bechshøft C, Martins L al. A Risk Factor Model for Peristomal Skin Complications. *WCET® Journal* 2022;42(4):14-30

85% agreed that it's a realistic goal for the peristomal skin to look and feel exactly like the skin outside the peristomal area.

### The pouching system needs to match the peristomal body profile

Respondents listed stoma construction, stoma type and stoma management as the main risk factors. The most common reasons for PSCs were leakage (due to a poor pouching seal); scars, creases and folds in the peristomal skin; and stoma construction, height and location.

To prevent PSCs, 85% said the key was to choose a pouching system based on the person's peristomal body profile and teach them how to apply it correctly.

### The adhesive needs to have the right properties

Finding the right type of adhesive is also important in preventing PSCs. Respondents stated that ease of application and removal, the adhesive's ability to follow body movements as well as its erosion resistance were important factors to consider.

#### How was the Peristomal Skin Complications Risk Factor Model developed?

A team including Coloplast's internal ostomy care experts, the Coloplast Skin Expert Panel, the Global Coloplast Ostomy Forum (COF) and 18 national COF boards – representing more than 400 ostomy care nurses worldwide – developed the three-category PSC risk factor model, with 24 related risk factors. The model was sent out using the consensus strategy to over 4,000 stoma care experts from 36 countries. Finally, an expert panel of 15 dermatologists and stoma care nurses from 8 countries ratified the model in October 2020.

### We now have an international consensus on PSC risk factors

To prevent leakage and PSCs, we need to have a better understanding of the risk factors for developing PSCs. A team of stoma care experts have now developed the PSC risk factor model, which has been validated by over 4,000 stoma care experts in 36 countries

The risk factor model identifies three overall risk categories:

- **The individual** with a stoma, which covers the patient's body profile, physical and mental capabilities and social supports
- **The stoma product**, which includes factors like availability, wear time, adhesive properties and adaptability
- **The healthcare system**, including costs, availability of healthcare providers and specialists and insurance provisions.

The model is designed to guide healthcare professionals like yourself in identifying each patient's risks for developing PSCs, so you can create an individualised care plan that prevents peristomal skin complications and supports each patient's peristomal skin health and overall wellbeing. It is our hope that this model can become a global framework that gives healthcare professionals in all regions an evidence-based foundation for making decisions that prevent PSCs.

Find out more about the PSC risk factor model and how to use it in your daily work at [Coloplast Professional](#).

Are you interested in learning more about the process and scientific background of the model read the publication [here](#). For further information on the consensus process read the article [here](#).

