

Skin/Site complications

Some common skin/stoma site complications with identified causes and recommended options for management are included in the table below:

Table 13: Skin/stoma site complications

Problem	Possible causes	Options for Management
Excoriation/skin breakdown³²	<ul style="list-style-type: none"> Leakage of gastric secretions Moist dressings left in contact with skin 	<ul style="list-style-type: none"> Correct cause of leakage – see previous table Application of barrier cream Keep the site clean and dry Ensure that dressings are frequently changed and not left moist Consider pharmacological options such as proton pump inhibitors and/or prokinetics
Pressure related injury	<ul style="list-style-type: none"> Improper fit of device (too tight) Inadequate rotation or adjustment of device Excessive traction Dressings causing pressure between external flange and skin 	<ul style="list-style-type: none"> Relieve pressure and ensure correct size and fit of device Perform daily rotation and position adjustment No routine application of dressings without clinical indication Seek wound management advice for skin breakdown
Embedded sutures	<ul style="list-style-type: none"> Sutures dwell time 	<ul style="list-style-type: none"> Discuss the option of removing sutures with the surgeon/admitting team Seek wound management advice for skin breakdown
Infection³² <ul style="list-style-type: none"> Signs - redness, swelling, bleeding, and discharge, warmth at site or foul smell Assess for abscess or cellulitis Folliculitis 	<ul style="list-style-type: none"> Encouraged by excessive moisture around stoma site Invading micro-organism – may be fungal or bacterial Infection may be introduced at time of device insertion Inflamed hair follicle 	<ul style="list-style-type: none"> Avoid excessive moisture around stoma site Perform swabbing/culture and sensitivities Consider treating with anti-fungal preparations or antibiotics where appropriate Seek wound management advice for skin breakdown



Mild erythema at stoma site
PHOTO: A Kennedy



Embedded external flange
PHOTO: I Martincich



Red irritated peri-stomal skin
(unwashed, dry scaly skin, exudate build-up
under flange)

PHOTO: A Kennedy



Severe Excoriation (partial thickness skin damage
and permanent scarring)

PHOTO: A Kennedy

3. Tube or device dysfunction

Some common device-related complications with identified causes and recommended options for prevention and management are included in the table below:

Table 14: Tube or device dysfunction

Problem	Possible causes	Options for prevention and management
Tube or device blockage (See photo on page 49)	<ul style="list-style-type: none"> Use of poorly crushed medications or medications unsuitable for crushing and placing down gastrostomy device. 	<ul style="list-style-type: none"> Seek pharmaceutical advice prior to using crushed medications. Consider the use of liquid/compounded medications or medications which dissolve where possible. Give medications individually followed by a flush in between and after each medication.
	<ul style="list-style-type: none"> Inadequate water flushing post feeding and/or administration of medications. 	<ul style="list-style-type: none"> Routine flushing should be included in the enteral feeding regimen. Advice should be sought when prescribing a flushing regimen to paediatric patients or patients on fluid restrictions. Including a stand-alone flush prior to longer periods between access (e.g. before going to bed) may also assist in the prevention of device blockage.
	<ul style="list-style-type: none"> Siphoned gastric fluid has flowed back into the device by fluid displacement and solidified. 	<ul style="list-style-type: none"> Use of clamp on device when possible.
	<ul style="list-style-type: none"> Material fatigue associated with device aging or mishandling. 	<ul style="list-style-type: none"> Replace device.

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