



Statement:

The Specialist Stoma Care Nurse (SCN) is able to assess the stoma, peristomal skin and abdomen (Appendix 1), document the assessment and identify the need for convexity (Appendix 2) and choose an appropriate convex appliance for the patient (Appendix 3).

Structure:

Following a detailed assessment the patient and Specialist SCN agree on an appropriate convex appliance to manage the stoma and ensure that complications are minimised.

Process:

- Ensure a private, confidential and safe environment where the patient can be assessed, treated and provided with information.
- Using clinical expertise, undertake a clinical history to ascertain the problems experienced by the patient i.e. leakage, skin erosion, frequent appliance changes.
- Following removal of the stoma appliance use an appropriate assessment tool to assess the abdomen and peristomal skin (Appendix 1).
- Document the tool chosen and outcome of your assessment in the patient's notes highlighting rationale for choosing convex product (Appendix 2).
- Select an appliance to provide the minimum level of convexity to overcome the problem (use Appendix 3) which is comfortable and appropriate for the patient to use (*Hoeflock et al 2017*).
- Educate the patient on the potential risks associated with convexity usage and to observe for any signs of pressure damage.
- Review the patient at a timely interval to ensure the problem has resolved and there are no complications associated with the product use.

Outcome:

- The patient states the nurse offered advice and expertise on the use of convexity to manage the stoma.
- The patient reports being involved in the decision-making process during product selection.
- The patient reports the resolution of the problem(s) encountered that required the use of convexity.
- The patient reports an improvement in their peristomal skin condition and quality of life.
- The patient is able to achieve acceptable appliance wear-times for them, relevant to their stoma type and output.

References:

Hoeflok, J., Salvadalena, G., Pridham, S., Droste, W., McNichol, L., Gray, M. (2017) Use of Convexity in Ostomy Care - Results of an International Consensus Meeting *Journal of wound ostomy and continence nursing*, 44(1):1-8.



Appendix I: Detailed History for convexity

	Suggested action	Rationale
Patient history	Determine history of the problem from patient/carer by asking questions relating to: • Problems that the patient is experiencing - what, where, when, how long • Diet and fluid management • Output/ consistency and volume • Frequency of pouch change • Any problems with supplies • Relevant medical history and medication • Any stoma management issues • Eyesight and dexterity • Pain, peristomal skin issues, pruritus.	To determine the patient's perception of the problem(s) experienced. Identify the symptoms associated with the issues. Identify potential causes or pre-disposing factors. Establish patient's ability to manage independent stoma care.
Stoma assessment	Assess patient's cognitive and physical abilities. • Ask patient/carer to remove their pouch • Is the stoma visible to the patient? • Establish stoma type i.e. loop or end • Assess stoma i.e. spouted, flush, retracted, stenosed or prolapsed • Additionally, assess the stoma for colour, shape, size, site of stoma and the location of the os/apex as well as the stoma function • Inspect the back of adhesive once removed.	To determine patient/carer's stoma care technique. To establish causative factors for the signs and symptoms identified. To identify any effect of the effluent on the skin barrier and the position of any leakage pattern.
Peristomal skin assessment	Observe the skin condition immediately around the stoma documenting any of the following: • Colour and skin integrity • Extent of Peristomal Moisture Associated Skin Damage (P-MASD) • Consider use of a validated skin assessment tool (DET, SACS) • Any ulceration or peristomal pyoderma gangrenosum • Skin type i.e. dry, oily, friable • Hirsute • Blisters/trauma i.e. skin stripping, peristomal medical adhesive related skin injury (P-MARSI) • Possible skin infection - swab the peristomal skin and photograph if necessary (with consent as per local policy) • Existing skin conditions • Allergies.	To determine the severity and extent of skin damage to inform the assessment and facilitate the development of an individualised care plan. To take a record of the problem to benchmark any improvement. To establish if there is an underlying skin infection.

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Appendix I: Detailed history for convexity (Continued)

	Suggested action	Rationale
Abdominal assessment	Observe the abdominal area whilst patient lies down, bends, sits and stands. Identify the position of the stoma in relation to the following: • Body general habitus (body shape) • Bony prominences • Umbilicus • Skin creases • Scarring • Pregnancy • Any evidence of herniation • Abdominal distension • Other medical devices e.g. PEG tube. Observe abdominal muscle tone i.e. firm or flaccid.	To assess the contours/topography of the abdomen and if/how it alters during movement. To identify the presence and extent of any factors which may facilitate appropriate product choice. To facilitate the development of an individualised care plan.



Appendix 2:

Convexity should always be used with caution following a thorough assessment by an appropriately qualified Specialist SCN.

It is important to educate the patient/carer regarding the care of their stoma and peristomal skin. This may include colour of stoma, any pain/discomfort and/or pouch leakage. Any changes should be reviewed by an appropriately qualified Specialist SCN.

The use of convexity should be reassessed at an interval appropriate to the patient's individual requirements.

Supplementary items, such as belts and flange extenders, may also be required to achieve acceptable wear-time for individual patient in order to maintain quality of life and skin integrity.

Clinical situations where convexity is commonly indicated:	Clinical situations where convexity may be indicated:	Clinical situations where convexity may be used with additional caution with:
Colostomy, ileostomy, urostomy and fistulae if the patient is experiencing unresolved pouch leakage.	When leakage occurs despite an absence of any of the indications stated previously.	Peristomal skin conditions such as ulceration.
Preventing pouch leakage in the presence of liquid output (faecal or urine).	Pancaking.	Caput medusa or other ulceration.
A stoma opening (os/apex) at the level of, or below the skin.	In the immediate post-operative period.	Stomal prolapse. Parastomal hernia.
Irregular abdominal contours around the stoma (scars, creases).	Stoma intussusception/telescoping.	Mucocutaneous separation. Paediatrics (soft convex only or could create convexity with seals/washers).

Appendix 3: Best practice for choosing the correct convex product

Following assessment by the Specialist SCN:

- In general the least depth/plateau of convexity should be used to achieve the desired outcome.
- It is important to choose the correct plateau size in accordance with the size of stoma and shape in combination with your assessment, to achieve the desired effect. The effect of convexity can be enhanced if placed close to the base of the stoma (*Hoeflok et al 2017*).
- Depth and firmness of convexity required is subjective to the individual assessment. It is however; usually better to use soft convexity for a person with a firm peristomal region and firmer convexity with a soft peristomal region.

References:

Hoeflok, J., Salvadalena, G., Pridham, S., Droste, W., McNichol, L., Gray, M. (2017) Use of Convexity in Ostomy Care - Results of an International Consensus Meeting *Journal of wound ostomy and continence nursing*, 44(1):1-8.