

# A Barrier Cream for skin breakdown Proshield Skin Cleanser and Proshield Plus Barrier Cream: Case Studies

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## Introduction

Nurses have an important role to play in assessing and preventing skin breakdown. Risk assessment is key to identifying the vulnerable individual. Incontinence poses particular risk factors as both urine and faeces have detrimental effects on the skin. This can lead to incontinence associated dermatitis (IAD).

Proshield Foam and Spray Cleanser and Proshield Plus skin protectant are licenced in the UK for use on intact skin and unlike other barrier systems they can be used on superficially damaged skin.

A small case study was carried out to assess the efficacy of the Proshield system. (D.Flynn and S. Williams, 2011).

## Method

A cohort of patients with compromised broken skin and moisture lesions were included in this study. Consent to be included in this study and to be photographed was obtained from the participants.

## Case Study 1

Patient – 90 year old Lady- Dementia, Previous CVE, PEG fed, severe excoriation from faecal and urinary burns. Regime of Proshield Foam and Spray Cleanser and Proshield Plus skin protectant was used. Previously soap and water was used as a skin cleanser with Cavilon used as a barrier cream.



Pre Proshield



After 1 Week



After 3 Weeks



After 4 Weeks

## Results

A notable reduction in area of excoriation after 4 weeks.

## Case Study 2

A 91 year old lady in a community rehabilitation ward after a fall. The excoriated groins were diagnosed as a fungal infection/moisture lesions. The staff had applied Canesten cream for 1 week with no significant effect. The skin cleansing regime was soap and water.

A regime of Proshield Foam and Spray Cleanser and Proshield Plus skin protectant over a daily application of Canesten were used.



Top Left, and Left  
Pre Proshield  
Above After 1 week

## Results

Marked improvement was seen after 1 week.

## Case Study 3

This was a 50 year old lady with a diagnosis of cancer of the bladder. She had a small fistula from the bladder that tracked to an old caesarean scar, causing problematic urine leakage. This lady consented to the evaluation and the case study but declined the use of photographs. The Hospice staff had tried various stoma products to retain the urine but these continued to leak causing excoriation of the skin and embarrassment due to constant soiling of her clothes. It was also limiting her independence. After discussion with the Specialist Continence Service and the patient, it was agreed to try a combination of continence pads with a regime of Proshield Foam and Spray Cleanser and Proshield Plus skin protectant, which she could apply and manage herself.

## Results

After a few days the patient reported she was delighted with the results. She reported she was no longer reliant on healthcare professionals to manage the fistula and that she found the cleanser and cream soothing. She noted and reported a marked improvement in skin condition.

## Discussion

From the small number of case studies carried out by Plymouth Community Health Care Tissue Viability Department all staff reported they found the product easy to use. Many carers reported they liked the fact they didn't need to bring a bowl of water to the bedside after an episode of incontinence. There were no reports of either products causing pain or stinging after application. There are considerations that may also be influencing the results either positively or negatively: such as, the positive results may in part be due to the evaluation encouraging a more rigorous skin hygiene regime, or whether all carers were using the product as specified on all occasions of incontinence. There was an example of a nursing home staff specifically using the products on the broken area only, which improved within a week but a further vulnerable area became excoriated. After education that Proshield Foam and Spray Cleanser and Proshield Plus skin protectant can be used on healthy and vulnerable skin the problem was resolved, the staff used the product on the whole area that was vulnerable to IAD from urinary/ faecal incontinence to good effect.

## Conclusion

Nurses now have high quality absorbent incontinence products, good skin care products and access to good pressure relieving equipment at their disposal. Promoting good thorough nursing assessments in conjunction with quality nursing care is the key to prevention.

This poster has demonstrated that in these three case studies using Proshield Foam and Spray Cleanser and Proshield Plus skin protectant there has been an improvement in the skin's condition. These products may also prove in the future to have a role in improving the efficacy of creams such as Canesten. The main area of interest has been the fact Proshield Foam and Spray Cleanser and Proshield Plus skin protectant can be used on superficial broken skin, enabling staff to avoid using a dressing when previously dressings had caused problems with either rucking or causing sensitivities. The sample size has been very small, however the product range is worthy of further evaluation and consideration.

## References

Flynn,D and Williams S . Barrier creams for skin breakdown. Nursing and Residential Care 2011; November (13) 11, 553-558