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# JOINT STOMA FORMULARY

Developed for use across Cornwall

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## INTRODUCTION

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This formulary has been compiled by nurse practitioners and pharmacists from primary and secondary care.

This Stoma Formulary is for accessory products only and not appliances.

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## AIMS

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The aim of this formulary is to provide a practical document which links evidence-based treatment guidelines and local policies to cost-effective formulary choices.

It is hoped that the formulary will encourage, wherever possible, continuity of product selection between primary and secondary care to meet the needs of the patient.

## GUIDING PRINCIPLES

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This formulary should:

- Involve all relevant specialists in primary and secondary care
- Accord with other relevant policies, including infection control policies
- Aim to encompass 80% of prescribing
- Be regularly updated with regard to costs and changes in clinical practice
- Be audited, by use of ePACT (Prescribing Analyses and Cost) data to monitor the uptake of guidelines and product choices.

## PRODUCT CHOICE

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The choices made in the formulary have been selected on the evidence available to date. Where there is no conclusive evidence available, consensus was reached between primary and secondary care nurse specialists taking into account current prescribing practice and supported by analysis of prescribing data.

Where no product is listed within a section it is anticipated that use will be minimal and often short-term, usually led by specialist service advice and “off formulary.” It is important to note that additional products such as barrier creams, skin protector wipes/spray, powders, adhesive remover, washer and pastes, deodorants, retention strips and support garments may be essential for problem solving with stoma complications or to extend wear time and increase confidence. Use of these products should be guided by advice from the stoma care nursing teams.

## **RE-USE OF APPLIANCES**

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Appliances are prescribed on an individual patient basis and all items acquired on prescription are the property of the named person.

It is illegal for prescribed items to be used for patients other than the named individual on the prescription.

## **COMMERCIAL SPONSORSHIP**

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NHS Kernow is developing guidelines in this area.

## **WASTE**

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Please ensure when ordering supplies that there are sufficient to meet the needs of the patient. However, over-ordering should be avoided to reduce waste.

## SKIN CARE

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Patients should not expect to get sore skin around the stoma. Patients with sore skin or at risk of developing sore skin may order the following products. Continued ordering may suggest that an underlying problem with either the stoma site or the product and this would need to be reviewed by the stoma nurse team.

### Normal Skin

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If a patient presents with a suddenly enlarged stoma or a bulge at the side of their stoma (hernia), assess that the stoma is pink, healthy and active. If so, offer reassurance, ensure that the appliance template is still correct and adjust accordingly, and refer to the stoma care nurse as soon as possible. If concerned about the colour, bleeding or pain, please seek medical advice.

### Slightly Pink Skin (mild erythema)

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Assess technique especially removal of pouch, which may be causing localised trauma. Ensure that the appliance template is still correct and adjust accordingly.

**Treatment guideline** – consider use of **adhesive remover**.

First line choice is **Trio elite Sting Free Adhesive Remover**

### Moderately Pink Skin (moderate erythema) progressing to Red Inflamed, Dry, Angry Skin (severe erythema)

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Assess technique especially removal of pouch. Ensure that the appliance template is still correct and adjust accordingly. There should be no more than 1-2 mm of exposed skin when the appliance is placed in situ. Re-size bag if appropriate.

Refer back to clinician to rule out infection.

**Treatment guideline** – consider use of protective barrier wipes.

First line choices are **SALTS Peri-prep Sensitive no-sting®** or **CliniMed LBF No Sting Barrier Film (3820)**

### Red, Inflamed and Moist Skin

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Assess technique especially removal of pouch. Ensure that the appliance template is still correct and adjust accordingly. There should be no more than 1-2 mm of exposed skin when the appliance is placed in situ. Re-size bag if appropriate.

Refer back to clinician to rule out infection.

**Treatment guideline** – consider use of protective powders. Formulary choice is **Hollister Adapt®**

## FORMULARY ACCESSORY PRODUCTS

### Adhesive Removers – Spray and Wipes

**Function** – to provide a clear barrier between the skin and appliance adhesive. Skin may be pink on removal of pouch and can be eased by adhesive remover.

Wipes – In general, wipes are reserved for convenience when away from home. They may be an option for patients who are overusing sprays.

Either a spray or wipes should be prescribed, not both.

Excessive ordering of adhesive removers should be questioned. It may signify that the person is having problems and needs a stoma assessment, or be due to an issue with the repeat ordering process.

**Directions:**-Spray for initial pouch removal in short bursts, leave for ten seconds and then remove pouch.

**Quantity to prescribe:** The quantity of adhesive remover required will depend on the frequency of appliance change. As a general rule, one to two cans of spray or 30 wipes are needed per 30 bags (or base plates where a two piece appliance is used). Patients with a stoma over hairy skin may need larger quantities

Brand	Code	Quantity	Cost per item
Trio elite Sting Free Adhesive Remover	TR201	50ml	£6.98
StoCare Remove Medical Adhesive Remover Spray	STC 100	50ml	£5.90
Lift Plus 360 Medical Adhesive Remover	5506	50ml	£5.99
WipeAway Adhesive Remover Wipes	WAP2	30 wipes	£8.72

## Skin Fillers and Protectives - Wipes

**Function** – to provide a clear barrier between the skin and appliance adhesive.

### Directions

Wipes- wipe over the skin to remove any residue and then cleanse the skin with water.

Assess technique, especially removal of pouch. If this is the likely cause of trauma suggest adhesive remover. Ensure that the appliance template is still correct and adjust accordingly.

Protective wipes:-

Brand	Code	Quantity	Cost per item
StoCare Protect No-sting Protective Barrier Film Spray	STC 150	50ml	£7.90
StoCare Protect Barrier Wipes	STC 250	30	£12.95

Protective Barrier Wipes:-

Brand	Code	Quantity	Cost per item
CliniMed LBF No Sting Barrier Film	3820	30 sachets	£24.67

## Skin Fillers and Protectives - Powders

Apply to wet, excoriated skin to promote healing and enhance pouch adhesion. Also useful to promote desloughing of small areas e.g. stoma suture points. Apply a thin layer and dust off any excess.

Brand	Code	Quantity	Cost per item
Hollister Adapt Stoma Powder	7906	1	£2.57

## Skin Fillers and Protectives - Pastes

**Function:** Pastes can be used to fill skin creases and crevices to give a level plane on which to apply appliance. Can also be applied direct on to flange of appliance and moulded around aperture using a wet finger. Pastes containing alcohol should not be applied to broken skin.

**Stomahesive paste** will adhere to moist surface and provide protection from stoma effluent.

**Directions:** Apply to mucocutaneous separation/ peristomal wounds.

**Prescribing Information:** Product adheres to wet skin and will promote healing.

Brand	Code	Quantity	Cost per item
Convatec Stomahesive Paste	S105	60g	£7.70
Pelican Paste	130101	100g	£8.33

## Skin Protectors- Seals

**Function:** Seals provide a seal between appliance and skin. Protective seals are useful for providing adhesion over wet, broken skin or to give extended wear time of appliances (e.g. for patients with urostomies or high output stomas.) Stretch to size so as to fit snugly around stoma.

They can be used to fill in uneven skin contours near the stoma to create a flatter surface and help prevent ostomy drainage from getting under the ostomy barrier. They can be cut, stretched or even stacked together

Choose a seal that will fit the area of skin soreness.

**Cohesive Seals** is first line formulary choice

**Dansac TRE-** Is included on formulary as **second line** for stoma sites that persistently don't respond to first line seal. TRE seal neutralises the acid from the ostomy output that can damage the skin surrounding the stoma

Hollister Adapt Barrier Rings (48mm 7805 and 98mm 7806) are used in some circumstances when first and second line choices do not work.

**Prescribing Information:** Regular use of seals MAY indicate a problem that requires referral of the patient to the stoma specialist team

**Directions:-** Use one seal at every stoma change

Brand	Code	Quantity	Cost per item	Cost per unit
Cohesive Seals Large 98mm	839001	10	£26.35	£2.63
Small 48mm	839002	30	£59.20	£1.97
Salts Aloe Ring (Secuplast) 32mm	SAR32	30	£36.35	£1.21
Salts Aloe Ring (Secuplast) 38mm	SAR38	30	£36.35	£1.21
Salts Aloe Ring (Secuplast) 45mm	SAR45	30	£36.35	£1.21
Dansac TRE 20mm (45mm diameter)	071-20	30	£68.72	£2.27
Dansac TRE 30mm (57.5mm diameter)	071-30	30	£68.72	£2.27
Dansac TRE 40mm (70mm diameter)	071-40	30	£68.72	£2.27

## ADHESIVE DISCS/RINGS/PADS/PLASTERS – Security Frames and Adhesive Borders

**Function:** These can be used to extend the adhesive area of an appliance to provide added security. They are particularly useful for patients with large stomas or a parastomal hernia, in an alternative appliance cannot be found.

Flange extenders can improve security by preventing peeling. They are especially helpful for those with a high output stoma.

**Prescribing Information :** OstoMart Adhesive Flange Extender AFEL30 is comparable to Coloplast Brava. This has been trialled with patients who have said there is no difference and so replaces Coloplast Brava as our first line formulary choice.

Salts Secuplast and Secuplast Aloe, are not first line. They are not as sticky as OstoMart but also not as harsh on the skin. They are used as a second line option when people have a bit of dermatitis on the skin.

**Directions:** Use flange extender with each bag change. Continued use needs to be referred

Brand	Code	Quantity	Cost per item
OstoMart Astoa Adhesive Flange Extender Large	AFEL30	30	£19.28
Salts SecuPlast Hydro	SPH1	30	£11.94
Salts SecuPlast Hydro Aloe	SPHA2	30	£12.93
Welland UltraFrame flange extenders	UFWAFH33	20	£13.56

Note: Welland ultra thin flange is reserved for use by those patient with cognitive impairment who fiddle with their pouch



## BELTS

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**Function:** A belt is used to give extra support to the base plate to keep an appliance in place. Useful if the abdomen is uneven or rounded,

Normally replaced six-monthly.

Max THREE per year

Supportx have been doing clinics once per month with stoma team. If patients cannot get to clinic they will do home visit. All requests for prescriptions for a belt should have a supporting letter from the stoma nurse specialist team. If not, please refer request and patient into the team.

## OSTOMY SUPPORT GARMENTS

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These garments can be beneficial for patients to prevent parastomal herniation or for added discretion with their appliance. If a patient requires a support garment they should be assessed, measure and fitted for this by a specialist stoma nurse,

Some manufacturers also produce light support garments and underwear which are available on prescription or to purchase.

Prescriptions for these items will **only** be made if there is an identified clinical need.

Patients who are a high risk of hernia may be prescribed these products as preventative treatment following assessment at a stoma nurse specialist clinic. If a hernia exists, there will be communication between the Stoma Care Specialist Nurse team and the patient's own GP. This communication will include the measurement and request for supply of one item only to check that patient is happy with the product.

Level 3 pants and vests are reserved for those who cannot tolerate or are the wrong shape for a belt

Patients requiring light support garments and support underwear should be advised to purchase these items directly from the manufacturer or other retail outlet. Stoma nurse specialist team may recommend support items for hernia support.

## APPROXIMATE EQUIPMENT USAGE PER MONTH

STOMA TYPE	APPLIANCE TYPE	APPROX USAGE PER MONTH	APPROX COST PER ANNUM
Colostomy	One piece	30-90 pouches	£970-£2912
	Two piece	8-12 baseplates, 30-90 pouches	£364-£546 £547-£1642
Ileostomy	One piece	10-30 pouches	£365-£1095
	Two piece	8-12 baseplates, 10-30 pouches	£364-£546 £158-£474
Urostomy	One piece	20-30 pouches	£2073-£6219
	Two piece Night drainage system	8-12 baseplates, 20-30 pouches 1 open drainage bag, change weekly	£364-£546 £1022-£3060 £83

The quantities mentioned above are guidelines only.

Some patients may require a higher or lower quantity than stated. If there are any prescribing concerns please refer to the patient's Stoma Care Specialist Nurse for detail or further assessment.

Additional products such as barrier cream, skin protector wipes/spray, powders, adhesive remover, washer and pastes, deodorants, retention strips and support garments may be essential for problem solving with stoma complications or to extend wear time and increase confidence.

### Dispensing Contractor

If the patient chooses to use a Pharmacy of Dispensing Doctor to obtain their supplies, routine products can be available for collection/delivery within 24 hours, with some specialised products taking a little longer. Few contractors will hold extensive stocks of stoma appliances and will order products for each individual patient. Some Dispensing Contractors will offer complimentary disposal bags in addition to those mandated by the Drug Tariff and/or a home delivery service.

### Dispensing Contractor

These are companies (often linked to stoma care appliance manufacturers) that offer home delivery of stoma care products free to the patient. Many will also offer complimentary wipes, disposal bags and scissors. They also provide a pouch cutting service (for patients who are unable to cut their own pouches to size) and will apply accessory products (such as clips or bridges) to pouches.

**There are numerous DACs, but those most commonly used by patients in NHS Kernow Clinical Commissioning Group are:**

Salts Medilink: Tel 0800 626388

Fittleworth: Tel 0800 378846

OTC Direct:

Bullen

Coloplast

Securicor

## OBTAINING STOMA SUPPLIES

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The options on how to obtain stoma care equipment will be explained to the patient by the stoma care nurse. Patients are offered a choice of obtaining supplies from either:-

- Dispensing Contractor (Pharmacist, dispensing Doctor)
- Dispensing Appliance Contractor (DAC)

All appliances and accessories recommended by the stoma care nurse and specialist team will be available on Drug Tariff. Patients over 60 are exempt from paying prescription charges, in addition those with a permanent stoma or who are undergoing treatment for cancer are also exempt following completion of form FP92A (application for prescription exemption form) which can be obtained from the stoma care nurse or GP surgery. The patient must complete parts 1 and 2 and their doctor (or authorised member of the practice staff) will sign to confirm the information and submit the form to NHS Business Services Authority.

Details of GP practices, Community Pharmacies and DACs can be found on the NHS Choices website at

<http://www.nhs.uk/Service-Search/> or use your internet search tool for “NHS Choices”

When prescribing or recommending products for prescribing, appropriate assessment of the patient’s clinical needs must be made and the products and quantities prescribed/supplied should be sufficient to reflect the patient’s need but minimise potential waste.

### Urgent Supplies

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If supplies are required urgently, both Dispensing Contractors and DACs may be able to offer a next day delivery. It is recommended a call is made to the contractor to check, If there is an urgent need, the prescription can be faxed to the contractor to enable dispensing to occur and then posted so it arrives within 72 hours which is the legal requirement.

**Retrospective prescribing i.e requesting delivery of a product before the prescription is submitted to the contractor must not occur.**

### Guidelines for Supplies

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A guideline for GP practices, dispensing appliance contractors and patients has been produced. This will be sent to practices, pharmacies and dispensing appliance contractors and made available via the Cornwall Joint Formulary.

## REFERENCES

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Colostomy Association, Stoma Prescribing Guidelines

<http://www.colostomyassociation.org.uk>

## GLOSSARY

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- **Accessory products:** non-essential items to assist stoma management such as belts, pouch covers, odour removers and adhesive remover sprays or creams.
- **Abdo Perineal Excision (APER):** a surgical procedure involving the removal of rectum and anus with closure of the perineum. Results in permanent colostomy; often performed for low rectal or anal cancers.
- **Allergic contact dermatitis:** a type IV reaction, often from the stoma bag adhesive, which results in the inflammation of the skin around the stoma.
- **Anastomosis:** the surgical joining of two cut ends of bowel. Can be sutured or stapled.
- **Anterior Resection:** Surgical removal of part of/or all of the rectum and sigmoid colon
- **Ballooning:** when a stoma bag fills with gas/flatus. Often caused by blocked filter, or due to dietary intake.
- **Base-plate:** part of a 2 piece stoma-appliance. This is applied to the skin and a separate stoma pouch is attached to the base-plate.
- **Bowel Anatomy:** large intestine; consists of colon and rectum. Small intestine; consists of duodenum, jejunum and ileum
- **Colostomy:** is a surgically created opening in the large bowel/colon, usually located on the left-hand side of the abdomen.
- **Convex:** is the outward curving of a base plate or skin barrier stoma appliance. Used to prevent leakage with retracted or flush stomas.
- **Crohns:** an inflammatory disease that can effect anywhere within the GI system from mouth to anus.
- **Diverticular disease:** A diverticulum is a herniation of mucosa through the thickened colonic muscle. Diverticula vary from solitary findings to many hundreds. They are typically 5-10 mm in diameter but can exceed 2 cm and appear as small sacks on the lining of the bowel.
- **Double Barrel Stoma:** is when the bowel is surgically divided and the proximal and distal ends are brought out through one opening in the abdominal wall and stitched to the skin to form two stomas, which lay next to each other and are managed as one stoma.
- **Dukes staging:** the most commonly used classification to establish the extent of colon cancer. Ranges from Dukes A which is confined to bowel wall – Dukes D where the cancer has spread to other areas.
- **End Stoma:** just one end of the bowel is brought out on the abdomen and formed into a stoma. Can be an ileostomy or colostomy.
- **Erosion/laceration:** is the gradual breakdown of the skin around the stoma which may appear excoriated; moist and bleeding. The erosion remains superficial and should heal without scarring.
- **Erythema:** redness of the skin produced by congestion of the capillaries.
- **Familial Adenomatous Polyposis (FAP):** a hereditary condition where large numbers (100-1000) of pre-malignant polyps develop in the large bowel. Malignant changes will occur if not treated. Treatments will include surgical removal of the colon and rectum, screening for all immediate family should be advised.
- **Enterocutaneous Fistula:** an abnormal channel from an internal organ to the surface of the skin. Often produces discharge and will require a drainable fistula bag fitted and monitoring.
- **Flange:** see Base-plate
- **Granuloma:** a small inflammatory nodule or raised area usually found around the edge of the stoma. Caused by irritation from stoma appliance, sutures or leakage. Treated with use of silver nitrate.
- **Hartman's procedure:** a procedure where the diseased part of the distal colon is surgically removed and a colostomy is formed.
- **Hernia:** when the muscle surrounding the stoma/internal organs may protrude and appear as swelling around the stoma. Pain, poor fitting appliance and clothing can all be problematic. Sometimes repaired surgically, or managed with the use of a hernia support belt if possible.

- **Ileo-anal pouch:** a surgical procedure for patients with FAP or Colitis. The colon and rectum are removed and a reservoir/pouch is constructed, using the distal ileum which is then joined to the rest of the bowel. An ileostomy is temporarily formed to allow the pouch and bowel to heal.
- **Irritable Bowel Disease:** a generic term used to refer to Crohn's disease or ulcerative colitis.
- **Jejunostomy:** a surgically created opening from the jejunum that is brought through the abdominal wall and sutured to the skin. Not a commonly performed procedure, and will require a high out-put stoma bag. Usually performed in cases of severe Crohns or bowel ischemia.
- **Loop stoma:** a surgical procedure where the anterior surface is divided and brought out of the abdomen, usually to allow for the diversion of faecal matter from diseased or traumatised bowel. Can be either temporary or permanent and for ileostomy or colostomy.
- **Mucocutaneous separation:** the separation of the suture line from the bowel to the skin surface which secures the stoma in place. Can be treated by stoma care nurse with wound care knowledge.
- **Pancaking:** when faeces stays at the top of the stoma bag and not drop down to the bottom due to the creation of a vacuum-type effect with the bag "sucking in". Usually managed with the use of the stoma bag filter covers and application technique.
- **Para-stomal:** next to or immediately around the stoma site.
- **Pectin:** absorbs moisture to create a gel. Commonly found in jelly-babies and marsh mallows and can help with loose/watery faeces to be more formed.
- **Prolapsed stoma:** is when the internal section of bowel protrudes through the stoma opening. Commonly seen in loop stomas. May require surgical re-fashioning.
- **Pyoderma gangrenosum:** is an inflammatory skin disorder. Recognised by single or multiple lesions or nodules that quickly become ulcerated. They are a dark red or purple colour and are usually an irregular shape. Confirmed by taking a swab of the affected area and treated with topical or systemic anti-inflammatory medication.
- **Retracted stoma:** is when part or all of the stoma retracts below the surface of the skin where it is normally brought out to. Various products are available to help manage; if unsuccessful surgical review may be required.
- **Short Bowel Syndrome:** involves malabsorption and malnutrition following extensive resections of the small bowel. In these cases a supplemental diet is required due to the poor absorption.
- **Skin Cleansers, protectors and adhesive removers:** SEE Accessory products.
- **Stenosis:** a narrowing of the lumen of the intestine or the stoma reducing the opening of the stoma. May require manual/digital dilatation or surgical re-fashioning.
- **Stoma Cap:** a very small closed pouch. Usually worn by patients with a colostomy who want a discreet appliance to allow for more physical activity/lifestyle.
- **Stoma Necrosis:** the inadequate supply of blood to the stoma resulting in the ischemia and discoloration of the stoma to a dark brown or black colour. Noticeable over a very short space of time (24 hours) and a revision will be may required.
- **Urostomy:** the surgical diversion of the urethras through a section of ileum to form a stoma on the right side of the abdomen to allow drainage of urine when the bladder is diseased.

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