



COLORECTAL AND PELVIC
RECONSTRUCTION SERVICE

Buttock Care

Information for families

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Colorectal and Pelvic Reconstruction Service (CPRS)
Information for families

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Citations

https://www.rch.org.au/kidsinfo/fact_sheets/Nappy_rash/

Acknowledgements

We are indebted to the contributions of the many families that are cared for by the CPRS team. This resource is for all families affected by colorectal and pelvic conditions.

About this booklet

The Colorectal and Pelvic Reconstruction Service (CPRS) at The Royal Children's Hospital Melbourne (RCH) is leading the way in colorectal and pelvic care in Australia.

We aim to deliver the highest quality clinical care to children and families with colorectal and pelvic conditions. We play a vital role in increasing the awareness, understanding and knowledge of these conditions in the community, and work collaboratively to educate health care professionals.

This booklet has been developed to support parents, carers and children who have colorectal and pelvic conditions. The CPRS seeks to establish a healthy relationship with all families, as we believe this enables the best care possible. The content of this booklet has been developed based on the extensive clinical experience of the authors and the most recently published evidence for this clinical condition.

This CPRS booklet has been categorised into different stages of your child's journey, which allows you to read the information that is important to you at the time. Some parts may appear repetitive. This is because some of the information is relevant throughout different periods of your child's care.

Everyone learns differently. Some people like to read instructions, some like to learn by having information explained to them, and many like to do both. Make sure you tell the members of the CPRS team if you are finding any information in this booklet difficult to understand.

Nappy rash

Nappy rash is a dermatitis (skin inflammation) confined to the area covered by the nappy. It may develop due to a number of factors, and is not one distinct diagnosis.

The most common cause of nappy rash in children is irritation. Constant moisture from urine (wee) and stool (poo), in combination with friction from nappies, may cause irritation to the skin. In some cases, the skin may be further irritated by bacteria, yeasts (e.g. candida or thrush), detergents, or baby wipes.

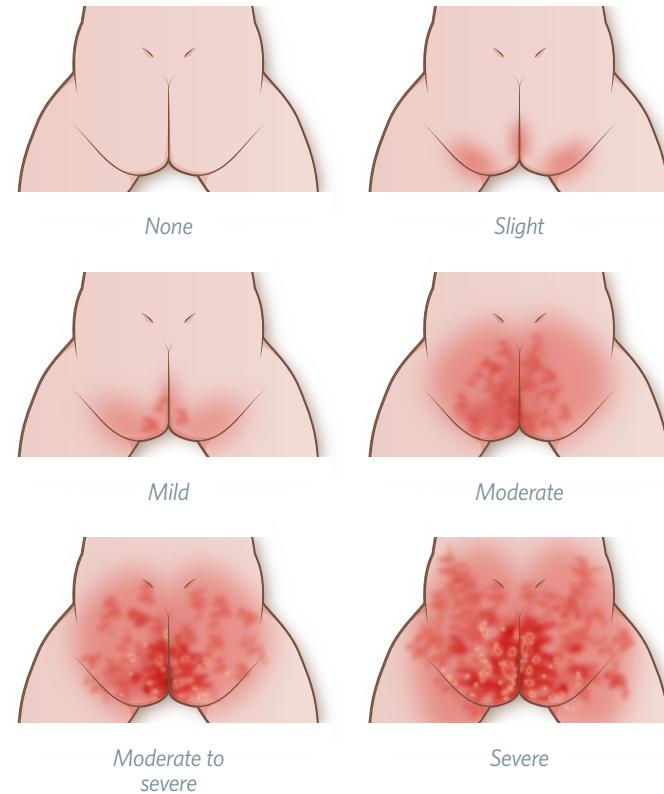
Prevention of nappy rash is important. The easiest way to prevent nappy rash is to keep the skin covered by a nappy that is clean and dry. Changing nappies frequently will minimise the amount of time that urine and stool are in contact with the skin. As a guide, if your child is under 12 months old, their nappy should be changed five to seven times a day.



Nappy rash — signs and symptoms

- The skin in the nappy area looks red and raw, and may be spotty in appearance
- It may be sore or itchy when the area is wiped
- Your child may be unsettled or irritable

Nappy rash



Nappy rash — treatment

Using good-quality, disposable nappies is the best way to treat nappy rash. Disposable nappies allow the moisture to be absorbed quickly from around your child's bottom, which helps keep the skin dry. While cloth nappies may be better for the environment, they do not absorb moisture as well as disposable nappies. Cloth nappies and reusable products should be checked and changed more regularly if used.

If your child has developed nappy rash, begin gently wiping your child's bottom with a soft cloth, dampened with lukewarm water, at each nappy change. Baby wipes may be irritating and should be used cautiously, while cotton wool and tissues leave a residue on the skin and should be avoided.

Your stomal therapy nurse will tell you the correct way to apply the recommended creams.

These creams are available from pharmacies, supermarkets or may be prescribed by your doctor.

Try to let your child have as much time without a nappy on as possible and do not use talcum powder or antiseptics on nappy rash. The following escalation plans have been created by the Stomal Therapy team at the RCH and should be followed in consultation with the CPRS team.

Nappy rash — escalation plans

1. Orabase/Sudocrem
2. Ilex

Orabase and Sudocrem

1. Assess buttocks.
2. Clean gently using warm water. Do not use olive oil or baby wipes. Dry skin by patting gently.
3. Combine equal measures of Orabase and Sudocrem in a separate air tight container. Mix well together.
4. Apply a thin layer to buttocks.
5. Cover with nappy.
6. Do this at least three times per day and every nappy change.
7. Do not attempt to forcibly remove any creams that remain in place. Only clean what is soiled, and replenish creams.



Ilex

Ilex skin protectant paste provides an effective barrier on perianal skin and buttocks that have not responded to first line management of zinc-based creams. Ilex contains no alcohol and will adhere to bare weeping tissue without discomfort to your child.

For Ilex to be dispensed from the pharmacy at the RCH, a prescription is required. It is recommended that Calmoseptine be trialled prior to using Ilex. Ilex may be difficult to source and therefore its use should be discussed with the CPRS team.

1. Assess buttocks.
2. Clean gently using warm water. Do not use olive oil or baby wipes. Dry skin by patting gently.
3. Apply a layer of Ilex directly over the excoriated (affected) areas.
4. Apply Sudocrem to larger area (non-excoriated) around Ilex.
5. Apply a coating of Vaseline liberally over the Ilex to prevent the skin from sticking to the nappy/dressing.
6. Do not attempt to forcibly remove any Ilex that remains in place on excoriated areas. Only clean what is soiled.
7. Wipe off the Vaseline while leaving the Ilex intact and simply re-apply the Vaseline over the Ilex.
8. If the Ilex lifts off, re-apply the Ilex with Sudocrem (Steps 3 and 4) as necessary.
9. Frequency of nappy changes depends on the amount of soiling, voiding (urine), and severity of excoriation.

To remove

Ideally Ilex should be removed in a bath with a gentle circular motion, once it has had time to soften. Olive oil is also helpful in the removal of Ilex. If Ilex is to be re-applied, please ensure that all the oil is removed; otherwise, Ilex may not stick effectively.

Important to be aware:

- Be careful when removing nappies/dressings, as it may adhere to the Ilex, despite Vaseline being applied.
- Never forcibly pull any dressings or nappies away from the child's bottom. If the Ilex has adhered, gently use warm water or olive oil to help with removal.
- Remove all traces of oil before re-applying Ilex.

Stomal Therapy

Stomal Therapy Clinical Nurse Consultants provide education and support to parents and children with buttock care.

A referral to Stomal Therapy will be completed by the CPRS team for buttock care education and counselling if required.

The Stomal Therapy Clinical Nurse Consultants will also be seen during outpatient clinic appointments, and may be contacted with any issues regarding buttock care and supplies.

We are always looking for new and innovative supplies to improve the care of your child.

If you would like any advice or education in regards to buttock care please feel free to contact Stomal Therapy at colorectal.stomaltherapy@rch.org.au

For any other inquiries, please contact the CPRS Clinical Nurse Consultants at colorectalnursingcnc@rch.org.au





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