

Patients' experiences of pancaking while living with a colostomy: a survey

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Abstract

Anecdotally, pancaking is recognised as troublesome within stoma care, leaving many people with ostomies feeling exasperated in trying to deal with this difficult problem. Stoma care nurses offer strategies to help alleviate it, but when strategies fail and appliances continue to leak, or require changing due to risk of leaking, individuals often feel helpless, demoralised and quality of life can be damaged. A postal survey was carried out to try and identify some of the issues relating to pancaking. It identified that 82% of respondents were likely to experience some degree of pancaking and that an alarming 58% changed their pouch more often as a management technique. Therefore, as a consequence of pancaking, the health economy is affected because each individual who suffers from pancaking uses a higher number of appliances. This results in increased costs for the NHS. There is currently no published research regarding pancaking, meaning an integrated approach to finding solutions is needed.

Key words: Colostomy ■ Stoma ■ Pancaking ■ Leakage ■ Sore skin

Anecdotally, pancaking is recognised as a troublesome issue within stoma care, leaving both patients and nurses feeling exasperated while trying to deal with this difficult problem.

Pancaking occurs when the stool accumulates at the top of the appliance around the stoma and does not fall down into the appliance. This is believed by many stoma care nurses to be due to a vacuum in the pouch. This subsequently results in the adherent seal of the appliance being compromised, resulting in leakage. Boyles (2010) suggests that pancaking is a phenomenon whereby the front and back films of the closed pouch stick together—that is, it is caused by a vacuum created by the filter or from the static between the two surfaces.

There are several options that stoma care nurses will often suggest to their patients to try to improve the situation. These include the placing of a cotton wool ball in the bag before application; the use of oil or liquid soap in the bag; and scrunching up toilet paper and placing into the bag before adhering it to the abdomen. Such methods have been used

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for many years by stoma care nurses (Blackley, 1998).

Nearly all closed pouches now have an integrated filter, the position of which varies from being somewhere across the top of the pouch to a third of the way down the pouch. Using a filter cover is another option that people with colostomies are often advised to try as another way of eliminating pancaking. Nearly all of the commercially available appliances are supplied with small bits of sticky material that can be placed over the filter, either intermittently or all the time. This enables the person with the ostomy to control when the filter is effective. Some of these options work for some people, but are woefully inadequate for others. For those patients who feel they have tried everything to resolve their pancaking problem, quality of life can suffer.

Integrated flatus filters have only been used in stoma care for the past 10 to 15 years. Before then, flatus filters were only used occasionally as an accessory product by some people with ostomies. During that time, it can be speculated that pancaking caused only limited problems. There are no published data on this issue.

Literature review

Despite pancaking being recognised as quite a common problem, and often a difficult one to resolve, there are very few research data available on this topic. A systematic literature search highlights very few data to date. Klok Vonkeman, a stoma care nurse in The Netherlands, presented her research at the 11th European Council of Enterostomal Therapists (ECET) in Bologna, Italy, in 2011. Questionnaires were sent to 380 patients and returned with a 51% response rate. From these data, Vonkeman found that 70% of participants with a colostomy experienced pancaking. Pancaking occurred mostly in a soft to fluffy stool. Leakage among those with pancaking was 2.2 times higher than along those who did not experience pancaking. Vonkeman concludes that pancaking is a significant problem among patients with ostomies; that those who experience pancaking have frequent leakage; and that further research on pancaking is necessary to reduce leakage.

Methodology and results

Working in association, Salford Royal NHS Trust, the Colostomy Association and Salts Healthcare carried out a large quantitative study within the UK last year. The investigators set out to measure the proportion of people with colostomies who were likely to experience pancaking in order to assess pancaking frequency and severity. They also wanted to examine measures taken to manage pancaking,

as well as collect data on stomal characteristics, diet and demographic information about patients with colostomies who were experiencing pancaking.

The research was carried out by means of a postal questionnaire: 4900 were sent out, with a response rate of 32%. Of that 32%, 54% of respondents were male, 41% female and 5% did not specify their sex. The age range was variable, with 7% being under 50 years-old, 44% being 50–70 years-old, 44% over 70 and a further 5% not disclosing their age.

Results showed that 82% of respondents experienced some degree of pancaking. Pancaking occurred during the day (87%), at night (67%) and during both day and night (57%).

Of those individuals who had had their stoma a long time (11–15 years), only 14% experienced pancaking. Conversely, of those individuals who had had their colostomy just 2–5 years, almost half (48%) experienced pancaking.

With regard to the appliance, 80% of respondents used a one-piece appliance. Of those people with ostomies who indicated that pancaking was an issue, 81% used a one-piece product and 16% a two-piece product.

Most respondents (91%) changed their appliance at least once a day, with an average of three changes per 24 hours. The majority (81%) of patients surveyed were using a product with an integrated filter.

The majority (52%) of those experiencing pancaking identified the faeces that caused pancaking as Type 4 on the Bristol Stool Form Scale.

Forty-eight percent of respondents reported that faeces sometimes gathered over the stoma and pushed the appliance off during the day and 46% said that the same occurred overnight.

Fifty-eight percent of respondents perceived that the most effective way of managing their pancaking was to change the pouch. Although 52% of respondents had made dietary changes and 46% had changed their fluid intake, neither was perceived to be a cause of pancaking.

When asked about the function of the flatus filter cover, 42% of respondents who experienced pancaking believed the filter covers should be used to keep air in the pouch; 41% suggested it was to stop odour; and 39% thought they were to be used when showering or swimming. Most of the respondents (71%) were not using a filter cover.

Discussion

As nurses, we all have a duty to care (NMC, 2008), so reading journals and research is paramount in enabling us to offer our patients care of the highest quality.

Patients are informed of ways to try and deal with pancaking by introducing differing accessories and methods into their stoma care change routine, as discussed earlier. However, many of our patients are extremely resourceful and try very hard to find their own ways to deal with this distressing situation. A majority (58%) of respondents perceived that the most effective way of managing their pancaking was to change the pouch.

People with colostomies are often advised to increase or decrease the amount of fluid/fibre they consume on a daily basis, depending on the type of stool they produce (Burch, 2004). Study respondents suggested that they drank between 1000 ml and 1800 ml daily, and most ate at least one piece each of fruit and vegetable daily, the average being one to three portions per 24 hours. Despite this advice, respondents did not, on balance, perceive food and drink to be a cause of pancaking. Nevertheless, 52% had made dietary changes and 46% had altered their fluid intake, suggesting that such changes may be of benefit, or at least perceived it to be of benefit.

It was noticeable that the majority (52%) of people with colostomies experiencing pancaking identified the faeces that caused pancaking as Type 4 on the Bristol Stool Form Scale. This finding supported the research of Vonkeman, who reported that pancaking occurred more frequently with a soft and fluffy stool.

The study highlighted that one-piece products are far more popular in the UK, with 80% of respondents using one. Prescription cost analysis data for England in 2012 highlight that almost £70m was spent on one-piece closed products alone, compared with £30.5m on all two-piece ostomy products—a figure that includes people with ileostomies and urostomies using a two-piece system, not just those with colostomies (Health & Social Care Information Centre (HSCIC), 2012). It was evident from this study that for those individuals who indicated that pancaking was an issue, 81% wore a one-piece product and only 16% wore a two-piece product.

The study shows that 91% of respondents changed their appliance at least once a day, with an average of three changes per 24 hours. So if an individual changes their one-piece appliance three times a day, this will cost on average approximately £3030 per year. If an individual uses a two-piece appliance, changes the flange/baseplate three times a week, and the pouch three times in every 24 hours, the cost will average £600–£700 less. Of course, if individuals are experiencing leakages as a result of pancaking, the costs will rise, irrespective of the type of appliance used. In fact, the cost of using a two-piece system may rise significantly if the individual is forced to change both the baseplate/flange and the pouch as a result of the leak caused by pancaking.

Many individuals who suffer with pancaking will concurrently experience leakage. Faecal leakage of any amount from an ostomy product is a devastating experience. Among the respondents to our survey, 48% reported that faeces sometimes gathered over the stoma and pushed the

KEY POINTS

- Pancaking can negatively affect quality of life
- 32% of people with colostomies in our survey changed their appliance four or more times as a way of managing pancaking
- 52% of people with colostomies in our survey who experienced pancaking had Type 4 stool on Bristol Stool Form Scale
- Pancaking can have a significant impact on the health economy

appliance off during the day and 46% reported that the same thing occurred at night. This resulted in the need for them to change the appliance. When the appliance is forced off by faeces in this manner, there is a certain time span when the faeces is in direct contact with the skin. This is perhaps why stoma care nurses often associate pancaking with a degree of sore skin, as supported by Burch and Sica (2005). This sore skin can be persistent and cause a great deal of discomfort and anxiety for the individual. Constant leakage and sore skin can have a significant adverse impact on quality of life (Redmond et al, 2009).

Educate

Filter covers are generally supplied by commercial stoma care manufacturers in appliance boxes. In this study, there were varying responses to what the filter cover should be used for, and when and how it should be used. Of those who indicated that they were using a filter cover in this survey, 26% claimed their pancaking to be 'not very' or 'not at all' severe. Perhaps we, as stoma care nurses, should be more proactive in our encouragement in the use of filter covers. Interestingly, when asked if they understood the reasoning for filter covers, respondents' reasons were extremely variable, but valid. A substantial proportion (42%) of respondents who experienced pancaking believed that the filter covers could be used to keep air in the bag; 41% thought it was to stop odour; and 39% thought they were for use during showering or swimming. Unfortunately, across the entire cohort, 72% of patients were not using a filter cover. However, the majority (81%) were using a product with an integrated filter.

Conclusion

Of those who responded to our survey, 58% felt that changing their appliance was the most effective way of managing

pancaking. However, this will result in more frequent appliance changes in an attempt to alleviate issues related to pancaking; this, in turn, will lead to increased expenditure on stoma care appliances, either for the NHS or for individual themselves. At a time when funding has never been so sensitive in health care, should we not as stoma care nurses be more active in identifying further ways to lessen the disheartening experience of pancaking by conducting further research?

As we move further into the 21st century, surrounded by new and emerging technology, more research into the technical aspects of stoma care products and accessories is needed. The lack of research evidence on this subject proves that has not been given nearly enough attention.

Pancaking continues to be a complex but common problem. Although many potential solutions have been offered, none to date has proven entirely effective. This survey, although limited by its design, recognises the gravity of the issue. We hope it will be the catalyst for further research and a more robust and lasting solution. BJN

Conflict of interest: Angie Perrin, Caroline Redmond, Caroline Cowin and Neil Wiltshire are employed by Salts Healthcare

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