

Evaluation of a flexible two-piece ceramide infused soft convex barrier for general acceptability and patient characteristics to optimize fit

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Statement of Clinical Problem:

- People with an ostomy may require a convex skin barrier to achieve a predictable seal. In community for all types of ostomies, 35% of people indicated that they used convexity.¹
- There has been an increase in the availability of soft convex options in Canada over recent years, most recently in two piece systems.
- There is a lack of literature that describes the role of soft convexity
- Using a case series, the community ostomy clinic evaluated a soft convex two-piece option for general acceptability and to identify which patient characteristics could support use of this type of convexity.

Description of Past Management:

- Clinician assessment and experience, as well as patient preference and capability are the primary factors in determining which pouching system is selected. The majority of barriers used in the clinic are one-piece soft convex appliances.

Current Clinical Approach:

- Nurses Specialized in Wound, Ostomy and Continence (NSWOC) presented a soft convex two-piece option to patients for whom convexity was appropriate. A convenience sample of 8 people was used and the barrier was evaluated for up to 28 days. Patient characteristics included stoma type (Figure 1) and abdominal tone (Figure 2). Overall acceptability and ease of use was ranked on a 5 point Likert scale (Table 1).

Patient Outcomes:

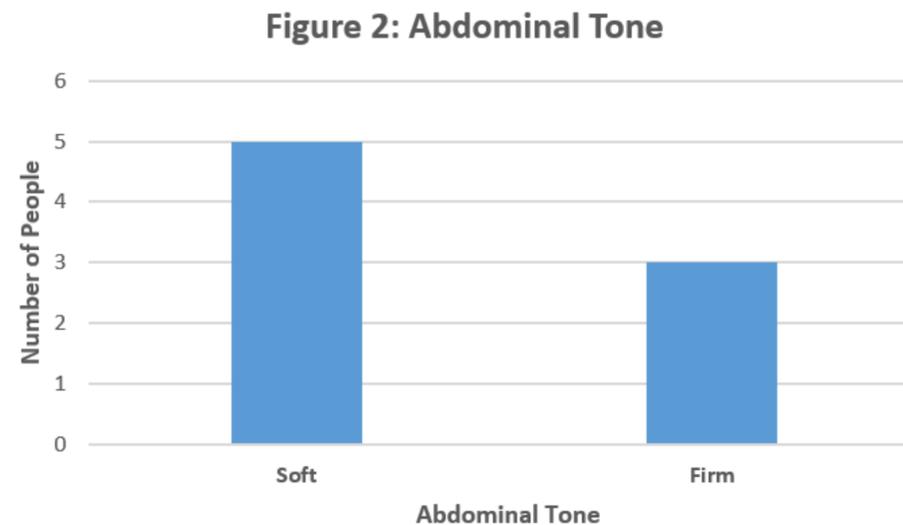
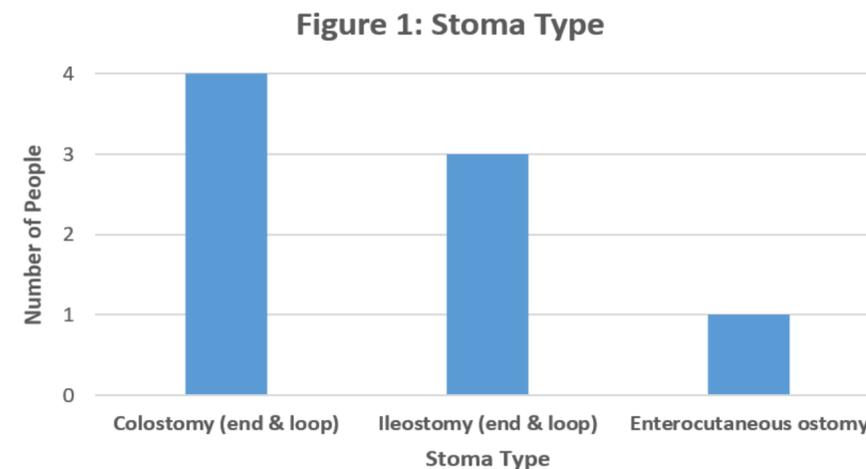


Table 1: Results for Overall Satisfaction, Ease of Use, Comfort and Adherence

	Mean Score	Median Score
Overall Satisfaction	3.8	5
Ease of Use	4.5	5
Comfort	4.6	5
Adherence	4.1	5

- The 2017 International Consensus panel results suggested that “with a firm peristomal region, soft convexity can be a better option than firm convexity” and vice versa.²
- Results of this evaluation suggest that soft convexity may be used on soft abdomens, as well as firm.
- Of the five patients who had soft abdomens, all five found the barrier to create a predictable seal.
- Soft convexity may be used with flat stomas as 3 out of 5 of those with soft abdomens had flat stomas.

Conclusion:

- Patients used a two-piece ceramide-infused soft convexity ostomy appliance in the overall management plan. They experienced overall satisfaction and the barrier was used on both firm and soft abdomens and one hernia. These case studies represent individual nurse/patient experiences and are not intended to suggest all patients will obtain the same experience/results.

Implications for Practice:

- Both a soft or firm abdomen may be a consideration for use for the two-piece ceramide infused soft convex barrier. Two piece systems may be preferred for visualization of the stoma when applying the barrier.

References:

1. Ratliff CR. Factors related to ostomy leakage in the community setting. *J Wound Ostomy Continence Nurs.* 2014;41(3):249-253.
2. Hoeflok J, Salvadalena G, Pridham S, Droste W, McNichol L, Gray M. Use of Convexity in Ostomy Care. *J Wound Ostomy Continence Nurs.* 2017;44(1):55-62.

*CeraPlus skin barrier is manufactured by Hollister Incorporated.

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