Centre intégré universitaire de santé et de services sociaux de l'Estrie – Centre hospitalier universitaire de Sherbrooke
Québec

# GASTROSTOMY ISSUE: ERYTHEMA*

## Erythema

**Increase local care:**

- Clean the skin with soap and water BID.
- **Leave exposed to air.** Pat the skin dry.
- Do not apply a gauze dressing beneath the external fixation disk.
- Make sure the external fixation disk is properly adjusted (about 1 cm above the stoma site).
- Make sure the balloon is inflated.

**Skin protection:**

- Zinc cream BID until healed

Check if device is at the end of its lifespan:

- Tube with odour
- Kinked or bent tube
- Broken tube
- Recurring skin issue

**Non-urgent** change of device

- Referral to radiology, gastroenterology, or surgery depending on who inserted the tube.

**Irritative dermatitis (no pus, no cellulite)**

**Erythema exceeding 1 cm around gastrostomy site with pus and appearance of cellulitis**

**Viaderm KC®** BID until healed if erythema exceeds 1 cm or zinc treatment fails

**If treatment fails:** Addition of restorative barrier cream, e.g.: Proshield® Plus

- **Medical assessment**
- **Antibiotic:** Clavulin® or Keflex® for 7-10 days

**If weeping skin is present:** Adapt™ style protective powder BID

**If weeping skin and no improvement after 1 week:** Thin hydrocolloid dressing for 7 days (e.g., DuoDERM®)

If satellite **fungal** lesions are present around the perimeter of the gastrostomy site:

- Antifungal treatment and removal of device.
- Infectious diseases assessment is recommended.

If there is doubt about a **potential abscess or fasciitis:**

- Refer to the emergency department for assessment.
- IV antibiotic treatment may be required.

*This is a clinical management tool. There is no formal recommendation. Clinical judgment is required.

*Developed by Dr. Marie-Pier Bachand, gastroenterologist*
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