Stoma Care Prescribing Guidelines

Purpose
To provide guidance to NHS Ayrshire & Arran (A&A) prescribers, Dispensing Appliance Contractors (DAC) and local Community Pharmacies with the aim of providing patients with the most appropriate stoma appliances based on specialist assessment of their individual needs thus reducing inappropriate prescribing and improving cost effectiveness.

Background
NHS A&A prescribing costs for stoma products April 2016 to March 2017 amounted to just under 2.4 million pounds and NHS A&A prescribed the highest number of stoma items per 1000 patients in Scotland. Problems have occurred in the past where products have been supplied by a DAC before a prescription has been issued or prescriptions have been sent to a pharmacy despite the patient choosing a home delivery service (DAC). This has sometimes resulted in over ordering and waste. Primary care prescribers have also voiced difficulty in keeping up to date with the various stoma products on the market and what is necessary or recommended and what is not. Over time as patients become proficient in managing their stoma their contact with the Clinical Nurse Specialists becomes less and they may not think to consult them, without prompting, before considering whether a product change or addition is in fact appropriate.

General Recommendations
Any increase in the quantity of stoma items requested or the addition of accessory items may indicate that a patient’s needs are not being adequately addressed and this is best discussed and agreed between the patient and Clinical Nurse Specialist Stoma Care Team (CNSSCT). Prescriptions for stoma items should therefore only be altered on the advice of the CNSSCT.

One month’s supply (except in exceptional circumstances) at a time is advised for stable patients. The CNSSCT will advise if there is a different requirement to this due to individual circumstances or because the patient’s needs are likely to change in the first few weeks following surgery.

Prescribers are under no obligation to supply retrospective prescriptions for items already issued by a supplier without prior agreement of the prescriber.

Emergency requests for prescriptions for stoma products should only be at the request of the patient, patient’s carer, CNSSCT or Community Nurse. If the emergency is out with Practice opening hours and the DAC or a Community Pharmacy is contacted directly to supply products, they must notify the Practice of this as soon as possible. The Practice should confirm the details of the emergency with the patient and consider if any further action is required to avoid this situation in the future.

Some Health Boards have noted an improvement in prescribing performance in relation to stoma products where the Practice:

- Has its own agreed protocol for how it deals with requests from Community Pharmacies, DACs or internet pharmacies.
- Nominates a named person within the Practice to manage requests for stoma appliances who does not accept requests for new products without checking with the CNSSCT first; considers if the quantity requested and the prescribing interval is appropriate (unless circumstances dictate that this is appropriate e.g. gastro intestinal symptoms, dietary problems, skin issues and this is recorded in the patients record)
- Has the supply route coded within the patient record
- Obtains a named contact for all communication with the contractor
- Considers a method of receipt of prescription by the contractor

**Stoma Specialist Nurses**

All new patients who require stoma forming surgery in Ayrshire & Arran will be given the opportunity to meet with a member of the CNSSCT who can provide ongoing practical support and psychological support.

The Nurse Specialists’ responsibilities with regard to stoma supplies are:

- Informing the patients that they have a choice as to whether a Community Pharmacy, Dispensing Appliance Contractor (DAC) or a Dispensing Doctor dispenses their prescription.

- Helping with product choice. *Choosing the correct product for the individual patient can take some time and clinical expertise, especially in the early days following surgery. (All products will be available on the Scottish drug tariff).*

- Organising the patient’s discharge supplies:
  - Patients will be provided with and informed of the ordering process for their supplies from their chosen dispenser.
  - Patients will be provided with a seven day supply of chosen stoma products from the hospital to cover the ordering and delivery time of their prescribed supply.
  - Patients will be advised against the practice of stock piling items.
  - The patient will be informed of the expected wear time of their product.

- **A clinical email** will be sent to the patient’s GP Practice requesting a prescription for the appropriate products. This email will outline where the patient will obtain their stoma supplies, i.e. a supply company or a community pharmacy, the manufacturer, product and how many items it is expected that a patient will require each month.

- Disposal bags and wipes to wash and dry the stoma should be provided free of charge to the patient by the Community Pharmacy, DAC or a Dispensing Doctor and should therefore not be prescribed for this purpose.

- Patients will be offered follow up at the nurse led stoma clinics based at Crosshouse or Ayr University Hospitals. The stoma shape and size can change especially in the early months after surgery and this may necessitate a product change or the addition of an accessory product. *The GP Practice will be informed of any change in prescribing requirements following review, by clinical email.*

- Patients / carers will be made aware of the need to contact the CNSSCT if they believe there is a requirement to change their stoma product supply in any way.

- The CNSSCT have liaised with known DAC companies and requested that they inform them if any patient requests an alteration to their current prescription at any time.

- Patient /carers will be informed of the cutting services that are available to all patients once the stoma size has settled after surgery.
Accessory Stoma Products.
There are multiple accessory products used to secure and/or improve the fit of a pouching system i.e. adhesive seals, washers, paste and flange extension strips. These products should only be prescribed on the advice of the CNSSCT.

Deodorants should no longer be issued on a GP10/N. There are various commercially available sprays that can be self purchased, if thought to be required.

Adhesive removers are not required for every patient but if they are required please select a Formulary choice. Patients should be shown how to use adhesive removers appropriately according to the manufacturer’s instructions i.e. one or two sprays under adhesive and allow the liquid to run down.

<table>
<thead>
<tr>
<th>Formulary- 1st Choice</th>
<th>Formulary- 2nd Choice</th>
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<tbody>
<tr>
<td>Lift Plus 360 Medical Adhesive Remover 50ml spray (Emis code 5506) OR Lift Plus 360 Citrus Medical Adhesive Remover 50ml spray (Emis code 5507)</td>
<td>Peel-Easy Non Sting Spray (Emis code 300714)</td>
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</table>

Adhesive remover wipes are no longer indicated (unless there is a known dexterity issue affecting a patient’s ability to use a spray).

Stool thickeners
These are products that go directly into the pouch to thicken watery stools. This is not an oral preparation. Stool thickeners are not commonly used but if required patients will use one or two sachets every time they empty their pouch.

Allergies to stoma pouch adhesives are rare. When they are suspected topical steroid therapy is often suggested by the nurse specialist. This should be delivered in the form of a scalp lotion as the cream preparations affect pouch adhesion. Please note that this is therefore “off label use”. Please see Code of Practice section: [http://athena/adtc/DTC%20%20Code%20%20of%20Practice/ADTCMG09(b).pdf](http://athena/adtc/DTC%20%20Code%20%20of%20Practice/ADTCMG09(b).pdf) for further guidance.

Note
Para-stomal hernia is a complication of stoma surgery. All patients will be advised that wearing a light support garment may prevent the formation of a hernia. They will be advised to self purchase light support garments widely available from retail outlets or online.

If after assessment by the CNSSCT the patient is deemed to be at a high risk of parastomal formation or already has a para-stomal hernia they will be referred to a specialist fitter. The CNSSCT will inform the GP of this referral by clinical email. No support garments should be prescribed for this purpose unless advised by the CNSSCT.

Be aware that there are many companies who market stoma products, often offering free samples to patients. The internet and fellow patients may also provide information on the various products that are available but they may not be appropriate for every patient. Please advise patients to discuss any products that they feel would benefit their individual requirements with the CNSSCT. Only agree to prescribe on the advice of the CNSSCT. Not all products are appropriate or necessary.
### Average Monthly Stoma Usage Guide *Please read in conjunction with additional advice given*

<table>
<thead>
<tr>
<th>Type of Stoma</th>
<th>Appliance Type</th>
<th>Duration</th>
<th>Maximum Monthly Quantity</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Colostomy</strong></td>
<td>One Piece</td>
<td>1-4 Bags per day</td>
<td>120 bags (4 boxes of 30)</td>
<td>Bags are not normally drainable or reusable. Inform patients to remove and discard after use. Some patients may use drainable bags when they require e.g. for travel.</td>
</tr>
<tr>
<td></td>
<td>Two Piece</td>
<td>1-3 Bags per day</td>
<td>90 Bags (3 boxes of 30)</td>
<td>One flange is usually left in place for 2 – 4 days. Inform patient to change one flange every 2 – 4 days.</td>
</tr>
<tr>
<td><strong>Ileostomy</strong></td>
<td>One Piece</td>
<td>Patients may wish to use one daily but one bag can be used for up to 2 – 3 days before changing.</td>
<td>30 Bags (1 box of 30)</td>
<td>Drainable bags. Inform patients to drain as required throughout the day.</td>
</tr>
<tr>
<td></td>
<td>Two Piece</td>
<td>Patients may wish to use one daily but one bag can be used for up to 2 – 3 days before changing.</td>
<td>30 Bags (1 box of 30)</td>
<td>Drainable bags. Inform patients to drain as required throughout the day.</td>
</tr>
<tr>
<td><strong>Urostomy</strong></td>
<td>One Piece</td>
<td>Usually one bag is used for up to 2 days but bags may be changed every 1 – 3 days</td>
<td>10 – 30 Bags or 1-3 Boxes of 10</td>
<td>Drainable bags. Inform patient to drain as required throughout the day.</td>
</tr>
<tr>
<td></td>
<td>Two Piece</td>
<td>Usually one bag is used for up to 2 days but bags may be changed every 1 – 3 days</td>
<td>10 – 30 Bags or 1-3 Boxes of 10</td>
<td>Drainable bags. Inform patient to drain as required throughout the day.</td>
</tr>
<tr>
<td><strong>Night Bags</strong></td>
<td>A night bag can be used for up to a week unless it begins to smell/become discoloured.</td>
<td>4 bags (Preferable to supply one complete box of 10 on a prescription. Should last 2 – 3 months).</td>
<td>Drainable bags. Can be used for one piece and two piece urostomy, however some urostomy pouches will only fit certain night bags.</td>
<td></td>
</tr>
</tbody>
</table>

**Colostomy**

Large Bowel stoma (usually formed stool). Colostomy output stomas usually have a formed soft stool. Patients wear a closed appliance that is disposed of after use.

Occasionally a colostomy patient may have a looser output so they prefer to wear a drainable appliance that is drained of either stool or flatus (wind).

**Ileostomy**

Small bowel stoma (loose output). Ileostomy output stomas usually have a liquid or porridge-like consistency stool. The average volume is about 500-800mls in 24 hours. Patients wear a drainable appliance. Output from an ileostomy stoma is usually more corrosive to the skin so good skin care is essential; patients may require skin protection.

**Urostomy**

A stoma made out of small bowel to divert the urine if the bladder is removed or to bypass the bladder. Urostomy stomas produce a continuous flow of urine which sometimes contains mucus.
Notes on supplies

Some patients may have a mucous fistula as well as a colostomy or ileostomy and may therefore require a Pouch System. This will usually be a cap which is replaced daily.

Colostomy patients may irrigate their bowel and will therefore require a prescription for irrigation sleeves and a daily mini pouch or cap.

Some patients may choose to have a mixture of pouch sizes i.e. a maxi for work and a mini for going out. This may mean they have a split order at times.

Medicines Optimisation Advice for Stoma Patients

- **Some ileostomy patients** can experience occasional problematic, high volume liquid stomal output, which can cause dehydration, potential renal impairment, body image problems and increased product usage. Patients may be commenced on Loperamide if their output exceeds 750ml per day and is watery.

  Patients with an ileostomy and intestinal failure require specialist management e.g. from the NHS Ayrshire & Arran specialist nutritional team.

- **Anti-motility agents** (Loperamide or Codeine) slow down gastrointestinal transit time, allowing more water to be absorbed thus thickening and decreasing the stoma output. Loperamide is the normal drug of choice as it is not sedative and is not addictive / open to abuse. Tablets are used instead of capsules when used with a patient with ileostomy as absorption is more effective. Patient are often able to self manage.

  **Longer term use** with higher doses may be necessary if patients have intestinal failure. **Loperamide** should be taken half an hour before food for maximum effect.

- **Patients with a colostomy may experience constipation.** An increase in fluid intake or dietary fibre (wherever possible) should be tried before initiating bulk forming or osmotic laxatives.

- **Per Rectum (PR) route** - please be aware that it may not be appropriate to use the PR route for stoma patients, check clinical records.

- **Medication cannot be administered via a stoma.**

Medicines to Use with Care or Avoid in Stoma Patients

<table>
<thead>
<tr>
<th>Drug</th>
<th>Reason</th>
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<tbody>
<tr>
<td>Antacids</td>
<td>Magnesium salts may cause diarrhoea</td>
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<tr>
<td></td>
<td>Aluminium salts may cause constipation</td>
</tr>
<tr>
<td>Antibiotics</td>
<td>Use with caution as may cause diarrhoea</td>
</tr>
<tr>
<td>Digoxin</td>
<td>Closely monitor patients who are susceptible to hypokalaemia. Consider supplements or potassium sparing diuretics</td>
</tr>
<tr>
<td>Diuretics</td>
<td>Patients may become dehydrated. Caution advised with ileostomy patients who may become potassium depleted</td>
</tr>
<tr>
<td>Enteric Coated (EC) and Modified Release (MR) Preparations</td>
<td>May be unsuitable. There may not be sufficient release of the active drug in ileostomy patients. Consider non EC/MR preparations as first choice</td>
</tr>
<tr>
<td>Iron i.e. Ferrous Sulphate, Ferrous Fumarate</td>
<td>Ileostomy patients- may cause diarrhoea</td>
</tr>
<tr>
<td></td>
<td>Colostomy patients- may cause constipation. Warn patient that stools may be black.</td>
</tr>
<tr>
<td>Laxative Enemas &amp; Washouts</td>
<td>Avoid in ileostomy patients as may cause rapid and severe loss of water/electrolytes</td>
</tr>
<tr>
<td>Nicorandil</td>
<td>Anal and peristomal ulceration- related to inflammatory disease.</td>
</tr>
<tr>
<td>Opioid Analgesics</td>
<td>May cause troublesome constipation</td>
</tr>
<tr>
<td>Proton Pump Inhibitors</td>
<td>May cause diarrhoea</td>
</tr>
</tbody>
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