Management of granulomas with

eakin Cohesive® seal **eakin freeseal®**

A granuloma is a mass of hypergranulation tissue that forms due to inflammation when the immune system reacts to/or attempts to contain foreign substances such as suture material [1,2,3,4]

While the definitive cause of granulomas is often unknown[2], contributive factors associated include:

- Sutures[1,2,3]
- Trauma from pouch removal [2,5]
- Chronic irritation from effluent [2,5,6,7]
- Tight clothing[2]
- Allergies to ostomy product[5]

While silver nitrate to cauterise granulomas is the most recognised treatment option, trying to prevent granulomas occurring or prevent further irritation can be effective.

Read on to see how **eakin®** seals can be a successful option in managing granulomas.

The use of an **eakin®** seal regularly can help to manage granulomas

The most absorbent seals available![8]
Layer of protection between the stoma and skin, preventing effluent reaching the skin.

Skin friendly formula
Small number of ingredients that are kind to skin to prevent irritation.

Stays in place
Soft and mouldable seal that creates a secure fit and remains in place – preventing rubbing or friction.

Longer weartime
Preventing leaks allows longer pouch weartime so less potential for skin stripping or repeated irritation.

eakin **Cohesive®** stomawrap for large stomas and poor visibility

Case study submitted by: Marjon Valk, Stoma and Continence Nurse, Bernhoven Hospital, Uden

Background
- 73 year old lady who was very active and enjoyed walking.
- 2011: Spinal stroke leading to faecal and urinary incontinence.
- 2018: Formation of a loop ileostomy.

Problems Experienced
- Challenging stoma - on the right, granuloma on the mucosa and on the left tilted and protruding.
- Poor visibility of the stoma.
- Peristomal skin damage due to constant leaks.
- Insomnia due to ongoing abdominal pain including at the stoma site.
- Continuous baseplate changes - 5x a week.
- Her current 2-piece system was hard and bulky and uncomfortable.

Nurse Advice
Initially switched to a different 2-piece then 1-piece system but neither worked. **Leaks continued** and **sore red peristomal skin** remained.

With support from **eakin®**, the eakin **dot®** 2-piece system with an eakin **Cohesive®** stomawrap was introduced. The seal was chosen for it's unique cut out and oval shape allowing for easy application - wrapping around the stoma to create a secure seal.

Solution with eakin Cohesive® stomawrap

New regular routine
- Seal prevented leaks from occurring meaning the 5x weekly baseplate changes were reduced by half.
- Changes are quicker, only taking 15 minutes.
- Independence has been restored and the lady can confidently change the pouch herself.

Skin: Peristomal skin has improved substantially, leaks no longer occur.
Stoma Management: With adjustments of the baseplate template and introduction of the seal, a good routine has been established.
Bigger Life: Confidence has been rebuilt - after a long struggle, peace of mind has returned and the lady is happy with her stoma care.

Before

Improved skin

eakin *freeseal*®

when managing peristomal skin complications and hypergranulation

Case study submitted by Marjon Gerbrands, Stoma Care Nurse, The Netherlands

Background
- 69 year old lady.
- 2017: Rectal tumour treated with chemotherapy and radiotherapy. Remission and referred to a "Wait and See" study.
- 2019: Reoccurrence of rectal cancer resulting in a colostomy being formed.

Problems Experienced
- From 2020, pain in stoma occurred without any visible abnormalities.
- Later in 2020 raised 'bumps' appeared at the mucocutaneous junction which appeared like superficial hypergranulation.
- Treatment with silver nitrate, Terracotril, Aldanex, Lidocaine, ostomy seals and Prontosan with no improvement
- 2021: Stoma refashioned but problems persisted and the **stoma retracted**.
- Very **painful superficial hypergranulation** reoccurred which was treated with silver nitrate. Although partially successful, painful skin remained.
- **Pouch changes were 2 - 3 times per day** due to **sore peristomal skin**.

Nurse Advice
Tried multiple seals and pouches with no success. **Hypergranulation** and **sore peristomal skin** remained.

eakin **freeseal**® with an **eakin**® soft convex pouch was introduced by Laura Han, Stoma care nurse Haaglanden Medical Centre.

Before
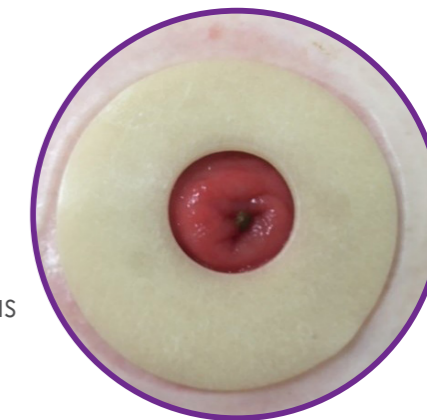
Solution with eakin freeseal®

After 2 years of searching for a solution, eakin **freeseal**® has changed her stoma care routine.

Skin: Hypergranulation has almost disappeared and peristomal skin has completely healed.

Stoma Management: Just 1 pouch change per day with no additional treatments needed.

Bigger Life: The lady feels safe in her routine, is pain-free and does not have to think of her stoma. She said:

"I finally have a normal life again and I have become a regular ostomate!!"

Economic impact with eakin freeseal®

In this case, daily stoma care changes have reduced from 2 - 3 to just 1 per day. As a result:

Product usage has been reduced by **60%**.*

This indicates potential **positive impacts** including:
- reduced annual cost of ostomy product.
- no need for additional products to treat peristomal skin complications and hypergranulation.
- reduced nursing time required to treat the ostomate's additional complications.
- a positive environmental impact of less ostomy product usage.

Plus, importantly, the l**ife changing quality of life benefits** for the lady herself.

*based on average usage of both pouch and seals detailed within this case study.

Improved skin

References 1. Beitz, J. M., & Colwell, J. C. (2014). Stomal and peristomal complications: Prioritizing management approaches in adults. Journal of Wound, Ostomy and Continence Nursing, 41(5), 445–454.. Journal of Stomal Therapy Australia; 42(2):10-19 | 2. Johnson, T. (2010). Problematic stomas...Stoma granulomas. Colostomy Association Tidings Magazine. | 3. Salvadalena, G. (2016). Peristomal skin conditions. In J. E. Carmel, J. C. Colwell, & M. T. Goldberg (Eds.) Wound, Ostomy and Continence Nurses Society core curriculum: Ostomy management (pp. 176–190). Philadelphia, PA: Wolters Kluwer. | 4. Wound, Ostomy and Continence Nurses Society. (2010). Management of the patient with a fecal ostomy: Best practice guidelines for clinicians. Mt. Laurel, NJ: Author. | | 5. Dukes, S., Lowther, C., Martin, T., & Osborne, D. (2010). Guidelines for treating stoma granulomas at the mucocutaneous junction. Gastrointestinal Nursing, 8(1), 16–21. | 6. Burch, J. (2014). Care of patients with peristomal skin complications. Nursing Standard, 28(37), 51–57. http://dx.doi.org/10.7748/ns.28.37.51.e8317 | 7. Lyon, C. C., & Beck, M. H. (2012). Chapter 97. Skin problems in ostomates. In L. A. Goldsmith, S. I. Katz, B. A. Gilchrest, A. S. Paller, D. J. Leffell, & K. Wolff (Eds.), Fitzpatrick's Dermatology in General Medicine, 8e. | 8. Mc Groggan G, Haughey S and McDowell K (2018) An absorbent, enzyme-inhibiting seal reduces peristomal skin complications. Gastrointestinal Nursing 16:1 42-4