For further information or help with any stoma questions contact your STN or visit [www.stomaltherapy.com](http://www.stomaltherapy.com) and click on “Find a STN”

**Disclaimer** The information in this brochure:

- has been developed as a general guide only
- relates to adults only

Any concerns need to be discussed with your STN or doctor

**Prepared by the** Australian Association of Stomal Therapy Nurses Inc. Education and Professional Development Subcommittee [www.stomaltherapy.com](http://www.stomaltherapy.com)

**References:**


**Review due 2019**

*Level IV Evidence (Expert Opinion)*
Peri-anal skin care

- Peri-anal skin irritation from seepage of mucus or frequent loose stools may be experienced by some patients after surgery and is usually temporary
- After some colorectal surgical procedures however bowel function may take up to 6 – 12 months to establish a pattern
- Particular attention to the peri-anal area is required
- Wash your hands before and after peri-anal care

Preventing skin irritation

- Keep the peri-anal skin as dry as possible by gentle cleaning and drying after each bowel action
- Use nappy wipes / cleansers (unscented) to clean the peri-anal area after each bowel action
- Avoid vigorous wiping or rubbing
- Only pat the skin dry
- Apply a barrier cream to the peri-anal area after each cleansing. There are specific creams available for this purpose. Discuss this with your Stomal Therapy Nurse (STN) or Continence Advisor
- Avoid the use of harsh toilet paper and substances that may cause burning or irritation (e.g. some scented soaps)
- For a small amount of seepage, a makeup remover pad folded in half and inserted into the buttock crease against the anus is cost effective

Managing sore / broken skin

- For very painful and sore peri-anal skin use a hand-held shower to cleanse the skin before gently patting dry
- Apply liberal amounts of a zinc based barrier cream (discuss with your GP, Pharmacist or STN)
- A mild analgesic may be needed

Remember: prevention is better than cure!