

## Stoma Products - Quantities

### Summary

**NHS Cambridgeshire and Peterborough CCG spent almost £3.5 million on Stoma appliances and accessories in the last year.**

The key messages for this project are:

- To ensure expenditure in this area is all appropriate and consistent.
- To provide information to encourage appropriate prescribing in primary care.
- To ensure appropriate prescribing quantities for this group of patients to avoid wastage.

### Aim/Purpose/Background

This is a cost and quality intervention;

- Identify patients prescribed stoma appliances and accessories.
- Review patients repeat medication to ensure appropriate prescribing quantities of stoma appliances and accessories are prescribed.

### Initial and ongoing supplies of stoma appliances:

- Most supplies of stoma appliances are dispensed via direct prescription requests through home delivery companies.
- Repeat orders should be for no more than 1 month supply to avoid wastage.

All requests for prescriptions should be initiated by the patient. The preferred route is direct to the GP practice, to enable a robust audit trail. See local guidance:

[http://www.cambsphn.nhs.uk/Libraries/Continence\\_Formulary/Issuing\\_Prescriptions\\_for\\_Incontinence\\_and\\_Stoma\\_Appliances\\_-\\_Guideline.sflb.ashx](http://www.cambsphn.nhs.uk/Libraries/Continence_Formulary/Issuing_Prescriptions_for_Incontinence_and_Stoma_Appliances_-_Guideline.sflb.ashx).

### Guidance for Action

- Run a report on patients currently prescribed stoma appliances/accessories.
- Review quantities prescribed of stoma appliances and accessories against the recommendations below. This gives suggested prescribing quantities and prescription directions and notes to assist the prescriber.
- Practices should ensure that they are aware of the normal usage rate by the patient and that any irregularities are flagged to the GP and reviewed with the patient/carer.
- Circumstances that may require referral to stoma care specialist:
  - Routine over ordering of stoma supplies.
  - Long term use  $\geq 3$  months of skin protective products (wipes / films / paste / powders).
  - Current use of pressure plates or shields – patient may benefit from the use of newer products with built in convexity.
  - Old style reusable bags.
  - Current use of adhesive rings, discs pads or plasters – newer products may be more appropriate.
  - Current use of products that are to be discontinued.
  - Patients that are experiencing leakage.
  - Patients experiencing dietary problems.
  - Patients that have developed hernias.



## Prescribing guidelines for stoma appliances

Appliance / Accessory	Recommended monthly quantity	Prescription directions	Additional information
Colostomy bags (one-piece systems).	30-90 bags.	Remove and discard after use.	Bags are not drainable / reusable. Usual use: 1-3 bags per day. Flushable bags only to be used on advice of stoma care nurse.
Colostomy bags (two-piece systems).	30-90 bags PLUS 15 Flanges.	Bag – Remove and discard after use. Flange – Change every 2-3 days.	The flange (base plate for 2 piece systems) is not usually changed at every bag change. Items ordered separately.
Ileostomy bags (one-piece systems).	15-30 bags.	Drain as required throughout the day. Use a new bag every 1-3 days.	Bags are drainable.
Ileostomy bags (two-piece systems).	15-30 bags PLUS 15 Flanges.	Bag – change every 1-3 days. Flange – change every 2-3 days.	The flange (base plate for 2 piece systems) is not usually changed at every bag change. Items should be ordered separately.
Urostomy bags (one-piece systems).	10-20 bags.	Drain as required throughout the day. Generally replace bag every 2 days.	Bags are drainable.
Urostomy bags (two-piece systems).	10-20 bags PLUS 15 Flanges.	Bag – change every 2 days. Flange – change every 2-3 days.	The flange (base plate for 2 piece systems) is not usually changed at every bag change. Items should be ordered separately.
Night drainage bags for urostomy patients.	4 bags (1 box of 10 bags every 2-3 months).	Use a new bag every 7 days.	Bags are drainable.

### One and two piece systems:

- In a one-piece system, the ostomy pouch and base plate are joined together permanently. The pouch and base plate are applied and removed together, are easy to apply and remove and are more flexible than a two-piece system.
- In a two-piece system, the ostomy pouch and base plate are separate. Usually the base plate is changed every 3 days (less irritating to skin as changed less often than one piece system), whereas the pouch is changed on average about 2 or 3 times a day.
- Both systems come either with a pre-cut opening or an opening that can be cut to fit the stoma.



## Prescribing guidelines for stoma accessories

Appliance / Accessory	Recommended monthly quantity	Prescription directions	Additional information
Flange extenders (for one and two-piece systems)	3 packs per month	Change every time bag is changed. May require 2-3 for each bag change	Often required for extra security if the patient has a hernia or skin creases as it increased adhesive area. If used as there leakage around the stoma – refer for review.
Belts (for convex pouches)	3 per year	1 to wear, 1 in the wash and 1 for spare	Washable and re-usable.
Support belts	3 per year	1 to wear, 1 in the wash and 1 for spare	For patients with manual jobs/hernia – require heavy duty belt. Must be measured – refer. For sports – use light weight belts.
Adhesive removers	1-3 cans (depending on frequency of bag changes)	Use each time stoma bag is changed	Sprays are more cost effective than wipes. ‘Non-sting’, silicone based products are recommended. Pelican® - use as adhesive remover and deodorant.
Deodorants	Not routinely required. Maximum 1	Use as needed when changing stoma bag	Should not be required. 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.
Lubricating deodorant gels	2 bottles	Put one squirt in to stoma bag before use	Only recommended if patients have difficulty with ‘pancaking’ <sup>1</sup> . Bottles are more cost effective than sachets. A few drops of baby oil or olive oil can be used as an alternative.
Skin fillers	Follow directions of bowel/stoma nurse	Change each time bag is changed	Filler pastes/washers are used to fill creases or dips in the skin to ensure a seal. Alcohol containing products may sting.
Skin protective (wipes, films, pastes and powders)	Follow directions of bowel/stoma nurse	Apply when bag is changed as directed	SHORT TERM USE ONLY (acute prescription): may be used on skin that is broken, sore or weepy to promote healing. If used for >3 months, refer. Barrier creams are NOT recommended as they reduce adhesiveness of bags/flanges.
Thickeners for ileostomy	15-30	Use one with every new bag	Useful for Crohns disease patients.

<sup>1</sup>Pancaking - This is when the output collects around the stoma and can squeeze between the flange and the skin instead of going into your bag. One of the reasons this happens is because there isn’t enough air in the bag and so the output doesn’t take a downwards turn.

### Additional notes:

- If quantities ordered exceed those listed without good reason (e.g. number of bags in times of diarrhoea), refer to stoma specialist
- ‘Stoma underwear’ is not necessary and should not be prescribed, unless a patient develops a parastomal hernia and has been advised to wear ‘support underwear’ or a belt.
- Appliances which are listed in Part IXA and IXC of the drug tariff may be prescribed under the NHS.

