

Appliances

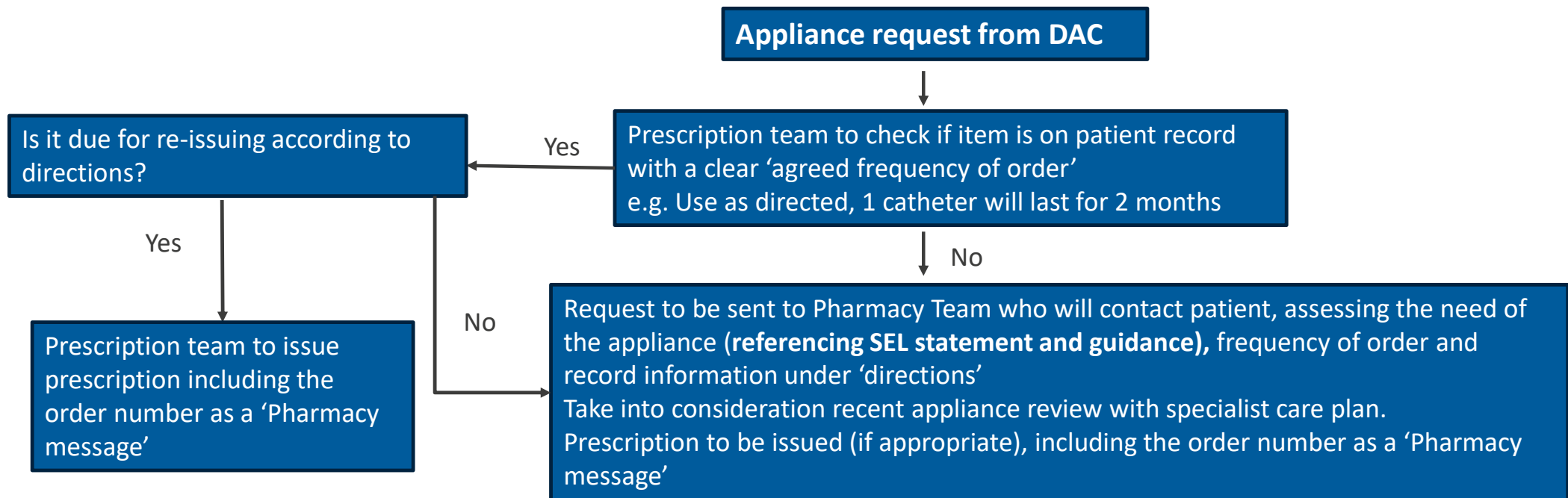
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Ordering / Prescription Requests

- Patients may order directly to the GP practice or a Dispensing Appliance Contractor (DAC) will order on behalf of the patient
- Ensure patients have ONE DAC nominated for their appliances
- Orders from DACs should be checked using the following good practice process:



Things to remember

- Only appliances listed in Part IXC of the NHSBSA Drug Tariff are approved for prescribing on the NHS.
- When prescribing ANY item (including appliances) the prescriber must take on full medico-legal responsibility
- NO prescription products should be supplied to a patient without a signed prescription
- Prescribers are **not obligated** to issue retrospective prescriptions when a supply has been made in advance of a valid prescription
- Patients have a choice as to where their prescription(s) are dispensed
- Over-prescribing and over-ordering of appliances are frequently identified in primary care as important causes of wasteful prescribing
- It is strongly recommended that GP practices have their own agreed protocol for how to deal with DACs
- Preferably confirming orders with patients or requesting patients order directly with the GP

Stoma Appliances

Stoma Appliances

- Individuals assessed as possible candidates for a stoma should be referred to a stoma care service
- A specialist who is knowledgeable about stomas (e.g. stoma nurse/colorectal surgeon) should give any person with a stoma specific information about the siting, care and management of stomas
- Any change to a patient's stoma appliances should be approved by a stoma nurse in consultation with the patient
- Stoma nurses will communicate to GP practices using template forms

SEL IMOC Stoma Care – Transfer of Care letter template



Ref:

Transfer of Care Letter
Name of Stoma Care Nurse:
Direct Line:
Bleep Desk:
Bleep No:
Main switchboard:
Date:

Dear [Dr XXXX],

Patient's Name:
Date of Birth:
Hospital number:
NHS number:
Address:

Please find enclosed the above patient's prescription requirements for Stoma Care products. I have arranged for these supplies to be delivered by (please tick as applicable):

<input type="checkbox"/> Fittleworth	<input type="checkbox"/> SecuriCare	<input type="checkbox"/> Other (please state)
Contact details:		

I have also requested that [DAC name] contact you directly for a prescription. Please be advised that a DAC cannot proceed with an order until they are in receipt of a prescription for the required products. I will continue to review to ensure that these prescription requirements remain appropriate.

If you have any queries regarding this patient please do not hesitate to contact us on the above number.

Yours sincerely,

Stoma Nurse



Prescription Requirements

GP name and address:			
Diagnosis:			
Surgery details:			
Type of stoma:		Temporary:	<input type="checkbox"/>
		Permanent:	<input type="checkbox"/>
Operation Date:		Discharge date:	
Hospital Consultant:			
Prescription Items:			
Product:	Code:	Quantity:	

Additional information

Condition of stoma:	
Condition of peristomal skin:	
Volume and consistency of output to support discharge planning:	
Frequency of pouch change:	
Any dietary advice given:	
Any hernia prevention advice given:	
Date:	

Please do not hesitate to contact us if you require further information.

SEL IMOC Stoma Care – Review Letter template



Ref:

Stoma Review Letter
Name of Stoma Care Nurse:
Direct Line:
Bleep Desk:
Bleep No:
Main switchboard:
Date:

Dear [Dr XXXX],

Patient's Name:
Date of Birth:
Hospital number:
NHS number:
Address:

We are pleased to advise you that we have reviewed the above patient in our Nurse Led Stoma Clinic on [date]. The patient has had [type of surgery] on [date] and currently has a [temporary/permanent] [type of stoma]. The stoma products have also been assessed as part of a clinical review. This review was (select as applicable):

1	part of their ongoing review post-surgery	<input type="checkbox"/>
2	requested by the patient because of unexpected stoma management issues	<input type="checkbox"/>
3	requested by; <input type="checkbox"/> GP <input type="checkbox"/> Dist. Nurse <input type="checkbox"/> Other (state)	

Please find a full report of the stoma review and the monthly prescription requirements below.

Summary of Review

We have assessed and confirm the following:

Stoma status after review	
Description of the problem/issue presented:	
Stoma assessment:	<input type="checkbox"/> Healthy <input type="checkbox"/> Other (state)
Condition of peristomal skin:	<input type="checkbox"/> Healthy <input type="checkbox"/> Other (state)
Stoma output	
Patient independent with their Stoma Care:	<input type="checkbox"/> Yes <input type="checkbox"/> No (state type of support needed)
Any prescription amendments would have been agreed by the Stoma Nurse and patient. Please find an up to date list of the patient's prescription items on the following page and ensure they are updated on the patient's medical record.	

Additional information	
Any medication advice given:	
Any dietary advice given:	
Any other comments or advice such as hernia prevention, travel, lifestyle issues, return to work or usual activities of living:	
The next review is planned for:	The patient is aware of this plan: <input type="checkbox"/> Yes <input type="checkbox"/> No
Patient has been asked to contact stoma nurse to arrange? <input type="checkbox"/> or	Stoma nurse will arrange next review with patient? <input type="checkbox"/>

MONTHLY Prescription Requirements After Review

Current nominated DAC:		
DAC contact details:		
The current stoma products and usage remain appropriate:	<input type="checkbox"/> Yes <input type="checkbox"/> No (state why)	
Prescription Items:		
Product:	Code:	Quantity:

If you have any queries regarding this patient, please do not hesitate to contact us on the above number.

Yours sincerely,

[Stoma Nurse]

PrescQIPP Bulletin 338 - Stoma

- Provides information on products for stoma patients that should **not** be prescribed
- Deodorisers
- Skin cleansers
- Light support underwear - High-waisted support underwear is available to purchase over-the-counter from high-street stores or online from ostomy underwear suppliers.
- Bag/pouch covers
- Barrier cream,
- Combinations of spray and wipes of the same product,
- Stoma filters
- Gauze swabs

Action – good practice to review clinical need of the above products

- The following should **only be prescribed at the request of a stoma nurse**
- Lubricating deodorants - Baby oil is a cost-effective alternative
- Paste
- Powder
- Ring seals
- All stoma underwear for hernia prevention or management. Level 3 support wear should be prescribed on an individual basis after assessment by the stoma nurse
- Stoma collars

Action – review products in line with Stoma Nurse/letter

Quantities and prescribing guidance for stoma products can be found [here](#)

Attachment 4. Typical quantities and prescribing guidance for stoma appliances

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)	Use to assist in cleaning the skin when changing ostomy bag	Spray at each bag change	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 dexterity to use sprays (1 wipe/bag) Not to be used in conjunction with adhesive remover spray
Bags: Colostomy bags	30–90 bags per month	Remove and discard after use	1–3 per day	Not reusable. Can be 1-piece or 2-piece
Bags: Ileostomy bags	10–30 bags per month	Drain as required. Use a new bag every 1–3 days	1 every 1–3 days	Drainable. Can be 1-piece or 2-piece
Bags: Urostomy bags	20–30 bags per month	Drain as required Use a new bag every 1–3 days	1 every 1–3 days	Drainable. Can be 1-piece or 2-piece Require additional night bag
Bags: Night drainage bags	4 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
Belts—ostomy support	3–6 per year	Usage may vary	Variable	Washable and reusable
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 suitable

Stoma appliance	Typical quantity	Directions for use	Typical usage	Notes
Flange (for 2-piece system)	15 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 per month (60–180)	To be used at every bag change	2 tapes per bag change	For extra security if patient has hernia or skin creases Must be the same manufacturer as for bag to ensure compatibility
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	Used with drainable ostomy bags that do not have an integrated closure	Rarely needed Usually for older bags/2-piece systems Patient should be reviewed to assess continued suitability Reusable
Powder for stoma (25 grams, on the advice of a stoma nurse)	1 every 1–3 months	Apply to broken skin	Variable Used to absorb moisture from broken skin	Refer to stoma nurse for review
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	Usually for ileostomies and urostomies (needed by about 90% of patients) Should be on specialist advice as a different bag may be more appropriate

Stoma appliance	Typical quantity	Directions for use	Typical usage	Notes
Skin protective/ barrier spray	1–2 per month per 30 colostomy/60 ileostomy bags 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) 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)	2 boxes per month	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 Mainly used by patients with an ileostomy to thicken up contents in stoma bag without the need for medication
Underwear for the prevention or treatment of hernia, Level 3 support (on the advice of a stoma nurse)	For hernia prevention, where a clear high risk has been identified: 2 garments per year For hernia treatment: 3 garments per year	Usage may vary	Variable	Washable and reusable

Top Tips for stoma appliance prescribing

- Prescribe items on acute prescription
- Ensure that the patient receives an appliance use review on an annual basis from a stoma nurse
- Do not routinely prescribe deodorisers, skin cleansers, light support underwear, pouch covers, barrier creams, stoma filters, gauze swabs
- Do not prescribe combinations of barrier spray and barrier wipes
- Only prescribe lubricating deodorants, ring seals, stoma collars, pastes, powders or stoma underwear for parastomal hernia prevention in high-risk patients or management of parastomal hernia if requested by a specialist stoma nurse.
- Refer patients requesting large quantities or overusing stoma accessories to a stoma care nurse as this may indicate that they are experiencing problems.
- Consider any adjustments that may need to be made to a patient's medicines in view of their stoma on discharge from hospital and at regular medication reviews

Incontinence Appliances

Incontinence appliances

- The use of appliances for incontinence should be temporary as the main aim for most patients is to treat the underlying cause(s) of the continence issue
- The long-term use of continence appliances should only be considered after assessment and exclusion of other methods of management
- Low-cost community interventions, including lifestyle interventions, have been shown to cut pad usage by 50%.
- Suitable lifestyle advice to reduce the incidence of incontinence episodes should be provided, such as:
 - Caffeine reduction
 - losing weight if BMI>30
 - pelvic floor muscle training and fluid intake modification for women with urinary incontinence
 - Preventing or treating constipation and minimising heavy lifting, specifically for women with pelvic organ prolapse
 - Diet modification for patients with faecal incontinence.

PrescQIPP Bulletin 334 - Incontinence

Table 1: Typical monthly quantities and prescribing guidance for continence appliances

Appliance	Frequency of change	Typical monthly quantity	Additional information
Anaesthetic lubricating gel	1 per indwelling catheter change	1	Pre-filled syringes 6ml and 11ml
Anal plugs	Usually replaced every 12 hours or after a bowel movement	60	Single use device
Catheter straps	1 pack should last 5 months	1 (not for repeat prescription)	Straps are washable and re-usable
Catheter valves	Every 7 days	5 (1 box)	No more than 5 (1 box) per month. For use with indwelling catheters
Indwelling catheters (Foley) long-term use catheter	Up to 4 or 12 weeks, depending on manufacturer's guidance If changing more frequently than every 4 weeks, consider referral to local continence service	1 every 4–12 weeks depending on duration of use	Prescribe 2–3 initially (including 1–2 spare catheters) Require attachment to leg bags or catheter valves
Intermittent (Nelaton) catheters – single-use	Between once or twice a week up to 6 daily. Some patients may use a selection of different types depending on lifestyle	From 1–7 packs of 30 (packs cannot be split)	All patients to be managed by specialist continence team. Frequency depends on reason for catheterisation
Leg bags (drainable)	7 days	5	1 complete box of 10 will last 2 months. For collection of urine from indwelling catheters or penile sheaths
Leg bag sleeves	1 pack should last 4-6 months	1 (not for repeat prescription)	Sleeves are washable and re-usable. Used to support a leg bag as an alternative to leg bag straps
Night bags (drainable)	7 days	5	1 complete box of 10 will last 2 months If bedbound, attached directly to catheter
Night bags (non-drainable)	1 every night	30 (3 boxes of 10)	Recommended for use in care homes to reduce the risk of cross-infection. Do not attach directly to catheter
Penile sheaths	1 daily	30 (1 box)	Over-ordering may be due to poor fit and require review

Top tips for incontinence appliances prescribing

- Provide suitable lifestyle advice to all patients with incontinence to reduce the incidence of incontinence episodes and reduce the need for continence appliance products
- The main aim for most patients is to treat the underlying cause, therefore incontinence appliances should only be a temporary measure
- Prescribe items on acute prescription
- Review requests from DACs with patients to ensure the correct products / quantities are being requested
- Ensure patients are regularly reviewed (at least every 6 months for faecal incontinence and at least annually for bladder health)
- Ensure all patients with a catheter have a catheter passport – this should have been provided when the catheter was inserted

Freestyle Libre 2 sensors

FreeStyle Libre 2 sensors

- Review the quantities of sensors prescribed over the course of a year to ensure that they are not being overordered or underordered
- People underordering should be referred to the diabetes practice nurse or specialist nurse for review and shared decision making about the appropriateness of continued prescribing of CGM
- People overordering should be made aware that faulty sensors will be replaced by the manufacturer
- Set maximum sensor issues to two sensors in a 28-day period
- If requests from secondary care state to issue more than the 2 sensors required in a 28 day period, write back to the requester informing them that the patient has been informed to contact customer services for a replacement as FreeStyle Libre 2 sensors should last 14 days
- Patients on CGM sensors will still require occasional blood glucose testing, however the frequency of which would be reduced
- Ensure quantities of SMBG test strips are reduced to adjust for the change in frequency

Top tips

- Ensure TWO Freestyle Libre 2 sensors are issued every 28 days
- If a sensor falls off early or if faulty, the patient must contact Abbott directly using the [UK Sensor support form](#) or call 0800 170 1177 for general enquiries
- If the Freestyle Libre 2 system is not working, individuals should continue to check blood glucose levels using their blood glucose testing meter kit
- See [Primary care information sheet](#) for further advice on all CGM devices

Thank you
Any Questions?