RWD42

Stoma-related outcomes and costs associated with initial stoma product selection – findings from a Swedish register and chart review study

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Introduction

For people living with a stoma the use of a stoma product to collect output is required. The product consists of a baseplate which adheres to the skin around the ostomy (peristomal skin) and which is attached to a stoma bag. If the basepate does not fit properly to the stoma, leakage and peristomal skin complications (PSC) may occur.

Objective

For people with a newly created stoma, not having the right stoma baseplate shape (flat/convex), based on stoma shape and height, can lead to leakage and PSC. This study aimed to investigate if the initial stoma baseplate shape impact episodes of PSC, leakage, stoma care therapist (SCT) visits and healthcare related costs.

Methods

Nationwide Swedish registers and a chart review (CR) was used in this study, in which 327 persons were followed up to 1 year after stoma creation. Stoma product type and utilisation were extracted from the registers; episodes of leakage, PSC and SCT visits per patient year (PPY) before and after product switch were extracted from the CR. Cost of stoma products and SCT visits were obtained from the prescribed drug register and hospital price list.

Results

In the ileostomy group, a total of 61% had a flat plate shape and 39% a convex plate shape initially. The corresponding numbers for the colostomy subgroup were 87% and 13%. With regards to stoma bag type, a total of 69% of the ileostomy subgroup had a 1-piece bag type and 31% a 2-piece initially. The corresponding numbers for the colostomy subgroup were 70% and 30%, respectively (Figure 1). In persons switching base plate type the number of leakage episodes per patient year before switching from flat to convex baseplate was 2.5 and 8.2 for the colostomy and ileostomy groups, respectively. After switching, the corresponding numbers were 0.3 and 1.0 (Figure 2). Total number of PSC episodes PPY before switching was 2.3 and 9.7 for the colostomy and ileostomy groups, respectively. After switching, the corresponding numbers were 0.5 and 2.1 (Figure 3). Additional SCT visits PPY based on leakage rate pre- vs post-switch were 1.25 for the colostomy and 6.9 for the ileostomy group. Corresponding numbers for PSC were 1.6 and 3.5 (Figure 4). The average cost of the extra SCT visits is over 4 times higher than the average extra product cost for convex vs flat plate in the combined group.

Conclusion

For patients with a newly created stoma experiencing leakage and peristomal skin complications, these episodes were reduced when switching from a flat to a convex baseplate. Additional costs for convex plate utilisation were outweighed by the cost associated with stoma care therapist visits. Optimal baseplate type should always be guided by a stoma care therapist to avoid risk of complications, and is a cost saving strategy.

Figure 1. Starting stoma plate shape and bag type.

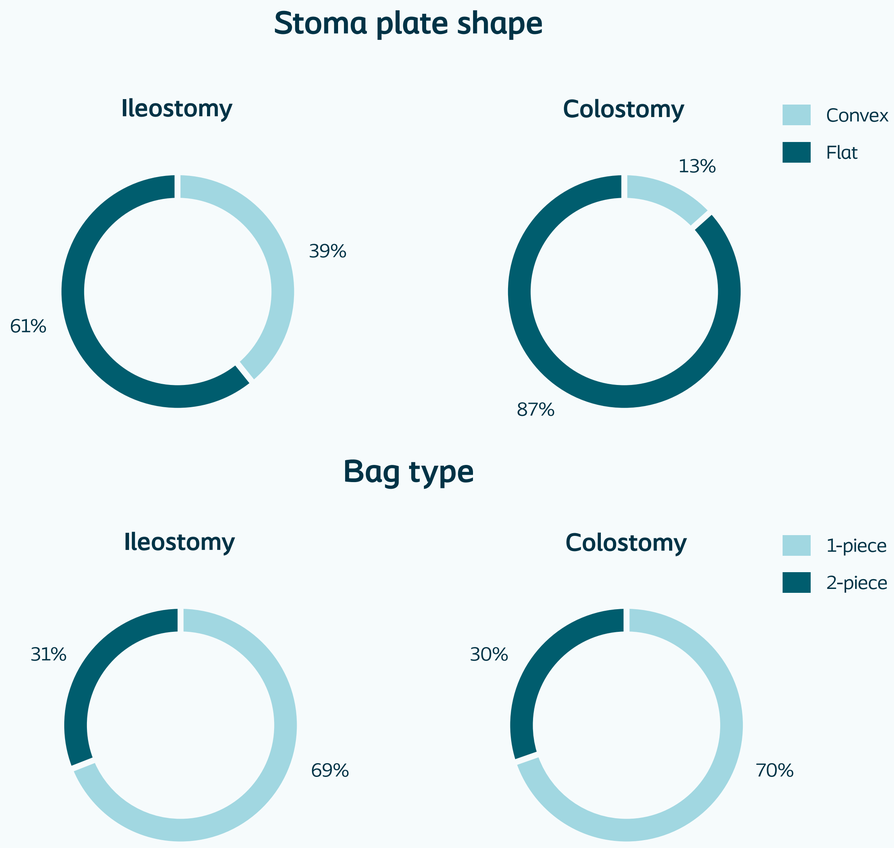


Figure 2. Leakage episodes before and after switching to convex baseplate.

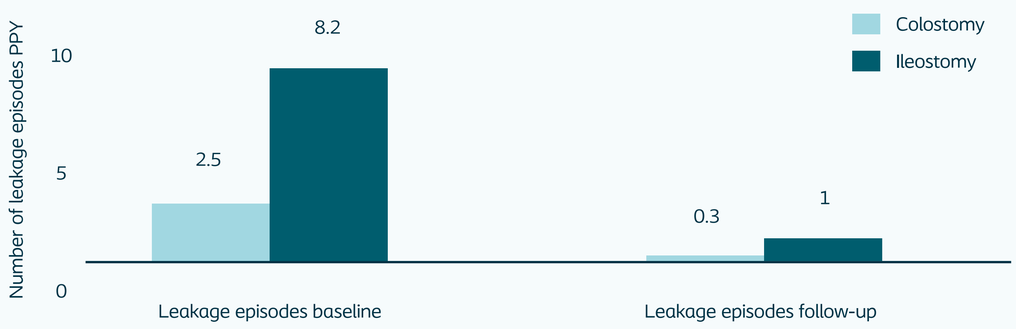


Figure 3. PSC episodes before and after switching to convex baseplate.

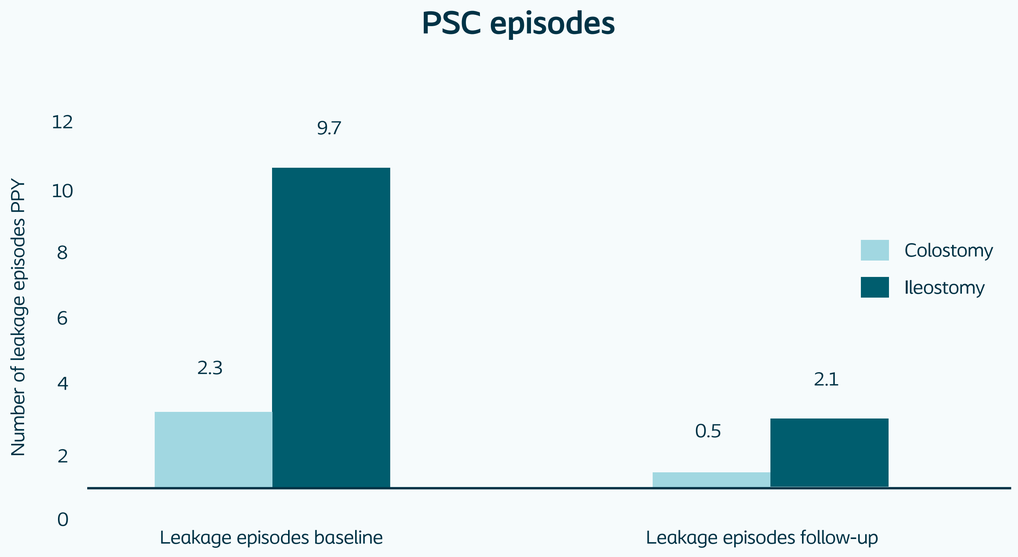
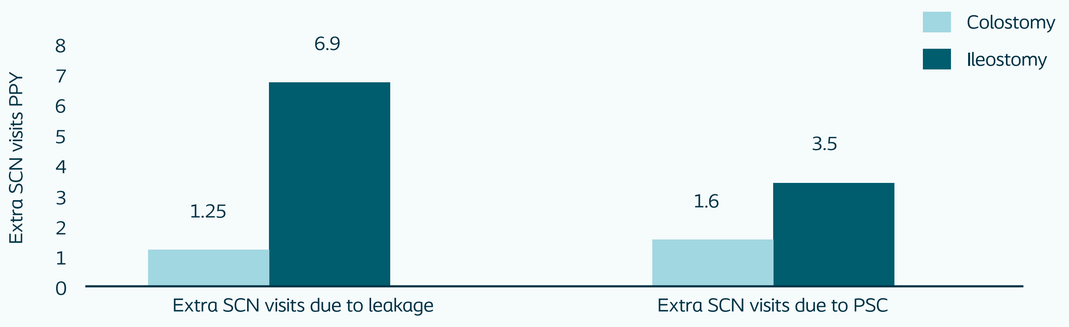


Figure 4. Stoma care nurse visits before and after switching to convex baseplate.



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