

Use of a Novel Silicone Backed Fabrication (NSBF) to Support Dressing & Pouching of a Large Pyoderma Gangrenosum (PG*) Lesion Surrounding an Ileostomy

Jan Chevrette, RN MSN FNP-C CWOCN CFCN, Cooper Laikind, CMA, Health Partners Wound Clinic, St Paul, MN

Introduction

PG* is a rare and potentially serious disease often associated with inflammatory bowel disease and other auto immune illnesses. If the lesion occurs adjacent to an ostomy, it can be a challenge to provide wound care and maintain an ostomy pouch seal. Our patient's RLQ ileostomy is surrounded by a 14 x 16 cm PG* lesion undeterred by aggressive dermatological treatment. Despite innovative pouching, we struggled with frequent leaks that required daily dressings changes to manage drainage, contain ostomy output, and protect intact skin. Further, the unpredictability of these leaks greatly diminished her quality of life (QOL).

Methods

The NSBF* has a 4-way stretch, can be cut with scissors, and the backing is easily remove exposing a tacky silicone surface that can be applied safely with tension. Its silicone surface allows for numerous applications and eliminates the risk of tape injury. The NSBF* was applied with several modifications during several outpatient clinic visits.

Results

With the application of a large oval NSBF*, we were able to achieve 24-to-36-hour reliable seal. This dramatically improved our patient's QOL, protected clothing from leaks, and provided support to the patient's abdomen.

Discussion

We have had no injuries to even fragile skin when NSBF* was removed and reapplied multiple times. NSBF* has been used on 200+ patients to prevent incision separation, support the healing of complex wounds when incisions dehisc, and secure dressings without tape. NSBF* provides greater potential for increased QOL and seal security when used to support wound & ostomy care in very challenging situations.

