

Prescribing Guidelines for Stoma Appliances and Accessories

Appliance	Maximum Monthly Quantity	Prescription Directions	Notes
Colostomy Bags – one piece systems *	90 bags	Remove and discard after use	Bags are not drainable / reusable. Usual use: 1-3 bags per day.
Colostomy Bags – two piece systems *	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 Bags are not drainable / reusable. Usual use: 1-3 bags per day.
Ileostomy Bags – one piece systems *	30 bags	Drain as required throughout the day. Use a new bag every 1-3 days	Bags are drainable
Ileostomy Bags – two piece systems *	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	30 bags	Drain as required throughout the day. Generally replace bag every 1-3 days. May need to change daily	Bags are drainable
Urostomy Bags – two piece systems	20 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.
Urostomy Night Drainage Bags	4 bags (1 box of 10 bags every 2-3 months)	Use a new bag every 7 days	Bags are drainable

*An ileostomy bag may be used for a colostomy and (rarely) vice versa – please refer to Stoma Care Nurse as quantities may differ



RESTRICTED			
Accessory	Maximum Monthly Quantity	Prescription Directions	Notes
<p><u>Adhesive Removers:</u></p> <p>1st line: StoCare® Remove Medical Adhesive Remover Spray Can (50ml)</p> <p>1st line: Stocare® Remove Wipes (only to be used if manual strength or dexterity issues)</p>	<p><u>Ileostomy/Urostomy</u> 2 spray cans</p> <p><u>Colostomy</u> 3 spray cans</p>	<p>These are not always necessary</p>	<p>Sprays are more cost effective than wipes. Wipes should be reserved for people who lack the manual strength or dexterity to use a spray.</p> <p>1st line Wipes: StoCare® Remove 'Non Sting' Medical Adhesive Remover Wipes.</p> <p>Excessive ordering of adhesive removers should be questioned. It may signify that the person is having problems and needs a stoma assessment.</p>
<p><u>Barrier Rings, Seals and Washers</u></p>	<p><u>Ileostomy/Urostomy</u> 30</p> <p><u>Colostomy</u> 90</p>	<p>Change every time bag is changed</p>	<p>Barrier rings, seals or washers stretch and fit around the stoma, adhering to the patient's skin and stoma appliance. They are usually made of hydrocolloid or silicone which ensures fluid is taken away from the skin due to its high absorbency properties.</p> <p>New patients using this product should only be prescribed adhesive barrier rings, seals or washers after an assessment by a stoma care nurse.</p> <p>Quantity required may be considerably more if used around a fistula site. This should be communicated by the local stoma care nurse.</p>



RESTRICTED			
Accessory	Maximum Monthly Quantity	Prescription Directions	Notes
Discharge Solidifying Agents: 1 st line: Trio Pearls® sachets	200 sachets	Use as directed by the stoma care nurse	Authorisation for discharge solidifying agents must come from a stoma care nurse. Discharge solidifying agents should not be used for urostomy patients.
Flange Extenders or Retention Strips	<u>Ileostomy/Urostomy</u> 60 extenders/strips <u>Colostomy</u> 180 extenders/strips	Change every time bag is changed	Adhesive flange extenders/retention strips offer additional security, usually around the circumference of the adhesive part of a stoma appliance. New patients using this product should only be prescribed adhesive flange extenders or retention strips after an assessment by a stoma care nurse.
Elastic Belts	6 per year	6 per year	Washable and re-usable. Machine washing in a pillowcase, hand-washing, using mild soap, cold water, and drip drying are suggested to add longevity.
Irrigation	2 kits per year	To wash out colostomy	
Irrigation Sleeves	30	Use once every 1-2 days	Self-adhesive disposable sleeves
Sports Shield	2 per year	Use as directed by the stoma care nurse	Use for sporting activities – should only be prescribed after an assessment by a stoma care nurse.
Stoma Caps	30	For use on mucous fistulae or colostomy if Irrigating	This may be in addition to original stoma bag



RESTRICTED			
Accessory	Maximum Monthly Quantity	Prescription Directions	Notes
Stoma Collars	<u>Ileostomy/Urostomy</u> 30 <u>Colostomy</u> 90	Use one with every new bag	<p>Stoma collars adhere to the skin and stoma appliance and are designed to reduce leaks by protecting the base of the stoma and directing the stoma output into the stoma bag.</p> <p>New patients using this product should only be prescribed stoma collars after an assessment by a stoma care nurse.</p>
Stoma Pastes and Fillers	2 tubes	Use as directed by the stoma care nurse	<p>Stoma pastes and fillers are used to fill creases or dips in the skin to ensure a seal.</p> <p>Quantity required may be considerably more if used around a fistula site. This should be communicated by the local stoma care nurse.</p>
Stoma Support Garments: Level 3	3 per year	2-3 per year	<p>Limited research recommends that strengthening the abdominal wall by using exercises and support garments can dramatically reduce the incidence of herniation.</p> <p>Level 3 hernia support belts, girdles, waistbands and underwear provide abdominal support to reduce the incidence of parastomal herniation.</p> <p>Should a hernia occur, recommended management options include wearing a level 3 support garment.</p>



SHORT TERM USE ONLY			
Accessory	Maximum Quantity	Prescription Directions	Notes
<p>Barrier Creams</p> <p>1st line: Comfeel® Barrier cream</p>	Two 60g tubes per year	Use sparingly only as required, when peristomal skin is dry	<p>Cavilon® barrier cream should not be used in stoma care.</p> <p>Barrier cream is not usually required at every bag change.</p> <p>Barrier cream sachets are not cost effective and should not be prescribed.</p> <p>Barrier creams are usually reserved for patients with dry skin conditions or where sore skin has healed and requires moisture/protection.</p>
<p>iLEX® Skin Protectant Paste and Orahesive® Powder</p>	2 tubes of iLEX® or 1 bottle of Orahesive® for a maximum of 2 months	Use as directed by the stoma care nurse	iLEX® Skin Protectant Paste and Orahesive® Powder are used to protect excoriated skin and promote healing. They are not used in the same way as other stoma pastes and fillers.
<p>Skin Protectors</p> <p>1st line: StoCare® Protect no Sting Protective Barrier Film spray</p> <p>1st line: Stocare® Protect Barrier Wipes (only to be used if manual strength or dexterity issues)</p>	2 spray cans for a maximum of 2 months	Apply when bag is changed as directed	<p>May be used on skin that is broken, sore or weepy to promote healing. If used for > 2 months, refer to stoma care nurse.</p> <p>Sprays are more cost effective than wipes/foam applicators.</p> <p>Wipes should be reserved for people who lack the manual strength or dexterity to use a spray (1st line: StoCare® Protect Barrier Wipes).</p>
<p>Stoma Powder</p>	1 bottle every 2 months for a maximum of 4 months	Use sparingly on wet, weepy skin	Stoma powder is used to help heal excoriated, wet and weepy peristomal skin. It should be used sparingly and the excess dusted off. There is no advantage to using stoma powder unless skin is weepy or raw.



NOT RECOMMENDED

Accessory	Notes
Adhesive Sprays and Lotions	The use of adhesive sprays/lotions is often as a result of stoma related problems, such as bag leakage or a stoma bag lifting or not lasting. Residue left on peristomal skin due to using an adhesive can lead to additional products being used to remove this and/or skin cleaned aggressively to clear it of the residue.
Bag Covers	Some patients prefer a transparent stoma bag to aid application and view contents. Patients can purchase bag covers online. Helpful websites are www.respond.co.uk and www.ostomycoversbylinda.co.uk .
Bridges	Stoma bridges are designed to keep the plastic films that form the bag apart, thus avoiding pancaking but there is no evidence to prove they are effective.
Deodorants	If correctly fitted, no odour should be apparent except when bag is emptied or changed. Household air freshener is sufficient in most cases. If odour present at times other than changing or emptying – refer for review.
Filters	Modern stoma bags have integrated filters. Any patients using bags without integrated filters should be referred to the stoma care nurse for review.
Gauze Swabs for use in Stoma Care	There is no clinical rationale for use of gauze swabs in routine stoma care. Dispensing appliance contractors and community pharmacies provide complimentary non-sterile dry wipes to stoma patients with their appliance prescription.
Leakage Notification Detection Systems e.g. Heylo™ system	Stoma leakage notification systems do not prevent leaks, but use sensors, a transmitter and an app to alert patients to signs of leakage. These devices are a lifestyle product and do not provide direct clinical benefit for the patient. Patients will be aware if their stoma bag is leaking as there may be a detectable odour, it may feel moist and the skin around the stoma may feel irritated. Patients experiencing regular leakage should be reviewed by their stoma care nurse.
Lubricating Deodorant Gels	If patients have difficulty with ‘pancaking’ then a few drops of baby oil can be used as an alternative.



NOT RECOMMENDED	
Accessory	Notes
Skin Cleanser	Water (or soap and water) is adequate to cleanse peristomal skin and the stoma itself. Ensure soap is rinsed off before drying skin.
Stoma Support Garments: Level 1 & 2	No clinical evidence for the use of stoma underwear, or level 1, lightweight support underwear to prevent or manage a parastomal hernia (they do not provide the necessary support).

General Notes

- If quantities ordered exceed those listed without good reason (e.g. number of bags in times of diarrhoea), refer to stoma care nurse.
- Appliances which are listed in Part IXA and IXC of the drug tariff may be prescribed under the NHS.

Situations that may require referral to stoma care nurse

• Routine over ordering of stoma supplies
• Long term use \geq 2 months for skin protective products (wipes, foam applicators and sprays)
• Old style reusable bags
• Current use of adhesive rings, discs, pads or plasters – newer products may be more appropriate
• Current use of products that are to be discontinued
• Patients that are experiencing leakage
• Patients experiencing dietary problems
• Patients who have developed hernias



Version	10
Developed by	Lead Pharmacist, Pharmacy and Medicines Optimisation Team, Herts Valleys CCG - V1 September 2015. Updated by: Lead Pharmaceutical Advisor – Stoma and Palliative Care, Hertfordshire and West Essex Integrated Care Board and Lead Stoma Nurse, Hertfordshire and West Essex Integrated Care Board with Stoma Care Clinical Nurse Specialists, West Hertfordshire Teaching Hospitals NHS Trust, East and North Hertfordshire NHS Trust and The Princess Alexandra Hospital NHS Trust. Ratified at: Medicines Optimisation Clinical Leads Group: V2 April 2019, V3 May 2019, V4 September 2019, V5 February 2020, V6 July 2020, V7 July 2021 Hertfordshire Medicines Management Group: V7 November 2021 Medicines Optimisation & Prescribing Delivery and Implementation Group: V8 May 2023, V9 May 2024
Date ratified	V10 October 2024 (Medicines Optimisation & Prescribing Delivery and Implementation Group)
Review date	This guideline is based upon the evidence available at the time of publication. This recommendation will be reviewed upon request in the light of new evidence becoming available

