



SOP GEN 10 Stoma Care

Procedure Number	SOP GEN 10
Purpose of Document	To ensure that the correct preparation, procedure & outcome are achieved by implementing a consistent and systematic approach to the procedure of stoma care
Target Audience	All Nurses & appropriately trained Carers
Version	V3
Author	Karen Matthews-Shard
Date of Approval	November 2010
Published Date	November 2010
Lead Director	Karen Matthews-Shard
Last Reviewed	November 2022
Review Frequency	3 yearly or when clinical or operation guidelines change
Next Review Date	November 2025
About Acacium Group	Details of all Acacium Group trading companies that this policy applies to are detailed within Appendix A

Document History

Acacium Group Standard Operating Procedure

1. Introduction

Stoma is a word that means "mouth" or "opening". A bowel or urinary stoma is usually created by bringing a section of bowel out on the abdominal wall as a diversionary procedure because the urinary or colonic tract is no longer viable.

Types of stoma are colostomy, ileostomy, urostomy (ileal loop, ileal conduit, colonic conduit).

Indications for bowel stoma, but not limited to:

- Cancer of the bowel
- Cancer of the pelvis
- Trauma
- Neurological damage
- Ulcerative colitis
- Crohn's disease
- Diverticular disease
- Familial polyposis coli
- Intractable incontinence
- Fistula
- Radiation enteritis

Indications for urinary stoma but not limited to:

- Cancer of the bladder
- Cancer of the pelvis
- Trauma
- Congenital disorders
- Neurological damage
- Fistula
- Intractable incontinence

Stoma care is required for the following reasons:

- To collect urine or faeces in an appropriate appliance
- To achieve and maintain client comfort and security
- To maintain good skin condition and stoma hygiene

2. Aim

To provide holistic, sensitive care that takes account of the client's psychological needs whilst promoting and increasing independence.

3. Who may undertake this procedure

Any appropriately trained Acacium Group worker may undertake the procedure when they have demonstrated their knowledge, understanding and skills to be able to provide the physical and psychological aspects of care and assessed as competent.

4. Assessment of need

The frequency of stoma care will be determined by need such as the client's perception of when changes are required due to filling, leakage or odour. These issues will need very sensitive handling as they are very real to the client.

All care needs should be documented in the client's care plan and updated as soon as changes are required.

5. Consent

Please read Acacium Group policy on consent thoroughly and ensure valid consent has been gained.

Please now ensure you understand the Consent Policy and Mental Capacity Act in full.

6. Client and relatives/carers involvement

It may be some time before the clients and relatives/carer express a desire to become involved in stoma care. The nurse or carer should provide as much opportunity as possible to allow the client and his or her family and carers to observe the procedure, ask questions and discuss any concerns.

The Client's relatives and carers may be taught to undertake this procedure if they wish to support the care needs. Where this is practical and safe to do so, an Acacium Group worker can support this goal.

All care will need to be given sensitively and the nurse or carer must be aware of the messages they may convey when providing care; messages in the non-verbal form as well as verbally.

7. Client information

As part of obtaining valid consent; the risks, benefits and alternatives to treatment will have been discussed. The procedure must be explained fully in order to gain full cooperation with the procedure.

The client may require specific information on the following:

7.1 Obtaining stoma care supplies

These are available on free prescription from the client's GP. The local chemist can usually provide free home delivery or they may be obtained direct from the manufacturers. Client specific requirement should be detailed within their care plans and assessments

7.2 Diet

Will be dependent on the client's condition, likes and dislikes and consultant or dietician prescription.

Some foods such as tomato pips and skins may be unaltered in output. Celery, dried fruit, nuts and potato skins may temporarily block ileostomies.

There are no dietary restrictions with a urostomy though some foods and drinks such as beetroot and asparagus may discolour urine. Some medications may also do this.

7.3 Malodour

Fear of odour for people with bowel stomas is a common problem. Appliances are odour free when fitted correctly and pouches usually have charcoal to help neutralise odours. Several manufacturers and suppliers of stoma care appliances, produce drops or granules available on prescription, designed to neutralise any odour. These can be introduced into a clean bag before you put it on.

7.4 Dehydration

The client is at an increased risk of becoming dehydrated if they have an ileostomy because the large intestine, which is either removed or unused if there is an ileostomy in place. The large intestine plays an important role in helping absorb water from food waste.

Symptoms can include thirst, dry skin, cramps, rapid heart rate, confusion and low blood pressure.

Daily intake of fluids should be 8-10 glasses per day or as advised by the dietician or consultant in overall care.

Dehydration can also upset electrolyte balance (especially potassium and sodium) When the colon (large intestine) is removed, there is a greater risk for electrolyte imbalance, Diarrhea, excessive perspiration and vomiting can also increase this risk.

7.5 Sodium Loss: high sources of salt include:

- Canned food
- Celery
- Cheese
- Fish
- Fruits
- Milk

7.6 Potassium Loss: high sources of potassium include:

- Bananas
- Oranges
- Strawberries
- Potatoes
- Tomatoes

- Cabbage
- Cauliflower

Sports drinks are a good source of minerals to combat these signs in an emergency. The ideal sports drink should be non-caffeinated; however these may not always be appropriate dependent on the clients other conditions and care requirements

<http://www.stomawise.co.uk/contact-us>

<https://www.nhs.uk/conditions/ileostomy/risks/> (25 February 2019)

7.7 Sex

The possibility of sexual impairment for men and women after surgery depends on the nature of the operation and the ensuing damage to nerves and tissues. The psychological impact of altered body image must also be taken into account.

All clients may experience loss in libido and sexual desire. Pre and postoperative counselling is available. Erectile dysfunction is common but there are oral medications to help overcome this. Females may experience pain on lovemaking. Adopting different positions and encouraging greater relaxing by extending foreplay may help.

7.8 Clothing

Ensure clothing is not putting pressure or restricting the device/bag. Specialist clothing such as underwear and swimwear is available via the NHS on prescription.

8. Equipment

Clean tray holding:

- Tissues, wipes
- New appliance
- Measuring device/template (if not pre-cut)
- Scissors (if not pre-cut)
- Barrier creams (if prescribed)
- Disposal bags for used appliances, tissues and wipes
- Relevant accessories e.g. adhesive remover, protective film, seals/washers
- Bowl of water
- Soap (if desired)
- Jug for contents of appliance
- Appropriate PPE . This practice should be explained to client, so they do not feel it is just because they have a stoma that gloves are worn. (It is recognized that it could be difficult to attach an appliance with gloves in situ (due to adhesive), but once the stoma has been cleaned of excreta and blood, gloves may be removed to apply bag)

9. Procedure

	Action	Rationale
1.	Explain and discuss the procedure with the client. Ensure privacy and Dignity.	To ensure that the client understands the procedure and gives his/her valid consent (NMC 2006; NMC 2018). To familiarise the client with the procedure.
2.	Ensure that the client is in a suitable and comfortable position where he or she will be able to watch the procedure, if well enough. A mirror may be used to aid visualisation. Assist with positioning to allow easy application of the bag taking into consideration abdominal skin folds.	To allow good access to the stoma for cleaning and for secure application of the stoma bag. The client will become familiar with the stoma and can learn from the stoma nurse. The Stoma care nurse can then assess further care required http://ascnuk.com/wp-content/uploads/2016/03/ASCN-Clinical-Guidelines-Final-25-April-compressed-11-10-38.pdf
3.	Use a small protective pad to protect the client's clothing from drips if the effluent is fluid and apply PPE for healthcare workers protection.	Avoid the necessity for renewing clothing or bedclothes and demoralisation of the client as a result of soiling.
4.	If the bag is of the drainable type, empty the contents into a jug before removing the bag, if measured or no ambulant. The bag may just require venting to remove gas/wind.	For ease of handling the appliance and prevention of spillage.
5.	Remove the appliance if required and as detailed within the clients care plan. Gently peel the adhesive off the skin with one hand while exerting gentle pressure on the skin with the other.	To reduce trauma to skin. Slight reaction to removing an appliance is normal and will settle quickly; however, concerns should be referred to the specialist https://www.nhs.uk/conditions/colostomy/risks/
6.	Fold appliance in two to ensure no spillage and place in disposal bag.	To ensure safe disposal according to environmental policy (DH 2005).
7.	Remove excess faeces or mucus from the stoma with a damp tissue. Use adhesive remover if required.	So that the stoma and surrounding skin are clearly visible.
8.	Examine the skin and stoma for pain, ulceration or other unusual phenomena. If the skin is unblemished and the stoma is a healthy red colour, proceed. If	For the prevention of complications or the treatment of existing problems.

	<p>stoma darkens in colour to purple or black; ischemia maybe present and this needs to be reported as per the escalation process within the clients care plan Observe for retraction of stoma.</p> <p>If there are any skin integrity concerns, these should be reported on the Body Map and reported on Datix as applicable.</p>	
9.	Wash the skin and stoma gently until they are clean.	To promote cleanliness and prevent skin excoriation.
10.	Dry the skin and stoma gently but thoroughly.	The appliance will attach more securely to dry skin.
11.	Apply barrier cream if used and prescribed.	To protect the skin surrounding the stoma from breakdown and sores.
12.	Measure the stoma, cut appliance leaving 3 mm clearance (if not pre-cut). Apply a clean appliance.	Appliance should provide skin protection. The aperture should be cut just a little larger than the stoma so that effluent cannot cause skin damage. This should be no more than 3 mm from the stoma to minimise risk of skin breakdown (Kirkwood 2006).
13.	<p>Dispose of soiled tissues and the used appliance in a disposable bag and place it in an appropriate bin.</p> <p>At home the bag should be placed in a plastic bag tied and disposed of in a rubbish bag.</p>	To ensure safe disposal.
14.	Wash hands thoroughly using bactericidal soap and water or bactericidal alcohol hand rub.	To prevent spread of infection by contamination on hands.
15.	Document procedure in daily records documenting equipment used and any observations Fluid output should be included on any fluid balance documentation as per the clients care plan.	To allow for follow on care.

10. Related documents

POLICY:

CLIN 05 Privacy and Dignity Policy
CLIN 06 Consent Policy
CLIN 07 Infection Prevention Policy

Handwashing

SOP:

SOP INF CONT 03 Hand Washing

11. References

- The Royal Marsden Manual of Clinical Nursing Procedures. 10th ed. london: Wiley-Blackwell. Sara Lister (Editor), Justine Hofland (Editor), Hayley Grafton (Editor). (2020).
- NICE Infection Prevention & Control Apr 14
- NMC Record Keeping Standards Oct 18
- Royal Marsden 9th Edition
- Consent to Care Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 11
- <http://www.stomawise.co.uk/contact-us>
- <https://www.nhs.uk/conditions/ileostomy/risks/> (25 February 2019)
- <https://www.nhs.uk/conditions/colostomy> (16 September 2020)

Appendix A: About Acacium Group

Acacium Group consists of a number of trading companies, each providing services within core niche areas of the health and social care industries. Therefore, as this document is a Group standard operating procedure (SOP), the SOP herein applies to all trading companies detailed below:

Thornbury Community Services (TCS)

At Thornbury Community Services (TCS), high quality care is our number one priority. With a team of exceptional and conscientious nurses and care staff, we're able to deliver the best complex care at home or in the community, 24/7 or whenever you need it. With compassion, integrity and dedication, we help empower individuals to achieve personal aspirations, as well as providing care tailored to their needs. Making a positive difference to our client's lives is our passion and it's this that sets us apart.



Thornbury Community Services Learning Disability & Autism (TCS LDA)

Thornbury Community Services (TCS), provide specialist outcome-focused support for children and adults who are diagnosed with a learning disability and/or autism, who may present with behaviours of concern. Working in close partnership with commissioners, local authorities, hospital teams, our clients and their families; providing bespoke healthcare services, offering tailored care for every individual we support. We have a proven track record of supporting individuals with learning disabilities and/or autism and a reputation for delivering excellence across all aspects of case management.



Our vision is to increase personal choice and to empower people with a learning disability and/or autism to live fulfilling and rewarding lives and be an active member of their own community.

Pulse Nursing at Home

Pulse Nursing at Home provides flexible, bespoke care for people living in their own homes and communities. We provide a lifetime solution that can adapt to changing healthcare needs.



We're passionate about our people and proud that the services we provide achieve the highest standards of compassionate care, supporting choice and empowering our clients to live the life they want.

Thornbury Nursing Services (TNS)

Established in 1983, TNS is one of the UK's leading independent nursing agencies, providing skilled nurses on a temporary or permanent basis throughout England and Wales.



Part of Acacium Group

TNS believe it is more important than ever to offer high quality, clinical care at home and in the community.

TNS specialist community nurses and carers provide temporary nursing and care support for clients at home. They're ready to step in to support discharge plans, prevent hospital admissions, maintain client safety and support uncertain rosters.

Service TNS offers

- Temporary staffing to cover shortfalls in existing shift rotas
- Backfilling for interim cover during recruitment periods
- Rapid response to facilitate early discharge and to avoid hospital admission
- A staffing solution to stabilise complex mental health cases in crisis
- A CQC registered staffing service – currently rated 'outstanding'
- Assistance in stabilising staffing in long term complex care packages
- Support for both adults and paediatrics
- A nurse-led team contactable 24 hours a day, 7 days a week

Scottish Nursing Guild (SNG)

Established in 1995, SNG, as part of Acacium Group, is one of Scotland's leading independent nursing agencies, providing skilled nurses on a temporary basis to major NHS trusts, and private sector clients, throughout Scotland, Northern Ireland and Republic of Ireland.



Part of Acacium Group

Service SNG offers

- A nurse-led team with full case management if needed, including compiling individualised care plans and risk assessments with ongoing support from Case Manager
- Care support for as long as you need us, from a few hours to 24/7
- Our office is contactable 24 hours a day, 7 days a week
- Rapid response to make early discharge possible or to avoid hospital admission
- Highly skilled nurses to provide home-based specialist care tailored to the specific needs of clients with complex care requirements
- Ad-hoc staffing to cover shortfalls in existing shift rotas or provide interim cover during recruitment periods
- Help stabilising staffing in long term complex care packages
- Palliative / end of life nursing care for clients who wish to remain at home
- Care provision for clients who need assistance with personal and/or social care support
- Support for both adults and children
- Support for clients no matter how complex their care needs
- Respite care to support clients either at home or away from home