Since 2002, owing to the expertise of Gwen Turnbull and the support of ConvaTec, OWM — via The Ostomy Files — has provided numerous insights into a variety of topics relevant to ostomy care. On this fifth anniversary of the column’s inception, the Editors thought it appropriate to look back at some of the subjects addressed and lessons learned.

Unlike many other surgery patients, people with ostomies do not walk away “all better.” Although the surgical result — ie, the stoma— can lengthen life and improve quality of living, it requires ongoing attention and may be fraught with unpleasant potentialities. Ostomy angels, in the guise of CWOCNs, WOCNs, and ET nurses (the clinicians shown in the literature to be the most attentive and resourceful in ostomy management), intervene to ensure the ostomy works as it should with minimal intrusion into daily activities. The better informed the clinician, the better able he/she is to help patients achieve good outcomes.

Over its 5-year run, The Ostomy Files, as clinician teaching instrument, has addressed general ostomy-related concerns — from pre-surgery stoma marking (proven to provide a more effective result) to pouching system selection (what is right is what’s right for the patient) — from complications (leakage, infection) to extending wear time (always a controversial subject — what is meant by “extended?”). How should you and how often should you “irrigate”? What does peristomal skin care involve? How does peristomal topography impact pouching system selection and skin integrity?

Specific patient issues also are regularly considered, including exercise, diet, sexuality, vacation care, and obesity. Frequently asked questions from patients underscore the need to instruct as well as care. Reimbursement is revisited as coding changes. The column has documented the rise and demise of the United Ostomy Association and resurgence of local and regional ostomy organizations, affirming the value of networking for those living the ostomy experience. The column even has addressed why a certain king’s urine was blue!

Five themes have been woven throughout The Ostomy Files — common threads that establish and coordinate the take-away message and action points for ostomy care providers.

Who is Providing Ostomy Care?

A confluence of circumstances can interfere with provision of ostomy care. Pre- and postoperative ostomy teaching and rehabilitation often occur in non-acute care settings staffed by clinicians who may lack current knowledge of state-of-the-art ostomy care, appropriate use of modern products, and cost-effective care provision. An “aging” nurse base may be relying on outdated methods or have inadequate understanding of nursing’s role in ostomy care. Regulatory agencies may limit access to care via restricted reimbursement. Most importantly, demand is exceeding supply — the number of specialized ostomy nurses is insufficient to handle the growing number of patients. Thankfully, wound ostomy continence nurses are increasingly recognized (and hired) for their expertise. They are encouraged to be proactive in terms of establishing standards of care, teaching protocols, providing staff education, evaluating ostomy products, and determining cost effectiveness of products relevant to their patient population.
Are All Ostomy Products Created Equal?

A recent column explained that skin barriers, for example, are basically comprised of the same ingredients. However, how products are assembled and processed can directly affect function and which patients will achieve the best results. In addition, because medical devices such as ostomy products are not subject to the same Food and Drug Administration (FDA) regulations as drugs, clinicians and patients need to ask ostomy product manufacturers: 1) What advantages does your product have over similar products from other manufacturers? 2) What clinical evidence do you have to support these claims? May I have copies? 3) Do you have any cost-effectiveness data? May I have copies? 4) Has the FDA approved the product for marketing? If so, may I have copies of any safety testing and other pertinent communications?

Can You Create an Ostomy Product Formulary?

Trial-and-error product selection is ill-advised in the cost-conscious, evidence-based healthcare arena. Developing and implementing a formulary for ostomy supplies not only will streamline the process of, for example, finding the right pouching system for a patient, but it also can increase cost-effectiveness and clinical efficacy. The time and trouble taken to establish the formulary will be factors in its success. First, the people and organizations directly affected by the formulary must be identified and should include physicians and product manufacturers/suppliers. Second, current processes for product selection, usage, and costs of labor must be evaluated; protocols, purchasing contracts, and clinical outcomes of current processes must be considered to facilitate comparison of what is in present use to what may be acquired. Once the formulary is created, an agreement should be established with the manufacturer — working with a company that features a full range of products often enhances opportunities for negotiating price. Finally, the formulary should have a sound link to every segment of the care process and staff should be educated both in the formulary and in product use.

Can You Coordinate Ostomy Care and Teaching across Care Settings?

While patient issues, needs, and concerns may change across the care continuum, several factors should always be addressed by a sound teaching plan that considers the etiology/pathology of the condition that necessitated the ostomy; stomal construction; application, care, and removal of ostomy supplies used by the patient; nutrition guidelines; care of the stoma and peristomal skin; activities of daily living; sexuality; and available resources. Then, as the patient moves from acute care into rehabilitation and home health (with or without care) or long-term care, the clinician needs to recognize and adjust patient instruction to setting-specific key clinical, emotional, and financial issues. Ostomy outcomes can be improved by establishing solid, evidence-based standardized care plans that integrate increased knowledge and education across all care thresholds.

The Power of Knowledge

The bottom line is that an informed clinician can facilitate an informed patient. A healthcare provider with a working knowledge of crucial aspects of ostomy care, appropriate products, regulatory and financial matters, and ways to offer emotional support to both the caregiver and the patient can help develop overarching protocols while individualizing ostomy management. Thus, the field of ostomy needs more specialized clinicians prepared to teach their peers and patients. When and where pre-stoma instruction should be offered, how to care for the stoma and peristomal skin, how to accommodate changes in lifestyle resulting from stomal surgery, where to find necessary product and people resources, and how to find and properly use the “right” pouching system are questions critical to successful ostomy outcomes. Answers to these and other queries will continue to be addressed in The Ostomy Files. - OWM