Herefordshire and Worcestershire Medicines and Prescribing Committee

NHS
Herefordshire and Worcestershire
Clinical Commissioning Group

Guidelines for Prescribing Stoma Appliances and Accessories in General Practice

Introduction

This guideline provides advice on the issue of prescriptions for items that are supplied to stoma patients, to promote clinically appropriate use, reduce waste, improve communication and reduce over-ordering.

General advice

- Prescriptions should only be issued at the request of the patient/patient's carer or relevant healthcare professional and should be for **one months supply at a time**.
- Stoma appliances should always be prescribed by brand and not generically.
- Stoma appliances can be dispensed either by a dispensing appliance contractor (DAC), a pharmacy contractor or a dispensing doctor. Prescriptions for stoma appliances should be issued on a separate form from other patient medication to avoid problems if a patient uses a DAC rather than a pharmacy contractor. If prescriptions are being sent via EPS a different nomination can be set for DAC products.
- The dispenser must also supply a reasonable quantity of wipes and disposal bags with ostomy products free of charge, which do not need to be added to the prescription.
- Prescribing quantities should be based on individual patient need and take into consideration recommended quantities for prescribing. Refer to **Attachment 1, '*Prescribing guidelines for stoma appliances accessories*'.**
- Back-up, advice and support, including review at least annually for long-term stoma patients should be provided by a Stoma Care Nurse Specialist.
- Situations that may require referral to a Stoma Care Nurse Specialist are:
  - Routine over ordering of stoma supplies.
  - Patients that are experiencing leakage.
  - Patients that are experiencing sore skin.
  - Patients experiencing dietary problems.
  - Patients that have developed an enlarged stoma (prolapse) or stoma bulge (parastomal hernia).
  - Patients having management difficulties, e.g. Change's in mobilty, vision, mental capacity.
  - At patient's request.
  - Patients having psychological difficulties adapting to their stoma.
- Patients can request and receive samples of new items directly from companies, marketing campaigns, fellow ostomists and via internet searches, without an assessment of clinical need. Therefore new items should only be added under the guidance of a Stoma Care Nurse or other appropriate specialist.
- Flow charts 1 and 2 at the end of this document can be used to identify overuse of stoma appliances and accessories and the action to take in such cases. (**Flow chart 1: *Overuse of stoma products flow chart.*** **Flow chart 2: *Overuse of stoma accessory products flow chart***).
- Attachment 2 provides advice on '***Medicines use in Stoma Managemen***t'.
- Practices should not issue retrospective prescriptions if requested by a DAC. The dispensing contractor must receive the prescription PRIOR to the delivery of items. If the dispensing contractor delivers item(s) prior to receiving a prescription, it risks not obtaining a prescription to cover the supply. In such cases, the GP is entitled to refuse to supply a prescription. The only exception to this might be the first prescription following discharge to ensure the patient has a supply of products at home. In these circumstances supply is initiated by the Acute Trust specialist team or Stoma Care Nurse.

- Specialist may occasionally recommend "St Mark's solution", a potassium free glucose electrolyte mix which is used in the management of Short Bowel Syndrome. (Patients with short bowel have a disrupted fluid and nutrient absorption process leading to excessive fluid losses). St Mark's Solution should **NOT** be ordered as a special. Patients should be encouraged to buy the ingredients and make up the solution themselves. Double strength Dioralyte (10 sachets dissolved in 1L water) may be recommended by the specialist as an alternative if St Marks Solution not tolerated.[3]

Appliance use reviews (AURs)

Appliance use reviews (AURs) form part of the advanced services that can be carried out by community pharmacists or specialist nurses and are an effective way of assessing and correcting any problems with appliances.

AURs are intended to improve the patient's knowledge and use of the appliance they are prescribed. A record of each AUR must be completed and forwarded to the appliances supplier and the patient's GP. Each record must document any advice given to the patient or any intervention made. A copy of the AUR should be filed in the patients notes and should be used as a guide for prescribing queries.

Attachments and Flow Charts

- **Attachment 1:** *Prescribing Guidelines for Stoma Appliances and Accessories*
- **Attachment 2:** *Medicines Use in Stoma Management*
- **Flow chart 1:** *Overuse of Stoma Products*
- **Flow chart 2:** *Overuse of Stoma Accessory Products*

Reference(s) / Acknowledgement(s):
These guidelines are based on documents produced by PrescQIPP: https://www.prescqipp.info/our-resources/webkits/continence-and-stoma/

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Attachment 1. Prescribing Guidelines for Stoma Appliances and Accessories

Appliance	Usual monthly quantity	Prescription directions	Notes
Colostomy bags (one piece systems)	30 -90 bags	Remove and discard after use.	Bags are not drainable. Usual use: 1-3 bags per day. Flushable bags only to be used on advice of bowel/stoma nurse.
Colostomy bags (two piece systems)	30-90 bags + 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.
Irrigation (gravity systems)	1 kit/year	To wash out colostomy.	The use of irrigation pumps such as Irypump is not supported (see **General Notes** on page 4).
Irrigation sleeves	30/month	Use once every 1-2 days.	Self-adhesive disposable sleeves.
Stoma caps	30	For use on mucous fistulae or colostomy if irrigating.	This may be in addition to original stoma bag.
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 + 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 ordered separately.
Urostomy bags (one piece systems)	20-30 bags	Drain as required throughout the day. Generally, replace bag every 2 days.	Bags are drainable.
Urostomy bags (two piece systems)	20-30 bags + 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 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.

Accessory	Usual quantity	Prescription directions	Notes
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 increases adhesive area. If used as there is leakage around the stoma - refer for a review.
Belts (for convex pouches)	6 per year	1 to wear, 1 in the wash, 1 for spare	Washable and re-usable.
Support belts	3 per year	1 to wear, 1 in the wash, 1 for spare	Only if deemed clinically required by Stoma Care Nurse Specialist (needs to be reviewed on an annual basis).
Adhesive removers	1-3 cans (depending on frequency of bag changes)	Use each time stoma bag is changed	A spray product should be provided unless patient has a specific need for wipes e.g. for people who lack the manual strength or dexterity to use a spray. Silicone based, alcohol free products costing less than £6 for 50ml or wipes costing less than £9 for 30 should be used.
Deodorants	Non-formulary - Not to be prescribed		Personal preference if used when changing bag but not prescribed. If correctly fitted, no odour should be apparent except when bag is emptied or changed - household air freshener may be used. If odour present at times other than changing or emptying – refer for review.
Lubricating deodorant gels	Not routinely required. 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	Only recommended if patients have difficulty with 'pancaking'. 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 protectives (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	2 boxes/tubs per month	Use one with every new bag	If recommended by Stoma Nurse Specialist. May be useful for Crohn's disease patients, useful for loose watery output. 1-2 sachets/strips to be used each time appliance is emptied
Acute sports shield	1-2/year		Are not routinely necessary but may be prescribed for sporting activities if recommended by a Stoma Care Nurse Specialist

General 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 by a Stoma Nurse Specialist who will advise on product choice.
- The use of irrigation pumps such as Irypump for stoma irrigation is not supported. Patients should be referred to a Stoma Care Nurse Specialist for advice about an alternative gravity based irrigation system.

Attachment 2: Medicines use in stoma management

Prescribing medicines for patients with stoma calls for special care

- 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.
- Anti-motility agents (loperamide or codeine), can be used to treat this. They slow down gastrointestinal transit time, allowing more water to be absorbed thus thickening and decreasing the stoma output.
- Loperamide is preferred as it is not sedative and not addictive/open to abuse.
- Specialist may also recommend the use of high dose Proton Pump Inhibitors (PPIs) as they will reduce output in net secretors (those whose output is greater than their oral intake).[1,2]
- Patient are usually able to self manage ad hoc dosing according to requirements
- Longer-term use with higher doses may be necessary if patients have a 'short-bowel syndrome'
- Loperamide should be taken half an hour before food for maximum effect.
- Some patients experience constipation. With the exception of ileostomy patients, an increase in fluid intake or dietary fibre (wherever possible) should be tried first before initiating bulk forming or osmotic laxatives.

Medicines used in high outout stoma management

Drug	Dose
Loperamide 2mg capsules	Licensed dose: 2mg up to 4mg four times a day as required (Max 16mg daily). Occasionally, under the direction of a specialist, doses up to 8mg four times a day may be required [1] (off-label use).
Omeprazole 40mg capsules	Up to 40mg twice a day (off label use).[1]
Codeine Phosphate 15mg and 30mg tablets	30mg to 60mg four times a day[1] (Max 240mg daily)

Colostomy patients may suffer from constipation and whenever possible should be treated by increasing fluid intake or dietary fibre. Bulk forming drugs should be tried. If they are insufficient, as small a dose as possible of senna should be used.

Several medicines should be used with caution or avoided in patients with stoma

Medicines to use with care or avoid in stoma management.

Drug	Reason
Antacids	Magnesium salts may cause diarrhoea. Aluminum salts may cause constipation.
Antibiotics	Caution as may cause diarrhoea.
Digoxin	Stoma patients susceptible to hypokalaemia – monitor closely, consider supplements or potassium sparing diuretics.

Drug	Reason
Diuretics	Patients may become dehydrated. Use with caution in ilesostomy patients – may become potassium depleted.
Enteric-coated and modified-release preparations	Unsuitable, particularly in ileostomy patients, as there may not be sufficient release of the active ingredient. Consider non-EC/MR preparations first choice.
Iron e.g. ferrous fumarate, ferrous sulphate	May cause loose stools and sore skin in these patients May cause diarrhoea – ileostomy or constipation – colostomy. Stools may be black – important to reassure/warn patients.
Laxative enemas and washouts	Avoid in ileostomy patients – may cause rapid and severe loss of water/electrolytes.
Nicorandil[3]	Anal and peristomal ulceration – related to inflammatory disease
Opioid analgesics	Caution as may cause troublesome constipation.
Routes of administration points of note	
• Please be aware that it may not be appropriate to use PR route for stoma patients, please check clinical records.	
• Medication cannot be administered via the stoma.	

References

1. Worcester Acute Hospitals NHS Trust. Guideline on the management of high output stoma WAHT-PHA-023 8th July 2020
2. Nightingale J, and the BIFA committee. Top Tips for Managing a High Output Stoma or Fistula. BAPEN. Available from: https://www.bapen.org.uk/pdfs/bifa/bifa-top-tips-series-1.pdf
3. Fake J, Skellet A, Skipper G. A patient with Nicorandil-induced peristomal ulceration. Gastrointestinal Nursing (2008; 5 (6): 19-23.

Flow chart 1. Overuse of stoma products

Colostomy

Closed pouches usually changed 1-3 x daily

Ileostomy

Open ended drainable

Urostomy

Pouches with tap

Does your patient use more than 30-90 pouches per month? (1 piece)

OR

Does your patient use more than 15 base plates and 30-90 pouches per month? (2 piece)

Does your patient use more than 30 pouches per month? (1 piece)

OR

Does your patient use more than 15 base plates and 30 pouches per month? (2 piece)

NO

YES

YES

NO

Patient may be experiencing problems and should be referred to the Stoma Care Specialist Nurse (if available) for reassessment.

Does your patient use more than two stoma accessories?

NO

YES

NO ACTION REQUIRED

Patient may be experiencing problems and should be referred to the Stoma Care Specialist Nurse (if available) for reassessment.

Flow chart 2. Overuse of stoma acessory products