

# How to... prevent leakages



Pat Black MSc, RGN, RCNT,  
FETC, DipN, FPA Cert  
Lead Nurse for Stoma and  
Colorectal Services  
The Hillingdon  
Hospital NHS Trust  
Uxbridge Middlesex.

When stoma appliances leak  
it can be upsetting and  
socially embarrassing. So  
how can we stop this from  
happening?

## Why appliances leak

Appliances appear to leak more often once you have left the hospital and are back at home recovering from surgery. And here is the first answer. You are tired and exhausted and the last thing you want to do is change the appliance. Often not remembering part of the procedure accounts for leakage and sore skin. The answer is to take your time and have all your equipment ready and in a convenient place, and perhaps use the picture chart of changing an appliance for guidance.



Begin putting on your pouch by  
positioning the adhesive flange on the  
skin immediately below your stoma.



Press the flange from centre to edge  
with your fingers to ensure it is securely  
in place. Continue around the stoma  
until you are certain the flange fits  
snugly and securely.

Sometime leakages occur because the size of the stoma has shrunk after surgery and the aperture of the appliance is too big. Re-measuring of the stoma may solve the problem. You can either do this with the help of the stoma care nurse or on your own using the guide in the box of appliances.



Use the stoma guide to check the starter hole of the adhesive flange. If your stoma is uneven or oval, adjust the starter hole with small sharp scissors. Remember it is important that the hole fits your stoma snugly without applying any pressure. This prevents redness in the immediate area around the stoma.

Perhaps if you have been very ill before surgery and are now putting on weight the change in body shape may cause the appliance to leak. Likewise loss of weight after surgery and not regaining it as time goes by may also cause appliance leakage. In both these cases your stoma care nurse will be able to advise you as to why the leakage occurs and help with choosing a suitable appliance to accommodate the change in your body shape.

Chemo or radiotherapy after stoma surgery may add to appliance leakage problems and cause sore skin around the stoma. With these treatments it is

not unusual to have diarrhoea and patients can feel quite debilitated. At this time, a two-piece appliance is often useful as the appliance can be changed as often as needed without disturbing the flange.

### Stoma care accessories

Paste, washers and flange extenders all have their place in stoma care and may be helpful for those who have frequent leaks allowing them to remain on the appliance they prefer.

The role of pastes and washers is to act as fillers in gullies and dips, to even out the skin surface making a flat surface to apply the pouch.

**Paste** comes in a tube and other than one product, produced by Pelican, they all have an alcohol base to help with drying. The disadvantage with anything that is alcohol based is that when it is used on sore or broken peristomal skin it will sting. Paste is also difficult to apply and leaves residue on skin and fingers.

**Washers** are paste in solid form. These rings can be moulded into shape to provide a secure seal around the stoma.

**Flange extenders** increase the sticky area of the flange for attachment to the peristomal skin which can be useful especially when there is a parastomal hernia. The extenders can be made of zinc oxide tape or hydrocolloid material like the flanges on appliances. Hydrocolloid makes a better interface with the skin, whereas zinc oxide tape may strip away delicate skin layers.

### Convexity

Convex flanges have a place in stoma care and are often used to correct a leakage problem. Colostomates may have had their stoma created many years previously and, along with age and body changes, the stoma may have receded into fat folds, become stenosed, retracted, flush or developed

a moat around it. This may lead to sore skin and leakage and the need to change the appliance several times a day and use layers of paste and washers. Either convex inserts into a two-piece system or a one piece appliance with built in convexity can help these situations. However, convex flanges or convex one-piece appliances should never be used without prior assessment by a stoma care nurse. Convexity is also often useful when a stoma has been sited inappropriately or has reduced after surgery and needs to be more prominent above the skin level to allow output to go into the appliance rather than leak out sideways under the flange.

If you have a problem with leakage it is always best to consult your stoma care nurse who will arrange for your GP to prescribe the most appropriate accessory or appliance for you.

The illustrations above are taken from "Colostomy Care at home" which is a step by step pictorial guide of how to change a colostomy pouch. This leaflet can be obtained from Dansac 0800 581117. A DVD entitled "How to prepare and apply a colostomy pouch" is also available.