



Review Sheet		
Last Reviewed 31 Jul '24	Last Amended 31 Jul '24	Next Planned Review in 12 months, or sooner as required.
Business impact	<p>Changes are important, but urgent implementation is not required, incorporate into your existing workflow.</p> <p>MEDIUM IMPACT</p>	
Reason for this review	Scheduled review	
Were changes made?	Yes	
Summary:	This policy details the support needed for Service Users with a stoma. The policy has been reviewed with significant changes throughout in line with best practice guidance, a full policy read is recommended. There are several forms that have been added to the policy, to include a staff competency form, guide to stoma pouches and dietary advice. The references and further reading links have been checked and updated to ensure they remain current, and several new ones have been added.	
Relevant legislation:	<ul style="list-style-type: none"> • The Care Act 2014 • Equality Act 2010 • The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 • Health and Safety at Work etc. Act 1974 • The Medical Devices Regulations 2002 • Mental Capacity Act 2005 • Data Protection Act 2018 • UK GDPR 	
Underpinning knowledge - What have we used to ensure that the policy is current:	<ul style="list-style-type: none"> • Author: Sara Lister, Justine Hofland & Hayley Grafton, (2020), <i>Royal Marsden Manual of Clinical Nursing Procedures Tenth Edition</i>. [Online] Available from: [Accessed:] • Author: NHS, (2020), <i>Colostomy</i>. [Online] Available from: https://www.nhs.uk/conditions/colostomy/ [Accessed: 31/7/2024] • Author: Bladder & Bowel Community, (2024), <i>Stoma Care</i>. [Online] Available from: https://www.bladderandbowel.org/bowel/stoma/ [Accessed: 31/7/2024] • Author: NICE, (2022), <i>Stoma care</i>. [Online] Available from: https://bnf.nice.org.uk/treatment-summary/stoma-care.html [Accessed: 31/7/2024] • Author: Colostomy UK, (2020), <i>Caring for a person with a stoma</i>. [Online] Available from: https://www.colostomyuk.org/wp-content/uploads/2020/03/Caring-for-a-person-with-a-stoma.pdf [Accessed: 31/7/2024] 	
Suggested action:	<ul style="list-style-type: none"> • Encourage sharing the policy through the use of the QCS App 	
Equality Impact Assessment:	QCS have undertaken an equality analysis during the review of this policy. This statement is a written record that demonstrates that we have shown due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations with respect to the characteristics protected by equality law.	



1. Purpose

1.1 To promote best practice in relation to stoma care whilst minimising the risks associated with healthcare acquired infections.

1.2 This policy must be read in conjunction with the Infection Control Policy and Procedure at Medcom Personnel Ltd.

1.3 To support Medcom Personnel Ltd in meeting the following Key Lines of Enquiry/Quality Statements (New):

Key Question	Key Lines of Enquiry	Quality Statements (New)
CARING	C3: How are people's privacy, dignity and independence respected and promoted?	QSC1: Kindness, compassion and dignity QSC3: Independence, choice and control
EFFECTIVE	E1: Are people's needs and choices assessed and care, treatment and support delivered in line with current legislation, standards and evidence-based guidance to achieve effective outcomes?	QSE1: Assessing needs QSE2: Delivering evidence-based care & treatment
RESPONSIVE	R1: How do people receive personalised care that is responsive to their needs?	QSR1: Person-centred care
SAFE	S2: How are risks to people assessed and their safety monitored and managed so they are supported to stay safe and their freedom is respected?	QSS4: Involving people to manage risks QSS5: Safe environments
SAFE	S5: How well are people protected by the prevention and control of infection?	QSS7: Infection prevention and control

1.4 To meet the legal requirements of the regulated activities that Medcom Personnel Ltd is registered to provide:

- | The Care Act 2014
- | Equality Act 2010
- | The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- | Health and Safety at Work etc. Act 1974
- | The Medical Devices Regulations 2002
- | Mental Capacity Act 2005
- | Data Protection Act 2018
- | UK GDPR



2. Scope

2.1 The following roles may be affected by this policy:

- | Registered Manager
- | Care staff
- | Stoma Nurse (External)

2.2 The following Service Users may be affected by this policy:

- | Service Users

2.3 The following stakeholders may be affected by this policy:

- | Family
- | Commissioners
- | External health professionals
- | NHS



3. Objectives

3.1 At every opportunity, Service Users are supported to maintain choice, control and independence as far as possible with regards to their stoma care.

3.2 When required, stomas are looked after safely by trained, competent, knowledgeable and skilled staff.



4. Policy

4.1 A stoma is an artificial opening that allows faeces or urine either from the intestine or from the urinary tract to pass.

The stoma is created from an end of the intestine, which is brought to the surface of the abdomen to form the stoma.

A stoma may be required due to:

- | Colorectal cancer
- | Bladder cancer
- | Inflammatory Bowel Disease (Crohn's Disease, Ulcerative Colitis)
- | Familial Adenomatous Polyposis (FAP)
- | Diverticular Disease
- | Bowel Dysfunction
- | Trauma/Injury

4.2 Any Service Users requiring a stoma, or who already has a stoma in situ, will be risk assessed and have an individual plan of Care prepared which is specific to their personal Care and medical needs, their physical and medical condition, the physical environment and their personal wishes.

4.3 Stomas will be actively managed in order to maintain the comfort, privacy, dignity and infection-free status of the Service Users, whilst upholding infection control standards.

4.4 Due to the sensitive and intimate nature of stoma care, staff will maintain the dignity, respect and privacy of the Service Users at all times.

4.5 Medcom Personnel Ltd recognises that there are a number of different types of stomas, as detailed in this policy. Staff will be trained to support with the Service Users's individual requirements.

4.6 Staff who are responsible for the care and support of Service Users with a stoma will have the skills, knowledge, expertise and competence to practise safely.

4.7 Initial stoma management, routine stoma change or a change to the stoma management regime will be communicated to Care Workers ahead of their scheduled visit to the Service Users.

The Care Plan will document who the health professional responsible for the stoma is and an up-to-date contact number will be recorded. The Care Worker will have received training in stoma care ahead of the visit.

4.8 Staff will have access to a suite of resources and best practice recommendations, including the Royal Marsden Manual of Clinical Nursing Procedures 10th Edition.



5. Procedure

5.1 Pre-service Assessment

At the pre-service assessment stage, continence needs will be established. This will identify if the Service Users has a stoma or any history that may require intervention at a later date. Allergies will be established to ensure that there are no contraindications to the use of latex.

All Service Users will have a continence assessment completed upon commencement of their Care at Medcom Personnel Ltd. Staff can refer to the Promoting Independence with Continence Policy and Procedure at Medcom Personnel Ltd.

Where a Service User has a stoma in situ, a risk assessment is required to be completed alongside a Stoma Care Plan. The Care Plan will be formulated and agreed by the Service User and/or their family (where consent and the law allow) and include documenting the following:

- | The initial reason for a stoma
- | The type of stoma and equipment that the Service User uses
- | The Service User's ability to manage the stoma
- | Infection control considerations
- | Points of specialist contact
- | The date for removal, renewal or review

The Care Plan and risk assessment will be subject to review. Staff can refer to the Person-Centred Care and Support Planning Policy and Procedure or review as needs change.

5.2 Care Plan

Where a Service User has a stoma, a risk assessment is required to be completed alongside a stoma Care Plan.

The Care Plan will be formulated and agreed by the Service User and/or their family (where consent and the law allow) and include documenting the following:

- | The initial reason for the stoma
- | The type of stoma and equipment that the Service User uses
- | The Service User's ability to manage the stoma
- | Infection control considerations
- | Points of specialist contact
- | The date for reversal if temporary

The Care Plan and risk assessment will be subject to review as a minimum, monthly or as the Service User's condition requires.

Only registered nurses and Care Workers who have received training and demonstrated competence will support the Service User with their stoma care.

Staff will ensure they have read the Service User's stoma Care Plan, and are kept aware of any changes to the usual care outlined.

5.3 Discharge Guidelines

Service Users discharged from hospital to Medcom Personnel Ltd with a new stoma should be safely discharged with the knowledge and skills to be independent with their stoma or for staff at Medcom Personnel Ltd to be knowledgeable and able to assist with stoma management.

The Service User should have a Stoma Care Nurse (SCN) and details of how to contact them.

The Service User should be discharged with enough supplies of all the equipment they are using as per the prescribing guidelines.

5.4 Service Users Involvement

Where possible, Service Users and/or their families (if they are providing support) will be educated about, and trained in, techniques of hand decontamination and stoma management.

Where possible, Service Users will be trained and supported to be as independent as possible to manage stoma care themselves, there may be Service Users who are completely independent with their stoma care. How Care Workers will provide support must be documented clearly within the Service User's Care records to aid a consistent approach from all staff.

Service Users will also be provided with information regarding the reason for the stoma and the plan for review and renewal. Written resources must be available for Service Users to access.



Staff must work as the Service Users's advocate in all aspects throughout stoma care.

5.5 Consent

Consent must be obtained from the Service Users prior to any Care procedure involving the stoma, taking into account the mental capacity of the Service Users. Staff must have a working knowledge of how to obtain valid consent and how to confirm that sufficient information has been provided on which to base this judgement.

Where a Service Users lacks the ability to consent and due to the sensitive and intimate nature of stoma care, advice must be sought from a multidisciplinary perspective and alternative strategies considered in line with the Mental Capacity Act (2005) and best interest decisions.

5.6 Types of Stoma

There are a number of types of stomas that a Service Users may have in place. The three main types include:

Colostomy:

- | The colon (part of the large bowel) is brought to the surface of the abdomen to form the stoma
- | Usually created on the left side of the abdomen
- | Stools are solid
- | End colostomy:
 - | One end of the colon is used
 - | Can be temporary or permanent
- | Loop Colostomy:
 - | A looped portion of colon is pulled through to the abdomen
 - | An incision is made in the loop and then sewn to the stomach with a rod to keep it above surface level
 - | Usually temporary
- | Involves surgical removal of parts of the colon or rectum

Ileostomy:

- | Part of the small bowel called the ileum is brought to the surface of the abdomen to form the stoma
- | Usually on the right hand side of the abdomen
- | Can be end, permanent or temporary
- | Can be loop, usually temporary
- | Stools are generally fluid

Urostomy:

- | If the bladder or urinary system is damaged or diseased and the individual is unable to pass urine normally, they will need a urinary diversion called a urostomy
- | An isolated part of the intestine is brought onto the surface of the right-hand side of the abdomen and the other end is sewn up. The ureters are detached from the bladder and reattached to the isolated section of the intestine
- | Output will be urine

The Service Users's Care Plan will document the type of stoma in place for the Service Users.

5.7 Stoma

The stoma will be moist and pinkish red in colour and should protrude from the abdomen. It may be swollen initially after surgery, but will reduce in size after 6-8 weeks.

The stoma is a mucous membrane hence the red colour. There is no sensation in the stoma, so it is not painful to touch.

The stoma can bleed a little when being cleaned, especially when new.

Over time a Service Users's stoma may change shape and size, which may mean they need to change the pouch they use.

Staff caring for the Service Users with a stoma must observe the stoma for any signs of possible complications. (These are outlined in the sections below)

5.8 Equipment

The necessary equipment to be used will vary according to the Service Users's type of stoma and



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preference.

Supplies will be obtained for the Service Users by repeat prescription, from the Service Users's GP.

Staff must ensure that the Service Users has an adequate supply of all equipment required, at all times.

Stoma Pouches:

The three main types of stoma pouch include:

- | **Closed:** These are mainly for formed motions. They are more commonly used by people with colostomies. They are usually changed several times a day. Some have a special liner which contains the motions and can be flushed down the toilet
- | **Open:** These are mainly for more liquid motions. They are commonly used by people with ileostomies. They can be worn for longer than closed pouches as they can be emptied through an outlet at the bottom of the pouch and then resealed
- | **Urostomy pouches:** These are for collecting urine. They are worn by people who have had a urostomy. A urostomy pouch is drainable and has a tap at the bottom

The stoma pouch comes in two main systems:

- | **One-piece:** This has an adhesive flange which is attached directly to the skin. After use, the pouch is disposed of and a new one fitted
- | **Two-piece:** This consists of an adhesive baseplate which is fitted around the stoma and then the pouch can either stick or be clipped to this. Once used, the pouch is removed and disposed of, and a fresh pouch attached to the baseplate. The baseplate is designed to remain attached to the skin for several days.
 - | The baseplate can be flat, convex or concave to fit the shape of the area around the stoma

Pouches come in different sizes, colours and other features to suit the Service Users.

Ileostomy:

- | One piece drainable pouch:
 - | Pouch changed every 1-3 days
- | Two piece drainable pouch:
 - | Baseplate changed 2-3 times a week
 - | Pouch changed every 1-3 days

Colostomy:

- | One piece pouches, closed pouch:
 - | Pouch changed 1-3 times a day
- | Two piece baseplates, closed pouch:
 - | Baseplate changed 2-3 times a week
 - | Pouch changed 1-3 times a day

Urostomy:

- | One piece urostomy pouch:
 - | Pouch changed every 1-3 days
- | Two piece urostomy pouch:
 - | Baseplate changed 2-3 times a week
 - | Pouch changed every 1-3 days
- | Open night drainage bag:
 - | Bag changed weekly
- | Single use drainage bag:
 - | Bag changed daily

Adhesive Remover:

- | Spray or wipes
- | To reduce skin stripping

Accessory Items:

- | Barrier creams



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- | Skin protector wipes/spray
- | Powders
- | Washers and pastes
- | Retention strips
- | Support garments
- | Flange extender
- | Skin filler

Staff can refer to the guide in the Forms section of this policy for further information.

5.9 Infection Control Considerations

Staff must wash their hands and wear a new pair of clean, non-sterile gloves before supporting a Service Users with their stoma and must wash their hands after removing gloves.

Staff will refer to the Infection Control Policy and Procedure and the Personal Protective Equipment (PPE) Policy and Procedure at Medcom Personnel Ltd for further details.

5.10 Emptying and Changing the Stoma Bag

How often a stoma bag is changed or emptied will depend primarily on the type of stoma that the Service Users may have and their output into the bag.

A closed colostomy pouch is usually changed after each bowel movement. An ileostomy and urostomy drainable pouch will be emptied regularly throughout the day.

Care Workers will refer to the Service Users's Care Plan and change or empty the stoma bag according to the Care Plan requirements.

Where the Care Worker observes any changes in the Service Users's output into the stoma, this must be reported to Mrs Irene Mtisi or a designated other immediately. A review of the Service Users's frequency of emptying or changing the stoma bag will be undertaken and a referral sought with the Service Users's GP or Stoma Care Nurse, where required.

5.11 Stoma Bag Change - One piece or two piece system

Equipment:

- | PPE
- | Dry wipes
- | New appliance
- | Measuring device or template
- | Scissors
- | Waste bag
- | Adhesive remover
- | Other relevant accessories (protective film)
- | Bowl of warm water
- | Gauze
- | Jug or receiver for contents of appliance
- | Protection for clothes or bed

Pre-procedure:

- | Introduce yourself to the Service Users, explain the procedure and gain consent
- | Ensure the Service Users is in a suitable and comfortable position
- | Use a protective pad to protect the Service Users's clothes from drips
- | Wash hands with soap and water
- | Apply PPE, non sterile gloves and apron

Procedure:

- | If the pouch is drainable, empty the contents into a jug or the toilet before removing the pouch
- | One Piece:
 - | Remove the one piece pouch slowly by gently pulling on the removal ear on the baseplate
 - | Use adhesive remover to remove if recommended for the Service Users



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- | Peel the adhesive off the skin slowly, downwards, with one hand, while exerting gentle pressure on the skin with the other
- | Fold the appliance in two to ensure there is no spillage and place in waste bag
- | Two Piece:
 - | Apply light pressure to the baseplate
 - | Remove the pouch, pulling the tab
 - | Do this slowly so the pouch peels easily away
 - | Fold the appliance in two to ensure there is no spillage and place in waste bag
 - | Gently pull the removal ear on the baseplate away from the stomach
 - | Peel the baseplate slowly downwards to release the adhesive
 - | Use adhesive remover to remove if recommended for the Service Users
 - | Place in waste bag
- | Remove excess faeces or mucus from the stoma with a piece of gauze soaked in tap water
- | Examine the skin and stoma for soreness, ulceration and other possible complications. Report any abnormalities
- | Wash the peristomal skin and stoma gently with gauze soaked in warm water until clean
- | Dry the peristomal skin gently but thoroughly. The skin must be completely dry before application of the pouch
- | Measure the stoma and cut the one piece pouch or baseplate of the two piece system, leaving 3mm clearance
- | One Piece:
 - | Peel off the release liner from the one piece pouch
 - | Apply the new one piece pouch, apply pressure to the baseplate to stick adhesive
 - | Run your fingers all around the stoma to ensure that the adhesive seals
- | Two Piece:
 - | Peel off the release liner from the baseplate, do it quickly and in one go
 - | Apply the new baseplate of the two piece system, around the stoma, apply pressure to the baseplate to stick adhesive
 - | Run your fingers all around the stoma to ensure that the adhesive seals
 - | Ensure the baseplate is clean and dry
 - | Now remove the protective paper from the adhesive ring on the pouch
 - | Align the bag around the stoma, then apply pressure to the baseplate to stick
 - | Start from the bottom and smooth the adhesive coupling upwards
- | Dispose of waste as per policy and procedure at Medcom Personnel Ltd
- | Ensure Service Users is comfortable
- | Remove PPE
- | Wash hands thoroughly
- | Document in the Service Users's Care records

Medcom Personnel Ltd recognises that there are three main types of stoma bags and the bag being used by a Service Users will be determined by the type of stoma they have, what they feel most comfortable wearing and what they are confident in changing. The three main types of stoma bag include:

- | **Closed bags:** These are mainly for formed motions. They are more commonly used by people with colostomies. They are usually changed several times a day. Some closed bags have a special liner which contains the motions and can be flushed down the toilet
- | **Drainable bags:** These are mainly for more liquid motions. They are commonly used by people with ileostomies. They can be worn for longer than closed bags as they can be emptied through an outlet at the bottom of the bag and then resealed
- | **Urostomy bags:** These are for collecting urine. They are worn by people who have had a urostomy. A urostomy bag is drainable and has a tap at the bottom



The stoma bags described will also come in two main systems:

- | **One-piece bag:** This has an adhesive flange which is attached directly to the skin. After use, the bag is disposed of and a new one fitted
- | **Two-piece bag:** This consists of an adhesive baseplate which is fitted around the stoma and then the bag can either stick or be clipped to this. Once used, the bag is removed and disposed of, and a fresh bag attached to the baseplate. The baseplate is designed to remain attached to the skin for several days

5.12 Emptying a Drainable Stoma Bag Procedure

A stoma bag should be emptied when it is three quarters full. This may vary for individual Service Users and will be agreed on an individual basis. The Care Plan will detail the frequency of emptying for each Service Users.

These procedures are for both Service Users and staff use.

Emptying a Drainable Stoma Bag:

- | Wash your hands and apply disposable gloves and an apron
- | Position the stoma where the bag can be safely emptied, i.e. over a toilet or bowl
- | First release the outlet from the hide away pocket
- | Take hold of the Velcro ears and open them from the Velcro pad
- | Fold out the remaining part of the outlet, whilst holding it in an upwards position to ensure control over the contents of the bag
- | When ready, firmly hold either side of the outlet and position it downwards
- | Slowly press your thumbs together to open the outlet and allow the contents to be emptied out
- | Once fully emptied, clean the edge of the outlet with paper
- | Close the outlet and fold until you see the Velcro pad, then reapply the Velcro ears pressing them firmly down
- | The outlet can then be put back into the hide away pocket
- | Dispose of waste
- | Wash hands
- | Document in the Service Users's Care records

Applying a Drainable Stoma Bag:

- | Wash hands and apply disposable gloves and an apron
- | Remove the protection film from the bag
- | Even out the edges around the stoma hole on the bag to prevent any unevenness
- | **Remember to close the outlet of the bag before applying it**
- | Form a spout shape with the edge of the hole
- | Apply the bag moving from the bottom upwards, ensuring the adhesive sticks to the skin
- | Smooth the adhesive down to ensure it has full contact with the skin
- | Ensure the stoma bag is fully attached by undertaking a gentle, downwards tug on the bag

5.13 Closed Stoma Bag Procedure

A stoma bag should be emptied when it is three quarters full. This may vary for individual Service Users and will be agreed on an individual basis. The Care Plan will detail the frequency of emptying for each Service Users.

These procedures are for both Service Users and staff use.

Emptying a Closed Stoma Bag:

- | Wash hands and apply disposable gloves and an apron
- | Gently grab the tab at the top of the stoma bag and gently pull away from the skin
- | Apply light pressure on the skin with your free hand as the bag is peeled downwards
- | Once detached from the body, seal the contents in the bag by folding the adhesive in half before disposal



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- | Clean the stoma and surrounding area using a cotton pad of lukewarm tap water
- | Any adhesive residue that will not be removed with a gentle wipe should be left alone, rather than being rubbed off, as it may cause skin irritation. Any remaining residue should come off on the next removal
- | Do not use soaps or other solvents as they may cause irritation of the skin
- | Once cleaned, inspect the skin to ensure there are no concerns and where there are, raise these with Mrs Irene Mtisi or a designated other
- | Gently dry the skin around the stoma and allow the stoma to air dry before applying the next stoma bag. The area must be completely dry before application

Applying a Closed Stoma Bag:

- | Wash hands and apply disposable gloves and an apron
- | Remove the protection film from the bag
- | Even out the edges around the stoma hole on the bag to prevent any unevenness
- | Form a spout shape with the edge of the hole
- | Apply the bag moving from the bottom upwards, ensuring the adhesive sticks to the skin
- | Smooth the adhesive down to ensure it has full contact with the skin
- | Ensure the stoma bag is fully attached by gently tugging downwards on the bag

5.14 Emptying a Urostomy Stoma Bag:

- | Wash your hands and apply disposable gloves and an apron
- | The Service Users should cough several times to fully empty their stoma
- | Ensure the stoma is positioned over an outlet such as a toilet or bowl to allow emptying and disposal of the waste
- | Turn the outlet tube upwards
- | Squeeze firmly behind the cap of the outlet tube to keep control of the urine before removing the cap itself
- | Continue to squeeze firmly on the tube until the outlet tube has been positioned back downwards into the toilet or bowl
- | Once positioned, release your grip around the tube and allow the stoma to empty
- | Make sure the bag is completely emptied
- | Dry the end of the outlet tube with some paper and continue to hold the paper over the outlet tube until the tube has been turned upwards again
- | Dispose of the paper and return the point of the cap back into the hole of the outlet tube and press firmly
- | Dispose of waste
- | Wash hands
- | Document in the Service Users's Care records

Applying a Urostomy Stoma Bag:

- | Wash hands and apply disposable gloves and an apron
- | Remove the protection film from the bag
- | Even out the edges around the stoma hole on the bag to prevent any unevenness
- | **Remember to close the outlet of the bag before applying it**
- | Form a spout shape with the edge of the hole
- | Apply the bag, moving from the bottom upwards, ensuring the adhesive sticks to the skin
- | Smooth the adhesive down to ensure it has full contact with the skin
- | Ensure the stoma bag is fully attached by gently tugging downwards on the bag

5.15 Skin Care

It is important that the skin around the stoma is looked after carefully and does not become sore. Soreness may occur due to contact with the contents of the bag or a reaction to the adhesive on the stoma pouch.



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This can form a cycle of irritation; leakage can lead to irritation which then means the adhesive on the pouch will not be attached properly, leading to more leakage. This can cause a vicious cycle. All stoma equipment is made from hypoallergenic material to avoid skin irritations. However, only recommended products should be used to clean the skin. Creams and oils must not be used under any stoma appliances.

To keep skin healthy staff should:

- | Make sure the skin is clean and completely dry before applying the adhesive
- | Adjust the hole in the adhesive so that it exactly fits around the stoma
- | Make sure that there is full contact between the adhesive and the skin – Use a bit of light pressure with your hand
- | Change the appliance as soon as the Service Users feels any discomfort or itching
- | Check the size of the stoma regularly, especially if the Service Users has a hernia
- | Make sure to use the stoma appliance and accessories are the most appropriate for the Service Users's body profile

5.16 Peristomal Skin Soreness

Service Users who are experiencing sore peristomal skin should be assessed by their Stoma Care Nurse (SCN) and an individualised stoma Care Plan formulated.

The skin around the stoma can become:

Sore, wet skin/macerated:

- | Appears inflamed and discoloured
- | Due to constant exposure of effluent on skin caused by:
 - | Ill fitting appliance
 - | Poor adherence of pouch
 - | Retracted stoma
 - | Change in output
 - | Irregular abdominal surface

Sore, wet skin superficially broken:

- | Appears discoloured
- | Can be due to:
 - | Flush stoma
 - | Retracted stoma
 - | Technique re positioning
 - | Infection
 - | Inappropriate appliance

Superficial dry skin irritation:

- | Appears reddened, itchy, rash, raised lesion
- | Can be due to:
 - | Shaving rash/folliculitis
 - | Pancaking
 - | Positioning
 - | Product/accessory sensitivity
 - | Underlying skin conditions

Parastomal ulceration:

- | There is a breakdown in the epidermis/dermis leading to an open wound
- | Can be due to:
 - | Stoma belt pressure
 - | Parastomal hernia
 - | Malignancy
 - | Wound dehiscence



Granulomas:

- | Appear as inflammatory nodules
- | Can be due to:
 - | Poorly fitted appliance causing friction
 - | Chronic contact dermatitis
 - | Non dissolved sutures

5.17 Leakage Management

Service Users who experience leakage from their stoma appliance should be seen and assessed by their Stoma Care Nurse and an individualised Care Plan formulated to address this.

Leakage can cause the Service Users to experience skin breakdown around the stoma.

Stomal leakage can be caused by:

Poor fitting appliance due to:

- | Inaccurate template caused by:
 - | Weight loss
 - | Change in shape of stoma
 - | Granulomas
- | Poor technique due to physical limitations of Service Users such as:
 - | Poor vision
 - | Arthritis in hands
 - | Mental incapacity
 - | Non-compliance
 - | Incorrect choice of appliance
- | Poor technique of staff member, incorrect choice of appliance
- | Poor adhesion from over use of accessories or not shaving excessive hair
- | Macerated skin due to exposure of effluent on skin

Flush or retracted stoma or minimal spout for liquid output, due to:

- | Weight loss/gain
- | Adhesions
- | Active disease
- | Stenosed stoma

Skin crease and skin folds:

- | Weight loss/gain
- | Scar tissue or previous surgery
- | Loss of skin tone
- | Emergency stoma sited in poor site

Functional issues:

- | Restriction or impact of clothing over and above appliance
- | Infrequent emptying or loose stool
- | Stoma explodes after a period of inactivity

Altered stool:

- | Diarrhoea due to infection, dietary causes, medication, disease activity, medication, stress

Skin changes:

- | Conditions such as:
 - | Psoriasis
 - | Eczema
 - | Allergy
- | Menopause
- | Excess sweating



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- | Inappropriate use of cream based products preventing adherence
- | Lesions may undermine pouch adhesion

5.18 Pancaking

Pancaking occurs when faeces accumulates around the stoma at the top of the pouch, this is due to not enough air in the pouch, so the pouch sticks together and faeces does not drop down to the bottom of the pouch.

Service Users who experience a problem with 'pancaking' should be assessed by a Stoma Care Nurse (SCN) and an individualised stoma Care Plan formulated.

5.19 Ballooning

This happens when there is a build up of gas in the stoma pouch, causing it to inflate like a balloon.

Pouches have charcoal filters that help deal with gas by deodorising and releasing from the pouch. But if the filter capacity cannot handle the amount of gas, or it becomes blocked by solid output from the stoma, gas build up can occur.

If ballooning occurs, staff should release the gas from the pouch.

To reduce the amount of gas produced, Service Users should:

- | Chew food thoroughly
- | limit food and drinks that cause them to produce a lot of gas (nuts, beans, carbonated drinks)

5.20 Diet and Fluids

In general, people with a stoma can eat and drink what they normally did before the surgery, unless advised by their surgeon. However, some foods are easier to digest than others, and different foods and drinks will have different effects on the output from the stoma.

Further dietary advice can be found in the Forms section of this policy.

5.21 Diarrhoea

The Service Users with a stoma may experience diarrhoea like others do once in a while. However, if they have 3 or more loose stools in a row, this could be a cause for concern, and there is a risk of dehydration.

The Service Users's GP should be informed.

5.22 Food Blockage

Some food may cause a food blockage. Encouraging the Service Users to chew carefully will aid their digestive process. Some foods high in fibre can cause a food blockage, as undigested parts of the food block the bowel.

If the Service Users is experiencing cramping, pain, watery stool, swollen abdomen and or stoma, staff should call the Service Users's GP immediately.

5.23 Quality of Life

Service Users with a stoma may have concerns around quality of life, these may include:

- | Difficulty in hiding the fact that they have a pouch
- | Embarrassment about their body
- | Worry that the pouch rustles
- | Limits on the types of clothes they can wear with the pouch
- | Worry about noises coming from the stoma
- | Worry that the pouch may smell
- | Worry that the pouch may loosen
- | Anxiety when the pouch is full
- | Feeling less attractive
- | Not sleeping well
- | Avoiding close contact with friends and family

The Service Users may find a support group helpful. Details of relevant support groups can be found in the Further Reading section of this policy.

5.24 Rectal Discharge

A Service Users may experience rectal discharge with a stoma. This may occur if the Service Users has not had the rectum or anus removed resulting in no external bowel opening at the anus.

The most common type of rectal discharge is mucus, which is produced continuously by the lining of the bowel, to act as a lubricant to assist the passing of faeces.

If the rectal discharge is blood or pus, or the mucus is streaked with blood this should be reported to



the Service Users's GP or healthcare professional, as it may be an indication of inflammation or infection in the remaining redundant bowel.

If the Service Users is finding it difficult to cope with their rectal discharge, staff should contact the Service Users's Stoma Care Nurse for advice.

5.25 High Output Stoma

This is defined as a stoma output greater than or equal to 1500ml in 24 hours.

Can be caused by:

- | Intra-abdominal sepsis
- | Bowel obstruction
- | Enteritis (including C. difficile and salmonella)
- | Disease in remaining bowel (including Crohn's or radiation-induced)
- | Drug withdrawal (e.g. sudden withdrawal of steroids or anticholinergics)
- | Laxatives, metoclopramide, domperidone, erythromycin

The Service Users requires assessment and treatment and staff should contact the Service Users's GP or healthcare specialist.

5.26 Stoma Complications

Parastomal Hernia:

This is the highest stomal complication.

Activities that increase the risk of a parastomal hernia include:

- | Heavy lifting
- | Strenuous exercise
- | Gardening
- | Hoovering

Risk factors include:

- | The over 70 due to weaker rectus muscle
- | Obesity
- | Emergency surgery
- | Malnutrition
- | Previous or existing hernia
- | Diabetes
- | Connective tissue disorder
- | Smoking
- | Raised intra abdominal pressure due to COPD, emphysema, ascites, acute or chronic constipation

Wearing a stoma belt can help support the Service Users's stoma, as can specialist support underwear.

Prolapsed Stoma:

- | This is when the bowel telescopes out of the skin and is much longer in length than normal
- | Can be caused by oversized hole during surgery, increased abdominal pressure (excessive coughing, sneezing, heavy lifting, obesity)

Retraction:

- | Where the stoma lays flat to the skin or below skin surface level
- | Can occur due to weight gain, poor blood flow
- | Causes leakage

Stenosis:

- | A narrowing or contracting of the stomal opening that may occur at the skin or fascial level which impairs drainage from the stoma

Ischaemia/Necrosis:

- | Stoma appears dusky
- | Necrosis may be present

If staff observe any complications they must inform the Service Users's GP or healthcare specialist.



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5.27 Medication

The Service Users's GP should be contacted to review the Service Users's medication, as there may need to be modifications in medication delivery.

Enteric coated and modified release medicines are unsuitable, particularly for Service Users with an ileostomy, as there may be insufficient release of the active ingredient.

Preparation forms with quick dissolution and absorption should be used; liquids, capsules, and uncoated or soluble tablets are usually well absorbed:

- | Opioid analgesics may cause constipation in Service Users with a colostomy
- | Aspirin and NSAID's may cause gastric irritation and bleeding
- | Calcium-containing antacids can cause constipation
- | Magnesium-containing antacids can cause osmotic diarrhoea
- | Antidiarrhoeal drugs (loperamide, codeine) reduce intestinal motility and decrease water and sodium output from an ileostomy
- | Diuretics may cause excessive dehydration in Service Users with an ileostomy or urostomy
- | Iron preparations may cause:
 - | Diarrhoea in ileostomy Service Users
 - | Constipation in colostomy Service Users
- | Laxatives may cause rapid and severe loss of water and electrolytes in Service Users with an ileostomy, and should be used with caution

5.28 Training and Education

Staff will pay due regard to, and be compliant with, their Codes of Conduct, only practising within their realm of competence.

Training will be sourced by Medcom Personnel Ltd where there is a need and there is an expectation that staff will maintain their knowledge and competence upon completion of the training.

Staff must inform a senior member of staff if they feel that they are not competent to undertake stoma care so that additional training needs can be identified and facilitated at local level.

Staff will be advised that any incident relating to stoma care will be documented and an incident record completed.

A staff competency for Stoma Care, can be found in the Forms section of this policy.

5.29 Audit and Review

Spot checks will be undertaken by Mrs Irene Mtisi or a designated other in relation to staff and their practice. Staff will need to demonstrate during their appraisal that they have maintained their knowledge and skills. Care will form discussions at professional supervisions.

Documentation will be reviewed in accordance with the quality assurance programme in place at Medcom Personnel Ltd to ensure that it complies with the content of this policy. Where areas are identified, staff will be informed, actions identified, and changes embedded in practice.

Accident and incident records within Medcom Personnel Ltd will be used as performance indicators for practice.

5.30 Information Sharing

Where information is shared about Service Users' Care with other Health Professionals, Medcom Personnel Ltd staff will follow UK GDPR and Data Protection Policies and Procedures.



6. Definitions

6.1 Stoma Nurse

- | A specialised role to look after and advise Service Users with a stoma
- | Provide support to the Service Users
- | There are three main types of stoma
- | Co-ordinate treatment, liaising with other members of the multidisciplinary team

6.2 Familial Adenomatous Polyposis

- | An inherited condition in which numerous polyps form mainly in the large intestine
- | If not treated will almost certainly develop into cancer

6.3 Inflammatory Bowel Disease

- | A group of inflammatory conditions of the colon and small intestine
- | Crohn's disease and ulcerative colitis are the principal types

6.4 Diverticular Disease

- | A group of diseases that causes development of small sacs in the wall of the colon



Key Facts - Professionals

Professionals providing this service should be aware of the following:

- | Stoma management is a sensitive and intimate part of supporting a Service User and will be conducted with professionalism, whilst maintaining the Service User's privacy and dignity at all times
- | Stomas are invasive and there is a risk of Service Users developing a stoma-associated infection if due procedures are not followed correctly
- | Staff responsible for any aspect of stoma management will be trained, competent, skilled and experienced
- | Service Users may have concerns about altered body image following a stoma. The process of adjustment and acceptance often takes time. Medcom Personnel Ltd will ensure that the Service User is signposted to specialists such as a stoma nurse for advice and support where required



Key Facts - People affected by the service

People affected by this service should be aware of the following:

- | You will be supported to be as independent as possible with all aspects of your care
- | Where support is required, this will be delivered by competent, trained and skilled staff
- | Staff will offer advice and guidance as to how stomas can be safely maintained whilst reducing the risk of you getting infections
- | Staff will respond in a timely manner to your needs
- | You can discuss any part of your care with a member of staff or Mrs Irene Mtisi
- | Medcom Personnel Ltd will work with health professionals such as your stoma nurse, to ensure you have the care and support you need



Further Reading

As well as the information in the 'underpinning knowledge' section of the review sheet we recommend that you add to your understanding in this policy area by considering the following materials:

The Association of Stoma Care Nurses UK:

<https://ascnuk.com/default.aspx>

Ileostomy and Internal Pouch Association:

<https://iasupport.org/>

Urostomy Association:

<https://urostomyassociation.org.uk/>

Coloplast - What is stoma?

https://www.coloplast.com.au/ostomy/people-with-a-stoma/before-stoma-surgery/#section=Three-types-of-stoma_92641

Patient - Stoma Care:

<https://patient.info/doctor/stoma-care>

Colostomy UK has a useful array of factsheets and resources to support stoma care:

<https://www.colostomyuk.org/>

Dementia UK - Caring for a person with a stoma and dementia:

<https://www.dementiauk.org/information-and-support/health-advice/caring-for-a-person-with-a-stoma-and-dementia/>



Outstanding Practice

To be 'outstanding' in this policy area you could provide evidence that:

- 1 The wide understanding of the policy is enabled by proactive use of the QCS App
- 1 Staff have the knowledge, skills and competence to provide safe stoma care and deliver that care with respect, ensuring dignity and privacy
- 1 Service Users report knowledgeable staff and safe practice when feedback is sought
- 1 Medcom Personnel Ltd works in partnership with other health professionals to ensure high-quality Care at Medcom Personnel Ltd



Forms

The following forms are included as part of this policy:

Title of form	When would the form be used?	Created by
Dietary Advice for Ostomates - CC48	To provide dietary advice.	Coloplast
Guide to Stoma Pouches - CC48	To provide advice on stoma pouches.	Colostomy UK
Competency Assessment: Stoma Care - CC48	To assess competency in stoma care.	QCS

Dietary Advice for Ostomates

Coloplast Recommendations

TO THICKEN FLOW TRY EATING MORE:

Banana	Marshmallows	Potato
Boiled milk	Noodles	Semolina
Boiled rice	Pasta	Bread
Cheese	Jelly Babies	



TO SOFTEN FLOW TRY EATING MORE:

Beans	Leafy veg	Spicy foods
Beer	Liquorice	Stoned fruits
Cabbage	Prune juice	Melon
Caffeine		



TO REDUCE ODOUR TRY EATING MORE:

Apples	Green leafy veg	Live yoghurt
Buttermilk	Parsley	
Charcoal tablets		



FOODS THAT MAY CAUSE WIND:

Beer	Cucumber	Peas
Broccoli	Beans	Soft drinks
Cabbage	Melons	Spicy foods
Cauliflower	Milk products	
Chewing gum	Onion	
Corn		



FOODS THAT MAY CAUSE BLOCKAGE:

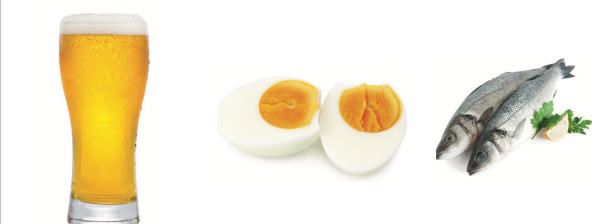
Beansprouts	Citrus fruit	Tomatoes
Sweetcorn	Nuts	Stir fry veg
Fruit with seeds	Pineapple	Whole grains
Dried fruit	Popcorn	Courgette skin
Mushrooms	Potato skins	
	Apple skins	



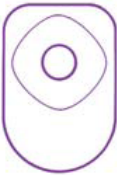

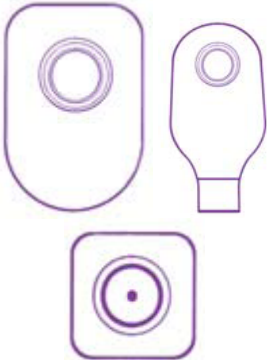
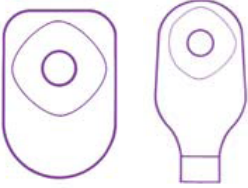
*For ileostomates only - it is important to chew well!

FOODS THAT MAY INCREASE ODOUR:

Asparagus	Coffee	Stuffing
Beans	Eggs	Garlic
Beer	Fish	
Cabbage	Onions	
Cheese	Brussel sprouts	



Please note: The information provided is to be used only as a guide and should not be relied upon as medical or dietary advice. Please consult your healthcare professional for further information.

Type	Advantages	Disadvantages
<p data-bbox="331 241 432 275">Closed</p> 	<ul data-bbox="587 241 983 618" style="list-style-type: none"> • More suitable for coping with formed motions. • Replaced with a new bag around one to three times a day. • Flushable versions are available, which can be disposed of down the toilet. 	<ul data-bbox="1015 241 1417 618" style="list-style-type: none"> • Less suited to managing looser output. • The bag may need to be changed and disposed of while away from home. • Some people find it difficult to empty a non-flushable bag prior to disposal.
<p data-bbox="327 627 467 660">Drainable</p> 	<ul data-bbox="587 627 983 965" style="list-style-type: none"> • More suitable for coping with a looser output. • Does not require changing as often as a closed bag. • Fewer bags are used. • Easily emptied prior to disposal. 	<ul data-bbox="1015 627 1417 925" style="list-style-type: none"> • May be difficult to empty if the output is more solid. • Careful cleaning of the outlet is required. • Clip or fastening can be uncomfortable.
<p data-bbox="252 974 512 1008">Two-piece system</p> 	<ul data-bbox="587 974 983 1395" style="list-style-type: none"> • Flange can remain in place for two to four days, which is kinder to the skin. • The 'stick on' system may be easier for ostomates with arthritis. • The 'clip on' system may be easier for visually-impaired ostomates. 	<ul data-bbox="1015 974 1398 1350" style="list-style-type: none"> • Some people find it difficult to keep the flange clean. • Leakage behind the flange may remain undetected and lead to sore skin. • Some systems are fairly rigid and bulky.
<p data-bbox="252 1433 512 1467">One-piece system</p> 	<ul data-bbox="587 1433 943 1641" style="list-style-type: none"> • Less bulky and more flexible. • May adhere more securely to scarred or uneven skin. 	<ul data-bbox="1015 1433 1385 1731" style="list-style-type: none"> • Every time the bag is changed it has to be accurately positioned around the stoma. • Frequent changing of a closed bag may lead to sore skin.

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Registered Nurse/Support/Care Worker Name:	
Stoma care training completed on:	
Assessor Name and Designation:	

Performance Competency Standards: The benefit of this assessment is to ensure best practice, promote quality standards and support professional development. Candidate is able to meet the standards using evidence methods: observation, professional discussion, questions, work products	Assessment Method/Evidence (Obs, PD, Q, WP)
Demonstrate knowledge and skill in stoma care.	
1. Demonstrate familiarity with guidelines surrounding the management and care of a stoma.	
2. Demonstrate understanding of the implications of the following when undertaking stoma care: <ul style="list-style-type: none"> • Accountability • Informed consent • Service Users's Care Plan • Documentation and communication 	
3. Demonstrate ability to explain to the Service Users and family, the reasons for care of the stoma, explain the procedure and effectively address any concerns.	
4. Explain the differences between a colostomy, ileostomy and urostomy.	
5. Demonstrate an understanding of the different types of drainage systems, considerations and appropriate choices for Service Userss.	
6. Discuss other relevant equipment available for Service Userss.	
7. Identify abnormalities of the stoma and peristomal skin, and explain possible causes.	
8. Discuss the causes and solutions to possible stoma complications.	
9. Demonstrate an understanding of the worries some Service Userss may have regarding their stoma.	
10. Aware of how to order required equipment and the need to have adequate supplies.	
11. Discuss the role of the Stoma Care Nurse and how to contact them.	

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Performance Competency Standards: The benefit of this assessment is to ensure best practice, promote quality standards and support professional development. Candidate is able to meet the standards using evidence methods: observation, professional discussion, questions, work products	Assessment Method/Evidence (Obs, PD, Q, WP)
Demonstrates practical skill in stoma care	
12. Aware of the importance to ensure identity, gain consent, provide information and reassurance which is sensitive to needs and concerns.	
13. Apply Infection Control Precautions. Take appropriate health and safety measures.	
14. Comply with local policies and procedure relating to stoma care.	
15. Gather all necessary equipment to carry out stoma care.	
15. Ensure the environment is clean and suitable, and that comfort and dignity are maintained throughout the procedure.	
17. Demonstrate emptying a drainable pouch ensuring effective infection control.	
18. Demonstrate removing a pouch ensuring effective infection control.	
19. Observe the stoma and peristomal skin area for any abnormalities.	
20. Demonstrate applying a new pouch.	
19. Outline the emptying of both closed, drainable and urostomy pouches.	
20. Outline the changing of both a one piece and two piece system.	
21. Monitor the Service Users's stoma function and consistency of waste, and can discuss changes to be reported.	
21. Monitor the Service Users's condition as part of stoma care. Recognises any adverse effects and potential complications and take appropriate action.	
22. Know how and where to dispose of used equipment.	
23. Aware off how to seek advice if needed.	
24. Explain why it is important to maintain accurate documentation and to report anything which may impact plan of care.	

I confirm that the named registered nurse or Care Worker has been assessed against the standards for stoma care using the evidence methods indicated.

Signed by assessor:

Date of completion:

Evidence methods: Observation = Obs • Professional Discussion = PD • Questions = Q, Work Product = WP.