



Use of Ilex skin protectant
A study within the stoma care department
at Pilgrim Hospital

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Reasons for carrying out Audit

- Following recent study days, information on ilex received and told of its benefits for sore skin.
- Felt may be an added tool for treatment for our patients.
- Contacted Tissue Viability Consultant nurse, a small audit study needed of 10 patients to assess how effective the product is.
- Obtained sample tubes and sachets of ilex from Oakmed rep to carry out the study.

Audit Forms

- Form for each patient identified by initial and NHS number.
- Description of problem.
- DET score. (Coloplast Ostomy Skin Tool)
- Pain Score.
- Current pouch used and any accessories.
- Ilex discussed and patient consented to try.
- Photo consent form signed.
- No of photos taken.
- Method of application of ilex and any other products used.
- Date for next review.
- Subsequent reviews:- initial response following use of ilex. DET score. Pain score. Suggested treatment plan given.

ILEX AUDIT PATIENT NO :-

Patient initials & NHS Number

Date first seen:-

Seen by:-

Brief description of problem

DET SCORE / comments :-
Domain 1 discolouration (including eroded areas and tissue overgrowth)
Severity of discolouration
SUBSCORE:-

Domain 2 Area of erosion / ulceration
Severity of eroding / ulceration
SUBSCORE -

Domain 3 Area of tissue overgrowth
Severity of tissue overgrowth -
SUBSCORE -

PAIN SCORE :-

Current pouch use and accessories -

Patient willing to participate in trying ILEX - YES / NO

Photo consent form completed YES / NO

No of photos taken :-

Method of application of ILEX and other products used

Date for next review :-

Ostomy Skin Tool & DET SCORE

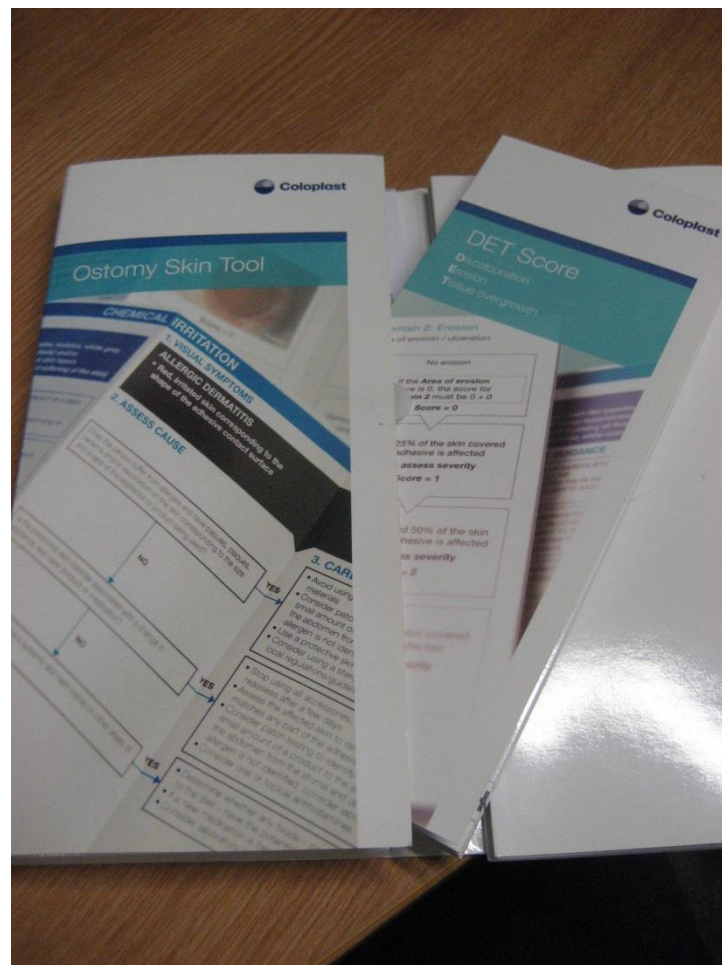
- Skin Tool developed by Coloplast
- Assess peristomal skin using DET score.

Discolouration

Erosion

Tissue overgrowth

- Gave baseline score to note improvement.
- Photo evidence still required as different nurses may score differently.
- Aim and objective to see a reduction in DET score following the use of ilex.



Case Study 1

1st Review

- 28mm x 20mm ulcer to the right of stoma. Not under the pouch but on a large parastomal hernia.
- DET score – 6
- Pain score – 0
- Using aquacel and covering with duoderm and renewing daily.



Method of application:-

Applied dusting of orabase powder to the ulcer, applied layer of ilex and further dusting of powder, covered with duoderm.

Review after 1 week – 4 applications

- DET score remained at 6 but ulcer was starting to show some signs of granulation.
- Patient felt area was improving.
- Advised only to apply a small thin layer of ilex onto ulcer.

3rd review – 3 weeks after commencing ilex

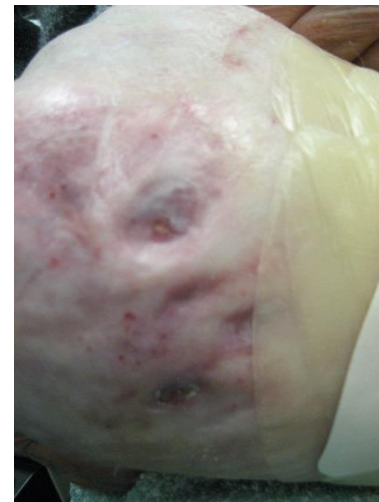
- Patient very happy with progress.
- Ulcer reduced in size now 18x10mm.
- Very shallow and no broken areas.
- Had applied ilex to another area that was showing signs of developing into an ulcer and area improved.
- DET score reduced to 4.
- Had been applying alternate days.



- Advised to continue using ilex. Tube requested on prescription.

4th review – 7 weeks from last review

- Patient very happy as ulcers have healed.
- DET score 2.
- Applied ilex at pouch change, usually daily.



- Instructions for further management- to continue to use ilex as needed.

Case Study 2

1st Review

- Red, bobbly skin around the stoma. Stoma very small and therefore has to cut template larger.
- DET score – 5
- Pain Score – 3
- Currently using Sensura drainable.



Method of application:-

Applied thin layer of ilex directly onto the affected area. Cut the stoma pouch larger to leave this area exposed.

Review after 2 weeks

Patient very happy, getting on well and area of soreness has gone.

DET score – 2

Pain score – 1



Further management – to continue using ilex and tube ordered on prescription.

Case study 3

1st Review

- 3 small broken areas under the stoma. 6x5, 8x8, 10x10mm. Redness around the stoma at bottom edge.
- DET score – 6
- Pain Score – 8
- Newly formed stoma of 4 weeks, using Sensura soft seal.



Method of application

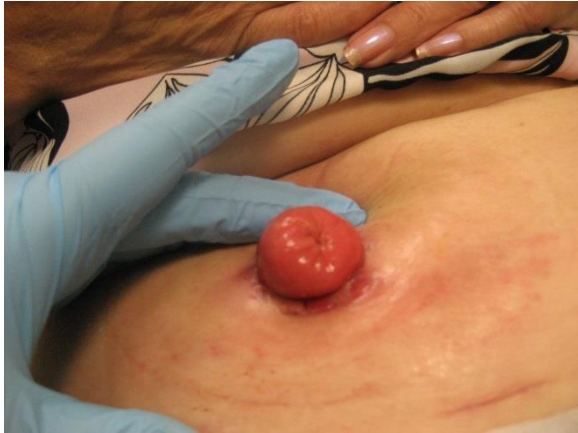
Dusting of orahesive powder applied. Thin layer of ilex and further dusting of powder. Applied brava seal to offer support to stoma and Sensura Mio instead of soft seal.

Advised if pain became worse or started to feel unwell to contact us.

****On reflection – wound swab should have been taken of the area at this review to rule out any infection. ****

2nd Review – after 2 weeks

- Definite improvement
- Applying alternate days at pouch change
- DET score 4
- Pain score 4-5



- Further management:- Patient keen to go back to convexity, wound swab taken, continue with ilex. Patient had received samples of Sensura Mio convex to try.

3rd Review – after further 2 weeks

- Improvement – ulcers healed, red area noted only
- Applying alternate days and using convexity
- DET score 4
- Pain score 2 on renewing pouch only



- Further advice given:- To continue to use ilex whilst area is still fragile.

Good response in Paediatric patient

- At a paediatric study day told that ilex can be used for babies and children that may have excoriated bottoms following reversal of stoma for imperforate anus.
- Mum of a baby who had undergone reversal phoned to say her son's bottom was very sore and had tried lots of different creams with no success.
- Suggested use of ilex cream and sample tube sent. Instructions given to only apply a thin layer and then cover with a layer of vaseline to avoid nappies sticking. Only need to reapply once daily and not at each nappy change. For removal may need to use some baby oil.
- Follow up call – area of excoriation much improved.

When to use ilex skin protectant

- Ulcers / broken areas. Would suggest this can be used as a first line treatment.
- Granulomas that have clustered at the mucocutaneous junction causing redness and pain.
- Sore /red excoriated skin. Only try ilex when have used other treatments such as skin barriers, powder, seals, different pouch with no effect.
- Mucosal separation – have not yet applied to this ?? food for thought .

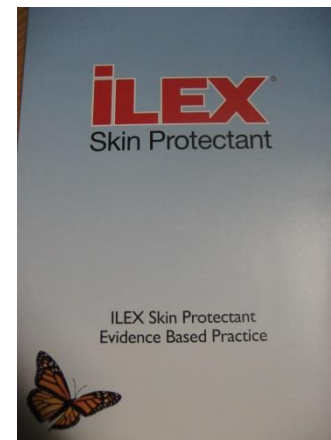
Advice on how to use Ilex

If applying ilex to the skin underneath the pouch such as on a ulcer

- Swab the ulcer to check for infection.
- Clean the skin and dry as usual .
- Apply a dusting of orahesive powder.
- Apply very thin layer of ilex cream . It is quite thick and difficult to manoeuvre but only need a thin layer. Do not use too much.
- Apply dusting of orahesive powder over the top.
- Apply the pouch as usual.
- May need to hold longer to ensure the pouch has stuck well.
- Can cut template large r if required.

If applying ilex to the skin immediately around the stoma

- Clean and dry the peristomal skin as usual
- Apply thin layer of ilex to the skin affected
- Cut the template larger so that the cream is exposed.
- Apply pouch as usual



Conclusions to the audit

- From using ilex on 10 patients a good response was achieved by some of the patients.
- Ulcers were healed, pain scores reduced and peristomal skin areas improved.
- Need to gather more evidence on it's use so to still continue to use audit sheets and take photographs to note improvement.
- Based on results tissue viability nurse consultant has allowed us to obtain stock of ilex through RDC.
- Sample tubes will last the patient a good 2 weeks as only a small amount required.
- When needing to order a larger tube of ilex IP51 (57g), it can be done as though ordering any other product. Alternatively can be ordered through Oakmed gold delivery service if only ilex is required.

Thank you for your time

Happy to answer any questions