Leaks

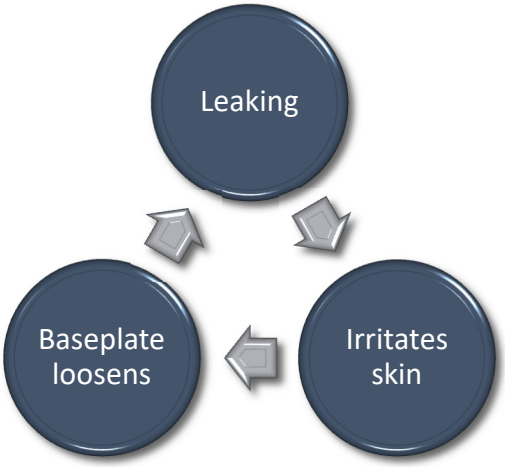
Leaks are a pretty common problem – particularly in the early days, and particularly for ileostomates, as their output is more watery. But it can happen to any of us, at any time.

General information

A leak is when your output doesn't go directly into your pouch, but finds another escape route – usually under the baseplate, which means it's going to come into contact with your skin. And that's the problem. Whether it's a small leak or a big one, it will irritate your skin if it's left sitting there, particularly if your output is watery.

A leak can be obvious (you can see, feel, or smell it) or it can be sneaky (seeping under the baseplate and hiding out there, waiting to surprise you at your next appliance change).

Baseplates don't stick well to irritated skin. This opens the way for more leaks and more frequent changes … damaging the skin even more and starting a vicious cycle.



OK, that's the bad news. The good news is that because leaking is such a common problem, there are tons of products and tips out there to help you solve it.

Think of your ostomy appliance as a prison, and your output as prisoners. You're the warden. When everything goes right, the prisoners stay locked up till you're ready to release them. But you have to stay on guard. The first opportunity to make a break and they're outta there! Your job is to know when and how they're getting out, then fix it before they do too much damage or trigger a mass escape.

In a pinch, you can use a flange extender to temporarily stop a leak that's threatening to come out from under the baseplate. That's like reinforcing the fence around the prison property. It might buy you a little extra time till you can do a proper repair but it isn't a fix. You're just containing the damage. The output that's gone AWOL is going to stay under the baseplate, damaging your skin.

Causes & remedies

In one form or another, leaking is almost always an adhesive issue. Here are several of the most common reasons why your baseplate may not be sticking well to your skin and not sealing off the stoma.

Wrong size hole

Whether you use a pre-cut or cut-to-fit hole, it's important that it fits well around your stoma. Otherwise some output will go under the baseplate, where it can weaken the seal and cause a leak.

Make sure your pre-cut hole is the right size. If you're not sure, ask a stoma nurse to measure you.

Use a pre-made template (usually supplied with baseplates) for a cut-to-fit hole. These templates have several holes, of different sizes. Hold them over your stoma, one by one, until you find the one that fits exactly. Place that template hole over the center part of your baseplate and trace the circle with a marker. Now you can cut the hole yourself. Ostomy scissors are best for this job, but I know of a few people who highly recommend seam rippers too (a tool seamstresses use to rip through stitches).

If your hole is an irregular shape, or in between the sizes on a pre-made template, you can make your own. Start with a baseplate with a hole that's the right size and shape for you (previously cut by you or your stoma nurse). Lay it on a piece of plastic or cardboard, trace the hole, and cut it out. After that, use this as a template to mark and cut future holes in your baseplates.

Another option is a moldable baseplate, where the part that goes around your stoma is made of a substance that you can stretch and mold to fit snugly, hugging your stoma like a turtleneck. This isn't a good choice if your stoma is flush, though.

Remember that your stoma hole can change size, particularly in the first several weeks after surgery. Also, if you develop a hernia or gain a lot of weight, the bulge can stretch the hole as it grows. So periodically check the size to make sure it hasn't changed.

Stoma is retracted or flush

If the stoma doesn't stick out a little (allowing the stool to drop down into the pouch), then output can find its way under the baseplate more easily, leading to a leak.

This is what a convex baseplate is for. It presses the area around the stoma down, so it protrudes more.

Abdomen isn't flat

The ideal surface for a baseplate is flat. But for many of us, our abdomens have dips, dimples, creases, bumpy scars, or stitches. These can make gaps under the baseplate.

Look at the back of your baseplate after every change. You'll see where any output has seeped underneath it. That's where you may have gaps.

After washing and drying the skin, use a stoma paste (like caulking) to fill in any gaps. You can apply the paste directly to your skin, making the surface as smooth and flat as possible, or put it on the back of the baseplate so it will fill in the gap – whatever works best for you.

Don't worry about the paste touching your stoma. That's perfectly ok.

There are many paste products made for this purpose. They come in tubes, like toothpaste, or in strips, where you tear off pieces as needed. Use the minimum amount necessary to do a good job.

Tube paste usually contains alcohol, and strip pastes usually don't. The alcohol can cause a temporary burning sensation if you have broken skin. That's normal. But if it causes allergies or irritation (skin keeps burning or becomes red, blistered, or itchy), you should switch to another brand or type of paste.

If you still have stitches near the stoma, you won't want to stick the baseplate directly on top of them. If possible, cut out part of the baseplate to leave the stitches exposed. But be careful not to cut so much that the baseplate isn't well sealed all around your stoma.

Ballooning or pancaking

A build-up of gas in the pouch (ballooning) or stool accumulating around the stoma (pancaking), can create so much pressure that it forces its way under the baseplate, creating an opening for leaks.

Release gas by burping the pouch or using pouches with a filter.

If pancaking is the problem, see the *Pancaking* section of this chapter for tips on dealing with that.

Skin not properly prepared

For the baseplate to adhere securely, the skin should be smooth, squeaky clean, and bone dry.

Adhesive residue from the last baseplate or even excessive abdominal hair can interfere with the adhesion of the baseplate. Remove both as gently as possible.

An adhesive remover can be used to remove adhesive buildup on the skin around the stoma.

Make sure any product used on the skin, including soap and adhesive remover, is thoroughly rinsed off.

After rinsing, let the skin air dry completely or use a hair dryer on a low setting to get rid of any last traces of moisture.

Using too much product

The less-is-more rule applies to ostomies. Baseplates are designed to stick best to bare skin, not to products.

While some products (like creams, powders, pastes, barrier sprays, etc.) may be unavoidable at times, use the bare minimum you can get away with. If you can, use no products at all.

Skin is irritated

Baseplates don't stick well to skin that's irritated in any way. Your skin may be reacting to an adhesive used by a particular manufacturer, or it may be developing an infection or irritation for a number of reasons. See the *Skin Irritations* section of this chapter for ideas about how to treat those problems.

Meanwhile, here are some tips to help avoid output coming into contact with your skin and making it worse.

Barrier rings may be helpful. These are flat, pliable circles, almost like putty, designed to surround your stoma and form a moisture (output) barrier. The rings are sticky, so you can apply them directly on your skin, circling your stoma, or apply them to the back of your baseplate, circling the hole, before placing it on your skin. They're also stretchy, so you can stretch them to fit exactly around the stoma.

Stoma collars or "stoma hats" are designed to encourage output to flow directly through a kind of cylinder/spout and drop into the pouch without touching the skin. They're applied under the baseplate and the cylinder protrudes out through the hole in the baseplate.

Many companies make protective sheets that act as a barrier between your skin and your baseplate. These are thin, flexible sheets with an adhesive backing. You place one around your stoma, generally by cutting a hole in it, using your template. Or cut it into any shape you need if you only want to cover one area. The baseplate is then placed on top, adhering to the protective sheet (and not to your skin).