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| **Supplemental Digital Content**  **Summary of Consensus Statements and Outcomes** | | |
| **Consensus Statement** | **Voting outcome\*** | **Outcome** |
| **Assessment Statements** | | |
| 1. Include the following points when assessing the person with an  ostomy:  a. Past experience with medical adhesive use and how it affected the skin (e.g.: allergy / sensitivity)  b. Skin conditions (e.g.: psoriasis / eczema)  c. Degree of understanding of peristomal skin complications and PMARSI (skin assessment / characteristics / symptoms)  d. Pouching practice including observation of pouch change | Initial Vote  Vote after 1st round of discussion and edits to statement | 71%  86% consensus attained |
| 2. Identify factors that influence the risk of PMARSI  a. Comorbid conditions and extremes of age  b. Use of medications or treatments that can adversely affect the skin (e.g.: Corticosteroids, chemotherapy  agents, radiation therapy)  c. Use of products that enhance or degrade adhesive properties (e.g..: tincture of benzoin, additional tape,  creams or emollients)  d. stoma location / construction e. characteristics of effluent  f. nutritional status | Initial vote | 86% consensus attained |
| 3. Assess and describe the skin condition when the barrier is  removed using a standardized approach such as:  a. characteristics  b. location/distribution c. severity  d. duration | Initial vote  Vote after 1st round of discussion and edits to statement | 57%  86% consensus attained |
| 4. Assess the following points to differentiate PMARSI from other  peristomal skin complications:  a. Use of adhesive in area of injury (skin barrier or tape)  b. Injury associated with adhesive use and not caused by leakage of stomal effluent | Initial vote  Vote after 1st round of discussion and edits to statement | 57%  86% consensus attained |
| **PREVENTION STATEMENTS** | | |
| 5. Select the most appropriate ostomy pouching system to prevent  unplanned skin barrier removal | Vote A  Vote B | 64%  71% |

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|  | Vote C | 93% consensus attained |
| 6. Select the most appropriate ostomy pouching system and educate  regarding removal technique to minimize skin stripping when removed at the desired frequency | Vote A  Vote B | 64%  93% consensus attained |
| 7. Teach proper use of adhesive remover when indicated to aid in  skin barrier removal | Vote A  Vote B Vote C | 21%  79%  93% consensus attained |
| 8. When applying an ostomy skin barrier:  a. Use gentle warming hand pressure to initiate the adhesion process  b. Press the barrier in place without stretching the edges | Vote A  Vote B | 71%  86% consensus attained |
| 9. Using two hands, remove skin barrier at a low angle parallel to  the skin, slowly while supporting the skin at the skin barrier interface. | Vote A  Vote B | 43%  86% consensus attained |
| 10. Consider removal of pouching system more frequently or use a  different pouching system when abdominal distention occurs, or is expected (e.g.: following laparoscopic or robotic assisted surgery) | Vote A  Vote B Vote C | 57%  79%  93% consensus attained |
| 11. Limit or avoid the use of additional tackifiers (adhesive  enhancers) under ostomy products | Vote A | 93% consensus attained |
| 12. Avoid use of additional adhesive products not designed for use  on the peristomal skin (e.g.: non-medical tapes) | Vote A | 93% consensus attained |
| **MANAGEMENT STATEMENTS** | | |
| 13. Continue prevention interventions while managing PMARSI | Vote A  Vote B | 79%  100% consensus attained |
| 14. Identify and manage peristomal skin infections / conditions  (e.g.: Folliculitis / Candidiasis) | Vote A  Vote B | 50%  86% consensus attained |
| 15. Management of peristomal skin damage from adhesives may  include: | Vote A  Vote B | 50%  86% consensus attained |

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| e. Application of stoma powder, additional stoma  seal/ring/non-alcohol paste, wound dressings to absorb excess moisture  f. Selection of skin barrier with more absorptive properties  g. Application of liquid barrier film (e.g.: protective barrier film, cyanoacrylate)  h. Avoidance of products (e.g. creams, ointments) that interfere with ostomy barrier adherence  i. Use of antimicrobial cleansing for skin with folliculitis  j. Change product for known allergy of skin barrier  k. Consider topical steroid for hypersensitivity responses (e.g.:  allergy/ secondary inflammation)  l. Consider use of a non-adhesive product |  |  |
| 16. Provide patient education tailored to individual learning needs | Vote A | 93% consensus attained |
| 17. Consult nurse specialized in ostomy care/ET/WOC nurse if condition does not improve with treatment within 3-7 days. | Vote A  Vote B Vote C Vote D | 57%  79%  64%  100% consensus attained |
| 18. Research priorities include:  a. Prevalence and Incidence  b. Efficacy of preventative and treatment interventions c. Impact of PMARSI | Vote A | 100% consensus attained |
| 19. Not all PMARSI are preventable | Vote A | 100% consensus attained |
| 20. The use of PMARSI terminology by health care professionals  will promote global consistency and standardization of assessment, prevention and management of the condition | Vote A | 86% consensus attained |
| 21. Education of health care professionals on PMARSI will  promote global consistency and standardization of assessment, prevention and management of the condition | Vote A | 93% consensus attained |

\* = Up to 3 rounds of discussion were conducted after each proposed statement was read and voted on as originally constructed. Consensus was achieved when ≥ 80% of panelists agreed with state as originally written or revised based on discussion.