Case Study: Evaluation of a Unique Skin Protectant to Treat Various Presentations of Moisture Associated Skin Damage (MASD)

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STATEMENT OF CLINICAL PROBLEM

MASD is a challenge to treat and heal due to the current limited product offerings coupled with the difficulty containing the effluent causing the damage.

Location, body contour and moisture add to the treatment challenges.

Patients can report significant pain with these frequently large surface area wounds.

PAST MANAGEMENT

Incontinence Associated Dermatitis (IAD) has traditionally been treated topically with barrier creams; peristomal damage with pectin powder and/or liquid skin barrier. Frequent reapplication of creams and the wearing away of the liquid barriers slows healing with damage to the tissue; both options increase the discomfort of the patient when reapplied.

CURRENT CLINICAL APPROACH

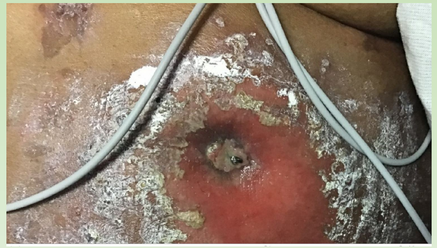
An elastomeric polymer –cyanoacrylate liquid skin protectant was selected for the following properties/claims: It prevents stops and reverses the effects of IAD; ability to adhere to denuded or dry skin; pain reduction in caring for IAD, and for its long wear time.

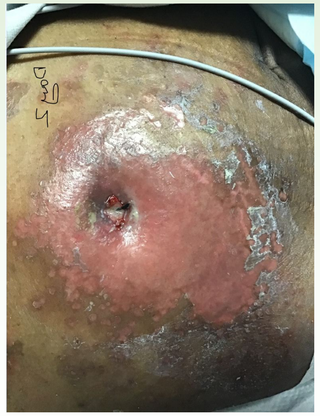
The ICU staff had completed an ease of use prevention/staff satisfaction incontinence barrier trial with the product; the WOC nurse wanted to evaluate the product for use in damaged skin.

PATIENT OUTCOMES

Patient #1:A.W, with esophageal cancer. Leaking PEG removed 2 weeks prior, managed with zinc barrier and gauze

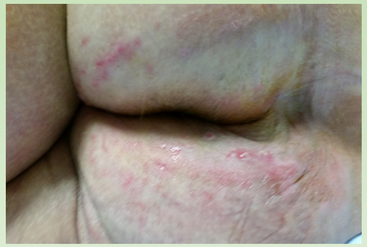
Picture 1: Pre treatment ; post application urostomy pouch applied.
Picture 2 : 24 hours post application with pain rate of '8' reduced to '0' in 24 hours. Tissue less inflamed and drier. Reapplication.

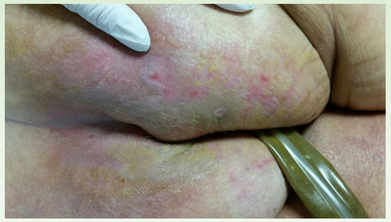




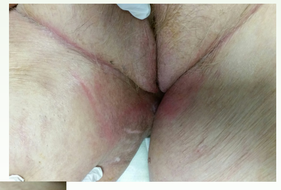
PATIENT OUTCOMES

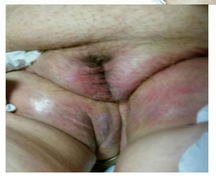
Patient #2. Hx loose stools PTA. Incontinence associated skin damage extended into inner thighs and labia
Picture 1 :day 1 pre treatment
Picture 2: Day 3 post application and day 2 fecal diversion, skin much drier lass inflamed . Barrier visible.





Day 1:Patient would not allow full exam due to discomfort



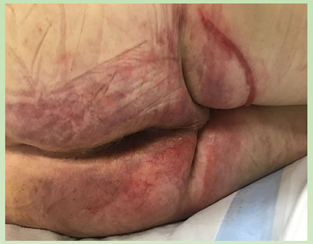


Day 3: With decreased pain pt allowed labial IAD to be seem and treated

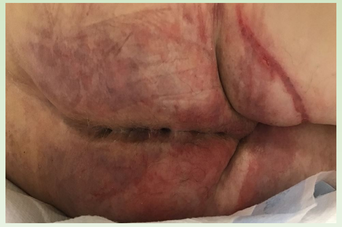
PATIENT OUTCOMES

Patient #3 :JD, sat in incontinence with 1 brief change daily x a week PTA

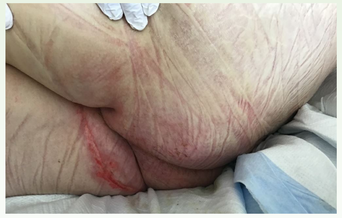
Day 1
IAD, pain '3'
Large blister from brief



Day 1: post application, pain '0'



Day 4
reapplication



CONCLUSIONS

The twice weekly use of the elastomeric cyanoacrylate skin protectant resulted in:

- Reported increased comfort by all the patients (shown by confused patient allowing better exam in patient #2)
- Inflammation decreased visibly when the barrier was dry
- Skin was visibly drier after application
- Drier skin allowed pouching which could not be done with a barrier cream
- Skin healed markedly and quickly (evaluations limited by acute care length of stay)
- Excellent staff satisfaction with the application and the ease of cleaning the incontinent patient instead of barrier creams
- Protocol of 2 x weekly for damaged skin adequate for IAD but found 3 x week better with gastric effluent

REFERENCES

www.3M.com

CONTACT

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