Problematic stomas... Convexity

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What is convexity?
The term convexity, or a convex pouch, refers to pouches that have a baseplate (flange) that curves or bulges outwards rather than being flat as on a standard pouch. All the leading stoma manufacturers produce a convex version of both their drainable/closed and 1-piece/2-piece pouches, although they can vary in the strength or firmness and the depth of the convexity.

Why would I use convexity?
Convex products are recommended for use by stoma care nurses usually in response to difficulties such as stomas under skin folds, in dips, skin creases and retraction.

These difficulties can often lead to an unstable appliance, leakage and the associated sore skin.

The convex base plate has a circular ‘hump’ or ridge built into it which, when worn, has the effect of putting a ring of gentle pressure on the skin around the stoma. Often creases can be ‘ironed out’ and dips can be filled with a convex baseplate, thus increasing security and preventing leakage. Stomas that are mildly retracted can be encouraged to protrude into the pouch, with deeper, firmer convex products being used on stomas that are more severely retracted. Also, as the convex baseplate is sturdier than a flat baseplate, it can hold apart skin folds to expose the stoma. Sometimes the use of convexity can mean other accessories such as paste or seals that were used to achieve a seal are no longer needed.

What about a belt?
All convex pouches are manufactured with belt loops. This is to give you the option of using a belt to increase the security. The belts are elastic with a size adjuster and, as they pull the pouch more firmly in position, they have the effect of increasing the firmness of the convexity. They should not be made too tight and should be
comfortable, with two fingers easily able to be inserted under them.

**What can go wrong?**

There is a risk, when using a convex pouch, of causing bruising around the stoma by the pressure on the area. This risk will increase with the use of a belt, and should be monitored by regular checks by the stoma care nurse. If bruising occurs, loosen the belt and ask the advice of your stoma nurse.

It is important to ensure when attaching the belt that the hooks are facing outwards, away from the body. They can cause bruising or trauma when pushing against the abdominal skin. Similarly, the belt can cause sore chaffed skin over bony prominences such as the hips and spine on people who are slim or underweight, so it might need to be loosened or some soft material tucked under the belt in these areas.

Convexity generally should not be used on newly formed stomas as the pressure can delay healing and cause trauma to the mucocutaneous junction (the suture line where the bowel is attached to the abdominal skin). Occasionally, when there are real problems with leakage in the early post-operative days, a gentle convexity can be used, but only with close monitoring by the stoma care nurse.

**Which convexity should I use?**

This obviously depends on why it is needed. Sometimes a gentle convexity is all that is needed whereas in cases of severe retraction, a deeper, stronger convexity will be required. The choice should be guided by your stoma care nurse, with perhaps several types being sampled before making a decision. The belt also requires some trial and error. Some people choose to only wear it at times when increased security is needed such as over night or when going out and then take it off when relaxing at home. For others, the belt is an essential part of using the convexity or you might find it is not necessary.

Convexity is often offered with different sizes of 'plateau' or the raised area. It is generally felt that it works more effectively when the convexity is quite snug to the stoma. I.e. using a convex pouch with a large plateau on a small stoma wouldn't be very effective as the pressure is further away from where it is needed.

**In conclusion:**

A convex baseplate certainly is very effective for many who have experienced problems with leakage for a variety of reasons. It should, however, always be introduced and regularly monitored by a stoma care nurse.

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