

# BEST PRACTICE WHEN APPLYING TOPICAL BARRIER CREAMS

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Both urinary and faecal incontinence can have a detrimental effect on a patient's skin integrity and applying a topical barrier product to the skin can form part of the overall management of incontinence. Skin barrier creams should not be used in isolation, but as part of a series of interventions aimed at keeping the skin barrier intact. This article looks at best practice when applying barrier products.

Applying a topical barrier product to the skin is just one part of the overall management of incontinence. As such, it should not be seen in isolation, but as part of a series of healthcare interventions aimed at keeping the skin barrier intact.

These other interventions include:

- ▶▶ Managing incontinence through regular toileting
- ▶▶ The use of well-fitting, highly absorbent incontinence pads
- ▶▶ Excellent skin hygiene, including washing with a non-soap product and drying the skin gently yet comprehensively.

Dry skin is also a risk factor for skin breakdown, therefore using bland emollients can also be an important part of a skin care regime if the patient's skin lacks moisture.

In the event of urine and/or faeces coming into contact with the patient's skin, there is the potential for the development of incontinence dermatitis.



Figure 1. A patient with incontinence dermatitis.

This refers to the erythematous rash caused by the action of the waste products on the skin. These products are more damaging in combination, i.e. both urine and faeces, than when present singly (Figure 1).

## Barrier products

Barrier products for managing and/or preventing incontinence dermatitis can be put into one of the three broad categories outlined below.

### Generic skin protectors

Generic skin protectors include zinc oxide (in a variety of bases) and paraffin (either white soft, liquid or yellow) (Figure 2). These products are effective at repelling moisture from the skin surface and as such are reliable barrier products.

However, they have other effects that may make them less desirable. For example, both can 'clog' incontinence pads, making them less absorbent. Zinc oxide

particularly can also become 'caked', making it difficult for healthcare workers to observe the skin properly. Zinc oxide can also be difficult to remove.

### Barriers

There are some products that are specifically designed to protect the skin in patients who are incontinent, but which simply provide a barrier without any additional antibacterial or anti-yeast properties.

These barrier products come in a variety of formats, including sprays, wipes and creams. Some form a barrier film when applied to the skin, which can act as a breathable, transparent coating on top of the skin. The film will last for up to 72 hours.

Other products, such as paraffin or dimeticone, leave a layer of water repellent substance on the skin's surface (Figure 3). These will need replacing more frequently as they can be absorbed into the skin or rubbed off onto clothing or pads.

### Antibacterial and anti-yeast products

There are also products designed to protect skin affected by incontinence that contain antibacterial and/or anti-yeast properties. These usually come in a cream or ointment form with barrier properties provided either by zinc oxide, dimeticone and/or paraffin.

### Application

The method of application of a barrier product will depend to a large extent on the product itself and it is always important to follow the manufacturer's instructions. However, there are some general guidelines that should always be followed.



Figure 2. An example of some generic skin protectors.



Figure 3. A layer of water repellent topical barrier product will prevent excess moisture from coming into contact with the patient's skin.



Figure 4. When applying a topical barrier product, the healthcare worker should first ensure that all the equipment is easily accessible.



Figure 5. It is preferable to apply small amounts of product initially rather than overloading the patient's skin.



Figure 6. In zinc oxide products, try to avoid 'caking' the patient's skin.



Figure 7. A film should be applied, through which the skin is still visible (left of image).

The first step is to collect all the relevant equipment, including cleansing products, gloves and the barrier product, and place it at easy reach (Figure 4). The skin should always be cleansed, preferably with a non-soap cleanser. After cleansing, it should be dried gently but thoroughly, with special attention being paid to the flexural areas.

A product should never be overused, i.e. too much applied to the skin. It is better to apply a little at a time, rather than apply too much at once (Figure 5). In the case of products that contain zinc oxide, there is the danger of 'caking' the skin and making the skin feel stiff (Figure 6).

Instead, healthcare workers should apply a film of product through which the skin can still be seen (Figure 7).

For patients with sensitive skin, healthcare workers should attempt to avoid perfumed products. Antibacterial agents, such as benzalchonium chloride and cetrimide, can also act as sensitisers to sensitive skin and unless they have been specifically prescribed, it is preferable to select alternative products.

Most barrier products claim to be effective at both prevention and treatment, however, when assessing these claims the healthcare worker should consider that, as mentioned above, certain products can irritate the skin.

Healthcare workers should also always check the manufacturer's information as some products very clearly state that they are for use as a protector on intact skin only. **WE**