

Stoma Care Policy

Introduction

Quality statements are the commitments that providers, commissioners and system leaders should live up to. Expressed as 'we statements', they show what is needed to deliver high-quality, person-centred care.

When they refer to 'people' we mean people who use services, their families, friends and unpaid carers. This includes:

- people with protected equality characteristics
- those most likely to have a poorer experience of care or experience inequalities.

Elizabeth Finn Homes (EFH) will commit to the following quality statements for:

Safe environments

We detect and control potential risks in the care environment. We make sure that the equipment, facilities and technology support the delivery of safe care.

Assessing needs

We maximise the effectiveness of people's care and treatment by assessing and reviewing their health, care, well-being and communication needs with them.

Delivering evidence-based care and treatment

We plan and deliver people's care and treatment with them, including what is important and matters to them. We do this in line with legislation and current evidence-based good practice and standards.

Supporting people to live healthier lives

We support people to manage their health and well-being so they can maximise their independence, choice and control. We support them to live healthier lives and where possible, reduce their future needs for care and support.

Consent to care and treatment

We tell people about their rights around consent and respect these when we deliver person-centred care and treatment.

Kindness, compassion and dignity

We always treat people with kindness, empathy and compassion and we respect their privacy and dignity. We treat colleagues from other organisations with kindness and respect.

Treating people as individuals

We treat people as individuals and make sure their care, support and treatment meet their needs and preferences. We take account of their strengths, abilities, aspirations, culture and unique backgrounds and protected characteristics.

Independence, choice and control

We promote people's independence, so they know their rights and have choice and control over their own care, treatment and well-being.

Person-centred care

We make sure people are at the centre of their care and treatment choices and we decide, in partnership with them, how to respond to any relevant changes in their needs.

Providing information

We provide appropriate, accurate and up-to-date information in formats that we tailor to individual needs.

We have clear responsibilities, roles, systems of accountability and good governance. We use these to manage and deliver good quality, sustainable care, treatment and support. We act on the best information about risk, performance and outcomes, and we share this securely with others when appropriate.

Scope

This guidance is for care staff who have a responsibility for caring for residents requiring stoma care management.

The aim of this guideline is to assist staff in providing effective stoma care and, where necessary, perform effective stoma bag changes.

This policy sets out a clear framework for staff, and provides best practice guidance about supporting residents, both in maintaining independence with their own stoma care and, when required, to be managed by competent and capable staff.

This policy and procedure are provided for the regulated activity of accommodation for people with personal care and nursing.

Equality Statement

EFH is committed to equal rights and the promotion of choice, person-centred care and the promotion of independence. This policy demonstrates our commitment to creating a positive culture of respect for all individuals. The intention is, as required by the Equality Act 2010, to identify, remove or minimise discriminatory practice in the nine named protected characteristics of age, disability, sex, gender reassignment, pregnancy and maternity, race, sexual orientation, religion or belief, and marriage and civil partnership. It is also intended to reflect the Human Rights Act 1998 to promote positive practice and value the diversity of all individuals.

Policy Statement

- A stoma is a surgical made opening on the surface of the abdomen to divert the flow of urine or faeces to the skin's surface.
- The aim of this guideline is to assist staff in providing effective stoma care and, where necessary, perform effective stoma bag changes.
- All staff must comply with all relevant policies and procedures.
- Staff must understand their responsibilities in relation to residents with a stoma and that they are competent to identify and manage problems.
- If staff are unsure or require additional training, they should bring this to the attention of their Line Manager immediately.
- Support must be provided, and care based on the resident's preference and choices.
- Staff must enable those with a stoma to make informed decisions about their care and treatment which is documented in an individual, person-centred, care and support plan.
- Consent must be obtained from the resident prior to any care procedure involving the stoma.

- Where a resident lacks the ability to consent, advice must be sought and best interests' decisions made, where required, by the multi-disciplinary team, in line with the Mental Capacity Act (2005).
- Staff will be responsible for monitoring, recording, and reporting any observed stoma problems using the appropriate documentation within the organisation and escalating these to the office, Registered Manager, or the appropriate healthcare professional.

The Policy

This policy is relevant to all staff providing care and support to residents, especially those who are supporting people with stomas.

EFH aims to provide a safe, effective, caring, responsive, and well-led service to all its residents and their family who receive a service. This is achieved through policies and procedures, staff supervision, and oversight from management, which includes quality assurance and audit.

All staff will be provided with awareness and practical training where required to ensure they are able to effectively support residents with stomas and deliver care and support which is of a high quality and meets the individual's person-centred needs.

A stoma is a result of an ostomy operation which is meant to remove disease and relieve symptoms. It is an artificial opening that allows faeces or urine, either from the intestine or from the urinary tract, to pass out of the body. The stoma is created from the end of the intestine, which is brought to the surface of your abdomen to form the stoma opening. The most common underlying conditions resulting in the need for a stoma surgery are colon cancer, bladder cancer, ulcerative colitis and Crohn's disease or neurological conditions.

The stoma site should be red and moist and may bleed slightly, particularly in the beginning. It should not be painful as it does not have a nerve supply.

There are three different types of stoma:

Colostomy

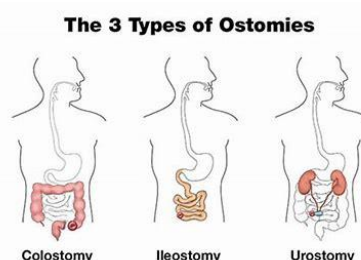
A colostomy is part of the large bowel (colon), and it is flush with the skin or slightly raised about half a centimetre. It usually sits on the left side of the abdomen. The output is soft formed faeces once or twice a day. A colostomy usually requires a closed stoma bag.

Ileostomy

An ileostomy is part of the small bowel (ileum). It is spouted about two centimetres and sits on the right side of the abdomen. Stools are liquid or porridge consistency. An ileostomy usually has a drainable bag with a clip or velcro closure.

Urostomy

A urostomy is made from small bowel but it also has ureters (tubes from the kidneys) attached. It is spouted two centimetres and sits on the right side of the abdomen. The output on a urostomy is urine, around 1.5 – 2 litres per day. A urostomy requires a drainable bag with a tap so that it can be emptied as frequently as needed.



As well as the above bags, stoma bags also come in two main systems:

One piece bag which has an adhesive flange which is attached directly to the skin. After use, the bag is disposed of and a new one fitted.

Two-piece bag which consists of an adhesive baseplate which is fitted around the stoma and then the bag usually clips on to this. Once used, the bag is removed and disposed of, but the baseplate remains in situ for the new bag to be clipped to. The baseplate is designed to remain on the skin for several days.



When a resident has a stoma, a stoma care plan must be completed alongside a risk assessment. The care plan should be written in conjunction with the resident and/or family (in line with consent and the law) and should include the following:

1. The initial reason for a stoma.
2. The type of stoma and equipment that the resident requires.
3. The resident's ability to manage the stoma and what care worker input is required.
4. Infection control precautions.
5. Point of specialist contact, i.e. Stoma Nurse.
6. Dates for removal, renewal, or review.

Prior to commencing the service for the resident, a care assessment will be undertaken to develop their care and support plan. Their individual needs will be identified by working with them through a person-centred assessment, which will include their family and healthcare team. This will also include liaising with community stoma nurses.

Where the resident has stoma in situ, then the care and support assessment will develop a stoma care plan which will be included within the care and support plan. This will be reviewed as needs change and/or at quarterly care and support review. Staff supporting the individual will be trained in the stoma support plan, and the plan will include contact details for the resident's stoma care nurse. Staff will work in a multi-disciplinary way to ensure effective care for the individual. Where existing residents have surgery to create a stoma, then a similar assessment will take place prior to them leaving hospital to update their care plan.

Stoma Bag Change Protocol

The key to changing a stoma bag is to be prepared and have everything ready. How often a stoma bag is changed or emptied will depend primarily on the type of stoma that the resident may have and their output into the bag. Stoma bags are best emptied or changed when they are around three quarters full. Care workers must refer to the care plan and change the bag according to documentation in their individual care plan. Standard infection control precautions should be considered and undertaken at all times.

1. Infection control Wash hands prior to procedure. Apply apron and gloves in line with infection control precautions.
2. Preparation of equipment Prepare warm water, disposable cleaning wipes, a new stoma bag, any supporting products such as barrier cream, a pair of clean scissors and a disposal bag.

3. Removal of old stoma bag If it is a drainable bag in situ, empty this prior to removing. Remove the stoma bag by grasping the tab and peeling away the barrier and gently lifting the bag. Start from the top and peel downwards, pressing on the skin above the bag to support it.



4. Disposal of stoma Have disposable bag close by. Fold the adhesive opening in half to seal the contents inside. Place inside the disposal bag.

5. Clean the stoma Clean the stoma and surrounding skin with warm water and cleaning wipes or gauze. Do not try and rub the adhesive away, just wipe the area to avoid irritation. Do not use soap around the stoma as this may cause irritation.

6. Inspect the stoma Inspect the stoma and the surrounding skin for any problems. The peristomal skin should like the rest of the body, healthy with no discolouration or signs of irritation.

7. Dry the skin Dry the surrounding skin gently by dabbing. The skin must be completely dry otherwise the new bag will not stick. The stoma site should be allowed to air dry.

8. Measure the stoma to measure the stoma, use a template if available or be guided by the measurements in the individual's care plan. The hole in the adhesive must fit precisely around the stoma with no skin exposed but not sticking to the stoma. Pull away the back of the bag so that you don't cut through or injure yourself. Use the scissors to cut around the template or by using the measuring guide.



9. Put on the new stoma bag Remove the paper backing from the barrier so that the adhesive is exposed. Position the opening around the stoma and apply the sticky side to the skin. Press down until all edges are sealed. If the bag is drainable be sure to close the clip/velcro closure.



10. Disposal Place the used stoma bag and all cleaning wipes into the disposal bag. Seal or tie and place into the normal household bin.

Stoma skin care guide

The Apply-Remove-Check procedure

Maintaining healthy skin is often simply about checking you are applying and removing your stoma appliance correctly and with the right frequency. The length of time between changes will vary for each individual.

Using the following 'Apply, Remove, Check' process described here will help ensure you are in the right routine.

Apply

- Make sure the skin is clean and dry before applying.
- The adhesive baseplate should fit snugly around your stoma, and the hole must be cut to the right shape and size of your stoma - too big or too small could irritate the skin.
- Supporting products, such as rings or seals, or a paste, can help you achieve a snug fit around your stoma and protect the skin.
- Ensure that the adhesive has made full contact with the skin by pressing the adhesive during the application – begin in the area around the stoma, and then move outwards towards the edges.

Remove

- Protect the skin around the stoma by gently removing the ostomy appliance.
- Pull down the removal tab to loosen the adhesive baseplate from the skin. Accessories such as adhesive removers can help reduce any pulling of the skin.
- Gently remove the adhesive baseplate by rolling it step by step downwards.
- Apply light pressure to your skin with your other hand, to reduce the amount of pulling on your skin.

Check

- Wait a few minutes before examining the skin underneath the adhesive baseplate.
- If necessary, use a mirror to check your skin.
- The adhesive baseplate can be checked straight away.
- If you experience one or more of the following signs, it may be because you need to change your appliance more often or use another appliance type:
 - Erosion of the adhesive plate.
 - Leakage on the baseplate or your skin
 - Irritated or discoloured skin

What does healthy skin look like?

Healthy skin around your stoma looks the same as the skin on the rest of your stomach.



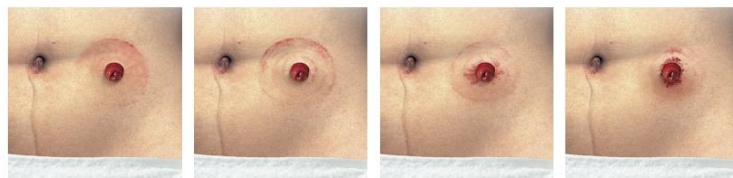
Did you know...

Skin irritations are commonly confused with allergy, which occur only very rarely

If you have an allergic reaction, the entire area that has been in contact with the adhesive will be irritated and discoloured, possibly also accompanied by stinging, itching and burning.



Examples of mild skin irritations



Examples of severe skin irritations



Common Problems

There are many different stoma bags available that require individual factors to be considered. The consequences of a poor fitting stoma bag are leakage, which can lead to sore skin, higher use of bags, and social isolation due to fear of leakage. The Stoma Nurse should be contacted for any concerns observed with the resident. Care workers should observe for the following problems and report as per company policy:

Sore skin.

- Leakage.
- Retracted or flush stoma.
- Parastomal hernia (bowel pushes through the abdominal muscle to create a swelling under the skin of the stoma).
- Prolapsed stoma (pushed inside out and forwards).
- Granulomas (over granulation of tissue).

A New Stoma

For a resident with a new stoma formation, care workers should observe for the following complications following their stoma surgery:

- The swelling does not decrease in the weeks following surgery or has a very large increase in size unexpectedly.
- The stoma is no longer beefy red or pink, but pale in appearance.
- The stoma is no longer moist in appearance or seems dry.
- The stoma is very dark and appears dark red, purple, or even black in colour.
- The stool is always watery or diarrhoea, but soft or firm stool was expected in the discharge plan.
- The stoma appears to be discharging pus.
- The appliance will not fit properly or has to be changed more frequently than expected or is irritating the skin.
- The stoma seems as though it is being 'strangled' by the appliance.
- Pain is felt from the stoma.
- The stoma is having significant changes in size (more than half an inch in the course of a day).
- The stoma appears to be pulling itself back into the abdomen or expanding outside of the abdomen.

Skin Problems Around a Stoma

- The skin around the stoma appears infected and/or it is red or angry in appearance.
- There is pus or discharge present.
- The skin is not healing well.
- The skin around the stoma appears irritated by the stoma appliance and may be red, chapped, flaky, scaled, raw, or burn-like in appearance. This can be caused by harsh cleansers, so be sure to clean gently and with a mild soap.
- The skin hurts, has a burning sensation, or changes in colour.
- The skin develops sores or breakdown around the stoma or where the appliance rests
-

EFH staff should seek expert advice from the residents allocated GP / Stoma Nurse Service.

When to Call 111

Major changes in the colour of a stoma, including extreme paleness or extremely darkening, are signs that the tissues are not receiving enough blood. An extremely pale stoma means that the blood supply is poor. A purplish, or blackish colour is an indication that tissues are dying (referred to as necrosis).

These types of colour changes should be reported to a Registered Nurse immediately, whether the surgery was recent or in the past.

Another sign of an emergency is a severe case of cellulitis, a common bacterial infection that causes redness, swelling, and pain in an infected area of the skin. Most cases are not emergencies but can become so when:

- The area of redness, swelling, heat, and pain is rapidly spreading.
- The affected area is hardening.
- The affected area is starting to go numb.
- The skin starts to turn purple or black.
- There is a high fever with chills, often accompanied by nausea and vomiting.

Urostomy and Urinary Tract Infections

A urostomy may expose the body to infections, especially in the urinary tract, largely due to the proximity of the bowel and its nearby abundance of bacteria. One of the most common complications associated with a urostomy are urinary tract infections (UTIs). Staff should look out for the following signs and symptoms of a urinary tract infection with a urostomy:

- Cloudy, dark or bloody urine.
- Urine with bad odour.
- Extra mucus (it is normal for the urine from a urostomy to have small shreds of mucus).
- Fever.
- Back pain/flank pain/abdominal pain.
- Nausea or vomiting.
- Diarrhoea.
- Confusion.

Seeking Feedback about communication

EFH will seek feedback from people, families, staff, involved professionals and volunteers about their experiences of care. We will seek feedback in person during conversations and via surveys and meetings. We will respond to feedback and tell people about changes and improvements we make as a result of their feedback.

References

<https://www.nice.org.uk/guidance/cg49> NICE Guidelines Faecal Incontinence

The Royal Marsden Hospital of Manual Clinical Nursing Procedures, Dougherty L Lister S (2020), Wiley-Blackwell

Review date	Next Review Date
October 2024	October 2027