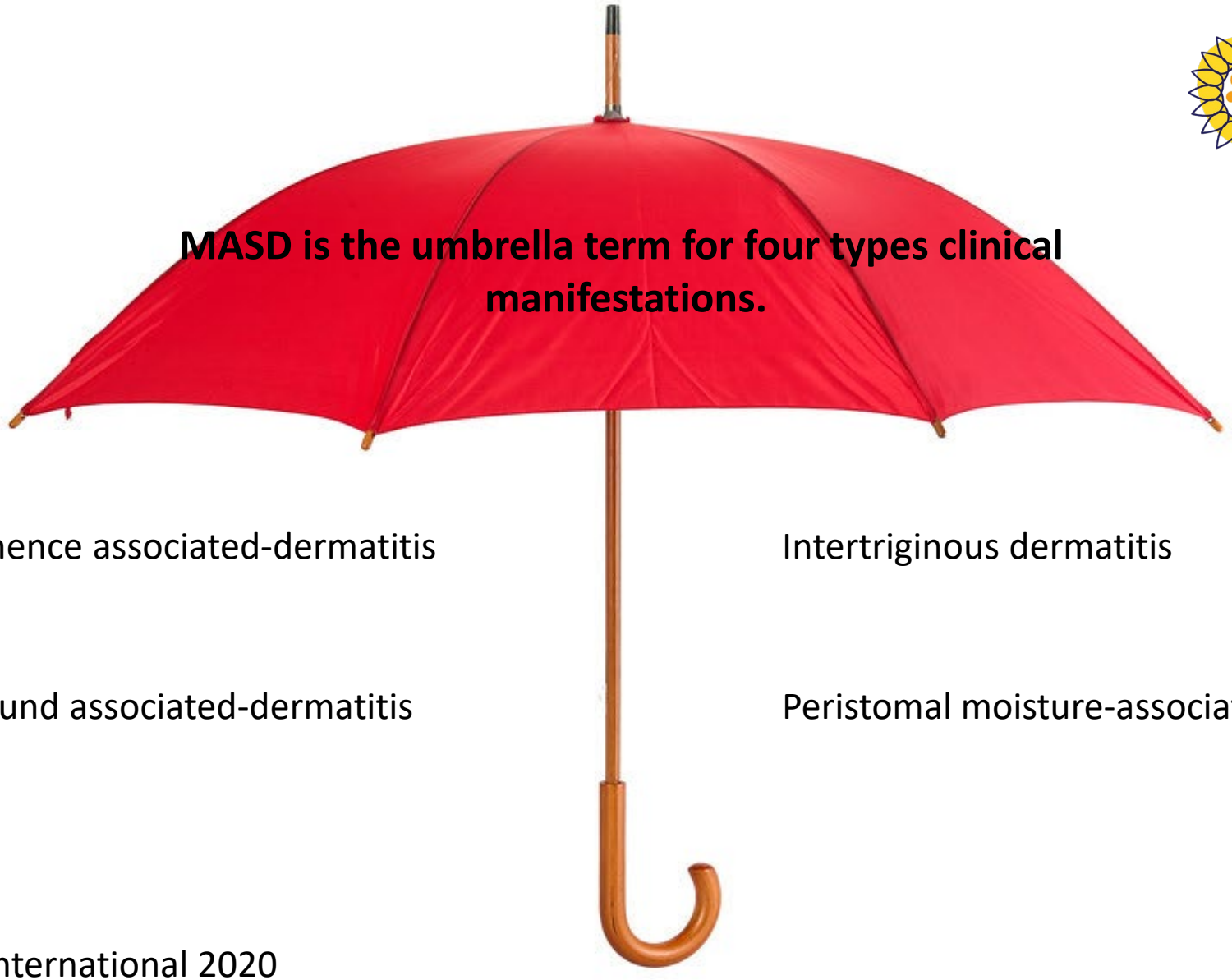
MOISTURE ASSOCIATED SKIN DAMAGE (MASD)

St Margaret's Hospice TV Team

2022



MASD is the umbrella term for four types clinical manifestations.

Incontinence associated-dermatitis

Intertriginous dermatitis

Peri-wound associated-dermatitis

Peristomal moisture-associated dermatitis

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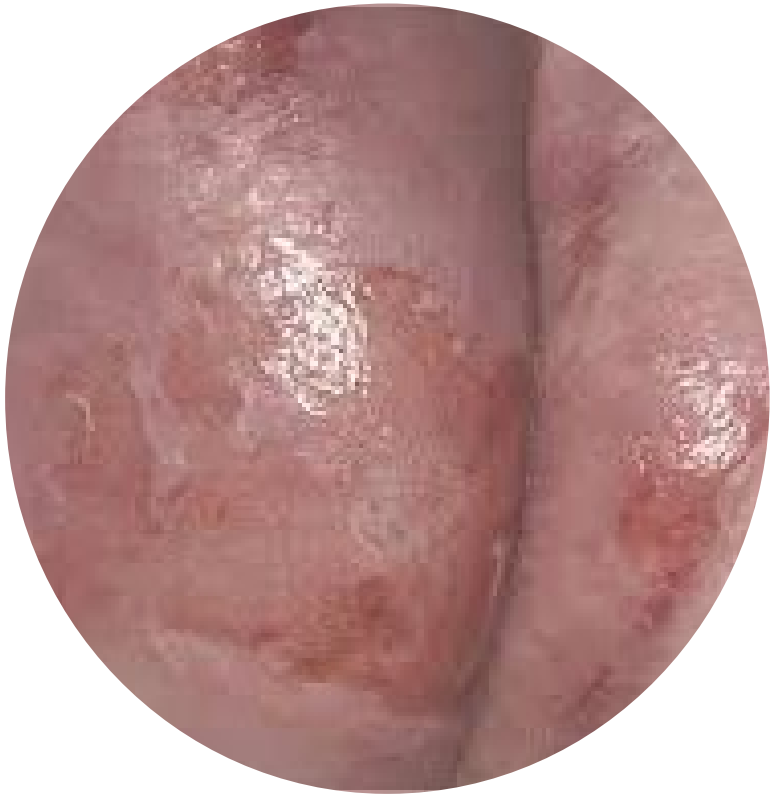
Incontinence associated dermatitis
Clinical presentation

- Skin problems as a direct result of the skin coming into contact with urine/faeces (Beeckman et al 2015).
- Widespread erythema
- Indistinct margins
- Maceration
- Patches of denudement or partial thickness skin loss
- Linear damage in skin folds
- Leakage of serous fluid, or bleeding
- May be over bony prominence, in skin folds or peri-anal with irregular edges
- Painful particularly after episodes of incontinence. Nature of pain is burning, stinging.



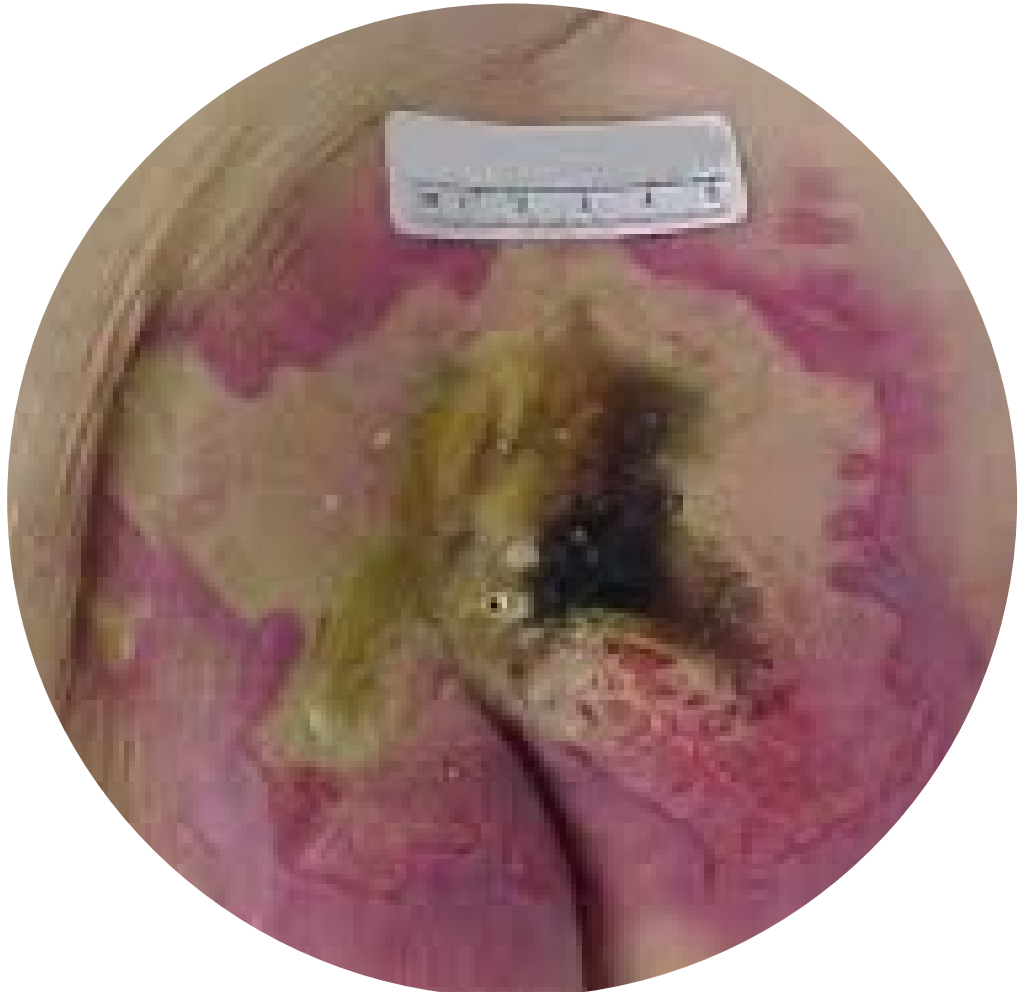
Management of IAD

- Identify and treat causes if possible
- Use of appropriate incontinence products i.e. pads, faecal collectors etc
- Nutritional/fluid management
- Structured toileting techniques
- Reassess frequently
- Taylor management strategies to the individual
- Bowel management strategies i.e. suppository regime, Loperomide

Beeckman et al 2020

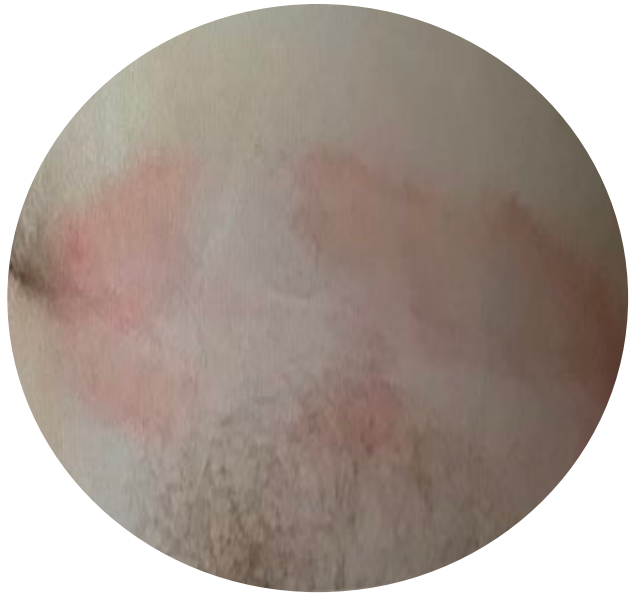
IAD and Pressure Ulcers

- If a pressure ulcer is present along with IAD, this would be documented as combination tissue damage.
- Recorded as a pressure ulcer.



Intertriginous dermatitis

- A clinical inflammatory condition that develops in opposing skin surfaces in response to friction, humidity, and reduced air circulation (occlusion) i.e. inflammation resulting from bodily fluids trapped in skin folds subjected to friction (Metin et al, 2018; Sibbald et al, 2013).
- Stratum corneum becomes over hydrated, macerated.
- Obese patients along with those who have recently undergone significant weight loss are at increased risk (Acartuk et al, 2004).
- There is an increased risk of fungal infections.



Intertriginous dermatitis Treatment

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- Minimise skin-on-skin contact and friction
- Remove irritants from the skin and protect the skin from additional exposure to irritants
- Wick moisture away from affected and at-risk skin (consider moisture wicking textiles specifically for skin fold management)
- Control or divert the moisture source
- Prevent secondary infection/treat any secondary infection
- If no sign of infection barrier creams may be used
- Use natural i.e. cotton, bamboo products to prevent irritation

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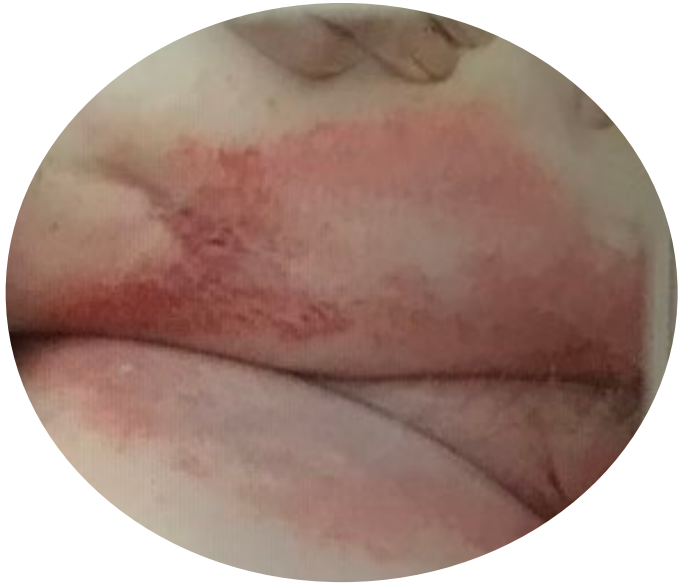

Peri-wound associated dermatitis

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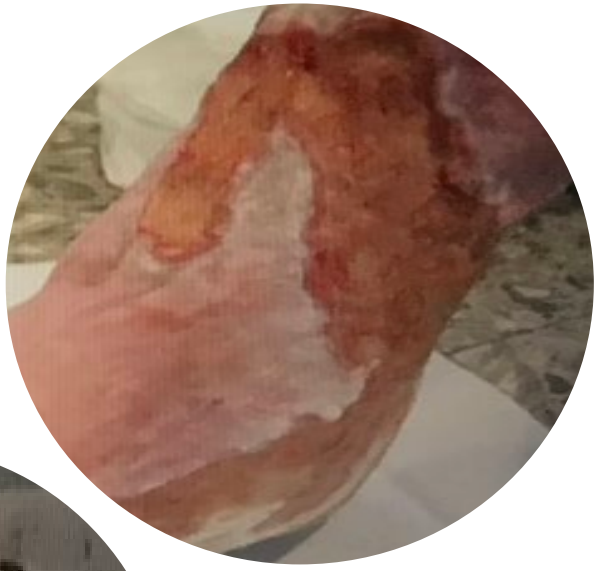
- Exudate is a normal and necessary component of wound healing
- When exudate levels are too high, maceration can occur to the peri-wound
  area (4cm of wound).
- Exudate from chronic wounds is more destructive than acute wound
  exudate.
- Chronic wound exudate contains increased levels of proteolytic enzymes (MMPs),
  which can delay Keratinocyte migration and corrode skin.
- Important to use the correct cream/paste/gel and dressing.
- Can be exacerbated by skin stripping when removing dressings, tapes etc.



Peri-wound associated dermatitis - Treatment

- Investigate cause
- Ensure wound dressings are sufficiently absorbent, easily applied, do not require secondary dressing, prevents leakage/strikethrough, conformable, remains in situ, atraumatic, aesthetically acceptable.
- Any cavity dressing products (e.g. rope, ribbon or strip materials) should be confined to the wound and kept away from the surrounding skin; the dressing material should be in contact with the wound bed and should eliminate dead space. However, overpacking of the cavity should be avoided (WUWHS, 2019).
- Apply barrier creams/paste/gel/film

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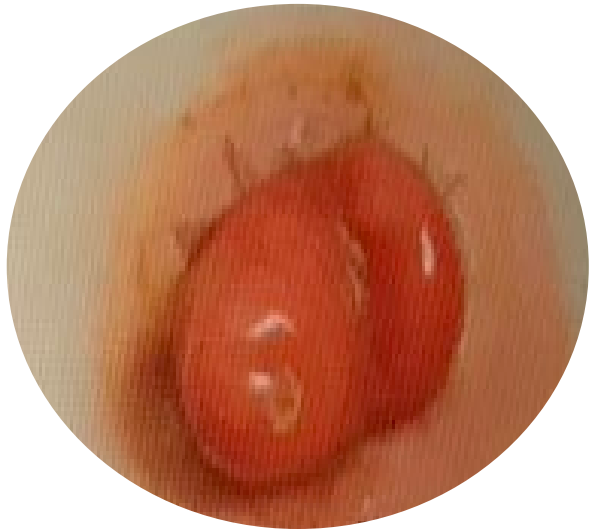
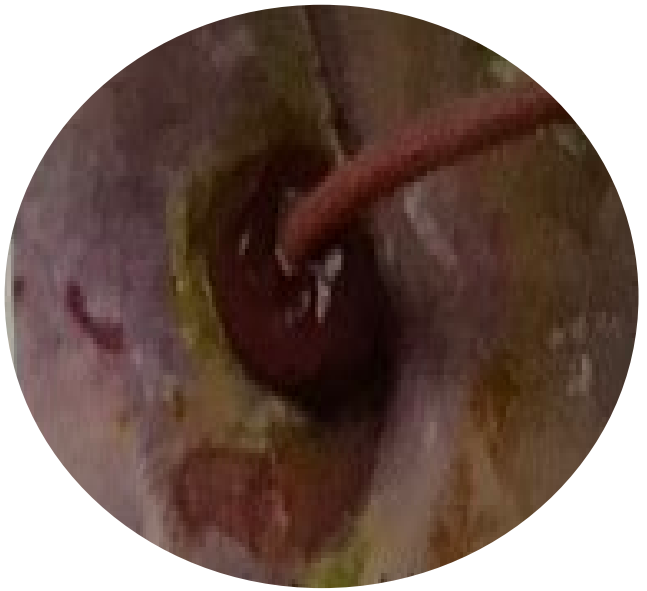
Peristomal-associated dermatitis

- Damage occurs when the surrounding skin encounters affluent from the stoma.
- May occur shortly after surgery, but improves when individual becomes more competent at managing the stoma.
- May occur later, as a result of body shape changes.





Skin cleansing

- Most common method is soap, water and flannel, and rub dry with towel.
- What are the implications of this?
- Soaps are alkaline and can disturb the acid mantle.
- Increased pH damages the skin barrier
- Frequent washing decreases natural sebum and flora
- Sebum has acidic properties
- Perfumed soaps can cause irritation

Skin cleansing

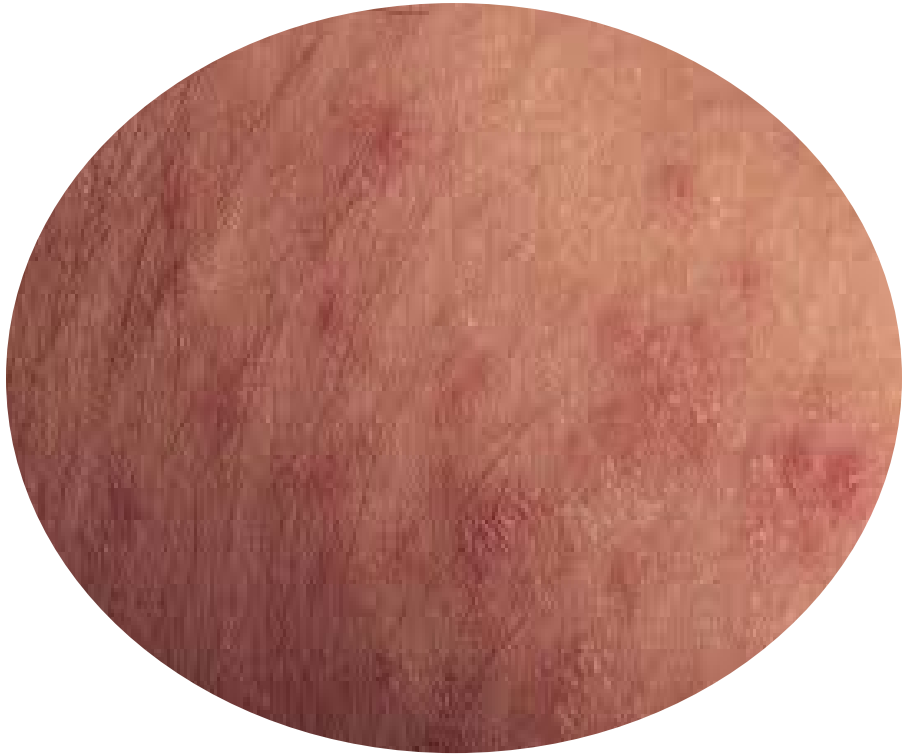
- Use lukewarm water and a soft cloth (Lichterfeld-Kottner et al 2020)
- Do not rub
- Pat dry
- The skin of incontinent patients should be cleansed at least once per day (Beeckman 2015)
- Consider the use of specialist cleansing products

Foam, spray & specialist wipes

- Many to choose from.
- pH balanced
- Preservative and alcohol free
- Kind on the skin
- No rinse

Traditional barrier creams

- Traditional barrier creams can interfere with pad absorbency.
- May cause irritation
- Contain preservatives
- May increase pain



Modern barrier creams

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- Alcohol and preservative free.
- Do not affect pad absorbency
- Contain silicone as a water repellant
- Skin should be dry before application
- Can prevent MASD and Medical-adhesive related skin injuries (MARSI).

Creams, pastes & gels

- Always use a barrier cream
- If MASD is present, choose the most appropriate cream/paste/gel for the level of damage
- Always use as per instructions
- Seek advice from the company representative or Tissue Viability Service if/when unsure.

Dressings

- In patients with IAD and mobility issues, there may be a need to use dressings on fragile areas or wounds that are in contact with surfaces while sitting or lying down. Barrier film products can help to protect against friction, which might be a consideration for use in these patients.

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References

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