



How do people with a stoma and stoma care nurses perceive leakage?

We know leakage is a common issue for people living with a stoma. What we're less certain of is what people with a stoma consider to be leakage. Is it when their pouch leaks onto the baseplate? Or is it when it leaks outside the baseplate? That's what the article, "Perception of leakage: data from the Ostomy Life Study 2019"¹ wanted to find out. This ShortRead is a summary of its findings.

How much leakage is leakage?

We know leakage is a common problem for people living with a stoma. For example, 76% of respondents in the 2019 Ostomy Life Study had experienced 'leakage beneath the baseplate' at least once a month, while 65% experienced 'leakage outside the baseplate'² and on to clothes at least once within the previous year.³

However, what we don't know is how much output there needs to be before the person considers it as "leakage". For example, does the baseplate need to be completely covered with output from the stoma, or only partially covered for a person to view that as leakage? And would a stoma care nurse answer that question differently than a person living with a stoma? We conducted a sub-analysis of the 2019 Ostomy Life Study to answer these questions.

The 2019 Ostomy Life Study looked at how people with a stoma and stoma care nurses perceive leakage

It includes responses from over 4,200 people living with a stoma and over 300 stoma care nurses in 17 countries. The study is based on an online survey, where respondents were shown pictures of baseplates with different patterns of output, and they were then asked to identify which pictures they thought showed leakage.

Is it leakage if stoma output gets outside the baseplate?

Almost 100% of the stoma care nurses and well over 80% of the people living with a stoma agreed that when the output from the stoma reaches outside the baseplate, it's leakage. We then went deeper, asking them about output covering most of the baseplate. Here the answers were different depending on the type of stoma.

1. Down G, Vestergaard M, Ajslev T, Boisen E, Nielsen L. 'Perception of leakage: data from the Ostomy Life Study 2019'. British Journal of Nursing, 2021, Vol 30., No 22 (Stoma Care Supplement)
2. Nafees B, Størling ZM, Hindsberger C, Lloyd A. 'The ostomy leak impact tool: development and validation of a new patient-reported tool to measure the burden of leakage in ostomy device users.' Health Qual Life Outcomes. 2018;16(1):231. <https://doi.org/10.1186/s12955-018-1054-0>
3. Martins et al; Challenges faced by people with a stoma: peristomal body profile risk factors and leakage, BJN, 2022, Vol 31, 7

Over 80% of those with a colostomy or an ileostomy thought output covering most of the baseplate was leakage (see Figure 1), while a little more than half of those with a urostomy thought so. (See Figure 2)

If you want to read the scientific one-pager or the full peer-reviewed published article, please go to [Coloplast Ostomy Care Compendium](#).

Is it leakage if stoma output is close to the stoma?

The most surprising survey result was how respondents perceived output close to the stoma. Less than 20% of people with a stoma, and only one-third of stoma care nurses, perceived this as leakage.

A better understanding of what qualifies as leakage is key

Up to 77% of peristomal skin complications (PSC) can be traced back to output leaking onto the skin.^{4,5} That's why it's so important for people living with a stoma and stoma care nurses to recognise that when output gets onto the skin, it can lead to PSC. And that's true even if they only see the output on a smaller part of the baseplate close to the stoma.⁶

We need new solutions that can help people with a stoma identify leakage and/or lessen the impact from leakage onto the skin. To do this, we must help users recognise leakage when it happens, so they can quickly change their pouching system and keep output off the skin.

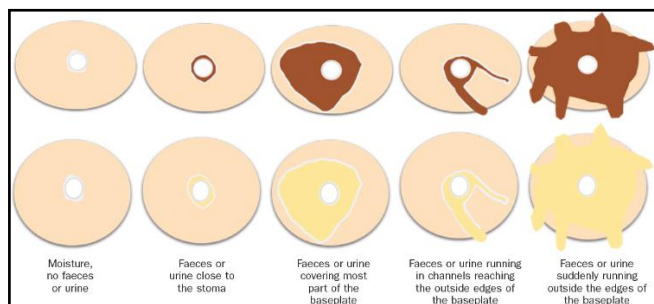


Figure 1. People with a colostomy, ileostomy or jejunostomy and stoma care nurses were shown pictures with different degrees of faecal leakage (top), while people with a urostomy were shown pictures with different degrees of urinary leakage (bottom)¹

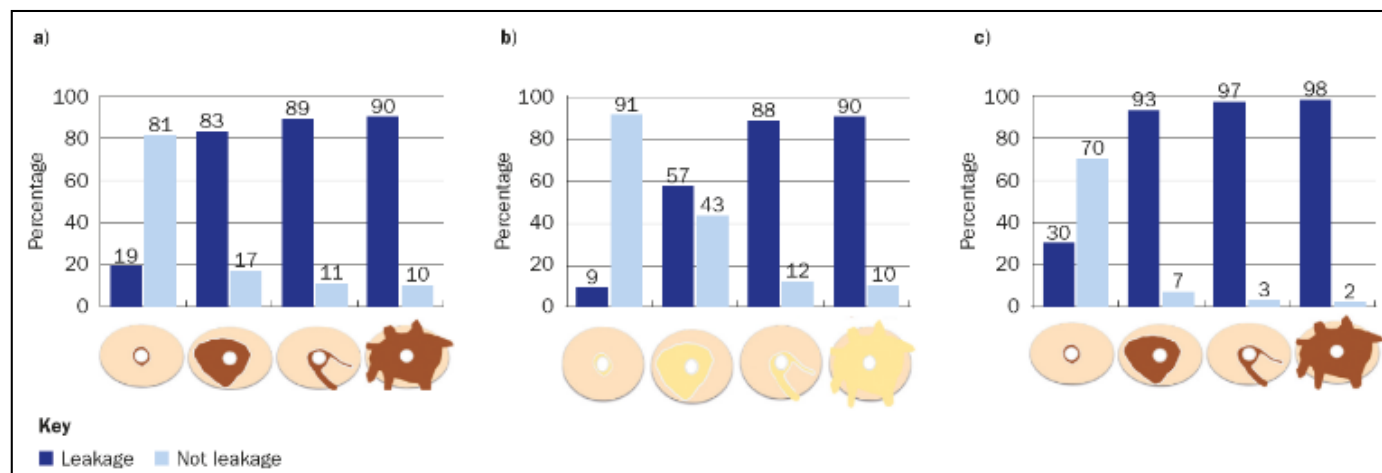


Figure 2. Perception of leakage among respondents with a stoma and stoma care nurses. a) People with colostomy, ileostomy or jejunostomy (n=3314), b) people with urostomy (n=847), c) Stoma care nurses (n=294 to 312)¹

4. Doctor, K, Colibaseanu, D.T. 'Peristomal skin complications: causes, effects, and treatment.' *Chronic Wound Care Management and Research*, 2017; Salvadalena, G, Colwell, J.C, Skountrianos, G, Pittman, J. 'Lessons Learned About Peristomal Skin Complications Secondary Analysis of the ADVOCATE Trial, Vol. 47, JWOCN, 2020

5. Herlufsen, P., Olsen, A. G., Carlsen, B., Nybaek, H., Karlsmark, T., Laursen, T. N., & Jemec, G. B. 'Study of peristomal skin disorders in patients with permanent stomas'. *BJN*, 2006, Vol. 15, No. 16.,

6. Burch J, Boyles A, Maltby E, Marsden J, Martin N, McDermott B, Voegel D. 'Keep it simple: peristomal skin health, quality of life and wellbeing'. *Br J Nurs*. 2021 Mar 24;30(Sup6):5-24.