Peristomal Hygiene: A protocol of care to address a global crisis in ostomy care

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Overview

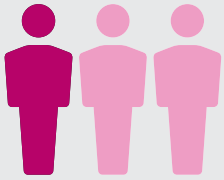
There is a global crisis in ostomy care, with many patients suffering from leakage and its consequences including peristomal skin complications, readmissions, and altered quality-of-life.

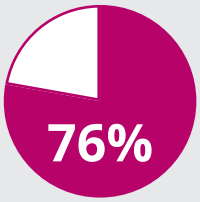
Peristomal Hygiene authored by the PHASE group. *[1]

Statistics

Up to 80% experience leakage[1]

One-third (1/3) of persons with an ostomy experience Peristomal Skin Complications (PSC)[2]



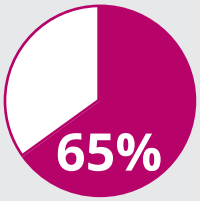


Up to **76%** late complications up to 20 years after surgery[2]

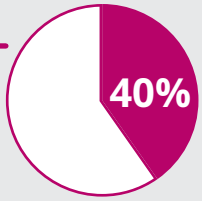
"Silent Leak" = the presence of stool or urine in contact with the peristomal skin without extension beyond the baseplate.



90% of all ostomates report fear of leakage[4]



65% of people living with an ostomy report fear of leakage that would impact their work[4]



40% of readmissions after colorectal surgery considered preventable[3]

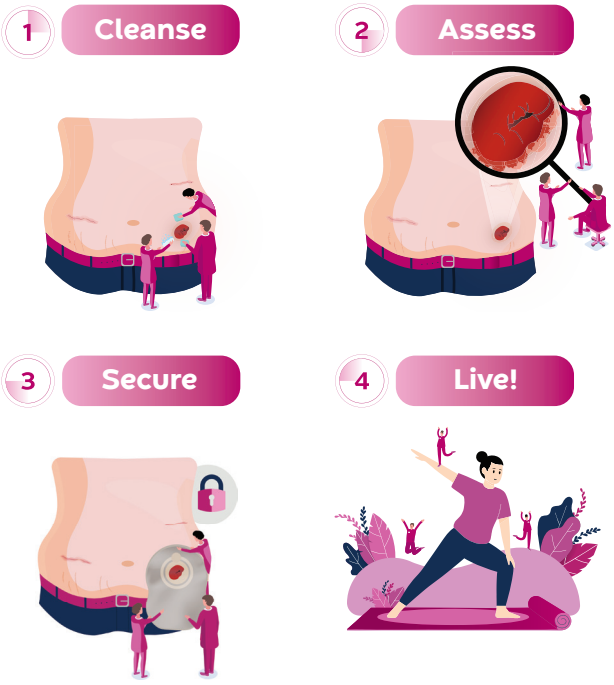
Higher readmissions within **120 days** of surgery[5]



Average readmission in US is **$16,000**[6]



Longer stays: Those undergoing ileostomy, colostomy, urostomy and PSCs had more inpatient days[5]



1. **Cleanse:** the appropriate removal of pouching systems and routine care of the skin;
2. **Assess:** physical assessment of the skin, stoma and appliance;
3. **Secure:** matching individual assessment characteristics to appropriate pouching systems and accessories to ensure a secure fit;
4. **Live!:** providing resources and education for an individualized adaptation to life.

Key Points

- Ostomy care is experiencing a global crisis, which is the result of a lack of standardized care and terminology, lack of access to specialized ostomy providers, fragmented ostomy educational pathways and high rates of healthcare utilization.
- To address this crisis, the authors propose adopting Peristomal Hygiene, an actionable, four-step, practical protocol of care that can be consistently applied across all care settings.
- The aim of Peristomal Hygiene is to empower healthcare providers and individuals with an ostomy and their caregivers to actively manage their peristomal health, potentially improving clinical outcomes, emotional well-being and long-term care sustainability.

This evaluation was conducted by Convatec Technology Center. Dr. Brindle is currently the Sr. Medical Affairs Director for Convatec. Ms. Milne is on the Global Advisory Board for Convatec Technology Center. Medical writing support was provided by Vithusiga K Amalkanth (Convatec Ltd, UK).

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References: [1].Colwell JC, Pittman J, Raizman R, Salvadalena G. A randomized controlled trial determining variances in ostomy skin conditions and the economic impact (ADVOCATE Trial). J Wound Ostomy Continence Nurs. 2018;45(1):37-42.doi:10.1097/WON.0000000000000389. [2].Leong AP, Londono-Schimmer EE, Phillips RK. Life-table analysis of stomal complications following ileostomy. Br J Surg. 1994;81(5):727-9. doi:10.1002/bjs.1800810536. [3].Contributor. How coaching & technology reduced hospital readmissions rates, United Ostomy Associations of America. Accessed 14 July 2025, https://www.ostomy.org/how-coaching-technology-reduced-hospital-readmissions-rates/. [4].Jeppesen PB, Vestergaard M,Boisen EB, Ajslev TA. Impact of stoma leakage in everyday life: data from the Ostomy Life Study 2019. Br J Nurs. 2022;31(6):S48-S58. doi:10.12968/bjon.2022.31.6.S48. [5].Taneja C, Netsch D, Rolstad BS, Inglese G, Lamerato L, Oster G. Clinical and economic burden of peristomal skin complications in patients with recent ostomies. J Wound Ostomy Continence Nurs. 2017;44(4):350-357. doi:10.1097/WON.0000000000000339. [6].How coaching & technology reduced hospital readmissions rates, United Ostomy Associations of America. Accessed 14 July 2025, https://www.ostomy.org/how-coaching-technology-reduced-hospital-readmissions-rates/

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