

# Mucocutaneous separation

## Patient education

Coloplast®  
Professional

A mucocutaneous separation is the separation of the sutured junction between the stoma and the skin. May be seen in a patient who has compromised healing. This complication is most likely to occur within the first 30 days after surgery.



Photograph courtesy of Cleveland Clinic Foundation

### Suggested supplies

- Measuring guide Order #: \_\_\_\_\_
- Coloplast® barrier Order #: \_\_\_\_\_
- Coloplast® pouch Order #: \_\_\_\_\_
- Absorbent material may be needed such as: Order #: \_\_\_\_\_
  - Brava® Ostomy Powder Order #: \_\_\_\_\_
  - Biatain® Alginate Order #: \_\_\_\_\_
- Skin protective agent (Brava® Skin Barrier Spray)\* Order #: \_\_\_\_\_  
\*Apply per NSWOC recommendations on intact skin only
- Brava® Protective Sheet Order #: \_\_\_\_\_
- Toilet paper
- Soft washcloth or soft paper towel
- Warm water
- Plastic bag

### Risk factors for mucocutaneous separation

- Steroids
- Diabetes
- Infection
- Stoma Necrosis
- Malnutrition
- Abdominal distension
- Sepsis
- Vasopressors

## Treatment

1. Clean your skin with warm water and a soft paper towel or soft washcloth.
2. Clean separated (open) area with normal saline as directed by your NSWOC.
3. Rinse and thoroughly pat dry.
4. For excessive drainage fill separated area with absorbent material as directed by the NSWOC or physician:
  - Brava® Powder
  - Calcium Alginate (Biatain® Alginate )
5. If recommended by your NSWOC, apply Brava® Skin Barrier Spray or wipes to the intact skin surrounding the open area and let dry. Do not apply to open areas.
6. Apply pouching system. (**Warm the barrier** between your hands prior to application. Apply gentle pressure to ensure a proper seal around stoma.)

Your NSWOC may recommend having you change your pouching system more frequently than normal to make sure the separation is healing and to change the absorbent material. If you do not see any improvement in two weeks, contact your physician or NSWOC.

## Additional information

NSWOC: \_\_\_\_\_

Physician: \_\_\_\_\_

Ostomy supplier: \_\_\_\_\_

Phone number: \_\_\_\_\_

Address: \_\_\_\_\_

## Special instructions

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The recommendations and information in this material should not be considered a substitute for personal medical advice or diagnosis.