|  |
| --- |
| **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 anostomy: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 PMARSIa. Comorbid conditions and extremes of ageb. Use of medications or treatments that can adversely affect the skin (e.g.: Corticosteroids, chemotherapyagents, 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 effluentf. nutritional status | Initial vote | 86% consensus attained |
| 3. Assess and describe the skin condition when the barrier isremoved using a standardized approach such as:a. characteristicsb. location/distribution c. severityd. duration | Initial voteVote after 1st round of discussion and edits to statement | 57%86% consensus attained |
| 4. Assess the following points to differentiate PMARSI from otherperistomal 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 voteVote after 1st round of discussion and edits to statement | 57%86% consensus attained |
| **PREVENTION STATEMENTS** |
| 5. Select the most appropriate ostomy pouching system to preventunplanned skin barrier removal | Vote AVote B | 64%71% |

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

|  |  |  |
| --- | --- | --- |
| e. Application of stoma powder, additional stomaseal/ring/non-alcohol paste, wound dressings to absorb excess moisturef. Selection of skin barrier with more absorptive propertiesg. Application of liquid barrier film (e.g.: protective barrier film, cyanoacrylate)h. Avoidance of products (e.g. creams, ointments) that interfere with ostomy barrier adherencei. Use of antimicrobial cleansing for skin with folliculitisj. Change product for known allergy of skin barrierk. 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 AVote B Vote C Vote D | 57%79%64%100% consensus attained |
| 18. Research priorities include:a. Prevalence and Incidenceb. 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 professionalswill 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 willpromote 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.