

Stoma Accessories Guidance

It is recommended that stoma patients should use a plain and simple procedure when changing their bag, thus avoiding the need for expensive accessories. High use of stoma accessories may indicate that the patient is struggling to manage their stoma and would benefit from a review with a stoma nurse specialist.

This guidance has been developed to highlight key points regarding to prescribing of stoma accessories in order to promote clinically appropriate use, reduce waste, and reduce over-ordering.

Quantities stated in this guidance should be used as a guide only, and indicates average quantities. Please take patient circumstances into consideration when determining appropriate quantities to supply. Table adapted from PrescQIPP.

Accessory	Usual quantity	Prescription directions	Notes
Flange extenders Also known as retention strips or security frames	Usually around 3 packs per month depending on pack size	Change every time bag is changed. May require 2-3 for each bag change	Specialist initiation only Sometimes required for extra support and adhesion, especially if the patient has a hernia or skin creases as it increases adhesive area
Protective rings	Ileostomy and urostomy patients 1 pack per month Colostomy patients – 1-3 boxes.	Change every bag change	Specialist initiation only Create a leak resistant seal if there are dips and creases in skin. Protects skin from irritation. The patient should be reviewed to ensure the ring is the correct size before prescribing. If colostomy patients are requiring three boxes then it may be more cost effective to consider a convex pouch – to be assessed by the specialist nurse.

Skin paste	1 tube per month	For use on every pouch change	Specialist initiation only Fills dips or creases in skin around the stoma. Alcohol containing products may sting.
Adhesive sprays/solutions	Not recommended for routine prescribing		Not recommended for routine prescribing Need for these are superseded by availability of newer bags, therefore patients still using these should be referred for a review
Adhesive removers Available as sprays or wipes, however sprays should be used first-line	1-3 cans of spray per month 1-3 packs of wipes per month	Use each time stoma bag is changed	Only prescribe spray OR wipes on repeat Sprays are more cost effective than wipes. 'Non-sting', silicone based products are recommended. Wipes may be useful for the elderly or individuals with reduced or limited dexterity or where problems of excess adhesive residue exist.
Bag covers	Not recommended for routine prescribing		Not recommended for routine prescribing Need for these are superseded by availability of newer bags, therefore patients still using these should be referred for a review
Deodorants	Not recommended for routine prescribing for new patients May need to consider if the patient has psychological issues with accepting stoma.	Use as needed when changing stoma bag	Not recommended for routine prescribing for new patients Deodorants should only be prescribed where the use of an odour neutraliser is considered essential to the patient's acceptance of the stoma. If correctly fitted, no odour should be apparent except when bag is emptied or changed. Household air freshener is sufficient in most cases. If odour present at times other than changing or emptying – refer for review.
Filters and Bridges	Not recommended for routine prescribing		Not recommended for routine prescribing Need for these are superseded by availability of newer bags, therefore patients still using these should be referred for a review

Lubricating deodorant gels	Not recommended for routine prescribing A few drops of baby oil or olive oil can be used as an alternative. If required 1-2 bottles per month.	Put one squirt in to stoma bag before use	Specialist initiation only, only for acute prescription Only recommended if patients have difficulty with ‘pancaking’, which is often a short term issue. Bottles are more cost effective than sachets. A few drops of baby oil or olive oil can be used as an alternative. A filter cover can also be helpful with pancaking and advise patient to increase fluid intake and assess diet.
Pressure plates/shield	Not recommended for routine prescribing		Not recommended for routine prescribing Need for these are superseded by availability of newer bags, therefore patients still using these should be referred for a review
Skin protectives/barrier products Available as wipes, films, pastes and powders Barrier creams are NOT routinely recommended	Follow directions of stoma nurse	Apply when bag is changed as directed	Specialist initiation only, only for acute prescription May be used on skin that is broken, sore or weepy to promote healing. If used for >3 months, refer. Barrier wipes or sprays should not routinely be needed for colostomy patients with healthy functioning stoma. Barrier creams are NOT routinely recommended as they reduce adhesiveness of bags/flanges
Sports shield	1-2 per year	Use as directed	Specialist initiation only One-off prescription only, do not add to repeat Use for sporting activities
Stoma caps	30 per month depending on usage	Use as directed	Specialist initiation only A stoma cap is a small mini pouch used for discretion when a standard pouch is deemed unnecessary, for example if the patient has established a reliable bowel routine or uses irrigation. They can also be used for short-time wear, e.g. while swimming, playing sports, intimate activity etc. They are designed to cover a stoma or mucous fistula but have little or no actual capacity. They are not suitable for ileostomy patients due the high activity of this type of stoma.

<p>Support belts</p> <p>See also support underwear section below</p>	<p>3 per year Must be measured</p>	<p>1 to wear, 1 in the wash,1 for spare</p>	<p>Specialist initiation only One-off prescription only, do not add to repeat Belts & support garments are used to secure stoma product to skin to prevent parastomal hernias or support existing hernias. Patients with manual jobs/hernia require heavy duty belt. Must be measured – refer. For sports use a light weight belt.</p>
<p>Support underwear</p>	<p>Not recommended for routine prescribing</p>		<p>Not recommended for routine prescribing Commercially available support underwear is available and should be purchased by the patient.</p>
<p>Thickeners for ileostomy</p>	<p>Not recommended for routine prescribing unless recommended by a specialist</p>	<p>Use one with every new bag</p>	<p>Not recommended for routine prescribing. Specialist initiation only Output should be managed with medication to prevent dehydration and kidney injury. If the patient has been reviewed and is on medication but output is still loose then this product can be considered. 1-2 sachets/strips to be used each time appliance is emptied</p>