JOINT STOMA FORMULARY

Developed for use across Cornwall

Document date: May 2015
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INTRODUCTION

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

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

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AIMS

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

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

GUIDING PRINCIPLES

This formulary should:

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

PRODUCT CHOICE

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

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

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

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

COMMERCIAL SPONSORSHIP

NHS Kernow is developing guidelines in this area.

WASTE

Please ensure when ordering supplies that there are sufficient to meet the needs of the patient. However, over-ordering should be avoided to reduce waste.
The word stoma is derived from the Greek term for mouth or opening. The stoma should be pink, soft and moist. There are various types of stoma but the most common are:

- Colostomy
- Ileostomy
- Urostomy

The type of stoma will be dependent on the surgical procedure and the anatomy that has been used to form the stoma. This will also determine the output from the stoma.

- **Colostomy** - the large bowel (colon) is brought to the surface of the abdomen. It may involve any part of the colon e.g. a sigmoid colostomy. The nearer to the rectum the stoma is brought out, the more formed the stool will be.

- **Ileostomy** - the small bowel (ileum) is brought to the surface of the abdomen. Again can be anywhere along the small bowel but most commonly the terminal ileum is used. The output should be of thick “porridge” consistency.

- **Mucous fistula** - in some cases there will be a mucous fistula which is the distal portion of the bowel brought to the skin surface resembling a colostomy and the output of which will be mucous.

- **Urostomy** – A piece of ileum is used to form a conduit and the ureters are attached. The conduit is brought to the surface of the abdomen to form a urostomy. The output will be urine with strands of mucous.

**STOMA APPLIANCES**

There are mainly three types of stoma care appliances: closed, drainable and urostomy.

Appliances can be one piece (where the adhesive or flange is integral to the pouch) or two piece (where there is a separate flange with a pouch that clips or sticks on to it.) The stoma output determines the choice of appliance.
The stoma care nurse will provide each patient with a choice of appliances suitable for their individual needs.

Accessory products can be useful for problematic stomas but, as a general rule, stoma care should be kept as simple as possible.

Out of hours emergency supplies may be obtained from some Community Hospitals or according to local arrangements. The stoma care link nurse is responsible for maintaining an adequate supply of close and drainable appliances.

This formulary does not cover appliances as they are patient specific.

**PRINCIPLES OF STOMA CARE**

The main principles of stoma care are to provide the patient with a well-fitting, comfortable appliance and to maintain skin integrity.

The skin around the stoma should be protected by ensuring the aperture (hoke) of the appliance is cut to the correct size. There should be no more than 1-2mm of exposed skin when the appliance is placed in situ. A measuring guide or template should be used - all patients should be provided with these but, if not, they are available in stoma care resource files or from the stoma care nursing teams. The measuring guide is placed over the stoma and the nearest size chosen.

When a healthcare professional/carer is performing stoma care, standard infections control precautions should be applied.

**GUIDELINES FOR CHANGING A STOMA APPLIANCE**

**Equipment Required**

- Disposal Bag
- Tissues/Dry Wipes
- Warm Tap Water
- Measuring Guide
- A new appliance
- Scissors

1. Get all equipment ready before you start.
2. If a drainable pouch is used, empty first.
3. Gently peel the appliance away from the skin, using one hand to support the skin to prevent trauma.
4. Fold the flange of the used pouch in two to seal and place in a disposal bag.
5. Using a dry tissue first remove any soiling from skin and stoma.
6. Using a wipe moistened with water, wash the stoma and surrounding skin.
7. Dry the skin thoroughly.
8. Measure stoma using measuring guide of template - cut the pouch to correct size.
9. If using accessory products apply now.
10. Remove adhesive backing from pouch and secure pouch over stoma. Hold in place with warm hand for a few minutes to encourage adhesion.

**Disposal of Equipment**

Stoma care equipment for patients in the community can be disposed of with household waste once tied in a disposal bag (or nappy sack.)
SKIN CARE

Patients should not expect to get sore skin around the stoma. If skin is sore refer to descriptions below, products listed on subsequent pages and refer to stoma care specialist service if problem does not resolve.

Normal Skin

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

Slightly Pink Skin (mild erythema)

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

**Treatment guideline** – consider use of adhesive remover. First line choice is WipeAway Plus No-Sting Adhesive Remover *

Moderately Pink Skin (moderate erythema)

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

**Treatment guideline** – consider use of protective wipes. SALTS Peri-prep Sensitive no-sting®

Red Inflamed, Dry, Angry Skin (severe erythema)

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

Refer back to clinician to rule out infection.

**Treatment guideline** – consider use of protective barrier wipes. CliniMed LBF No Sting Barrier Film (3820)

Red, Inflamed and Moist Skin

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

Refer back to clinician to rule out infection.

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

Adhesive Removers – Spray and Wipes

**Function** – to provide a clear barrier between the skin and appliance adhesive. Skin may be pink on removal of pouch and can be eased by adhesive remover. Spray for initial pouch removal in short bursts, leave for ten seconds and then remove pouch.

Wipes – In general, wipes are reserved for convenience when away from home.

<table>
<thead>
<tr>
<th>Brand</th>
<th>Code</th>
<th>Quantity</th>
<th>Cost per item</th>
</tr>
</thead>
<tbody>
<tr>
<td>CD Medical Peel Easy-No Sting</td>
<td>300714</td>
<td>50ml</td>
<td>£7.10</td>
</tr>
<tr>
<td>WipeAway Plus No-Sting Adhesive Remover</td>
<td>WAP</td>
<td>50ml</td>
<td>£6.50</td>
</tr>
<tr>
<td>WipeAway Adhesive Remover Wipes</td>
<td>WA1</td>
<td>30 sachets</td>
<td>£8.99</td>
</tr>
</tbody>
</table>

Skin Fillers and Protectives - Wipes

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

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

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

Protective wipes:-

<table>
<thead>
<tr>
<th>Brand</th>
<th>Code</th>
<th>Quantity</th>
<th>Cost per item</th>
</tr>
</thead>
<tbody>
<tr>
<td>SALTS Peri-prep Sensitive no-sting</td>
<td>PPS1</td>
<td>30</td>
<td>£15.47</td>
</tr>
</tbody>
</table>

Protective Barrier Wipes:-

<table>
<thead>
<tr>
<th>Brand</th>
<th>Code</th>
<th>Quantity</th>
<th>Cost per item</th>
</tr>
</thead>
<tbody>
<tr>
<td>CliniMed LBF No Sting Barrier Film</td>
<td>3820</td>
<td>30</td>
<td>£24.67</td>
</tr>
</tbody>
</table>

Skin Fillers and Protectives - Powders

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

<table>
<thead>
<tr>
<th>Brand</th>
<th>Code</th>
<th>Quantity</th>
<th>Cost per item</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hollister Adapt Stoma Powder</td>
<td>7906</td>
<td>1</td>
<td>£2.57</td>
</tr>
</tbody>
</table>
**Skin Fillers and Protectives - Pastes**

Apply to mucocutaneous separation/ peristomal wounds- will adhere to moist surface and provide protection from stoma effluent.

<table>
<thead>
<tr>
<th>Brand</th>
<th>Code</th>
<th>Quantity</th>
<th>Cost per item</th>
</tr>
</thead>
<tbody>
<tr>
<td>Orabase Paste</td>
<td>S103</td>
<td>30g</td>
<td>£2.08</td>
</tr>
</tbody>
</table>

Product adheres to wet skin and will promote healing.

<table>
<thead>
<tr>
<th>Brand</th>
<th>Code</th>
<th>Quantity</th>
<th>Cost per item</th>
</tr>
</thead>
<tbody>
<tr>
<td>Convatec Stomahesive Paste</td>
<td>S105</td>
<td>60g</td>
<td>£7.56</td>
</tr>
<tr>
<td>Welland Stoma Paste (contains no alcohol)</td>
<td>WSP100</td>
<td>100g</td>
<td>£7.86</td>
</tr>
</tbody>
</table>

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

**Skin Protectors - Seals**

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

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

<table>
<thead>
<tr>
<th>Brand</th>
<th>Code</th>
<th>Quantity</th>
<th>Cost per item</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hollister Adapt Barrier Rings 48mm</td>
<td>7805</td>
<td>10</td>
<td>£17.54</td>
</tr>
<tr>
<td>Hollister Adapt Barrier Rings 98mm</td>
<td>7806</td>
<td>10</td>
<td>£22.11</td>
</tr>
<tr>
<td>Pelican Cohesive seals 48mm</td>
<td>839002</td>
<td>30</td>
<td>£57.08</td>
</tr>
<tr>
<td>Pelican Cohesive seals 98mm</td>
<td>839001</td>
<td>10</td>
<td>£25.41</td>
</tr>
</tbody>
</table>
### ADHESIVE DISCS/RINGS/PADS/PLASTERS – Security Frames and Adhesive Borders

<table>
<thead>
<tr>
<th>Brand</th>
<th>Code</th>
<th>Quantity</th>
<th>Cost per item</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coloplast Brava Elastic Tape</td>
<td>12070</td>
<td>20</td>
<td>£12.89</td>
</tr>
<tr>
<td>Salts SecuPlast Hydro</td>
<td>SPH1</td>
<td>30</td>
<td>£11.94</td>
</tr>
<tr>
<td>Salts SecuPlast Hydro Aloe</td>
<td>SPHA2</td>
<td>30</td>
<td>£12.93</td>
</tr>
</tbody>
</table>

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

Coloplast Brava generally only needs two Plasters to go around a bag while others may need three.

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

### BELTS

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

Normally replaced six-monthly.

Max THREE per year

### OSTOMY SUPPORT GARMENTS

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

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

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

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

Patients requiring light support garments should be advised to purchase these items directly from the manufacturer or other retail outlet.
COMMON PROBLEMS

Pancaking

Pancaking is a term used to describe the condition where a wet, sticky stool sits at the top of the pouch and does not drop down into the pouch. This can cause sore skin and result in the pouch lifting at the flange.

Action:
- Cover the filter with the cover/sticker provided with the appliance and add one or two pieces of scrunched tissue paper into the pouch prior to application, in addition to covering filters and/or
- Add a small amount of baby oil carefully inserted directly into the pouch

**AND refer to stoma care specialist service if problem persists.**

Hernias

A significant swelling behind the stoma may indicate a hernia. This can also cause an enlargement of the stoma.

Action:
- Ensure that the pouch still fits the patient correctly; the pouch may need to be resized (cut to fit the stoma).

**AND refer to stoma care specialist service if problem persists.**

If the stoma stops working and the patient is in extreme pain then contact the patient’s GP immediately.

Prolapse

Occasionally the stoma protrudes forward and may fill the bag.

Action:
- Ensure that the stoma remains pink and healthy and if not then refer to the patient’s GP
- Resize the pouch to fit the stoma and refer to stoma care specialist series as soon as possible.

Retraction

Occasionally the stoma may retract back into the abdomen so that the output excoriates the skin.

Action:
- In these cases re-size by enlarging the flange hole by 2mm and then apply a circle of paste immediately around the stoma on the skin.

**AND refer to stoma care specialist service as soon as possible.**
Leaks

If a patient is complaining of leaks an assessment of the reason needs to be made.

Action:

- Remove the pouch
- Observe the abdominal area with the patient sitting, standing and lying down, making a note of any dips, crevices or skin folds, which may cause the leak.
- If the skin is excoriated, or wet, refer to section on skin care for guidance.

OBTAINING STOMA SUPPLIES

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

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

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

Details of GP practices, Community Pharmacies and DACs can be found on the NHS Choices website at http://www.nhs.uk/Service-Search/ or use your internet search tool for “NHS Choices”

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

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

The quantities mentioned above are guidelines only.

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

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

### Dispensing Contractor

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

### Dispensing Contractor

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

There are numerous DACs, but those most commonly used by patients in NHS Kernow Clinical Commissioning Group are:
- Salts Medilink: Tel 0800 626388
- Fittleworth: Tel 0800 378846
- OTC Direct:
  - Bullen
  - Coloplast
  - Securicor
If supplies are required urgently, both Dispensing Contractors and DACs may be able to offer a next day delivery. It is recommended a call is made to the contractor to check, if there is an urgent need, the prescription can be faxed to the contractor to enable dispensing to occur and then posted so it arrives within 72 hours which is the legal requirement.

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

**Guidelines for Supplies**

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

**REFERENCES**

• **Accessory products**: non-essential items to assist stoma management such as belts, pouch covers, odour removers and adhesive remover sprays or creams.

• **Abdo Perineal Excision (APER)**: a surgical procedure involving the removal of rectum and anus with closure of the perineum. Results in permanent colostomy; often performed for low rectal or anal cancers.

• **Allergic contact dermatitis**: a type IV reaction, often from the stoma bag adhesive, which results in the inflammation of the skin around the stoma.

• **Anastomosis**: the surgical joining of two cut ends of bowel. Can be sutured or stapled.

• **Anterior Resection**: Surgical removal of part of/or all of the rectum and sigmoid colon.

• **Ballooning**: when a stoma bag fills with gas/flatus. Often caused by blocked filter, or due to dietary intake.

• **Base-plate**: part of a 2 piece stoma-appliance. This is applied to the skin and a separate stoma pouch is attached to the base-plate.

• **Bowel Anatomy**: large intestine; consists of colon and rectum. Small intestine; consists of duodenum, jejunum and ileum.

• **Colostomy**: is a surgically created opening in the large bowel/colon, usually located on the left-hand side of the abdomen.

• **Convex**: is the outward curving of a base plate or skin barrier stoma appliance. Used to prevent leakage with retracted or flush stomas.

• **Crohns**: an inflammatory disease that can effect anywhere within the GI system from mouth to anus.

• **Diverticular disease**: A diverticulum is a herniation of mucosa through the thickened colonic muscle. Diverticula vary from solitary findings to many hundreds. They are typically 5-10 mm in diameter but can exceed 2 cm and appear as small sacks on the lining of the bowel.

• **Double Barrel Stoma**: is when the bowel is surgically divided and the proximal and distal ends are brought out through one opening in the abdominal wall and stitched to the skin to form two stomas, which lay next to each other and are managed as one stoma.

• **Dukes staging**: the most commonly used classification to establish the extent of colon cancer. Ranges from Dukes A which is confined to bowel wall – Dukes D where the cancer has spread to other areas.

• **End Stoma**: just one end of the bowel is brought out on the abdomen and formed into a stoma. Can be an ileostomy or colostomy.

• **Erosion/laceration**: is the gradual breakdown of the skin around the stoma which may appear excoriated; moist and bleeding. The erosion remains superficial and should heal without scarring.

• **Erythema**: redness of the skin produced by congestion of the capillaries.

• **Familial Adenomatous Polyposis (FAP)**: a hereditary condition where large numbers (100-1000) of pre-malignant polyps develop in the large bowel. Malignant changes will occur if not treated. Treatments will include surgical removal of the colon and rectum, screening for all immediate family should be advised.

• **Enterocutaneous Fistula**: an abnormal channel from an internal organ to the surface of the skin. Often produces discharge and will require a drainable fistula bag fitted and monitoring.

• **Flange**: see Base-plate.

• **Granuloma**: a small inflammatory nodule or raised area usually found around the edge of the stoma. Caused by irritation from stoma appliance, sutures or leakage. Treated with use of silver nitrate.

• **Hartman’s procedure**: a procedure where the diseased part of the distal colon is surgically removed and a colostomy is formed.

• **Hernia**: when the muscle surrounding the stoma/internal organs may protrude and appear as swelling around the stoma. Pain, poor fitting appliance and clothing can all be problematic. Sometimes repaired surgically, or managed with the use of a hernia support belt if possible.

• **Ileo-anal pouch**: a surgical procedure for patients with FAP or Colitis. The colon and rectum are removed and a reservoir/pouch is constructed, using the distal ileum which is then joined to the rest of the bowel. An ileostomy is temporarily formed to allow the pouch and bowel to heal.

• **Irritable Bowel Disease**: a generic term used to refer to Crohn’s disease or ulcerative colitis.
• **Jejunostomy:** a surgically created opening from the jejunum that is brought through the abdominal wall and sutured to the skin. Not a commonly performed procedure, and will require a high output stoma bag. Usually performed in cases of severe Crohn's or bowel ischemia.

• **Loop stoma:** a surgical procedure where the anterior surface is divided and brought out of the abdomen, usually to allow for the diversion of faecal matter from diseased or traumatised bowel. Can be either temporary or permanent and for ileostomy or colostomy.

• **Mucocutaneous separation:** the separation of the suture line from the bowel to the skin surface which secures the stoma in place. Can be treated by stoma care nurse with wound care knowledge.

• **Pancaking:** when faeces stays at the top of the stoma bag and not drop down to the bottom due to the creation of a vacuum-type effect with the bag “sucking in”. Usually managed with the use of the stoma bag filter covers and application technique.

• **Para-stomal:** next to or immediately around the stoma site.

• **Pectin:** absorbs moisture to create a gel. Commonly found in jelly-babies and marshmallows and can help with loose/watery faeces to be more formed.

• **Prolapsed stoma:** is when the internal section of bowel protrudes through the stoma opening. Commonly seen in loop stomas. May require surgical re-fashioning.

• **Pyoderma gangrenosum:** is an inflammatory skin disorder. Recognised by single or multiple lesions or nodules that quickly become ulcerated. They are a dark red or purple colour and are usually an irregular shape. Confirmed by taking a swab of the affected area and treated with topical or systemic anti-inflammatory medication.

• **Retracted stoma:** is when part or all of the stoma retracts below the surface of the skin where it is normally brought out to. Various products are available to help manage; if unsuccessful surgical review may be required.

• **Short Bowel Syndrome:** involves malabsorption and malnutrition following extensive resections of the small bowel. In these cases a supplemental diet is required due to the poor absorption.

• **Skin Cleansers, protectors and adhesive removers:** SEE Accessory products.

• **Stenosis:** a narrowing of the lumen of the intestine or the stoma reducing the opening of the stoma. May require manual/digital dilatation or surgical re-fashioning.

• **Stoma Cap:** a very small closed pouch. Usually worn by patients with a colostomy who want a discreet appliance to allow for more physical activity/lifestyle.

• **Stoma Necrosis:** the inadequate supply of blood to the stoma resulting in the ischemia and discoloration of the stoma to a dark brown or black colour. Noticeable over a very short space of time (24 hours) and a revision will be may required.

• **Urostomy:** the surgical diversion of the urethras through a section of ileum to form a stoma on the right side of the abdomen to allow drainage of urine when the bladder is diseased.