

Accessories Used In Stoma Care

Accessories used in stoma care can be bought over the counter. For accessories to be added to your prescription then a stoma care nurse must have assessed your stoma care and decided that there is a medical need for the product. Patients who are requesting accessories on their prescription are most likely to have or have been experiencing stoma care problems and are therefore highly likely to benefit from a consultation with a stoma care nurse.

Adhesive Discs, Rings, Pads, Plasters, Frames

Customers currently receiving prescriptions for the above may benefit from a review by a stoma care nurse as many of today's stoma bags have these incorporated within them.

The hydro frames (often referred to as banana or boomerang strips) are useful if the hole in the bag is cut greater than 45mm as this compensates for the adhesive area which has been cut out. They will not stop leaks.

Adhesives (sprays or solutions)

These should no longer be required with the newer bags available. Customers requesting these items on prescription would benefit from a review. Adhesives can build up on the skin and can actually stop the bag from sticking.

Adhesive Removers (sprays, liquids, wipes)

Customers should be advised not to let adhesive removers come into contact with the stoma and to make sure they wash their skin thoroughly after use as they can affect the skin and the stoma if they repeatedly come into contact with the mucosa. The sprays are more cost effective, but for those patients with poor manual dexterity the solution soaked wipes can offer an easier option.

Certain skin types can benefit from these products.

- Patients with thin, easily damaged skin e.g. elderly or stretch marks.
- Patients on certain medication e.g. steroids, chemotherapy.
- Patients with body hair, who choose not to shave the area where the appliance will be adherent.
- Patients who have other skin conditions e.g. eczema, psoriasis
- Those patients who are sensitive to chemical products and therefore may develop contact dermatitis.
- Patients who psychologically have difficulty removing the appliance whilst looking down at the stoma.
- Patients who have to turn away from the stoma whilst removing the appliance as they cannot cope with the odour.

Skin Fillers and Pastes

Pastes can be difficult to use and therefore, it is strongly advised that these should only be prescribed by Stoma Care Nurses who have given instruction to the customer.

Pastes are used to create an even surface immediately next to the stoma this gives a good seal and stops waste from the stoma seeping under the adhesive of the bag.

In addition, they can be used to cover over or seal in a treatment.

A number of patients will be sensitive to the alcohol content of the pastes and will therefore use a non-alcohol based paste.

Skin Protectives

These products come in various forms and are used for treating mucocutaneous detachment, pressure damage ulcerations, broken or sore peristomal skin. These products are treatments and should therefore only be used on the recommendation of a CR/SCN.

Note : The most effective treatment for peristomal problems is a good fitting appropriate appliance.

- a. **Barrier Creams** A tube of cream can last for several months and can be useful where as a consequence of the appliance adhesive, the skin has become drier. A thinly applied layer of a barrier cream which is then wiped off will ease the itching caused by the adhesive. Excessive use must be discouraged as this can affect the security of the appliance. Barrier creams will not prevent peristomal excoriation due to faecal contamination. Stoma bags will not stick onto all barrier creams prescribed for protecting skin.
Recommended barrier creams:- Brava ref no.12000, Pelican ref no 130105 and Opus LaVera 3301.
- b. **Wipes/films** e.g skin protective wipes, lotions, sprays. This product can be effective if a barrier is required between the patients skin and the appliance. Cavilon spray is recommended for short term use if the skin is broken or wet as a result of faecal contamination, Cavilon spray should not be on repeat prescription as continuous use can lead to a build up of the product on the skin resulting in dry, itchy skin affecting the security of the appliance. Patients should see a stoma care nurse.
- c. **Pastes** e.g Convatec Orabase Paste can deslough a cavity and promote granulation. Therefore not recommended for continuous use around a stoma as it can encourage the development of granulomas. Secondly, its liquid paraffin content can also affect appliance adhesion immediately next to the stoma, resulting in chronic faecal contamination and granuloma development.

- d. **Powders** e.g Convatec Orahesive Powder. This product is particularly useful when treating superficial breaks on the peristomal skin or in the final healing stage of a cavity.

Deodorants (spray, drops, gels)

The improved filters on the newer appliances has significantly reduced the need for deodorants as an odour prevention.

Odour when emptying or changing their appliance can be a very distressing factor of stoma care for a number of patients. Psychological support and instruction can help in a number of cases but for some a deodorant is indicated.

An ordinary house air freshener should be the first recommendation, advising the patient to disperse the air freshener upwards prior to carrying out their stoma care.

Odour neutralizers are the most effective but unfortunately are not manufactured in hand bag or pocket size. Drops and gels are discouraged as the solution should not come into contact with the stoma.

Pressure Plates/Shields

There is a limited need for the use of these products. Patients currently using these products are quite likely to benefit from a review as these can be replaced with products which incorporates the effects of the accessory eg built in convexity.

A protective shield is available for patients who are at risk of causing damage their stoma e.g. at work, contact sport.

Belts

Belts can provide additional security and can actually make patients feel more confident. The 25mm wide belt will hold the appliance more securely to the patient as well as preventing a dragging sensation as the bag fills. Patients who have active lifestyles feel most benefit.

Ostomy Girdles/Supports

Parastomal herniae are unfortunately very common, resulting in discomfort, pain and an unsightly bulge. For some patients further surgery is not an option, therefore a support garment would be beneficial. A parastomal hernia should be assessed by a stoma care nurse before a girdle/support is prescribed.

Bag Covers

A small number of patients will complain of irritation caused by the appliance resting against their skin or bag noise, bag covers can be of use in these circumstances. The covers are machine washable and can last for years.

Recommendation is becoming rare, as newer appliances have a soft cover incorporated.

Pouch support underwear offers a discrete, comfortable item of clothing, which is not essential in the care of a stoma.

Therefore, patients should be encouraged to purchase their own wherever possible or restricted to 2 items per year if prescribed.

Filters/Bridges

Filters which are fitted onto an appliance are becoming obsolete and should be discouraged as the newer filters which are incorporated into appliances offer a more effective means of managing flatus. Patients using filters would benefit from a product review.

Bridges have been used with a moderate effect in the management of 'pancaking.' Patients should be referred to the CR/SCN if they complain of 'pancaking.'

Discharge solidifying agents

These take the form of sachets, capsules, tablets or gel. A number of patients will have a watery high output stoma function, this can be managed with anti-diarrhoeal agents or by placing one of the above products into the bottom of the stoma appliance. A high output stoma can lead to dehydration and therefore these patients should be monitored on a regular basis.