

# Proshield Skin Care Protective System: A Sequence of Evaluations

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## Introduction

Managing the symptoms of incontinence associated dermatitis presents many challenges to clinicians. Loss of skin integrity results in inflammation, pain and excoriation, with an increased risk of infection and pressure ulcer formation. As well as deterioration in quality of life for the patient, managing such symptoms may result in prolonged treatment resulting in increased costs for the health care provider.

The Proshield System has recently been introduced; it is effective across both broken and intact skin. The spray/foam acts as a robust cleanser and moisturiser, whilst the barrier cream establishes a moist wound interface and protects from shear and friction forces.

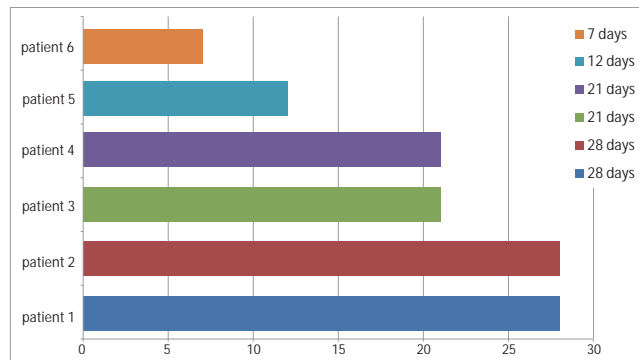
## Method

A multi-centre evaluation was conducted during April – July 2011. 9 patients were included. 5 patients were being cared for on District Nurse case loads and 4 were residents in care homes. The ages ranged from 55 – 101 years and the average age was 84 years. All participants were female. Some participants were fully ambulant whilst others less so. All soaps and creams/moisturisers were substituted with the Proshield skincare protective system which was used after each episode of incontinence to cleanse and protect the affected skin. All other products were effectively displaced.

Documentation at Presentation	Patient
Red / inflamed skin	7 patients
Broken skin / moisture lesion	6 patients
Incontinence associated dermatitis	1 patient
Odour at outset	3 patients
Nurse assessed: Grade 2 pressure ulcer	1 patient
Incontinence: (faecal and urinary)	6 patients
Urinary incontinence only	2 patients
Faecal incontinence	1 patient

All patients had previously had a variety of creams and dressings to manage these symptoms; and which were reported as being present previously from 10 weeks up to 8 months.

## Days to 'healed'



## Results:

- 66% (six) of the participants demonstrated 'full healing' (see graph below).
- One of the participants experienced a "marked improvement" of the sacral area and top of the legs at 35 days (had experienced incontinence over "years" whilst the skin had been additionally adversely affected by the application of steroid cream).
- Of the 2 remaining patients one 'passed away' and one was admitted to the acute sector.
- Full healing was recorded in 6 participants; 19 days being the average point to 'healing'.
- Resolution of odour (in three patients) was noted between 1 to 4 weeks depending on the recovery time of the compromised skin.
- 44% of all participants experienced "no pain" at outset of application.
- 44% of participants who were experiencing "slight pain" at first application subsequently experienced "no pain".
- One participant was experiencing "moderate pain" at outset which reduced to "slight pain" after 2 weeks and to "no pain" after a further 2 weeks, concomitant with healing.

### NURSE COMMENTS:

".....Prescribed steroid creams...have thinned her skin. Since using Proshield wash and cream we have seen a marked improvement"
"She had a very red bottom and was odourous, after using the cleanser the redness and odour disappeared.."
"Week 4: patient skin not looking so inflamed. Patient very pleased with response..."
"Sacrum has superficially bled and broken easily however after using Proshield this has healed and is now intact"
"Sacral area healed at 4 weeks ...quick response"
"Patient admitted to hospital (and) increased fluid from fistula compromised skin condition..."

## Conclusion

This is one of the very first UK case study series for the Proshield skin care protective system 2011. It has demonstrated that the Proshield system is extremely effective in treating incontinence related dermatitis as well as compromised pressure areas. The response to healing occurs within a notably reduced timescale. In this sequence of case studies Proshield has demonstrated its ability to be an effective replacement for the various dressings (e.g. hydrocolloids) and creams that were previously used to manage, however did not effectively resolve these symptoms. It was noted that participants benefited in terms of quality of life including eradication of pain; eradication of odour and enhanced comfort. Patients themselves expressed the benefits of Proshield eg "patient was very pleased with response...". Increased comfort may lead to increased mobility and other benefits may accrue. In summary the costs of fully resolving the symptoms, such as incontinence associated dermatitis, were reduced following commencement of the Proshield system. Managing damaged skin and limiting further damage are important aspects in patient care and improving quality of life. This case series shows transformation in skin integrity and healing. In one case the specialist mattress on order was no longer required following skin integrity recovery with the Proshield system.