

Accessories



All these products are available from most ostomy suppliers. If you're new to ostomies, you don't need to worry about learning about all of them now. You may never need some or even any of them. The descriptions are just here for you to consult as needed.

Adhesive removers

Baseplates are made with special adhesives to (hopefully) stick tightly to your skin for days. But of course they're not going to suddenly pull away easily just because it's time to change them. That's why you have to be gentle when removing them. If you need a little help, adhesive removers are there for you.

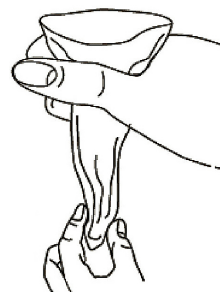
They usually come in wipes, in individual sealed packets, or as a spray. In both cases, apply the remover as you work around the baseplate, gently removing it.

You can also use it to remove any residue left on the skin from the baseplate or from products like paste, strips, or rings. Even if you can't see it, you can tell there's residue left behind if your skin feels tacky. This residue can usually come off with a little soap and water too, but an adhesive remover works well if you need a little extra cleaning power.

Because the remover breaks down adhesive, you definitely don't want any trace of it left behind on your skin when you apply a new baseplate. Make sure you rinse or wash it off well after it's done its job, then let your skin dry completely, and you're good to go.

Bag liners

These are small plastic bags, much like doggie bags, that you insert down into your pouch. When you have output to empty, you simply pull the bag liner out, dispose of it (with its contents), pop in a new liner, and go on with your day.



They really work best for colostomates, though I've heard of a few ileostomates using them successfully too. You don't *need* to use them. They're entirely optional. Many people (like me) love them. Others don't.

The liners are supposedly flushable, and some claim to be decomposable. See the *Time for a Change* chapter for more detailed instructions on how to use them. One drawback is that they're definitely not flushable if you have a septic system, and you'd want to be careful if your regular plumbing blocks easily.

Even if you don't have a septic system, many sources say anything but human waste and toilet paper will eventually clog up the system. You can always dispose of used bag liners in a sealed plastic bag if you want to play it safe.

As ostomates, we can all relate to that, right?

There are several benefits to using liners. It's a quick, tidy process. No smears to deal with, no washing out a pouch, no poopy fingers. They're way less expensive than pouches (just pennies each), and you'll go through far fewer pouches this way because they don't get soiled at all.

Bag liners generally come in two sizes, to accommodate different size stoma holes. They work with most sizes, but if your baseplate hole is unusually small, this probably isn't a good choice, particularly if you have a colostomy. You'd have trouble pulling out a bagful of firm stool through such a small opening.

Bag liners can be used with either drainable or closed pouches, although there's actually no need for a drainable pouch with a bag liner.

They work with almost all 2-piece systems with a mechanical coupling. There may be a few brands they don't work with because of the way the coupling system is designed. So try a sample first to make sure it works with your appliance.

They don't work at all with 1-piece systems or 2-piece self-adhesive types, because the plastic liner protrudes outside the rim of the hole in the pouch and this would interfere with adhesion (of the 1-piece baseplate to your skin, or of the adhesive pouch to your 2-piece baseplate).

Barrier paste or strips

Also called stoma paste, this isn't actually a paste in the sense of being an adhesive. It's more like caulking. Or if you're a golfer, it's like something to fill in divots. Basically, the paste is used to fill any gaps between your skin and the baseplate, to prevent leaking.

Paste can come in a tube, that you squeeze out, or in strips, where you tear off pieces as needed.

If you have dips, indentations, or any other irregularities around the stoma, use the paste to fill them in and create a smooth, flat surface before applying the baseplate.

If you don't have one or two particular crevices, but find that the skin surface around the stoma is just generally uneven, you can apply a ring of paste around the edge of your stoma hole, or around the hole on the baseplate.

It doesn't matter if you apply the paste to your skin or to the baseplate.

In either case, allow it to set for a minute or two before applying the baseplate to your skin.

Some pastes contain alcohol. Others have a low alcohol content or even none. The alcohol might cause a brief burning or stinging sensation. That's normal. But if it's more than that, or if you suspect you're allergic to it, switch to an alcohol-free brand.

Always use the minimum amount of paste needed. Remember – less is more. Don't use paste, or any other ostomy product for that matter, if you don't need to.

Barrier rings

Some people use these flat, pliable rings to encircle the stoma (or the hole in your baseplate) and help prevent leaks by absorbing moisture. This makes them swell a little, so they tend to break down and require a baseplate change more quickly. This is sometimes called "melting." Different brands last longer than others, so try out a few samples to find the one that works best for you.



Like with barrier paste, you can apply it directly to your skin, completely encircling your stoma, or you can put it on the underside of the baseplate first, all around the hole, and then apply the baseplate to the skin.

It can also be used to "retrofit" the baseplate opening. For example, if your stoma isn't a true circle, but more of an oval or irregular shape, you can use a baseplate with a pre-cut circular hole that's a little too big. Make sure it exposes your entire stoma. Now cut off a piece of a barrier ring, warm it in your hand to make it even more pliable, and mold or flatten it to the shape you need. Place it along the edge of the hole of the baseplate where any skin would be exposed. Hold the baseplate over your stoma to make sure it's an exact fit. If not, adjust the barrier ring material till you're satisfied. Then apply the baseplate to your skin.

Similarly, if your stoma opening is round but in between two hole sizes of pre-cut baseplates, you can use the bigger size and apply a piece of barrier ring all around the hole, “downsizing” it to fit you exactly.

You can also use a piece of a barrier ring to fill in gaps underneath the baseplate, between your skin and the baseplate, the same way you’d use barrier paste.

Keep in mind that these rings are to be used only if and when you’re experiencing leaks. Otherwise, don’t use them preventatively. Baseplates are designed to stick best to clean, dry skin, with no other products. It bears repeating – don’t use any product, including barrier paste or barrier rings, if you don’t need to.

Barrier sheets (also called skin barrier sheets, or protective sheets)

These are thin, flexible, adhesive sheets (usually square and transparent) that provide a protective layer between your skin and the baseplate. They’re typically used to protect irritated skin.

Cut a hole in the sheet to match your stoma, then apply it over the stoma and surrounding skin (which should be clean and dry). Then apply your baseplate on top of the sheet.

If you use pre-cut baseplates, use one as a template to cut the hole in the sheet. Otherwise, use the templates that typically come with baseplates or create your own, to match the size and shape of your stoma opening.

You don’t need to use the whole barrier sheet. You can cut a piece to cover only a smaller area that is irritated.

There are barrier sheets specifically marketed for use with ostomies, but you can also use other hydrocolloid dressings that are designed for wound protection generally. Two common brands are DUODERM® and TEGADERM®. They can come in square sheets or in rolls, which you cut to the size and shape you need.

Barrier sheets are good for temporary use, to allow irritated skin to heal or to buy time while you're searching for a product you don't react to. If you find you need to use them permanently, you should talk to a stoma nurse to investigate why this is happening and what else you can do about it.

Barrier sprays or wipes

These products (also called skin barriers or skin sealants) are sprayed or dabbed onto the skin around your stoma to form an invisible barrier between the skin and the baseplate, like barrier sheets do. Whether the protective product was applied on your skin by a spray or wipe, always let it dry thoroughly before applying the baseplate

They're not necessary if your skin is healthy under there. You should always follow the less-is-more rule. However ...

- If there's any irritation, it can help to protect the skin while it heals.
- If the skin is fragile and easily irritated by frequent changes of the baseplate, it provides a layer of protection.
- It's good for allergies to adhesives, providing a protective layer between the skin and baseplate.
- It's also used to seal in any other products you may have used (stoma powder, for example) that might interfere with adhesion.

Baseplate adhesives (also called medical adhesives or ostomy adhesives)

These come in different forms – wipes, sprays, liquids, etc. Baseplates have an adhesive backing of their own, of course. But these additional adhesives are for ostomates who are still having trouble getting their baseplates to stick. You generally apply the adhesive to your skin, or to the back of the baseplate. Follow the product's instructions for any specific techniques. For example, you may need to wait until it becomes tacky.

Flange extenders

These are adhesive tapes or strips that are usually C-shaped or Y-shaped, and are applied around the outside edges of the baseplate, like a picture frame, to increase adhesion to your abdomen. You can cut them if you only need extra adhesion in one place.

Floating or accordion flanges

In the post-surgery period, pressing down hard on your abdomen can be painful, even traumatic to your wound. You can get around this by using a floating or accordion flange, as described on page 25. These serve the same purpose as low-pressure adapters (below) – letting you slip some fingers under the flange to help attach the pouch. The difference is that floating or accordion flanges are a built-in feature of the baseplate, not a separate piece.

Low-pressure adapter

This is a circular device, pictured at right, that you place between the baseplate and the pouch, providing a gap for you to “squeeze–press” the pouch on with your fingers instead of pressing down on your abdomen.

**Lubricating deodorant**

This product comes in a squeeze bottle. You squirt a little into the pouch (or bag liner) every time you empty or change it. It’s designed to deodorize the contents of the pouch, and lubricate it so your output will slide down to the bottom more easily, rather than pancaking around your stoma. You might like the scent of one brand more than another so try out a few before deciding.

Ostomy scissors

Specialized ostomy scissors are designed to cut stoma holes in baseplates. They're curved or angled, with blunt tips, and are available from many ostomy supply companies. There are cheap ones available, but they don't cut well for very long. If you're going to be cutting your own holes for the foreseeable future, try to get the best scissors you can. This is a case where you get what you pay for.

Stoma bridges

Stoma bridges are designed to prevent pancaking. They're not available everywhere. At this time, you can get them in the UK, and hopefully they'll expand to other countries. The bridges are small foam-like cubes with an adhesive backing on one side. You remove the protective cover from that side and stick it inside the pouch in the area of your stoma. You can use one or more at a time (like one above the stoma, or one on each side of it). The idea is that it creates a gap between the front and back of the pouch, preventing the pouch from sticking to itself and allowing output to drop down. *(Note: a "stoma bridge" is also the name of a surgical product or technique, but that's not what we're talking about here).*

Stoma caps

These are very small, closed pouches often worn by people who irrigate, and whose output is predictable and well regulated. They're worn in between irrigations, and are really more like caps than pouches. Some ostomates who don't irrigate also use them to cover their stomas for brief periods, like swimming or intimate moments, when they want to minimize the size of their appliance and are pretty sure there won't be much output for the next little while.

Stoma collars

Also called “stoma hats,” because they’re like a wide-brimmed hat with the top cut off. These are round adhesive disks with a spout-shaped cylindrical collar in the middle that fits around the stoma. They’re adhered to the skin before applying the baseplate and are designed to prevent output from leaking under the baseplate by encouraging the output to flow through the spout and drop directly into the pouch.



Stoma guards

Also called “stoma protectors,” these are like athletic cups for stomas – rigid devices that literally guard your stoma from injury. They’re designed to be worn during sports, or in any situation where an ostomate might suffer a direct impact to the stoma. Depending on the location of your stoma, they can also be helpful to prevent pant belts or seatbelts from pressing directly on it. There are many versions on the market. Most are held in place by a type of belt.

Stoma powder

If the little perimeter of skin that circles the stoma is exposed to watery or damp output, it can become irritated. Stoma powder is specially made to absorb moisture on the skin surrounding the stoma (not all the skin under your baseplate).

You can substitute regular products found around the home for many ostomy products. But stoma powder isn't one of them! Talcum powder, corn starch ... none of these would help and might even cause more problems.

Stoma powder isn't medicated. It isn't intended to heal the skin, but just to keep it dry while it heals by itself.

It's meant to be used only when the skin circling the stoma is occasionally irritated, not all the time. If the edge of your stoma opening is always red, raw, and irritated, then you need to address that issue. Using powder with every baseplate change won't solve the problem.

Make sure your skin is clean and dry before using the powder.

The powder can be applied in different ways. It comes in a "puff" bottle, so it's often puffed onto the skin, circling around the stoma. The less-is-more rule applies here. You don't want a thick build-up of powder, just a thin layer. So you should brush off any excess (whatever doesn't stick to the raw edge of the skin), with a soft tissue. A clean, soft makeup brush works well too.

Another way to apply the powder is to puff some along the side of your index finger, using another finger to push it into a line. Then press the line onto your skin and around your stoma with the index finger. Again, brush off any excess.

If you feel you need more, you can apply 2-3 thin layers of powder (versus one thick one), with a layer of a skin barrier product in between, allowing it to thoroughly dry before applying the next layer of powder. This is called "crusting."