

Stoma underwear (Devices DROP-List)

This bulletin focuses on ostomy underwear and provides the rationale for ensuring it is only prescribed in specific circumstances. In England and Wales, in excess of £3.4 million is spent annually on ostomy underwear (ePACT December 2018 to February 2019). Discontinuing routine prescribing of these products has the potential to release significant savings.

Recommendations

Parastomal hernia prevention

- Do not routinely prescribe ostomy underwear. Specific ostomy underwear is not generally necessary, as high waisted support underwear (with lycra) is readily available from high-street stores.¹
- Lightweight support underwear is also available from specialist ostomy manufacturers, which people can purchase if they prefer.
- The exception is where a clinical need is identified. For example:
 - » Where a stoma nurse identifies that a person has a higher risk of developing a parastomal hernia. They may recommend prescribing a garment with a higher level of support.
 - » Where the stoma nurse or GP feel that prescribing of a lightweight support garment is necessary for comfort and discretion due to significant psychosocial impact affecting the person's wellbeing. The route of approval for prescribing in these circumstances should be defined locally.¹
 - » Support underwear/garments should not be viewed as a stand-alone intervention. The limited supporting evidence used a package of hernia prevention measures, which also included education, core exercises and regular follow-up.²⁻⁴

Parastomal hernia management

Support ostomy underwear/garments should be prescribed where recommended by a stoma nurse for managing parastomal hernias.¹

- Where prescribing is appropriate, suggested maximum quantities are:
 - » Three belts per year.
 - » Three girdles per year.
 - » Six pairs of briefs or boxers per year.¹
- Items should not be added to repeat prescribing systems.

Background

When a stoma is formed, a potential site of weakness is created within the abdominal muscle. In some people, one or more loops of bowel can pass through a fascial defect around the stoma and into the subcutaneous tissues, forming a parastomal hernia. Parastomal hernias can create a visible swelling and practical management difficulties,⁵ as well as discomfort, pain or further complications. They can also have a psychosocial impact.⁴ Parastomal hernias are estimated to affect approximately 30% of people with a stoma in the UK. Risk factors include emergency surgery, stoma location, muscle weakness due to age or multiple abdominal surgeries, obesity, occupation/lifestyle, and smoking.^{1,2}

Once a parastomal hernia is present, a specially fitted firm support garment is generally recommended to help prevent the hernia from getting larger. Surgical correction may be an option, but recurrence can be a problem. Research into preventative strategies has largely focused on surgical techniques, although there has been some limited investigation of programs consisting of patient education, abdominal strengthening exercises and preventative use of support garments.⁶

National guidance

The National Institute of Health and Care Excellence (NICE) does not have specific guidance on stoma management, although several clinical guidelines discuss the potential need for stoma formation.⁷

In 2016, the Association of Stoma Care Nurses (ASCN) published a clinical guideline on stoma care. It includes advice on both the prevention and management of parastomal hernias.¹

For parastomal hernia prevention, the ASCN recommend that stoma nurses provide education about the nature and consequences of parastomal hernias for people with a stoma. Predisposing factors should be identified. Prevention advice should include:

- Information about what kinds of activities increase risks of parastomal hernia formation, e.g. heavy lifting, strenuous exercise, gardening, vacuuming.
- Information about hernia prevention exercises, including written information (available as an Appendix in the ASCN Guideline), and demonstration if required. Slowly building up and continuing exercise is beneficial.
- Advice to purchase lightweight support underwear from a high street store* or obtain a prescribed garment if necessary.
- Those at higher risk of a parastomal hernia should be advised of how to reduce their risk where possible, e.g. smoking/weight/lifestyle. A higher level of support garment should be considered as per local policy.

Appropriate information should be fed back to the GP, surgeon, district nurse or other relevant health care professional. Risk factors should be re-assessed and discussed at every clinical assessment. Prevention advice should be reinforced regularly.¹

*High waisted support underwear (with lycra) is readily available from high street stores, e.g. Matalan, Primark, M&S, department stores and sports shops (especially for men). The ASCN note the availability of specialist underwear on prescription, but advise considering prescription costs and local policy when providing advice.¹

People may also use lightweight support garments for reasons of comfort and discretion. As stated above, people should generally be directed to purchase these items, with advice from the stoma nurse where appropriate. There may be exceptional cases where the stoma nurse or GP feel that prescribing is justified because of a clinical need, for example where there is a significant psychosocial impact affecting the person's wellbeing. The route of approval for prescribing in these circumstances should be defined locally.

For parastomal hernia management, the ASCN state that people should be assessed by a stoma care nurse, who should formulate an individualised management plan. This should include determining the level of support underwear/garment required for the parastomal hernia, taking into account the person's mobility, lifestyle, dexterity and their own personal preference.

Where prescribing of belts/garments is deemed necessary one item should be ordered initially to assess fit and wearability. If deemed satisfactory, further items may then be prescribed. The ASCN provide the following guidance on suitable maximum quantities to prescribe:

- Three belts per year
- Three girdles per year
- Six pairs of briefs or boxers per year.¹

If new prescription garments are required after a period of time (usually a minimum of annually) a review with the stoma nurse for re-evaluation should be undertaken before garments are ordered.

A stoma appliance and accessories audit, which includes stoma support wear, is available on the PrescQIPP website. It is a support resource for bulletin 105: Stoma, and can be found in the Stoma webkit: <https://www.prescqipp.info/our-resources/webkits/>

Clinical effectiveness

The evidence for the use of core muscle exercises and support belts or garments for parastomal hernia prevention after stoma surgery comes from two small, non-randomised studies.^{2,4} Randomised controlled trials are not available.

In the first study the incidence of parastomal hernia was compared over two years. Year 1 (n=87) was a retrospective study of parastomal hernia incidence after new stoma formation. Year 2 (n=114) investigated parastomal hernia rates prospectively after new stoma formation the following year, after a prevention programme was introduced. The programme included:

- Advice to avoid all heavy lifting for three months following surgery.
- At three months post-operatively people were:
 - » Advised of the potential risk of developing a parastomal hernia.
 - » Taught abdominal exercises to undertake daily.
 - » Measured for support belts or girdles for heavy lifting/heavy work.

A statistically significant reduction in overall incidence of parastomal hernia was reported in the year 2 group (14%) compared with the year 1 group (28%).^{2,3} A follow-up study published by the same authors failed to find a statistically significant difference in hernia incidence between the original year 1 cohort and a new year 3 cohort (n=99). The difference only became statistically significant if non-compliant participants were excluded. The authors felt that earlier introduction of support wear could be of greater benefit, and suggested it from as early as after discharge from hospital post-surgery.³

In the second study, 100 participants were measured and supplied with support wear, given detailed advice on lifting and hernia prevention, and given an exercise program. The intervention was implemented early, on discharge after stoma surgery. Lightweight support garments (including specific ostomy wear and garments from high street providers) were recommended, unless the person was at higher risk of hernia and required level two or three support garments.

At 1 year, an incidence of parastomal hernia of 15% was reported. This was compared with a local incidence of 23%. No statistical testing was undertaken. The author stated that the brand of support wear had no impact on the outcomes.⁴ Both studies are limited by their size and methodology,^{2,4} and one study failed to replicate its findings when repeated in a second cohort.³ It is not possible to determine the individual impact of the different elements of the interventions (i.e. education, core exercises, support wear, regular follow-up) from the studies. Neither is it possible to determine whether wearing support garments routinely is preferable to wearing them just for heavy work. Further more, well-designed studies would be necessary to address such issues.

Costs and savings

The cost of ostomy underwear and support garments can be found in Part IXC of the Drug Tariff, where they are listed under bag covers or belts. In England and Wales, in excess of £3.4 million is spent annually on ostomy underwear (ePACT December 2018 to February 2019). Significant savings could be released by stopping the routine prescribing of ostomy underwear for parastomal hernia prevention, i.e. by only prescribing support garments for hernia prevention where a clinical need for a prescribed garment is identified. **A 30% reduction in prescribing would release savings in the order of £1.03 million annually.** There could be a large variation in potential saving dependant on current local practice and guidelines.

Summary

- Stoma care guidelines recommend a package of parastomal hernia prevention measures after stoma surgery, including education, core exercises, support underwear/garments, regular follow-up.¹ Further study is needed as the clinical evidence supporting these interventions is limited.²⁻⁴ This includes the preventative use of support ostomy underwear or garments, which is widely recommended by stoma experts, despite a limited evidence base.
- Local guidance, developed with local experts, should be clear as to when support ostomy underwear should be purchased and when it should be prescribed.

Further resources



ASCN Stoma Care National Clinical Guidelines 2016: <http://ascnuk.com/wp-content/uploads/2016/03/ASCN-Clinical-Guidelines-Final-25-April-compressed-11-10-38.pdf>

The Colostomy Association (www.colostomy.org.uk) is a support organisation for people living with a stoma. They produce a number of factsheets (<http://www.colostomyuk.org/information/a-z-list/>), including topics such as parastomal hernias, and sport and fitness after stoma surgery.

References

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- National Institute of Health and Care Excellence, www.nice.org.uk Accessed 22/01/18.

Additional PrescQIPP resources

 Briefing	https://www.prescqipp.info/our-resources/bulletins/bulletin-222-stoma-underwear-devices-drop-list/
 Data pack	https://pdata.uk/#/views/B222_StomaunderwearDROP-Listdevices/Front-Page?:iid=1

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