Hertfordshire and West Essex ICB

Stoma Appliance & Accessory Toolkit

This toolkit is designed for use by any suitably trained Healthcare Professional (HCP) across Primary Care, within Hertfordshire and West Essex ICS.

Version	2.0 Updates include: • Rebadging with HWE ICB and removal of HVCCG headers • Hyperlinks • Stoma Care Nurse Team contact details • Updated prescribing guidelines within document to v8 • Review date removed and replaced with standard statement.
Approved by	Medicines Optimisation Clinical Leads Group
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Superseded Version	v1.0

Contents

Introduction

Along with the vast array of products available, the varying needs of stoma patients and the often specific ordering requirements for stoma products and accessories, it is essential to ensure that stoma prescribing is appropriate and well-managed.

Aim and Scope of this Toolkit

This document is designed to provide guidance to GP practices on the issue of prescriptions for items that are supplied to stoma patients, with the aim of reducing over-ordering, wastage, poor communication, and inappropriate use.

The responsibilities of the stoma care nurse (SCN), the practice and the dispensing contractor (dispensing appliance contractor [DAC], community pharmacy or dispensing doctor) are outlined within this toolkit. Advice on prescribing, stoma complications, managing high volume liquid output and specific medicines are also covered within this document.

Clinical queries should be directed to the appropriate SCN Team:

SWH: Dacorum, Watford and St Albans & Harpenden Localities	Telephone: 01923 217489 (Monday-Friday, 8am-4pm)	Email: westherts.stomacare@nhs.net
SWH: Hertsmere Locality	Telephone: 07741 306360 (Monday-Friday, 8am-4pm)	Email: nclicb.stomanurse@nhs.net
ENH: Stoma office for hospital and community care service, Lister hospital, Stevenage	Telephone: 01438 284133 (Monday-Friday, 7am-4.30pm)	Email: stomacare.enh-tr@nhs.net
West Essex: Stoma care nursing team	Telephone: 01279 827072 (Monday-Friday, 8am-4pm)	Email: paht.stomacare@nhs.net

This guidance does not override the individual responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or guardian or carer. This guidance is not to be used for commercial or marketing purposes - strictly for use within the NHS.

General Prescribing Advice

Prescription Requests

- Prescriptions (including repeats) should only be issued at the request of the patient/carer – not from a DAC.
- Companies may 'sample' patients with new, expensive and usually unnecessary products. These items should not be prescribed if they have not been recommended by the SCN.
- Patient requests for changes to stoma appliances and accessories should only be considered if on advice of the SCN.
- Retrospective prescriptions should not be issued by the prescriber.

Issuing a Prescription

- Ideally prescriptions should be sent electronically to the DAC / Community Pharmacy to ensure an audit trail and timely receipt of the prescription.
- Prescriptions for stoma appliances and accessories should be issued on a separate FP10 form to the patient's other medication.
- Stoma appliances should be prescribed by brand to avoid confusion. This will usually include the manufacturer's name, a description of the product and the product code.
- Avoid the use of "box" or "OP" when prescribing. The number of bags, flanges etc. should be stated where possible.

Prescribing Review

- Review prescribing of appliances and accessories for stoma patients against the Prescribing Guidelines and HWE ICB Stoma Position Statements.
- Ensure appropriate quantities are prescribed to minimise wastage. As a general rule, the total quantity supplied should constitute no more than one month's supply. Refer to the section below on Prescribing Guidelines for further details.
- Overuse (i.e. ordering more than is expected/recommended) should prompt referral to SCN for review and assessment.
- Stop or adjust treatment/management on the advice of the SCN or immediately if an urgent need to stop treatment arises.
- Seek advice from SCN if there are any clinical concerns about a patient (see stoma patient referral pathway).

Information for Practices

Information to support prescribers and practice staff involved in repeat prescribing systems can be found within this toolkit:

- Prescribing Guidelines
- Stoma Patient Referral Pathway
- Managing High Output Stomas
- Medicines to Avoid or Use with Care

Additional resources are available online:

- A Practical Guide to Stomas for Healthcare Professionals
- A Guide to Stoma Related Surgical Procedures

Responsibilities of Stoma Care Nurses

- Select and initiate the most appropriate product for treatment or management without the influence of the sponsoring company or DAC.
- Educate patients regarding prescriptions, and the option to obtain supplies through local community pharmacy, home delivery services, or, where appropriate, homecare companies.
- Ensure that the patient understands the process of ordering their own products from the GP practice.
- Ensure patient has an established treatment plan that they fully understand.
- Majority of the prescribing recommendations should be in line with stoma products formulary. A small cohort may require alternative products, (which must be listed in part IXA and IXC of the Drug Tariff) routinely in primary care.
- Communicate promptly with the GP regarding product initiation (including product codes), expected monthly usage, expected duration of treatment or if long term, the date of next review.
- Advise GP of monitoring requirements and advise of any changes to prescriptions.
- Ensure clear arrangements for back up advice and support for patients and prescribers.
- Recommend that stoma patients should use a plain and simple procedure when changing bag, thus avoiding the need for expensive accessories.

Responsibilities of the Practice

- Practices should only accept prescription requests initiated by the patient/carer, to enable a robust audit trail.
- If DACs are requesting prescriptions on behalf of patients, details should be reported to the Pharmacy & Medicines Optimisation Team.
- Check quantities requested against the information in the section below on Prescribing Guidelines. Be aware of the normal usage rate by the patient. Any irregularities should be flagged to the prescriber to either review the patient or refer to the SCN for review.
- Document any communication from the dispensing contractor or SCN in the patient's clinical records.
- Copies of annual appliance use reviews (AURs) should be reviewed by an appropriate person in the practice and scanned into the patient's medical records.
- Inform Community Pharmacy / DAC when a patient dies or moves out of area, so that any prescriptions (including repeat dispensing prescriptions) that have not yet been sent or dispensed can be retrieved and destroyed.
- Consider nominating a named person at the practice for managing requests for appliances.
- A record should be kept if prescription is posted to dispensing contractors.
- Practice should not enter into any arrangements for reviews led by manufacturers of stoma products or other companies unless this is authorised by the Pharmacy and Medicines Optimisation Team before commencement.

Responsibilities of the DAC / Community Pharmacy

- The DAC or pharmacy contractor is required to ensure that appropriate advice is given to patients about any appliance provided to them, in order to enable them to utilise, store and dispose of appliances appropriately.
- DACs and pharmacy contractors must also supply a reasonable quantity of wipes and disposal bags with stoma products free of charge which do not need to be added to the prescription. A marker has been placed in the Drug Tariff next to those categories to indicate which items must be supplied.
- Appliances and/or accessories should not be supplied to the patient without a signed prescription.

Prescribing Guidelines for Stoma Appliances and Accessories

Appliance	Maximum Monthly Quantity	Prescription Directions	Notes
Colostomy Bags – one piece systems *	90 bags	Remove and discard after use	Bags are not drainable / reusable. Usual use: 1-3 bags per day.
Colostomy Bags – two piece systems *	90 bags + 15 flanges	Bag – remove and discard after use. Flange – change every 2-3 days	The flange (base plate for 2 piece systems) is not usually changed at every bag change. Items ordered separately Bags are not drainable / reusable. Usual use: 1-3 bags per day.
Ileostomy Bags – one piece systems *	30 bags	Drain as required throughout the day. Use a new bag every 1-3 days	Bags are drainable
Ileostomy Bags – two piece systems *	30 bags + 15 flanges	Bag – change every 1-3 days. Flange – change every 2-3 days	The flange (base plate for 2 piece systems) is not usually changed at every bag change. Items ordered separately.
Urostomy Bags – one piece systems	30 bags	Drain as required throughout the day. Generally replace bag every 1-3 days. May need to change daily	Bags are drainable
Urostomy Bags – two piece systems	20 bags + 15 flanges	Bag – change every 2 days. Flange – change every 2-3 days	The flange (base plate for 2 piece systems) is not usually changed at every bag change. Items ordered separately.
Urostomy Night Drainage Bags	4 bags (1 box of 10 bags every 2-3 months)	Use a new bag every 7 days	Bags are drainable

*An ileostomy bag may be used for a colostomy and (rarely) vice versa – please refer to Stoma Care Nurse as quantities may differ

RESTRICTED			
Accessory	**Maximum Monthly Quantity**	**Prescription Directions**	**Notes**
Adhesive Removers: 1st line: StoCare® Remove Medical Adhesive Remover Spray Can (50ml) 1st line: Stocare® Remove Wipes (only to be used if manual strength or dexterity issues)	Ileostomy/Urostomy 2 spray cans Colostomy 3 spray cans	These are not always necessary	Sprays are more cost effective than wipes. Wipes should be reserved for people who lack the manual strength or dexterity to use a spray. 1st line Wipes: StoCare® Remove 'Non Sting' Medical Adhesive Remover Wipes. Excessive ordering of adhesive removers should be questioned. It may signify that the person is having problems and needs a stoma assessment.
Barrier Rings, Seals and Washers	Ileostomy/Urostomy 30 Colostomy 90	Change every time bag is changed	Barrier rings, seals or washers stretch and fit around the stoma, adhering to the patient's skin and stoma appliance. They are usually made of hydrocolloid or silicone which ensures fluid is taken away from the skin due to its high absorbency properties. New patients using this product should only be prescribed adhesive barrier rings, seals or washers after an assessment by a stoma care nurse. Quantity required may be considerably more if used around a fistula site. This should be communicated by the local stoma care nurse.

RESTRICTED			
Accessory	**Maximum Monthly Quantity**	**Prescription Directions**	**Notes**
Discharge Solidifying Agents: 1st line: OakMed® GelX capsules	280 capsules	Use as directed by the stoma care nurse	Authorisation for discharge solidifying agents must come from a stoma care nurse. Discharge solidifying agents should not be used for urostomy patients.
Flange Extenders or Retention Strips	Ileostomy/Urostomy 60 extenders/strips Colostomy 180 extenders/strips	Change every time bag is changed	Adhesive flange extenders/retention strips offer additional security, usually around the circumference of the adhesive part of a stoma appliance. New patients using this product should only be prescribed adhesive flange extenders or retention strips after an assessment by a stoma care nurse.
Elastic Belts	6 **per year**	6 **per year**	Washable and re-usable. Machine washing in a pillowcase, hand-washing, using mild soap, cold water, and drip drying are suggested to add longevity.
Irrigation	2 kits **per year**	To wash out colostomy	
Irrigation Sleeves	30	Use once every 1-2 days	Self-adhesive disposable sleeves
Sports Shield	2 **per year**	Use as directed by the stoma care nurse	Use for sporting activities – should only be prescribed after an assessment by a stoma care nurse.
Stoma Caps	30	For use on mucous fistulae or colostomy if irrigating	This may be in addition to original stoma bag

RESTRICTED			
Accessory	**Maximum Monthly Quantity**	**Prescription Directions**	**Notes**
Stoma Collars	Ileostomy/Urostomy 30 Colostomy 90	Use one with every new bag	Stoma collars adhere to the skin and stoma appliance and are designed to reduce leaks by protecting the base of the stoma and directing the stoma output into the stoma bag. New patients using this product should only be prescribed stoma collars after an assessment by a stoma care nurse.
Stoma Pastes and Fillers	2 tubes	Use as directed by the stoma care nurse	Stoma pastes and fillers are used to fill creases or dips in the skip to ensure a seal. Quantity required may be considerably more if used around a fistula site. This should be communicated by the local stoma care nurse.
Stoma Support Garments: Level 3	3 **per year**	2-3 **per year**	Limited research recommends that strengthening the abdominal wall by using exercises and support garments can dramatically reduce the incidence of herniation. Level 3 hernia support belts, girdles, waistbands and underwear provide abdominal support to reduce the incidence of parastomal herniation. Should a hernia occur, recommended management options include wearing a level 3 support garment.

SHORT TERM USE ONLY			
Accessory	**Maximum Quantity**	**Prescription Directions**	**Notes**
Barrier Creams 1st line: Comfeel® Barrier cream	Two 60g tubes **per year**	Use sparingly only as required, when peristomal skin is dry	Cavilon® barrier cream should not be used in stoma care. Barrier cream is not usually required at every bag change. Barrier cream sachets are not cost effective and should not be prescribed. Barrier creams are usually reserved for patients with dry skin conditions or where sore skin has healed and requires moisture/protection.
iLEX® Skin Protectant Paste and Orabase® Paste	2 tubes for a **maximum of 2 months**	Use as directed by the stoma care nurse	iLEX® Skin Protectant Paste and Orabase® Paste are used to protect excoriated skin and promote healing. They are not used in the same way as other stoma pastes and fillers.
Skin Protectors 1st line: StoCare® Protect no Sting Protective Barrier Film spray 1st line: Stocare® Protect Barrier Wipes (only to be used if manual strength or dexterity issues)	2 spray cans for a **maximum of 2 months**	Apply when bag is changed as directed	May be used on skin that is broken, sore or weepy to promote healing. If used for > 2 months, refer to stoma care nurse. Sprays are more cost effective than wipes/foam applicators. Wipes should be reserved for people who lack the manual strength or dexterity to use a spray (1st line: StoCare® Protect Barrier Wipes).
Stoma Powder	1 bottle **every 2 months** for a **maximum of 4 months**	Use sparingly on wet, weepy skin	Stoma powder is used to help heal excoriated, wet and weepy peristomal skin. It should be used sparingly and the excess dusted off. There is no advantage to using stoma powder unless skin is weepy or raw.

NOT RECOMMENDED	
Accessory	**Notes**
Adhesive Sprays and Lotions	The use of adhesive sprays/lotions is often as a result of stoma related problems, such as bag leakage or a stoma bag lifting or not lasting. Residue left on peristomal skin due to using an adhesive can lead to additional products being used to remove this and/or skin cleaned aggressively to clear it of the residue.
Bag Covers	Some patients prefer a transparent stoma bag to aid application and view contents. Patients can purchase bag covers online. Helpful websites are www.respond.co.uk and www.ostomycoversbylinda.co.uk.
Bridges	Stoma bridges are designed to keep the plastic films that form the bag apart, thus avoiding pancaking but there is no evidence to prove they are effective.
Deodorants	If correctly fitted, no odour should be apparent except when bag is emptied or changed. Household air freshener is sufficient in most cases. If odour present at times other than changing or emptying – refer for review.
Filters	Modern stoma bags have integrated filters. Any patients using bags without integrated filters should be referred to the stoma care nurse for review.
Gauze Swabs for use in Stoma Care	There is no clinical rationale for use of gauze swabs in routine stoma care. Dispensing appliance contractors and community pharmacies provide complimentary non-sterile dry wipes to stoma patients with their appliance prescription.
Lubricating Deodorant Gels	If patients have difficulty with 'pancaking' then a few drops of baby oil can be used as an alternative.
Skin Cleanser	Water (or soap and water) is adequate to cleanse peristomal skin and the stoma itself. Ensure soap is rinsed off before drying skin.
Stoma Support Garments: Level 1 & 2	No clinical evidence for the use of stoma underwear, or level 1 & 2, lightweight support underwear to prevent or manage a parastomal hernia (they do not provide the necessary support).

Stoma Patient Referral Pathway

Patient with Stoma Concerns

Patient self-referral
via telephone or email

Presents to other health and social care professionals
Refer to Stoma Care Nurse Team for review (via telephone or email) if:

- Presence of Red Flags for Stomas – see information box 1
- Presence of Other Concerns – see information box 2

Presents to GP
Refer to Stoma Care Nurse for review (via telephone, email or Ardens/DXS form) if:

- Requesting appliances or accessories not previously prescribed, without SCN recommendation.
- Routinely over ordering stoma supplies.
- Patient is using older style reusable bags, pressure plates / shields – newer products available.
- Patient using products that are not recommended for prescribing (double red).
- Long term use:
- >2 months of skin protective products.
- >4 months use of stoma powder.
- >2 months use of iLEX® or Orabase® paste.
- >2 tubes of barrier cream per year.
- Red Flags for Stomas – see information box 1.
- Other Symptoms – see information box 2.

Stoma Care Nurse Review

Refer to Colorectal Surgeon

Information Box 1

Red Flags for Stomas

- Excoriated skin
- Leakage
- Prolapse
- Stomal varices
- Acute renal failure
- High output stoma obstruction
- Parastomal Hernia

Information Box 2

Colorectal Symptoms

- Frequency
- Urgency
- Constipation
- Flatus

Stoma Related Symptoms

- High output
- Dietary problems
- Sore perisomal skin
- Parastomal hernia
- Granulomas

Other Symptoms

- Rectal discharge
- Dietary advice
- Pain
- Post operative limitations

Complications Associated with Stomas

Leakage:

Appliances can leak for a number of reasons, commonly due to being overfull. Other possible causes include cutting the template too large or too small or incorrect application of the flange or bag. Frequent leakages will require review by the SCN.

Sore skin:

Sore skin can develop due to leakages, frequent appliance changes, incorrect template size, allergies and pre-existing skin conditions. If sore skin issues persist the patient must be referred to the SCN.

Granulomas:

Can appear as tiny nodules usually around the edge of the stoma near the skin. These granulomas may bleed when touched and if enlarged may cause problems with the appliance adhering properly. Treatment usually involves regular silver nitrate application and patients should be referred to the SCN for long term management.

Dilation:

The stoma can become stenosed (narrowed) where the patient may need regular dilation. Some patients can do this independently and continue with their normal regime. Healthcare professionals, patients or carers may need training from the SCN in order to do this safely and a dilator may need to be prescribed.

Constipation:

Patients with a colostomy may be given enemas and suppositories via the stoma. Please contact the SCN for more information. Patients with an ileostomy should not be given enemas or suppositories. With the exception of ileostomy patients, an increase in fluid intake or dietary fibre (wherever possible) should be tried before initiating bulk forming or osmotic laxatives.

Ileostomy Blockage:

Patient is likely to present with acute abdominal pain with no output from their stoma. This is mainly due to a roughage food source. Patient should be referred to A&E for treatment.

Pancaking:

Can develop usually with a colostomy if the effluent is quite thick and sticks to the stoma instead of dropping into the bag. Refer to SCN for advice/review.

Prolapse:

Where the stoma increases in size or protrudes further out of the abdomen. The template of the flange or appliance may need to be adjusted to accommodate the stoma and the patients should be referred to the SCN.

High output stoma:

Normal output from an ileostomy is approximately 500-800ml/24 hours. A high output stoma produces in excess of 1000ml of stool/24 hours and can lead to dehydration. Most patients in the community do not measure their output but may report higher than normal volumes, a more liquid consistency and frequent emptying of their appliance.

Managing High Output Stomas

Some ileostomy patients can experience occasional problematic, high volume stoma output, which can cause dehydration, potential renal impairment, body image problems and increased product usage. Anti-motility agents (loperamide hydrochloride or codeine phosphate) can be used to treat this. They slow down gastrointestinal transit time, allowing more water to be absorbed, thus thickening and decreasing the stoma output. Loperamide is preferred as it is not a sedative and not addictive or subject to abuse.

If their output exceeds 1000ml per day, these patients will need regular urea and electrolyte tests and may become depleted in magnesium very quickly. Loperamide should be taken half an hour before food for maximum effect. If not effective initially, i.e. the patient still has high volume output, loperamide oral solution should be considered.

Patients with high output ileostomies are advised to drink Dioralyte® and isotonic drinks and they will be given advice regarding foodstuffs to thicken output.

Patients are usually able to self-manage ad-hoc dosing according to requirements. Longer term use with higher doses may be necessary in patients who have a short bowel.

St Mark's solution can be used to manage potential dehydration and patients will be advised accordingly on its use by the SCN.

Medicines required for high output stoma management (NB. off-label use)	
Drug	**Dose**
Loperamide hydrochloride 2 mg capsules Occasionally loperamide 1mg/5ml oral solution will be recommended.	One capsule three times a day. (Maximum 8 capsules in 24 hours) There may be exceptional circumstances where higher doses may be required. This should only be on the advice of the SCN or Consultant
Codeine phosphate 15mg and 30mg tablets	One to two tablets up to four times a day. (Maximum 8 tablets in 24 hours)

Medicines to Avoid or Use With Care

Medication type	Reason
Antacids	Magnesium salts may cause diarrhoea. Aluminium salts may cause constipation.
Antibiotics	Caution - antibiotics may cause diarrhoea.
Digoxin	Stoma patients are susceptible to hypokalaemia and need to be monitored closely. Hypokalaemia can increase digoxin toxicity. Consider supplements or potassium sparing diuretics to avoid hypokalaemia.
Diuretics	Patients may become dehydrated. Caution when used in patients with an ileostomy, as they may become potassium depleted.
Enteric coated and modified release preparations	May be unsuitable, particularly in patients with an ileostomy, as there may not be sufficient release of the active drug. Consider preparations that are not enteric coated or modified release as first choices.
Iron, i.e. ferrous sulphate and ferrous fumarate	May cause diarrhoea in patients with an ileostomy or constipation in patients with a colostomy. Stools may be black – important to warn and reassure patients.
Laxative enemas and washouts	Avoid in patients with an ileostomy as these may cause rapid and severe loss of water and electrolytes.
Nicorandil	This can cause anal and peristomal ulceration.
Opioid analgesics	These may cause constipation, which may be troublesome.
Proton pump inhibitors	These may cause diarrhoea.
Topical creams/ointments	The stoma bags may not adhere to skin where topical creams and ointments have been applied. Avoid or consider lotion where indicated.

Nutritional Advice for Patients after Stoma Surgery

Patients are likely to have had concerns about what foods suit them for some time prior to surgery, especially those with inflammatory bowel disease. How foods suit individuals post surgery will depend on the part of bowel that has been removed, and the type of stoma the patient has.

Everyone is different and therefore may be affected differently by the same foods. This information is a general guide to identify how different foods may affect patients in the days and months following their stoma surgery.

The three most common types of stomas are ileostomy, colostomy and urostomy. The following information covers nutrition specifically relating to each type of stoma.

Ileostomy

An ileostomy comes from the small bowel. The purpose of the small bowel is to break down the food from the stomach and absorb nutrients from food. Output from an ileostomy will never be formed, the thickest the stool will become is the consistency of toothpaste. Some foods can help thicken stoma output making it more manageable.

Ileostomies tend to produce more fluid than other stomas because of the way the ileum works. In the first days after surgery, output can be quite watery and it's normal that output will be about 800 – 1000ml per day. This means patients may need to empty the stoma bag between 3 and 5 times a day.

It takes time for the bowel to adapt to an ileostomy – it's therefore common for output to be watery for several weeks post surgery. During this time, patients will need to have more salt than normal, which, together with drinking enough fluid, will help to prevent dehydration.

Advise patients to:

- Drink at least 8 - 10 mugs (10 – 13 cups) of fluid per day (1 – 2 litres or 3 – 3½ pints). Drinks can include water, tea, coffee and squash.
- Add extra salt to meals. Patients will need to have an extra half to one teaspoon of salt added to food over the course of a day.

If output is high (over 1000ml) or if the patient becomes dehydrated, consider an oral rehydration solution such as Dioralyte® or St Mark's Electrolyte Mix. Advise patients to ask their stoma nurse or dietitian for further advice.

After just 6-8 weeks of having an ileostomy, the body will start to adapt and become used to the stoma's function. Eating a full and varied diet is important, so encourage patients to keep trying different foods, to see what works for them.

Meal Pattern

When patients choose to eat meals is personal choice, but the following advice may help them:

- Try to have a regular meal pattern as this helps keep ileostomy functioning normally.
- Eating smaller meals more frequently may help with digestion.
- Eating meals in a relaxed environment and at a slow pace may aid digestion.
- Drinking fluids after a meal, instead of during it can help reduce wind. The ileostomy output may become looser and therefore cause more wind if fluids are drunk with a meal.
- Taking time when eating and chewing food thoroughly, to ensure it can be digested, can help.
- Eating a main meal late in the evening may increase ileostomy output overnight. If patients usually have their main meal in the evening, they may find that having it earlier in the day and eating a smaller meal in the evening is better for them.
- Eating or drinking highly coloured food and drink such as beetroot or Guinness will cause ileostomy output to look much more red or brown than normal, so patients should be reassured that this is nothing to worry about.

Alcohol

- Beer is likely to make ileostomy output looser. The gas in beer may also cause wind.
- Government advice should be followed: maximum of 14 units per week, over 3 or more days - with one or two alcohol free days each week. 1 unit is equal to ½ pint of beer, a single pub measure of spirit, a small glass of sherry or ⅔ of a small glass of wine.

Foods to be aware of with an ileostomy

Foods that may help to thicken output	Foods that may help to increase output	Foods that could block the ileostomy	Foods that may cause more wind or odour
• White starchy carbohydrates (e.g. white bread, white chapattis, plain breakfast cereal, oats, white pasta, white rice, potatoes, sweet potatoes, noodles) • Bananas • Foods containing gelatine (e.g. jelly)	• Cooked vegetables without skins • Salad • Fats & oils • Spicy foods • Artificial sweeteners (e.g. aspartame) • Caffeine	• Nuts including coconut • Seeds • Pith (e.g. from oranges, grapefruit) • Pips • Raw vegetables • Mushrooms • Fruit or vegetable skins • Lettuce • Tomatoes • Fibrous fruit and vegetables (e.g. celery, pineapple) • Peas • Lentils • Sweetcorn • Mango • Dried fruit	• Eggs • Fish • Spices • Garlic • Onion • Brassica type vegetables (e.g. cabbage, broccoli) • Fizzy drinks • Beer

Urostomy

There is no special diet advised after having a urostomy. Patients should be encouraged to eat a wide variety of foods, as normal. However, it is worth knowing about how the following foods may affect patients post urostomy:

- Eating fish, onions, garlic, and asparagus can make urine smell different/stronger.
- Eating beetroot can make urine pink in colour.

When patients have a urostomy, the most important thing to remember is that they have a higher risk of urinary tract infections (UTIs).

The following advice may help to prevent these:

- Aim to drink about 10 – 15 mugs (13 – 20 cups) of fluid per day (2 - 3 litres or 3½ - 5 pints).

Eat foods that are high in vitamin C (fruit and vegetables) as these can help the urine become acidic, which can help prevent infections.

Colostomy

There is no special diet advised after having a colostomy. Patients should be encouraged to try to eat a wide variety of foods, as normal. However, it is important to remember that everyone is different, and the following advice may help patients to eat a well-balanced diet.

Fibre

Advise patients to continue to include fibre in their diet. Advise choosing some foods from the following list daily:

- Wholemeal bread
- High fibre cereal e.g. Weetabix®, porridge
- Vegetables
- Fruit

Colostomies may not produce output every day. The patient should be reassured that this is nothing to worry about. If their colostomy has not produced any output for three days, advise the patient to try eating some of the foods suggested below to help increase output / help with constipation. Advice from a stoma care nurse or GP regarding the need for a mild osmotic or bulk-forming laxative may be required.

Foods to be aware of with a colostomy

Foods that may cause odour	Foods that may help to reduce odour	Foods that may cause more wind	Foods that may help increase output/ help with constipation
• Green vegetables (e.g. asparagus) • Beans and pulses • Brassica type vegetables (e.g. cauliflower) • Parsnips • Onions • Garlic • Fish • Eggs • Beer	• Tomato juice • Orange juice • Parsley • Live natural yogurt • Peppermint Tea	• Beer and fizzy drinks • Brassica type vegetables (e.g. cauliflower, broccoli, cabbage, sprouts) • Onions • Beans and pulses (e.g. kidney & baked beans) • Fruit • Fish • Nuts • Milk & milk containing drinks • Chocolate • Eggs	• Raw/lightly cooked vegetables • Spinach • Fresh fruit • Cooked fruit (e.g. rhubarb) • Pure fruit juice • Dried Fruit

Patient Support Resources

- Colostomy Association: (0800 328 4257) www.colostomyassociation.org.uk
- Ileostomy and Internal Pouch Association: (0800 0184724) www.iasupport.org
- Urostomy Association: (01386 430140) www.urostomyassociation.org.uk
- Macmillan Cancer Support: (0808 808 00 00) www.macmillan.org.uk
- Sexual Advice Association: (0207 486 7262) www.sexualadviceassociation.co.uk
- Ostomyland: www.ostomyland.com/ostomyland
- Bowel surgery: www.allaboutbowelsurgery.com
- Meet an OstoMate: www.meetanostomate.org
- Stomawise: http://www.stomawise.co.uk
- Crohn's & Colitis UK: (0300 222 5700) https://www.crohnsandcolitis.org.uk
- Bowel Cancer UK (0207 940 1760) www.bowelcanceruk.org.uk
- RADAR (disabled toilet key): (02072503222) www.radar-shop.org.uk

Acknowledgements

- The Hillingdon Hospitals NHS Trust: "Prescribing of Stoma Care Appliances in Primary Care - Guidance for GP's" (2016)
- Bedfordshire and Luton Clinical Commissioning Group: "Guidance on Prescribing of Stoma Appliances in the Community" (2016).
- NHS Brent, Harrow Clinical Commissioning Group: Prescribing Guidance for Adult Stoma Products, Appliances and Accessories (2018)

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