Stoma care: an update on current guidelines for community nurses

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Community nurses are familiar with stomas but it can be difficult to keep up to date with the newest guidelines on the topic. Reviewing the literature from NICE (National Institute for Health and Care Excellence) provides little advice for people caring for patients with a stoma. There were three NICE documents found, one on colorectal cancer (NICE, 2011), one on inflammatory bowel disease (NICE, 2015a) and one on bladder cancer (NICE, 2015b). The colorectal cancer guidelines discuss stoma in respect of preoperative discussions to include the care and management of stomas by a stoma specialist nurse. Looking at the inflammatory bowel disease (IBD) guidelines, they simply state that support may be required in relation to equality and diversity. Whereas the bladder cancer guidelines state that a discussion is needed to explore urinary diversions to include a stoma (ileal conduit); none of these are useful to guide the community nurse in stoma care. There are no documents available from the ASCN (Association of Stoma Care Nurses) that offer more assistance. These guidelines are written using the best available evidence, which in most cases is not research. While they are written for stoma specialist nurses, they may be of use to the community nurse.

Preoperative stoma care
In the preoperative period, the community nurse can be involved in ensuring the patient is as prepared for surgery as possible. The community nurse can be encouraging and supportive when patients need to undergo preoperative investigations, some of which can be invasive, such as a colonoscopy. This test requires bowel preparation, which makes the person need to go to the toilet frequently and thus there is a risk of dehydration as a result of the loose stool and liquid-only diet while taking the bowel preparation. The community nurse can provide advice and reassurance, such as on suitable fluids to take such as clear soup and jelly. Other advice can be to explain the importance of optimising any pre-existing conditions before surgery such as diabetes and hypertension. The community nurse can also reinforce the information provided by the surgeon and stoma specialist nurse about the operation, stoma and recovery. The patient should ideally be on the enhanced recovery pathway, also termed ERAS (enhanced recovery after surgery), and in America it is called fast track. This evidence-based pathway encourages patients to become involved in their own recovery by getting fitter before surgery and activities such as early mobilisation after surgery. Getting fitter before an operation can be achieved by eating better, walking more, stopping smoking and ceasing an excessive alcohol intake, for example. The community nurse can encourage this and give support and advice as needed. It is anticipated that the stoma specialist nurse will provide information preoperatively to include the stoma, the appliances and the care of the stoma, for example. This is often reinforced by written material, which the community nurse may need to again explain to some patients with more needs such as people with learning disabilities or memory impairment to ensure that they understand what will occur.

Stoma sitting
There are national (ASCN, 2016) and international guidelines (Salvador et al, 2015) on stoma sitting, but this is not within the role of the community nurse. It is useful, however, to have an understanding of stoma sitting to explain to patients if questioned about it. To make sure that the stoma is formed in the best position for the patient, it is ideal that consideration is made to clothing and activities that are undertaken. Thus it is advisable that patients wear their usual clothes when they go to be sited by the stoma specialist nurse and that they mention some of the common activities that they do for work or pleasure to enable the nurse to select the best position for the stoma.

Preparation for discharge home
Five days after surgery patients can be safely sent home (Bryan and Dukes, 2010), although it can be weeks or months before patients are fully recovered from the operation. Patients should be sent home with stoma stock but there are no guidelines to state how much stock should be provided; although it is generally accepted that 2 week's supply is sent home with patients when they are discharged from hospital. Although patients are taught how to look after their stoma when in hospital it can sometimes be a lot to
take on board and the community nurse may need to pro-
vide further reassurance once the patient is at home. For
vulnerable patients it may be necessary for the family and/
or the community nurses to provide greater assistance with
the stoma care.

Current stoma care guidelines
The ASCN (2016) guidelines state that the patient should
have contact details of the stoma specialist nurse in case of
a problem. Follow-up with the stoma specialist nurse, either
at home or in the stoma clinic, is usually within a few weeks
of their discharge from hospital. Written advice is provided
on many topics such as diet, travel, bathing and acquiring
further stoma supplies, to complement verbal explanations.
Much of this has been explained both preoperatively and
postoperatively but for some patients the community nurse
may need to further reiterate this information.

Prescribing guidelines
For community nurses that prescribe stoma appliances, the
PIPs (Patients Industry Professionals) forum have produced
stoma prescribing guidelines (ASCN, 2016) with some scope
for individual patient needs (see Table 1). There are also
guidelines in the same document for prescribing appropri-
ate numbers of other stoma stock, often called stoma acces-
sories. The cost of prescribing stoma products is high, so it
is important to examine if products that are used are still
required, as over time needs can change (Williams, 2016).
Furthermore, an appliance leakage can potentially increase
the prescription costs dramatically. If a patient is increasing
the number of stock that they use there may be an underly-
ing problem. The community nurse can investigate this or
refer on to a stoma specialist nurse as appropriate. There are
a number of reasons that stoma products may no longer be
appropriate, including changes in weight, which can mean
that stoma products that previously worked well will no
longer be the right choice for the patient. Alternatively, if
there is a change in medication such as new use of analgesia,
this may lead to constipation in a person with a colostomy
for example, and this is potentially treated by dietary changes
or laxatives.

High output stomas
Other useful guidelines from the ASCN (2016) include
guidance on a high output stoma where definitions, symp-
toms and action plans are described. The guidelines state
that an output of over 1500ml per day is considered high
and symptoms include feeling thirsty, faint and/or head-
aches. Actions will depend upon the nursing assessment and
include investigating the cause of the high faecal output,
for example by taking a stool specimen to test for an infec-
tion that may require treatment with antibiotics. Also taking
bloods to detect any deficiencies that can be treated. This
includes low levels of sodium, magnesium and potassium, all
of which are lost when there is a high output from the stoma.
Advice the community nurse can provide should include the
consumption of a low fibre diet, additional salt intake (unless
contraindicated by other medical conditions) and to ensure
that patients are taking approximately 1500ml of oral fluids
each day. Excessive oral fluids can make the faecal output
even higher and it might be necessary to have a rehydration
solution or medication such as loperamide (once the risk of
infection is ruled out).

Stoma leakage
The ASCN (2016) also offer advice on managing a leaking
stoma appliance in their document. Although they suggest
assessment by a stoma specialist nurse, this could be performed
by a community nurse in the first instance, making an onward
referral if necessary. Assessing the cause of the leakage is required
as well as assessing the stoma, the skin around the stoma (peri-
stomal skin) and the appliance. Checking the appliance flange
as it is removed can also show where there is leakage, which can
help to determine the cause. The cause of the leakage could be
due to uneven skin near the stoma or changes in the output
from the stoma such as loose stool. The stoma should appear
pink/red and warm and if it is a colostomy it should ideally
be raised slightly above the level of the skin, and if it is an
ileostomy or urostomy it should preferably have a small spout.
If there are any visible changes when assessing the skin around
the stoma these should be carefully documented using terms
such as 'eroded', 'broken' or 'bleeding'. Additionally, the extent
and position of the soreness should be described; a picture can
be useful for the next community nurse visit to assess for any
improvement or deterioration as a result of any treatments com-
enced. Treatments will depend on the assessment but can be
simply to remind the patient how to perform the appliance
change, or the aperture cut in the flange might need to be
correctly re-sized. A problem that can occur a few weeks after
the stoma is formed is that a halo of red or broken skin can
form around the stoma. This may be due to the oedema in the
stoma subsiding but the aperture not being re-measured and

<table>
<thead>
<tr>
<th>Table 1. PIPs forum prescribing guidelines</th>
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</thead>
<tbody>
<tr>
<td>Product</td>
</tr>
<tr>
<td>One-piece colostomy appliance</td>
</tr>
<tr>
<td>Two-piece colostomy flanges/baseplates</td>
</tr>
<tr>
<td>Two-piece colostomy bag/pouch</td>
</tr>
<tr>
<td>One-piece ileostomy appliance</td>
</tr>
<tr>
<td>Two-piece ileostomy flanges</td>
</tr>
<tr>
<td>Two-piece ileostomy pouch</td>
</tr>
<tr>
<td>One-piece urostomy appliance</td>
</tr>
<tr>
<td>Two-piece urostomy flanges</td>
</tr>
<tr>
<td>Two-piece urostomy pouches</td>
</tr>
<tr>
<td>Single-use night drainage bag</td>
</tr>
<tr>
<td>Drainable night drainage bag</td>
</tr>
</tbody>
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Source: ASCN, 2016

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cut to the new smaller size. It is worth reminding patients that the correct size of the aperture in the stoma flange should be 2–3mm larger than the stoma and the same shape as the stoma.

Further guidance
The ASCN standards (ASCN, 2015) state that the stoma specialist nurse should explore psychological aspects of living with a stoma. It could be considered that this is also part of the community nurse’s role, as they would potentially have known the patient for some time so it will be possible to assess if there is a problem with adjusting to having a stoma. It is recognised that it often takes a few months to adjust to a level where patients feel confident to return to their usual activities. The ASCN standards also state that the patient should have lifetime access to specialist advice and support, such as the stoma specialist nurse.

Conclusions
It can be seen that while it is the role of the stoma specialist nurse to provide advice and support to patients with a stoma, it is also the role of all nurses to provide holistic care. The community nurse can use the guidance designed by the ASCN to guide stoma care in the absence of any national guidance.


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