

# A Practical Look at the Novel FLOWASSIST Barrier Ring and Its Indications For Use in the Stoma Care Setting

Mary W Quigley: Clinical Nurse Specialist in Stoma Care/Colorectal, Galway University Hospital, Ireland

## My Experiences with Ostoform's Mouldable Seal with FLOWASSIST

Have you ever asked a patient to trial a product for you and then have to tell them it's not available to them? Having been involved in a patient investigation trial, the purpose of which was to establish the performance and user-experience of a novel ostomy barrier ring, I was faced with just that dilemma. When the trial period ended and they reverted to their old seals, 7 patients reported increased leakage leading to Peristomal Moisture-Associated Skin Damage (MASD) which was undermining their confidence in being able to manage their stoma.

In the months after the trial, these participants continued to use the new seal (supplied by the stoma care unit while awaiting listing on the Drug Tariff) and have reported significant improvements in their quality of life.

The primary aims of this innovative barrier ring are threefold:

1. to prevent the hydrocolloid in the protective barrier ring from disintegrating by limiting the absorption of stoma effluent.
2. to improve the application process by having a split in the hydrocolloid ring, making it easier for the user to apply regardless of the shape and size of the stoma.
3. to improve the handling process when putting on the new barrier by using the non-tacky absorbent spout as a handling tab, which makes it easier to handle and, thus, easier to accurately position.<sup>1</sup>

The secondary aim is cost-effectiveness, solving leakage issues saves thousands of Euros in product wastage, not to mention and more importantly, the improvement in social and psychological wellbeing for this particular group of patients.

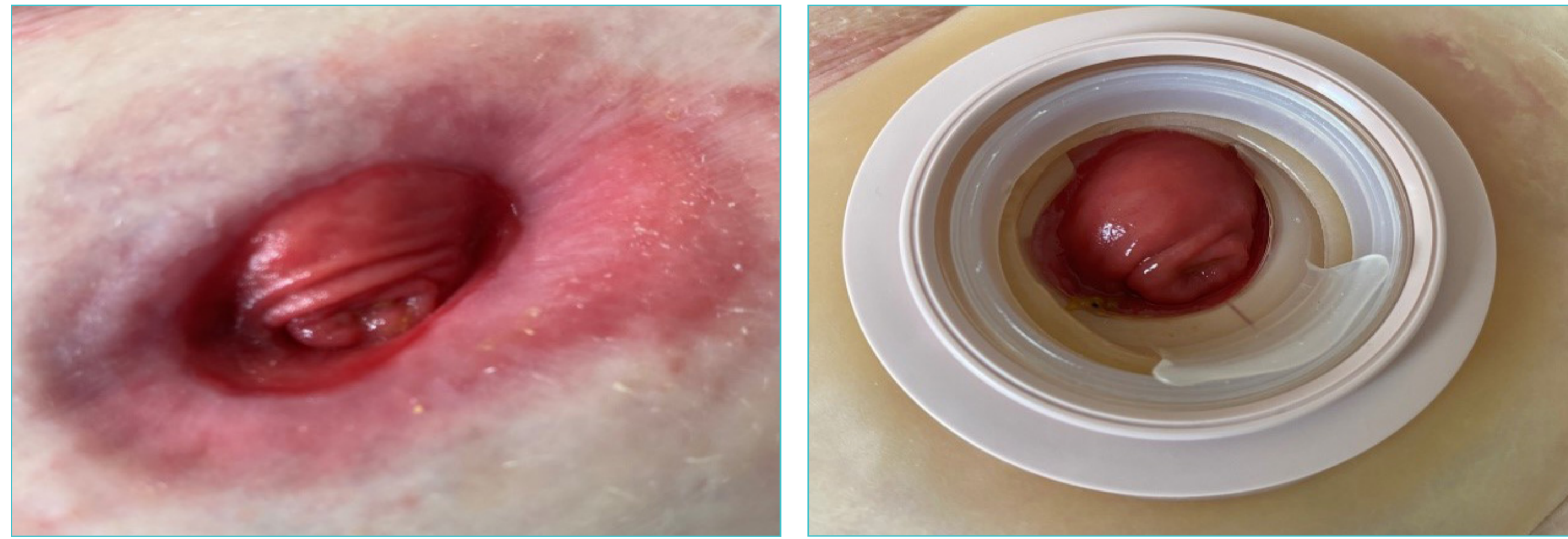
In the recent study, 71% of participants stated that the new seal lasted longer than their current seal, and participants scored very high on user experience ratings.<sup>2</sup>

As a clinician, I want to look at case studies that have benefitted from using the new seal but also share my experiences, looking at Indications for Use, not only with ileostomy patients, but with other stomas and fistulae.

*"No one seal will suit everyone but there is a seal for everyone ..... Sometimes we have to think outside the box!!"*

## Example 1: 43 year old lady who had a cystectomy for PBS (Painful Bladder Syndrome) in 2018.

Ileal conduit in need of convexity but the soft convex pouch was not giving the required seal. She tried a convex seal but found it uncomfortable. Adding a conventional flat seal continued to allow the urine to pool at the lower edge of the stoma although it did not leak, the peristomal skin was showing evidence of MASD. Introducing the Ostoform Seal allowed the urine to flow into the pouch away from the skin. This small change made a huge difference to this lady's life: *"I can now trust that when I change my appliance, it will give me 48 hours of comfort, I now have a routine and I'm in control."*



## Example 3: Fistulae Management

Fistulae can be problematic and we are seeing more patients in end stages of life with draining faecal fistulas. It can be frustrating when there are continuous leaks, as improved quality of life is always our goal for all our patients. There are times when it can be very difficult to get an acceptable seal on a wound manager. We are looking for longer lengths of wear time than with a stoma pouch.

I have used the Ostoform Seal with FLOWASSIST a number of times with varying success. It will depend on the actual size of the draining wound, having had more success with smaller openings that have a defined skin edge. I have tried joining them together to give a good directional flow. As everyone knows, Stoma Care is all about trial and error. I have found that being open to experimenting with products can give you the desired seal and skin protection.

The photo shows how we used Ostoform Seals with FLOWASSIST to separate and direct the output from a catheter inserted into a retracted transverse colostomy that was adjacent to an abdominal incision that had dehiscd. This required a VAC dressing. Initially obtaining a seal on the stoma was difficult as the VAC dressing was causing the pouch to leak. By using a large mouldable skin protector and two FLOWASSIST Seals, we were able to divert the liquid output and thereby isolate the abdominal wound. As the time progressed, we were able to manage a seal without the catheter.

*\* The management of abdominal fistulae is not currently listed under the Ostoform Seal's approved Indications for Use. However, based on positive clinical feedback and successful off-label use by nurses, Ostoform have confirmed it will be incorporated into its Indications for Use in the near future.*



## What is FLOWASSIST?

### FLOWASSIST

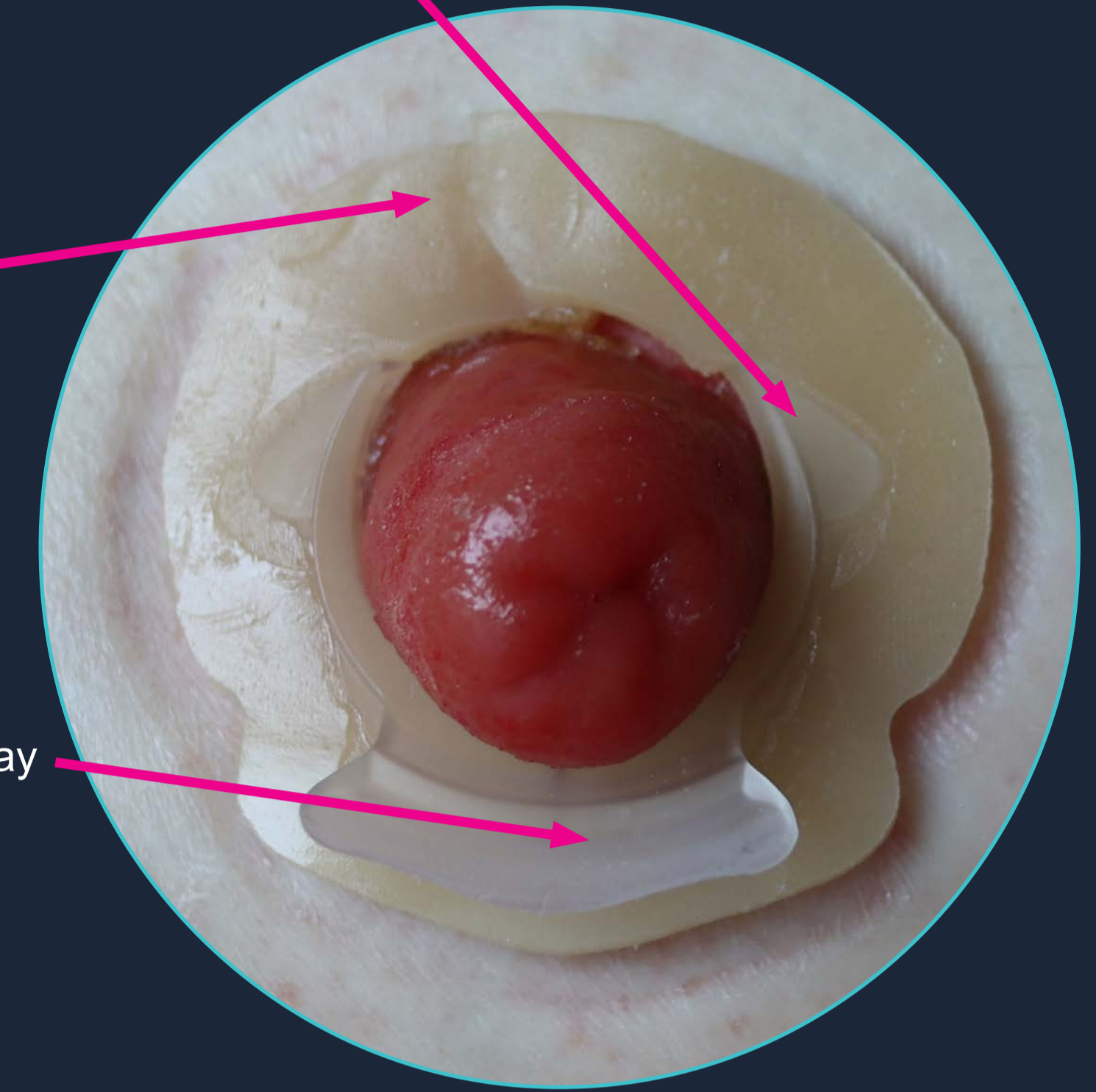
- Non-absorbent FLOWASSIST shields the skin and seal adhesive from exposure to stoma output.
- Helps prevent breakdown of hydrocolloid.
- Helps prevent leakage.
- Prolongs adhesive performance.

### Mouldable Hydrocolloid

- Split ring enables an accurate fit.
- Skin-friendly, longer lasting material can mould & shape for optimal fit.

### FLOWASSIST Spout/Chute

- Soft, flexible FLOWASSIST spout directs output away from skin and into the pouch.
- Seal can be rotated and positioned to suit individual directional flow.



Application Guide

## When Would You Use?

- Leakage
- High output
- Improve wear time
- Alternative to hard convex pouch
- Peristomal skin complications
- Flush/retracted stoma
- Off-centered spout opening
- Abdominal Fistulae\*

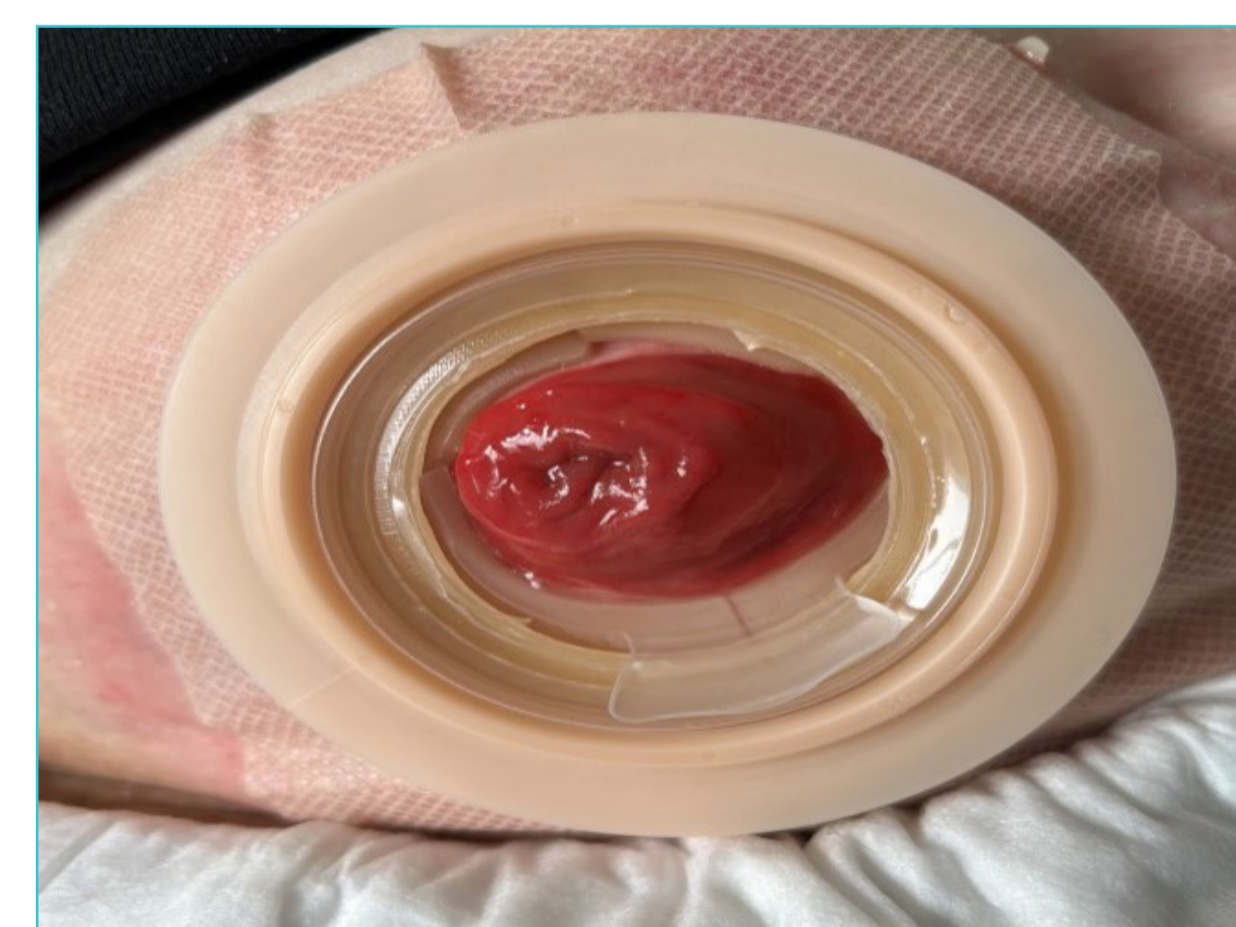
## Example 2: 64 year old gentleman, Diagnosis: Adeno Ca in 2015. Had a left hemicolectomy with adjuvant chemotherapy at the time then recurrence in 2020 where he had further bowel resection and loop ileostomy.

Patient with an ileostomy who had been using a firm convex (cut to fit) base for the past two years. He developed a parastomal hernia and continued to use his old product, just cutting to a larger size. When he began to develop pressure ulcers, he sought help from the stoma care unit. The issue was to eliminate the pressure from the ridged baseplate thus allowing the skin to heal, but also to ensure that he had a secure fitting appliance that would prevent any leakage.

Resizing the stoma, treating the peristomal skin with a flat stomhesive skin barrier will eliminate the majority of the pressure, but we needed a mouldable hydrocolloid seal that would shield the skin from the effluent. The spout directed the output away from the skin and into the pouch. In the space of a week there was a visible improvement, healing was taking place, he had no leaks and he was able to manage his own appliance change himself.



7 Days Later



## References

Mary W Quigley, Clinical Nurse Specialist in Stoma Care/Colorectal, Department Colorectal Surgery at Galway University Hospital, Ireland.

Permission was sought & granted to the author to print all included photographs.

1. Hunt R., Et al., Changes in Peristomal Skin Condition and User Experience of a Novel Ostomy Barrier Ring With Assisted Flow: A 6-Week Feasibility Study. J Wound Ostomy Continence Nursing. 2018 Sep/Oct;45(5)
2. Quigley M et al., 2021. Evaluation of a Novel Ostomy Barrier Ring with Assisted Flow among people with an Ileostomy. Adv Skin Wound Care, 34:1-5.