



The practice nurses guide to new stoma care products

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Introduction

Stoma formation is a common surgical procedure in the management of a number of diseases. A stoma can be temporary or permanent, elective or emergency and formed at any age from birth onwards. There are three main types of stomas; colostomy, ileostomy and urostomy. It is important that nurses involved in the care of stoma patients are knowledgeable on the types of stomas and the care and management of a stoma. It is also necessary to be familiar with the products used to manage a stoma.

Types of stoma

A stoma is formed during a surgical procedure to divert the passage of faeces and flatus or urine outside the body for collection in a stoma appliance.¹ A colostomy is where part of the colon is brought out onto the abdominal surface, usually on the left iliac fossa. A colostomy, formed in the sigmoid colon is likely to behave similarly to the pattern of the patient's bowel prior to surgery, usually passing soft or formed faeces. An ileostomy is where part of the small bowel, ideally the terminal ileum, is brought out onto the abdominal wall in the right iliac fossa. The output from an ileostomy should be similar to toothpaste in

consistency. This is important to assess, as a watery output of in excess of 1 litre /day has the potential to cause complications such as dehydration leading to renal failure if not treated. In addition, a high output ileostomy can result in sore peristomal skin and pouch leaks and is a very difficult situation for a patient to manage. A urostomy is a urinary diversion involving the attachment of two ureters to a segment of resected small bowel from which a stoma is constructed, usually in the right iliac fossa. Urine drains almost constantly from a urostomy. It is important that patients monitor the urine for signs of infection such as cloudy or malodorous urine, the presence of blood in the urine, flu like symptoms or back pain. Due to the fact that these patients are without a bladder they are at an increased risk of pyelonephritis if they develop a urinary infection.

Stoma products

In May of this year the Health Service Executive approved access to a wide range of new ostomy products for use on the GMS and Drug Payment Scheme. This has improved the variety of products available to stoma patients and is a very positive development. It has the potential to improve the quality of life for some patients,

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but means that nurses are likely to meet patients using ostomy products with which the nurses are not familiar. The products used for the care and management of a stoma are divided into two categories:

1. Pouches
2. Accessories

Pouches

While there are a large variety of stoma pouches on the market they can all be categorised as follows:

3. One piece or two piece pouches
4. Drainable or closed pouches
5. Flat or convex flanges

One piece and two piece pouches

A one piece pouch consists of the flange which adheres to the skin and the pouch as one unit. Patients report the benefits of these type of products as including ease of use and always feeling clean after changing. A two piece pouch consists of two parts, a flange which adheres to the skin and can stay in place for up to five days, depending on its type, and a separate pouch which can be changed easily as often as necessary without removing the flange on the skin.² A two piece system gives the patient flexibility by allowing them to change the pouch daily to obtain a new filter and clean clip without spending time removing the complete unit. The patient can change from a closed pouch to drainable pouch easily and two piece pouches are convenient for activities such as swimming or intimacy. Patients who have a co-existing skin condition are usually advised to use a two piece product to reduce the risk of skin damage.

Drainable and closed pouches

The type of pouch recommended for a patient is determined by the



Image One: One piece drainable and closed pouches

Photograph by: Susan Moore



Image Two: Two piece drainable and closed pouches

Photograph by: Susan Moore

stoma output. Patients who have a colostomy with a formed output are advised to use a closed pouch. Patients with an ileostomy are advised to use a drainable pouch as it will be necessary to empty the pouch regularly during the day and possibly at night. Urostomy patients use specific urostomy pouches, which have a tap at the end to allow ease of emptying and which can attach to a two litre night drainage bag at night. These pouches also have an anti-reflux valve which prevents backflow of urine towards the stoma to reduce the risk of ascending infection.³ Some urostomy patients also use a leg bag to increase storage capacity and increase the time between toilet visits.

Flat and convex flanges

The term flange refers to the part of the pouch which adheres to the skin. Initially patients use pouches with a flat flange. However, in some cases, to achieve optimal pouch security and to maintain skin integrity, the use of convexity is required. Convex pouches have a flange which has a raised or convex area around the aperture of the pouch. This forms a snug seal close to the stoma directing the output into the pouch and reducing the risk of faecal material getting under the flange causing leakage and sore skin.⁴ Convexity is recommended for the management of short spout stomas, where a patient develops a moat around the stoma or where security cannot be achieved using a flat flange. It is recommended that patients use convex pouches under medical supervision as if used inappropriately skin complications may arise.

The challenge for nurses is to facilitate the individual stoma patient to have the best quality of life possible through ensuring they have access to the most suitable products on the market to manage their individual case.

Accessories

It is accepted that an accessory is any product which is used in addition to the pouch.⁵ Examples of accessories are shown in Table One. It is advisable that the use of accessories is guided by an independent stoma care nurse specialist. The use of appropriate accessory products is likely to offer patients extra security and improve physical and psychological wellbeing. However, inappropriate use can result in increased time spent on stoma care applying unnecessary products which are expensive. The uses of accessories are explored in Table Two.



Image Three: Stoma care accessories

Photograph by: Susan Moore

Conclusion

The key to successful stoma management is individual assessment by a stoma care nurse specialist. There are a large variety of ostomy products on the market, which has increased this year in Ireland. The challenge is to ensure the stoma patient has access to suitable ostomy products and are familiar with the correct use of them. The patient requires ongoing follow up as factors such as lifestyle issues, development of complications and new product development all impact on effective stoma management. The challenge for nurses is to facilitate the individual stoma patient to have the best quality of life possible through ensuring they have access to the most suitable products on the market to manage their individual case.

Table One: Examples of accessories

1. Seals
2. Paste
3. Adhesive remover sprays and wipes
4. Deodorant drops, powders, sprays
5. Flange extenders
6. Wafers
7. Belts

Table Two: Uses of accessories

1. To maintain and improve skin integrity
2. To improve pouch adhesion and security
3. To fill uneven areas around the stoma
4. To facilitate easy pouch removal
5. To manage complications such as sore skin and leaks
6. To address malodour
7. To improve confidence in pouch security

References

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