

**INFORMATION LEAFLETS FOR PARENTS / CARERS OF A CHILD
FOR THE MANAGEMENT OF NAPPY RASH FOLLOWING ANORECTAL SURGERY**



Following Stoma closure and Pull Thru surgery children with congenital diseases such as Hirschsprungs Disease or Anorectal Malformations may suffer from nappy rash due to frequent exposure to stool.

Nappy rash can vary from mild redness to very severe skin breakdown.

PREVENTION OF NAPPY RASH:

- Immediately after surgery ensure that a barrier cream is applied to your child's bottom
- Change your child's nappy as soon as possible following a bowel movement
- Clean your child's bottom thoroughly with warm soapy (non-perfumed) water and a soft cloth or water wipes. Try to avoid using standard **BABY WIPES**
- Apply barrier creams/paste/powder as directed by your Stoma/Colorectal CNS

HEALING NAPPY RASH:

- Clean your child's bottom gently with warm water and a soft cloth, and pat dry gently
- If cleaning with a cloth becomes too painful, using the shower to rinse off the poo can help
- Bath daily to remove all creams/ointments
- Following removal of creams or after bathing, exposing the child's bottom to the air can help "dry" the skin
- If skin is not healing or there is evidence of infection (bright red spots on bottom) it is advisable to have your GP/CNS check it as it may need treatment with an antifungal cream

RECOMMENDED TREATMENTS:

- Ilex paste
- Cavilon advanced
- Metanium
- Orobace Paste
- 3 in 1 (mixture of vaseline, orobase + metanium- mix equal amounts of each together in a clean tub)
- Sudocreme/Bepanthen (used for mild irritation)



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- It is advisable to apply a layer of waterproof barrier over creams/pastes e.g. **Vaseline**
- If skin is to “wet” and prevents creams/pastes from sticking a light dusting of **Caldesene/Orohesive Powder** may be advised by your CNS.

For treatment of a bacterial infection an antifungal cream will be prescribed

REMEMBER:

In the case of the following, it is advisable to apply a barrier cream/paste frequently to your child's bottom:

▪Teething ▪Change of diet ▪Diarrhea ▪Antibiotics/Laxatives

DIRECTONS FOR USING ILEX

- Clean your child's bottom as advised
- Firstly apply a non-sting barrier film product and allow to dry
- Apply a layer of **ILEX** over the area of bottom needing protection. Allow 30seconds to dry
- Apply a layer of **VASELINE** over the **ILEX** and surrounding skin to prevent the nappy from sticking to the **ILEX**.
- When cleaning, only the bowel motion should be wiped off using a soft cloth and water leaving the **ILEX** intact.
- Reapply additional **ILEX** if required, then reapply **VASELINE**.(This is to minimize further trauma to the skin)
- The **ILEX** should be entirely removed once a day using a soft cloth with a good amount of mineral/baby oil or in the bath.

NB Removing ILEX more often or without the use of mineral/ baby oil may inhibit the healing process.

DIRECTIONS FOR USING CAVILON ADVANCED: As directed by CNS

- Clean your child's bottom as advised
- Aim the applicator sponge downwards and firmly depress the lever to break the internal ampule, you will hear a snapping or popping sound.
- Keep applicator pointing downwards for approx. 10 seconds
- Apply cavilon advanced skin protectant by gently wiping the foam sponge across the affected area, this can be done in any direction. There is no need to push down on the foam sponge as they can result in pooling of fluid
- Allow the area to dry for at least 1-2 minutes.
- If cavilon advanced is applied within a skin fold make sure that the skin surfaces are separated to allow the fluid to dry completely before allowing skin to return to normal position.▪ Re apply product every 2-3 days as directed.

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