

Comparing *Ostomy Care and Management (2009)*, First Edition Best Practice Guideline (BPG) to *Supporting Adults Who Anticipate or Live with an Ostomy (2019)*, Second Edition BPG

This table summarizes how the recommendations in the Second Edition BPG compare to the First Edition BPG practice recommendations.

| Recommendation from First Edition BPG (2009) | Relevant Information in Second Edition BPG (2019) |
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| 1. Develop a therapeutic relationship with the client and family. | <ul style="list-style-type: none"> • Please refer to Purpose & Scope section “RNAO Guidelines and Resources That Align with This Guideline”, under which RNAO Person- and family-centered care BPG is listed. • Within the Purpose & Scope section, there is an emphasis on creating a partnership with the person who anticipate or live with an ostomy. |
| 2. Perform a comprehensive assessment of the client/family that includes: a) history and physical; b) psychosocial (coping and adaptation, altered body image, impaired quality of life, sexuality and sexual concerns); and c) cultural, spiritual and religious norms. | <ul style="list-style-type: none"> • Recommendation 4.1 addresses assessment related to: quality of life, body image, mental health concerns. • Please refer to Purpose & Scope section “RNAO Guidelines and Resources That Align with This Guideline”, under which resource for providing culturally sensitive care to persons living with an ostomy is listed. • Appendix H (Ostomy assessment parameters & definitions): Resource for physical assessment. • Appendix I (Sample assessment and management form – peristomal skin breakdown): Resource for physical assessment. |
| 3. Consult with interdisciplinary team members for assessment and intervention as needed for all clients requiring, or who already have, an ostomy. | <ul style="list-style-type: none"> • Recommendation 2.1 & 2.2 • Please refer to Purpose & Scope section “RNAO Guidelines and Resources That Align with This Guideline”, under which RNAO Interprofessional Collaboration BPG is listed. |
| 4. Design a mutually acceptable plan of care between the client/family and all health-care providers, which optimizes health and self-efficacy in ostomy management. | <ul style="list-style-type: none"> • Recommendation 2.2 in Practice Notes |
| 5. Pre-operative education should be provided to all clients and families requiring ostomy surgery. | <ul style="list-style-type: none"> • Recommendation 1.2 & 2.2 |
| 6. Stoma site marking should be performed on all clients undergoing ostomy surgery. | <ul style="list-style-type: none"> • Recommendation 1.2 |

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| <p>7. Explore the potential impact of ostomy surgery on intimacy and sexual functioning with the client/partner.</p> | <ul style="list-style-type: none"> • Recommendation 4.1 |
| <p>8. Progressive Muscle Relaxation Therapy (PMRT) should be offered to clients undergoing ostomy surgery as part of routine care.</p> | <ul style="list-style-type: none"> • A systematic review is needed to support or refute this recommendation – it was not prioritized to be a research question by the expert panel. • Although this was not addressed in the second edition BPG, panel members suggest that this technique can maximize mental health. |
| <p>9. Assess the stoma immediately post-operatively and the stoma/peristomal skin condition with each appliance change using a validated classification tool to monitor for complications.</p> | <ul style="list-style-type: none"> • Practice Notes under Recommendation 2.2 linking to: <ul style="list-style-type: none"> - Appendix H (Ostomy assessment parameters & definitions) - Appendix I (Sample assessment and management form – peristomal skin breakdown) |
| <p>10. Identify risk factors that influence stomal and peristomal complications.</p> | <ul style="list-style-type: none"> • Recommendation 3.1 outlines risk factors for parastomal hernia development. |
| <p>11. Review the client's medication profile to ensure that maximum absorption and effectiveness will be achieved in relation to the type of ostomy.</p> | <ul style="list-style-type: none"> • Practice Note informed by expert panel in Recommendation 2.1 emphasizes that medication related concerns should be directed to the pharmacist. |
| <p>12. Avoid insertion of a glycerin suppository into a colostomy in order to aid evacuation of effluent.</p> | <ul style="list-style-type: none"> • A systematic review is needed to support or refute this recommendation – it was not prioritized to be a research question by the expert panel but may be an important area to explore in the next edition of the BPG. |
| <p>13. Counselling by a Registered Dietician should be performed for clients with an ostomy who are at risk for, or who develop, nutritional complications.</p> | <ul style="list-style-type: none"> • Recommendation 3.1 in Practice Notes • Appendix M: Nutritional Management Tips in Ostomy Care |
| <p>14. Prepare the client and family by teaching the minimum skill set specific to their needs prior to discharge from hospital.</p> | <ul style="list-style-type: none"> • Recommendation 2.2 |
| <p>15. Discharge the client and family with home care support.</p> | <ul style="list-style-type: none"> • Recommendation 2.2 |
| <p>16. Ensure that the ostomy plan of care is individualized to meet the needs of the client and family.</p> | <ul style="list-style-type: none"> • Relates to Recommendation 1 & 4 in first edition BPG (see above). |
| <p>17. Assessment and follow-up by an Enterostomal Therapy Nurse (ETN) are</p> | <ul style="list-style-type: none"> • Recommendation 1.1 and 1.2 |

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| <p>recommended for the client and family after ostomy surgery to decrease psychological distress, promote optimal quality of life and prevent complications.</p> | |
| <p>18. Educate client and family members to recognize complications affecting the stoma and peristomal skin.</p> | <ul style="list-style-type: none"> • Recommendation 1.2 and 2.2 |
| <p>19. Colostomy irrigation may be implemented as a safe and effective method for the management of descending or sigmoid colostomies for select adult clients.</p> | <ul style="list-style-type: none"> • Recommendation 1.1; expert panel agreed that colostomy irrigation is a specialized technique only to be performed by nurses specialized in wound, ostomy, and continence. |