

Prevention Guide for leakage and peristomal skin complications

A consensus-based guide for healthcare professionals (HCPs) to support prevention of leakage and peristomal skin complications



How to use the Prevention Guide

Watch how-to-use video



This interactive tool has been developed to assist you in predicting risks of leakage and peristomal skin complications (PSC) and to initiate relevant interventions for your individual patients. The guide is intended for use as a checklist and note-taking tool and the guidance sections can be used as a reference.

Before you use the guide

Watch the how-to-use video, which is accessible using the QR code in the top right corner. It is also a good idea to familiarise yourself with the guide before using it for the first time in a consultation.

Assessing the individual's risk

Each risk category is colour-coded to assist with navigation. There are different risks to consider depending on the patient's current pathway.







Four steps to conduct an assessment:

- 1. Identify the relevant risks in each of the three categories of the risk factor checklist
- 2. Discuss the identified risks with your patient
- 3. Tick off the relevant risks as you discuss them and make notes of initiated interventions
- 4. Print the risk profile summary with notes for medical records or to give to the patient, home care nurse or other caregivers. Only print pages 12-13 to avoid printing the entire guide.

Troubleshooting

- Save a copy/download the Prevention Guide to your device. This version acts as your blank master version.
- Make a copy of the master version and name it with the patient's name.
- If you find the tool is not populating fields correctly, it may be broken. Simply download the tool again and delete the previous version you saved.

Additional information

Abbreviations

Healthcare professional

Peristomal skin complications PSC:

Quality of life QoL:

Inflammatory bowel disease

GP: General practitioner

MARSI: Medical adhesive-related skin injury

MASD: Moisture-associated skin damage

We have developed some useful tools that can be used to prevent leakage and PSC. Scan the relevant QR code to access them.



BodyCheck tool

Online self-assessment tool for individuals living with an ostomy to find the right product



Peristomal Body Profile Assessment Tool

Systematic way for HCPs to assess the area around the ostomy to get the right fit of the product



Ostomy Skin Tool

HCP tool to evaluate the health of the skin around the ostomy



ARC (Apply-Remove-Check) tool

Describes the recommended change routine for individuals with an ostomy

^{1.} Ostomy Life Study 2019, Consumer survey, Coloplast, Data on file, PM-10499.

^{2.} Ostomy Life Study 2019, Nurse survey, Coloplast, Data on file, PM-11947.

^{3.} Nybæk, H. et al., Skin Problems in Ostomy Patients: A Case-control Study of Risk Factors, Acta Derm Venereol 2009; 89: 64–67.

^{4.} Hansen AS et al. A risk factor model for peristomal skin complications. WCET® Journal 2022;42(4):14-30

^{5.} Down G et al. Clinical preventive-based best practices to reduce the risk of peristomal skin complications – an international consensus report. WCET® Journal 2023;43(1):11-19

^{6.} Rolstad, B. S. et al., PERISTOMAL SKIN COMPLICATIONS: PREVENTION AND MANAGEMENT, Ostomy/Wound Management 2004;50(9):68-77.

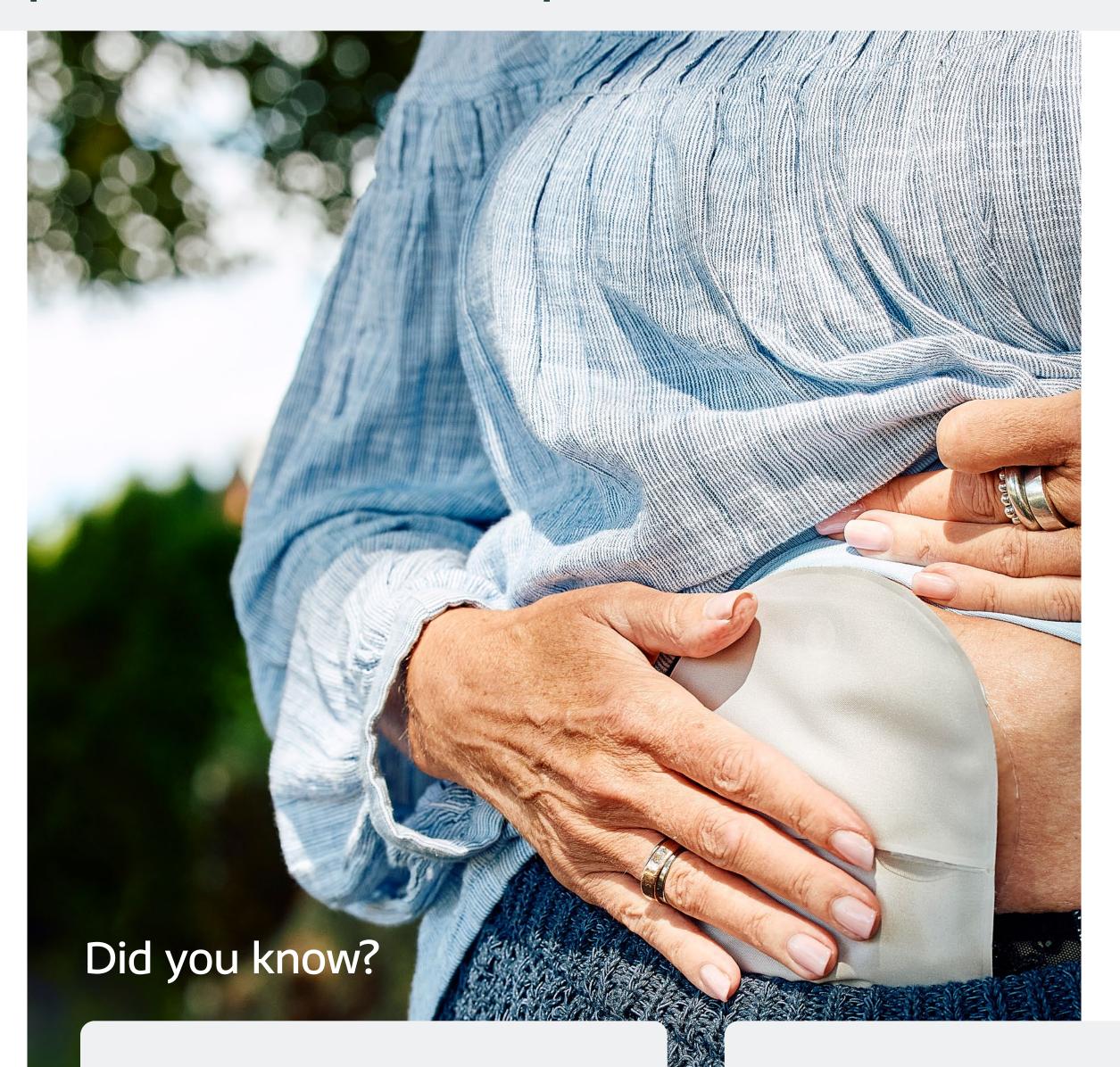
Risk factors to consider according to patient pathway

The Risk Factor Model is comprehensive and designed to ensure best practice in preventing leakages and PSC. However, some risk factors may not be relevant for the assessment depending on where the patient is in the patient pathway.

The overview shown in the table below outlines which risk factors are relevant to consider in each of the patient pathways.

	Pre-surgery	During hospital stay	Discharge & follow-up
Individual with an ostomy	 Peristomal body profile Skin properties/condition Medication/treatment Disabilities Self consciousness/self-care Stoma management Support Standard of living 	 Peristomal body profile Ostomy construction Ostomy/output type Skin properties/condition Medication/treatment Disabilities Self consciousness/self-care Stoma management 	 Peristomal body profile Ostomy/output type Skin properties/condition Self consciousness/self-care Stoma management Support Standard of living
Ostomy product	Range and type of products	 Fit to body profile Fit to ostomy shape Application/removal Wear time Range and type of products Adhesive properties Filter performance and capacity 	 Fit to body profile Fit to ostomy shape Application/removal Wear time Range and type of products Adhesive properties Filter performance and capacity
Healthcare system	 Pre-operative guidelines Surgical guidelines Social view of people with chronic conditions Appropriate products and quantity Healthcare professionals 	 Care guidelines Social view of people with chronic conditions Appropriate products and quantity 	 Care guidelines Social view of people with chronic conditions Appropriate products and quantity

Introduction to the Prevention Guide for leakage and peristomal skin complications



Let's work together to avoid leakage and peristomal skin complications

Every ostomy is unique, and every patient's personal situation is different. Many factors can affect a person's risk of experiencing leakage and peristomal skin complications (PSC), and this Prevention Guide helps in identifying and mitigating these risks by raising awareness of them and offering interventions for consideration.

88%

of people using an ostomy product have peristomal skin complications.¹

7 out of 10

personal consultations with ostomy patients are related to leakage and skin complications.²

Less than half

of patients with PSC are aware of the problem, and only 16% seek treatment.³

How the Risk Factor Model was created



A full systematic literature review of the risk factors associated with leakage and PSCs was conducted. Expert groups, including global and national Coloplast Ostomy Forum (COF) boards* representing 18 countries, helped to identify, review and align on the risk factors.

This resulted in the Risk Factor Model, which was validated through an international consensus process using a modified Delphi process, involving more than 4000 responses from experts within ostomy care from 35 countries.^{4,5}

The Risk Factor Model is divided into three categories: individual with an ostomy, ostomy product and healthcare system. Each category has a list of sub-categories that include several risks of leakage and PSC.**

For example, surgical guidelines for procedures that affect the formation of an ostomy can make a difference to people's quality of life after surgery, as in the case of ostomy site marking.

Individual with an ostomy

This category covers physical characteristics, mental capacities and social situation. This section is probably the most relevant for your consultation with an ostomy patient as it can give you a good understanding of their current situation.

Ostomy product

This category covers technical properties and patient use of the product and can offer insights into the fit and performance, of the current product your patient is using.

Healthcare system

This category covers standards of ostomy care, patient access to appropriate support/products and level of education of HCPs in ostomy care and in surgical procedures. It's recommended that this section is reviewed in preparation for your dialogue with the patient.

- * The Coloplast Ostomy Forum (COF) is where top experts (ostomy care nurses) from around the world come together to learn from each other and share their insights with Coloplast.
- ** The related guidelines may differ from region to region, and the subcategories must always be responded to in accordance with local guidelines and regulations.

Helping HCPs and patients break the cycle of leakage and PSC

Why was the Prevention Guide for leakage and PSC created?

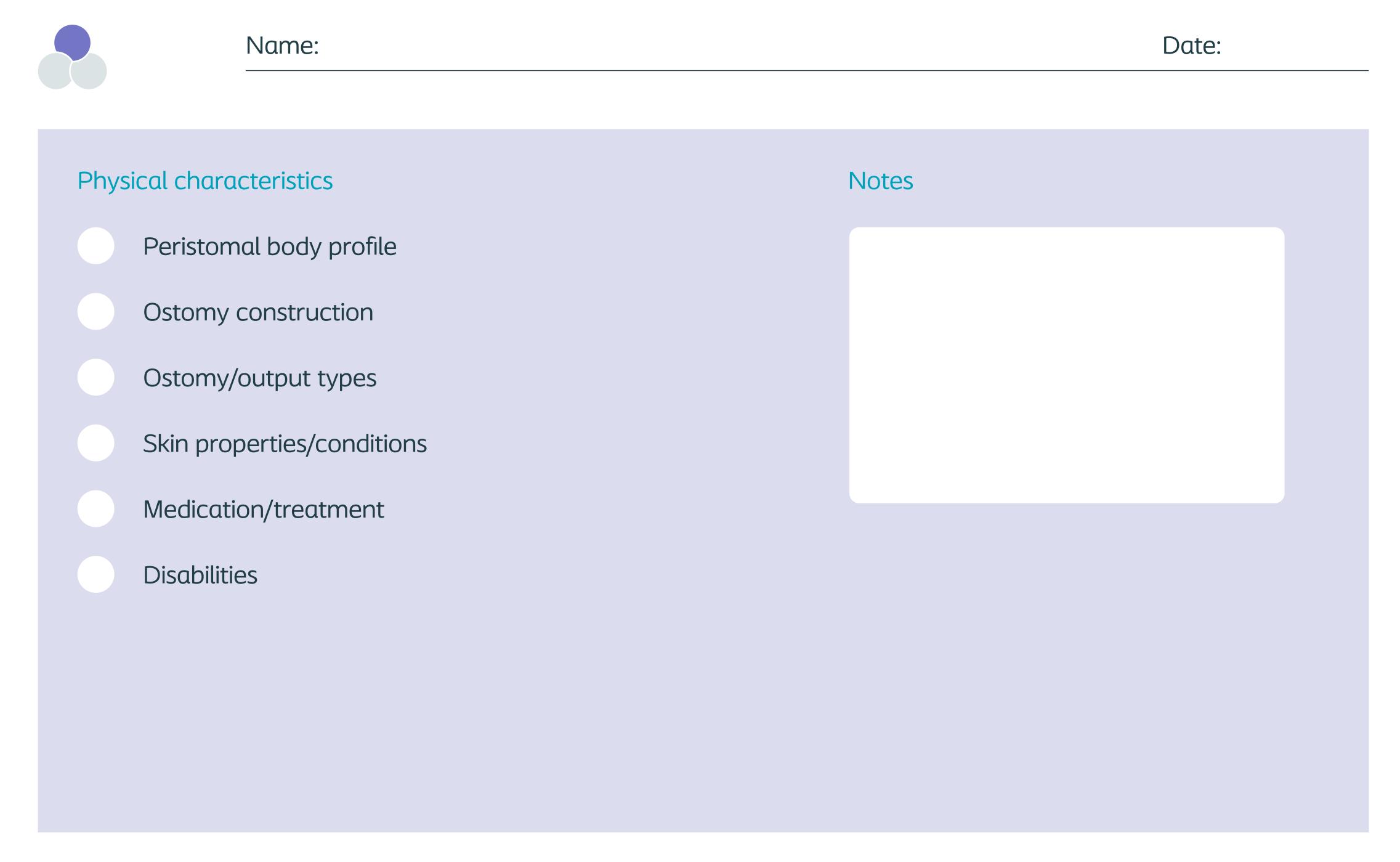
For people living with an ostomy, PSC can become part of a vicious cycle – leakage irritates the skin in the peristomal area, making it difficult for the product to adhere properly to the skin, which in turn leads to more leakage. This worsens the PSCs and often has a negative impact on the patient's quality of life.⁶

To break this cycle, it's important that every patient's risk of leakage and PSC is assessed on an individual basis. The Risk Factor Model was developed to help risk assessments of patients in daily practice. Some risks are more relevant than others according to patient pathway.

This Prevention Guide builds on the model and brings it into daily practice through providing mitigating actions to each risk. The Prevention Guide offers a holistic approach to prevention of leakage and PSCs by addressing risks, possible consequences and interventions to consider.



Individual with an ostomy

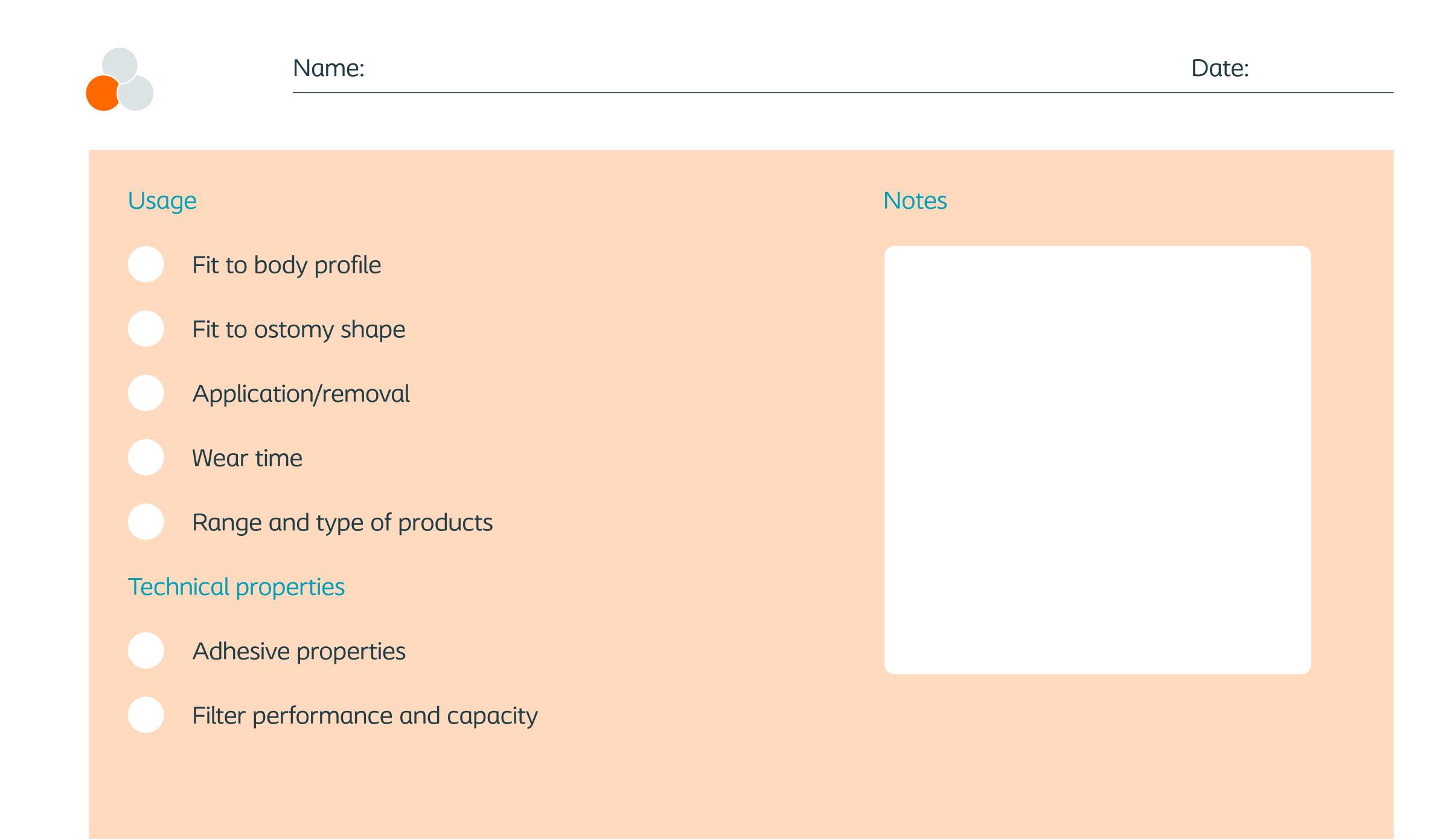


See more about the risks listed above

Individual with an ostomy

Name:	Date:
Mental capabilities	Notes
Self consciousness/Self-care	
Ostomy management	
Social situation	
Support	
Standard of living	

Ostomy product



See more about the risks listed above

Healthcare system



Name: Date:

Standard of ostomy care	Notes	
Pre-operative guidelines		
Surgical guidelines		
Care guidelines		
Societal view of people with chronic conditions		
Access to appropriate support/products		
Post-discharge programmes		
Appropriate product type and quantity		
Level of education in ostomy care & surgical procedures		
Healthcare professionals		

See more about the risks listed above

Risk profile summary: Risk factor checklist



Name: Date:

Individual with an ostomy

Physical characteristics

- Peristomal body profile
- Ostomy construction
- Ostomy/Output types
- Skin properties/conditions
- Medication/treatment
- Disabilities

Mental capabilities

- Self-consciousness /Self-care
- Ostomy management

Social situation

- Support
- Standard of living

Ostomy product

Usage

- Fit to body profile
- Fit to ostomy shape
- Application/removal
- Wear time
- Range and type of products

Mechnical properties

- Adhesive properties
- Filter performance and capacity

Healthcare system

Standard of ostomy care

- Pre-operative guidelines
- Surgical guidelines
- Care guidelines
- Societal view of people with chronic

Access to appropriate support/products

- Post-discharge programmes
- Appropriate product type and quantity

Level of education in stoma care & surgical procedures

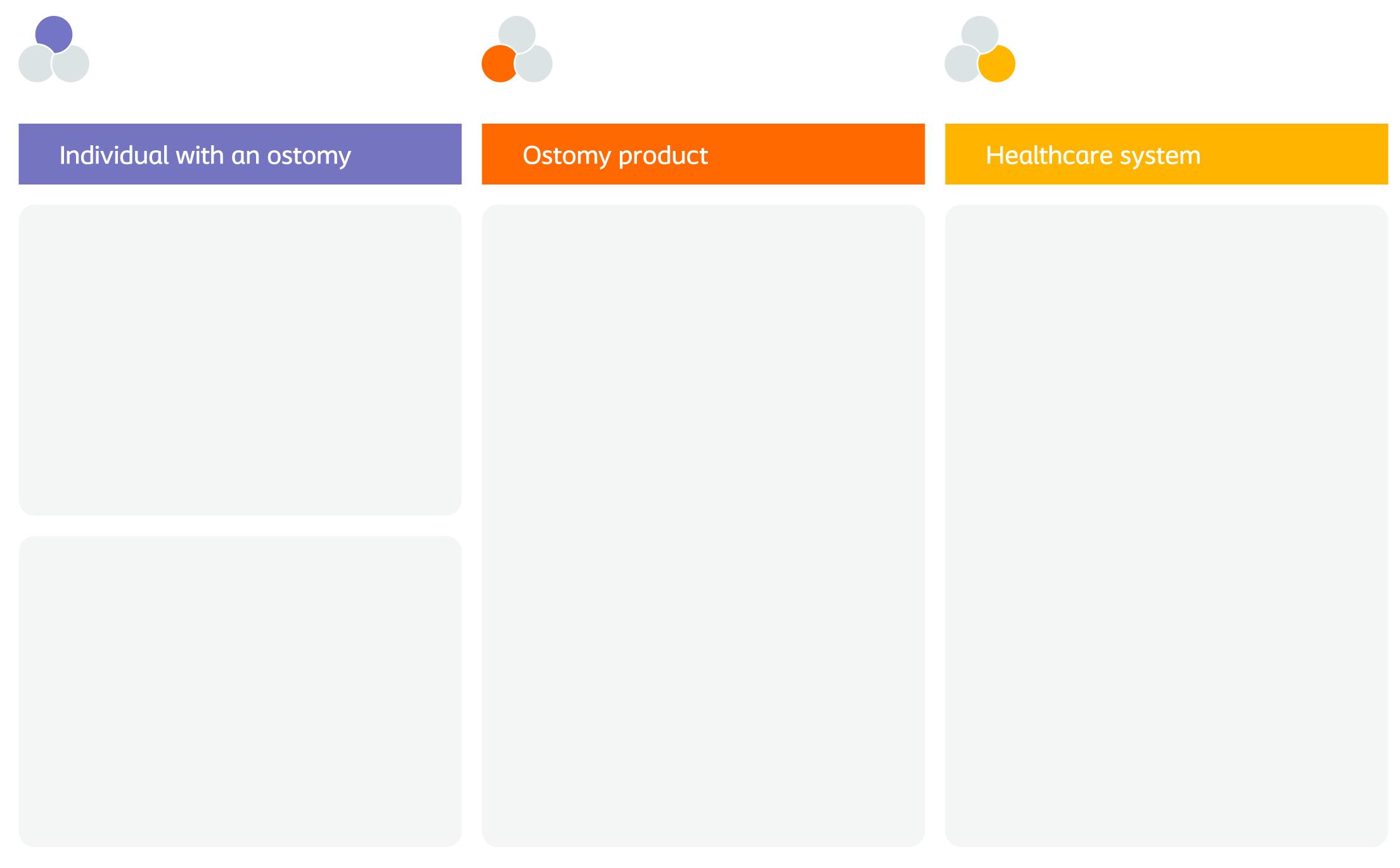
Healthcare professionals

categories for assessing the risk of leakage and PSCs. Each category has a list of subcategories which are defined in broad terms and include several guideline areas that may affect life for people living with an ostomy. For example, surgical guidelines for procedures that affect the formation of an ostomy can make a difference to people's quality of life after surgery, as in the case of ostomy marking. The related guidelines may differ from region to region, and the subcategories must always be responded to in accordance with local guidelines and regulations.

The Risk Factor Model consists of three



Risk profile summary: Notes







Physical characteristics: Peristomal body profile		
Risks	Interventions to consider	
The peristomal body profile should guide the choice of ostomy products.	 Regular assessment of the peristomal body profile using the BodyCheck tool. Scan the QR code in the "Abbreviations & supporting tools" section of the introduction to identify the most appropriate ostomy product for the right fit. Refer to ostomy care nurse when needed. 	
Lack of complete assessment of the peristomal body profile may lead to poor fit between the peristomal body profile and the ostomy product. Peristomal body profiles change over time – it may already change right after surgery.	• Use validated tools in daily practice to assess the peristomal body profile to find an ostomy product that offers the best fit. E.g. Peristomal Body Profile Assessment Tool . Scan the QR code in the "Abbreviations & supporting tools" section of the introduction.	
A poor contact/sealing of the ostomy product to the skin caused by a mismatch between the peristomal body profile and the ostomy product.		
Active lifestyle doing sports, gardening or having a physically challenging job will influence the peristomal body profile.	 Regularly evaluate if the ostomy product fits the peristomal body profile, and the size and shape of the ostomy. Adapt the ostomy product accordingly, also in more challenging situations such as doing sports. 	
	Supporting products may help to secure skin contact and increase absorption capacity.	



Physical characteristics: Ostomy construction		
Risks	Interventions to consider	
An ostomy at or below skin level.	 Use convex-shaped ostomy products or a convex protective seal if a flat or concave ostomy product is preferred. This supports the ostomy at or below skin level as it should help the ostomy protrude and/or obtains a tight seal around the ostomy. 	
Mushroom-shaped ostomy (may only be a problem a few weeks postoperatively due to swelling).	• Investigate the application technique to prevent the baseplate from touching the ostomy, which compromises adherence to the skin. Cut radial slits in the opening of the baseplate to ease the insertion of the mushroom-shaped ostomy through the opening to avoid touching the mucosa of the ostomy. It may be beneficial to apply paste or a ring around the ostomy to seal the slits at skin level.	
Ostomy opening pointing downwards or ostomy opening pointing upwards.	• Consider using a convex product or a protective seal/ring to help prevent leakage onto skin.	
An ostomy located in the bending line, close to the ribs or hip bone, or close to a scar.	 Consider using a 1-piece or a 2-piece flexible ostomy product for ostomies located in challenging areas such as in the bending line, or close to the hip or ribs. 	
Ostomy located where the individual cannot see it.	 The patient can use a mirror during the changing procedure. Arrange for support from home care/ health or involve relatives for support. 	
Uneven ostomy diameter/irregular shape	• Ensure the template fits the ostomy shape correctly. A protective seal (ring/paste) around the ostomy diameter may also help protect the skin.	
Prolapsed ostomy	• It may require a very large baseplate and a pouch with a large volume to protect the ostomy itself and the skin. Cut radial slits in the opening of the baseplate to ease the insertion of the prolapse through the opening to avoid touching the mucosa of the ostomy. It may be beneficial to apply paste or a ring around the ostomy to seal the slits at skin level. Always consult a surgeon for advice if any surgical interventions are needed.	
Ostomies located in a deep fold or cavity, a "crater" similar to a "volcano".	• To ensure full skin contact and a tight seal around the ostomy, a convex ostomy product should be considered. This helps prevent output from compromising the ostomy product. Use of the Peristomal Body Profile Assessment tool may guide the choice of ostomy product. Scan the QR code in the "Abbreviations & supporting tools" section of the introduction.	



Physical characteristics: Ostomy output types	
Risks	Interventions to consider
Mushy to liquid/watery output	 Use an ostomy product that fits the peristomal body profile, obtaining good skin contact and providing a snug fit around the ostomy.
High output volume/increased output volume with liquid/watery output	 To reduce output volume, talk to the patient about the amount of fluid intake and make dietary recommendations and/or prescribe anti-diarrhoea medication. Recommend that the patient uses a high-volume bag +/- a night bag.
Enzymes in liquid output	 Use an ostomy product with the right fit to obtain good skin contact and ensure a seal to prevent leakage and enzymes from harming the skin. Use an ostomy product with high absorption and erosion resistance, e.g., long wear time product.
High gas production	 Use an ostomy product with a filter that has high airflow. Sometimes it may be necessary to test more products. Seek advice from a dietitian regarding nutrition to minimise gas production.
Experiencing pancaking or firm stool sticking to or around the ostomy instead of sliding down into the bag.	To ease the process: • Use laxatives for firm, sticking stool. • Cover the filter with a filter label provided in the retail box. • Use a lubricant inside the ostomy bag to help the stool slide to the bottom of the bag.



Physical characteristics: Skin properties/conditions		
Risks	Interventions to consider	
Sensitive/dry/fragile skin	 Consider choice of adhesive/baseplate and decrease the frequency of changes Consider removal techniques so the ostomy product is peeled off gently. Use an adhesive remover to protect the skin. Be gentle when cleaning and drying the skin and ensure the skin is clean and completely dry. Use a protective film on the skin that is in contact with the baseplate and ensure the film has dried before applying the ostomy product. 	
Moist skin due to erosion (MASD) and/or excess perspiration.	 Ensure that the peristomal skin surface is dry before application of the ostomy product. A hairdryer at a safe distance and not too warm, may help dry the skin before application. Use an adhesive baseplate with initial/immediate tack to the skin for a secure seal before moisture is produced again. 	
Greasy/oily skin	 Ensure the peristomal skin is clean and as dry as possible before application of the ostomy product. Use a liquid protective film and ensure the film has dried before applying the ostomy product. 	
Bleeding skin and/or ulcerations of the skin	 The damaged skin must be protected to enhance the healing processes and to break the cycle. Protect the skin by choosing an appropriate baseplate with an erosion-resistant adhesive, using a powder, reducing change frequency. Consult an ostomy care nurse. A dermatologist/GP may also be needed. 	
Pain, itching and/or burning	 Consider choice of adhesive/baseplate. Ensure the ostomy product is removed gently. Use an adhesive remover to protect the skin. Be gentle when cleaning and drying the skin and ensure the skin is clean and completely dry. Use a protective film on the skin that is in contact with the baseplate and ensure the film has dried before applying the ostomy product. 	
Infection of the peristomal skin and/or in the hair follicles	 Fungal infection should be managed with a prescription of relevant antifungal medication. Increased change frequency may be needed if the baseplate of the ostomy product erodes quickly and exposes the skin to output or if the wear time is too long, causing a moist environment. Consider a more erosion-resistant type of adhesive. Ensure hairs in the peristomal area are removed gently e.g., by clipping. Consultation with a dermatologist/GP may be needed. 	



Physical characteristics: Underlying diseases		
Risks	Interventions to consider	
Inflammatory bowel disease (IBD), Crohn's disease, ulcerative colitis or rheumatoid arthritis, etc. Psoriasis	 Close follow up is key for timely reaction to ensure lesions or ulcers are dealt with early. Consultation with a trained ostomy care nurse and dermatologist or other expert should be initiated. Use of a skin barrier film may help create a skin surface that the ostomy product 	
	 Can adhere to. Consult a GP or dermatologist to consider treatment with medicine if the problem is severe. Consult a dermatologist to investigate if there is Koebner's phenomenon – an inflammatory reaction that causes lesions on the skin often due to psoriasis. 	



Physical characteristics: Medication/treatment	
Risks	Interventions to consider
Radiation therapy	The type of ostomy product should prioritise as gentle an adhesive as possible with longer wear time to protect the peristomal skin from stripping.
Chemotherapy	 For both chemotherapy and treatment with steroids, the same consideration should apply. Change ostomy product less frequently.
Systemic steroids	 Gentle cleansing and removal techniques and use of an adhesive remover to be considered. Use of a protective film.



Physical characteristics: Disabilities	
Risks	Interventions to consider
Poor eyesight/dexterity/mobility	 Ensure sufficient support for ostomy management, e.g., home care/health or relative. Evaluate type of baseplate and size of bag. A 2-piece system may help with independence as a baseplate can be changed by a relative/carer. For the patient, an open bag might be easier to learn how to empty and/or how to apply to a baseplate compared with changing a 1-piece system.



Mental capacities: Self-consciousness/Self-care	
Risks	Interventions to consider
Impaired consciousness or dementia	 Awareness of the patient's mental state is important for how to support the patient in the best possible way. Assessment of patient's state of consciousness (ability to remember, associate, assimilate knowledge) may be relevant. Use of coaching and motivational theories may help in supporting the patients. A simple, structured training programme involving an expert (e.g. in dementia) may support the training process.



Mental capacities: Ostomy management		
Risks	Interventions to consider	
Denial and poor coping skills	 Involvement of a psychologist could be considered. Use of coaching and motivational theories may help in supporting the patients. Involvement of relatives/carers may also support the patient on the patient's terms. 	
Self-care deficit (patient's efforts to obtain self-care)	 Ensure sufficient support from relatives, home health, ostomy associations to support in ostomy management, assessment of skin health and follow-up regularly. Connect with Coloplast Care or similar patient supporting programme. 	
Insufficient pre- & post-operative training in caring for the ostomy. Lack of understanding of the principles of ostomy care.	 Awareness of the patient's training level and understanding is important for how to support the patient in the best possible way. Training in Apply-Remove-Check principles should be initiated. Scan the QR code in the "Abbreviations & supporting tools" section of the introduction. 	
	 Sufficient support for ostomy management from ostomy care nurse, home care/health or similar should be considered. 	



Social situation: Support	
Risks	Interventions to consider
Limited support from close relations such as family members and friends (network).	 Make an assessment of the family situation and possibilities for support. Frequent follow-up by e.g., phone calls and appointments in the ostomy clinic to provide the support needed.
Limited support from ostomy care nurse	Consider establishing or referring to a support network of people with an ostomy.
No qualified staff both in the primary and secondary sector.	 Involve home care/health and/or social worker and/or relatives. Connect patient with patient support programme.



Social situation: Standard of living	
Risks	Interventions to consider
Low income/lack of insurance	 A medical history including the family situation and options for support may help create an overview to initiate the support needed. Help applying for funding from local support services. Refer the patient to ostomy associations.
Malnutrition/dehydration e.g., due to lack of appetite or high output from the ostomy.	 Contact GP/doctor. Investigate possibilities for how to ensure proper nutrition and hydration.
Poor facilities for ostomy management if homeless or living in more simplea ways.	 Support the patient in finding practical ways to take care of the ostomy (e.g., map out public toilets or bathing facilities).



Use of the product: Fit to ostomy shape	
Risks	Interventions to consider
Uneven ostomy shape	 Support the patient in making a correct template. A protective seal around the ostomy may help obtain a tight seal/a snug fit, preventing output leakge onto skin.
Prolapsed ostomy	 In case of a prolapsed ostomy, cut radial slits in the opening of the baseplate to ease the insertion of the prolapse through the opening and to avoid touching the mucosa of the ostomy. It may be beneficial to apply paste or a ring around the ostomy to seal the slits at skin level.
Mushroom-shaped ostomy	• In the case of a mushroom-shaped ostomy, lift the ostomy to get the correct measurements and cut radial slits in the opening of the baseplate to ease the insertion of the mushroom-shaped ostomy through the opening and to avoid touching the mucosa of the ostomy. It may be beneficial to apply paste or a ring around the ostomy to seal the slits at skin level.
Too big a hole in the baseplate	Create a correct template and evaluate regularly. Consider using a measuring guide/cutting guide/calliper made for the purpose.
Too small a hole in the baseplate	• Forming the baseplate hole to a spout shape before application may help. Apply the spout-shaped baseplate gently to the surface of the ostomy. When handling the baseplate, only touch the top of it (non-adhesive side), so the bottom (adhesive side) is untouched and able to adhere to the peristomal skin.



Use of the product: Fit to body profile	
Risks	Interventions to consider
The peristomal area is unique in form and shape for each individual patient with an ostomy (not one size fits all).	 A regular peristomal body profile assessment using a validated tool e.g., the Peristomal Body Profile Assessment Tool/BodyCheck tool is recommended. Scan the QR code in the "Abbreviations & supporting tools" section of the introduction.
The peristomal body profile changes over time e.g., weight loss or gain, ageing, etc.	 Evaluate changes of the peristomal body profile by assessing and identifying the type of ostomy product that fits the peristomal body profile (e.g., flat, convex or concave), the size/diameter of the ostomy, and the need for supporting products.
	• Encourage the patient to do regular checks using the BodyCheck tool . Scan the QR code in the "Abbreviations & supporting tools" section of the introduction.
	 The patient should contact an ostomy care nurse if another type of ostomy product is recommended by the tool.



Use of the product: Application/removal	
Risks	Interventions to consider
Harsh removal	 Teach the patient gentle removal techniques to protect the peristomal skin from getting damaged/ stripping.
Harsh cleaning	 Providing information to the patient about how to clean the peristomal skin correctly may help ensure a tight seal between the ostomy product and the peristomal skin. Use of an adhesive remover and cleaning of the skin afterwards may help protect the peristomal skin from being stripped by the ostomy product.



Use of the product: Wear time	
Risks	Interventions to consider
Too long wear time	 Help the patient with choosing an ostomy product that matches the recommended and preferred individual wear time. Support the patient in how to assess wear time by examining the back of the baseplate upon removal. Is it eroded? Is there output on the backside of the baseplate? These may indicate that the wear time has been too long. Blocking of the filter may indicate more frequent changes of the ostomy product are needed.
Too short wear time	Use of an adhesive remover and use of the push-pull method to remove the baseplate may prevent stripping of the skin



Use of the product: Range and type of product	
Risks	Interventions to consider
Limited range of product types available	 Consider supplementing available bags and plates with supporting products, e.g., protective seal/ paste, elastic tape.
	• Improved training in how to use the products in the best way may help prevent leakage and PSC.
	Advocating for the need of a broader product range may help to increase ostomy product offerings.



Technical properties: Adhesive properties	
Risks	Interventions to consider
Lack of understanding of the role of adhesive properties of ostomy products and the adhesive properties themselves may lead to choosing an ostomy product that doesn't meet the individual's needs.	• Learning and understanding the adhesive properties of the available ostomy products may help guide the choice of the ostomy product that best accommodates the patient's needs. this can help prevent PSC, e.g. adhesives meant for longer wear time are often more erosion-resistant than adhesives meant for shorter wear time.
Moisture absorption	 Help to adapt change frequency accordingly to meet the needs of the patient. Choose an ostomy product with the most appropriate moisture absorption capacity. If the patient is very active exercising a lot, doing hard work or playing sports, the body perspires/sweats, increasing moisture on the surface of the skin.
Erosion resistance	Choose an ostomy product with high erosion resistance and/or add a protective seal or change it more often.
Intolerance to ceartain adhesive properties	 Familiarise with the medical history of the patient (any allergies?). If in doubt, test the ostomy product first by cutting small pieces from the baseplate. Place the piece of baseplate on the skin of the patient's back. After 48 hours, check for signs of irritation, redness, itchiness, etc. If testing more than one ostomy product, remember to give each baseplate piece a number that corresponds to the ostomy product.



Technical properties: Filter performance and capacity	
Risks	Interventions to consider
Insufficient airflow causes the bag to inflate/balloon or pancake/flatten.	 If the patient produces a lot of gas, choose a filter with high airflow. Consult an ostomy care nurse if you are unsure which one has high airflow. If the patient experiences pancaking, use a filter with less airflow or use a filter label to cover the filter. Consult an ostomy care nurse if you are unsure.
Filter blockage	 Consider whether filter blockage can be prevented by a shorter wear time of the ostomy product. Adding a lubricant may prevent output from building up around the filter and helps the output slide into the bag.



Standard of ostomy care: Pre-operative guidelines	
Risks	Interventions to consider
No/insufficient guidelines on how to prepare for ostomy surgery to ensure quality of life and care. No ostomy marking due to: Lack of training in ostomy marking A severe condition requiring acute surgery with no pre-operative ostomy marking performed	 Ensure training/education programmes in the guidelines in relevant therapy areas. Establish/adhere to standards of ostomy care/guidelines locally. Establish and agree on pre-operative standards of care locally. Evaluate continuously the team's competence level and confidence level at defined intervals and re-educate regularly. Ensure communication between the operating team and the ostomy care nurse to ensure the best possible ostomy location.
No preparation/training of patients and relatives around living with an ostomy.	 Special attention should be paid to support patients who are unprepared for living with an ostomy. Frequent follow up may be needed from home care/health or similar.



Standard of ostomy care: Surgical guidelines	
Risks	Interventions to consider
No or insufficient implemented surgical guidelines (standard procedures) in the therapy area. No knowledge about agreed surgical guidlines e.g., no onboarding for newly employed team members. No adherence to agreed surgical guidelines.	 Raise awareness of negative outcomes due to lack of sufficient surgical guidelines e.g., take pictures for documentation. Reach consensus on surgical guidelines to improve better outcome locally for the patients. Ostomy care nurses should be involved/ informed about the patient prior to ostomy surgery.



Standard of ostomy care: Care guidelines (post-operative care)	
Risks	Interventions to consider
No or insufficient post-operative training/ education of healthcare professionals (HCPs) working within ostomy care due to lack of post-operative guidelines or due to no awareness of the post-operative guidelines. Little or no standardised follow-up with the patient.	 Document the need for establishing follow-up programs to meet the needs of people going through ostomy surgery. Include introduction to ostomy care in onboarding programmes for new employees working in relevant therapy areas. Develop training material to help ensure the quality of ostomy care following discharge to prevent any complications. Refer patients to online support and the BodyCheck tool. Scan the QR code in the "Abbreviations & supporting tools" section of the introduction.



Standard of ostomy care: Societal view of people with chronic conditions		
Risks	Interventions to consider	
Negative local culture, governance and values influence opportunities in life post-surgery with risks of:	 Advocate for appropriate ostomy products to meet the needs both locally and nationally. Investigate possibilities for follow-up programmes. 	
Limited access to ostomy products and support from HCPs.	 Provide insights to authorities on how the right ostomy product can prevent leakage and PSC, have a positive effect on healthcare costs and help people live a full life while contributing to society. 	
Patients refraining from seeking help with leakage and PSC.		
Social isolation due to lack of acceptance in society.		
Loss of a role to play in society, e.g., having a job.	Explore options for funding for patients with no access to support and income.	



Access to appropriate support/products: Post-discharge programme		
Risks	Interventions to consider	
No prioritisation of follow-up programmes in the healthcare system. No/limited insurance funding.	 Advocate for solutions for unmet needs both locally and nationally. Provide insights to authorities to show that people can live a good life with an ostomy, contributing to society, with a follow-up programme and ostomy product that prevents leakage and PSC. Post-discharge programmes can give people with an ostomy a feeling of confidence that can improve QoL. Explore options for funding to patients with no access to support. 	



Access to appropriate support/products: Appropriate product type and quantity		
Risks	Interventions to consider	
No/limited access to appropriate type of ostomy products to cover individual needs.	 If possible, use a more erosion-resistant type of adhesive and open/drainable bags no matter what type of ostomy. Advocate for unmet needs locally and nationally. Provide insights to authorities about how the right ostomy product can prevent leakage and PSC and help people with an ostomy live a good life and contribute to society. 	
Insufficient allowance of ostomy products to ensure optimal wear time.	 The right ostomy product can give people with an ostomy confidence, which can improve QoL. Explore options for funding for patients with no/limited access to products and/or support. Work with patient organisations to improve standard of care. 	



Level of education in ostomy care and in surgical procedures: Healthcare professionals		
Risks	Interventions to consider	
No/limited access to general education within ostomy care.	 Ensure local training programmes in: The importance of assessing the peristomal body profile to identify the most appropriate ostomy product to ensure the right fit. What causes different types of PSC. The importance of a tight seal/skin contact and a snug fit around the ostomy to prevent skin from being exposed to output. The importance of assessing and monitoring skin health using relevant validated tools such as the Ostomy Skin Tool. Scan the QR code in the "Abbreviations & supporting tools" section of the introduction. 	
No/limited access to specialising within ostomy care.	 Improve teaching and coaching skills to empower the patient to manage their own ostomy and skin care. 	