Standardizing Peristomal Hygiene: Reducing Variation and Complications in Ostomy Care

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Publication Key Message: The PHASE (Peristomal Hygiene Advancement in Skin Education) Group developed an evidence-informed Peristomal Hygiene protocol to reduce variation in ostomy care through four standardized steps: Cleanse, Assess, Secure, and Live! The framework supports proactive prevention, consistent communication, patient self-care, and preservation of healthy peristomal skin.

Overview

- Peristomal Hygiene is a standardized protocol to shift from reactive management to proactive prevention.
- Peristomal skin complications (PSCs) remain common, costly, and underrecognized in ostomy care.
- 1 in 3 individuals with an ostomy experience PSCs within 90 days of surgery.
- Up to 80% of individuals living with an ostomy experience leakage.
- Variation exists globally for: education, clinical practice, and assessment methods.
- Hygiene is within an individual's control; health is not always.

Peristomal Hygiene Protocol

1 Cleanse



Use warm water; mild pH-balanced cleanser only if needed. Avoid baby wipes, bathing wipes, oils, lotions, creams, emollients, alcohol, and harsh cleansers.

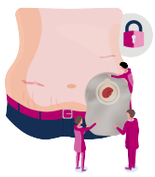
Repeated pouch removal can result in peristomal medical adhesive-related skin injury (P-MARSI).

2 Assess



Assess at every pouch-change. Inspect stoma, os location, stoma height, peristomal skin, abdominal contours, removed barrier, erosion, leakage, pain, discomfort, and itching. Use SACS™ Evolution Tool.

3 Secure



Match product characteristics anatomy, contour, os location, stoma height, skin condition, and leakage risk. Use the least amount of convexity needed to achieve an effective seal.

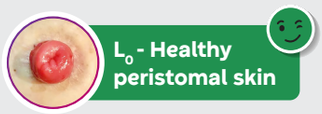
Accessories should be incorporated as needed and based upon assessment.

4 Live!



Support the whole person across the ostomy journey. Include confidence, independence, hydration, nutrition, activity, self-management, social participation, and quality of life.

Dehydration is the #1 reason for hospital readmission following ostomy surgery.



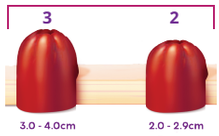
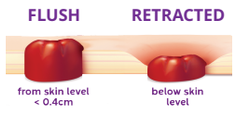




Key Points

- Effluent contact with peristomal skin is never normal, including silent leakage beneath the barrier.
- Cleansing and adhesive removal should protect skin integrity and reduce risk for peristomal medical adhesive-related skin injury.
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- Assessment should be performed in multiple positions when safe, such as seated, standing, and upright, because contours and stoma presentation may change.
- Validated tools such as SACS™ Evolution can support early recognition, self-assessment, communication, and evaluation of intervention effectiveness.

Product selection quick guide for the Secure step

Product type	Best-fit clinical use	What this means in practice	
Flat cut-to-fit	Well-budded stomas with adequate protrusion. Patient preference and feasibility to measure and cut barriers.	Best when the stoma protrudes and effluent can be directed into the pouch.	
Moldable / shapeable barrier	Stomas with at least 1 cm of protrusion; helpful for creating a personalized seal. No scissors required.	Gently adapts around the stoma to support fit to swell and "turtleneck" to secure a seal. Reassess based on stoma height and individual preference.	
Soft convex barrier	Flush, retracted, or functionally flush stomas; folds, creases, or irregular contours contributing to leakage.	Individuals continue to adapt to their stoma 6 months after surgery. Continue to reassess pouching needs and convexity use for topography changes.	
Accessories	Ostomy paste is not effective for deep creases and folds, but helpful with individuals with good dexterity. Ostomy paste is not an adhesive. Ostomy rings are used as needed for securement of pouch and are applied around stoma.	Accessories should be considered and used based upon peristomal assessment, patient preference, and adjusted as needed.	

Summary

Peristomal Hygiene is a standardized protocol to develop a shared language and care approach. The protocol steps of Cleanse, Assess, Secure, and Live! promotes prevention of PSCs, routine assessment, ostomate empowerment, and early intervention. The shift helps preserve healthy skin rather than managing complications after they develop.

Healthy peristomal skin can influence:

- Confidence
- Self-care ability
- Overall quality of life
- Independence
- Social participation
- Less Peristomal Skin Complications

The protocol therefore addresses both physical outcomes and the broader experience of living with an ostomy. The PHASE group's work demonstrates that improving outcomes does not always require more technology or more complexity.

The Peristomal Hygiene Protocol offers a practical framework that can help reduce variation in care, prevent peristomal skin complications, support patient independence, and improve long-term outcomes for people living with an ostomy.

- Assess routinely at every pouch change using a standardized approach.
- Recognize that leakage, itching, irritation, or broken skin is not normal.
- Secure the pouching system by matching product features to patient anatomy and risk. Use convexity characteristics for flush or retracted stomas.
- Live well by supporting physical health, self-care confidence, emotional wellbeing, and quality of life.
- Adaptation is an ongoing process extending months beyond the initial surgery. Ostomy product/pouch needs can change over time.

Key Takeaway: Healthy peristomal skin starts with prevention, consistency, and patient empowerment.

Source note: This infographic is based primarily on the pending JWOCN publication by Beitz et al. (2026), Standardizing Peristomal Hygiene: Reducing Variation and Complications in Ostomy Care. Additional supporting references are listed below.

References: Bradley-Clarke, J., Evans, J. E., Waller, J., McGill, K., Long, C. B., Brindle, T., & Carty, N. (2025). Computer-simulated model examining the effects of convexity characteristics at the skin barrier- abdomen interface. Journal of Wound Ostomy and Continence Nursing, 52(5), 392–400. https://doi.org/10.1097/won.0000000000001206; Burgess-Stocks, J., Gleba, J., Lawrence, K., & Mueller, S. (2022). Ostomy and continent diversion patient bill of rights. Journal of Wound, Ostomy & Continence Nursing, 49(3), 251–260. https://doi.org/10.1097/won.0000000000000876; Jeppesen, P. B., Vestergaard, M., Boisen, E. B., & Ajslev, T. A. (2022). Impact of stoma leakage in everyday life: Data from the ostomy life study 2019. British Journal of Nursing, 31(6), S48–S58. https://doi.org/10.12968/bjon.2022.31.6.s48; LeBlanc, K., Whiteley, L, McNichol, L., Salvadalena, G., & Gray, M. (2019). Peristomal medical adhesive-related skin injury. Journal of Wound Ostomy and Continence Nursing, 46(2), 125–136. https://doi.org/10.1097/won.0000000000000513; Merandy, K. (2016). Factors related to adaptation to cystectomy with urinary diversion: An integrative review. Journal of Wound, Ostomy, and Continence Nursing : Official Publication of the Wound, Ostomy and Continence Nurses Society, 43(5), 499–508. https://doi.org/10.1097/WON.0000000000000269; Villa, G., Denti, F., Grilli, M., Passafiume, S., Sarritzu, G., Spena, P. R., & Maculotti, D. (2026). S.A.C.S. evolution: A dual-interface assessment system to evaluate peristomal skin condition and prevent skin lesion. Minerva Surgery, 81(1), 38–48. https://doi.org/10.23736/S2724-5691.26.11095-8.

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