

## Surrey Heartlands Typical quantities and prescribing guidance for stoma appliances – for people with colostomies, ileostomies or urostomies

- If quantities ordered exceed those listed, refer to stoma specialist unless there is good reason e.g. increase in number of bags in times of diarrhoea.

- Changes to prescriptions should only be on the recommendation of the Specialist Stoma Care Nurses. If changes are required to the patient's appliances or accessories a letter will be sent from the stoma care department to the GP advising of the necessary changes

Stoma appliance	Typical quantity	Directions for use	Typical usage	Notes
Adhesive remover spray (50mls)	1–2 cans per month (ileostomy/urostomy) no more than 3 cans per month (colostomy) {100ml size may be more cost-effective if available}	Use to assist in cleaning the skin when changing ostomy bag	Spray at each bag change	Sprays are considered first line. Silicone based, alcohol-free preps preferred. Not to be used in conjunction with adhesive remover wipes
Adhesive remover wipes	1 box (30) per month (2 boxes if colostomy)	Use to assist in cleaning the skin when changing ostomy bag One per bag change	1 per bag change	Sprays are generally more cost- effective than wipes but wipes may be more appropriate for people whilst travelling/at work or who lack the strength or dexterity to use sprays (1 wipe/bag) Not to be used in conjunction with adhesive remover spray
Bags: Colostomy bags – closed pouch	30–90 bags per month (query with stoma nurse if more bags are being requested)	Remove and discard after use	1–3 per day	Not reusable. Can be 1-piece or 2-piece (which will require flanges)
Bags: Colostomy bags – drainable pouch	15-30 bags per month (query with stoma nurse if more bags are being requested)	Drainable	Change every 24-48 hours depending on stoma function	Some patients may use if stool is loose
Bags: Ileostomy bags	10–30 bags per month (query with stoma nurse if more bags are being requested)	Drain as required throughout day. Use a new bag every 1–3 days	1 every 1–3 days	Drainable. Can be 1-piece or 2-piece (which will require flanges)
Bags: Urostomy bags	10–30 bags per month (query with stoma nurse if more bags are being requested)	Drain as required throughout day. Use a new bag every 1–3 days	1 every 1–3 days	Drainable. Can be 1-piece or 2- piece (which will require flanges) Require additional night bag



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Bags: Night drainage bags for urostomy patients	4 drainable bags per month (prescribe as 1 box of 10 bags every 2-3 months)	Use a new bag every 7 days	1 per week	Drainable. Rinse as directed by stoma care nurse. Single use bags are rarely used –query with nurse
Collar (on the advice of a stoma nurse)	30–90 per month	Use 1 with every new bag 1–3 per day	1 per bag change	Refer to stoma nurse for review, as alternative bags to reduce leakage may be appropriate
Elastic belts – for convex pouches	3 (1 to wear, 1 in the wash, 1 spare)	Aid projection of waste into the appliance	3 per year	Washable and reusable
Flange(base plates - for 2- piece system)	10-20 flanges per month	Change every 2–3 days	1 every 2–3 days	The flange is not changed with every bag change,
Flange extenders/ security strips	2–6 boxes of 30 (60–180) depending on number of bags per month	To be used at every bag change	2 tapes per bag change	For extra security if patient has hernia or skin creases – stops edges of stoma bag rolling up. Ensure compatibility with bag.
Paste for stoma (60 grams, on the advice of a stoma nurse)	1–3 tubes per month	To be used with bag change	Used at each bag change	Refer to stoma nurse for review Absorbs moisture, improves seal, which decreases the frequency of bag changes
Pouch clips	1 box of 10 per year	Use to seal the bottom of the bag - reusable	Used with drainable ostomy bags that do not have an integrated closure	Rarely needed - usually for older bags/2-piece systems Refer to stoma nurse to assess continued suitability
Powder for stoma (25 grams, provided by stoma nurse)	1 every 1–3 months	Apply to broken skin	Variable Used to absorb moisture from broken skin	Not for ongoing use – to be provided by stoma nurses from stock. If repeat requested refer back to stoma nurse for review



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Seals (on the advice of a stoma nurse)	30–90 per month	Use 1 for each bag change	1 per bag change, for skin protection, filling in dips around the stoma and for increasing bag use time	Mainly for ileostomies and urostomies (needed by about 90% of patients) Should be on specialist advice as a different bag may be more appropriate
Skin protective/ barrier cream	Not recommended	Not recommended	Not recommended	May reduce adhesion of bags/flanges – query with stoma nurse
Skin protective/ barrier spray	1–2 per month per 30 colostomy/60 ileostomy bags. On Acute only - not for repeat prescription	Use for the treatment of red, sore skin May be needed to prevent skin breakdown	Variable	Refer to stoma nurse for review if skin is broken or use is prolonged >3 months  Not to be used in conjunction with skin protective/ barrier wipes
Skin protective/ barrier wipes	30 per month (if skin is red) On Acute only - not for repeat prescription	Use 1 wipe per day if skin is red	1 per day if skin is red	Refer to stoma nurse for review if skin is broken or use is prolonged >3 months  Not to be used in conjunction with skin protective/ barrier spray
Solidifying agents (capsules, tablets, sachets, absorbent strips)	Not routinely required	Place inside empty ostomy bag and attach as usual. To thicken contents of the bag	1–2 capsules/ tablets/strips per effluent after emptying, if high output	Refer to stoma nurse for review - rarely used and need to establish root cause of high output and treat
Underwear/support belts for the prevention or treatment of hernia (on the advice of a stoma nurse only).	For hernia prevention – ONLY where a clear high risk of developing parastomal hernia has been identified (for example, a patient with manual job/hobbies). Initial supply should be 1 only to ensure	Usage may vary	Variable	Washable and reusable – requires expert fitting. Level 1 & 2 lightweight support garments/belts should generally be purchased by the patient but may be recommended by the stoma team for complex



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Level 3 support only should be prescribed unless complex patient identified by stoma nurse— see notes	comfort and fit. For hernia prevention: max 2 garments per year For hernia treatment: max 3 garments per year.			patients, for example those with dexterity issues. In such circumstances, the reason for exemption from the guidance should be documented in a letter to the GP.

## The following items are NOT recommended for prescribing:

Product	Purpose	Notes
Bag covers	To make bag more aesthetically pleasing	May be purchased by patient or change to opaque pouch
Barrier creams	For sore skin	Not recommended as may reduce adhesion of bags/flanges
Briefs	Provide support and hide ostomy pouch	May be purchased by patient
Deodorants	Not routinely required	Should not be required. If correctly fitted, no odour should be apparent except when bag is emptied or changed. Household air freshener is sufficient in most cases. Stoma nurse may recommend on a combined adhesive remover with deodorant
Gauze swabs	To clean area	Request more free of charge from Dispensing Appliance Contractor
Light Support Underwear (unless exceptional circumstances as above)	Cosmetic – do not supply support for parastomal hernia	High-waisted support underwear is available to purchase over-the- counter from high-street stores or online from ostomy underwear suppliers
Lubricating deodorant gels	Not routinely required	Only recommended if patients have difficulty with 'pancaking'. Bottles are more cost effective than sachets. A few drops of baby oil or olive oil can be used as an alternative. Only to be used under the direction of stoma nurse
Powder for stoma	Not routinely required	Provided for short term use by the stoma care nurses – any prescription requests should be queried
Skin cleansers	Not required	Warm water cleanses peristomal skin effectively
Stoma Filters	Not required	All modern pouches have built-in filters



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