Healing Peritubular Skin Irritation Using Skin Cleanser** and Barrier* Containing Olivamine®

Sarah Lebovits, RN, MSN, APRN-BC, CWOCN
St. Vincent's Catholic Medical Center
Manhattan, NY

Elizabeth O'Connell-Gifford, MBA, BSN, RN, CWOCN, DAPWCA
Medline Industries, Inc.
Berne, NY

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STATEMENT OF CLINICAL PROBLEM

We were experiencing leaking around gastrostomy and jejunostomy (G and J) tubes. This drainage is very caustic to the skin, causing denudation, excoriation, pain and discomfort.

PAST MANAGEMENT

Traditionally, we were washing the skin with soap and water. There was inconsistent use of petrolatum-based barrier noted.

METHODOLOGY

Injured skin requires at least daily care with water and non-irritating or drying substances. A protocol was developed and implemented with multiple patients, involving a two-step procedure. Peritubular skin was cleansed on a daily basis with a phospholipid based cleanser, patted dry and a thin layer of zinc based barrier paste applied. The area can be left open to air or covered with a fenestrated 4x4 depending on patient preference and amount of drainage.

CASE 1

Mrs. TB, a 54 year old female, with multiple gastrointestinal issues presented to the ED with an elevated temperature and chills for two days. Due to her previous history of multiple hospitalizations related to infections of access lines and cellulitis, she was admitted for IV antibiotic therapy. Mrs. TB has a gastrostomy tube for feedings, a second gastrostomy tube for decompression and an ileostomy. She has had constant leakage from both gastrostomy tubes and has had the tubes replaced several times with larger tubes to accommodate the skin erosion and enlargement of the insertion site. She has had the areas cauterized with silver nitrate and has used barrier pastes, powders, barrier hydrocolloids, skin preps and ostomy pouches to assist in skin maintenance. At her last admission, we decided to use a new protocol for skin protection with zinc based barrier paste containing Olivamine was followed. Initial peritubular skin was noted with excoriation (Fig 1). Day 3 excoriation has improved (Fig 2) with more significant improvement noted by Day 5 (Fig 3). More importantly, the pain and burning that the patient had experienced had significantly been reduced. She is independent in care of the skin as well as ostomy care and continues to maintain the progress that she has made. Overall, well being and satisfaction has increased and her family is content as well.

Fig. 1

Fig. 2

Fig. 3

CASE 2

Mr. RF is an 84 year old male with a diagnosis of Parkinson's disease. Additional diagnosis include Hypertension and BPH. He is living at home with the assistance of a private home aid and family caregiver. He has had a PEG tube for feeding for the past three years. There have been occasional episodes of peritubular skin irritation which have resolved with the use of many different types of barriers, however, this episode has not cleared up for several weeks and Mr. RF is agitated from the burning and itching of his skin. He has been referred to the facility as an outpatient for consultation. Upon arrival, the area was assessed (Fig 4) and peritubular protocol was explained to the caregivers. Within 24 hours he had an appointment with a different doctor, but the caregiver was so pleased with the results, that she wanted to share the success (Fig 5). Two days later, he presented again with additional healing noted (Fig 6) and has been maintain with protocol with zinc based barrier paste with Olivamine.

Fig. 4

Fig. 5

Fig. 6

CASE 3

Mrs. BB is an 83 year old female with a diagnosis of IDDM, hypertension, hyperchoesterolemia, cataracts and suffered a stroke one year ago. She is a resident of a nursing home and has been admitted to the hospital due to a fever for several days. She has been fed via PEG tube and has developed a skin irritation under the "button" of the PEG tube (Fig 7) which has been treated unsuccessfully for the past week. After admission to the hospital, staff initiated peritubular protocol with improvement noted (Fig 8) within 48 hours. She was discharged to the nursing home with orders for continued application of zinc based barrier paste with Olivamine™ to the area as needed. She has not returned to the hospital since that admission.

Fig. 7

Fig. 8

RATIONALE

The phospholipid based cleanser does not dry out the skin and leaves a layer of 1% dimethicone for protection. Olivamine, contained in both the cleanser and barriers, can be absorbed into, and utilized by, the skin to nourish and protect the epidermis from caustic effluent. Components of Olivamine™ include: hydroxytyrosol, amino acids, vitamins to decrease itching and methylsulfonylmethane to relieve pain.

OUTCOMES

Peritubular skin showed marked improvement in 24-48 hrs, with healing noted by 72 hours. As a preventative, there were no new cases of redness or denudation reported.

CONCLUSIONS

Components of good skin care include: cleansing with skin friendly cleanser, moisturizing and nourishing the skin, and protection from chemical elements. Staff's response to the new protocol was positive; our goal to decrease incidence of peritubular damage was met. This was added to the new staff orientation and will be included in future skill lab updates.

REFERENCES

1. Erwin-Toth,P. Prevention and management of peristomal skin complications. Adv Skin Wound Care. 2000 Jul-Aug;13(4 Pt 1):175-9.
2. O'Brien, B. Toth,P. G-tube site care: a practical guide. RN. 1999 Feb;62(2):52-6.
3. Faller NA Descriptive study of peristomal complications. J Wound Ostomy Continence Nurs. 2007 Mar-Apr;34(2):127-8.

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