Should protocols exist for the use of convex products?

Angie Perrin RGN, MSc, BSc (Hons), Dip.N(Lond), ENB 216. Clinical Lead – Innovation. Salts Healthcare, Birmingham UK

INTRODUCTION

Convex products have been commercially available for decades. In the early 1990's the very first integral convex appliance was developed, this product revolutionised stomal management. Since then there has been a myriad of integral convex appliances launched into the marketplace of varying depths and degrees of flexibility. Many specialist and non-specialist nurses are being challenged to make critical decisions relating to convexity usage often without the clinical knowledge or practical experience to do so. Is it time that specialist nurses developed some best practice guidelines to ensure stoma care patients receive optimum care?

AIM

To establish a baseline of clinical practice and knowledge, and to ascertain/ explore the need for nursing protocols that can be used to guide best practice when using convex appliances.

METHOD

A pilot study was conducted in the form of a questionnaire. The questionnaire comprised of numerous questions regarding current SCN (Stoma Care Nurse) practice pertaining to the use of convex appliances. It was sent to 24 stoma care nurses, within both Primary and Acute Care settings in the UK.

RESULTS

54%	Response rate
77%	SCN's preference for a cut to fit convex
77%	SCN's rarely use deep convex
8%	SCN's would use a harder convex appliance if soft convex failed
77%	If soft convex failed the majority said that they would use an alternative soft convex or apply a belt
100%	Acquired their convex knowledge with hands on experience

DISCUSSION

The pilot study highlighted some variations in current stoma care nursing practice in the UK. What appeared to be crucial to convex pouch selection was the need for **a thorough individual patient assessment**, but despite the availability of a few nursing assessment tools/guidelines for patients requiring convexity, very few nurses utilised them in practice. **100%** of respondents stated that convex appliance usage was primarily governed by the depth/degree of retraction.

85% of SCNs would opt for soft convex post-operatively initially if patients were experiencing problems with leaks because of a poorly formed stoma. Buckle (2013) suggests that soft convexity will not alter protrusion and creates minimal tension/pressure on the skin. Nonetheless, if a soft convex product effectively maintains leak-free status for a significant number of patients, the aim of the product has been met, therefore improving quality of life. With regards to the question of follow-up, how frequently should individuals be re-assessed if using a convex appliance? This offered a myriad of responses suggesting each patient must be reviewed holistically and an informed decision made that encompasses an **individual patient assessment** and the clinical situation rather than the rigid protocol.

INDIVIDUAL PATIENT ASSESSMENT

CONCLUSION

There has been much discussion about protocols, guidelines or generic guidance for using a convex appliance, but this small audit has highlighted that there are countless variables that can impact on clinical decisions that professional SCN's make. It is clear that using any form of convexity in the appropriate clinical situations undoubtedly does improve the quality of life for many patients. However, it is also apparent that all patients using any type of convex appliance should be regularly re-assessed by an experienced SCN to ensure the product is still appropriate for that individual and meeting their needs. The everyday use of soft convexity now appears to be firmly embedded into UK stoma care nursing practice. There is also no doubt that further evidence is required, conceivably as a large National/ International audit facilitated by a leading professional body.

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