Hints and Tips for Ostomy Wafer Application Problems

Persistent leakage between 5 and 7 o'clock with poor wear time:
This can be caused by several problems, skin contours, creases, friction from clothing, but most commonly at this position it is from difficulties applying the wafer.
Try this:

- Stop using soap or cleansing wipes; plain water is best.
- If possible, use no powder or prep routinely only for denuded skin.
- Do not remove all the backing paper from wafer before placement. Instead, cut or tear it in the 3 and 9 o'clock position, place it (with the backing on), have an assistant check it is placed correctly. Have the assistant lift the bottom half of the wafer up, dry underneath again, and remove the paper backing and gently press and hold (1 min) into place. While they are pressing, you lift back the top portion of the wafer, give a second dry, remove the rest of the backing, and hold around the stoma for a minute.
- Or use the cardboard tube technique.

Cardboard tube technique:
This is for people who are partially sighted, shaky, or just confused using a mirror.
It **is a must** for all but the quickest and most dexterous of urostomy patients. Use a clean 6" x 4" index card cut to about 2" x 4" to suit your stoma (do not use paper or plastic as you may cut your skin or stoma). Wrap to the exact circumference of your stoma and secure the card into a tube with tape. If using for ileostomy or urostomy, make some tissue wads and place in the tube.
After removing your pouch and cleaning around the stoma, place the tube. You can now dry and treat the peristomal skin well without dribbles of urine or stool. The wafer is easier to place as the tube can act as a guide (tear backing paper first though), ensuring perfect placement.
If using paste on wafer, it may stick to card, so keep it in from the edge. **Only use powder, prep, paste, and caulking if you really need to, as it makes the whole process more complex and is not always necessary.**

Paste:
It is **not meant to be an adhesive;** it is really for caulking and sealing.
To fill in dips, creases, and crevices which do not allow full adhesion of wafer. Generally, it is better to apply paste to the wafer rather than the skin, as there is alcohol in it and this will dry out the skin.
For flush or retracted stomas:
Paste can be applied around the opening in the wafer, flattened a little after drying for a minute, and then smoothed once the appliance has been placed and held. A convexity appliance is better suited to this situation.
If only a thin strip of paste is needed, it can be applied with a syringe (the syringe should be properly labeled if in the hospital setting).
Caulking strips:
These are used as a filler for creases and dips which would prevent the wafer from adhering.

Eakin seal:
This deals with the same problems as paste, but the seal can be molded and custom contoured in a different way than paste, which some people prefer. Most people find it easier to remove.

Convexity wafers:
These can be used for retracted and flat stomas. There are different depths to convexity wafers, and if poorly fitted they can cause pressure sores around the stoma.

Auto lock:
Several companies do two-piece systems that are easier to put together than the regular Tupperware type securing feature. They have the disadvantage of having a bigger profile and harder rim. There are adhesive two-piece systems now which are easier and better to use than this.

Mouldable wafers:
For stomas that are oval or irregular in some way, these are easier than cutting. For people who find scissors hard work, these can make a big difference.

Powder and prep technique (crusting):
Use a specific stoma powder, not just corn starch powder. If you have superficially sore areas on the peristomal skin, apply the powder, and dust away excess. Dab NO STING protective skin barrier over the complete peristomal area. The more severe the denuded skin, the more layers will be necessary.

Skin problems: Read the leaflet from the WOCN
Denuded, itchy skin may be due to trying to extend your wear time or leakage. Change your wafer more frequently, use the powder and prep technique above (crusting), and ensure you do not over-wear your pouch. The problem will be self-limiting, but contact your WOCN if necessary.

Contact dermatitis:
This occurs equally densely under the product causing the problem. This is usually the wafer or the surrounding tape, but can be skin prep, paste, or caulking. Satellite lesions do not occur outside the wafer or tape area with contact dermatitis (this would indicate a yeast/fungal problem).
If the rash is under:

- where there is contact with stool, change the wafer more frequently and fit it more snugly.
- the tape, order a wafer only style for the faceplate.
- the wafer, order a system from a totally different company. There is a system that uses no wafer material or adhesive; it is called VPI and should be available from your CWOC Nurse.
- both wafer and tape, use a system from a different company and stop using skin prep. Continue to use the powder for sore skin, but hold wafer in place for longer and change every day or two till healed.

Candida (yeast/fungi): If you are put on antibiotics, you may develop this peristomally. Usually it affects the skin all around the clock face of the peristomal area, being densest around the stoma with a more diffuse rash or pustules appearing around the outer perimeter (satellite lesions). Nystatin or Miconazole powder works well; brush off excess and dab with NO STING protective skin barrier, allow it to dry before applying wafer. Do not use creams; the wafer won't stick and the skin will worsen.

Creams around the stoma:
Creams, ointments, and lotions will not allow the wafer to adhere. Some topical treatments come as powders and sprays and these are more likely to allow adhesion.

Remember, most insurance companies encourage a visit to your ostomy nurse each year.