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The presence and persistence of stoma-related complications following ostomy surgery constitute a major burden for individuals living with an ostomy, a burden comprising physical as well as mental components. The physical component includes leakage of stomal effluent and peristomal skin complications, which may range from mild peristomal dermatitis to full thickness painful skin ulcerations^{1,2}. Additionally, the profound bodily changes following surgery, along with the risk and worry of leakage and complications, may lead to psychosocial problems, including depression, anxiety, low self-esteem and social withdrawal³. These may adversely affect the

individual's adaptation to the stoma and quality of life. Therefore, critical components of ostomy care comprise prevention and management of leakage and skin complications, while helping patients adjust to their changed body and re-engage with their social environment (Figure 1). An insight into these issues is provided in two articles included in the following pages of this WCET supplement.

In the first article, author Janice Colwell argues that one of the most important contributions ostomy care specialists can make to their patients is to help them find the best pouching system

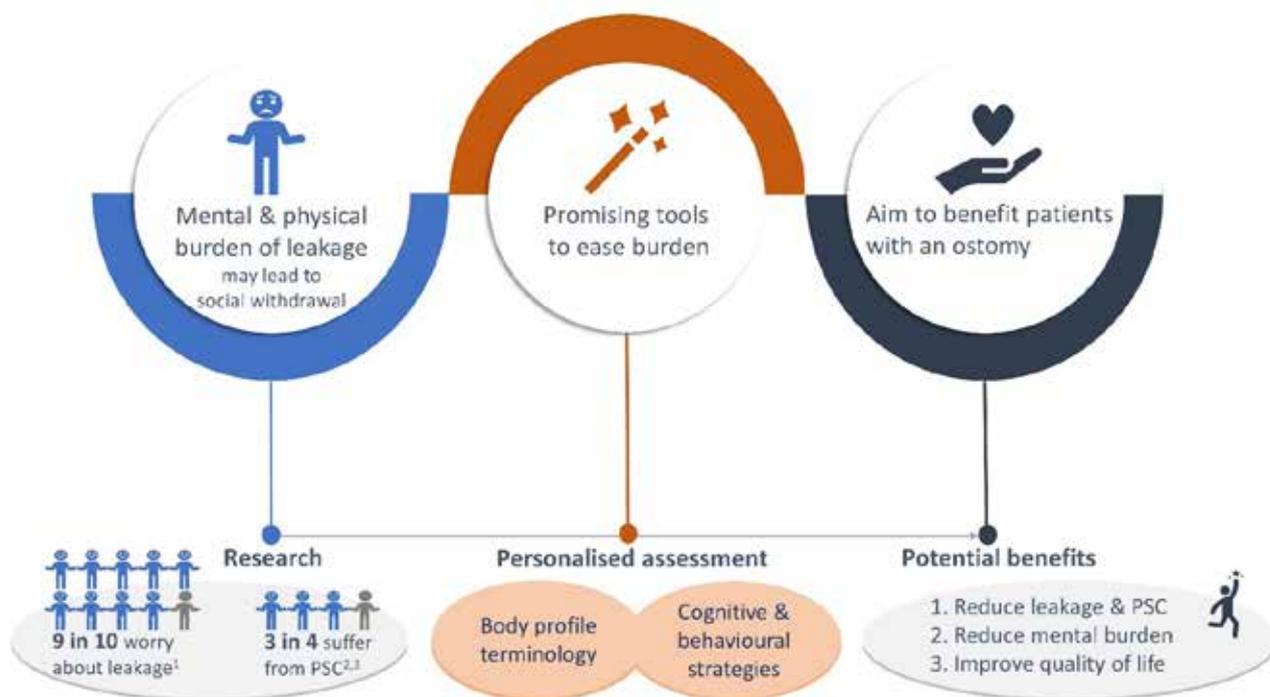


Figure 1. An overview of the problem of peristomal leakage and skin complications faced by individuals living with an ostomy, and approaches to help mitigate these problems

PSC = peristomal skin complication

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2. Salvadalena G, Colwell JC, Skountrianos G, et al. Lessons learned about peristomal skin complications: secondary analysis of the ADVOCATE trial. *J Wound Ostomy Continence Nurs* 2020;47(4):357–63.
3. Herlufsen P, Olsen AG, Carlsen B, et al. Study of peristomal skin disorders in patients with permanent stomas. *Br J Nurs* 2006;15(16):854–62.

in terms of the right size of the skin barrier opening and the best shape (flat or convex) of the skin barrier. While the size of the barrier opening depends on the size of the stoma, the shape of the barrier should be based on a thorough assessment of the patient's peristomal body profile, the stoma, and the output volume and consistency. The author recommends using a convex solution, particularly if the peristomal area is soft, if there are skin creases/folds, or if the stoma lumen is at or below the skin level⁴. The importance of reassessing patients on an ongoing basis is emphasised to ensure continued use of the optimal pouching system.

The second article by Anne Steen Hansen and colleagues further discusses the importance of a good fit of the ostomy product to reduce leakage and skin complications. It alludes to a modified Delphi consensus building process involving over 1200 stoma care nurses from 27 countries; this helped to create practical guidelines on how to accurately assess body and stoma profiles. The process was facilitated by Coloplast. The standardised Body Profile Terminology^{5,6} was recommended for characterising the peristomal body profile of patients. Further highlighted in the second article are results from a scoping review undertaken by a group of ostomy care nurses and physicians; these results indicate that convexity should be considered at all times after ostomy surgery, including in the immediate postoperative period, to secure pouch seal and prevent leakage⁴.

Overall, the articles emphasise the importance of tailoring ostomy care to include individual preferences and peristomal body profiles to obtain the optimal ostomy solution to prevent leakage and skin complications. By implementing such individualised approaches, ostomy care professionals can considerably improve the lives of the millions of individuals around the world living with an ostomy.

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