

Skin-friendliness

Skin integrity is essential for the normal usage of a stoma appliance. Salts research into skin-friendly hydrocolloids is recognised by the British Skin Foundation and dermatologically accredited by the Skin Health Alliance.



SALTS STOMA COLLAR					
STOMA SIZE	ORDER CODES	PACK SIZE	STOMA SIZE	ORDER CODES	PACK SIZE
17mm – 20mm	DC20	30	30mm – 32mm	DC32	30
21mm – 23mm	DC23	30	33mm – 35mm	DC35	30
24mm – 26mm	DC26	30	36mm – 38mm	DC38	30
27mm – 29mm	DC29	30	39mm – 41mm	DC41	30

Special thanks go to all the patients and Stoma Care Nurses who agreed to be included in this presenter. If you have a patient who experiences leaks and sore skin or who lacks confidence, make sure you give Salts Stoma Collar a try. *It might just change their lives.*

International customers please contact our International Customer Service Team:



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THE COMPLETE GUIDE TO COMPLETE SECURITY



Recognising Salts research
into healthy stoma skin



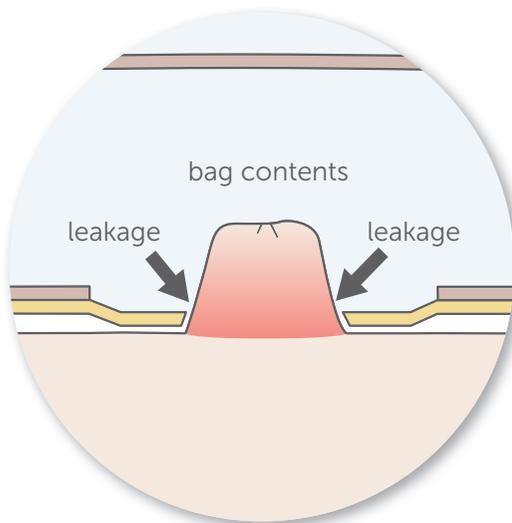
DERMATOLOGICALLY
ACCREDITED



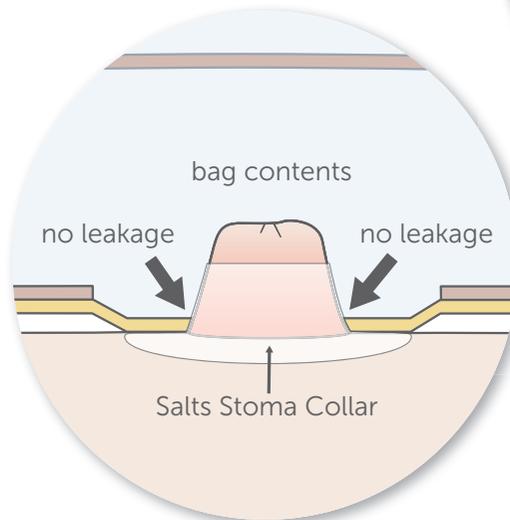
WHY SALTS STOMA COLLAR CAN MEAN NO MORE LEAKS AND NO MORE SORE SKIN

Salts Stoma Collar is a unique stoma collar that helps provide a leakproof barrier around the base of the stoma – an incredibly simple, yet highly innovative, way of helping patients with all types of stoma to avoid red, sore and itchy skin.

Salts Stoma Collar can help prevent output from coming into contact with the skin and, as it fits all sizes and types of stoma, it's the ideal way to make sure every patient – whether they're a 1-piece or a 2-piece, flat or convex user – has the chance to stop leaks for good.



Leakage can occur when the collar is not used



The collar creates a barrier to help prevent leakage



Salts Stoma Collar helps patients with all types of stoma to avoid red, sore and itchy skin.

SOFT AND FLEXIBLE COLLAR

Thin and flexible, Salts Stoma Collar bends, twists and turns with the patient's body. The Salts Stoma Collar is extremely soft and pliable, stretching proportionately to three times its own diameter.

SKIN-FRIENDLY HYDROCOLLOID

Recognised by the British Skin Foundation and accredited by the Skin Health Alliance, Salts Stoma Collar is suitable for even the most sensitive skin and has a clear release film with thumb tab for easy removal.

STRONG YET GENTLE ADHESIVE

The adhesive is strong but very soft – not only when first worn against the skin, it stays beautifully soft and comfortable at all times.

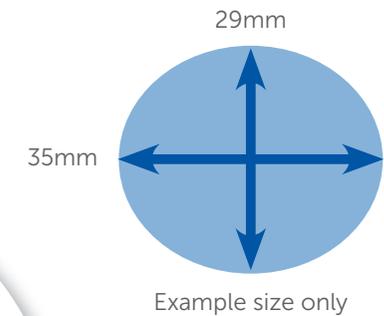
IDEAL SIZE AND HEIGHT

The Salts Stoma Collar has been scientifically developed to be the perfect height and width. But if the collar is slightly too long for the stoma, it can be easily trimmed.

The collar is extremely soft and pliable, stretching proportionately to three times its own diameter.

WORKS ON OVAL STOMAS

Swedish and UK studies confirm Salts Stoma Collar works on oval stomas. UK technical data, analysing template sizes, proves that where there is a 6mm difference or less between the widest and narrowest parts, Salts Stoma Collar should work.

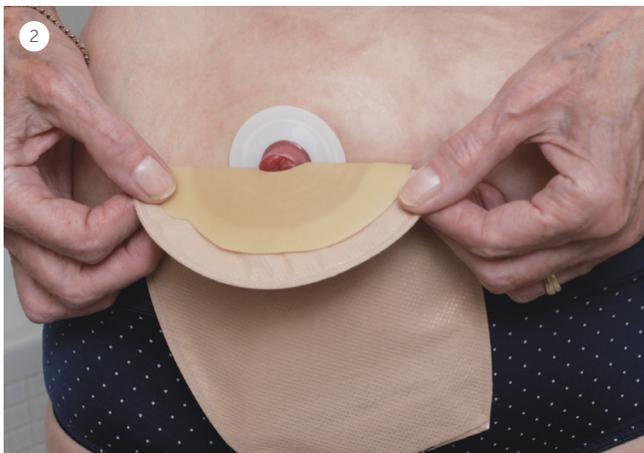


CHOOSE WHICH FITTING METHOD SUITS YOUR PATIENT

METHOD 1

(for 1- and 2-piece users)

Simply clean and dry the area around the stoma, remove the backing and attach Salts Stoma Collar directly to the skin. Once the collar is secure, put the bag on in the usual way.



METHOD 2

(for 1-piece users)

Alternatively, Salts Stoma Collar can be attached to your patient's bag *first*. After removing the backing, fit both the collar and bag onto the patient's stoma.



METHOD 2

(for 2-piece users)

If your patient is a 2-piece user, attach Salts Stoma Collar to the wafer first. Remove the backing. Both can then be fitted onto the stoma and the bag applied to the wafer.



WHICHEVER METHOD IS USED, SALTS STOMA COLLAR CAN BE GENTLY REMOVED AT THE SAME TIME AS THE BAG OR WAFER.

FLAT AND SHORT STOMAS – INCREASED CONFIDENCE

CASE STUDY:

Short stomas are no problem for Salts Stoma Collar. If the stoma's slightly shorter than the collar, just make sure the end of the stoma isn't covered.

PATIENT:

65 year old lady. UK.

TYPE OF STOMA:

An anterior resection and loop ileostomy for diverticular disease, 4 years ago. She was unable to have a reversal of her loop ileostomy and it was converted to an end ileostomy.

BEFORE SALTS STOMA COLLAR:

Experienced problems with managing the stoma. Therefore, as a result, she lacked confidence. The stoma problems included:

- ▶ Burning skin
- ▶ Leakages
- ▶ Loss of confidence

On assessment, the ileostomy had a short spout and the peristomal skin was sore but not broken. Due to loose effluent, it was seeping under the wafer, causing the adhesive to dissolve and skin to burn. Our patient was already using a convexity bag with belt and did not want to try a different product. She was changing her appliance daily and using hydrocolloid powder to help with burning skin.

TRIAL:

The patient was measured for the Salts Stoma Collar, using the size guide. The Salts Stoma Collar size was 29mm, which was different from her usual cutting size of 32mm for the 1-piece bag she was using. It was noted that the Salts Stoma Collar was longer than the ileostomy spout by 1cm.

RESULTS:

On examination, the peristomal skin was healthy and the patient reported no burning or leaks.

The bag and stoma collar stayed in place for 24 to 48 hrs, but the patient would often change her bag for a clean appearance.

The patient reported how Salts Stoma Collar had enhanced her stoma care and increased her confidence – but, most importantly, had improved her skin.

Peristomal skin protected by the hydrocolloid from Salts Stoma Collar.



CASE STUDY:

With a stoma in a crease, Salts Stoma Collar can be used with 1-piece or 2-piece products to help provide a leakproof fit.

PATIENT:

63 year old lady. Sweden.

TYPE OF STOMA:

Colostomy in sigmoid colon formed in 2004 due to rectal cancer.

BEFORE SALTS STOMA COLLAR:

The stoma was in a deep fold and our patient was having leaks two or three times a day. She also had an underlying skin condition: psoriasis.

PRODUCTS:

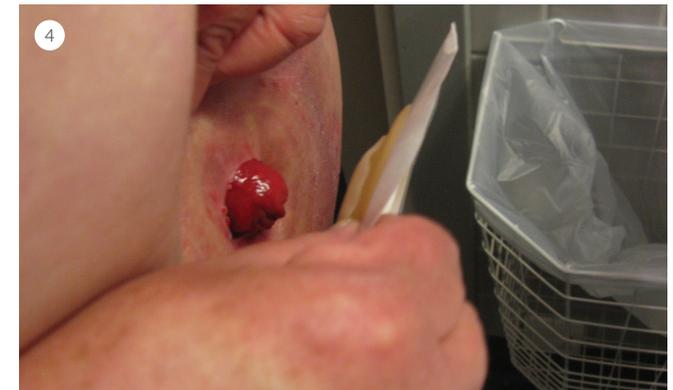
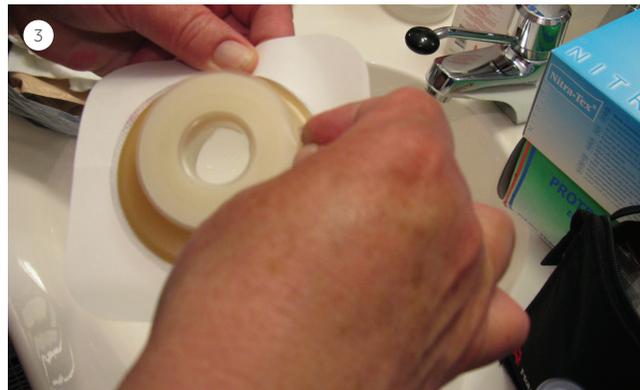
The patient now wears a 2-piece convex wafer, with the Salts Stoma Collar fitted onto the wafer before application to the body. She then lifts up the skin to see the stoma and applies the wafer with the pre-attached collar.

Photo 5 shows that the collar is slightly longer than the stoma. However, it works. Then the bag is applied, followed by a belt.

RESULTS:

This patient is now much more confident and wear-time has increased to 3 or 4 days.

The patient is now much more confident.



CREASES/CREVICES AROUND STOMAS – INCREASED WEAR-TIME

CASE STUDY:

Stomas in a dip or bad crease can also successfully use Salts Stoma Collar. Before applying it, fill the dip with some stoma paste or seal. Stretch the skin a little in order to create a flat surface.

PATIENT:

Male (age unknown). Australia.

TYPE OF STOMA:

Urostomy.

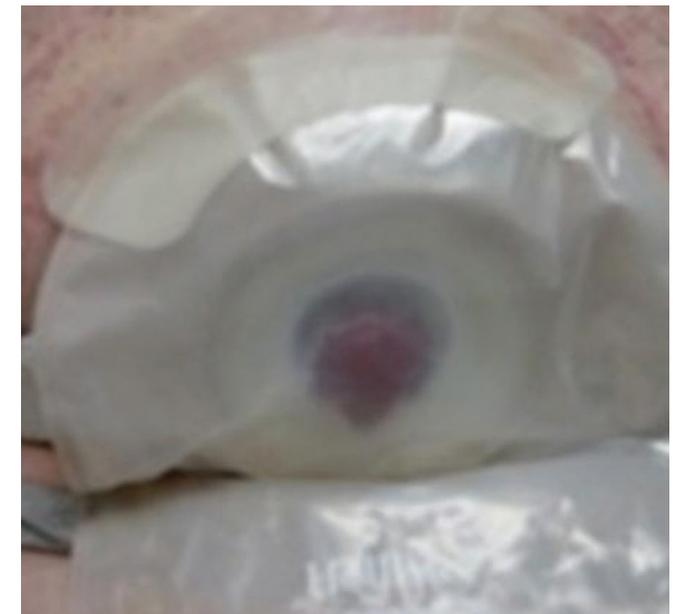
BEFORE SALTS STOMA COLLAR:

The patient experienced leakage and required frequent bag changes. This was having a negative impact on his confidence and working life.

PRODUCTS:

The patient tried Salts Stoma Collar (DC35) with good success. His wear-time increased from half a day to one day, and then to over two days. When applying the seal, he stretched his skin to enable a flat surface for the seal to adhere to; he then applied Salts Stoma Collar. Next, he used a convex bag, and Salts Flange Extender to secure the top edge. Two months later, the patient continues to use Salts Stoma Collar.

The wear-time increased to over two days.



HERNIAS AROUND STOMAS – REDUCED LEAKAGE

CASE STUDY:

Even with a pronounced hernia, Salts Stoma Collar should still work. The hydrocolloid is very thin, with a high level of tack to help stop leak paths developing around the hernia.

PATIENT:

Young man, UK.

TYPE OF STOMA:

End ileostomy.

PRODUCTS:

1-piece flat back.

RESULTS:

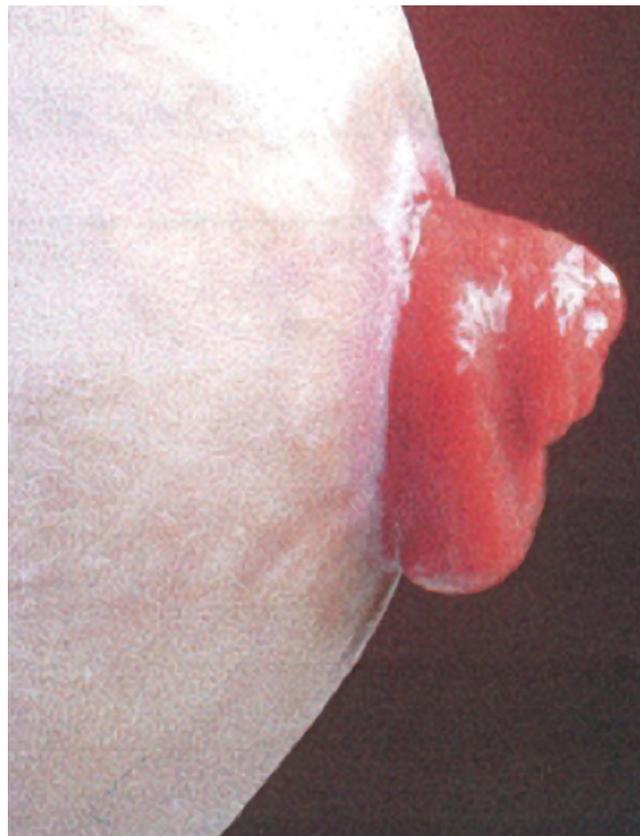
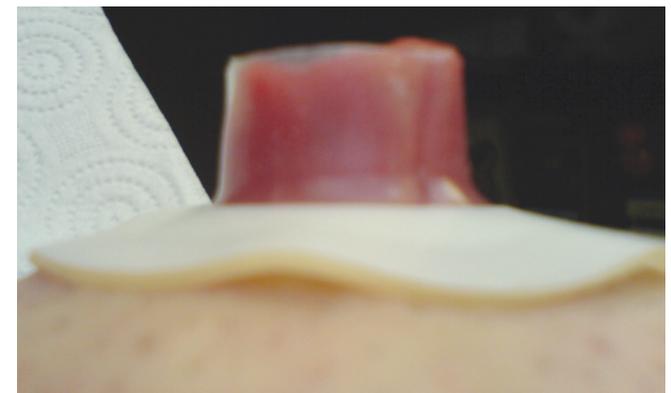
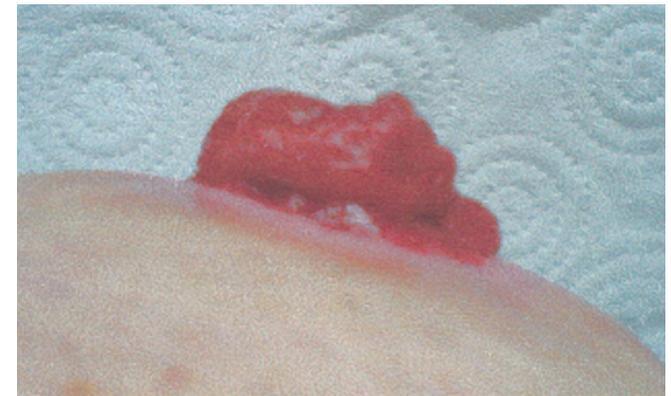
Initial success with Salts Stoma Collar using *Fitting Method 1* with either of his 1-piece products. (Our patient used two different types, dependent upon whether he was at work, getting hot or on his days off.)

He then experienced some leakage, especially at night. He described how he was fitting Salts Stoma Collar – see photos displaying rippling of the hydrocolloid ring due to his hernia.

The patient was then asked to try *Fitting Method 2*, thus ensuring the hydrocolloid layer on the Salts Stoma Collar and his 1-piece bag were firmly and smoothly fixed together before application. This also ensured he did not inadvertently drag the collar down when applying the stoma bag, as could happen using *Method 1*.

He also enlarged the opening on his stoma bag to facilitate inserting the Salts Stoma Collar. The patient was subsequently reviewed and was found to be trouble-free and feeling confident again.

The patient was feeling confident again.



PAEDIATRIC STOMAS – INCREASED WEAR-TIME

CASE STUDY:

Younger patients find Salts Stoma Collar easy to attach and remove once they have the correct size.

PATIENT:

13 year old girl. UK.

TYPE OF STOMA:

At 11 years of age, Claire had a subtotal colectomy for ulcerative colitis.

BEFORE SALTS STOMA COLLAR:

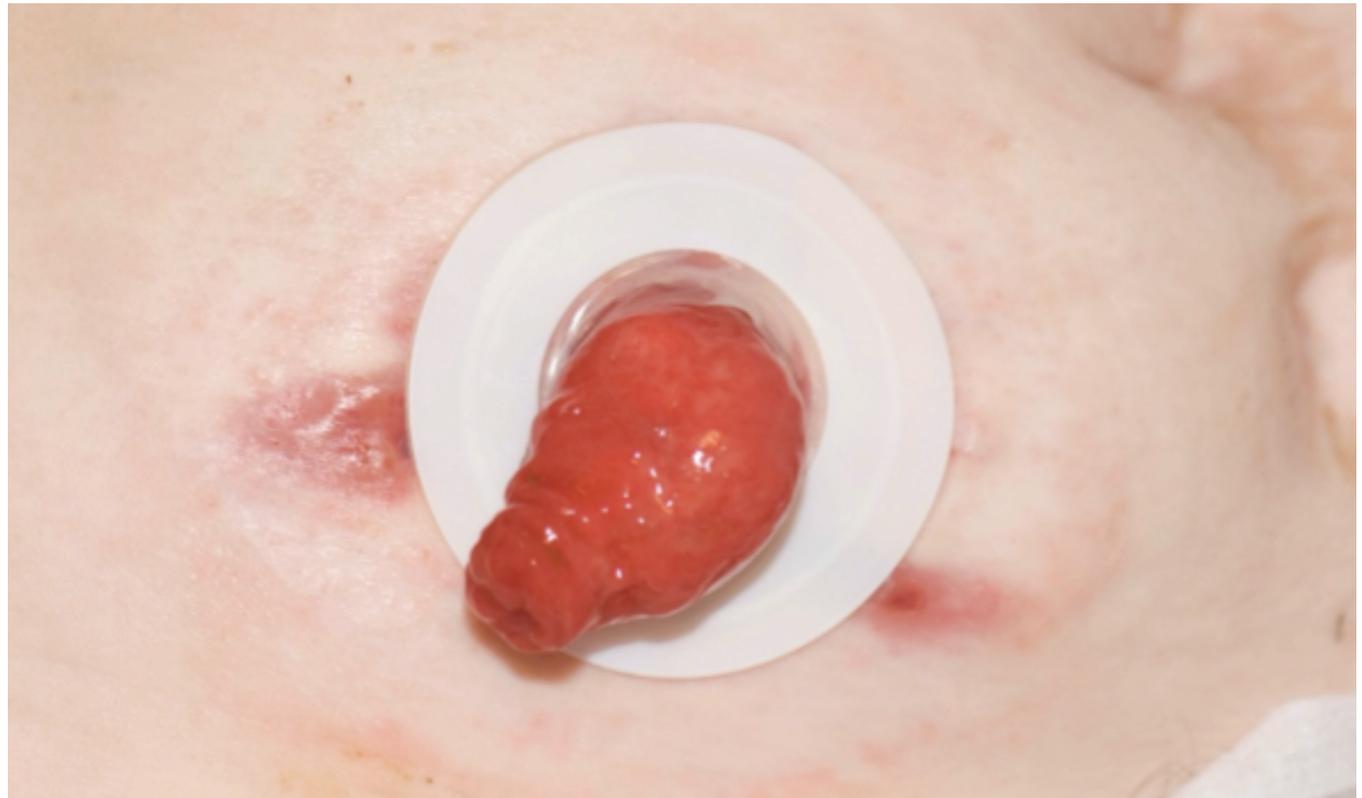
For 2 years, Claire managed her ileostomy without any problems. At the age of 13, she developed a small painful ulcer on her peristomal skin, which had various topical treatments applied for the management of *pyoderma gangrenosum*. Her skin heals, then breaks down, requiring the use of several seals/washers.

WITH SALTS STOMA COLLAR:

Claire started to use Salts Stoma Collar with success. This is her report:

"I like them 'cos they protect my stoma from any excess output and make it easier to attach the wafer as they help my stoma stay in place. They are not too sticky like some other washers/doughnuts I have used before, and they come straight off with my wafer when I change my bag. Thank you for asking."

Thanks to Claire, and Mandy Smith SCN, Manchester.



"They are neat and easy to use – you don't need to cut them to size as they are stretchy."

CASE STUDY:

For children of school age, Salts Stoma Collar not only increases their wear-time but also increases their confidence at school and during activities that other children take for granted.

PATIENT:

10 year old boy. UK.

TYPE OF STOMA:

Ileostomy as a result of Hirschsprung's Disease.

BEFORE SALTS STOMA COLLAR:

Hirschsprung's Disease is a congenital condition where the large bowel has an absence of nerve cells, preventing normal peristalsis and requiring the affected segment of bowel to be removed. This patient's diagnosis was of total colonic Hirschsprung's Disease, so his entire colon had been removed. He'd had two previous stomas: as a baby, and at three years old, both of which had been reversed; and a third stoma due to severe small bowel dilation in 2004. In 2007, he underwent a serial transverse enteroplasty which should enable his stoma to be reversed again, but he wants no further surgery yet and so has had an ileostomy for the last four years.

The ileostomy is a very high output stoma, sometimes filling 10 bags a day: the wafers have frequently leaked, resulting in up to 13 bags being used in a single day. Both school and holidays were extremely difficult to manage.

WITH SALTS STOMA COLLAR:

Having previously tried almost every product and accessory to solve the leakage problems, the Stoma Nurses turned to Salts Stoma Collar as soon as it became available, in the hope of success.

RESULTS:

The results have been astonishing: the patient now uses a maximum of two bags a day, and one bag can even last 24 hours. The seal is now so good, the family occasionally have to remind him to empty his bag regularly, as he forgets and lets it overfill.

Our patient's also been able to take part in sports at school, and now has the confidence to sleep away from home, play out for longer and has even been swimming for the first time.

PARENT SAYS:

The boy's mother has described the results as "absolutely brilliant," also adding:

"Salts Stoma Collars have changed our lives; we'd be really lost without them!"



PAEDIATRIC STOMAS – IMPROVED WEAR-TIME

CASE STUDY:

Even in young babies, Salts Stoma Collar can be used to help prevent leakage, enabling them to learn to lead a normal life.

PATIENT:

2 year old boy. UK.

TYPE OF STOMA:

Ileostomy for pseudo-obstruction at three months.

BEFORE SALTS STOMA COLLAR:

This very young patient had undergone an ileostomy at the age of just three months, and he'd naturally pulled at the stoma bag frequently.

As a result of this, and needing frequent bag changes, he had repeatedly been challenged by sore peristomal skin.

TREATMENT:

As the child's skin had deteriorated, the Stoma Nurse was contacted and she suggested Salts Stoma Collar as a way of helping protect the skin.

AFTER SALTS STOMA COLLAR:

Following the regular use of Salts Stoma Collar, the peristomal skin is now completely healed and the young boy's wear-time has increased to 48 hours.

PARENT SAYS:

The parents report that Salts Stoma Collar has improved stoma care for their son – it comes ready to use, with no cutting needed, resulting in less time spent changing bags and more time for their child to play and socialise.



UROSTOMY – INCREASED WEAR-TIME

CASE STUDY:

With a stoma lying flush with the skin, Salts Stoma Collar can help to provide the perfect base to solve problems with leakage and soreness.

PATIENT:

67 year old lady.

TYPE OF STOMA:

Stoma flush with the skin.

BEFORE SALTS STOMA COLLAR:

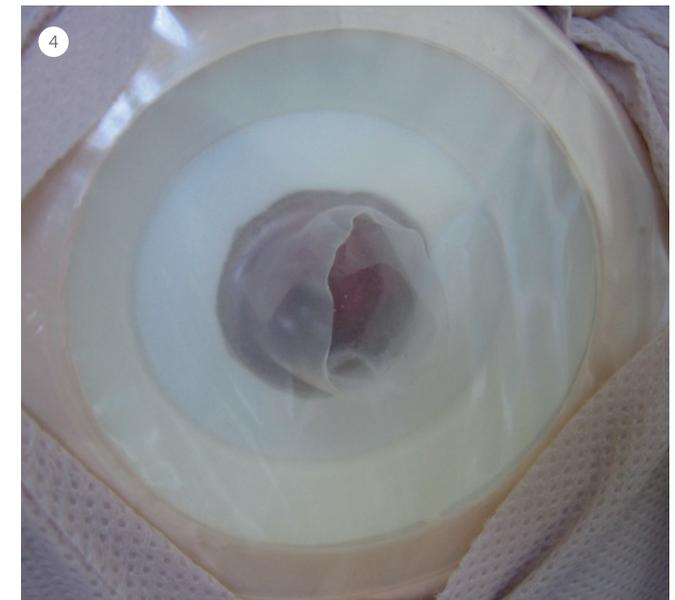
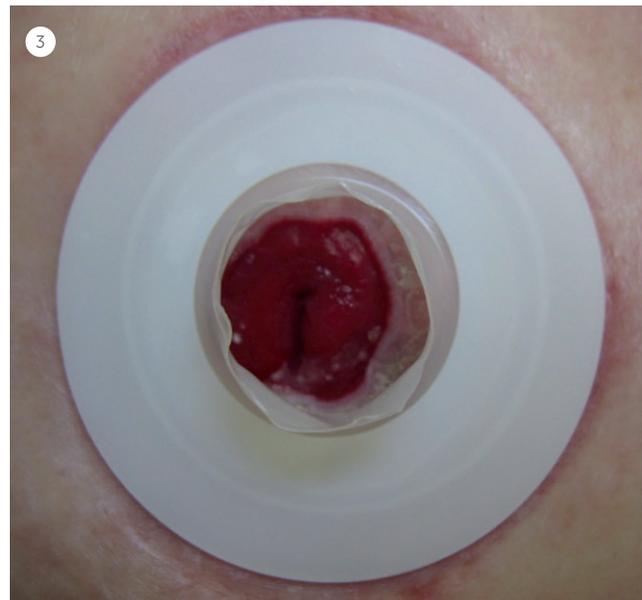
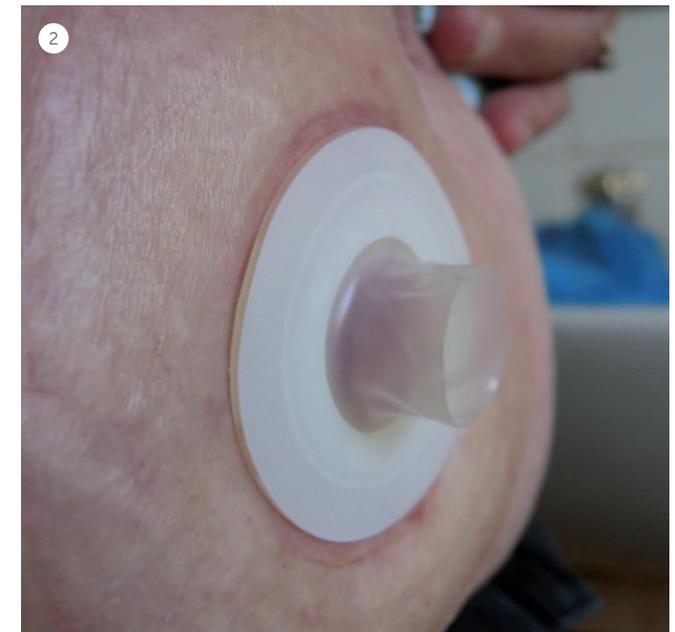
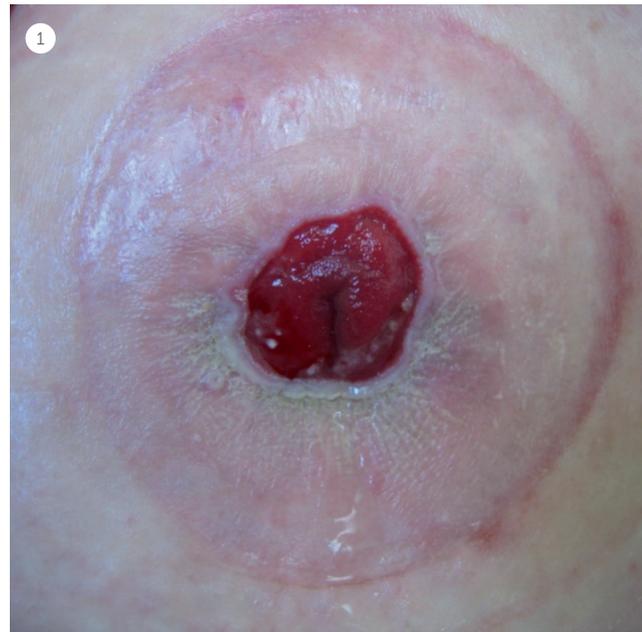
Following the creation of her urostomy in 2003, this patient was left with a stoma that lay flush with the skin, as picture 1 – making it extremely difficult to create a leak-proof seal. This resulted in the inconvenience of daily bag changes, which became twice or three times a day when the urine was infected, with subsequent soreness and discomfort.

TREATMENT:

With the stoma lying so flush with the skin, the lady chose to try the Salts Stoma Collar, attached using *Method 1*, as picture 2, leaving a 1mm gap around the stoma to allow for expansion, picture 3, when a convex bag is attached as shown in picture 4.

RESULTS:

The Salts Stoma Collar is very effective at directing urine into the bag, keeping the stoma leak-free and literally transforming this lady's quality of life. Her bag changes are now every two days, and her confidence has increased immeasurably.



UROSTOMY – INCREASED WEAR-TIME

CASE STUDY:

Even with a stoma with deep creases either side, Salts Stoma Collar can be successfully applied with the addition of a little stoma paste.

PATIENT:

66 year old male. UK.

TYPE OF STOMA:

Urinary diversion for bladder cancer, in 2000.

BEFORE SALTS STOMA COLLAR:

This gentleman made contact with the local stoma department, having struggled for quite a while dealing with leaking bags and severe sore skin. His clothes were soiled and odour was present. There were initial leakage problems after his operation and a convex bag was deemed appropriate, with a washer, some paste and a belt.

His stoma was slightly spouted, and the adhesive was deteriorating quickly. The hospital Stoma Nurse requested reassessment to improve the management of leakages. The skin had some signs of healing from the care given, but the patient was still only getting less than a day's wear-time. The appliance aperture was not cut large enough. A poor stoma care technique was recognised as being partly responsible for his leakage.

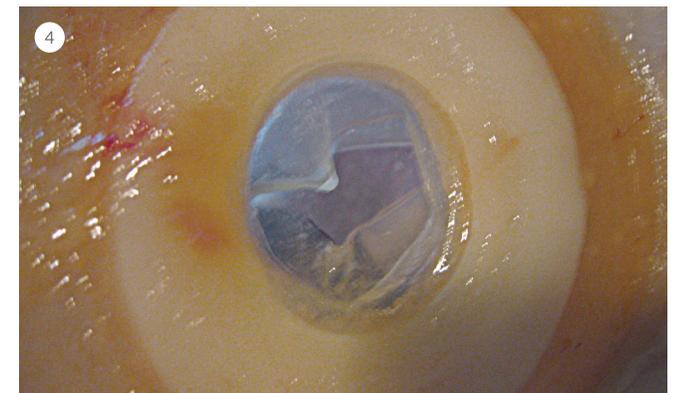
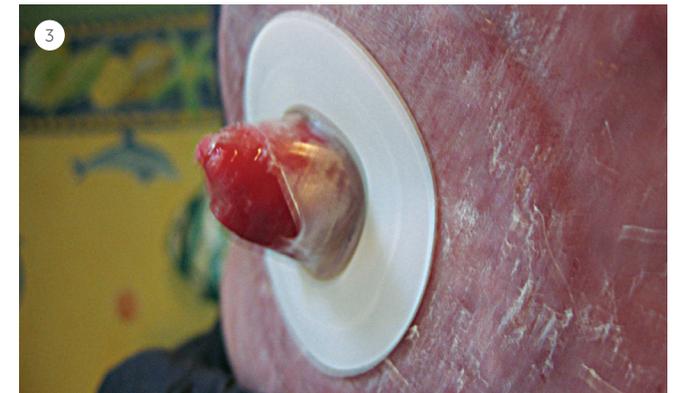
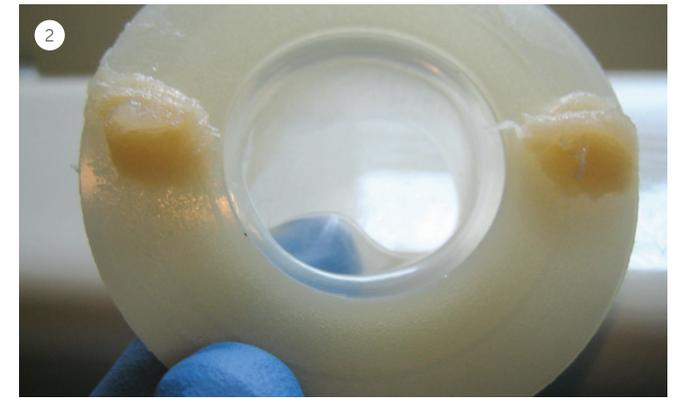
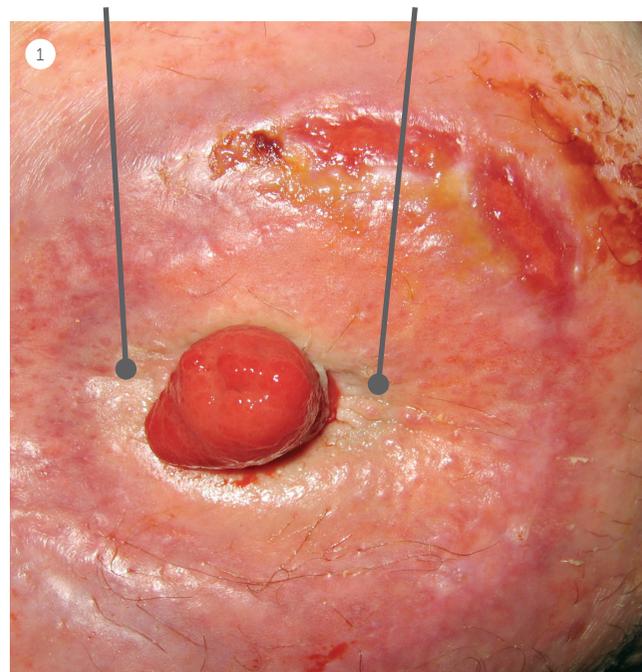
PRODUCTS:

The hospital Stoma Nurse had used hydrocolloid powder to dry up the macerated areas – signs of healing are evident from picture 1. Salts Flange Extender was also applied to aid adhesion and give a secure fitting.

RESULTS:

The complex bag change needed revising. In place of the washer and paste, it was decided to try the Salts Stoma Collar, adding only a small application of stoma paste, as pictures 2 and 3. Ever since this new routine has started, no leaks have been reported. Wear-time has increased to 48 hours. Skin is now showing a marked improvement after less than 10 days. The Salts Stoma Collar, after 48 hours' wear-time, is shown in picture 4. This shows no sign of hydrocolloid erosion.

The deep crease either side of the stoma.



CASE STUDY:

Problematic stomas with sore skin.

PATIENT:

42 year old lady. UK.

TYPE OF STOMA:

Urinary diversion for incontinence in 2004.

BEFORE SALTS STOMA COLLAR:

A mother of four, this lady never came to terms with her stoma and, as a result, suffered family and relationship problems.

While under treatment for depression, her stoma leaked and caused very sore skin, with a need to change her bag twice a day, or more when she had a urine infection.

Despite numerous visits to her local Stoma Department, she still had persistent problems with leakages and soreness, and was therefore unable to keep the bag on for more than 12 hours, complaining of pain under the bag.

PRODUCTS:

The lady's stoma is 15mm long and points to the left, with skin excoriated and sore. A convex bag with Salts Stoma Collar was used, using *Fitting Method 1*, attaching the wafer to the skin before the bag was added.

RESULTS:

Once Salts Stoma Collar was used, the pain stopped very quickly, but when the patient ran out of product, the pain returned immediately.

Now using Salts Stoma Collar once more, the skin is no longer sore and painful, and bag wear-time increased initially to 36 hours, and now 48 hours.

Once Salts Stoma Collar was used, the pain stopped very quickly and bag wear-time increased to 48 hours.



STOMA COMPLICATIONS – IMPROVING CONFIDENCE

CASE STUDY:

Salts Stoma Collar prevents trauma to the delicate mucosa, as the Alphathane® material used in the collar is so thin and flexible, it clings to the stoma, stretching to over three times its own circumference for normal peristaltic movement.

PATIENT:

60 year old male. South-West UK.

BEFORE SALTS STOMA COLLAR:

His stoma had been re-fashioned three times and re-sited twice. He suffered numerous blockages, with a hernia and various stricture issues.

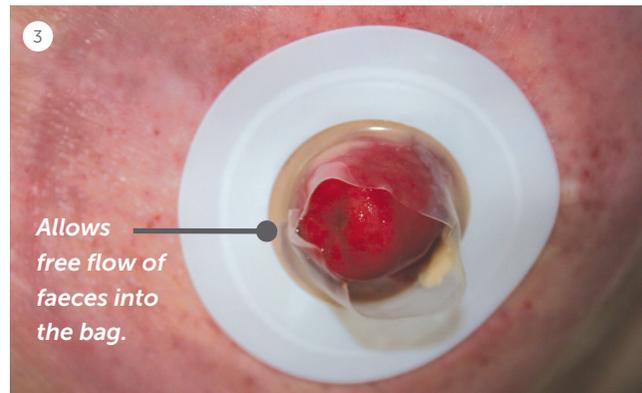
PRODUCTS:

This patient used paste to create a flat surface, a Salts Stoma Collar, a soft convex bag and a belt.

RESULTS:

The patient has had no leaks since using Salts Stoma Collar. He is achieving a 24-hour to 48-hour wear-time and is returning to a good level of confidence. His skin looks poor but is not sore.

① Shows how stoma points to the side. ② Side view with Salts Stoma Collar. ③ A front view with a slight cut in the collar to allow free flow into the bag. ④ & ⑤ Salts Stoma Collar in place. ⑥ The skin, particularly around the stoma, has healed.



CASE STUDY:

With loop stomas, it's important to make sure the distal end of the stoma is not covered by the hydrocolloid of Salts Stoma Collar.

PATIENT:

Mr R is a 64 year old male. Australia.

BEFORE SALTS STOMA COLLAR:

Mr R underwent an ultra-low anterior resection and loop ileostomy formation for rectal cancer.

Post-operatively, he had no bagging or peristomal skin problems and had been managing his stoma care well.

Following his second cycle of adjuvant chemotherapy, he began experiencing bagging problems due to moderately severe *mucositis* of the stoma. He was referred to the Stoma Therapy Nurse for review and management by the medical oncologist.

On examination, Mr R's output was 'porridge like' in consistency. His stoma was mildly oedematous, spouting 2cm at the proximal limb. Due to the *mucositis*, any handling of the stoma caused bleeding of the mucosa, which Mr R described as difficult to stop and making bag application 'impossible' because the volume of blood caused leakage almost immediately. He had tried both a 1-piece and 2-piece bag system prior to Stoma Therapy Nurse review, in an attempt to improve the seal and wear-time. The peristomal skin was in good condition and the abdominal plane suitable for a flat base.

The length of stomal protrusion did not change with observed peristaltic action.

REASONS FOR USING SALTS STOMA COLLAR:

Salts Stoma Collar was recommended for 2 reasons: the soft collar protects the delicate mucosa from accidental trauma during application of the stoma bag, reducing bleeding volume; and because the base of the Salts Stoma Collar has hydrocolloid around it – this enables the adhesive on the bag to be cut out slightly larger, further reducing potential trauma to the stomal mucosa during application.

RESULTS:

Mr R's bag wear-time increased from a maximum of 24 hours to 72 hours, and the use of Salts Stoma Collar reduced trauma and bleeding to stomal *mucosa* due to decreased frequency of the bag change, while at the same time maintaining the integrity of the peristomal skin.

The use of Salts Stoma Collar reduced trauma and bleeding to stomal mucosa due to decreased frequency of the bag change.



STOMA COMPLICATIONS – INCREASED WEAR-TIME

CASE STUDY:

If pain, itchiness and even bleeding are a problem, Salts Stoma Collar can prove an ideal solution.

PATIENT:

34 year old male, mechanic, active. UK.

TYPE OF STOMA:

Initial diagnosis ulcerative colitis; had total colectomy and ileostomy 8 years ago.

Pouch surgery 6 years ago.

Reversal of ileostomy 5 years ago.

Formation of loop ileostomy 3 years ago due to bag failure and fistula problems.

Refashioning of ileostomy – conversion from loop to end stoma.

Now being reinvestigated for possible Crohn's disease.

PRODUCT HISTORY:

Used a 2-piece soft seal – causing pain and sore skin. Unable to bend down because the pain was so severe. Changed to a different soft convex – pain was much improved but still having area of sore skin around stoma from the 4 o'clock to 8 o'clock positions, and occasional pain.

Using powder, which improved the situation slightly. Wafers only lasting 1–2 days. The patient wanted a longer wear-time due to his social life. He regularly camped in

a rural site with no facilities and would like not to have to change the bag so often. He also wished to use a flat 2-piece bag.

Large granulomas on stoma bled readily.

SOLUTION:

The patient tried Salts Stoma Collar (DC29) and wear-time increased to 4 days. He has had a wafer last for 7 days with no skin problems.

Cuts bag to 30mm; stoma measures 28mm.

The sore area under the stoma was gone in 2 days, with no more pain. He now changes the wafer when he wants, rather than when it itches on his skin – which used to happen after 1–2 days.

The patient stopped using convex and has gone back to 2-piece, flat products.

He now has less bleeding from granulomas and says that he's much happier. The burning skin has stopped and wear-time has doubled.

The burning skin has stopped and wear-time has doubled.

SKIN AFTER 4 WEEKS:



CASE STUDY:

Conditions such as fistulas are another area where Salts Stoma Collar has helped improve the outcomes for patients.

PATIENT:

62 year old male.

TYPE OF STOMA:

Fistula following emergency surgery.

BEFORE SALTS STOMA COLLAR:

This patient was undergoing chemotherapy for an unrelated problem prior to having to have emergency surgery but, following the operation, various complications developed. Just two weeks later, a fistula developed, but the patient was too ill to undergo further surgery and also needed additional chemotherapy. Using a bag proved difficult, as the bag hole needed to be enlarged to accommodate the fistula, which resulted in frequent leaks and sore skin, with morphine administered to reduce the pain.

TREATMENT:

Many types of bag and seal were tried, with no improvement, until eventually a Salts Stoma Collar was fitted, using *Method 1*. This allowed the fistula to be positioned inside the collar itself, resulting in a leak-free seal.

RESULTS:

With the fistula inside the Salts Stoma Collar, bag wear-time has increased to one per day. More importantly, the patient has reported a reduction in the amount of pain – so much so that the morphine dose has also been drastically reduced.

The patient has reported a reduction in the amount of pain.



*Fistula leaking fluid/
small bowel content*

