Stoma Position Statements

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Hertfordshire and West Essex Integrated Care System

NHS Hertfordshire and West Essex Integrated Care Board

Stoma Accessories Not for Prescribing - Position Statement

Hertfordshire and West Essex ICB does not support the prescribing of the following stoma accessories: deodorants, skin cleansers, filters, bridges and bag covers.

Recommendation

Products including deodorants, skin cleansers, filters, bridges and bag covers should not be prescribed (for existing or new patients).

Rationale

Deodorants

With correctly fitting stoma bag no odour should be apparent, except when the bag is emptied / changed. If odour is present at times other than changing or emptying, refer for stoma nurse review.

If deodorants are required for social reasons (e.g. for issues with odour when emptying or changing the bag), these should be purchased: air fresheners from supermarkets or deodorants online (search under 'ostomy deodorants').

Skin Cleansers

Water (or soap and water) is adequate to cleanse peristomal skin and the stoma itself. Ensure soap is rinsed off before drying skin.

Filters

Modern stoma bags have integrated filters. Filters may still be used with some older appliances. There will be a cohort of patients on these old style bags without filters. Any patients using bags without integrated filters should be referred to the Stoma Care Nurse Specialist for review.

Bridges

Stoma bridges are designed to keep the plastic films that form the bag apart, thus avoiding pancaking but there is no evidence to prove they are effective.

Bag Covers

Some patients prefer a transparent bag to aid application and view contents. Patients can purchase bag covers online. Helpful websites are www.respond.co.uk and www.ostomycoversbylinda.co.uk.

Hertfordshire and West Essex Integrated Care System

NHS Hertfordshire and West Essex Integrated Care Board

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References:

1. PrescQIPP Prescribing Guidelines for Stoma Appliances and Accessories;
2. London Procurement Partnership; Recommendations for Stoma Prescribing in London.

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Hertfordshire and West Essex Integrated Care System

NHS Hertfordshire and West Essex Integrated Care Board

Prescribing of Adhesive Remover Sprays/Wipes for Stoma Care Position Statement

Hertfordshire and West Essex ICB recommends:

Adhesive Remover Sprays
1st Line: StoCare® Remove Medical Adhesive Remover Spray (Can)
2nd line: Offmore® Adhesive Remover Spray (Can)

Adhesive Remover Wipes (only to be used if dexterity issues)
1st Line: Stocare® Remover Wipes

Monthly Quantity to Prescribe
Ileostomy/Urostomy: 1-2 spray cans or 15-30 wipes (i.e. a maximum of two spray cans or one pack of wipes)
Colostomy: 2-3 spray cans or 30-90 wipes (i.e. a maximum of three spray cans or three packs of wipes)

Recommendations

- For all patients, StoCare® Remove Medical Adhesive Remover Spray Can should be prescribed as first line option.
- Offmore® Adhesive Remover Spray Can should be prescribed as second line option.
- Wipes should be reserved for people who lack the manual strength or dexterity to use a spray.
- Either a spray or wipes should be prescribed, not both.
- If unsure of an additional request, issue one remover spray or one box of wipes and refer patient to the stoma care nurse.
- Excessive ordering of adhesive removers should be questioned. It may signify that the person is having problems and needs a stoma assessment.

Adhesive Remover Sprays

1st Line	Code	Fragrance	Size
StoCare® Remove Medical Adhesive Remover Spray Can	STC100	No	50ml

2nd Line	Code	Fragrance	Size
Offmore® Adhesive Remover Spray Can	OM60	No	50ml

Adhesive Remover Wipes (reserved for people who lack the manual strength or dexterity to use a spray)

1st Line	Code	Fragrance	Size
StoCare® Remove 'Non Sting' Medical Adhesive Remover Wipes	STC200	No	30 units

Rationale

- Adhesive remover sprays are first line formulary choice as they are more cost-effective than wipes.
- Ileostomy/urostomy bags may be changed daily, on alternate days or every third day.
- Colostomy bags may be changed 1-3 times a day

Background

- Adhesive removers are mainly prescribed to ease discomfort and prevent skin damage when removing the stoma appliance from the skin.
- Modern aerosol sprays contain a 'bag on valve' system which ensures as much product as possible is utilised, there is less wastage and the can will spray from different angles.

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References:

1. PrescQIPP Stoma and Continence: Adhesive Removers 2.0 (March 2018)
2. London Procurement Partnership; Formulary for Prescribing Adhesive Removers in Stoma Care (January 2019)

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Hertfordshire and West Essex Integrated Care System

NHS Hertfordshire and West Essex Integrated Care Board

Prescribing of Adhesive Sprays / Lotions to Aid Bag Adhesion Position Statement

Hertfordshire and West Essex ICB does not support the prescribing of adhesive sprays/lotions to aid bag adhesion.

Recommendations

- Adhesive sprays/lotions to aid bag adhesion should not be prescribed.
- New and existing patients should be referred to their local stoma care nurse for review if they are experiencing problems with bag adherence.

Rationale

- The use of an adhesive spray/lotion to aid bag adherence is an indication that there is a stoma related issue requiring a clinical review.
- Advances in bag design include hydrocolloid skin barriers designed to adhere to the skin, withstanding excess moisture production, high stoma output and uneven skin surfaces.
- Adhesive sprays/lotions may result in a build-up of residue left on the skin which is difficult to remove, often requiring additional products for its removal.

Background

- Adhesive sprays/lotions were often used with older stoma appliances to aid security and increase adhesion.
- Historically, patients experiencing excessive sebum or sweating were directed to use adhesive products.
- The use of adhesive sprays/lotions is often as a result of stoma related problems, such as bag leakage or a stoma bag lifting or not lasting.
- Residue left on peristomal skin as a result of using an adhesive can lead to additional products being used to remove this and/or skin cleaned aggressively to clear it of the residue.

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References:

1. PrescQIPP Prescribing Guidelines for Stoma Appliances and Accessories

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Hertfordshire and West Essex Integrated Care System

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Prescribing of Adhesive Barrier Rings, Seals and Washers Position Statement

Hertfordshire and West Essex ICB recommends maximum monthly quantities, dependent on the stoma type, for the prescribing of barrier rings, seals and washers.

Recommendations

Stoma Type	Daily Quantity*	Maximum Monthly Quantity to be Prescribed**
Ileostomy	0.5 - 1	30
Colostomy	1-3	90
Urostomy	0.5 - 1	30

**Daily quantity of 0.5 indicates use on alternate days*
***Quantity required may be considerably more if used around a fistula site. This should be communicated by the local stoma care nurse*

- New patients using this product should only be prescribed barrier rings, seals or washers after an assessment by a stoma care nurse.
- If ordering in excess of recommended quantities, patients should be referred to their local stoma care nurse for review.

Rationale

- When the stoma bag is changed, the barrier ring, seal or washer will be removed at the same time. Therefore, a new one is required at each bag change.
- Patients with an ileostomy or urostomy usually change their stoma bag daily or on alternate days, therefore requiring 15-30 of these products each month.
- Patients with a colostomy may change their stoma bag up to three times a day, so could require 30-90 of these products each month.
- Using more than the recommended amount could indicate a stoma related issue that requires a clinical review.

Background

- Barrier rings, seals or washers stretch and fit around the stoma, adhering to the patient's skin and stoma appliance. They are usually made of hydrocolloid or silicone which ensures fluid is taken away from the skin due to its high absorbency properties.
- Used to prevent leakage and protect peristomal skin, which could be caused by either a difficult sited stoma (e.g. in a skin crease) or flat stomas (i.e. stomas flush to the peristomal skin).
- Barrier rings, seals or washers are not routinely required for all patients with a stoma.
- There is no clinical evidence to support a preferred formulary choice, and these products are comparably priced.

- The choice of product is generally governed by the type of problem causing the leak. The stoma care nurse is therefore best placed to advise on the appropriate product for the patient, taking into account the stoma type and skin condition.

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References:

1. PrescQIPP Prescribing Guidelines for Stoma Appliances and Accessories
2. Stoma Toolkit Adults, February 2018; NHS Birmingham
3. Stoma Care Products Formulary Guide, September 2011; NHS Buckinghamshire

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Hertfordshire and West Essex Integrated Care System

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Prescribing of Stoma Collars Position Statement

Hertfordshire and West Essex ICB recommends maximum monthly quantities, dependent on the stoma type, for the prescribing of stoma collars.

Recommendations

Stoma Type	Daily Quantity*	Maximum Monthly Quantity to be Prescribed
Ileostomy	0.5 - 1	30
Colostomy	1-3	90
Urostomy	0.5 - 1	30

**Daily quantity of 0.5 indicates use on alternate days*

- New patients using this product should only be prescribed stoma collars after an assessment by a stoma care nurse.
- If ordering in excess of recommended quantities, patients should be referred to their local stoma care nurse for review.

Rationale

- When the stoma bag is changed, the stoma collar will be removed at the same time. Therefore, a new one is required at each bag change.
- Patients with an ileostomy or urostomy usually change their stoma bag daily or on alternate days, therefore requiring 15-30 stoma collars each month.
- Patients with a colostomy may change their stoma bag up to three times a day, so could require 30-90 stoma collars each month.
- Using more than the recommended amount could indicate a stoma related issue that requires a clinical review.

Background

- Stoma Collars adhere to the skin and stoma appliance and are designed to reduce leaks by protecting the base of the stoma and directing the stoma output into the stoma bag.
- These are often used after trying alterative bags to solve leakage issues.
- They are suitable for all stoma types, but are a niche product, so not suitable for all patients.
- There is currently only one brand of stoma collar available to prescribe.

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References:

1. PrescQIPP Prescribing Guidelines for Stoma Appliances and Accessories

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Hertfordshire and West Essex Integrated Care System

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Prescribing of Colostomy, Ileostomy and Urostomy Stoma Bags Position Statement

Hertfordshire and West Essex ICB recommends maximum monthly quantities, dependent on the stoma type and appliance system, for the prescribing of colostomy, ileostomy and urostomy stoma bags.

Recommendations

Appliance Type	Maximum Monthly Quantity to be Prescribed	Prescription Directions
Colostomy bags – one piece systems *	90 bags	Remove and discard after use Bags are not drainable Usual use: 1-3 bags per day
Colostomy bags – two piece systems *	90 bags + 15 Flanges	Bag – remove and discard after use Bags are not drainable Usual use: 1-3 bags per day Flange – change every 2-3 days
Ileostomy bags – one piece systems *	30 bags	Drain as required throughout the day Use a new bag every 1-3 days
Ileostomy bags – two piece systems *	30 bags + 15 flanges	Bag – change every 1-3 days Flange – change every 2-3 days
Urostomy bags – one piece systems	30 bags	Drain as required throughout the day Generally replace bag every 1-3 days May need to change daily
Urostomy bags – two piece systems	20 bags + 15 flanges	Bag – change every 2 days Flange – change every 2-3 days
Night drainage bags for urostomy patients	4 bags (1 box of 10 bags every 2-3 months)	Use a new bag every 7 days

**An ileostomy bag may be used for a colostomy and (rarely) vice versa – please refer to Stoma Nurse as quantities may differ.*

- New patients should only be prescribed colostomy, ileostomy or urostomy stoma bags after an assessment by a stoma care nurse.
- If ordering in excess of recommended quantities, patients should be referred to their local stoma care nurse for review.

Rationale

- Colostomy bags are not drainable or reusable. Usual use: 1-3 bags per day. Flushable bags are only to be used on advice of stoma nurse.
- The flange (base plate for two-piece systems) is not usually changed at every bag change.
- Ileostomy and urostomy bags are drainable.
- Night drainage bags for urostomy patients are drainable. Manufacturers recommend washing the bag daily and replacing after 7 days.
- Using more than the recommended amount could indicate a stoma related issue that requires a clinical review.

Background

- One-piece appliances are stoma bags, that have an integral adhesive flange as one unit. The adhesive flange is the part of the bag system that is placed around the stoma and attached to the skin. When the bag is removed, the new bag must be reattached to the skin.
- Two-piece appliances have two parts - a separate flange (base plate) which attaches to the skin and a separate bag, which the patient can clip onto the flange. Flanges are changed every 2-3 days. The two-piece system can be helpful for patients with sensitive skin. The bag is changed on average about 2 or 3 times a day.
- There is no clinical evidence to support a preferred formulary choice.
- The stoma care nurse is therefore best placed to advise on the appropriate product for the patient, taking into account the stoma type.

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References:

1. PrescQIPP Prescribing Guidelines for Stoma Appliances and Accessories
2. Stoma Toolkit Adults, February 2018; NHS Birmingham

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Prescribing of Stoma Discharge Solidifying Agents Position Statement

Hertfordshire and West Essex ICB recommends:

1st Line: Trio Pearls® sachets, maximum monthly quantity of 200 per patient (2 boxes of 100 sachets)*

2nd Line: Respond Absorb® Odour Neutralising Absorbent Gel sachets, maximum monthly quantity of 180 per patient (6 boxes of 30 sachets)*

Quantity required may be considerably more if used for a **fistula. This should be communicated by the local stoma care nurse.*

Recommendations

- For all patients, **Trio Pearls® sachets** should be prescribed as first line option. Maximum monthly quantity of **200** per patient to be prescribed (2 boxes of 100 sachets).
- **Respond Absorb® Odour Neutralising Absorbent sachets** should be prescribed as second line option. Maximum monthly quantity of **180** per patient to be prescribed (6 boxes of 30 strips).
- If ordering in excess of recommended quantities, patients should be referred to their local stoma care nurse for review.
- Authorisation for discharge solidifying agents must come from a stoma care nurse.
- Discharge solidifying agents should not be used for urostomy patients.

Rationale

- Stoma bags may be emptied, on average, up to six times a day.
- Using more than the recommended amount could indicate a stoma related issue that requires a clinical review.
- If used for a urostomy, discharge solidifying agents will block the drainable tap outlet on the device, therefore should not be used for these patients.

Background

- Discharge solidifying agents are added to the bottom of an empty bag to absorb moisture from stoma output, reducing risk of leakage and the need for more frequent bag changes and emptying.
- Discharge solidifying agents should only be used for stoma patients with high watery output.
- Using discharge solidifying agents may mask causes of a high output stoma. Therefore, dietary measures and drug treatment strategies should be addressed before these agents are prescribed. This should be done by the stoma care nurse prior to requesting prescriptions.



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References:

1. PrescQIPP Stoma and Continence: Adhesive Removers 2.0 (March 2018)
2. Stoma Toolkit Adults, February 2018; NHS Birmingham
3. Stoma Care Products Formulary Guide, September 2011; NHS Buckinghamshire

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Hertfordshire and West Essex Integrated Care System

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Prescribing of Elastic Belts Position Statement

Hertfordshire and West Essex ICB recommends a maximum of six elastic belts to be prescribed per patient annually.

Elastic belts are not support belts. They attach to stoma appliances and can add security and help prevent leakage from a stoma appliance.

For the position statement on stoma support wear (including hernia belts), please use the following link.

Recommendations

- Maximum quantity of six elastic belts to be prescribed per patient annually.
- New patients should only be prescribed an elastic belt after an assessment by a stoma care nurse.
- Existing patients should be referred to their local stoma care nurse for review, if ordering in excess of six elastic belts per year.

Rationale

- Elastic belts will stretch out over time and with repeated use.
- Machine washing in a pillowcase, hand-washing, using mild soap, cold water, and drip drying are suggested to add longevity.
- Despite good care, the belts will still need to be replaced throughout the year to ensure effectiveness.

Background

- An elastic belt may help to pull the pouching system towards the abdomen, thereby preventing lifts and leaks.
- Elastic belts are often prescribed with convex stoma appliances where a stoma is flush or difficult to manage.
- There may be occasions where elastic belt use is appropriate with a flat stoma appliance.
- An elastic belt is usually only compatible with the same brand of stoma bag, as they are designed to work together. Therefore, there is no preferred formulary choice for elastic belts.

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References:

1. PrescQIPP Prescribing Guidelines for Stoma Appliances and Accessories
2. Prescribing Guidelines for Stoma Appliances and Accessories, Warrington Clinical Commissioning Group
3. Prescription Management of Stoma and Continence Related Products, Lancashire Medicines Management Group

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Hertfordshire and West Essex Integrated Care System

NHS Hertfordshire and West Essex Integrated Care Board

Prescribing of Adhesive Flange Extenders or Retention Strips Position Statement

Hertfordshire and West Essex ICB recommends maximum monthly quantities, dependent on the stoma type, for the prescribing of adhesive flange extenders or retention strips.

Recommendations

Stoma Type	Daily Quantity	Maximum Monthly Quantity to be Prescribed*
Ileostomy	0-2	60
Colostomy	0-6	180
Urostomy	0-2	60

**Quantity required may be considerably more if used around a fistula site. This should be communicated by the local stoma care nurse*

- New patients using this product should only be prescribed adhesive flange extenders or retention strips after an assessment by a stoma care nurse.
- If ordering in excess of recommended quantities, patients should be referred to their local stoma care nurse for review.

Rationale

- When the stoma bag is changed, the adhesive flange extenders or retention strips will be removed at the same time. Therefore replacements are required at each bag change.
- Patients with an ileostomy or urostomy usually change their stoma bag daily or on alternate days, therefore requiring up to 60 of these products each month.
- Patients with a colostomy may change their stoma bag up to three times a day, so could require up to 180 of these products each month.
- Using more than the recommended amount could indicate a stoma related issue that requires a clinical review.

Background

- Adhesive flange extenders/retention strips offer additional security, usually around the circumference of the adhesive part of a stoma appliance. They do not form part of every patients' stoma care routine.
- They can be useful if a patient has abdominal creases that prevents their stoma appliance adhering, or where a larger adhesive area is required to secure their appliance (e.g. presence of a parastomal hernia).

- They should not be used to 'patch up leaks' from a stoma appliance as this can lead to the peristomal skin integrity being compromised.
- Flange extenders/retention strips are made from 'skin friendly' hydrocolloid or silicone and cannot be substituted with tape to secure a stoma bag.
- Due to the varying shapes and sizes of flange extenders/retention strips, the stoma care nurse is best placed to advise on the appropriate product, the amount required and instructions for use.

Stoma Care Nurse Team Contact Details:

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SWH: Hertsmere Locality	Telephone: 07901 118827 (Monday-Friday, 8:30am-4:30pm)	Email: nclicb.stomanurse@nhs.net
ENH: Stoma office for hospital and community care service, Lister hospital, Stevenage	Telephone: 01438 284133 (Monday-Friday, 7am-4.30pm)	Email: stomacare.enh-tr@nhs.net
West Essex: Stoma care nursing team	Telephone: 01279 827072 (Monday-Friday, 8am-4pm)	Email: paht.stomacare@nhs.net

References:

1. Stoma Toolkit Adults, February 2018; NHS Birmingham

Version	4.0
Developed by	Pharmacy and Medicines Optimisation Team, Hertfordshire and West Essex Integrated Care Board Stoma Care Clinical Nurse Specialists, West Hertfordshire Teaching Hospitals NHS Trust, East and North Hertfordshire NHS Trust and The Princess Alexandra Hospital NHS Trust.
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Review date	The recommendation is based upon the evidence available at the time of publication. This recommendation will be reviewed upon request in the light of new evidence becoming available.

Hertfordshire and West Essex Integrated Care System

NHS Hertfordshire and West Essex Integrated Care Board

Prescribing of Gauze Swabs for use in Stoma Care Position Statement

Hertfordshire and West Essex ICB does not support the prescribing of gauze swabs for use in stoma care.

Recommendation

- Gauze swabs should not be prescribed for use in stoma care (for existing and new patients).

Rationale

- There is no clinical rationale for use of gauze swabs in routine stoma care.
- Dispensing appliance contractors (DACs) and community pharmacies provide complimentary non-sterile dry wipes to stoma patients with their appliance prescription.

Background

- Historically, stoma patients may have been prescribed gauze swabs to clean the stoma and surrounding skin.
- The stoma and surrounding skin can be cleaned using warm water and a woven cloth (or good quality paper towels).

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ENH: Stoma office for hospital and community care service, Lister hospital, Stevenage	Telephone: 01438 284133 (Monday-Friday, 7am-4.30pm)	Email: stomacare.enh-tr@nhs.net
West Essex: Stoma care nursing team	Telephone: 01279 827072 (Monday-Friday, 8am-4pm)	Email: paht.stomacare@nhs.net

References:

1. Pharmaceutical Services Negotiating Committee (PSNC) https://psnc.org.uk/services-commissioning/essential-services/dispensing-of-appliances/
2. An overview of the new arrangements under Part IX of the Drug Tariff for the provision of stoma and urology appliances and related services in primary care (Department of Health) https://webarchive.nationalarchives.gov.uk/20130105061727/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/@sta/@perf/documents/digitalasset/dh_110726.pdf
3. NHS Prescription Services, NHSBSA https://contactcentreservices.nhsbsa.nhs.uk/selfnhsukokb/AskUs_PS/en-gb/7799/appliances-dispensing-processing/17441/do-i-need-to-endorse-a-claim-for-wipes-and-disposal-bags

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Hertfordshire and West Essex Integrated Care System

NHS Hertfordshire and West Essex Integrated Care Board

Prescribing of iLEX® Skin Protectant Paste and Orahesive® Powder Position Statement

Hertfordshire and West Essex ICB recommends a monthly maximum of two tubes of iLEX® Skin Protectant Paste OR one bottle of Orahesive® Powder to be prescribed per patient, on an acute basis, for a maximum of two months.

iLEX® Skin Protectant Paste and Orahesive® Powder are used to protect excoriated skin and promote healing. They are not used in the same way as other stoma pastes and fillers.

For the position statement on stoma pastes and fillers, please use the following link.

Recommendations

- Maximum monthly quantity of two tubes of iLEX® Skin Protectant Paste OR one bottle of Orahesive® Powder to be prescribed, on acute, for a maximum of two months.
- Patients prescribed iLEX® Skin Protectant Paste or Orahesive® Powder in excess of two months should be referred to their local stoma care nurse for review.

Rationale

- iLEX® Skin Protectant Paste is formulated to protect excoriated skin.
- Orahesive® Powder is formulated to adhere to mucous membrane and raw weeping areas to promote healing.
- Therefore, both of these products are for short term use only.
- Using more than two tubes or one bottle a month is an indication that there is a stoma related issue requiring a clinical review.
- There may be exceptional cases where the stoma care nurse recommends more than two tubes or one bottle a month to be prescribed, or for longer than a two month period. This should be communicated by the local stoma care nurse.

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ENH: Stoma office for hospital and community care service, Lister hospital, Stevenage	Telephone: 01438 284133 (Monday-Friday, 7am-4.30pm)	Email: stomacare.enh-tr@nhs.net
West Essex: Stoma care nursing team	Telephone: 01279 827072 (Monday-Friday, 8am-4pm)	Email: paht.stomacare@nhs.net

References:
1. NHS Wales University Health Board: Stoma Care Guidance and Formulary, January 2016.
2. Association of Stoma Care Nurses (ASCN): Stoma Care National Clinical Guidelines, January 2016.
3. NHS Buckinghamshire: Stoma Care Products Formulary Guide, September 2011

Hertfordshire and West Essex Integrated Care System

Hertfordshire and West Essex Integrated Care Board

Version	5
Developed by	Pharmacy and Medicines Optimisation Team, Hertfordshire and West Essex Integrated Care Board Stoma Care Clinical Nurse Specialists, West Hertfordshire Teaching Hospitals NHS Trust, East and North Hertfordshire NHS Trust and The Princess Alexandra Hospital NHS Trust.
Date ratified	V1 September 2019 (Medicines Optimisation Clinical Leads Group); November 2019 (Primary Care Commissioning Committee). V2 July 2021 (Medicines Optimisation Clinical Leads Group). V3 May 2023 (Medicines Optimisation & Prescribing Delivery and Implementation Group). V4 Updated SWH Hertsmere contact information. V5 May 2024 (Medicines Optimisation & Prescribing Delivery and Implementation Group)
Review date	The recommendation is based upon the evidence available at the time of publication. This recommendation will be reviewed upon request in the light of new evidence becoming available.



Prescribing of Stoma Leakage Notification Systems Position Statement

Hertfordshire and West Essex ICB does not support the prescribing of stoma leakage notification systems.

Recommendations

- Stoma leakage notification systems, e.g. Heylo™ System (starter kit and sensor layers) should not be prescribed.
- New and existing patients should be referred to their local stoma care nurse for review if they are experiencing problems with stoma bag leakage.
- If ordering in excess of recommended stoma bag quantities, patients should be referred to their local stoma care nurse for review.

Rationale

- Stoma leakage notification systems, e.g. Heylo™ system do not prevent leaks, but use sensors, a transmitter and an app to alert patients to signs of leakage.
- These devices are a lifestyle product and do not provide direct clinical benefit for the patient.
- Patients will be aware if their stoma bag is leaking as there may be a detectable odour, it may feel moist and the skin around the stoma may feel irritated.
- Patients experiencing regular leakage should be reviewed by their local stoma care nurse.
- The aim is to have such a good stoma bag fit that leaks do not occur, and stoma accessories are rarely needed.
- Using more than the recommended amount of stoma bags could indicate a stoma related issue that requires a clinical review.

Background

- Heylo™ is a digital leakage notification system for people with an ileostomy or colostomy with liquid or mushy output.
- Heylo™ system consists of sensors, transmitter and an app that alerts patients to signs of leakage.
- The sensor layer sits under the baseplate of the stoma bag.
- The Heylo™ app sends a notification to a smart phone before leakage can reach clothing (i.e. outside the baseplate).

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References:

1. Product Notification About Heylo™ for the NHS – July 2024, Coloplast UK
2. HWE Prescribing of Colostomy, Ileostomy and Urostomy Stoma Bags Position Statement

Version	1.0
Developed by	Pharmacy and Medicines Optimisation Team, Hertfordshire and West Essex Integrated Care Board
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Hertfordshire and West Essex Integrated Care System

NHS Hertfordshire and West Essex Integrated Care Board

Prescribing of Stoma Pastes and Fillers Position Statement

Hertfordshire and West Essex ICB recommends a maximum of two tubes* of stoma paste OR filler to be prescribed per patient per month.

**Quantity required may be considerably more if used around a fistula site. This should be communicated by the local stoma care nurse.*

This position statement does NOT include iLEX® Skin Protectant Paste and Orabase® Paste, as these are used to protect excoriated skin and promote healing. They are not used in the same way as other stoma pastes and fillers.

For the position statement on iLEX® Skin Protectant Paste and Orahesive® Powder, please use the following link.

Recommendation

- Maximum monthly quantity of two tubes of stoma paste OR filler to be prescribed per patient.

Rationale

- Two tubes per month of stoma paste or filler should be sufficient. The amount used will depend on the depths of skin folds/cavities or expanse of skin to be protected around the stoma.
- Using more than two tubes a month is an indication that there is a stoma related issue requiring a clinical review.
- There may be exceptional cases where the stoma care nurse recommends more than two tubes a month to be prescribed. This should be communicated by the local stoma care nurse.

Background

- Pastes and fillers are used to fill up skin folds and cavities around the stoma to form an even surface and obtain a seal for the stoma bag.
- There is no clinical evidence to support a preferred formulary choice, and these products are comparably priced.
- The stoma care nurse is therefore best placed to advise on the appropriate paste/filler product for the patient, taking into account the stoma type and skin condition.

Stoma Care Nurse Team Contact Details:

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References:

1. NHS Wales University Health Board: Stoma Care Guidance and Formulary, January 2016.
2. Association of Stoma Care Nurses (ASCN): Stoma Care National Clinical Guidelines, January 2016.
3. NHS Buckinghamshire: Stoma Care Products Formulary Guide, September 2011

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Review date	The recommendation is based upon the evidence available at the time of publication. This recommendation will be reviewed upon request in the light of new evidence becoming available.

Hertfordshire and West Essex Integrated Care System

NHS Hertfordshire and West Essex Integrated Care Board

Prescribing of Peristomal Skin Protective Sprays, Foam Applicators and Wipes Position Statement (Adults only)

Hertfordshire and West Essex ICB recommends:

Peristomal Skin Protective Sprays
1st Line: StoCare® Protect No-Sting Protective Barrier Film Spray
2nd Line: Medi Derma-S® Non Sting Medical Barrier Film Spray

Peristomal Skin Protective Wipes (reserved for people who lack the manual strength or dexterity to use a spray)
1st Line: StoCare® Protect Barrier Wipes
2nd Line: Salts® Barrier Film Wipes

Monthly Quantity to Prescribe - for a maximum of two months
1-2 spray cans or 15-30 wipes (i.e. a maximum of two spray cans or one pack of wipes)

Recommendations

- StoCare® Protect No-Sting Protective Barrier Film Spray should be prescribed as first line option.
- Medi Derma-S® Non Sting Medical Barrier Film Spray should be prescribed as second line option.
- Wipes should be reserved for people who lack the manual strength or dexterity to use a spray.
- Either a spray or wipes should be prescribed, not both.
- Peristomal skin protection should only be used for a maximum period of two months.
- Patients prescribed peristomal skin protection in excess of two months should be referred to their local stoma care nurse for review.
- Excessive ordering of peristomal skin protectives should be questioned. It may signify that the person is having problems and needs a stoma assessment.
- If unsure of an additional request, issue one protective barrier film spray, or one box of wipes and refer patient to the stoma care nurse.

Rationale

- Peristomal Skin Protective sprays are first line formulary choice as they are more cost-effective than foam applicators and wipes.
- The use of skin protection may mask or worsen the peristomal skin problem. Therefore, a review by the stoma care nurse is recommended if the skin issue persists beyond 2 months of treatment.
- This position statement covers adults only, because paediatric skin care requirements may vary, depending on the age of the child.

Background

- Peristomal skin protective wipes, foam applicators and sprays can help to protect sore skin from further damage whilst the cause of the sore skin is investigated.
- The peristomal skin issue could be related to the stoma bag itself, an ill-fitting template, change in abdomen shape or consistency of effluent passed.

Stoma Care Nurse Team Contact Details:

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West Essex: Stoma care nursing team	Telephone: 01279 827072 (Monday-Friday, 8am-4pm)	Email: paht.stomacare@nhs.net

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Developed by	Pharmacy and Medicines Optimisation Team, Hertfordshire and West Essex Integrated Care Board Stoma Care Clinical Nurse Specialists, West Hertfordshire Teaching Hospitals NHS Trust, East and North Hertfordshire NHS Trust and The Princess Alexandra Hospital NHS Trust.
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Hertfordshire and West Essex Integrated Care System

NHS Hertfordshire and West Essex Integrated Care Board

Prescribing of Stoma Powder Position Statement

Hertfordshire and West Essex ICB recommends one bottle of stoma powder to be prescribed per patient every two months, for a maximum of four months.

Recommendations

- Maximum of one bottle of stoma powder to be prescribed per patient every two months, for a maximum of four months (total of two bottles over four months).
- New patients should only be prescribed stoma powder after an assessment by a stoma care nurse.
- If ordering in excess of one stoma powder every two months, patients should be referred to their local stoma care nurse for review.
- If further prescriptions are requested after four months, patient should be referred to their local stoma care nurse for review.

Rationale

- Excessive use of stoma powder can cause problems with bag adherence.
- Using more than one bottle of stoma powder every two months could indicate a stoma related issue that requires a clinical review.
- Using one bottle of stoma powder every two months, for more than four months, could indicate a stoma related issue that requires a clinical review.

Background

- Stoma powder is used to help heal excoriated, wet and weepy peristomal skin. It should be used sparingly and the excess dusted off.
- There is no advantage to using stoma powder unless skin is weepy or raw.
- Stoma powder does not prevent skin irritation and should therefore not form part of a regular stoma care routine.
- If a patient is requesting repeat prescriptions for powders after a four month period, they should be referred for review by stoma care nurse to confirm indication for long term use.
- There is no clinical evidence to support a preferred formulary choice, and these products are comparably priced.
- The stoma care nurse is therefore best placed to advise on the appropriate stoma powder for the patient, taking into account the stoma type and skin condition.

Stoma Care Nurse Team Contact Details:

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West Essex: Stoma care nursing team	Telephone: 01279 827072 (Monday-Friday, 8am-4pm)	Email: paht.stomacare@nhs.net

References:

1. PrescQIPP Prescribing Guidelines for Stoma Appliances and Accessories

Version	4.0
Developed by	Pharmacy and Medicines Optimisation Team, Hertfordshire and West Essex Integrated Care Board Stoma Care Clinical Nurse Specialists, West Hertfordshire Teaching Hospitals NHS Trust, East and North Hertfordshire NHS Trust and The Princess Alexandra Hospital NHS Trust.
Date ratified	V1 September 2019 (Medicines Optimisation Clinical Leads Group); November 2019 (Primary Care Commissioning Committee). V2 July 2021 (Medicines Optimisation Clinical Leads Group). V3 May 2023 (Medicines Optimisation & Prescribing Delivery and Implementation Group). V4 Updated SWH Hertsmere contact information.
Review date	The recommendation is based upon the evidence available at the time of publication. This recommendation will be reviewed upon request in the light of new evidence becoming available.



Hertfordshire and West Essex Integrated Care System

NHS Hertfordshire and West Essex Integrated Care Board

Stoma Product Samples Position Statement

Hertfordshire and West Essex ICB does not support issuing prescriptions for new stoma products requested by patients after receiving samples alone.

Authorisation for new stoma products must come from a stoma care nurse.

Recommendations

- Although patients are able to request samples from stoma product companies, these items should not be prescribed until the patient has undergone a clinical review (face to face or via telemedicine) and the products have been agreed by the stoma care nurse.
- Patients seeing their GP for the addition of stoma product(s) to their prescription should be directed to their stoma nurse for review and authorisation.
- GPs should refer patients directly to their local stoma care nurse if their stoma requirements have changed or they are experiencing problems. Patients are also able to self-refer directly to their stoma care team.

Rationale

- Patients can obtain samples in a number of ways without the advice of their stoma care nurse. Samples may be obtained online, after attendance at an educational event (open day) or by contacting manufacturing companies directly.
- There are many stoma products and accessories available for stoma patients to help manage complications. The stoma care nurse is best placed to assess the clinical needs of patients taking into account the stoma type, skin condition and suitability of products to patient's needs/lifestyle.

Stoma Care Nurse Team Contact Details:

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Date ratified	V1 May 2019 (Medicines Optimisation Clinical Leads Group), May 2019 (Primary Care Commissioning Committee). V2 July 2021 (Medicines Optimisation Clinical Leads Group). V3 May 2023 (Medicines Optimisation & Prescribing Delivery and Implementation Group). V4 Updated SWH Hertsmere contact information.
Review date	The recommendation is based upon the evidence available at the time of publication. This recommendation will be reviewed upon request in the light of new evidence becoming available.

Hertfordshire and West Essex Integrated Care System

NHS Hertfordshire and West Essex Integrated Care Board

Prescribing of Stoma Support Garments Position Statement

Hertfordshire and West Essex ICB recommends:

- A maximum of three (level 3) stoma support garments* to be prescribed per patient annually**.**
- That the patient should purchase level 1 or 2 hernia support belts, girdles, waistbands and underwear.

**Level 3 stoma support garments include hernia support belts, girdles, waistbands and underwear.*

Hernia support belts are not the same as elastic belts. Level 3 hernia support belts, girdles, waistbands and underwear provide abdominal support to reduce the incidence and aid management of parastomal herniation.

For the position statement on elastic belts, please use the following link.

Recommendations

- Only level 3 hernia support belts, girdles, waistbands or underwear should be prescribed.
- Maximum annual quantity of three hernia support belts, OR three girdles OR three waistbands OR underwear to be prescribed per patient (or a combination of these products totalling three).
- Patients exceeding maximum annual quantities should be advised to purchase any additional garments from specialist ostomy manufacturers.
- Level 1 or 2 hernia support belts, girdles, waistbands should be purchased from specialist ostomy manufacturers.
- Patients wanting to wear level 1 or 2 stoma underwear (for comfort and discretion to hide their stoma appliance) can purchase them from a high street store, online or via mail order.
- New patients should only be prescribed a hernia support belt, girdle, waistband or underwear after an assessment by a stoma care nurse.
- If a parastomal hernia is suspected, please refer the patient to their local stoma care nurse.

Rationale

- There is some clinical evidence to support the use of level 3 hernia support belts, girdles, waistbands and underwear for the prevention and management of parastomal hernias.
- Maximum annual quantity based on having one to wear, one in the wash and one for spare.
- There is no clinical evidence for the use of level 1 or 2 hernia support belts, girdles, waistbands or underwear to prevent or manage a parastomal hernia.
- Level 1 and 2 hernia support belts, girdles and waistbands are available to purchase from specialist ostomy manufacturers.
- Level 1 or 2 stoma underwear can be purchased from a high street store, online or via mail order.

Hertfordshire and West Essex Integrated Care System

NHS Hertfordshire and West Essex Integrated Care Board

Background

- Hernia support belts, girdles and waistbands are not the same as elastic belts.
- Level 3 hernia support belts, girdles, waistbands and underwear provide abdominal support to reduce the incidence and aid management of parastomal herniation.
- A complication of stoma formation is the development of a parastomal hernia, which may occur in 40-50% of patients.
- A parastomal hernia can cause a decrease in a person's quality of life, due to physical discomfort, a highly visible bulge and poor appliance adhesion, leading to leakage of the stoma appliance.
- Limited research recommends that strengthening the abdominal wall by using exercises and support garments can dramatically reduce the incidence of herniation. Should a hernia occur, recommended management options include wearing a level 3 support garment.

Stoma Care Nurse Team Contact Details:

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SWH: Hertsmere Locality	Telephone: 07901 118827 (Monday-Friday, 8:30am-4:30pm)	Email: nclicb.stomanurse@nhs.net
ENH: Stoma office for hospital and community care service, Lister hospital, Stevenage	Telephone: 01438 284133 (Monday-Friday, 7am-4.30pm)	Email: stomacare.enh-tr@nhs.net
West Essex: Stoma care nursing team	Telephone: 01279 827072 (Monday-Friday, 8am-4pm)	Email: paht.stomacare@nhs.net

References:

1. Jennie Burch 2018 Nursing strategies for the prevention and management of parastomal hernias GI nursing Vol.16, No2
2. Daniels I (2016) UK Cohort study to investigate prevention of parastomal hernia.
3. PrescQIPP Prescribing guidelines for stoma appliances and accessories

Version	2.0
Developed by	Pharmacy and Medicines Optimisation Team, Hertfordshire and West Essex Integrated Care Board Stoma Care Clinical Nurse Specialists, West Hertfordshire Teaching Hospitals NHS Trust, East and North Hertfordshire NHS Trust and The Princess Alexandra Hospital NHS Trust. Based on Stoma Hernia Support Belt Position Statement v2 and Stoma Underwear Position Statement v2, both ratified July 2021 (Medicines Optimisation Clinical Leads Group).
Date ratified	V1 May 2023 (Medicines Optimisation & Prescribing Delivery and Implementation Group). V2 Updated SWH Hertsmere contact information.
Review date	The recommendation is based upon the evidence available at the time of publication. This recommendation will be reviewed upon request in the light of new evidence becoming available.

Hertfordshire and West Essex Integrated Care System

NHS Hertfordshire and West Essex Integrated Care Board

Position Statement for Stoma and Continence (Appliances and Accessories) Prescription Requests

Introduction

Continence and stoma appliances and accessories are usually dispensed, and home delivered to patients, by a Dispensing Appliance Contractor (DAC), a community pharmacist or a dispensing doctor. Home delivery includes delivery to a patient's home or to care homes.

Over-prescribing and over-ordering of continence and stoma products are frequently identified in primary care as causes of wasteful prescribing. Where products are supplied by a DAC, problems have occurred including:

- Supply in advance of a prescription
- Prescription requests prompted, causing patients to feel obliged to order products when not required
- Requests for new items without recommendation from a healthcare professional
- Direct marketing of products to patients and supply of samples
- Quantities of supply not matching those that have been prescribed
- Patients not contacted to ascertain their needs
- Patients losing reviews and contact with practitioner

The following recommendations have been made for prescription requests requiring home delivery to avoid over-ordering, wastage, poor communication and inappropriate requests from suppliers or appliance contactors for items which may be viewed as manufacturer driven requests for prescriptions.

There is appliance ordering information for patients, a practice appliance contractor letter (for South West and East and North Hertfordshire) and a Community Stoma & Ostomy Prescription Service Poster (for West Essex Practices) available on the ICB website.

Recommendations

1. **For West Essex Patients** - all stoma patients should be referred to the West Essex Stoma service (contact 0800 9179865). GP surgeries should not raise prescriptions for stoma related items. For all other products the below applies.
2. **For East North Hertfordshire Patients –** all stoma patients should be referred to East North Hertfordshire NHS Trust Stoma Service (01438 284133).
3. **For South West Hertfordshire Patients** – all stoma patients should be referred to West Hertfordshire Teaching Hospitals NHS Trust Stoma Service (contact 01923 217489). The Stoma Nurse who covers Hertsmere is Breege O'Neill (contact 07901 118827).
4. Prescription requests for continence and stoma appliances should only be accepted **directly from the patient or their carer, not from the DAC.**
5. Retrospective prescription requests from suppliers should not be accepted. No items should be supplied by DACs to the patient in advance of a prescription.
6. Any requests for new items or changes in repeat prescription requests should only be accepted if it has been recommended by a health care professional [e.g. stoma care nurse, continence specialist, district nurse].
7. Prescriptions for continence and stoma items should be issued on a separate prescription to any other repeat medication. This enables dispensing if a patient chooses to use a DAC and not a community pharmacy.
8. Repeat prescriptions should not be issued more frequently than four-weekly.
9. Continence and stoma products should routinely be added to the patient's repeat list, not acute.
10. If a patient moves away or is admitted into hospital, no further prescriptions for home delivery should be issued for that patient.
11. Patients should nominate their preferred DAC or community pharmacy for the dispensing of their stoma products.



Version	4.0 Updates include: SWH Hertsmere contact information.
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