



# Hollister Newsletter

## June 2022

History of Hollister - Built on the legacy of our founder

## Our Heritage

The roots of Hollister Incorporated date back to 1921, when 23-year-old entrepreneur John Dickinson Schneider founded a small printing company in Chicago, which he named JDS Printer Craftsman.

From the very beginning, John Schneider's business philosophy was *"only first class is good enough,"* and the company became known for its quality products, quality service, and quality people.

### Innovation in Medical Products

In the decades that followed, John Schneider's company evolved from the printing industry to the medical products industry — developing quality medical products and services under the name Hollister. Early in the 1960s, an employee who had a family member with an ostomy came to John Schneider with an idea to develop ostomy products. With dynamic innovations and quality products, Hollister Incorporated revolutionized ostomy care and provided much-needed solutions for people who had undergone ostomy surgery. In subsequent years, Hollister continued to expand its range of medical products and services to include Continence Care and Critical Care.

### The Schneiders' Legacy

John Schneider and his wife, Minnie Schneider, created a strong sense of family within the company. They built Hollister Incorporated on the underlying principles of Dignity of the Person, Integrity, Service, and Stewardship.

Today, Hollister Incorporated is still independent and employee owned. With manufacturing and distribution facilities on three continents, Hollister is serving the global community; yet, the spirit of Hollister remains the same as that small printing company that began in Chicago in 1921.

The fundamental values and principles of John and Minnie Schneider still form the foundation, and the company's Mission is unchanged: *"... to help healthcare professionals deliver better products and services, and to make life more rewarding and dignified for those who use our products."*

NB: In South Africa, Hollister products are distributed by Hartmann-Vitamed(Pty)Ltd, based at:

**Northlands Production Park;**

Epsom Ave,

Northriding,

2162

Tel: 011-7047420



Ostomy Care  
*Healthy skin. Positive outcomes.*

# A Journey of a Thousand Miles

## Testimony no.1: Cuan F

My name is Cuan F....., and I was born in 1973.

At 3days old, I was diagnosed with Hirschsprung's disease, which resulted in me undergoing surgery, at the then Kenridge (Now Donald Gordon) hospital

It was found that my entire Colon was diseased, and thus, it was subsequently removed (This was done in 3-step operations).

Eventually the J-Pouch was created, which I lived with ever since.

I was in hospital for 15months, and in ICU for 12 months.

After my first operation, the Drs told my family that I would live only for 2 weeks "If I'm lucky."

I survived beyond the Drs' expectation, and they declared me to be very lucky, and they said this condition, 1 in every 9 children born with it, would live.

With God's grace, here I am at 48 years old, still ALIVE! I did all things children would do, viz: playing, going to school etc.

In 2021, the J-pouch had ballooned to an extend that its wall weakened, and it thus needed to be removed.

In August 2021, I underwent an operation, where about 3meters of my lleum was removed, which resulted in me having an end lleostomy.

I'm now getting used to my new way of life of having to live with a Stoma.

I recently lost my partner, and I think it's because of my "new condition".

I also belong to SASS, where I get to know more people living with stomas, and how we can help each other, and even the new ones with this new way of life, i.e: with tips and "tricks"

I thank God for giving me ANOTHER CHANCE!

## Testimony no.2: Granny Hlobo

In the year 2016 I was diagnosed with bladder cancer. I was devastated. All I could think of was death. The thought of leaving my children behind drove me crazy.

Later that year I started receiving chemotherapy. This was a challenging phase, as going through that process was tough even though I survived this traumatic experience.

After a series of tests undertaken, as if the diagnosis was not enough, my doctor recommended that I had to undergo surgery to have my bladder removed. The news tormented me, imagine living without a bladder. I felt dehumanized and incomplete because I was not born like that.

On 14th March 2017 , I accepted the doctor's recommendation and my bladder was removed. I woke up with a stoma. This was the start of my new life. I regretted consenting to the surgery because I could not image going through life carrying a urine bag. I felt like I had lost my dignity, I felt humiliated, worthless and most of all I was depressed.

My life came to a complete standstill because of that , I did not want to be in the company of people not even my own family. I could not deal with this foreign thing (stoma) on my body. Looking at it was a constant reminder that I was different from other people . That made me sad and angry because I have to live with it anyway. Nothing was going to change. I made peace with it and accepted the fact that for as long as I live the stoma would always be with me.

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# A Journey of a Thousand Miles (cont.)

I felt I had to create a bond with the stoma. I realized that creating a connection might heal me and help me to accept my position to cope with my situation. I then decided to name her Ousie. She is a girl therefore my precious flower. She is accepted now and has become a part of me and my family. Ousie is my last born child and I love her very much.

Every year on the 14th March I celebrate her birthday with my close family in Thanks giving to God for planting this beautiful flower (Ousie) in me to save my life. Who know where I would be had it not been for Ousie?

On her birthday every woman celebrates the day with a flower on their head as a symbol of Life.

This year I decided to celebrate her birthday with an All White Theme with close family. Everyone was dressed in white however all the ladies had flowers on their head, each lady with a different colour.

Surviving cancer is close to me as a near death experience therefore, I thank the Almighty for giving me a second chance in Life. I am grateful to my family and everybody who supported me during my difficult times.

Ousie is 5 years old and I cherish her everyday.



# Meet the Hollister Team

Names	Portfolio	Contact No.	Area
Yolandi Vos	National Sales & Product manager	0836257294	National
Lisa Leon	Product Specialist	0824901926	Western Cape
Fabian Potgieter	Product Specialist	0824951234	Eastern Cape
Mridu Dheopursad	Product Specialist	0725424241	KwaZulu-Natal
Isaac Dibobo	Product Specialist	0836250011	Pretoria & Limpopo
Jessie Mokhachane	Product Specialist	0726993255	East Rand, Vaal Triangle and Mpumalanga
Takalani May	Product Specialist	0674142659	West Rand & North West
Liezl Steyl	Product Specialist	0824694628	Free State & Northern Cape
Fiona Gopie	Stomalthery Nurse	0664771740	Gauteng
Phumelele Marotya	Stomalthery Nurse	0716083163	Eastern Cape & Kwazulu Natal
<b>**Starting 16 June 2022**</b>	Stomalthery Nurse	0824931702	Western Cape

## Did You Know?

1. The first recorded stoma (Non-protruding caecostomy) was created by a French Dr Amusat in 1776 on a patient with Cancer of the Rectum.
2. Dr Carl Maydl performed the first loop stoma in 1883.
3. In 1950, an American Dr Eugene Bricker performed a successful Urostomy using a piece of the ileum as a conduit (Ileal conduit).
4. In 1952, Dr Brooke Bryan discovered intestinal eversion, where the mucosa is brought to the outside and sutured onto the skin.

Source: [Stomaatje.com](http://Stomaatje.com)



# Ostomy Care: Peristomal Skin Health



## Skin Around the Stoma Deserves to be Healthy

Living with a stoma doesn't mean you have to tolerate skin problems on your abdomen. Whether you are having issues with itchy, red, or painful skin around the stoma or want to prevent skin issues from occurring, we have the products and resources to help you maintain healthy skin.

## Better Stoma Care Begins with Innovation

We learned long ago that just having the right fit in a skin barrier is not enough to protect the skin around the stoma from damage. We believe the right fit with the right formulation can meet and exceed individual needs. We believe Fit + Formulation is what sets Hollister apart.

## Fit + Formulation: Our Equation for Healthy Skin

Two things are required to keep the skin around the stoma healthy. Products need to fit well and the ingredients, or formulation, of those products need to support a healthy skin environment.



### What do we mean by Fit?

The size and shape of your stoma and the shape and tone of your abdomen will determine the type of barrier that you will need to get a good fit or seal around the stoma.

### Why is Fit important?

It's critical to get a good seal around the stoma to prevent leakage, promote comfort, and maintain healthy skin.



### What do we mean by Formulation?

The customized ingredients responsible for adhesion, erosion resistance, and absorption are carefully formulated in the skin barrier to create an environment where healthy skin can thrive.

### Why is Formulation important?

The right skin barrier formulation will interface with the skin and make all the difference in maintaining healthy skin.

One size fits all does not apply when it comes to **choosing the right skin barrier.**



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Hollister uses a unique combination of Fit + Formulation to design skin barriers that help maintain healthy skin.

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# Care Routines for Peristomal Skin Health

## Helpful Ostomy Care Routines

For pouching systems to adhere properly, the skin around the stoma must be healthy. Establishing a good cleaning routine and measuring the stoma regularly are vital steps for maintaining skin health.

## Ceramide-infused Ostomy Products

Ceramide is a natural component of skin that helps protect against dryness. It's also the key ingredient of our CeraPlus™ skin barrier, the only one of its kind.



# Care Routines for Peristomal Skin Health

## Because Peristomal Skin Deserves Better.

The importance of peristomal skin health in ostomy care can't be overstated. The condition of this skin greatly affects how well the skin barrier can adhere, as well as the general comfort and well-being of patients living with a stoma. Maintaining healthy peristomal skin from the start is the ultimate goal.

CeraPlus skin barrier with Remois technology\* has arrived.

Our newest skin barrier is infused with ceramide, the skin's naturally occurring protection against dryness. The CeraPlus skin barrier is designed to maintain adhesive properties, and features a formulation infused with ceramide to help:

- Protect the skin's natural moisture barrier
- Maintain good peristomal skin health
- Decrease transepidermal water loss (TEWL) from damaged or eroded skin



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# The Importance of Healthy Skin

If you're living with an ostomy (or you're a caregiver for someone with an ostomy), you might be thinking, "why all this talk about skin?"

Turns out, one of the most important elements of regaining and maintaining a healthy, comfortable lifestyle after ostomy surgery is about taking good care of the skin around the stoma.

## Peristomal Skin: The Facts

The area of skin around the stoma is called **peristomal skin**.

Although we know healthy peristomal skin is essential to overall health and quality of life, the majority of those with a stoma experience a problem with peristomal skin at some point in their lives.

Because irritation is so common, many people have come to believe that skin problems are just a normal part of living with a stoma. **At Hollister Ostomy Care, we disagree. We believe that peristomal skin deserves better, and you don't have to accept the pain and problems that can come with a peristomal skin complication.**

**Some studies report up to 75% of people with an ostomy experience peristomal skin irritation. This is also known as a peristomal skin complication, or a PSC.**



# Healthy Skin Should Be the Rule, Not the Exception

The reality is, peristomal skin should be intact without irritation, rash, or redness. The skin around your stoma should look just like the skin on the other side of your abdomen, or anywhere else on your body.

## Healthy Peristomal Skin

The skin around the stoma should be intact without irritation, rash, or redness. A properly fitting skin barrier protects the skin from being irritated or damaged by the stoma drainage. The right formulation of ingredients in your skin barrier helps maintain healthy skin from the start.



## 2 Most common Peristomal skin complications:

### 1. Peristomal Moisture Associated Skin Damage (PMASD)

If the skin around your stoma is damaged, it will look irritated and feel sore. If the opening on your pouching system is too large or does not adhere well, the drainage from the stoma can damage the skin.



### 2. Peristomal Medical Adhesive Removal Skin Injury (PMARSI)

Irritated skin that develops under the skin barrier can occur for a variety of reasons. Your skin may have become damaged from incorrect or frequent removal. The skin may be itchy, blistered, or open and weeping. This problem can develop at any time even if you have worn the same type of product for months or years.



# Use of a Two-Piece Soft Convex Skin Barrier to Aid Overall Security and Skin Health with a Challenging Patient

## Case Study

### Abstract:

*"Do not focus on problems; focus on solutions!"* - Dr. Mansur Hasib. This case study exemplifies this quote. From the outset our patient was faced with many challenges early in her journey that required not focusing on the problems both the patient and clinician were facing, but to assess and deliver creative solutions from the very beginning. A more proactive approach to stoma care can help improve patient outcomes rather than the traditional reactive approach.<sup>1</sup> This management method can help reduce peristomal skin issues before they occur.

### Background & Surgical History

Mrs. N (patient initial changed to protect privacy) is a sixty-six-year-old female who presented with recurrent cystitis. She has no known comorbidities, and otherwise in general good health. Her general practitioner referred her to a urology specialist for further investigations. A CT scan was performed that revealed carcinoma of the bladder and a uterine metastasis. Her prognosis at that point was positive in that surgical resection and adjuvant therapies could achieve a curative result.

She underwent a laparoscopic radical cystectomy, hysterectomy, and pelvic node dissection. Her adjuvant therapies included both chemotherapy and radiotherapy. A multidisciplinary team approach was implemented which included the surgeon, dietitian, oncologist, and stoma therapy nurse (STN). The STN role helped to reinforce her pre-operative education, stoma site marking, and follow through with post-operative care and counselling. Stoma siting was challenging as she had uneven abdominal topography, a larger pannus, and a very soft abdominal tone. To help ensure a more positive outcome, the decision was made to site the stoma on the upper right quadrant for better positioning for visualisation for the Mrs. N after surgery.<sup>2</sup>

Mrs. N has an active lifestyle, is married with two children, and employed as an accountant. She was very anxious pre-operatively as well as post-operatively regarding her situation and condition.

### Challenges:

Despite undertaking the stoma site marking process, both the urostomy construction and location post-operatively was less than ideal. Dense abdominal tissue made exteriorisation of the stoma by the surgeon very difficult, resulting in limited stomal protrusion (or spout) of only 0.5cm, and located within a skin fold. (See Figure 1). For improved patient outcomes, it is generally recommended that stomas of this nature be well spouted – approximately 20-25mm above the skin surface.<sup>3</sup> This scenario created multiple issues such as sourcing a suitable pouching solution to meet her needs. Consequently, this only contributed further to her anxiety.

The 'stent' that was visible post-operatively was not a standard stent we usually observe in our practice and resembled a thicker tube that was singular rather than the obvious dual fine-bore stents usually associated with one per ureter exiting the stoma. (See Figure 2). However, the patient reported she also had an existing internal stent in her right kidney. There was concern of accidental dislodgement of such a thick tube. On initial review, her stoma measured 34mm, was red and moist, poorly protruding as described previously, with an intact mucocutaneous junction. Her output was straw-coloured urine.

From a psychosocial perspective, Mrs. N expressed initial shock at her diagnosis and appeared quite traumatised. She discussed her health and potential death and was often very emotional. Even after one month, she continued to ask, 'could they have tried something else?' Her family were supportive but did rely heavily on the advice and encouragement from the STN services.

### Nursing Interventions:

Understanding the unique nature and potential problems that patients with a urostomy face is important from the outset. This knowledge can help decide proactive solutions earlier in the patient's journey. Urostomy patients are often at higher risk of leakage given the nature of the output being liquid. Urine by its very nature can channel quickly into any gaps under a skin barrier



**Figure 1** Poorly spouted urostomy in a deep skin fold. Initial post-operative review.



**Figure 2** Close up view of urostomy with drain tube in-situ.



**Figure 3** PMASD from leakage of urine



**Figure 4** Stent removed after seven days. Note appearance of peristomal skin.

# Use of a Two-Piece Soft Convex Skin Barrier to Aid Overall Security and Skin Health with a Challenging Patient

Jolanda Janse Van Noordwyk RN STN  
Debra Letcher RN STN  
Imani Home Nursing Services  
Lenasia, Gauteng  
South Africa

## Case Study

and undermine the adhesive. As such, with leakage, peristomal moisture associated skin damage (PMASD) is of particular concern which could impact skin health due to the excess moisture.<sup>4</sup> Excessive moisture can lead to maceration, skin breakdown, and fungal conditions. Also, a urostomy can place people at higher risk of urinary tract infection (UTI).<sup>5</sup>

Urostomies are usually permanent and chronic exposure to peristomal skin by urine, can lead to longer term issues including hyperkeratotic skin conditions such as pseudoverrucous lesions (PEH).<sup>4</sup> Security from a reliable fit is another critical consideration. Additionally, volumes of liquid can decrease the overall longevity of a skin barrier. As such, convexity is usually a 'go to' product for urostomy patients due to the liquid nature of the output, and recent consensus paper supports this model of care.<sup>6</sup>

Mrs. N began her journey using a one-piece soft convex urostomy pouch with an Adapt™ convex barrier ring, and Flextend™ skin barrier sheets. These were originally chosen for their high erosion resistance and shape. It was important that urine did not leak onto peristomal skin and creating a 'wall' using rings with a convex skin barrier was thought to provide sufficient absorption, depth, compressibility, and flexibility to match her peristomal topography. Understanding these convex characteristics and matching them to a patient's shape is helpful in guiding to the right solution.<sup>7</sup> Unfortunately this was unsuccessful resulting in some mild PMASD after 24 hours. (See Figure 3). It became obvious the tension location was close to the stoma when it might have been better farther out. When sitting, her stoma was disappearing further as there was excessive skin tissue from above the stoma (an 'overhang') that required smoothing. A wider plateau in the convexity was then considered.

A cut-to-fit soft convex CeraPlus™ Skin Barrier (57mm ring) was subsequently chosen to provide both correct tension location and support healthy peristomal skin. This resulted in no reported leakage after seven days and Mrs. N was coping very well with the new pouching system. At this point, her stent was removed as per the urologist as well as the mucocutaneous sutures which were causing her pain and discomfort. Her peristomal skin appeared visually improved. (See Figure 4).

Mrs N. was progressing well overall, however soon after, she reported foul-smelling urine with pain around her lower back and her urine appeared to be a dark colour. A UTI was suspected and after referral to her local doctor this was confirmed, and treatment for her UTI was commenced. Unfortunately, this did not resolve the issue and a few weeks later she presented to hospital with both visible blood and pus mixed with haematuria (bloody urine). (See Figure 5). The urologist was contacted, and she was admitted for intravenous antibiotics and removal of the renal stent. She had also lost 25kg in weight creating further peristomal skin topography challenges necessitating the addition of an Adapt ostomy belt. (See Figure 6). While in hospital, she was switched to another manufacturer as her inpatient unit did not have access to her current products. This system however leaked constantly creating fresh anxiety.

Reverting to her CeraPlus product, the leakage ceased, and it was noted the soft convex two-piece skin barrier was still meeting her needs despite dramatic changes in her peristomal planes. We felt this was due to the overall characteristics of the soft convex skin barrier. The compressibility of the dome ensured adequate support and tension to the immediate peristomal skin. The overall flexibility of the product was essential in conforming to these changes and visually, the adhesive border mimicked the peristomal planes very well. (See Figures 7 & 8). Additionally, the floating flange and soft coupling ring were also very flexible contributing to a complete convex solution for this patient.

Mrs. N's skin always appeared healthy when she was using the CeraPlus Skin Barrier. (See Figure 9). She did develop over a short period a small peristomal defect that was managed easily with a slim CeraRing™ barrier ring, and some Adapt stoma paste. (See Figure 10). This system provided seven days wear time promoting skin health, cost effectiveness, and importantly feelings of confidence and security for the patient. (See Figure 11).

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**Figure 5** Gross haematuria visible in the urostomy pouch.



**Figure 6** Substantial weight loss leading to significant abdominal topography changes.



**Figure 7** The flexibility of the skin barrier in conforming to the peristomal contours.



**Figure 8** Note the adhesive border mirroring the peristomal topography.

# Where a Soft Convex Skin Barrier May Improve Security and Fit While Supporting Skin Health

Jolanda Janse Van Noordwyk RN STN  
Debra Letcher RN STN  
Imani Home Nursing Services  
Lenasia, Gauteng  
South Africa

## Case Study

### Conclusion:

Peristomal complications are not necessarily inevitable. While this patient was well sited pre-operatively, the resulting stoma formation was less than adequate. Often, patients with such challenging peristomal planes and stoma construction are destined to have frequent issues with leakage, impacting their confidence and skin health. Proactively evaluating the patient needs and deciding on a solution that would best match this patients' needs from this assessment is pivotal in achieving the goals of care for the healthcare professional. These goals include maintaining healthy peristomal skin from day one by choosing a skin barrier that supports skin health, minimising the potential for leakage by providing a secure product, and providing the simplest solution for the patient to manage selfcare efficiently so they can return to their lifestyle as quickly as possible. Such positive outcomes can be achieved with clinician knowledge when matching patient needs to the products found in their armamentarium.



**Figure 9** Peristomal skin appears visibly healthy.



**Figure 10** Small inferior skin defect appearing with some exposed skin.



**Figure 11** Final pouching system in place.

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Remois is a technology of Alcare Co., Ltd.

Prior to use, be sure to read the Instructions for Use for information regarding Intended Use, Contraindications, Warnings, Precautions, and Instructions.

Disclaimer: This case study represents this nurse's experience in using the Hollister CeraPlus soft convex skin barrier and Adapt accessories with the named patient, the exact results and experience will be unique and individual to each person.

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**Hollister Incorporated**

2000 Hollister Drive,  
Libertyville, Illinois 60048

[www.hollister.com](http://www.hollister.com)