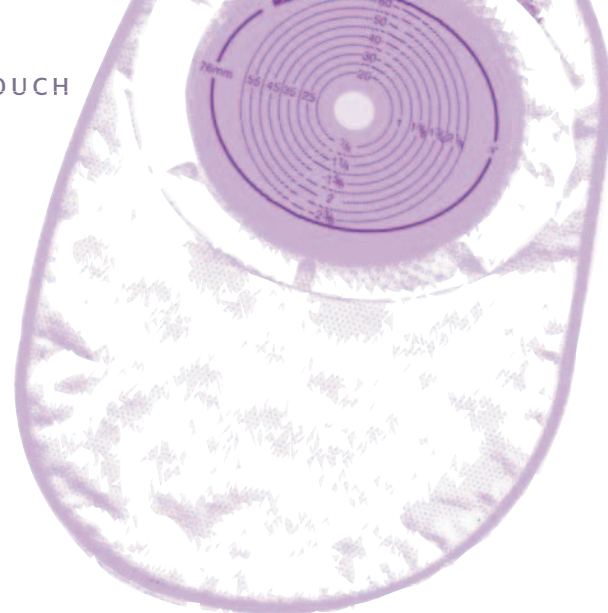


# Choosing the Right Pouch



**More than a dozen different companies manufacture stoma appliances, and each one has a wide range of products.**

Pouches can be one-piece or two-piece and both of these can be either drainable or closed. They all come in different shapes and sizes and there are also those with special features to cope with specific stoma problems.

## Drainable or Closed

After surgery it may be a while before the stoma starts working. When it does it will first of all produce wind and then a fairly liquid output. So on returning from theatre a new ostomate will usually be wearing a post-operative drainable pouch. This will make it easier to release wind and to empty fluid motions. The pouch may be made of transparent plastic so the nursing staff can check on the stoma. They will want to observe when the stoma begins to work and make sure the join between the skin and the bowel is healing well.

Before you leave hospital the stoma care nurse will select the pouch which is most suitable for you at the time. If you have an ileostomy the output from your stoma will always be fairly liquid and you will be advised to continue with a drainable pouch. If most of your colon was removed when your colostomy was formed the output may also be liquid. Again a drainable pouch may be best. There are many, many different types to choose from so it is not likely to be the same as you were wearing when you came back from theatre.

If you still have most of your colon intact then after a period of rehabilitation your motions will probably be formed rather than liquid. So your nurse will suggest a closed pouch. Again there are very many to choose from. When a closed pouch is about half to two-thirds full it needs to be

changed for a fresh one. Some people also like to make sure their pouch is empty before they go out and before they go to bed. This means that it may be changed several times a day.

If you have concerns about disposing of these used pouches your stoma care nurse may suggest a toilet-flushable version. This has an outer pouch and an inner liner. When it needs changing the outer pouch, which is unsoiled, is removed and can go in the bin. The inner liner contains the motion and is flushed down the toilet. At present only one manufacturer produces this type of pouch.

## One or Two Piece

Both drainable and closed pouches can be one-piece or two-piece. In a one-piece pouch the flange (the pad of adhesive which sticks onto the skin) comes already attached to the pouch. In a two-piece system the base-plate or flange is separate and can remain in place around the stoma for two to four days. Used pouches can be removed and replaced as required. The advantage of this is that the skin remains undisturbed whereas frequent removal of a one-piece system can lead to sore skin.

A two-piece system can also be useful if you find it difficult to position the appliance around the stoma. If necessary, a relative or carer can help to fit the base-plate every few days and then in between you can change the pouch without assistance.

The pouch either clips or sticks onto the base-plate. Although the clip-on system can be more bulky and rigid, you may prefer it, particularly if you have impaired vision, as you can hear the sound as it snaps into place and then check with your fingers that the seal is secure. The stick-on system is slimmer, more like a one-piece, and is easier to manage if you have restricted hand movement due to arthritis.

## Flange, Base-plate or Adhesive Wafer

Whatever you call it, the adhesive part of your appliance needs to form a secure seal around the stoma and not allow any of the output to seep beneath it onto the skin. To accommodate all sizes and shapes of stomas and any problems that can arise, different types of flange, base-plate or adhesive wafer are available:

If your stoma is an irregular shape, or if you have trouble cutting a hole to fit around it, a mouldable base-plate may be the answer.

If your stoma is flush with the surface of the skin, or retracted below it, a soft convex flange may be best. The soft, raised circle around the hole gently pushes the stoma forward so that the motion drops into the pouch. This can also work if there is a moat (a circular indentation) around the stoma.

If you have a parastomal hernia a flange or base-plate with a flexible outside edge may help. Slits or flexibility around the circumference mean that it will fit around a curved surface without any creases or wrinkles which can be a channel for leakage.

Hydrocolloid has been used for many years to make the familiar yellow base-plates and flanges. All the manufacturers have their own secret recipe and ostomates generally find that one manufacturer's product suits them better than another.

As an alternative to a hydrocolloid flange there is Microskin, a transparent wafer as thin and flexible as *Clingfilm*. It follows the contours of the skin so if you have creases or crevices around the stoma it can help to prevent leaks.

# Mix and Match

## Different pouches for different occasions

Pouches come in all shapes and sizes from mini to maxi. Minis have a small capacity for times when you know your stoma is unlikely to be active or for going swimming, while maxis can be worn for longer periods of time or by those who have a high output during the night. There are also stoma caps which are suitable for intimate moments or for those colostomates who irrigate.

The same pouch usually comes in both closed and drainable versions. If you normally use a closed pouch it is a good idea to have a few drainables as they will be useful if you have a stomach upset which results in loose motions. Remember to take a small supply on holiday – just in case. Also on your journey it might be an idea to use a drainable as it can be easier to empty, rather than change and dispose of a pouch.

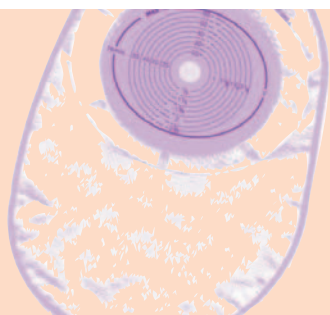
If you use a two-piece system, it is still possible to ring the changes – closed, drainable, smaller pouches and stoma caps are all available to fit the same base plate.

## Finding the Right One for You

Many of the products mentioned above are advertised in Tidings. If you feel one might help, ring the manufacturer for samples or contact your SCN. Or you could see a range of stoma appliances first hand by visiting a stoma care open day.

There are those of us who are happy with the pouch we are using and say 'if it's not broke don't fix it'. However, if you are having problems remember there is a very wide range of different pouches available. There is one out there to suit you and your SCN should be able to help find it.

### Types of Pouch/Bag



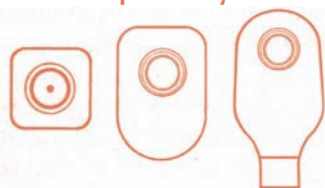
Closed pouch



Drainable pouch



Two-piece system



One-piece system



### If you decide to try a different appliance, here are a few points to bear in mind.

- Try a new pouch on a day that you are not going out so any mishaps can be easily rectified.
- Take it slowly. Try a new pouch for a few days. If it's no improvement go back to your usual bag and wait a while before trying another.
- Your stoma care nurse is there to advise you. If possible, it is always best to seek her advice. Before using some types of pouch, for example those with a convex flange, it is important to check with your nurse that they are suitable for you.

### Advantages

- More suitable for coping with formed motions.
- Replaced with a new pouch one or more times a day.
- One manufacturer produces a flushable version, which can be disposed of down the toilet.
- More suitable for coping with a liquid output
- Does not require changing as often as a closed pouch.
- Fewer pouches are used.
- Easily emptied, prior to disposal.
- Base-plate (flange) can remain in place for two to four days, which is kinder to the skin.
- The "stick on" system may be easier for ostomates with arthritis.
- The "clip on" system may be easier for visually-impaired ostomates.
- Less bulky and more flexible.
- May adhere more securely to scarred or uneven skin.

### Disadvantages

- Less suited to managing a more liquid output.
- The pouch may need to be changed and disposed of while away from home.
- Disposal of several used pouches every day may be a problem.
- May be difficult to empty if the output is of a thicker consistency.
- Careful cleaning of the outlet is required.
- Clip or fastening can be uncomfortable.
- Some people may find it difficult to keep the flange (base-plate) clean.
- Leakage behind the flange may remain undetected and lead to sore skin.
- Some systems are fairly rigid and bulky.
- Every time the pouch is changed it has to be accurately positioned around the stoma.
- Frequent changing of a closed pouch may lead to sore skin.