

Bottom (Perianal) Skin Care

Following Ileostomy/Colostomy Closure

When your child's stoma is closed / reversed the perianal skin (bottom area) comes in contact with faeces (poo) and can result in skin damage/irritation. To prevent skin irritation special care is required. Once your child starts to pass faeces (poo) following the stoma closure the below care is recommended.

Nappy care

- > Use disposable nappies so moisture is absorbed quickly, this leaves the skin dry and less chance of irritation.
- > Change nappies promptly when wet or soiled to decrease skin moisture and contact with faeces (poo). Recommend nappy changes every 2 - 4 hours.
- > If breast feeding, continue, as breast milk can reduce the faecal (poo) enzymes that can cause skin irritation and stinging.

Cleaning

- > Clean skin gently with warm water up to 28 days after the stoma closure by using a soft cloth. Alternatively, a gentle cleanser such as sorbolene cream used with tissues or soft cloth at each nappy change to remove faeces (poo).
- > Gently dry bottom area with soft cloth and check all skin folds for faeces and urine. Avoid scrubbing or excessive cleaning. The aim is to reduce rubbing on the area and allow the skin to heal.
- > Avoid wet wipes with alcohol, additives or perfumes, as these can irritate the skin.

Cream application

- > Apply a generous layer of a zinc based barrier cream to your child's bottom. Examples of creams include Covitol, Calmoseptine, Sudocream or Coloplast Conveen Critic Barrier Cream®. If cream is rubbing off onto the nappy, apply some Stomahesive™ powder over the cream. This will help to set the cream.
- > Stomahesive™ powder can also be applied directly to the skin prior to the cream if irritation is severe, this will help the cream to stick.
- > Do not rub off the protective barrier when cleaning the skin. Dab off the faeces (poo) down to the clean layer of cream and then reapply the barrier cream to make it thick again.
- > A moisturiser such as sorbolene can be applied to the intact (non-irritated) surrounding skin.
- > Gently wash the cream completely off once a day in the bath or shower, this will allow you to check the skin. Clean gently as described above.

*** If rash / skin breakdown has not improved within 72 hours, a combined anti-fungal and protective barrier cream may be required. Some over the counter preparations are available. The antifungal cream needs to be applied underneath any additional cream so that it has direct contact with skin. (Use antifungal cream for at least 10 days). If further advice is required please contact your child's doctor or the Stoma / Urology Nurse Consultant, Pain management**

Give your child paracetamol (Panadol®) when needed and prior to perianal skin care. This can be given every 4 to 6 hours but do not give more than a total of four doses in 24 hours.

If you have any concerns or questions after your child's discharge related to perianal skin care, please telephone your private consultant, local GP or the Stoma / Urology Nurse Consultant (in hours) on (08) 161 7000 and ask for pager 4099. Out of hours ask to speak to your doctor