

From risk to prevention: a clinical perspective on the need for convexity

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Stoma-related complications continue to be a significant burden for people living with a stoma.¹ Leakage and peristomal skin issues can escalate quickly—what starts as a mild irritation can develop into painful skin breakdown—and the constant worry about whether the seal is secure can reduce confidence, limit social activities and affect quality of life for the patient.^{2,3}

For stoma care nurses (SCNs), these challenges underscore a dual responsibility: to prevent complications before they occur and respond quickly and effectively when risks arise.

From this preventive perspective, convexity stands out as a key clinical tool that helps to ensure a secure seal, reduce leakage, protect the skin and support patients' daily comfort and wellbeing.⁴

This WCET™ Journal Supplement brings the preventive mindset into focus. Across three articles, authors offer new, practical tools, expert perspectives, as well as clinical evidence to help clinicians choose and apply convexity appropriately and confidently—from the immediate post-operative period through the long-term follow-up.

The first article takes a behind-the-scenes look at the newly developed Prevention Guide, a clinical tool based on the Risk Factor Model (RFM).⁵ The RFM is a comprehensive overview identifying risks for leakage and peristomal skin complications (PSCs). But is there a way to take the knowledge and insights found in the model and make them easily accessible for both new and experienced healthcare professionals in their daily practice? To address this, the team behind the model developed the Prevention Guide for Leakage and PSCs, translating the RFM into three practical formats designed to educate, train and guide healthcare professionals. This article outlines the collaborative development process and presents feedback from experienced stoma care nurses and ostomy care experts who reviewed the Guide's usability and relevance.

The second article revisits the five parameters of convexity: depth, slope, tension location, compressibility and flexibility. It reflects on how healthcare professionals can apply these

characteristics in a clinical setting, and what role the adhesive plays when selecting a convex product? Drawing on two post-operative cases shared by experienced stoma care nurses, the authors illustrate how each parameter influences clinical decision-making in real-world practice. It also discusses how the adhesive works in combination with the convex shell to ensure a secure seal and enhance patient comfort.

The third article presents findings from an international clinical study evaluating the impact of switching patients with leakage from a flat barrier to a soft convex appliance. Participants, who had all experienced leakage with a flat pouching system, switched to SenSura® Mio Soft Convex for 12 weeks, documenting leakage episodes and completing quality-of-life questionnaires. The results showed significantly reduced leakage and improved leakage-related quality of life. Participants experienced less leakage under the baseplate, and fewer incidents of soiling clothes or bedding, reinforcing convexity as both a corrective and preventive strategy.

Together, these contributions offer practical, evidence-informed guidance to support healthcare professionals—those new to the field, as well as those with more experience—in preventing leakage and protecting peristomal skin.

We invite you to explore the tools and insights in this supplement and hope they will support you in your daily practice and contribute to our shared mission of raising the standard of ostomy care.

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