Treatment of Persistent Problematic Peristomal Granulomas

Enhancing the Specialist Nurse Role

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What is a Granuloma?

- Composed of granulation tissue, thickening of the epidermis and occasionally islands of bowel metaplasia.

- Characterised by a papular benign, vascular tumours (1) usually involving the mucocutaneous junction.

- Faecal irritation is regarded as the principle cause for growth.

- Very common, especially around short or receding stomas.

- New lesions occur if the stoma flange is cut too large, exposing peristomal skin to soiling.

- Friable, tender and painful papules that bleed easily.

- Devastating effect for patient as causes leakage.
Management of Granulomas

- Size
- Appearance
- Bleeding
- Pain
- Length of time had
- Is the peristomal skin involved?

- Silver nitrate cautery is the nationally recognised treatment (2)
  - Used frequently in our weekly stoma nurse clinic.
  - Repeat treatments required.

- Liquid nitrogen (Cryotherapy)
  - Repeat treatments may be necessary.

- Curette and cauterisation under local anaesthetic is the most practical and effective treatment.
Referrals to Salford Royal NHS Trust

• Majority of patients are referred by their own stoma nurse/GP’s to a monthly combined stoma/dermatology clinic at Salford Royal NHS Foundation Trust.

• The patients are often distressed and anxious.

• Patients have little confidence due to leakages.

• Waiting time of up to 2 months.
Enhancing Specialist Nurse Role

• Attended Masterclass – Cryotherapy and Treatment of Granulomas at York Hospital NHS.

• The course covered use of local anaesthetic for curette and cautery of granulomas.

• The aim was that delegates then go on to develop own skills under local tuition to become competent to remove granulomas.

• Train subsequent course attendees within their local area.
Training & Development

- Monthly attendance at Stoma/dermatology theatre with Dr Lyon to surgically remove the granulomas.

- Develop skills in administration of Lidocaine 1% into the peristomal skin and curette and cauterisation.

- Developed Patient Group Direction (PGD) to administer Lidocaine 1% with adrenaline into peristomal skin. (Approved by Trust Board)

- Developed Trust Policy for the treatment.

- Consent training.

- Patient information leaflets.

- Diary record of my training for reflection and development progress.

- Presented my training to other stoma nurse specialists at conference.
Granuloma Treatment

• Exceedingly painful, bleeding granulomas.
• Used local anaesthetic and cauterisation.
• After two treatments she is now clear.
Treat/biopsy?
Opportunities

• Persistent granulomas are more effectively managed with surgical intervention.

• Patients have rapid access to treatment from a specialist nurse.

• Shorter waiting times to be seen, improves patients journey and overall experience/outcomes.

• Cost effective – less leakages/less appliances being used.

• Patients psychological wellbeing improves as appliances are adhering.
The Future...

- Once competent, plan to run Stoma Nurse Led theatre monthly alongside Dr Lyon’s stoma/dermatology clinic.

- Hold a ‘One Stop Shop’, a regular nurse led clinic to remove granulomas.

- Train other stoma nurses.
References


Thank you for listening.

Any questions?