A message from the Editor

It gives me great pleasure to welcome you to the 1st edition of the 3M RISE Newsletter. RISE stands for Reducing the Incidence of Skin Breakdown through Education and has been developed by 3M to help individuals, organisations and facilities to reduce the incidence of skin breakdown and establish standardised protocols of care in order to provide cost effective solutions both in treatment costs and nursing time. The RISE Program comes in the form of tools, materials and educational programs (The RISE Program comes in the form of tools, materials and educational programs including face to face workshops, webinars and now a newsletter) as well as ongoing commitment and support from the 3M Team and now a newsletter!

As you are aware there are many threats that can jeopardise the integrity of our patients or residents skin. Threats to skin integrity can range from moisture either too wet e.g. due to bodily fluids (such as urine, faeces, gastric fluids, wound exudate) or too dry (such as with ageing skin), adhesive trauma, the combination of bodily fluids and adhesive trauma (such as with our ostomy patients), mechanical forces (such as pressure, friction and sheer) and not forgetting risks such as radiation therapy to name a few. Everyone is at risk of skin breakdown but of course there are specific patients or residents of particular risk that come to mind, such as the intensive care patient, the patient receiving chemotherapy or radiation therapy, the patient who has just suffered a cerebral vascular accident, the neonate and the elderly resident. I am sure this list has got you thinking about the areas where you work and that you will agree that prevention is the best option. We need to identify these risks and address the management to prevent skin breakdown in the first place!

The RISE newsletter is just one of the tools of this program to connect to our clinicians. It is aimed at all clinicians with an interest in maintaining skin integrity and hopefully all disciplines will be able to learn something new and share their experiences and expertise with us. Each quarterly issue will have a specific focus, and this issue focuses on incontinence.

This is your newsletter and we encourage and welcome contributions big or small, this can be in the form of case studies, general articles, book or article reviews and conference reviews. I do appreciate that your time is busy and can assist you in getting it to the “finished” format.

Finally, I wish you all a very happy 2012 and please also do not hesitate to send me any of your thought or ideas for upcoming editions of the newsletter.

Until next issue, happy reading!

Victoria Moss
RN / Technical Specialist Skin & Wound Care
3M Australia
A Welcome from the AWMA President

As the President of The Australian Wound Management Association, (AWMA) it is my pleasure to introduce the inaugural 3M RISE newsletter. The ever increasing array of high quality educational resources being provided by our corporate colleagues such as 3M prove invaluable in a rapidly changing health care context.

Wound management practitioners have at times been criticised for a “hole in the patient foci” not a whole patient approach. In response educational programs and clinical decision support systems have broadened the approach. A common example is the change from a focus on wound management to a focus on maintenance of skin integrity.

Our skin is under constant threat. Normal physiological processes such as aging, incontinence, wound exudate, or gastric fluids all pose a risk to skin integrity. Forces arising from contemporary health care practices such as shear, friction, radiation or invasion add to the risks. Each set of risks are further compounded by our modern society which exposes our skin to drying agents such as heating and cooling, chemical agents via cosmetics or diet, and hormonal influences of stress. Therefore as clinicians attempt to maintain skin the task becomes increasing complex.

The 3M RISE Program (Reducing the Incidence of Skin breakdown through Education) is one important resource that helps clinicians tackle the complexities of maintaining skin integrity. This program provides a variety of educational activities including protocols and treatment algorithm tools, information leaflets for patients, residents and families, workshops lead by key industry experts, web resources, webinars and product in - service and support. Confidence in the materials can be high as the developers give an undertaking that all materials are drawn from best practice and cost effective treatment options.

I look forward to the 3M RISE program and newsletter adding to the collection of high quality reliable resources that help to inform busy clinicians.

See Your Name In Print!

Wanted
Case studies, articles, journal or book reviews, conference and educational day reports.

This can include but is not limited to discussion on different risk factors, prevention and management of skin breakdown and input from a wide variety of clinical settings and disciplines to share experience and knowledge.

Please email the editor with your submission or any of your ideas, Vicky Moss vmoss2@mmm.com

Dates for the Diary

18-21 March  AWMA Australian Wound Management Association Conference, Sydney Convention Centre Sydney
19 – 23 April  WCET The World Council of Enterstomal Therapists Congress, Adelaide Convention Centre
12 May  International Nurses Day NZ
21-22 May  ACSA National Community Care Conference, Adelaide Convention Centre
24-26 May  Australasian Lymphology Association Conference, Pullman Reef Hotel and Casino, Cairns
24-30 June  World Continence Week

Coming Soon...

3M RISE Workshops - visit www.cavilon.com.au for more detail
Ageing Skin and Incontinence - Practice Issues in Management

Australia’s population is ageing. By 2041 it is estimated that some 22% of people will be aged over sixty five and in addition to the many predicted health issues, skin changes associated with ageing will present a myriad of other health challenges1-5. As we age changes in skin condition include thinning of the epidermis and flattening of the dermis. Such skin changes make the skin more susceptible to damage, hinder healing and precipitate the formation of wounds3-5.

Like most systems in our body the Integumentary system (i.e. skin) begins to lose capacity for cellular replenishment as we age. The dermal papillae (Rete pegs) begin to flatten and lose strength and integrity3-5.

The end result is: a thinner, ‘shinier’ epidermis, an epidermis that slides across the surface of the dermis, reduced ability to resist water damage, less capacity to replenish / regenerate structure and reduced immunity. The skin in around the groin, natal cleft, under breasts and between skin folds is particularly vulnerable to moisture damage. Wherever skin is repeatedly exposed to urine and /or faeces pathology tends to manifest quickly in the form of maceration, erosion and dermatitis. It is therefore an aged care imperative that assessment of incontinence and skin-damage risk takes place and findings matched to appropriate protocols for prevention and treatment4-5.

Did you know?

- Faecal incontinence is one of the three major causes (along with decreased mobility and dementia) for admittance to a residential aged care facility.
- 40-60% of people in nursing homes will wet the bed tonight.

Source: www.continence.org.au

Tal Ellis is Director of WoundHeal Australia and was a lecturer in Nursing at the University of South Australia for fifteen years.

He has served terms as president of the South Australian Wound Management Association (now AWMA SA), secretary and vice-president of the Australian Wound Management Association.

Tal co-authored and coordinated the University of SA Wound Management Course (1993 - 2005) and is also co-author of the Wound Field Concept. Tal practices and consults in the Aged Care sector and has a particular interest in the care of older people with wounds.

Tal was made a Fellow of the Australian Wound Management Association in 2006.

Incontinence related maceration, erosion and inflammation

- The thinner epidermis is less resistant to sweat, urine and faeces – leads to maceration
- Erosion occurs with friction
- Urine causes burning irritation leading to inflammation

- Faeces may contain enzymes capable of eroding epidermis/dermis
- Pathogenic microbes can colonise skin and cause infection
- Ongoing inflammation may develop into dermatitis
- Itching and potential extension of skin damage.
Secondary skin issues related to incontinence

- Transient bacteria, fungi and other pathogens can colonise the lower epidermis and dermis
- These areas are less able to resist colonisation so bacterial and fungal infection can occur.
- Skin infection causes deeper tissue damage and may form wounds

Challenges for the Aged Care sector:
Risk assessment and prevention

- Ensure appropriate skin assessment is carried out: this is a requirement under the accreditation guidelines but needs to be more than an exercise to satisfy legal requirements – risk assessment must be matched to actual evidence based care protocols in order to improve health outcomes, increase comfort and reduce morbidity
- Risk assessment helps to identify those most in need and ensures that prevention protocols can be put in place before treatment
- Cost benefit analysis reveals that risk assessment and prevention are less expensive than treatment
- Ongoing education of all staff, especially those in constant contact with community/aged care residents suffering incontinence, will facilitate prevention and early intervention

Treatment

- Skin Barriers are designed to prevent over-hydration of the skin where excess fluid is likely to accumulate e.g. the groin, buttocks, around wounds, under breasts or between toes. When incontinence is a risk, a commercial skin barrier can help to prevent over hydration of the epidermis and thus reduce the risk of further skin damage. There are many commercially available preparations and appropriate testing should be carried out if you suspect the person may suffer skin sensitivity.
- Identify whether issue is dermatitis, bacterial or fungal infection, erosion or maceration.
- Ensure treatment is matched to assessment: e.g. fungal infection should be treated with antifungal agents but this will not work if the problem is dermatitis or bacterial infection; too often a “one-size-fits-all” approach is taken and this leads to exacerbation and prolonging of problems

References

   http://www.abs.gov.au/ausstats/abs@census.nsf/4079a1bbd2a04b80ca256b9e002089f2/7d637c537216e326ca256ba08371f010penDocument accessed 15/8/2005
4. Bliss,D; Zehrer, C; Savik,K; Smith,G; Hedblom, E 2007 “An economic evaluation of four skin damage prevention regimens in nursing home residents with incontinence - Economics of skin damage prevention” Journal of Wound Ostomy and Continence Nursing (34)2 March April
5. Runeman,B 2008 “Skin interaction with absorbent hygiene products” Clinics in Dermatology (26)

Some Facts on 3M™ Cavilon™ No Sting Barrier Film

- 3M is proud to have sponsored the largest health economic study for incontinence dermatitis prevention, (Bliss et al, 2007) For a copy please contact your 3M Representative
- Cavilon No Sting Barrier Film has more clinical evidence than any other moisture barrier or barrier film
- Cavilon No Sting Barrier Film has shown to be effective for incontinence skin protection for up to 72 hours. Actual duration of protection will vary because of different type and frequency of incontinence and type and frequency of cleansing. A patient with occasional episodes of urinary incontinence may require reaplication only every 72 hours. In contrast, a patient with frequent or constant liquid diarrhoea stools may require reaplication as often as every 12 – 24 hours.

Some Facts on 3M™ Cavilon™ Durable Barrier Cream

- Cavilon Durable Barrier Cream lasts 3-4 washes and so does not require re – application after each incontinent episode
- It is transparent and so allows constant visualisation of the skin
- Cavilon Durable Barrier Cream will not interfere with the absorbency of incontinence pads
- Cavilon Durable Barrier Cream does not reduce tape adhesion
- Fragrance Free
- Does not require removal

1,2,3,4 3M Data on File
We already know that skin integrity is one of the most important aspects of managing patient care in all ages, especially in the elderly or with people who suffer from a disability. Skin can become fragile as a person ages and this is even more apparent in people who may suffer from a debilitating medical condition.

A person, who is incontinent and wears an aid such as an incontinent pad, may be more at risk in developing skin breakdown if the skin is in contact with either faeces or urine for a prolonged length of time. Damp skin is more sensitive than dry skin and if friction occurs bacteria, such as Corynebacterium and fungi such as Candida may grow at a faster rate.

Furthermore, this humid moist occlusive environment combined with the breakdown of urea in urine and/or faeces can also result in a higher pH level of the skin (normal is around 5.5) which increases the activity of faecal enzymes, lipases and proteases which directly decomposes the skin constituents initiating many forms of dermatitis, (Runeman, B. 2008) Incontinence associated dermatitis (IAD) can result from this frequent exposure to urine or faeces. IAD is a vicious cycle of pain and increased disruption of barrier function. Consistent preventive skin care or treatment may reduce the incidence of IAD. The general consensus found in clinical studies conclude that a person who has urinary incontinence alone may not be as at risk of getting skin irritation resulting in perineal dermatitis or pressure ulcers than if a person is both faecally and urinary incontinent. Either way as clinicians we must be constantly aware that any increased friction combined with a moist occluded environment can increase skin breakdown.

Good assessment skills are essential for early detection of skin problems including chafing, irritation, dermatitis of the skin and/or excoriation. Therefore as care givers we need to ensure that strategies and ongoing monitoring are implemented to minimise or prevent the problem.

Good continence management is essential for keeping the perineal area and skin healthy. Easy access to a toilet or having a commode by the bedside helps with getting the person to the toilet on time. A combination of pads and scheduled toileting regime can be a good management plan for someone who suffers from incontinence.

As caregivers we must also be mindful that people who suffer from a disability can also be at risk of becoming incontinent. Patients with conditions such as Spina Bifida, Multiple Sclerosis, Parkinson’s Disease, Stroke (CVA) and Spinal cord injury to name a few, may be in this category. Patients with dementia certainly present a challenge for the caregiver!

People who have been diagnosed with a Neurological disease may have a higher prevalence of incontinence. Altered bladder sensation can cause decreased, altered or absent sensation, thereby interfering with effective control of bladder and bowel function.
Keeping the skin clean with good hygiene and wearing the appropriate product is very important in all cases. Care should be taken when applying and removing the pad as shearing of the skin can take place. Studies have shown that the use of a cleanser/moisturiser which has the pH of skin is more beneficial than soap and water.

There are many excellent products available that can be used to protect and to promote optimal skin care. If irritation, excoriation or dermatitis persists Continence Nurse Advisors, Wound Care Specialists or local Doctors are available to offer medical advice.

Some Tips for Healthy Skin Care

Recommendations for best practice in skin care:

• Select appropriate continent aids such as absorbent pads with SAP (Super absorbent polymer).
• People with double incontinence (both urinary and faecal) or faecal incontinence should be changed as soon as possible after incontinence has occurred – a booster pad is helpful if the person is faecally incontinent.
• Regular “checks” should be attended and routine pad changes put in place to maintain dryness of the skin
• The person should be washed or a peri-wash (soap free) attended at each pad change Pat dry the area only - to avoid friction
• Alternately soap free cleansers could be used including foaming cleansers, cream cleansers or alcohol – free wipes
• Barrier creams can be applied to prevent penetration of water to the skin – use a thin amount only and avoid thick creams such as heavy based zinc creams
• Creams with healing properties are also available for excoriated or irritated areas to help with skin repair
• Avoid talcum powder or other dry powders
• Immobile patients should be re-positioned at regular intervals
• If the urine has an offensive odour check for urinary tract infections
• Maintain fluid intake – 1500mls to 2000mls a day especially during the summer months and check for constipation

Resources, Acknowledgements and References:
First Steps in the Management of Urinary Incontinence in Community-Dwelling Older People. A clinical practice guideline for primary clinicians (registered nurses and allied health professionals) Third ed: 2010 Qld Health
Skin Care and Incontinence: Continence Foundation of Australia, July 2010
www.continence.org.au
http://www.nursingcenter.com/prodev/ce_article.

If you would like to subscribe to this newsletter please email Jackie Soong at jsoong@mmm.com along with your name and contact details.
Incontinence Management
A Case Study

Wendy Humphreys, Clinical Practice Consultant, Repatriation General Hospital, Adelaide. South Australia

I have been a Stomal / Wound Nurse since 1995 and have been at the Repatriation General Hospital in Adelaide for almost 25 years. I have found as many of us do, that our roles expand over time and I am now the clinical photographer, pressure equipment manager and pressure risk manager and practice manager for General / Colorectal and Plastic Surgery. My role involves educating patients, medical and nursing staff in stoma, wound and pressure area management. This also includes the family members who care for the client once discharged from our facility.

Managing Skin Breakdown from Incontinence: A Case Study

An 82 year old gentleman was admitted to the Hospital from a Nursing Home with pyrexia and malaise and faecal incontinence. He had a complex past medical history which included recurrent urinary tract infections, hypertension, ischaemic heart disease, peripheral vascular disease, cerebral vascular accident, abdominal aortic aneurysm, right below knee amputation, laminectomy, total hip replacement, inguinal hernia, iron deficient anaemia and paraplegia secondary to spinal cord injury.

He had a permanent indwelling catheter due to urinary retention and it was observed on admission that the patient had a filleted penis. This was due to pressure from his long term indwelling urethral catheter not being moved from side to side on a regular basis. The catheter had eroded through the urethra and the gland. He also had a pressure ulcer on his left ischium and severe faecal scolding from chronic diarrhoea. He was faecally incontinent and wore incontinence pads. The nursing home staff had tried several skin creams on this gentleman’s skin but with poor results. Most of his day was spent out of bed sitting in an arm chair.

On initial assessment, his skin appeared dry and scaly and this was initially thought to be contact dermatitis, however the Dermatology Registrar felt skin dryness was from long term use of zinc based creams.

On admission, the patient tested positive for clostridium difficile and was treated with the appropriate antibiotics. Faecal incontinence continued and so a bowel management regime was implemented. He wore incontinence pads so it was important to ensure that any cream applied was used sparingly so as not to block the absorbency of the pad.

Photo 1: Skin condition on assessment
Skin care management was assessed as a key priority for the patient, especially as previous skin barrier creams had demonstrated little improvement and caused great distress and discomfort for the patient. 3M™ Cavilon™ Durable Barrier Cream was commenced to the affected area as well as 3M™ Cavilon™ No Sting Barrier Film on the raw and broken tissue. The pressure injury was dressed with an absorbent dressing. The Cavilon Professional Skin Care Products were able to be used in conjunction with the dressing as they do not inhibit the adhesiveness of tapes and dressings.

An education session for the nursing staff was conducted on the correct use of the Cavilon Skin Protection products. Due to the complexity of the patient’s skin condition and the frequent faecal incontinence, an individualised patient protocol was implemented.

Photo 2: Skin condition on Day 3
After the 3rd day the patient’s skin was reviewed and significant improvement was noted.

Photo 3: Skin condition on Day 6
After day 6 the skin was clear of any irritation and was continuing to heal.

Conclusion
There was considerable improvement in the condition of the patient’s skin. This case study has highlighted the importance of a holistic approach to manage complex skin breakdown that includes a bowel management plan and skin care protocol.

The Cavilon Skin Protection Range is now part of an established skin care approach in the hospital.
3M™ Cavilon™ Durable Barrier Cream

Long-Lasting Comfort & Protection

NEW! Fragrance FREE Now Available!

3M™ Cavilon™ Durable Barrier Cream Fragrance-Free is a concentrated barrier cream that utilises unique 3M polymers to provide long-lasting protection from bodily fluids while moisturising the skin. The unique formula includes dimethicone and requires less frequent application and less product with each application.

Cavilon Durable Barrier Cream for incontinence protection:
- Proven wash off resistance for long lasting protection
- Allows tapes and dressings to adhere
- Vanishes into skin – does not transfer to absorbent briefs
- Moisturises skin
- CHG Compatible

Now Available in 2g Single-Dose Sachet Packet!
- Eliminates waste and control costs
- Ideal for short stay settings
- Aligns with infection control protocols.

For more information or a free sample contact our friendly 3M Customer Service Team on 1300 363 878 or for NZ contact 0800 80 81 82