

## Introducing a thin seal for the management of a retracted stoma and over granulation

Case study submitted by Maureen Vaughan  
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### Background

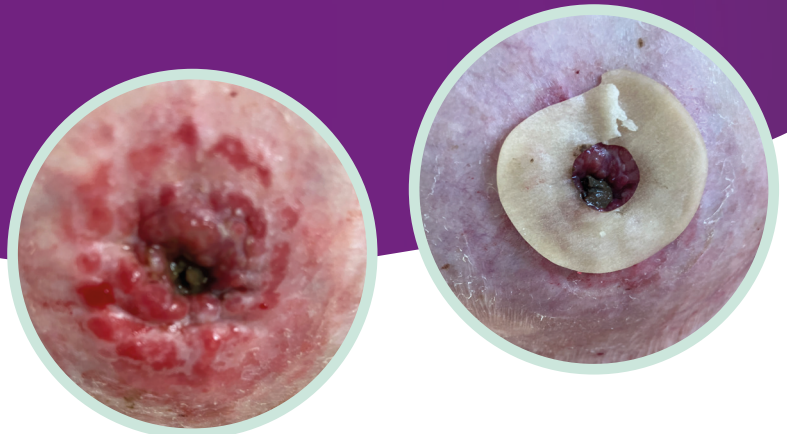
- 75 year old lady.
- Lives with husband.
- Independent with stoma care.
- No dexterity or vision issues.
- Medical History:
  - Non-Insulin-Dependent Diabetes Mellitus (NIDDM).
  - High BMI.
  - Chronic Obstructive Pulmonary Disease (COPD).
  - Asthma.
  - High Cholesterol.

### Problems Experienced

- **Oct 24:** Hartmann's procedure for Perforation and Diverticulitis and formation of end colostomy.
- End Colostomy retracted and stenosed.
- Stoma initially measured approx. 15mm but reduced to approx. 10mm.
- Over granulation on the surrounding skin, with Moisture Associated Skin Damage (MASD) evident resulting in erosion and bleeding on the peristomal skin.

### Nurse Advice

Suggestion to try an **eakin freeseal<sup>®</sup> air** (839017) due to smaller starter hole size (10mm), its thinness (1.8mm) and minimal impact on limited stomal protrusion.



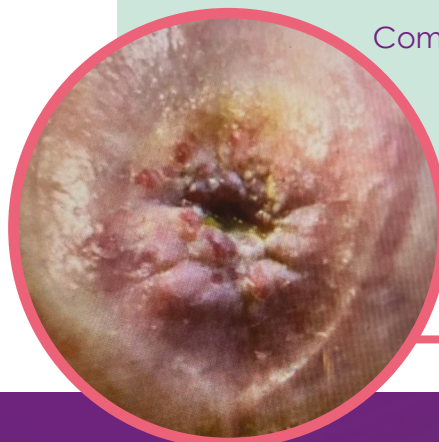
### Solution with eakin freeseal<sup>®</sup> air

**Skin:** No further bleeding, improvement in redness and a marked reduction in granulation tissue.

**Stoma Management:** eakin **freeseal<sup>®</sup> air** provided protection and allowed the peristomal skin to heal, while managing over granulation and MASD. Continued to monitor stoma regularly while awaiting further surgical review.

*"eakin **freeseal<sup>®</sup> air** provided an essential barrier between the skin and the bag, **preventing** moisture from sitting on the surrounding skin, therefore allowing **healing** to occur."*

**Maureen Vaughan**  
Community Stoma Care Nurse



Review at 2 weeks