

Patient background information

- 1) SEX/AGE: Female _____ years Male **56** years
- 2) REASON FOR STOMA CREATION:
Crohn's disease
-
- 3) TYPE OF OSTOMY: Ileostomy Urostomy Colostomy
- 4) AVERAGE ADHESIVE WEAR TIME: **24 hours in initial period – 48 hours from 4 months**
- 5) YEAR OF STOMA CREATION: **2005**
- 6) SHORT DESCRIPTION OF THE CASE:
- Is the skin moist Yes No
 - Is the skin bleeding Yes No
- Stinging/burning (pain) Yes No
 - Is there any complications interfering with the application of the adhesive?

- bulgings	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	- skin folds	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
- scars	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	- poor stoma site	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
- poor stoma creation	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	- stoma retraction	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
- poor dexterity	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	- other _____		
 - Most frequent reason for changing the appliance: **In the acute phase the appliance was changed daily due to excessive moist. After a couple of months the appliance was changed every second day. No leakage problems were observed**
- 7) COMMENTS IMPORTANT FOR THE CASE: **A year after stoma creation the patient became due to existing Crohn's disease. Also diagnosed with bladder cancer with lung metastasis. 3 painful wounds on the abdomen which started small but rapidly increased in size – diagnosed as pyoderma gangrenosum – which were excessively moist and produced purulent exudes**

Initial consultation



4 months



6 months



DET score

Domain 1: Discolouration

Area of discolouration (including eroded areas) **Severity of discolouration**

Normal skin (absence of any visible change and damage to epidermis)
If the **Area of discolouration** score is 0, the skin is normal and the **Total score** must be 0
Score = 0

Slight redness or other discolouration of the peristomal skin



Less than 25% of the skin covered by the adhesive is affected
Please assess severity
Score = 1

Between 25% and 50% of the skin covered by the adhesive is affected
Please assess severity
Score = 2

Deep red or highly macerated skin potentially causing further complications



More than 50% of the skin covered by the adhesive is affected
Please assess severity
Score = 3

Domain 2: Erosion

Area of erosion **Severity of erosion**

No erosion/excoriation
If the **Area of tissue overgrowth** score is 0, the score for **Domain 3** must be 0 + 0
Score = 0

Damage to the top layer of the skin (the epidermis)



Less than 25% of the skin covered by the adhesive is affected
Please assess severity
Score = 1

Between 25% and 50% of the skin covered by the adhesive is affected
Please assess severity
Score = 2

Damage to dermis causing excessive moisture or bleeding



More than 50% of the skin covered by the adhesive is affected
Please assess severity
Score = 3

Domain 3: Tissue overgrowth

Area of tissue overgrowth **Severity of tissue overgrowth**

No tissue overgrowth
If the **Area of tissue overgrowth** score is 0, the score for **Domain 3** must be 0 + 0
Score = 0

Tissue overgrowth that interferes with application of the adhesive



Less than 25% of the skin covered by the adhesive is affected
Please assess severity
Score = 1

Between 25% and 50% of the skin covered by the adhesive is affected
Please assess severity
Score = 2

Tissue overgrowth that interferes with application of the adhesive and causes bleeding and / or pain



More than 50% of the skin covered by the adhesive is affected
Please assess severity
Score = 3

Initial consultation	3	+	2	+	2	+	2	+	1	+	1	=	11	Total score
4 months:	3	+	2	+	2	+	2	+	0	+	0	=	9	Total score
6 months	2	+	2	+	1	+	2	+	0	+	0	=	7	Total score

Diagnosics guide

Observations of the peristomal skin	<p>Visual changes:</p> <ul style="list-style-type: none"> Red or discoloured skin and/or <input type="checkbox"/> Loss of epidermis and/or <input type="checkbox"/> Moist skin surface and/or <input type="checkbox"/> Bleeding skin surface and/or <input type="checkbox"/> Hyperplasia (wart-like papules, nodules, white grey or reddish-brown hyperkeratosis) and/or <input type="checkbox"/> Ulcer/wound involving all three skin layers <input type="checkbox"/> Maceration (moist, white-coloured softening of the skin) <input type="checkbox"/> <ul style="list-style-type: none"> Red, irritated skin corresponding to the shape of the adhesive contact surface <input type="checkbox"/> 	<p>Visual changes:</p> <ul style="list-style-type: none"> Discolouration and/or <input type="checkbox"/> Loss of epidermis - full thickness tissue loss can be seen and/or <input type="checkbox"/> Moist skin surface and/or <input type="checkbox"/> Bleeding skin surface and/or <input type="checkbox"/> Pain <input type="checkbox"/> Lesions have irregular borders <input type="checkbox"/> 	<p>Visual changes:</p> <ul style="list-style-type: none"> Solitary or multiple lesions <input checked="" type="checkbox"/> Lesions indurated or ulcerated <input checked="" type="checkbox"/> Red to purplish discolouration <input checked="" type="checkbox"/> Necrosis with undermined ulcer edges <input checked="" type="checkbox"/> Bleeding or purulent exudates <input checked="" type="checkbox"/> Erythematous, thick, silvery-white, scaling plaques <input type="checkbox"/> Fistulas <input type="checkbox"/> Köbners phenomenon (consequence of psoriasis) <input type="checkbox"/> 	<p>Visual changes:</p> <ul style="list-style-type: none"> Discoloured (redness, hyper pigmentation) <input type="checkbox"/> Red papules with a white top <input type="checkbox"/> Maceration (moist, white-coloured softening of skin); may include satellite lesions at the periphery <input type="checkbox"/> Papules, pustules (folliculitis) <input type="checkbox"/> Swelling / oedema <input type="checkbox"/> 	<p>Skin disorders not fitting into the other categories <input type="checkbox"/></p>																																																																																																																																																															
Questions to identify possible causes (aetiology)	<p>Determine whether skin reaction is</p> <table border="0"> <tr> <td>Irritan</td> <td>Yes</td> <td>No</td> <td>Allergic</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>Does the opening size of the ostomy appliance fit exactly the size of the ostomy?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Is the person suffering from any known allergies?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Is the adhesive eroded?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Is the peristomal skin disorder associated with a new product (appliance, skin care product etc.)?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Does the adhesive stick to the skin properly?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Has the person changed their diet or medications recently?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Is the skin surface uneven thus compromising proper adherence to the skin?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Is the person complaining about itching?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Is the construction of the ostomy poor?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Has the peristomal skin been exposed to faeces, urine or other secretions?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Does the person use soaps, solvents, adhesive removers or other products containing chemicals in the peristomal area?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Does the person complain of pain and / or burning in the area?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> </tr> </table>	Irritan	Yes	No	Allergic	Yes	No	Does the opening size of the ostomy appliance fit exactly the size of the ostomy?	<input type="checkbox"/>	<input type="checkbox"/>	Is the person suffering from any known allergies?	<input type="checkbox"/>	<input type="checkbox"/>	Is the adhesive eroded?	<input type="checkbox"/>	<input type="checkbox"/>	Is the peristomal skin disorder associated with a new product (appliance, skin care product etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	Does the adhesive stick to the skin properly?	<input type="checkbox"/>	<input type="checkbox"/>	Has the person changed their diet or medications recently?	<input type="checkbox"/>	<input type="checkbox"/>	Is the skin surface uneven thus compromising proper adherence to the skin?	<input type="checkbox"/>	<input type="checkbox"/>	Is the person complaining about itching?	<input type="checkbox"/>	<input type="checkbox"/>	Is the construction of the ostomy poor?	<input type="checkbox"/>	<input type="checkbox"/>				Has the peristomal skin been exposed to faeces, urine or other secretions?	<input type="checkbox"/>	<input type="checkbox"/>				Does the person use soaps, solvents, adhesive removers or other products containing chemicals in the peristomal area?	<input type="checkbox"/>	<input type="checkbox"/>				Does the person complain of pain and / or burning in the area?	<input type="checkbox"/>	<input type="checkbox"/>				<table border="0"> <tr> <td>Is there a risk of pressure (from convex appliances, belts, clothing, or due to obesity or hernia)?</td> <td>Yes</td> <td>No</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Is the adhesive removal technique rough or gentle?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Is the adhesive changed frequently?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Is there a risk of friction caused by specific components from the appliance or a rough cleansing technique?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Is there a risk of shear stress on the skin?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>How often is the skin shaved? 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