

# Walsall Joint Stoma Prescribing Guidelines 2019

# Contents

	Page
<b>Introduction and Acknowledgements</b>	<b>2</b>
<b>General Advice on Prescribing for Stoma Patients</b>	<b>3</b>
<b>Medicines Use in Stoma Management</b>	<b>4</b>
<b>Stoma Prescribing Guidance on Quantities</b>	<b>5</b>
<b>Stoma Accessories – Product Information Guide</b>	<b>6</b>
<b>Stoma Care Discharge to Community Pathway</b>	<b>8</b>
<b>Self-Care Advice/Patient Support</b>	<b>11</b>

# Introduction and Acknowledgements

## Introduction & Background

These guidelines are intended to assist healthcare professionals to manage stoma care in Walsall patients. They have been ratified by the Walsall Joint Medicines Management Committee (JMMC) and formulary management group committee.

These guidelines have been produced by a multidisciplinary team of professionals to ensure that people with a stoma receive a quality service. They are based on the most up to date national guidance and have been through Walsall CCG and Walsall Healthcare Trust's ratification process. They will be used to monitor the quality of services and delivery of national best practice standard and recommendations.

The guidelines will be reviewed every five years and/ or in the event of significant changes resulting from new research findings and new best practice guidance.

Guidelines are intended to guide and inform and should not be rigorously applied in all clinical circumstances. Good clinical practice always involves weighing the advantages against the disadvantages of a clinical intervention depending on individual circumstances. Guidelines do not replace an individual healthcare professionals' duty of care and clinical judgement. It is a tool to aid the decision making process.

## Acknowledgments

Many thanks to all health care professionals and patient representatives who have inputted to and commented on these guidelines.

## References

PIPs Forum, Stoma prescribing guidelines  
Previous locally developed Stoma Guidelines  
Specialist Stoma Nurses Expert Knowledge  
BNF Treatment Summary – Stoma Care

[PrescQipp Bulletin 105 September 2015](#)

[NHS Northamptonshire Comprehensive Stoma Care Guidelines](#)

[Birmingham Stoma Toolkit-Adults August 2014](#)

Colostomy Association Limited 2019

The information contained in the formulary is based on evidence available at the time of writing; it is issued for guidance and advice only. For information on the cautions, contra-indications, side effects and doses of individual drugs, please check the current SPC or BNF section for that drug. Prescribers remain responsible for their patients' care and prescriptions signed.

# General Advice on Prescribing for Stoma Patients

## ***Initial supplies of stoma appliances***

- Patients are usually discharged from hospital with a **two week supply** of a variety of stoma bags and no accessories (unless assessed and deemed essential). This gives time for the patient to try a variety of products, before a regular order can be placed.
- The first order is usually for a **one month supply**.
- The first order should not be customised or cut to fit, as stomas will take time to settle. This avoids wastage.

## ***Subsequent supplies of stoma appliances***

- Repeat orders should be for no more than one month supply to avoid wastage.
- Do not issue retrospective prescriptions for stoma products except in an emergency after direct communication with the stoma team (exception may be for first order).
- Requests for new products should not be accepted without checking with the Stoma Nurse.
- Check that all requests are needed and appropriate.
- Prescribe appropriate quantities for a one month supply of appliances.
- Contact Stoma Care Nurse if expert advice required

## ***Stoma accessories***

Stoma Care Specialist Nurses recommend that stoma patients should use a plain and simple procedure when changing their bag, thus avoiding the need for expensive accessories.

Be aware that companies will send patients samples of new, expensive and usually unnecessary accessory products.

Patients will obtain information regarding available accessories via the internet and from other patients.

## ***Irrigation for Colostomy patients***

Irrigation is a method of colostomy management which involves using specialist equipment to introduce warm water into the bowel via the stoma. The water causes muscular contractions in the bowel, which in turn causes it to expel its contents. Many colostomates prefer this method of colostomy management as it gives them a sense of control.

Between irrigating there is usually no need for a colostomy bag to be worn (the stoma can be covered by a cap). For greater piece of mind, some irrigators wear a small bag. Irrigation is a well-established method of bowel management. This must first be discussed and taught by a stoma nurse as irrigation is not suitable for all.

## **Medicines use in Stoma Management**

Prescribing medicines for patients with a stoma calls for special care.

In particular, some ileostomy patients may experience high volume liquid stoma output which requires management with specific anti-motility agents such as loperamide and codeine (these should be continued if requested from the specialist team).

Colostomy patients may suffer from constipation which where possible should be treated by increasing fluid intake or dietary fibre.

Several medicines should also be used with caution or avoided in patients with stoma. Enteric-coated and modified release (MR) medicines are not suitable (particularly in ileostomy)

Preparations with sorbitol contained should be avoided (laxative side effects)

### These effects may be observed when prescribing for stoma patients

Analgesics	As with all patients, opioids may cause constipation  Anti-inflammatory analgesics can cause gastric irritation & bleeding (monitor for traces of blood)
Antacids	As with all patients, may increase episodes of diarrhoea from using magnesium salts or constipation from aluminium/calcium salts
Antibiotics	As with all patients, some may cause diarrhoea – use with caution
Antisecretory drugs	Gastric secretion can increase stoma output, PPIs and somatostatin analogues used to reduce this risk
Antidiarrhoeal drugs	Loperamide & codeine are used to reduce stoma output from ileostomies. High doses of loperamide may be necessary, codeine can be added if needed.
Digoxin	Susceptible to hypokalaemia if taking digoxin (potassium supplements or potassium sparing diuretic may be recommended, with monitoring for early signs of toxicity)
Diuretics	Use with caution, recommended: potassium sparing diuretic, particularly in ileostomy patients
Iron Preparations	May cause loose stools and sore skin, recommend intramuscular prep if these issues arise (MR not to be used)
Laxatives	Avoid use in ileostomy patients – can cause rapid and severe loss of water and electrolytes.  Colostomy related constipation: increase fluid intake or dietary fibre first, bulk forming can be tried, small amount of senna if no response but with caution
Potassium supplements	Split daily dose to avoid osmotic diarrhoea Liquid preparations preferred to MR

## Guidance on Stoma Quantities

Type of Ostomy	Average length of wearing time	Average quantity per month
Ileostomy	<u>One – piece drainable pouch</u> Pouch changed every 1-3 days	10-30 pouches (usually in boxes of 30)
	<u>Two – piece drainable pouch</u> 1) Pouch changed every 1-3 days  2) Baseplate changed 2-3 times a week	1) 10-30 pouches (usually in boxes of 30)  2) 10-15 baseplates (usually in boxes of 5 or 10)
Colostomy	<u>One – piece closed pouch</u> Pouch changed 1-3 times a day	30 to 90 pouches (usually in boxes of 30)
	<u>Two – piece closed pouch</u> 1) Pouch changed 1-3 times a day  2) Baseplate changed 2-3 times a week	1) 30 to 90 pouches (usually in boxes of 30)  2) 10-15 baseplates (usually in boxes of 5 or 10)
Urostomy	<u>One – piece pouch (with a tap to empty)</u> Pouch changed every 1-3 days	10-30 pouches (usually in boxes of 10 or 30)
	<u>Two – piece pouch (with a tap to empty)</u> 1) Pouch changed every 1-3 days  2) Baseplate changed 2-3 times a week	1) 10 to 30 pouches (usually in boxes of 10 or 30)  2) 10-15 baseplates (usually in boxes of 5 or 10)
	<u>Drainage bags</u> 1) <u>Open night drainage bag (for continuous drainage at night)</u> - bag changed weekly  2) <u>Single use drainage bag</u> – bag changed daily	1) 1 box of 10 every 2-3 months  2) 30 bags
Convex or Concave Products – <b>only on the recommendation of Specialist Stoma Nurse</b>	Convex and concave products are useful to use in certain patients where it is appropriate. This decision should be via a shared decision making process with the Specialist Stoma Nurse and patient.	Same quantities recommended as above for the type of stoma products.

## Stoma Care Accessories Formulary

Accessory	Preferred Formulary Choice	Quantity	Prescription Directions	Notes
<b>Adhesive remover</b>	Salts adhesive remover spray (50ml)	1-3 cans (depending on frequency of bag changes)	Use each time stoma bag is changed	<ul style="list-style-type: none"> <li>Used to facilitate removal of adhesive residues &amp; to reduce skin trauma on removing appliance</li> <li>Sprays more cost effective than wipes</li> <li>'Non-sting', silicone based products are recommended</li> </ul>
	Pelican Platinum with Vitamin E Adhesive Remover Spray (50ml)			
	Coloplast adhesive remover spray (50ml)			
	Clinimed Appeel No Sting Spray (50ml)			
<b>Ostomy flange extenders/ Strips</b>	Bullen Flange retention strips 102x25mm (100)	Up to 3 packs per month	Used each time bag is changed, may require 2-3 for each bag change	<ul style="list-style-type: none"> <li>Hydrocolloid extenders are usually thicker and stronger and the hydrocolloid itself is often a more skin friendly product than the tape versions.</li> <li>Flange extenders provide an extra layer of adhesive security for the flange to provide extra protection from leaks e.g. if the patient has a hernia or skin creases as it increases the adhesive area. if used because there is leakage around the stoma refer for a review.</li> <li>Not frequently used and if patient has been prescribed this, it should be reviewed by the specialist team.</li> </ul>
	Bullen Flange retention strips 102x 51mm (100)			
	Clinimed HydroFrame Flange extenders (previously Welland) 20			
	Salts Flange extender + Alo (formerly SecuPlast hydro) (30)			
	Coloplast Brava Elastic Tape (20)			
<b>Pastes, Fillers &amp; Protective rings*</b>	Hollister Adapt paste 60g	Follow directions of Stoma Nurse	Apply when bag is changed as directed	<ul style="list-style-type: none"> <li>Used to fill skin dips and creases around stoma sites to secure pouch to prevent leakage</li> <li>Particularly used for problematic stomas and fistula care.</li> <li>Use depends on the depths of skin folds and other factors but prescription requests for more than 2 x 60g tubes per month should be reviewed.</li> </ul>
	Coloplast Brava paste 60g			
	Convatec Stomahesive paste 60g			
<b>Powders</b>	Convatec Orahesive powder 25g	Should only require 1 powder every 2 months (do not need to use a lot)	Use as directed by specialist nurses	<ul style="list-style-type: none"> <li>Sprinkled around the stoma to heal sore weepy or wet peristomal skin and enable adherence of stoma appliances.</li> </ul>
	Hollister Adapt Powder			
	Coloplast Brava Powder			
<b>Protective Skin wipes/sprays</b>	Clinimed LBF no sting barrier film 50ml	Follow directions of Stoma Nurse	Apply when bag is changed as directed	<ul style="list-style-type: none"> <li>Protect skin from the irritant effects of stoma output.</li> </ul>
	OstoMart OstoPEEL Blackberry No Sting Medical Adhesive Remover Wipes (30)			
	Coloplast Brava Skin barrier wipes (30)			

***\*Protective rings & protective wafers are only to be used on the advice of a Specialist Stoma Nurse***

### **Deodorants – these should not be required**

They are used to absorb odour/deodorise bag contents. If correctly fitted, no odour should be apparent except when bag is emptied or changed. Household air freshener sufficient in most cases. If odour present at times other than changing/emptying – refer for review

### **Discharge solidifying agents**

These are used to change consistency of stool without drugs

Useful for Crohn's disease patients, useful for loose watery output. 1-2 sachets/strips to be used each time appliance is emptied

### **Drainable bag fasteners**

Soft ties or plastic clips for drainable bags – most bags now have this incorporated into their systems



# Stoma Care Discharge to Community Pathway

Patient discharged from hospital with at least a 14-day supply of stoma products to allow enough time for the mechanism of ordering to be arranged.

The colorectal nursing team will telephone all patients within **one week** of discharge to assess needs and all newly discharged patients are **referred to** the Coloplast Care Nurse Specialist for one home visit and more visits if the patient is unable to attend Hospital Stoma Clinic.

The patients return to Hospital Stoma Clinic at 2 months, 6 months and 1 year. Patients can contact the Colorectal/Stoma Care Service as necessary if problems occur or if they would like further advice regarding stoma equipment and/or lifestyle issues.

If the patient has not been seen for over 12 months a new referral to the Colorectal Stoma Care Service will be required.

## Prescriptions

There are a number of ways in which patients can obtain their supply of appliances. These options will be discussed with the patient prior to discharge and all relevant information given to patient and sent to GP.

### Prescription Options

- 1) Prescription to any chemist
- 2) Delivery service direct to patients home

If the stoma is temporary, patients will have to pay for their prescription and may find it advisable to buy a prescription prepayment certificate (PPC). A PPC can be ordered online ([www.nhsbsa.nhs.uk](http://www.nhsbsa.nhs.uk)), by telephone 0845 850 0030 or by completion of form FP95 (form available from pharmacies and surgeries).

If the stoma is permanent they will be exempt from prescription charges. Patient should obtain and complete a Prescription Exemption Form. These forms are available from the social security office, health centres or local chemists. On discharge from hospital they will be given details of their appliance equipment and ordering details.

## Contact Telephone Numbers for advice

### Walsall Manor Hospital (Colorectal Nursing Team)

Direct Line (answer machine)	01922 656300
Bleep (access through switchboard)	01922 721172 Bleep 5018/8051/8153
Colorectal Mobile Contact	07554115339
Email address	colorectalnurses@nhs.net

## **New Patients**

- All new patients discharged from Walsall Health Care Trust are given the choice of having their stoma prescriptions supplied by either a delivery company or local community pharmacy.
- On discharge from Walsall Health Care Trust all patients should be supplied with a minimum of 14 days' supply of stoma products to the patient on discharge to ensure an appropriate length of time for local pharmacies/ delivery companies to order and for the patient to receive a supply of the products.
- It is the responsibility of the Colorectal Nurse Specialist to set up delivery with the relevant company if patient so wishes and appliance details for prescription are sent to the delivery company and are given to patient on an information card.
- Following discharge from hospital a GP letter with information of appliance details for prescription is sent to the GP surgery.
- Sometimes the actual product to be used may not be long term and may still need to be established. On these occasions patients are asked to come back to the stoma clinic for assessment and therefore the order may be delayed.
- For those patients who order via the delivery company it is their individual responsibility to order stocks as required.
- Once an order is placed with a delivery company it should normally be received within 48 hours, excepting weekends and bank holidays.

## **Customising Pouches**

- Although there are many pre-cut pouches these are mainly circular. The majority of stomas are oval and therefore there is a requirement for pouches to be cut to shape for the individual.
- The delivery company will offer a cutting service for patients. This is often a reason why the individual patient may choose a supply route via the delivery company. Some patients may be unable to cut their appliances.
- As a general rule a cutting service is not provided by local pharmacists.

## **Accessories**

- Recommendations on the use of accessories are only made by the Colorectal Nurse Specialists on an individual need basis. As a general rule, recommendations for accessories are not made unless necessary and should be regularly reviewed.

## **Conclusions**

- It is important that a Colorectal/Stoma Nursing Service should be clinically effective, efficient and cost effective to the NHS. Each patient should be able to make an informed, guided choice from the range of products available that may be appropriate to their condition. This should enable the patient to feel more confident in dealing with their stoma using stoma care products tailored to their individual needs.
- Colorectal Nurse Specialists are available to assess / reassess all patients and make recommendations for the best management of the individual within the context of their specific circumstances. If problems arise and changes are required, the local Colorectal nurse specialist should be contacted and a referral made to reassess the patient and supervise any changes in stoma management that may be required.

## **Appliance Usage Reviews**

Patients on ostomy products should be reviewed annually in regards to their stoma care to ensure that their stoma needs have not changed, for example patients whose body shape has changed or who are using inappropriate products. For more information, please contact the Stoma Specialist Nurses at the Walsall Healthcare Trust.

# Self-Care/Patient Support

## Avoiding Problems

- Special care should be taken of the skin around the stoma. Skin soreness can be caused by the use of a badly fitting pouch which leaves the skin exposed. Too frequent removal of appliances and use of harsh skin cleansers should also be avoided. If leakage occurs, the pouch should be changed as soon as possible.
- Surface bleeding of the stoma can occur when cleaning the stoma but this is not usually a cause for alarm.
- Calamine lotion can be applied to dry, sore skin and will not compromise pouch adherence. Allow calamine a few minutes to dry before applying the pouch and dust off excess. If the skin irritation/soreness persists, contact the Colorectal Nurses before the problem becomes difficult to resolve.