

Guidelines for the Prescribing of Stoma Care Appliances in Primary Care

INTRODUCTION

Many areas of primary care prescribing reflect the needs and requirements of specialist patient groups. Typical examples might include stoma care, incontinence appliances and wound management products. Due to the specialist nature of these areas and the heavy involvement of other health care professionals like specialist nurses, dieticians or district nurses, primary care prescribers often feel ill equipped to modify or properly review the patient's treatment.

This guidance has been prepared by a small working party comprising of the specialist practitioners within colorectal services, to provide basic information and a resource to prescribers, community pharmacists, practice nurses, community nurses and the wider health professional group on cost effective stoma care prescribing.

There are many factors that need to be considered when reviewing the choice of a stoma product:

- Is the product suitable for the patient?
- What does the patient prefer and why?
- Is the product comfortable and convenient for the patient?
- Has the patient's treatment been reviewed recently?
- Has the patient a new condition that requires a change of pouching system?
- Is the patient being managed with an out-dated or obsolete stoma care system or product?
- Does the patient routinely over-order stoma supplies?
- Does the patient regularly use items that would be more appropriate supplied over the counter?

This guidance has been written based on the information from within the drug tariff and local prescribing data/costs. A summary of key points is provided in order to ensure that those with limited time can quickly identify and address the important issues.

It is intended that this guidance will provide first line information around the prescribing of stoma products, appropriate quantities and local access to services. Further advice and support are available from the stoma care nurse specialists.

Note: the term bag and pouch are synonymous and will be used interchangeably throughout this document.

TYPES OF STOMA

Colostomy

There are several types of colostomy, both temporary and permanent. A colostomy can be defined as an opening into the large bowel. Depending on the type and position of the stoma the output will tend to range from semi-liquid to a fairly firm stool.

Descending/Sigmoid

The descending/sigmoid colostomy is usually permanent, passing a soft to fairly formed stool of which a closed pouch – one or two piece can be worn.

Transverse or ‘Loop’

The transverse or loop colostomy is usually temporary but may become permanent, passing a solid to semi soft stool of which a closed pouch – one or two piece can be worn. A drainable pouch can be used if required.

Ascending

An ascending colostomy is rare – usually temporary, passing a liquid to paste like stool, of which a drainable pouch with open end – one or two piece can be worn.

Ileostomy

An ileostomy can be defined as an opening in the small intestine or ileum, there are two main types:

End Ileostomy

The end ileostomy is usually fashioned when the colon is completely removed resulting in the patient having no colonic fluid absorption. This results in a stoma that discharges a fluid stool.

Loop ileostomy

The loop ileostomy is usually fashioned to direct the faecal stream away from a problem area (i.e. an anastomotic site following a bowel resection) and therefore is usually temporary.

Both of these can either be permanent or temporary.

Because of the type of stool from the ileostomy, a drainable pouch is worn with an open end and different fastenings. This can be a one piece or two piece system.

Two piece systems allow the patient to alternate sizes of pouch or to change the pouch itself without disrupting the base plate or flange. This in turn helps to protect the skin from excessive damage.

Urostomy

The most common is the ileal conduit, in which the bladder may also be removed. Here the urine passes from the kidneys along the ureters into a segment of the ileum that has been isolated. This segment acts as the conducting tube to the surface of the body.

GENERAL GUIDANCE ON PRESCRIBING AND SUPPLY

Rationale for Prescribing Guidance

- While it is essential for the patient to carry adequate stocks of their stoma appliances and to be able to order additional supplies in plenty of time, this must be balanced against some patient's tendencies to over-order.
- Poorly controlled repeat prescribing can be wasteful and costly.
- The following guidance is provided to assist in decision making around appropriate and cost effective prescribing in stoma care.
- This guideline will provide a framework for repeat prescribing of stoma appliances. Quantities quoted are a guideline and it should be recognised that on occasion some patients may legitimately require larger quantities than those outlined. If patients are identified as routinely over ordering it may be appropriate to contact Stoma Care services to arrange for the individual to be reviewed.
- As a general rule, no patient should be ordering in excess of 2 months supply at any one time, this would generally be monthly.

New Patients

- All new patients discharged from hospital are given the choice of having their stoma prescriptions supplied by either a dispensing appliance contractor (DAC) or through the dispensing GP or local community pharmacy.
- On discharge from Hospital, all patients should be supplied with a minimum of 28 days supply of stoma products unless a specialist product is required, in which case the Stoma Nurse Specialist will order directly from the appliance contractor. In this instance, the patient may be discharged with less than 28 days supply. For those patients choosing to have prescriptions supplied by the community pharmacy or dispensing GP, a maximum of four weeks supply may be provided to the patient on discharge to ensure an appropriate length of time for local pharmacies to order and receive a supply of the products
- Following discharge from secondary care all discharge and stoma product information is faxed through to the GP surgery.
- The patient is made aware that 2 weeks must be allowed for the DAC to receive the prescription from the GP prior to supplies being dispensed.
- Once the prescription has been received by a delivery company, the order should normally be received within 48 hours, excepting weekends and bank holidays.

Changing Products

- If products are changed the GP will be informed by the stoma care team.
- If there is not sufficient choice from the same manufacturer then the prescriber should refer to the CNS Stoma care for guidance. The manufacturers may also offer advice on alternatives.

Note: When changing products always ensure that where night bags are required they are dedicated to the appliance chosen.

Guidelines for the repeat prescribing of stoma appliances

- Stoma care products are almost always supplied to patients through practice repeat prescribing systems. Patients who routinely stock pile or over-order stoma supplies should be identified. Support to bring about a change in practice can be achieved through careful application of these guidelines.
- Patients should be encouraged not to re-order until they are down to their last box. One to two months supply on a single prescription should be adequate for most patients' needs.
- If you have any concerns regarding ordering supplies contact the clinical nurse specialist as this patient may need a review.

Patients requiring special management

- Patients with high output stomas due to short bowel syndrome, jejunostomy and entero-cutaneous fistulae may have special management requirements
- These patients are more prone to leakage problems and sore skin
- These patients may require a substantial range of specialist equipment including stoma accessories
- Clear communication regarding indication and specific requirements will be supplied by specialist nurse

INDIVIDUAL STOMA PRODUCTS

One-piece Closed Pouches

- Most products come in boxes of 30 and will need to be changed up to 3 times daily.
- Some specialised products are in boxes of 10 i.e. convex products.
- Thirty pouches should last the patient between 10-15 days. A reasonable quantity to order would be 3 boxes of 30. Patients may need larger quantities of these – specialist nurse to advise.

One-Piece Drainable Pouches

- This includes urostomy bags
- These bags can be changed every 2 days or if preferred may be changed daily.
- Most products come in boxes of 30. A reasonable quantity to order would be 1 box of 30. If products are supplied in boxes of 10 then it would be reasonable to order 3 boxes of 10 at any one time.

Two-piece Closed System (involving a base plate/flange and pouch)

- Most base plates / flanges come in boxes of 5 or 10.
- Each base plate/flange is usually left in place for a period of 2-4 days.
- The pouches are usually in boxes of 30 and should be changed 2-3 times per day.
- A reasonable quantity to order would be 3 boxes of 5 base plates and 3 boxes of 30 pouches.

Two-piece Drainable System (involving a base /flange and bag)

- This includes urostomy bags.
- Most base plates/flanges come in boxes of 5 or 10.
- Each base plate/flange is usually left in place for a period of 2 days. A reasonable quantity to order would be 3 boxes of 5 base plates.
- Drainable bags are usually supplied in boxes of 30 and changed every 2 days. This may be daily if the individual patient prefers. A reasonable quantity to order would be 1 box of 30 bags.

Convex Products

- These should only be used on the recommendation of the Stoma Care Nurse.

Flushable Pouches (Colostomy only)

- These products allow the patient to dispose of an inner liner by flushing it and its contents down the toilet.
- These products are only suitable for colostomist's. They are useful products which can be used on an occasional basis (i.e. travelling) or as regular day to day use.
- Some patients find the issue of pouch disposal difficult to cope with and feel flushing the pouch away to be more convenient and hygienic.

Stoma Caps / Dressings (Colostomy only)

- These products are used to cover the stoma but have limited capacity.
- They can be used on a colostomy during the day when the stoma is 'quiet' or 'inactive' but are more commonly used over a mucus fistula. Patients who irrigate their stoma often find these products useful.
- They should not be worn by ileostomy patients due to the high activity of this type of stoma.

Night Bags (Urostomy only)

- These are for both one piece and two piece urostomy systems.
- Night bags are usually supplied in boxes of 10. A reasonable quantity to order would be 1 box of 10 bags.
- It is recommended that each bag can be used for up to a week unless they start to smell or become discoloured.

Note: When changing products always ensure that the night bags are dedicated to the appliance chosen.

Flange cutting

- All pre-cut products are circular. Some stomas are irregularly shaped and therefore there is a requirement for pouches to be cut to an individual template

- DAC's offer a bespoke cutting service. This is often a reason why an individual may choose their service.
- As a general rule a cutting service is not provided by community pharmacies or dispensing GP's.

STOMA ACCESSORIES

The CNS stoma care may recommend the use of an accessory e.g. medical adhesive remover.

Patients get samples from open days and ostomy journals generating a request for a prescription for these. Advice from the clinical nurse specialist is recommended before prescribing new products.

Adhesives (Sprays/Solutions)

- Medical adhesives are used to help adhesion of stoma care products to the skin.
- These products should not be required with newer appliances. Such products are **not** recommended for use, but are still used with older products.

Adhesive Removers (Sprays/Liquids)

- These products help to prevent any skin damage.
- Silicon based adhesive removers are 'no sting' products and therefore recommended for use.
- It is recommended that sprays are more suitable for general use and are more cost effective. However wipes may be useful for patients with reduced or limited dexterity.

Skin Fillers - seals/rings/washers/paste

- These are used to fill in defects around the stoma when the patient experiences difficulties in obtaining a seal due to creases or dips in the skin. They come in different sizes and quantities but guidance for prescribing is one per bag or flange change.
- Products of a hydrocolloid base are more appropriate and should replace adhesive tapes.

Skin Protection

- These products are for use on broken and sore peristomal skin.
- Skin Protection comes in several forms:
 1. Powders,
 2. Barrier spray/wipes
 3. Barrier cream.

Deodorants / air fresheners.

- Where an air freshener is indicated, it is recommended that ordinary household one should be used first line.
- If there is specific indication to prescribe these products then prescribers should take care to select the most cost effective product available.
- In the majority of cases a commercially available odour neutraliser purchased over the counter by the patient will present a perfectly appropriate option.

However pocket and handbag sizes are not generally available in these products.

- Some products combine lubrication and deodorant, these would be used on the guidance of the CNS Stoma care

Bag Closures

- These products are used on the older drainable pouches and are being replaced by integral fastenings.
- Bag closures are used to seal the end of the pouch. There are two types of closures, plastic clips and wire ties.
- Plastic clips are usually cleaned and re-used while soft wire ties are disposable.
- Some drainable pouches include bag closures in the box of products and therefore do not need to be ordered separately.
- It is expected that use of these products will begin to reduce as older pouches are being replaced with newer products with integral fastenings.
- A reasonable quantity to order would be 1 box of soft wire ties to 1 box of 30 bags.

Bag Covers

- A wide range of different bag covers are available. There is a role for these products in reducing bag irritation and reducing discomfort resulting from the feel of the bag on the skin and bag noise.
- Pouch covers are washable.

Underwear

- A reasonable quantity of light support underwear would be 3 per year
- Patients can also purchase these via mail order.

Support garments

- These are recommended and fitted by the CNS Stoma Care for prevention of, or control of parastomal hernias.
- Sometimes support garments are used to control other types of abdominal hernias. Bespoke items will be fitted by a company representative after consultation with the CNS Stoma care.
- A reasonable quantity to order initially would be 2 girdles per year. One should be ordered first to ensure patient can manage before requesting another.

Belts

- Ostomy/Stoma belts are used to secure the stoma product to the skin. Some patients will feel more comfortable wearing one. Belts are usually 1 inch wide, adjustable and made of stretch elastic.
- Not all stoma products can have a belt fitted to them and advice from the CNS Stoma care should be sought if the prescriber is unsure.
- A reasonable quantity to order initially would be 2 belts per year. One should be ordered first to ensure patient can manage before requesting another.

Filters

- Filters are becoming obsolete however they are still used with some of the older pouches.

- All new pouches will already have built in filters. These automatically allow the dispersal of flatus from the pouch through a charcoal pad which absorbs any odour. Patients using older products without filters may need to be reviewed.

Irrigation Washout Appliances

- Irrigation is only suitable for patients with an end colostomy and should only be undertaken under advice from the CNS Stoma care.
- The process involves the introduction of water into the stoma via a cone and irrigation set in order to washout the faecal matter from the colon. This process means that the patient can wear a stoma cap, plug or dressing during the day and have some semblance of control over the function of their stoma.
- Patients will be provided with a 'Starter Kit' at the time the CNS Stoma care makes the initial decision to implement irrigation. Subsequent kits will be required via prescription. Replacement of this equipment should be as directed by the manufacturer's instructions.
- The sleeves are for use **once only** and then should be disposed of.

SUMMARY

The stoma service strives to be efficient and effective. While financial constraints must be taken into account, each patient should be able to make an informed, guided choice from the range of products available that is appropriate to their condition. This should enable them to feel more confident in dealing with their stoma, using products tailored to their individual needs. From the vast range of products available there should be something appropriate for every patient.

The Clinical Nurse Specialists in Stoma Care are available to assess/reassess all patients, if problems arise or guidelines suggest that changes are required.

Note: Newer products are always coming into the market place and as such there may be some products out, in practice, which may not always be covered within this guidance.

Stoma Nurse Contact Details

Jill Marshall Hull And East Yorkshire Hospitals NHS Trust
01482 624026

Rhian Simmons Hull And East Yorkshire Hospitals NHS Trust
01482 624026

Jane Thacker Hull And East Yorkshire Hospitals NHS Trust
01482 624026

James Gridley Hull And East Yorkshire Hospitals NHS Trust
01482 624026

Lesley Morris Hull and East Yorkshire Hospitals NHS Trust
01482 624026

Jacqueline Bartlett Dept of Urology,
Hull and East Yorkshire Hospitals NHS Trust
01482 622149

APPROVAL PROCESS

Written by:	Jane Thacker, Stoma Nurse, HEY Kevin McCorry, Senior Pharmacist, CSU - ERY
Consultation process:	Stoma Specialist Nurse Team
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Prescribing Guidelines for Stoma Products -

SUMMARY TABLE

	Type of Appliance	Frequency of Appliance change	Quantity prescribed per month	Notes
Colostomy Large bowel stoma. Usually formed stool	One piece closed appliance	Changed 1-3 times a day	30 - 90 pouches : Usually packed in boxes of 30 (1 - 3 boxes per month)	Bags are not drainable / reusable
	Two piece closed appliance	Flange – changed 2-3 times a week Pouch – changed 1-3 times a day	10 -15 flanges : Usually packed in boxes of 5 or 10 (1 - 3 boxes per month) 30 - 90 pouches : Usually packed in boxes of 30 (1 - 3 boxes per month)	
	Drainable pouch	Changed every 1-2 days	15 - 30 pouches : Usually packed in boxes of 30	
Ileostomy Small bowel stoma. Semi-formed or loose output. Average volume 500-800mls	One piece drainable appliance	Changed every 1-2 days	15 - 30 pouches : Usually packed in boxes of 10 or 30	Drain as required throughout the day
	Two piece drainable appliance	Flange - changed 2-3 times a week Pouch - changed every 1-2 days	10 -15 flanges : Usually packed in boxes of 5 or 10 15 - 30 pouches : Usually packed in boxes of 10 or 30	
Urostomy	Urostomy all in one bag	Usually 1 bag every 2 days	10-20 bags (1-2 boxes of 10 bags)	Bags are drainable
	Urotomy flange bag	Usually 1 bag every 2 days	10-20 bags (1-2 boxes of 10 bags)	
	Urostomy flange (for use with flange bag)	Usually remains in situ for approximately 2 days - change every 2 days		
	Urostomy night drainage bag	Use a new bag every 7 days	4 bags (1 box of 10 bags every 2 to 3 months)	

Prescribing Guidelines for Stoma Accessories – SUMMARY TABLE

	Frequency of Appliance change	Quantity prescribed per month	Notes
Adhesive remover	Used each time stoma appliance changed	1-2 cans per 30 bags	To aid removal of appliance
Barrier creams	N/A	Not routinely recommended	Barrier creams are not usually recommended as they reduce adhesion of bags/flanges
Belts	N/A	2 per year	Usually worn with a convex appliance. Washable and reusable. One should ordered first to ensure patient can manage before requesting another
Deodorants	N/A	Not routinely recommended	Should not be required. If pouch is correctly fitted, no odour should be apparent except when bag is emptied or changed. Household air freshener is sufficient in most cases
Ostomy Powders	N/A	Not routinely recommended	
Protective rings	Each time appliance changed	As per appliance	Used for skin protection and useful to fill skin creases. To be used under advice of stoma care nurse only
Skin fillers (pastes)	Used each time stoma appliance changed	1-2 tubes per month	Used to fill skin creases. Not usually for long term use
Skin protective wipes	N/A	Not routinely recommended	Short term use only (acute prescription): May be used on skin that is irritated/inflamed to promote healing. If used for > 3 months, refer patient to stoma nurse
Support garments should not be prescribed, unless a patient develops a parastomal hernia and/or has been advised to wear 'support garments' by the stoma nurse	N/A	If stoma nurse requested a reasonable quantity to order initially would be 2 girdles per year.	One should ordered first to ensure patient can manage before requesting another
Stoma underwear Stoma underwear should not be prescribed, unless a patient develops a parastomal hernia and/or has been advised to wear 'support underwear' by the stoma nurse	N/A	If stoma nurse requested a reasonable quantity to order would be 3 light support underwear per year.	