PrescQIPP Community Interest Company

Stoma

Nationally over £233.5 million is spent annually on stoma products, of which £63.4 million is for stoma accessories (ePACT March 2014 to April 2015).

- Over-prescribing and over-ordering of stoma products are frequently identified in primary care as an important cause of wasteful prescribing. Prescribers are also often unfamiliar with the differing needs of stoma patients, the products available and the specific ordering requirements for stoma appliances and accessories. Monitoring and review of prescribing of appliances for stoma patients is also frequently lacking.
- It is therefore necessary to ensure that stoma prescribing is appropriate. It is also necessary to manage prescribing for this group of patients to avoid wastage. Any improvement to the quality of prescribing of these products would have significant outcomes in terms of cost savings.
- QIPP projects in this area are aimed at reviewing the continued need for stoma appliances and accessories, and at reducing wastage caused by inappropriate prescribing.

Recommendations

- Ensure that stoma products are being prescribed in accordance with local appliance and formulary guidance and recommendations to minimise wastage.
- Ensure appropriate quantities of products are prescribed to minimise wastage. Refer to guidance contained in attachments 1 and 3 for a list of appropriate quantities. Available on the PrescQIPP continence and stoma webkit http://www.prescqipp.info/headline-areas/continence-and-stoma#the-continence-and-stoma-toolkit
- Ensure regular review of prescribing for all patients with a stoma and assess appliance and accessory use in line with patient needs and prescribing recommendations. Where there is no need for products, discontinue prescribing and remove from repeat.
- Review appliance quantities requested in line with recommendations. Overuse should prompt referral to specialist nurse for a review of patient stoma and appliance use.
- Products/quantities should not be altered without consulting the patient/carer.
- Many factors need to be considered when selecting stoma products including specific patient needs. Therefore, it is important that the Stoma Care Nurse Specialists are involved in any recommendations or prescribing decisions around stoma care.
- Seek advice from the stoma team if there are concerns about a patient with a stoma.
- Prescriptions for appliances should **only** be issued at the request of the patient/patient's carer.
- Repeat requests should **not** be accepted from an appliance contractor- significant problems are related to appliance contractors ordering prescriptions on behalf of patients and which can lead to considerable wastage.
- No appliances should be supplied to a patient without a signed prescription.
- Retrospective prescriptions should **not** be issued by the prescriber.

- Emergency supplies should **not** be made without prior agreement with the prescriber.
- Patient requests for stoma appliances and accessories should only be considered if recommended by the stoma nurse.
- Implement a practical and cost-effective formulary as a useful tool to reducing waste and inappropriate prescribing. Monitor the adherence levels to the formulary to determine whether further work has to be done to raise awareness of its existence to prescribers.
- A suitable formulary should be developed/revised in collaboration with local stakeholders.
- Examples of local formularies may be found for subscribers on the PrescQIPP continence and stoma webkit page (see link on page 1).

Purpose

The purpose of this bulletin is to provide guidance to support GPs and other prescribers in the prescription management process around appropriate, cost effective and rational prescribing for stoma products in primary care.

It also offers guidance and support material for organisations considering reviewing stoma appliance prescribing as a QIPP project.

Scope

The guidance is relevant to the following groups:

- GP Practices
- Practice Nurses
- District Nurses
- Stoma Nurse Specialists
- Pharmacy Contractors
- Dispensing Appliance Contractors (DACS)
- Patients, patient's carers/relatives
- Medicines Management Teams.

National guidance

NICE has produced several guidelines that mention incontinence, ileostomy or colostomy. The guidelines outline criteria where stoma is a treatment option. In such cases, NICE recommends that the advice of a stoma specialist is available to patients. Relevant guidelines and notable information is listed below.

NICE Guidelines CG 49 (June 2007)[1]
Faecal incontinence: The management of faecal incontinence in adults

http://publications.nice.org.uk/faecal-incontinence-cg49

Consider a stoma for people with faecal incontinence that severely restricts lifestyle only once all appropriate non-surgical and surgical options, including those at specialist centres, have been considered. Individuals assessed as possible candidates for a stoma should be referred to a stoma care service.

NICE Guidelines CG 166 (June 2013)[2]
Ulcerative Colitis: Management in adults, children and young people

http://publications.nice.org.uk/ulcerative-colitis-cg166

Information when considering surgery

For people with ulcerative colitis who are considering surgery, ensure that a specialist (such as a gastroenterologist or a nurse specialist) gives the person (and their family members or carers as appropriate) information about all available treatment options, and discusses this with them. Information should include the benefits and risks of the different treatments and the potential consequences of no treatment.

Ensure that a specialist who is knowledgeable about stomas (such as a stoma nurse or a colorectal surgeon) gives any person who is having surgery (and their family members or carers as appropriate) specific information about the siting, care and management of stomas.

Information after surgery

After surgery, ensure that a specialist who is knowledgeable about stomas (such as a stoma nurse or a colorectal surgeon) gives the person (and their family members or carers as appropriate) information about managing the effects on bowel function. This should be specific to the type of surgery performed (ileostomy or ileoanal pouch) and could include the following:

- Strategies to deal with the impact on their physical, psychological and social wellbeing
- Where to go for help if symptoms occur
- Sources of support and advice.

Several general references are available which provide summary information and advice on stoma care and management.[3,4,5]

Clinical effectiveness/Useful information

There are three main types of stoma; ileostomy, colostomy and urostomy which require ostomy bags. There are two basic types of **ostomy** bag available as **one piece** and **two piece** appliances. The site and nature of stoma as well as cosmetic acceptability of appliance type by the patient will determine which bag is most appropriate to use.

One piece systems consist of a pouch and a seal (adhesive flange) as one item which is placed around the stoma and attached directly to the skin and as such are easy to apply and are not bulky on the patient's abdomen. This system comes either with a pre cut opening or an opening that can be cut to fit the stoma.

Two piece systems have two parts, a base plate (flange) which attaches to the skin onto which the patient can clip a separate pouch. The base plate is usually changed every 2-3 days, whereas the pouch is changed on average about 2 or 3 times a day. This system comes either with a pre cut opening or an opening that can be cut to fit the stoma. This system has the benefit of protecting the skin because the base plate is changed less often than the 'one piece' systems.

Flange extenders are semicircles or strips of hydrocolloid applied around the edge of the flange as extra adhesion to the flange, used as increased security for patients with stomas sited in a difficult position.

A **convex appliance** is a one piece appliance used for problematic stomas e.g. recessed stomas. It has a convex flange i.e. curves outwards in order to provide pressure on surrounding peristomal skin. All products with convexity should only be used after prior assessment of suitability by an appropriate medical professional.[6]

Closed appliances are used for colostomy patients. These bags cannot be re-used and are discarded once filled.

Drainable appliances are used for ileostomy and urostomy patients and are either designed with a clip fastening or "non-return" valve and tap" for semi-liquid or liquid effluent respectively. These bags can be re-used once emptied.

Irrigation is an alternative method of colostomy management. Patients with an end colostomy can introduce warm tap water (bottled if abroad) into their colostomy which produces a bowel action. The procedure is repeated every 1-2 days, requires an irrigation set and irrigation sleeves. After 3-4 weeks, if patients are not experiencing spontaneous bowel actions between irrigations, they can use a stoma cap.

Prescribing quantities

Basic stoma appliance products (one and two piece systems)

- Colostomy bags are changed 1-3 times daily, depending on the patient's need. Average use per month would be 30-90 bags.
- Ileostomy bags are designed to be changed every 1-3 days, average use of 15 bags per month but some patients may use a new bag daily.
- Urostomy bags require emptying several times in a day. The bag can stay in place for up to three days but is usually changed every day or every other day.
- Urostomy patients usually require a continuous drainable night bag to avoid the need to empty bag during the night. Tubing and connectors for fixing a night bag will be required. A night bag should be emptied and washed through with warm water daily. Night drainable bags and tubing are usually changed 1-2 times a week.
  - » Stoma bags can also be cutomised (cut to size) if requested, which is especially useful for elderly patients and those who have difficulties manipulating scissors.
  - » Some appliance wholesalers may offer night bag stands and other products, e.g. mattress protective covers on request free of charge, although others may charge the patient.

Guidance for prescribing quantities of basic stoma appliances is summarised in attachment 1, http://www.prescqipp.info/resources/viewcategory/382-stoma

Stoma appliance accessories

- Various accessories are available for use in conjunction with stoma appliances. Not all are required for stoma care. However some may be required depending on patient needs.[7]
- Adhesive removers are applied to the flange prior to removing the stoma pouch making it easier to remove and thus preventing trauma to the skin.
- Skin fillers and protectives include barrier creams, pastes, aerosols, lotions powders gels and wipes. They may be used to protect the skin around the stoma or on skin that is broken, sore or weepy to promote healing.
- These products are for **short term use only** (acute prescription) and should not be added to repeat. They should not be prescribed without advice from the specialist stoma nurse. If used for more than three months, patients should be referred to specialist team.
  - » Skin fillers may be used to fill creases or dips in the skin to ensure a seal.
  - » Skin protectives including barrier wipes are applied to the skin before fitting the pouch to protect the skin from the corrosive effects of the stoma output.
- Barrier creams are **not** recommended as they reduce the adhesiveness of bags/flanges. They should not be used if the patient is using wipes.
- Most stoma bags have an integral filter which should prevent odour and therefore prescribing deodorisers is unnecessary. Filter covers are also provided with each box of stoma bags and are designed to be applied over the pouch filter to seal it.

Guidance for prescribing stoma accessory quantities is summarised in attachment 2, '*Medicines use in stoma management*' http://www.prescqipp.info/resources/viewcategory/382-stoma

Local formulary - Development and implementation of a practical and cost-effective local formulary is a useful tool to reducing waste and inappropriate prescribing. Prescribing should be in line with local formulary recommendations. It is important to monitor the adherence levels to the formulary to determine whether more work has to be done to make prescribers aware of its existence. Local stoma teams should be involved in the development of a local formulary.

General advice on prescribing for stoma patients

Initial supplies of stoma appliances

- Patients are usually discharged from hospital with a two week supply of a variety of stoma bags and **no** accessories (unless assessed and deemed essential). This gives time for the patient to try a variety of products, before a regular order can be placed.
- The first order is usually for a one month supply.
- The first order should not be customised or cut to fit, as stomas will take time to settle. This avoids wastage.

Subsequent supplies of stoma appliances

- Repeat orders should be for no more than one month supply to avoid wastage.
- Do not issue retrospective prescriptions for stoma products except in emergency after direct communication with the stoma team. (Exception may be for first order).
- Patient requests for new products should not be accepted without checking with the Stoma Care Nurse.
- Check that all requests are needed and appropriate – see information above.
- Prescribe appropriate quantities for a one month supply of appliances.
- Contact Stoma Care Nurse if expert advice required.

Stoma accessories

Stoma Care Specialist Nurses recommend that stoma patients should use a plain and simple procedure when changing their bag, thus avoiding the need for expensive accessories.

Be aware that companies will send patients samples of new, expensive and usually unnecessary accessory products.

Patients will also obtain information regarding available accessories via the internet and also their fellow patients.

Medicines use in stoma management

Prescribing medicines for patients with a stoma calls for special care[8]

In particular, some ileostomy patients may experience high volume liquid stomal output which requires management with specific anti-motility agents such as loperamide.

Colostomy patients may suffer from constipation which where possible should be treated by increasing fluid intake or dietary fibre.

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

Further advice on prescribing medication in patients with stoma may be found in attachment 2, '*Medicines use in stoma management*' http://www.prescqipp.info/resources/viewcategory/382-stoma

Best practice: Guidance on prescribing stoma appliances in general practice

This section provides advice to GP practices on the issue of prescriptions for items that are supplied to stoma patients, to help reduce over-ordering, wastage, poor communication, and inappropriate use.

The guidance outlines the responsibilities of the stoma specialist, GP practice, dispensing contractor (dispensing appliance contractor (DAC), community pharmacy or dispensing doctor) and the patient/ carers or relatives.

This guidance is designed to be used by all prescribers (medical and non-medical), GP practices, and specialist nurses.

The guidance provides advice on monitoring and review of stoma appliance and accessory use to ensure best practice and to reduce wastage.

The healthcare professional (HCP) who prescribes the treatment legally assumes clinical responsibility for the treatment and the consequences of its use.

General

A list of all stoma appliances available on FP10 can be found in the Drug Tariff, Part IXC.[8]

This can be accessed online at http://www.ppa.org.uk/ppa/edt_intro.htm

Stoma appliances should always be prescribed by brand and not generically; this generally takes the format of the manufacturer's name, a description of the product and the manufacturer's code.

If the manufacturer's code for the item description is entered, the prescribing system should select the specific product which saves scrolling through a long list.

Quantities should always be specified. Use of the term 'OP' (Original Pack) should be avoided. If the patient is trialling a new product, a small quantity should be prescribed to avoid waste although original packs cannot be split.

Responsibilities of the Dispensing Appliance or Pharmacy Contractor

- Patients requiring incontinence or stoma appliances can have these dispensed either by a dispensing appliance contractor (DAC), a pharmacy contractor or a dispensing doctor.
- The dispensing appliance contractor or pharmacy contractor is required to ensure that appropriate advice is given to patients about any appliance provided to them in order to enable them to utilise, store and dispose of appliances appropriately.[9]
- The dispensing appliance contractor/pharmacist must also provide appropriate advice to patients on the importance of only requesting on repeat those items which they actually need to ensure that unnecessary supplies are not made.[9]
- Dispensing contractors must also supply a reasonable quantity of wipes and disposal bags with ostomy products free of charge which do not need to be added to the prescription. **NB:** A marker has been placed in the Drug Tariff next to those categories to indicate with which items wipes and disposal bags must be supplied.[9]
- Appliances should not be supplied to a patient without a signed prescription.
- Emergency supplies must **not** be made unless a request is specifically initiated by the prescriber and as long as a prescription is provided within 72 hours.[9]

Responsibilities of the Stoma Specialists

Select and initiate the most appropriate product for treatment/management without pressure from sponsoring company ensuring that patients have complete freedom of choice.

- Stoma appliance prescribing choices should be made based on individual patient needs and take into consideration local formulary recommendations.
- Prescribing quantities should be based on individual patient need and take into consideration recommended quantities for prescribing. Refer to attachment 1, '*Prescribing guidelines for stoma appliances accessories*' http://www.prescqipp.info/resources/viewcategory/382-stoma
- Only stoma products listed in part IXC of the Drug Tariff should be initiated.
- Ensure that patient has an established treatment plan that they fully understand.
- Communicate promptly with the GP regarding:
  - Product initiation (including product codes)
  - Expected monthly usage
  - Expected duration of treatment; or, if long term, date of next review.
  - Specialist nurse name and contact details in case there are any queries regarding the appliance use by the patient
- Monitor response to treatment, or advise GP of monitoring requirements.
- If changes are made to the patient's prescription, advise both GP and dispensing contractor (where appropriate) of any modifications and document in the notes.
- Ensure clear arrangements for back-up, advice, and support.

Responsibilities of the practice

- All requests for prescriptions should be initiated by the patient. The preferred route is direct to the GP practice, to enable a robust audit trail. Refer to local guidance on repeat prescribing procedures.
- Prescriptions should only be issued at the request of the patient/patient's carer or relevant healthcare professional.
- Requests for prescriptions should only be accepted from a stoma specialist nurse, hospital ward staff or district nurse if a prior agreement has been made with the GP.
- Initiate system for supply, and then continue prescribing, adjusting prescriptions for products(s) as advised by the specialist.
- Check quantities requested against information in attachment 1 – '*Prescribing guidelines for stoma appliances accessories*' http://www.prescqipp.info/resources/viewcategory/382-stoma
  - These provide suggested prescribing quantities and prescription directions and notes to assist the prescriber. Be aware of the normal usage rate by the patient and that any irregularities are flagged to the GP and reviewed with the patient/carer.
- Products/quantities should not be altered without consulting the patient/carer.
- Be aware of the situations that may require referral to a stoma care specialist.
- Issue prescriptions for stoma appliances on a separate form from other patient medication to avoid problems if a patient uses a DAC rather than a pharmacy contractor.
- Record DAC or pharmacy contractor details in the patient's medical records.
- GP practices **should not** issue retrospective prescriptions if requested by the Dispensing Appliance Contractor (DAC).
  - The dispensing contractor must receive the prescription PRIOR to the delivery of items.
  - If the dispensing contractor delivers item(s) prior to receiving a prescription, it risks not obtaining a prescription to cover the supply. In such cases, the GP is entitled to refuse to supply a prescription.

  - The only exception to this might be the first prescription following discharge to ensure the patient has a supply of products at home. In these circumstances supply is initiated by the Acute Trust specialist team.
- Print the prescription for the patient/carer (or send to contractor) within the agreed turnaround time and by the agreed method of dispatch.
- Document any communication from the dispensing contractor and specialist in the patient's clinical record.
- Report to and seek advice from the specialist on any aspect of patient care that is of concern and may affect treatment.
- Stop or adjust treatment/management on the advice of the specialist or immediately if an urgent need to stop treatment arises.
- Copies of appliance use reviews (AURs) should be reviewed by an appropriate person in the practice and stored in the patient's medical records.
- Ensure clear communication with patient regarding the ordering process agreed between the practice and the contractor, e.g. regarding the interval prior to delivery when the regular prescription request should be submitted.
  - Typically, patients with stoma request monthly prescriptions. If requests are more frequent, advice should be sought from the specialist nurse.
- It is strongly recommended that the practice has its own agreed protocol for how it deals with dispensing contractors.

Points for consideration

- Where possible, a named person should be nominated within the GP practice to manage requests relating to stoma management.
- If possible, a named contact at the dispensing contractor should be agreed. All prescription requests should come from the patient/carer, but the contractor may need to be contacted to clarify the delivery schedule, product availability etc.
- Consider frequency of supply, and turnaround time from request of prescription by dispensing contractor to dispatch of prescription from surgery (e.g. 48 hours).
- Consider a method of prescription receipt to the contractor, e.g. fax, email, post. It is recommended that if prescriptions are posted to contractors, a record is kept and if possible a certificate of posting obtained (to help with any queries regarding missing prescriptions).
- It is recommended that requests for emergency prescription should only be accepted from the patient/carer.
- The practice should ensure that the patient/carer:
  - Understands the treatment.
  - Is aware of how to raise any concerns and report any problems in relation to the treatment.
  - Understands the ordering process and reports any problems with supply to the specialist or GP.

Monitoring and review of stoma patients in primary care

The aim of this section is to provide information to allow for monitoring and review of stoma appliances and stoma accessories prescribed for patients in primary care, to ensure best practice and to reduce wastage.

All attachments are available here: http://www.prescqipp.info/resources/viewcategory/382-stoma

- Refer to attachment 1 for a summary of available stoma accessories and recommendations (including quantities) for prescribing.
- Refer to the flow charts in attachment 3 to identify overuse of stoma appliances and accessories and the action to take in such cases.
  - Flow chart 1: Overuse of stoma products flow chart.
  - Flow chart 2: Overuse of stoma accessory products flow chart.

What should prescribers do in practice?

Basic stoma appliances

- Review prescribing of basic stoma appliance products in line with recommendations above and flow chart 1, attachment 3.
- Prescribe appropriate quantities on repeat. Refer to attachment 1.
- Ensure that patients do not over-order stoma appliances. Refer to flow chart 1. **NB**: Occasionally some patients may require more frequent or larger quantities than those recommended.
- Refer back to the Stoma Care Nurse for review if over-ordering.

Stoma accessories

- Review prescribing of stoma patient accessories in line with the recommendations above and flow chart 2, attachment 3.
- Prescribe appropriate quantities on repeat. Refer to attachment 1.
- Ensure that only 'routinely recommended' accessories are on repeat.
- Do not routinely prescribe bag covers or deodorants.
- Do not add 'occasionally required' accessory products to repeat, unless recommended by the specialist stoma nurse.
- Ensure that patients do not over-order accessories. Refer to flow chart 2, attachment 3.
- Refer back to the stoma care nurse for review if over-ordering.

If requests for prescriptions are repeatedly received from suppliers and manufacturers, the practice should investigate why this is happening and report it if necessary.

The prescribing data received from the Prescription Pricing Authority should be used to monitor the level of prescribing of home delivered items. Any large increases in the level of prescribing should be investigated.

Situations that may require referral to stoma care specialist

- Routine over ordering of stoma supplies.
- Long term use ≥ three months of skin protective products (wipes/films/paste/powders).
- Current use of pressure plates or shields – patient may benefit from the use of newer products with built in convexity.
- 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 that have developed hernias.
- Patients having management difficulties, e.g. elderly.
- At patient's request.
- Patients having psychological difficulties adapting to their stoma.

Appliance use reviews (AURs)

Appliance use reviews (AURs) form part of the advanced services that can be carried out by community pharmacists or specialist nurses and are an effective way of assessing and correcting any problems with appliances. They are similar in concept to Medicines Use Reviews (MURS) but directed at use of appliances.[9,10]

AURs are intended to improve the patient's knowledge and use of the appliance they are prescribed. A record of each AUR must be completed and forwarded to the appliances supplier, the patient's GP and any other healthcare professional, including any NHS nurse providing care for that patient. Each record must document any advice given to the patient or any intervention made.

Audit and review of practice stoma appliance prescribing

Stoma appliance and accessory prescription requests from patients should be reviewed on request and supplies adjusted accordingly. Where necessary, patients should be referred for specialist assessment.

It is also recommended that audit of stoma appliance and accessory provision is conducted routinely within practices in order to assess compliance with prescribing recommendations and to identify and address inappropriate use and supply of stoma products.

Several tools have been developed in conjunction with this bulletin to support audit of stoma prescribing in practices and which are available on the PrescQIPP website http://www.prescqipp.info/headline-areas/continence-and-stoma#the-continence-and-stoma-toolkit

Potential savings

Because of the ordering and supply process relating to stoma appliances and the patient specific nature of prescriptions for stoma patients, switching products to realise savings is not recommended. Instead, QIPP objectives in this area are aimed at reviewing the continued need for stoma appliances and accessories, and at reducing wastage caused by inappropriate prescribing.

Prescribing data relating to stoma prescribing for individual CCGs in England area is available to subscribers on the PrescQIPP website http://www.prescqipp.info/datasnapshots

The variation in total cost per 1,000 patients for stoma appliances and accessories ranges from £860 to £7,450 across CCGs in England (ePACT March 2014 to April 2015).

Table 1. Total spend in England for all stoma products and sub-categories (ePACT March 2014 to April 2015).

Stoma appliance (sub-category)	Sum of cost
Colostomy bags	£67,302,964
Ileostomy bags	£60,484,119
Skin fillers and protectives (barrier creams, pastes, aerosols, lotions, powders, gels and wipes)	£27,446,467
Two piece ostomy systems	£26,310,889

Stoma appliance (sub-category)	Sum of cost
Urostomy bags	£15,960,053
Adhesive removers (sprays/liquids/wipes)	£12,250,687
Skin protectors (wafers, blankets, foam pads, washers)	£9,575,491
Adhesive discs/rings/pads/plasters	£5,962,405
Belts	£2,461,874
Deodorants	£1,608,096
Discharge solidifying agents	£1,314,722
Irrigation washout appliances	£1,013,473
Stoma caps/dressings	£972,881
Bag covers	£283,279
Filters/bridges	£159,052
Tubing and accessories	£148,400
Bag closures	£88,056
Adhesive (pastes/sprays/solutions)	£72,977
Pressure plates/shields	£44,129
Flanges	£36,720
Colostomy sets	£2,086
Ileostomy sets	£1,775
Total	**£233,500,597**

Skin fillers and protectives include barrier creams, pastes, aerosols, lotions powders gels and wipes. These products are for short term use only (acute prescription) and should not be added to repeat. They should be prescribed on the advice from the specialist stoma nurse.

Barrier creams in particular are not recommended as they reduce the adhesiveness of bags/flanges.

Spend on skin fillers and protectives is the third highest spend sub-category for stoma appliances and protectives in England (table 1). Prescribing data also demonstrates that the highest spend item per 1,000 patients is spent on one single barrier cream product (Cavilon Durable Barrier Cream). Annual spend on this product is £6.5 million in England.

If spend on this product alone were reduced, potential savings of greater than £6 million might be realised.

If inappropriate use of skin fillers and protectives, in particular, the use of use of barrier creams were reduced/stopped, an 80% reduction in spend on **would release annual savings of approximately £22 million.**

Deodorant products are not routinely recommended or required. Bag covers are also not routinely recommended as once provided, they can be washed and reused many times

An 80% reduction in combined spend on bag covers and deodorants could also release an additional £1.5 million.

A 20% reduction in overall spend **could release annual savings of £46 million** if measures were taken to adopt better practice in the ordering and supply of stoma care products and by implementing recommended formulary choices ans prescribing quantities.

Summary

- Prescribing of stoma care appliances remains a significant cost expenditure on NHS resources. Over-prescribing and over-ordering of stoma products are frequently identified in primary care as an important cause of wasteful prescribing and there are significant cost savings to be made by rationalising prescribing.
- Any improvement to the quality of prescribing of these products would significantly improve outcomes and reduce inappropriate prescribing of stoma care products will release significant savings.
- Careful consideration should be given before prescribing stoma care products. Prescribing may be improved by ensuring that products are prescribed in line with local formularies and local guidance and particularly according to recommendations on prescribing quantities.
- Prescriptions for stoma care products should be reviewed on a regular basis. If there are concerns regarding stoma patients and appliance use, patients should be referred for an appropriate specialist review.

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Additional PrescQIPP resources

Patient letter, patient information, contractor letter, audit, flowcharts.

Available here: http://www.prescqipp.info/resources/viewcategory/382-stoma

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Contact help@prescqipp.info **with any queries or comments related to the content of this document.**

This document represents the view of PrescQIPP CIC at the time of publication, which was arrived at after careful consideration of the referenced evidence, and in accordance with PrescQIPP's quality assurance framework.

The use and application of this guidance does not override the individual responsibility of health and social care professionals to make decisions appropriate to local need and the circumstances of individual patients (in consultation with the patient and/or guardian or carer). Terms and conditions

Attachment 1. Prescribing guidelines for stoma appliances and accessories

Prescribing guidelines for stoma appliances			
Appliance	Usual monthly quantity	Prescription directions	Notes
Colostomy bags (one piece systems)	30 -90 bags	Remove and discard after use.	Bags are not drainable Usual use: 1-3 bags per day. Flushable bags only to be used on advice of bowel/stoma nurse.
Colostomy bags (two piece systems)	30-90 bags + 15 flanges	Bag – remove and discard after use. Flange – change every 2-3 days.	The flange (base plate for 2 piece systems) is not usually changed at every bag change. Items ordered separately.
Irrigation	1 kit/year	To wash out colostomy	
Irrigation sleeves	30/month	Use once every 1-2 days	Self-adhesive disposable sleeves
Stoma caps	30	For use on mucous fistulae or colostomy if irrigating	This may be in addition to original stoma bag
Ileostomy bags (one piece systems)	15-30 bags	Drain as required throughout the day. Use a new bag every 1-3 days.	Bags are drainable
Ileostomy bags (two piece systems)	15-30 bags + 15 flanges	Bag – change every 1-3 days Flange – change every 2-3 days	The flange (base plate for 2 piece systems) is not usually changed at every bag change. Items ordered separately.
Urostomy bags (one piece systems)	10-20 bags	Drain as required throughout the day. Generally replace bag every 2 days.	Bags are drainable
Urostomy bags (two piece systems)	10-20 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
Night drainage bags for urostomy patients	4 bags (1 box of 10 bags every 2-3 months)	Use a new bag every 7 days.	Bags are drainable

General notes

- If quantities ordered exceed those listed without good reason (e.g. number of bags in times of diarrhoea), refer to stoma specialist.
- 'Stoma underwear' is not necessary and should not be prescribed, unless a patient develops a parastomal hernia and has been advised to wear 'support underwear' or a belt.
- Appliances which are listed in Part IXA and IXC of the drug tariff may be prescribed under the NHS.

Prescribing guidelines for stoma accessories			
Accessory	**Usual quantity**	**Prescription directions**	**Notes**
Flange extenders (for one and two-piece systems)	3 packs per month	Change every time bag is changed. May require 2-3 for each bag change.	Often required for extra security if the patient has a hernia or skin creases as it increases adhesive area. If used as there is leakage around the stoma - refer for a review.
Belts (for convex pouches)	3 per year	1 to wear, 1 in the wash, 1 for spare	Washable and re-usable.
Support belts	3 per year	1 to wear, 1 in the wash, 1 for spare	For patients with manual jobs /hernia – require heavy duty belt. Must be measured – refer. For sports – use light weight belt.
Adhesive removers	1-3 cans (depending on frequency of bag changes)	Use each time stoma bag is changed	Sprays are more cost effective than wipes. 'Non-sting', silicone based products are recommended. Pelican® - use as adhesive remover and deodorant.
Deodorants	Not routinely required. Household air freshener is sufficient in most cases.	Use as needed when changing stoma bag	Should not be required. 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.
Lubricating deodorant gels	Not routinely required. A few drops of baby oil or olive oil can be used as an alternative. If required 1-2 bottles per month.	Put one squirt in to stoma bag before use	Only recommended if patients have difficulty with 'pancaking'. Bottles are more cost effective than sachets. A few drops of baby oil or olive oil can be used as an alternative.
Skin fillers	Follow directions of bowel/ stoma nurse	Change each time bag is changed	Filler pastes/ washers are used to fill creases or dips in the skin to ensure a seal. Alcohol containing products may sting.
Skin protectives (wipes, films, pastes and powders)	Follow directions of bowel/ stoma nurse	Apply when bag is changed as directed	SHORT TERM USE ONLY (acute prescription): may be used on skin that is broken, sore or weepy to promote healing. If used for >3 months, refer. Barrier creams are NOT recommended as they reduce adhesiveness of bags/flanges.
Thickeners for ileostomy	2 boxes/tubs per month	Use one with every new bag	Useful for Crohn's disease patients, useful for loose watery output. 1-2 sachets/strips to be used each time appliance is emptied
Acute sports shield	1-2/year		Use for sporting activities

Attachment 2: Medicines use in stoma management

Prescribing medicines for patients with stoma calls for special care[1]

- Some ileostomy patients can experience occasional problematic, high-volume liquid stomal output, which can cause dehydration, potential renal impairment, body image problems and increased product usage.
- Anti-motility agents (loperamide or codeine), can be used to treat this. They slow down gastrointestinal transit time, allowing more water to be absorbed thus thickening and decreasing the stoma output.
- Loperamide is preferred as it is not sedative and not addictive/open to abuse.
- Patient are usually able to self manage ad hoc dosing according to requirements
- Longer-term use with higher doses may be necessary if patients have a 'short-bowel syndrome'
- Loperamide should be taken half an hour before food for maximum effect.
- Some patients experience constipation. With the exception of ileostomy patients, an increase in fluid intake or dietary fibre (wherever possible) should be tried first before initiating bulk forming or osmotic laxatives.

Antidiarrhoeal (anti-motility) medicines used in stoma management.

Drug	Dose
Loperamide 2mg capsules	2mg up to 4mg four times a day as required (Max 16mg daily)
Codeine Phosphate 15mg and 30mg tablets	15mg to 30mg four times a day (Max 240mg daily)

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

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

Medicines to use with care or avoid in stoma management.

Drug	**Reason**
Antacids	Magnesium salts may cause diarrhoea. Aluminium salts may cause constipation.
Antibiotics	Caution as may cause diarrhoea.
Digoxin	Stoma patients susceptible to hypokalaemia – monitor closely, consider supplements or potassium sparing diuretics.
Diuretics	Patients may become dehydrated. Use with caution in ilesostomy patients – may become potassium depleted.
Enteric-coated and modified-release preparations	Unsuitable, particularly in ileostomy patients, as there may not be sufficient release of the active ingredient. Consider non-EC/MR preparations first choice.

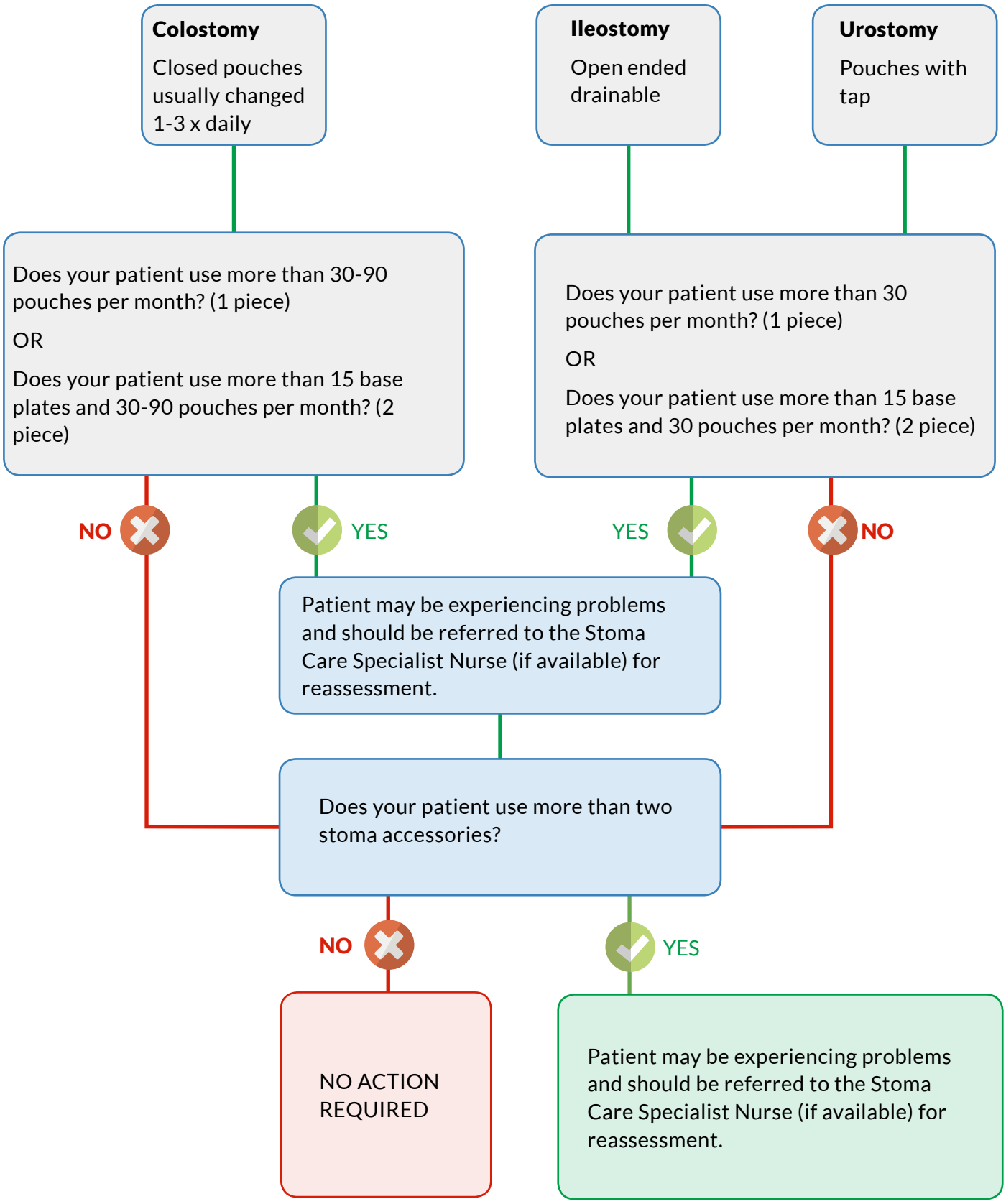
Drug	Reason
Iron e.g. ferrous fumarate, ferrous sulphate	May cause loose stools and sore skin in these patients May cause diarrhoea – ileostomy or constipation – colostomy. Stools may be black – important to reassure/warn patients.
Laxative enemas and washouts	Avoid in ileostomy patients – may cause rapid and severe loss of water/electrolytes.
Nicorandil[2]	Anal and peristomal ulceration – related to inflammatory disease
Opioid analgesics	Caution as may cause troublesome constipation.
Proton Pump Inhibitors	May cause diarrhoea
Routes of administration points of note	
• Please be aware that it may not be appropriate to use PR route for stoma patients, please check clinical records.	
• Medication cannot be administered via the stoma.	

References

1. Joint Formulary Committee. *British National Formulary* (online) London: BMJ Group and Pharmaceutical Press. Sept 2014. Accessed 06.0115. http://www.evidence.nhs.uk/formulary/bnf/current
2. Fake J, Skellet A, Skipper G. A patient with Nicorandil-induced peristomal ulceration. Gastrointestinal Nursing (2008; 5 (6): 19-23.

Attachment 3: Identification of overuse of stoma appliances and accessories

Overuse of stoma products flow chart



Overuse of stoma accessory products flow chart