

# Perineal Skin Care in the Incontinent Patient with Nourishing Olivamine\* Containing Treatment Cream

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## INTRODUCTION

Incontinence affects millions of Americans each year, with a high incidence in the long-term acute care population. Urine and stool can be caustic to the perineal skin. This population of patients can be difficult to treat due to extended serious illnesses and frequent incontinence. *Candida* is often seen with extended critical care inpatient stays and multiple antibiotic use.

## METHODOLOGY

The objective of the study was to track the incidence of skin breakdown related to incontinence in this population. Good hygiene, toileting programs, antifungal agents where appropriate, and other aspects of care remained constant; only the choice of topical therapy changed. All of the patients had been treated unsuccessfully with other common skin care products, including a prescription trypsin/balsam of Peru ointment and petrolatum or zinc based paste. Nourishing Olivamine-containing treatment cream was used on the study patients perineal areas, on intact and injured skin.

Olivamine is a special blend of ingredients that were developed to be easily absorbed and utilized by the skin cells. Components of Olivamine include bioavailable amino acids, vitamins as their cofactors, hydroxytyrosol, a very potent antioxidant, and methylsulfonylmethane to reduce pain. When an antifungal agent was necessary, a 2% miconazole nitrate was first applied, and then covered with the treatment cream.

\*Olivamine containing products, Remedy Skin Repair Cream from Medline Industries, Inc, Mundelein, IL

## CASE STUDY 1

Mr. Z is a 76 y/o white male who was admitted with deconditioning and stage IV pressure ulcers with marked stage I surrounding skin. Manual debridement of the loose necrotic tissue within the wound beds was done, as well as negative pressure therapy. Skin treatment cream was used on the surrounding skin and healing was noted in that area within 10 days. He had a history of colon cancer, diabetes, and malnutrition.



## CASE STUDY 2

Mr. G is a 56 y/o white male with a diagnosis of CVA with R hemiplegia. His comorbidities include coronary heart disease, HTN, and incontinence of both bowel and bladder. Upon admission he participated in a continence training program and was able to gain nearly complete continence in a relatively short time period. He presented with Stage I and II breakdown in the perineal region. His initial treatment was an enzyme debriding agent and the Olivamine-containing skin treatment cream to the surrounding skin. The periwound skin was healed within 8 days and the remaining area was reported healed in about 3 weeks.



## CASE STUDY 3

Mr. H is an 82 y/o black male who had a CVA and has residual L hemiplegia, HTN, bladder incontinence, PVD and is also an insulin dependant diabetic. He presented with partial thickness skin injury and was treated with the Olivamine-containing skin treatment cream. After 7 days of therapy, he had almost healed and melanin buds were noted.



## CASE STUDY 4

Mr. P is a 42 y/o white male who was admitted for deconditioning, spina bifida with parasthesia, urinary incontinence, immobility. He presented with poor perineal hygiene and breakdown from constantly dribbling urine. Partial thickness breakdown on the scrotum was noted. Culture ruled out a urinary tract infection and condom catheters were used for moisture control. The Olivamine-containing skin treatment cream was used, and after 8 days the areas were closed.



## CASE STUDY 5

Ms. W is a 67 y/o black female who, after a motor vehicle accident was diagnosed with TBI. She was incontinent of bowel and bladder. Her co-morbidities include HTN, atrial fibrillation, Rancho 4 on Glasgow Coma Scale. Ms. W is unable to participate in care and is totally dependent for turning and perineal care. After debriding loose necrotic tissue, the Olivamine-containing skin treatment cream was applied to the entire wounded area. Within 1 week, the wounded area was healthy and epithelializing.



## RESULTS

We noted substantially improved skin condition on the treated patients after the use of the nourishing Olivamine-containing cream. As these case studies present, there was less redness, denudation, as well as improved skin turgor and feel.

## CONCLUSION

The components of a good skin care program should always include **cleansing** with appropriate skin-friendly cleansers, **moisturizing** with emollients that will provide moisture and nutrients to the skin and **protection** from excessive moisture. We found the Olivamine-containing skin treatment cream to provide the needed tenets for our patients that are incontinent. Further study is warranted to investigate the usage of this new skin treatment cream on the prevention of breakdown due to incontinence. As well, more study is recommended to determine the best method for overall skin care, including periwound skin, skin tears, and the treatment of dry skin.

## REFERENCES

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