

Dermacol<sup>®</sup>

DIFFERENT STOMAS  
ONE DERMACOL



Validating Salts research  
into healthy stoma skin

**SALTS**  
HEALTHCARE

**Salts Dermacol is a unique stoma collar that provides a leakproof barrier around the base of the stoma. NEW Dermacol helps patients with all types of stoma to avoid red, sore and itchy skin.**

## Skin-friendly hydrocolloid

Accredited by the British Skin Foundation, the hydrocolloid ring is suitable for even the most sensitive skin and has a clear release film with thumb tab for easy removal.

## Soft and flexible collar

Thin and flexible, Dermacol moves with the body as the patient bends, twists and turns. The Dermacol collar is extremely soft and pliable, stretching proportionately to three times its own diameter.

## Ideal size and height

Scientifically developed to be the perfect height and width, the Dermacol range fits stomas of all shapes and sizes.

## Strong yet gentle adhesive

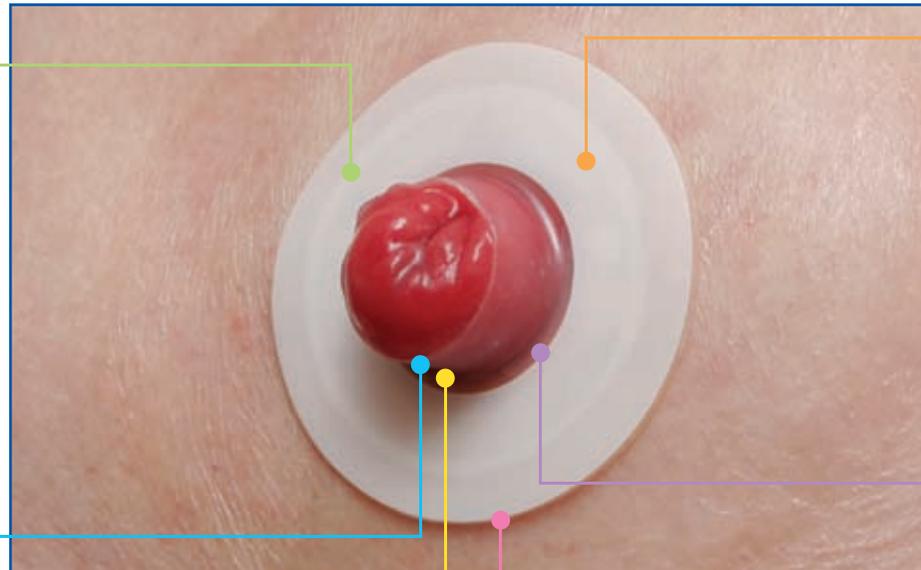
The adhesive is strong but very soft – not only when first worn against the skin, but will stay soft and comfortable at all times.

## Easy application

There are three easy ways to attach Dermacol. Patients can attach the Dermacol to their skin first; attach it to their pouch first; or attach it to their flange first if they're a two-piece user.

## 6 colour-coded sizes

Use the colour-coded measuring guide to help patients find the correct Dermacol product for their stoma. Available in 6 sizes for a perfect fit every time.



# Flat and short stomas

## MYTH

“Dermacol doesn’t work on stomas that are too short.”

## FACT

Even if your patient’s stoma is slightly shorter than the collar, a seal can still be achieved. Just ensure the collar doesn’t cover the end of the stoma.

In a recent survey of 35 urostomists and ileostomists, 8 patients had stomas that could be considered too short; of these, 6 had no leakage when using Dermacol; 1 had a little leakage; and 1 had a lot of leakage. 6 of the 8 are likely to continue to use the product. (See table 1.)

Patient No.	Stoma Length (mm)	Opinion of Collar Length	Seepage Level	Likely to use product again?
1	8	About Right	None	<b>Yes</b>
2	3	About Right	None	<b>Yes</b>
3	6	Too Long	A Little	No
4	2	Too Long	A Lot	No
5	2	About Right	None	<b>Yes</b>
6	2	Too Long	None	<b>Yes</b>
7	1.5	About Right	None	<b>Yes</b>
8	Flush	Too Long	None	<b>Yes</b>

Table 1. Results of urostomists and ileostomists taking part in a UK-wide multi-centred study, Jan–June 2009.

## CASE STUDY:

UK.

## PATIENT:

65 year old lady.

## TYPE OF STOMA:

An anterior resection and loop ileostomy for diverticular disease, 4 years ago. She was unable to have a reversal of her loop ileostomy, but it was converted to an end ileostomy.

## BEFORE DERMACOL:

Mrs X experienced problems with managing the stoma and, as a result, she lacked confidence. The stoma problems included:

- Burning Skin
- Leakages
- Loss of confidence

On assessment, the ileostomy was short spouted and the peristomal skin was sore but not broken. Due to loose effluent, it was seeping under the flange, causing the adhesive to dissolve and skin to burn. She was already using a convexity pouch with belt and did not want to try a different product. She was changing her appliance daily and using hydrocolloid powder to help with burning skin.

## TRIAL:

Mrs X was measured for the Dermacol stoma collar, using the Dermacol size guide. The Dermacol size was 29mm, which was different from her usual cutting size of 32mm for the one-piece pouch she was using. It was noted that the Dermacol collar was longer than the ileostomy spout by 1cm.

## RESULTS:

On examination, the peristomal skin was healthy and Mrs X reported no burning or leaks.

The pouch and stoma collar stayed in place for 24 to 48 hrs, but the patient would often change her pouch for a clean appearance.

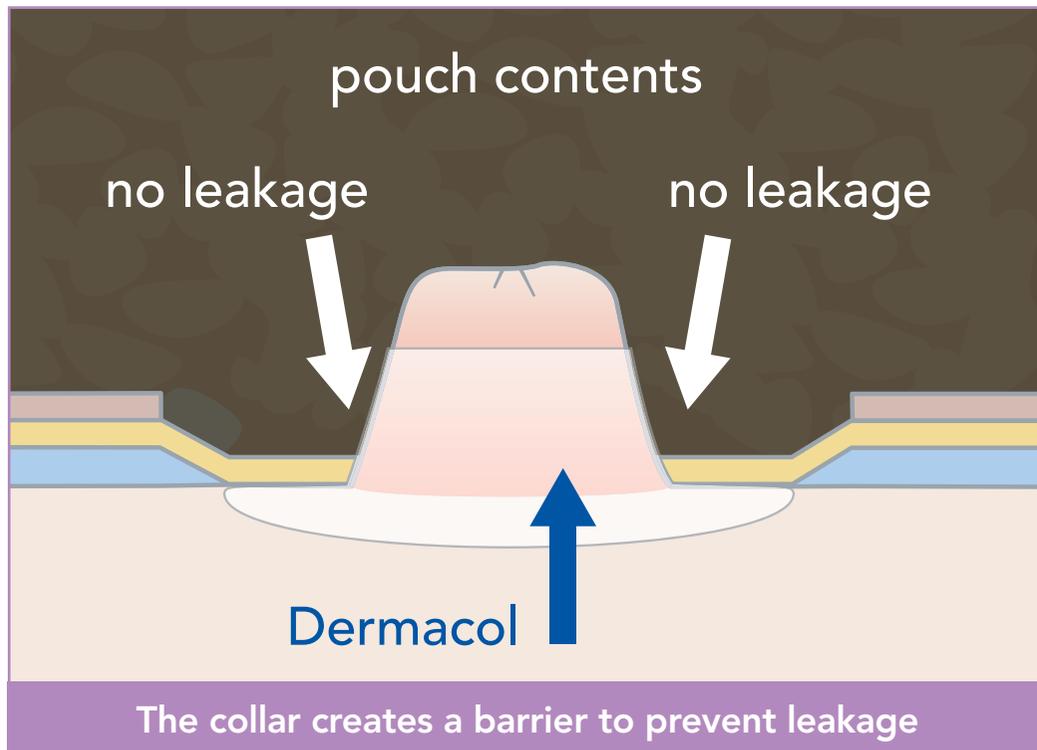
## PATIENT SAYS:

Mrs X reported Dermacol had enhanced her stoma care and increased her confidence – but, most importantly, had improved her skin.



## MYTH

“Dermacol is unsuitable for flat and short stomas or for stomas that require convexity.”



## FACT

Dermacol can be used in conjunction with convex products (1 or 2 piece). Together, they achieve a leakproof fit: the stoma spout is elongated sufficiently to allow the collar to cling to the stoma and prevent the stomal output from coming into contact with the skin.

## CASE STUDY:

Sweden.

## PATIENT:

63 year old lady.

## TYPE OF STOMA:

Colostomy in sigmoid colon formed in 2004 due to rectal cancer.

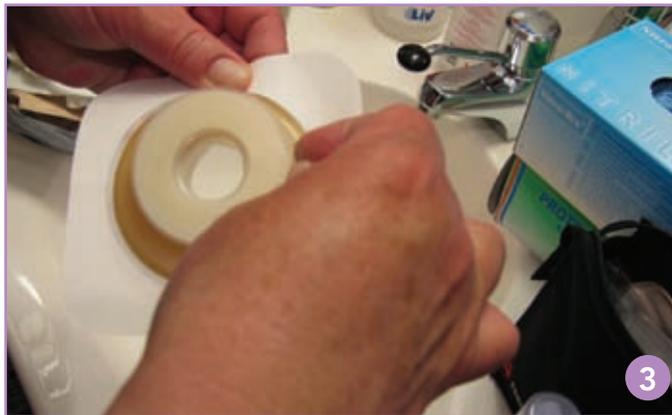
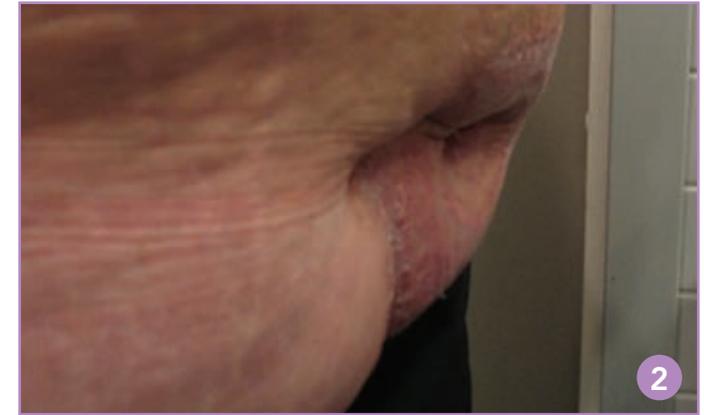
## BEFORE DERMACOL:

The stoma was in a deep fold and this lady was having constant leaks. She also had an underlying skin condition: psoriasis.

## PRODUCTS:

The lady wears a two-piece convex flange, with the Dermacol collar fitted onto the flange before application to the body. She then lifts up the skin to see the stoma and applies the flange with the collar. Picture 5 shows that the collar is slightly too long for this stoma. However, it works. Then the pouch is applied, followed by a belt.

This lady is now much more confident and wear time has increased to 3 or 4 days.



# Creases/crevices around stoma

## MYTH

“I can't use Dermacol on stomas in a crease or bad dip.”



## FACT

Yes, you can – there are many patients around the world who are successfully using Dermacol where the stoma is situated in a dip or in a bad crease. For a number of patients, they find success by filling in the dip with some stoma paste or a seal and then applying the Dermacol. Other patients are stretching the skin a little, prior to application, to create a flat surface. Remember – if the collar is slightly too long, it can be trimmed. Start by cutting some small cuts at North, South, East and West on the collar, then trimming in-between: this makes it easier. But don't worry if the edge you cut is slightly ragged – it will still work, and is so soft that it will not damage the surface of the stoma.

## CASE STUDY:

Australia.

## PATIENT:

Male (age unknown).

## TYPE OF STOMA:

Urostomy.

## BEFORE DERMACOL:

The patient experienced leakage and required frequent pouch changes. This was having a negative impact on his confidence and work.

## PRODUCTS:

The patient tried Dermacol (DC35) with good success. His wear time increased from half a day to one day, and then to over 2 days.

When applying the seal, he stretched his skin to enable a flat surface for the seal to adhere to; he then applied Dermacol. He then used a convex pouch, and SecuPlast® Hydro to secure the top edge.

Two months later, the patient continues to use Dermacol.



# Hernia around stoma

## MYTH

“Dermacol doesn’t work if the patient has a hernia.”



## FACT

Even if your patient has a pronounced hernia, Dermacol should still work. The hydrocolloid is very thin (only 0.9mm) and has a high level of initial tack as it’s made from the same material as SecuPlast Hydro, so is specially designed to be extra-sticky. One of the patients who took part in the original Oxford Clinical study has a hernia and always uses Method 2 to apply his Dermacol. Method 2 application, where the collar is inserted into the back of the flange first, ensures a secure bond between the Dermacol and hydrocolloid is achieved; this will stop leak paths developing on an uneven surface around the hernia.

## CASE STUDY:

UK.

## PATIENT:

Young man, end ileostomy.

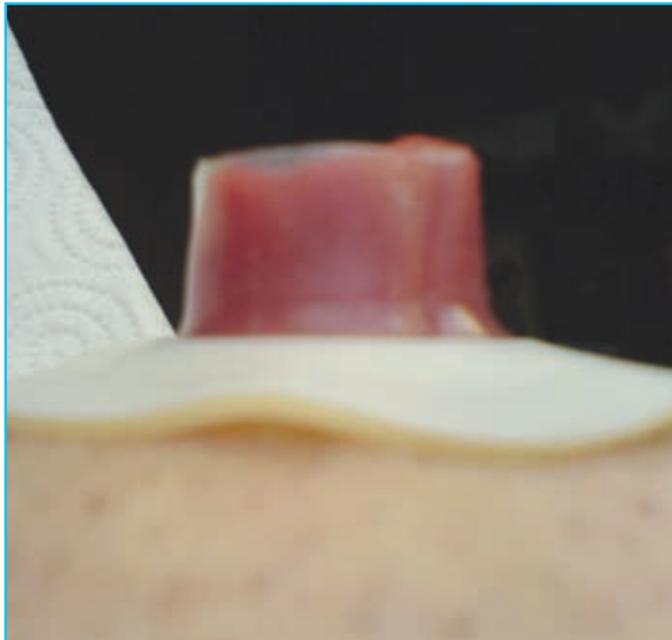
## PRODUCTS:

One-piece flat back.

## RESULTS:

Initial success with Dermacol using Method 1 with either of his one-piece products. (Uses two different types dependent upon whether he is at work, getting hot or on his days off.) Then he experienced some leakage, especially at night. He described how he was fitting Dermacol – see photos displaying rippling of the hydrocolloid ring due to his hernia.

Asked him to try Method 2, thus ensuring the hydrocolloid layer on the Dermacol and his one-piece pouch were firmly and smoothly fixed together before application. This also ensured he did not inadvertently drag the collar down when applying the stoma pouch as could happen using Method 1. He also enlarged the opening on his stoma pouch to facilitate inserting the Dermacol. I called him after 2 weeks and he was trouble-free and feeling confident again.



# Urostomy

## MYTH

“Dermacol won’t work with a urostomy.”



## FACT

Thin and flexible, but strong, the Dermacol collar easily moves with the body as the patient bends, twists and turns, staying in contact with the stoma. The unique polyurethane collar will resist breakdown by urine. In a recent UK trial by 17 urostomists, 40% reported no/little seepage when using the Dermacol collar. In a further smaller usage trial by urostomists of 6 users, only 1 had a small leakage and was reporting that the collar was too loose, because the stoma was very short on one side. However, despite these issues, a longer wear time was achieved and it *did* stop the bag leaking more than any other product that had been tried.

## CASE STUDY:

UK.

## PATIENT:

80 year old gentleman.

## TYPE OF STOMA:

Urostomy.

## BEFORE DERMACOL:

The gentleman was seen by the Stoma Care Nurse, complaining of burning around the peri-stomal skin.

## AFTER DERMACOL:

The patient was measured and fitted with the Dermacol collar and used his usual convex pouch. The burning skin stopped. Wear time increased – sometimes an extra half day or full day.



# Paediatric stomas

## MYTH

“Dermacol cannot be used on paediatric stomas.”



## FACT

Yes, it can – Dermacol is being used successfully with younger patients because it is easy to use once they have the correct size. It is also being used as a prophylactic, to prevent leakage – even starting with very young babies.

For children of school age, it increases their wear time, giving them more confidence at school, for sports activities, holidays and even to sit through their exams.

## CASE STUDY:

UK.

## PATIENT:

13 year old, young girl.

## TYPE OF STOMA:

At 11 years of age, Claire had a subtotal colectomy for ulcerative colitis.

## BEFORE DERMACOL:

For 2 years, Claire managed her ileostomy without any problems. At the age of 13, she developed a small painful ulcer on her peristomal skin, which had various topical treatments applied for the management of *pyoderma gangrenosum*. Her skin heals, then breaks down, requiring the use of several seals/washers.

## WITH DERMACOL:

In January 2009, Claire used Dermacol with success. This is her report:

'I like them 'cos they protect my stoma from any excess output & they make it easier to attach the base plate as they help my stoma

stay in place. They r not too sticky like sum other washers/doughnuts I have used before & they come straight off with my base plate when I change my bag.

They are neat & easy to use you don't need to cut them to size as they are stretchy. Thank you for asking'

Thanks to Claire and Mandy Smith SCN, Manchester.



# Oval stomas

## MYTH

“Dermacol won’t work on an oval stoma.”



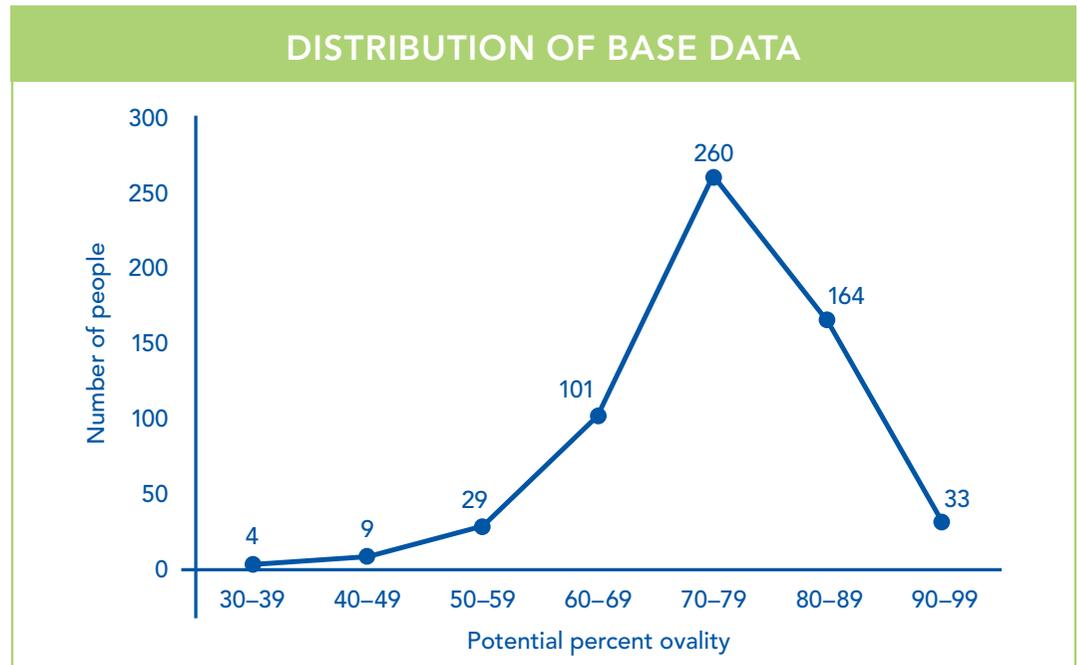
## FACT

Yes, it will – the polyurethane collar is so flexible that it will stretch to accommodate a moderately oval stoma. You can ensure the collar fits by slightly oversizing the collar: this will enable the hydrocolloid washer to fit around the oval stoma, while the collar should cling in enough places to help prevent leakage. Little data exists on the measurement and degree of ovality. In an attempt to measure ovality, 600 templates were randomly selected from the Salts Medilink database. They were then measured at the widest point and at the narrowest point, to determine a percentage of ovality.

Patients with an ovality percentage of 60% or below were considered grossly oval, with a percentage score of 100% being perfectly round. The majority of the group – 457 people – had ovality percentages between 70% and 100%.

To understand why Dermacol might work on a slightly oval stoma, we then worked out the percentage ovality of the base Dermacol products. The results found that the range of Dermacol sizes could potentially accommodate an ovality of 74% on a DC23 down to an ovality of 84% for a DC38.

DERMACOL	% OVALITY
DC23	74
DC26	76.9
DC29	79.3
DC32	81.5
DC35	83
DC38	84



Therefore, it's no surprise that Salts are receiving excellent feedback on the prevention of leakage from patients who consider their own stomas to be oval.

In a recent survey of 13 patients with stomas that they considered oval, 69% said that the Dermacol collar made their pouch feel more comfortable, with 92.3% (12) saying that the collar made them feel very/fairly secure. On the question of leakage onto the skin, 84.6% (11) said they had no leakage while wearing the collar. Over 60.2% (9) said that they achieved a longer wear time.

# Stoma complications

## MYTH

“The collar can cause trauma to the stoma and will not work on loop stomas.”



## FACT

The Alphathane® material used in the Dermacol collar has been designed to be so thin and flexible that it will cling to the stoma without causing trauma to the mucosa. The material has been designed to stretch to over 3 times its own circumference to accommodate normal peristaltic movement. Dermacol can also be used to help protect the delicate mucosa from trauma. For loop stomas in particular, it is important that the distal end of the stoma is not covered by the hydrocolloid.

## CASE STUDY:

South-West UK.

## PATIENT:

60 year old male.

## BEFORE DERMACOL:

His stoma had been re-fashioned 3 times and re-sited twice. He suffered numerous blockages, with a hernia and various stricture issues.

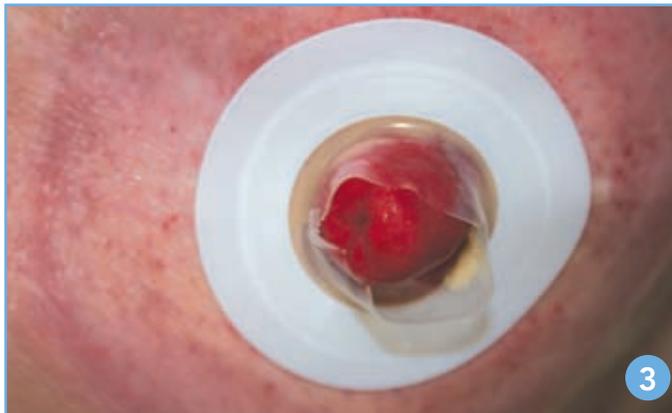
## PRODUCTS:

This patient uses paste to create a flat surface, a Dermacol collar, a soft convex pouch and a belt.

## RESULTS:

The patient has had no leaks since using Dermacol. He is achieving a 24- to 48-hour wear time and is returning to a good level of confidence. His skin looks poor but is not sore.

① Shows how stoma inverts. ② Side view with Dermacol. ③ A front view with a slight nick in the side; without this, the faeces cannot escape if the stoma inverts (it does not leak with the nick). ④ & ⑤ Dermacol in place ⑥ The skin, particularly around the stoma, has healed.



## CASE STUDY:

Australia.

## PATIENT:

Mr R is a 64 year old male.

## BEFORE DERMACOL:

Mr R underwent an ultra-low anterior resection and loop ileostomy formation for rectal cancer.

Post operatively, he had no pouching or peristomal skin problems and had been managing his stoma care well.

Following his second cycle of adjuvant chemotherapy, he began experiencing pouching problems due to moderately severe mucositis of the stoma. He was referred to the Stoma Therapy Nurse for review and management by the medical oncologist.

On examination, Mr R's output was 'porridge like' in consistency. His stoma was mildly oedematous, spouting 2cm at the proximal limb. Due to the mucositis, any handling of the stoma caused bleeding of the mucosa which Mr R described as difficult to stop and making pouch application 'impossible'

because the volume of blood caused leakage almost immediately. He had tried both a one- and two-piece pouching system prior to Stoma Care Nurse review, in an attempt to improve the seal and wear time. The peristomal skin was in good condition and the abdominal plane suitable for a flat base. The length of stomal protrusion did not change with observed peristaltic action.

## REASONS FOR USING DERMACOL:

Dermacol was recommended for 2 reasons: the soft collar protects the delicate mucosa from accidental trauma during application of the stoma pouch, reducing bleeding volume; and because the base of the Dermacol collar has hydrocolloid around it – this enables the adhesive on the pouch to be cut out slightly larger, further reducing potential trauma to the stomal mucosa during application.

## RESULTS:

Mr R's pouch wear time increased from a maximum of 24 hours to 72 hours, and the use of Dermacol reduced trauma and bleeding to stomal mucosa due to decreased frequency of pouch change, while maintaining the integrity of the peristomal skin.



## CASE STUDY:

UK.

## PATIENT:

34 year old male, mechanic, active.

## MEDICAL HISTORY:

Initial diagnosis ulcerative colitis; had total colectomy and ileostomy 8 years ago.

Pouch surgery 6 years ago.

Reversal of ileostomy 5 years ago.

Formation of loop ileostomy 3 years ago due to pouch failure and fistula problems.

Refashioning of ileostomy – conversion from loop to end stoma and stapling over of pouch 2 years ago.

Now being reinvestigated for possible Crohn's disease.

## PRODUCT HISTORY:

Used a 2-piece soft seal – causing pain and sore skin. Unable to bend down because the pain was so severe.

Changed to a different soft convex – pain was much improved but still having area of

sore skin around stoma from the 4 o'clock to 8 o'clock positions, and occasional pain.

Using powder, which improved the situation slightly. Pouches only lasting 1–2 days. The patient wanted a longer wear time due to his social life. He regularly camped in a rural site with no facilities and would like not to have to change the pouch so often. He also wished to use a flat 2-piece pouch.

Large granulomas on stoma bleed readily.

## SOLUTION:

The patient tried Dermacol DC29 and wear time increased to 3–4 days. He has had a pouch for the last 7 days with no skin problems.

Cuts pouch to 30mm; stoma measures 28mm.

The sore area under the stoma was gone in 2 days, with no more pain. He now changes the bag when he wants, rather than when it itches on his skin – which used to happen after 1–2 days.

The patient stopped using convex and has gone back to 2-piece, flat pouches.

Now has less bleeding from granulomas and is much happier.

The burning skin has stopped and wear time has increased by 1½ days.

## SKIN AFTER 4 WEEKS



# Additional study data

## CASE STUDY:

Sweden.

## ASSESSMENT:

14 females and 24 males took part in a study to determine the effectiveness of Dermacol. Of these, 82% had round stomas and over half had a stoma size of 22mm to 29mm.

## RESULTS:

- 89% said Dermacol was very or fairly comfortable to wear
- 50% said Dermacol made their pouch feel more comfortable
- 74% said Dermacol made their pouch feel very or fairly secure
- 47% said Dermacol was better than their usual fitting
- 70% of patients with oval stomas found Dermacol effective and secure
- 75% of patients with oval stomas would use Dermacol again
- 100% of urostomists experienced no, or very little, seepage and would use Dermacol again

For further details on this study or to find out more about Dermacol, contact your product specialist.

## CASE STUDY:

UK.

## ASSESSMENT:

21 females and 14 males took part in a study to determine the effectiveness of Dermacol.

Of these, 63% had a round stoma, 57% were ileostomists and 43% were urostomists.

## RESULTS:

- 74% said the length of the Dermacol sleeve was about right
- 31% said they achieved a longer wear time with Dermacol
- 70% of urostomists experienced little or no seepage
- 50% of ileostomists experienced little or no seepage

For further details on this study or to find out more about Dermacol, contact your product specialist.

## CASE STUDY:

UK.

## ASSESSMENT:

33 females and 36 males took part in a second study. Of these, 80% were ileostomists; sizes of stoma varied between 20mm and 40mm. The majority described their stoma as round.

## RESULTS:

- 68% said Dermacol offered a longer wear time
- 51% found Dermacol very or fairly easy to apply
- 96% said Dermacol was neither too tight nor too loose
- 80% said the length of Dermacol was about right
- 66% said Dermacol made their pouch feel more comfortable
- 94% said Dermacol made them feel very or fairly secure
- 90% said they felt very or fairly confident with Dermacol
- 84% saw no leakage during the removal of the collar
- 94% said skin felt very or fairly comfortable during wear time

For further details on this study or to find out more about Dermacol, contact your product specialist.



## Skin Friendliness

Skin integrity is essential for the normal usage of a stoma appliance, and Salts Healthcare is the **first and only company to receive accreditation** by the **British Skin Foundation** for its research into hydrocolloids.

DERMACOL			
	STOMA SIZE	PRODUCT CODE	PACK SIZE
	20mm – 23mm	DC23	30
	24mm – 26mm	DC26	30
	27mm – 29mm	DC29	30
	30mm – 32mm	DC32	30
	33mm – 35mm	DC35	30
	36mm – 38mm	DC38	30



100% designed and manufactured in the UK

Special thanks go to all the patients and Stoma Care Nurses who agreed to be included in this presenter.

Don't forget, Dermacol works on all types of stoma, including perfect ones. So if you have a patient who experiences leaks and sore skin or who lacks confidence, make sure you give Dermacol a try. It might just change their lives.

### For free samples

**FREephone 0800 626388 – UK** **FREephone 1-800 408508 – Ireland** or [www.saltsstomacare.co.uk](http://www.saltsstomacare.co.uk)