Ostomy Accessories: Necessary Tools or Nice to Have Options?

Introduction:
As the cost of health care continues to increase, all ostomy supplies are being evaluated for their measurable value. Sometimes, only the very basic products are being provided. Some patients are even being denied coverage or access to products they have used throughout their care. Care should be driven by clinical evidence and not merely product costs.

Overview:
Ostomy accessories can serve a variety of purposes in state-of-the-art clinical care. Ostomy accessories may help to:

- Enhance performance of a pouching system such as extending the wear time or creating a secure fit
- Manage a problem like peristomal skin erosion
- Improve the quality of life by eliminating odor or making the process of emptying a pouch easier

Using Ostomy Accessories in Clinical Care

Case Study 1
An ileostomy patient presented with pseudoverrucous lesions, irritant contact dermatitis, stoma stenosis, and peristomal hernia. He used a two-piece pre-sized, convex pouching system and changed every three days. Ostomy accessories that were used included: stoma powder, barrier prep, skin barrier rings, and a skin barrier sheet. A one-piece pouching system was used and initially changed every other day. On day eight, the patient stated he was able to wear his seat belt without pain for the first time in many years. The patient’s skin returned to normal with permanent discoloration but absence of pseudoverrucous lesions.

Case Study 2
An ostomy accessory was used with a challenging stoma and abdomen. The addition of a skin barrier ring helped to fill in an uneven area of scarring. Wear time increased from 2 days to 4-5 days with an improvement in the peristomal skin.

Case Study 3
The use of skin barrier rings around several high output abdominal fistulas resulted in an improvement in skin redness and irritation. The skin was protected from contact with the drainage and there were less frequent pouch changes.

Case Study 4
A patient presented with peristomal irritant dermatitis. He had a permanent ileostomy done for FAP and had not had a follow-up visit with the WOC nurse since his discharge 10 years ago. Accessories used included stoma powder and barrier prep. The patient was instructed to change pouch prior to leakage. His wear time went from five days to three days but the peristomal skin erosion resolved and he experienced less pain/discomfort.

Case Study 5
On the post-op visit we discovered that the patient was washing her pouches out in the toilet and hanging them to dry in the bathroom. She did this because she did not like the way the stool was sticking on the inside of her pouch. We recommended a lubricating pouch deodorant. She was able to stop cleaning out her pouches in the toilet and was thankful not to have to do so much “work” at her age. Patient’s quality of life was improved.

Conclusions:
As WOC nurses, we have a wide range of products and more challenging patients. Ostomy accessories are necessary tools instead of nice to have options in the care of our patients. It is incumbent upon us to use these resources wisely and work to:

- Examine our own practice on the use of accessories
- Document the outcomes of our product use
- Accumulate evidence that supports clinical practice
- Continue the education of staff and patients as to the correct and most judicious use of ostomy accessories

References:

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