European Nurses with academic nature and good clinical experience for ostomy, incontinence and wound care
ORAL ABSTRACTS
A study determining variances in ostomy skin conditions and the economic impact (ADVOCATE): Methods and interim analysis

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Aim: The primary objective of this study is to compare stoma related costs of care in two groups: subjects using ceramide-infused skin barriers versus subjects using control barriers. The secondary objective is to compare incidence of PSCs for the two groups.

Method: The ADVOCATE study is an international, double-blind RCT employing an adaptive design. There were 22 sites from the United States, Canada and Europe. Participants were seen in hospital and outpatient care settings. Adults with normal peristomal skin were randomized to control or treatment barrier and evaluated at least every 4 weeks for up to 12 weeks. Investigators recorded utilization data and evaluated the skin using a validated instrument. Utilization data included healthcare visits, peristomal therapies, and product use.

Results: The first interim analysis was completed for the purpose of sample size re-estimation and included data from 92 subjects (47 control; 45 treatment). Costs were calculated by multiplying utilizations by respective costs. The treatment group average cost was US$47.18 lower than the average cost in the control group (p=.04). The proportion of subjects developing PSCs was lower in the group using ceramide-infused barriers (40% vs 57.5%, p=.10).

Conclusions: Healthcare cost evaluation and improved QOL are vitally important. Use of the ceramide infused barrier demonstrated a trend toward lower cost of care and fewer peristomal skin complications. The next analysis will occur on completion of 152 subjects.
[2] PHYSICAL ACTIVITY AND THE STOMA PATIENT. PRESENTING RESEARCH FROM A LARGE UK STUDY INVOLVING 2631 PATIENTS.

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Aim: A large nationwide survey was carried out in 2016 to investigate the physical activity levels of ostomy patients, their attitudes towards exercise, perceived barriers, incidence of parastomal hernia and quality of life.

Method: The study was given NHS Ethics Committee approval. Data was collected using Survey Monkey and statistical analysis was completed. There were 2631 responses.

Results: The research found that physical activity levels drop significantly after ostomy surgery. Almost 20% of patients reported being ‘much less’ active than they were before their surgery and additionally over 67% of ostomy patients do not meet UK guidelines for physical activity. The situation is worse for people who have their ostomy due to cancer. These patients are seriously affected by their condition combined with their ostomy, and report significantly reduced quality of life and physical activity levels. Worryingly 67% of patients didn’t receive any advice about physical activity from their nurse or surgeon and 83% had not been given guidance on abdominal wall rehabilitation.

Conclusions: These findings are of significance for all health care professionals, surgeons, nurses and patients themselves. There is much work to be done to change this situation on a Global scale. We can all learn from other examples of good practice such as cardiac rehabilitation and emerging cancer rehabilitation programmes. The enormous benefits of physical activity cannot be underestimated. Ostomy patients need to be supported to be physically active and to overcome the barriers they face so they too can benefit from an active and healthy lifestyle.
[3] HARNINKONTINENZ - EINSCHRÄNKUNG DER LEBENSQUALITÄT AM BEISPIEL DER ÖFFENTLICHEN TOILETTEN

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Aim: Harninkontinenz - Einschränkung der Lebensqualität am Beispiel der öffentliche Toilette = Titel
Problembehebung/Alternativen öffentl. Toiletten

Method: Aufklärung psychosoziale Probleme von Betroffenen mit Harninkontinenz
Aufklärung über Probleme mit öffentl. Toiletten
Alternativen/Hilfsmittel öffentl. Toiletten

Results: Wildpinkler Verwarn- und Bussgeldatlas
Projekt "Nette Toilette"
Mobile Toilettenhilfen
Kondomurinale
Toiletten Finde Apps
Euroschlüssel
Tipps für den Altag

Conclusions: Auch Betroffene mit Harninkontinenz müssen nicht zu Hause bleiben und sich verstecken.
NEW INTERDISCIPLINARY CONSULTATION ON FAECAL INCONTINENCE

Laurent Chabal, Specialised ET Nurse; Sophie Opoix, Specialised Dietician; Laure Pigenet Sultan, Specialised Physiotherapist; Dr Luca Di Mare, Visceral Surgeon
Ensemble Hospitalier de la Côte, Morges’ Hospital, Switzerland

Introduction: Since June 2016, an outpatient clinic in pelvic floor and faecal continence trouble has been settled in the Hospital of Morges, due to the commitment of specialised professionals. Directed by two of the Colorectal and Visceral Surgeons, a Gastroenterologist, the specialised Physiotherapist, Dietician and Stomaltherapist Nurse are involved. Depends on the case, a member of the Pain Control Center can be invited in order to discuss indication for sacral neuromodulation. This presentation will described this consultation which is quite new and innovative in the French speaking part of Switzerland.

Method: In order to have a same language and increase every professional knowledge, specific evaluation tools scales have been chosen and a patient defecation diary have been implement. Conducted once a month, three major steps are defined for the needed assessment and follow up of patients:
- Before the consultation in order to share preliminary information,
- During the consultation where all professionals are presents,
- After the consultation where the accepted action care are organised.
The observed results and patient feed-back will be shared with every member of the team.

Results, Discussion: Until now more than 15 new patients have benefit from this ambulatory offer. Anticipation, interdisciplinary collaboration and sharing have allowed to propose integrative and holistic advance care. The professional team have reinforced and improved their daily activities, increasing the quality of conducted care and patient satisfaction. These preliminary qualitative and descriptive outcomes are still in progress.
A step forward will be the expansion of the consultation to urinary continence and double continence problematics by including the Urologist and the Gynaecologists.
COMPARISON OF ANXIETY LEVELS BEFORE AND AFTER STOMA SURGERY WITH STATE-TRAIT ANXIETY INVENTORY TEST

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Aim: When stoma surgery is planned, an individual whether male or female feel anxiety. Preoperative education can contribute to the reduction of these feelings. This study was planned to determine the preoperative and postoperative anxiety levels of patients who opened elective stoma.

Methods: The research population consisted of 60 patients who have stoma. There were 30 patients in the control group and 30 in the experimental group. Participant in the experimental group received preoperative education. After approval of the ethics committee, the “STAI FORM TX-1” questionnaire, which is used to measure situational anxiety, patients via an interview in order to measure their levels of preoperative anxiety. In order to determine anxiety levels in patients who had stoma in the postoperative period, the STAI FORM TX-1 questionnaire was repeated at 6 months later.

Results: The average age of the participants in the experimental group was 53.5±12.83, 60% (18) had colostomies, 50 % (15) had permanent stoma and that of the control group was 58.00±14.22, 63.3% (19) had colostomies, 56.67 % (17) had permanent stoma. The scores of patients in the control group on pre-operative state anxiety and six months post-operative state anxiety were found to be higher than the scores of the experimental group (p<0.05).

Conclusions: Anxiety levels of patients affected his previous experiences, sex, age and type of surgery. Preoperative information reduces the level of anxiety. It is recommended that preoperative information be given to the patient who opened electively stoma.
Aim: Maintaining continuity of treatment in stoma patient’s transition from hospital to community, in order to prevent a state of anxiety/crisis, or medical deterioration, and increase satisfaction.

Method: There are five stages involved in discharging a stoma patient from hospital to the community:

1. Familiarity with the stoma nurse at the hospital where the patient has undergone surgery and receiving verbal information from her/him about the patient before he/she is discharged.

2. Shortly before the patient is discharged, receiving a stoma report and summary of illness from the hospital, including the important details regarding the patient.

3. Introductory conversation between the community stoma nurse and the patient on the day of discharge, in order to arrange a home visit and exchanging phone numbers.

4. Home visit by the stoma nurse within 72 hours from discharge, while aiming to reach the patient at the time of first replacement of the base.

5. The stoma nurse will refer the new patient to the family practitioner, dietician, and social worker, and will sign the patient to the 24/7 “Tele-stoma” call center.

Results: Improving quality of treatment, reducing anxiety, patient empowerment, preventing early complications and unnecessary hospitalization, therefore bringing economic efficiency.

Conclusions: The continuum of treatment, as carried out in the five stages described above, helps the patient adjust easily to life with a stoma, improves the quality of the patient's life, and reduces the crisis that accompanies the transition from hospital to the community.
Aim: We aimed to present management of the stoma with parastomal dehiscence.

Method: A fifty-five-years-old female patient underwent loop ileostomy in the right lower quadrant. In the postoperative follow-up, the stoma adapter frequently dehiscence from the skin, so it was necessary to perform stoma care 4-5 times a day. The accompanying parastomal area skin irritations also began to occur. On the third postoperative day, a 7x3 cm separation was detected in the parastomal area. The dehiscence of the parastomal is linked to frequent exit of the stoma adapter.

Results: Stoma Care: Stoma circumference and parastomal dehiscence area were cleaned with isotonic. Stoma circumference and parastomal dissociation area were cleaned with isotonic. The stoma was cleaned and dried, and a satin layer of spray was applied. A silver alginate wound dressing was filled gap between the dehiscence of the subcutaneous tissue and the stoma. By opening the area up to the size of stoma hydrocolloid wound cover was glued. Later, the stoma was filled with paste. There was no gap between the adapter and the stoma. Therefore, the stoma output began to be taken out by the bag without touching the parastomal area. The stoma bag could last 2 days without leaving the skin. This time was then even longer and the parastomal dissociation area began to fill with granulation. After a week the dimensions were reduced to 4x2 cm.

Conclusions: Experienced stoma and wound care nurses are needed to manage stoma complications and maintain healthy stoma.
IS THERE SOCIAL VALUE TO PERISTOMAL SKIN HEALTH?

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Aim: It was the objective of this analysis to assess the relationship between peristomal skin complications, social interaction, and health utility in an adult population.

Method: This is a cross-sectional survey of ostomates (n=3146) in the UK, Canada, and the US utilizing the SF36v2® survey instrument², the SF6D³, indices of social interactivity, and self-reported measures of peristomal skin condition. IRB approval was obtained for the conduct of the study. Statistical analysis includes generalized linear models utilizing analysis of covariance. Covariates in this study are time from surgery and age of the respondent.

Results: The study provides empirical evidence that as social interactivity increases there is a corresponding increase in health utility. This is shown to be significantly impacted by peristomal skin complications, i.e., as peristomal skin complications increase or decrease in severity there are significant corresponding directional changes in health utility. The health utility changes associated with changes in peristomal skin health, and resulting changes in social interactivity, is representative of a minimally important social value of peristomal skin health.

Conclusions: Peristomal skin problems affect the wellbeing of those that must cope and adapt to their impact. Compromised peristomal skin health can intermittently affect day to day living in those that have undergone ostomy surgery. The successful clinician does far more than treat a patient. The clinician adds value to the community. Peristomal skin health, is a capital asset, allows an investment in community that can be realized as an overall socio-economic benefit to society.
PERISTOMAL SKIN INTEGRITY - IT IS IN EVERYONE'S INTEREST

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Aim: Identify current nursing guidance and treatment pathways to support stoma patients for self-care and promote independence to maintain their peristomal skin integrity. To incorporate current discussion around Moisture Associate Skin Damage (MASD) and Medical Adhesive Related Skin Injury (MARSII)

• Identify trends and analyse the extent of problems within the stoma patient population
• Utilise clinical experience to formulate a patient accessible awareness programme
• Simplify the complexities in categorising the variance of peristomal skin damage

Method: Undertaken literature review to compare, collate and identify themes for this extensive subject matter. Carry out an online survey and collate the outcomes to develop a consensus from Stoma Care Nurses as to how peristomal skin is currently identified, assessed and managed.

Results:
1. The use of a standardised peristomal skin assessment to facilitate continuity in care delivery
2. How patients perceive peristomal skin integrity and the necessity to seek clinical intervention
3. At what point in the care pathway patients seek involvement with clinical staff
4. Identification of peristomal skin commonalities highlighted within the clinical survey feedback

Conclusions: A variety of peristomal skin assessment tools are currently utilised within the clinical setting. These are created and intended solely for the use of health care professionals and often do not promote patient engagement from the outset. Following this pilot, the proposal would be to undertake further analysis to seek the engagement across stoma patients and healthcare professionals to facilitate the categorisation of peristomal skin challenges.
ASSESSING THE VALUE OF A NEW OSTOMY SEAL FOR THE IMPROVEMENT OF PERISTOMAL SKIN HEALTH.

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Aim: The aim of this product evaluation was to observe and assess patient’s peristomal skin prior to and following the use of a new ostomy barrier seal. 50% of ostomates report peristomal skin complications, (PSC) a staggering 74% in the post op period. (Richbourg et al, 2007). An astonishing 94% of PSC’s are diagnosed as irritant contact dermatitis. PSC has been shown to have a significant impact on ostomates quality of life when reported as a Health Utility Score, (Nichols, T.R, 2013)

Method: Ostomates were selected by their specialist nurse. This small sample group all reported some degree of PSC. At the initial consultation ostomates were assessed using a tool to measure the severity of the PSC. This assessment was repeated at regular intervals. The primary aim was to assess for improvement in the condition of the peristomal skin. However, it also evaluated features such as ease of use, erosion resistance, prevention of leakage and product residue.

Results:

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<th>Not Satisfied</th>
<th>Satisfied</th>
<th>Very Satisfied</th>
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<tr>
<td>Ease of application</td>
<td></td>
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<td>100%</td>
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<td>Preventing leaks</td>
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<td>27.27%</td>
<td>72.73%</td>
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<tr>
<td>Erosion resistance</td>
<td>9.09%</td>
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<td>90.91%</td>
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<tr>
<td>No residue</td>
<td></td>
<td>18.18%</td>
<td>81.82%</td>
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<tr>
<td>Maintaining healthy peristomal skin</td>
<td>9.09%</td>
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<td>81.82%</td>
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Conclusions: The product evaluation demonstrated positive outcomes in Peristomal skin health. 63.64% of ostomate’s skin showed significant improvement. This evaluation also highlighted additional features and benefits as shown above. The innovation and technology of this product has clearly demonstrated impressive results with positive clinical outcomes for patients. It is recommended that fellow specialist nurses undertake further evaluation of this product in their clinical setting.
Aim: Maintaining peristomal skin integrity is a concern for ostomy patients. The literature suggests that as many as two thirds of people with an ostomy will develop a serious peristomal skin complication. Peristomal skin complications can impact health-related quality of life, health economics, and clinical outcomes. All patients are exposed to PMASD, MARSI, and skin occlusion related to barrier use. Choosing the correct ostomy barrier is the responsibility of the ostomy nurse to ensure a good seal around the stoma but also to minimize the impact that leakage, barrier removal and barrier occlusion has on the peristomal skin. There are two categories of skin barriers: extended wear and regular wear; chosen based on absorption and adhesion. To help maintain peristomal skin health, ostomy nurses should consider new product options in their decision making to be more proactive in their practice.

Method: The three cases include a urostomy, ileostomy and colostomy. In each case, the peristomal skin was ulcerated at the onset of care, and the ostomy management was modified to include use of a ceramide infused skin barrier.

Results: Skin condition improved or resolved and in two cases, product utilization was reduced and documented using a validated skin assessment tool.

Conclusions: Ostomy nurses are challenged with managing peristomal skin complications and patients are negatively impacted. Adopting ceramide infused skin barriers can help provide positive outcomes. Beyond case studies, further research is required to support this new product option.
Aim: To assess safety and effectiveness of modern methods of treatment of inflammatory stoma complications.

Method: Effectiveness of advanced wound dressings and innovative methods of conservative treatment was analyzed in 55 patients with inflammatory stoma complications. 28 patients underwent surgery for colorectal cancer, 19 patients for IBD, 8 patients for complicated diverticulosis of the colon.

Results: The treated patients included: 27 patients with mucocutaneous separation, 7 with stomal retraction, 8 patients with parastomal abscess, 4 patients with parastomal cellulitis, 9 patients with pyoderma gangrenosum. Separation and retraction were treated with hydrofiber and alginate Ag dressings, mouldable rings, paste, two-piece products or post-op bags with window. That enabled to isolate the wound from the intestinal output, control wound healing process and maintain patients' comfort. Pyoderma gangrenosum was treated locally by steroids or immunosuppressants in combination with hydrofiber and alginate Ag dressings, hydrocolloid dressings, two-piece bags. NPWT was used locally with large wounds after opening of parastomal abscesses and cellulitis, and circular retractions of the stoma. The vacuum assisting dressing created the effect of rigid support in the parastomal wound and allowed to use an ostomy bag thus improving care and quality of life of the patients.

Conclusions: Frequency of inflammatory complications in the parastomal area varies from 2 to 14.8%. However there are very few publications on advanced methods of treatment of such complications. Advanced wound dressings and NPWT are safe and effective in treatment of ostomy patients with suppurative inflammatory complications.
Aim: A recently published ISO standard (ISO 12505-1:2014) describes laboratory methods for measuring important skin barrier properties such as fluid absorption and surface pH. The standard specifies sample configurations and measurement conditions. The use of a global test standard enables comparisons among different products from different vendors. Without a standard, these measurements may be performed under different conditions, leading to confusing results for clinicians who want to compare barrier properties for a variety of available products. This presentation will illustrate how the test standard can be used to compare barrier products with an emphasis on ostomy seals.

Method: The test methods for fluid absorption and surface pH described in ISO 12505-1:2014 were carried out on a variety of commercial ostomy seal products. The test standard specifies the use of physiological saline as the fluid used in measuring absorption and pH, but it is also possible to modify the method to use a fluid more similar to intestinal fluid in terms of pH.

Results: Fluid absorption and pH measurements will show the range of these properties across many available commercial products. It is of special interest to compare pH responses for physiological saline (a model for perspiration) compared to the pH response for barrier products exposed to a fluid buffered at a pH close to neutral (a model for intestinal fluid).

Conclusions: The use of the ISO standard test method will provide consistent barrier property comparisons, allowing clinicians to make informed judgments across commercial products.
[14] MEDICAL DEVICE-RELATED PRESSURE ULCERS

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Aim: The aim of this clinically focused presentation provides an overview from recent literature about medical device-related pressure injuries (MDRPU).

Method: Review of the pertinent literature was conducted.

Results: Development of hospital-acquired pressure ulcers (HAPU) is a serious complication of hospitalization. Pressure ulcers contribute to the morbidity and mortality of patients. Organisations such as the National Pressure Ulcer Advisory Panel (NPUAP) and the European Pressure Ulcer Advisory Panel (EPUAP) have provided guidance on prevention, assessment and management of pressure ulcers for many years. Treatment of HAPUs costs billions of dollars per year. Both adult and paediatric patients can develop HAPU. This presentation addresses a unique type of pressure ulcer: the medical device-related pressure ulcer (MDRPU). MDRPU are defined as, “Pressure ulcers that result from the use of devices designed and applied for therapeutic purposes.” (NPUAP 2014).

Risk factors for MDRPU include: co-morbid conditions, level of tissue hydration, nutritional status, oedema, level of patient mobility. Types of medical devices often associated with MDRPU are bedpans, respiratory care equipment, monitoring devices, retention sutures, intravenous tubing, nutritional support and drainage tubes, splints, casts and immobilization devices. The assessment features of MDRPIs are compared and contrasted with ‘typical’ pressure ulcers. MDRPU unlike typical pressure ulcers are not necessarily present over bony prominences and are shaped like the shape of the device.

Conclusions: MDRPU can increase morbidity and mortality for patients. It is important to assess risk and to institute measures to prevent MDRPU. However, in some extreme circumstances an ‘unavoidable MDRPU’ may occur.
[15] THE EFFECT OF HOME CARE NURSING ON HEALING OF PERISTOMAL SKIN COMPLICATIONS AND QUALITY OF LIFE

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² Ege University, Izmir, Turkey

Aim:” Because of many reasons, many patients undergoing ostomy surgery experience a complication during the postoperative period. This is an experimental research and planned to evaluate that the effect of home care on the healing of peristomal skin complications and quality of life. ”

Method: ”The research has been carried out between June, 2010 and March 2014. The population of this study was consisted of ostomy patients who lived in İzmir, Turkey (N=1269). The sample of this study consisted of 35 patients who has peristomal skin complications. These 35 people were divided into two groups as intervention group (N=18) and control group (N=17). Data were collected by description of ostomy individuals form, ostomy skin tool, and Stoma-QOL scale. The data were collected by 6 home visits and 1 out-patient clinic control for the intervention group and 2 out-patient clinic controls for the control group. ”

Results: “In the first evaluation of the individuals in the intervention and control groups, it was determined that they were homogeneous in terms of peristomal skin complication score (Intervention group=6.22±1.47, control group=6.11±1.96, p=0.776). It was found that there was a difference between intervention and control groups in terms of peristomal skin complication score at the end of study (Intervention group=0.44±0.85, control group=4.76±2.30, p=0.00). ”

Conclusions: “ It has been determined that home care is effective on healing of peristomal skin complications and has an indirect positive effect on quality of life.”
OSMOSE: OBSERVATIONAL USER EVALUATION OF THE PERISTOMAL SKIN CONDITION IN OSTOMATES USING CONVATEC MOLDABLE TECHNOLOGY (AN INTERIM SUB-ANALYSIS OF POLISH DATA)

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Aim: Evaluation of peri-stomal skin condition, and estimation of incidence and severity, of any peri-stomal skin lesions following application of the ConvaTec Moldable Technology™ barrier. Levels of patient satisfaction and accessory usage were also assessed during the evaluation.

Method: As part of a larger multinational study, 568 patients were recruited in Poland into a prospective, multi-centre, observational user evaluation on ostomates with a new colostomy, ileostomy or urostomy. Patients were assessed at 8-15 days; 1 month and 2 months using the SACS measurement scale for per-stomal skin condition. Patients were also assessed with a patient satisfaction questionnaire at the same time intervals. Stoma characteristics such as stool consistency and treatments effecting outcome were also considered. Data were captured on a paper evaluation form completed by the site Investigator.

Results: At assessment 2 (1 month), 97.4% of Polish patients (n=568) had normal peri-stomal skin condition. Fifteen patients (2.6%) had deteriorating peri-stomal skin condition since baseline assessment. By assessment 3 (2 months), 99.3% of patients (n=545) maintained healthy peri-stomal skin condition with 0.7% (4) patients developing abnormal peri-stomal skin since assessment 2. Post-Assessment 3 patient satisfaction results indicated 100% of patients (n=548) considered ConvaTec Moldable Technology either excellent or good for comfort. 99.5% of patients would recommend this type of device to other stoma patients.

Conclusions: ConvaTec Moldable Technology™ has clearly demonstrated consistent maintenance of healthy peri-stomal skin condition in newly formed stomas in Poland. Customer satisfaction ratings were almost exclusively excellent or good in all satisfaction categories at assessment 3 (2 months).
A STEPWISE APPROACH IN MANAGING ENTEROATMOSPHERIC FISTULAE IN A FROZEN ABDOMEN - A PROSPECTIVE STUDY WITH TWO YEAR FOLLOW UP

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² Municipal Hospital, Vascular Surgery, Magdeburg, Germany
³ Universitätsklinikum Magdeburg, AN-Institute in Operative Medicine, Magdeburg, Germany

Aim:” An intestinal fistula is the most serious complications in an open abdomen (OA). Prolonged treatment and a frozen abdomen often marks the end for surgical treatment. Several procedures exist to separate the fistula and assure healing of the surrounding wound. However, existing therapies are often futile. Aim of this study was analysis of a stepwise approach including the fistula adapter (FA) in managing enteroatmospheric fistulae (EAF).”

Method:” This prospective study concerned all patients with OA and EAF treated from 4-2005 to 8-2014 in a university hospital. Patients with frozen abdomen and inability of surgical revision were evaluated for management with FA and VAC-therapy. The FA used was selected in relation to size, number and location of the EAF. Follow up covered a period of at least 2 years.”

Results: “Of 55 patients included 28 developed a frozen abdomen with EAF. 21 were managed with the FA. 3/21 patients died in hospital. One fistula closed spontaneously. One patient underwent surgical revision after 3 months. The remaining 16 patients were discharged with a conventional appliance. In follow up 6 patients underwent surgical closure, in one patient the fistula closed spontaneously, 6 patients live with an ostomy and 3 died still having their fistula.”

Conclusions: “We present a stepwise approach for patients with a frozen abdomen and EAF. In most cases reliable separation of the fistula was achieved. The system can be easily applied and supports early mobilization and oral feeding. Most patients could be discharged for outpatient treatment.”
Aim: To summarize the treatment experience of surgical wound dehiscence with fistula of intestine after partial intestinal resection and ileostomy.

Method: The patient in this case was a low birth weight premature male. He was diagnosed with Necrotizing Enterocolitis (NEC) 6 days after admission to hospital and received operation of partial intestinal resection and ileostomy. Then he experienced surgical wound dehiscence with fistula on the eighth postoperative day. Based on comprehensive assessment, the wound care providers applied the moist healing therapy into practice. The simplified negative pressure drainage technique was also adopted to treat the wound. Systemic treatment such as anti-infection and nutritional support was carried out simultaneously.

Results: Complete surgical wound healing and intestinal fistula healing occurred in 19 days. The healing of the separation of skin and mucosa after enterostomy got well before hospital discharge.

Conclusions: The comprehensive and targeted nursing measures such as moist healing therapy and negative pressure drainage technique may advance healing of surgical wound dehiscence fistula of intestine after ileostomy. Systemic treatment should also be taken into account in different stage of wound healing.
[19] SPECIALIST NURSING CARE TO PATIENTS WITH DIABETIC FOOT SYNDROME ON THE BASIS OF OUTPATIENT DEPARTMENT FOR CHRONIC WOUND MANAGEMENT

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³ University Hospital No.1, Department of Vascular Surgery and Angiology, Ludwik Rydygier Collegium Medicum in Bydgoszcz, Nicolaus Copernicus University in Toruń, Bydgoszcz, Poland

Aim: Description of the healing process in the course of diabetic foot on the basis of patients under comprehensive and skilled nursing of Outpatient Department for Chronic Wound Management.

Method: We have discussed the cases of two patients at risk of limb amputation in the course of long-term diabetic foot complicated by ulceration. Comprehensive diagnoses of causal and spot wounds have been carried out. Specialist nursing care included, among others, glycemic control, hygienic care of the foot, wound debridement, and offloading the foot.

Results: The first case concerned 58-year-old man with a wound in the heel area. In the course of eight months of conservative therapy a satisfactory results have been achieved, and the ulcer has healed. The second presented case is 51-year-old man with ulcer on the plantar surface of the foot. After surgical debridement of the patient, he was transferred to Outpatient department for chronic wound management, where after three months of intensive therapy ulcer has healed.

Conclusions: The risk of complications in the foot surface area among patients with diabetes can be even up to 25% over a lifetime. The most common complication are a foot ulceration and infection, which can lead to limb amputation. According to experts, most cases of diabetic foot can be cured, if nursing care is multidirectional and properly organized. The implementation of interdisciplinary therapy, involving improvement of blood flow, rest of affected foot and optimal spot treatment resulted in satisfactory results even in the case of patients at risk of amputation of limbs.
Aim: Description of wound healing process on the basis of three complex cases of chronic wounds of various etiologies.

Method: The first case concerns the 23-year-old man who suffers from a deep skin damage on the left upper limb which is a result of an injury. In the second presented case patient suffers from arterial ulceration, and the third presented case is patient with a wound of venous etiology. In the diagnosis and spot treatment of chronic wounds procedure have been applied own extensive experience and guidelines from Polish and European Wound Management Association (TIME).

Results: All patients were under diagnostic and therapeutic care, which purpose was to investigate the etiology on the basis of the research, but also to clean the wound bearing and to improve general and spot conditions of healing.

Conclusions: Specialist clinic relaying on the individual work of specialized nurses is the cornerstone of any wounds treatment center. The doctor acts as a consultant and deals with diagnosis and etiology of the wound. The Outpatient Department for Chronic Wound Management in Bydgoszcz is unique clinical and scientific research center at a national level and is based primarily on the nursing activities. Nursing interventions involve, among others, assessment of the general performance testing, a spot diagnosis of the wound, application of a suitable specialized dressing and causal treatment, eg. compression therapy. Interdisciplinary, multidisciplinary diagnostic, therapeutic and nursing care in accordance with applicable standards have contributed to a reduction of ulcers surface and consequently to their healing.
[21] WOUND MANAGEMENT OF SKIN IRRITATION DUE TO LEAKAGE FROM JEJUNOSTOMY WITH STOMA BAG ADAPTOR SYSTEM: CASE REPORT

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Aim:” Patients who are fed jejunostomy with foley catheter may have leaking around jejunostomy and associated skin irritations. If not treated, it can cause serious wounds after a while. In this case, we aimed to present management of leak from jejunostomy with the stoma adapter bag system.”

Method:” A 35-year-old male patient underwent loop ileostomy and nutritional jejunostomy underwent. He is enterally fed from jejunostomi via a foley tube. The acid leak from around the foley catheter has caused skin irritation. Around of the foley catheter was constantly wet and red.”

Results: “Wound Care: Around of the foley catheter was cleaned with isotonic solution, dried and sprayed with solution which can forming a satin layer. The stoma adapter bag system was cut in a circular shape to accommodate the irritated area from the adapter midpoint. A stoma paste was applied between the leaky part around the foley catheter and the adapter opening. The stoma bag was inserted. Drying is expected for a while. Then the foley catheter was placed in the bag and the bag was closed. Leakage from jejunostomy was removed by bagging without touching the skin, thus preventing skin irritation.”

Conclusions:” Skin irritations can be found around the ostomy. This skin irritation can be prevented and treated by stoma nurses with good care and control of leakage. Experienced stoma care nurses can use the stoma adapter bag system and stoma materials in skin irritations around the jejunostomy to control the leak out without increasing irritation.”
Diabetic foot infections cause significant morbidity and mortality. There is a steady incidence increase of diabetic foot infections in diabetic patients. These infections are a major cause for hospitalization and amputation of lower limbs.

**Purpose:** diagnosis, treatment and prevention of limbs amputations.

**Aim:** Treatment technique: NPWT - Negative Pressure Wound Treatment

Appliance that generates a constant or intermittent negative pressure in wound bed. The wound is dressed with a special sponge without any other materials, using a drainage device that creates negative pressure. NPWT device advantages: absorbs secretions, but still leaves the wound bed moist, improves blood circulation in the wound, promotes angiogenesis, increases collagen tissue formation, and lowers the level of bacterial colonization in the wound.

**Method:** K.A., 49 years-old single women, was hospitalized with Acute Osteomyelitis Involving the Lower Limb. Medical history: Hyperlipidemia, Diabetes Mellitus Type 2 Insulin Dependent, Obesity, Anxiety Disorder, Adjustment Disorder.

**Results:** Chronic diabetic wounds cause severe consequences: pain, odor, destruction of widespread skin areas, secretions, skin irritation, Osteomyelitis, loss of appetite and depression.

**Conclusions:** Social implications of dealing with a diabetic wound are severe and can lead to unemployment and social life avoidance. Treatment demands a multi-disciplinary team approach which includes doctors from different fields: vascular surgeons, orthopedics, infectologists, plastic surgeons and endocrinologists. This can improve the outcomes such as: decrease incidence of diabetic ulcers and consequently lower amputations.
UNIQUE CHALLENGES ACROSS PERISTOMAL BODY PROFILES

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Aim: To understand the challenges people with different peristomal body profiles face in their everyday lives and how it affects Quality of Life

Method: An online Questionnaire was sent out to ~20,000 people with an ostomy to investigate specific challenges and Quality of Life. More than 4,200 people from 13 countries completed the study with a response rate ~22%.
Respondents were recruited through Coloplast Customer Research Panels (CORE) and local Coloplast user databases representing both Coloplast and non-Coloplast users.
Data was collected from August 30th until October 3rd 2016.
The Coloplast Body Profile Terminology was used to describe key body profile characteristics. Based on this description and pictures, users were asked to identify the body profile most similar to them.
Based on answers from the body profile question, users were subsequently divided into the three subgroups (regular, inward, outward)
Descriptive statistics and chi-square testing were used to analyse the difference among the three distinct body profiles.

Results: Data shows that a higher number of people with ‘challenging’ peristomal body profiles are overweight / obese, more often experience leakage on a weekly basis and use more accessories. Further data also show that, they have to deal with very specific individual challenges related to their ostomy product.

Conclusions: These facts clearly underline that a ‘one-size fits all’ approach is certainly not sufficient, hence there is a need for ostomy products catered to the specific needs of individuals with different peristomal body profiles.

1 Ostomy Life Study 2015/16 Review
Aim:” Sleep is a basic biological function and is very necessary for continuation of life. The purpose of this research is to assess the sleep and what the affective factors on sleep quality for individuals with stoma.”

Method:” This study is a descriptive research. The research data were collected between September 2015 and September 2016 in stomaterapy units in two different cities of Turkey. The study population consisted of 101 ostomates. Data were collected by Individuals with Stoma Recognition Form and Pittsburg Sleep Quality Index (PSQI)

Results: “The mean age of individuals with stoma was 55.60 ± 13.73, 57.8% were male, 61.8% had no chronic disease and 39.2% were in normal weight. According to stoma characteristics of the individuals, 56.9% had ilestomy and 70.6% had temporary stoma. Individuals had stoma for a mean of 18.70 ± 44.60 months, 62.7% did not have any stoma complication. Individuals’ PSQI mean total score was 6.44 ± 3.23 (min: 1-max: 15). It was determined that there was no significant relationship between the total score of sleep quality and the socio-demographic and stoma characteristics of the individuals. However, it was determined that statistically significant relationship between subjective sleep quality, sleep latency, sleep disturbances, sleeping pill use and daytime dysfunction components of PSQI and waking up to evacuate the stoma bag, presence of stoma complication, stoma type, and having permanent or temporary stoma.”

Conclusions:” It was determined that sleep quality of individuals with stoma who participated to the study was poor.”
[25] USING PATIENT EXPERIENCE TO SHAPE HEALTHCARE DELIVERY - "YOU SAID.......WE DID"

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Aim: The aim of this presentation is to demonstrate and share the value in receiving patient feedback, how that was listened to and effected change, contributing to service improvements.

Method: By seeking feedback from patients using a standardised retrospective postal questionnaire, this enables us to continually look for ways to improve. Results are bench marked against previous years ensuring we understand what our service delivers and any development needs.

Results: Effective engagement with patients and those who care for patients leads to improvement in health service delivery and is part of everyone’s role. Asking people whether they are receiving the service they need and then implementing improvement on the basis of this feedback helps to make patients feel more supported and better cared for. Feedback from our patient experience surveys validates that our service does meet needs and expectations, and provides us with ongoing points for inclusion moving forward.

Conclusions: The purpose of measuring patient experience varies as each service provider seeks to meet their demographic outcomes. As a health care provider, we have a responsibility to demonstrate outcomes and enhance choices for patients. By seeking and listening to feedback about us as a clinical service provider, and incorporating this into future changes, this can only improve the quality of care delivered.

The experience we deliver for patients and their families can only ever improve when an entire organisation and their staff, is fully engaged, open to and willing to accept change and adapt as necessary.
[26] NEW TECHNOLOGY AND NURSING CARE FOR OSTOMY PATIENTS ASSISTANCE

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Ponte DI Legno, Italy

Aim: New technologies, in particular Social Network, have changed our society. The widespread availability and use of social media make the hypothesis that they can be used in healthcare.

Method: Some volunteers among patients and caregiver created a “WhatsApp” group on their smartphone. In order to evaluate expectations and results from this experience, two questionnaires have been elaborated on three areas of nursing care: relational, linguistic, technical-professional.

Results: From questionnaires analysis, WhatsApp results as a valid tool to give continuity of care after the discharge; participants recognized as functional the chance of sharing similar experiences coming from disease; nursing answers have been always evaluated as complete. The performed experimental, quantitative, qualitative and explorative survey, allowed analyzing the relation between social media widespread availability and healthcare environment. Using Social Network in supporting nursing care is possible if an expert nurse, thanks to his/her skills and knowledge, moderates the interactions inside the group; evaluates and solves issues in the rehabilitation center and online.

Conclusions: Patients and caregiver evaluated this experience in a positive way: sharing experiences underlined the solidarity mood came to light inside WhatsApp group, activating a small online community, where pasts and needs are shared. The accuracy of therapeutic answers, confidence in the nurse and the resultant safety perception, confirm the chance to match continuity of nursing care and new communication technologies.
SACS 2.0: A REVIEW OF THE ORIGINAL SACS PERISTOMAL SKIN DISORDERS CLASSIFICATION SCALE

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Aim: During their life, many people who undergo surgical procedures resulting in the creation of an ostomy have at least one experience involving peristomal skin complications. The SACS 2.0 classification could be a standardised and objective tool useful for a proper monitoring and follow-up of complications. The review of the original SACS study aimed at achieving two main objectives: 1). Completion of the classification to include an additional level of severity (L5); 2). Classification of all types of peristomal skin changes present, eliminating the notion of “most serious lesion”.

Method: A multi-centre observational study was conducted in Italy at four rehabilitation centres for ostomates involving the observation and recording of peristomal skin changes and, in particular, those which, on account of their characteristics, could not be properly categorised according to the SACS Classification.

Results: Four hundred and twenty-six patients were recruited, including 220 males and 206 females. We therefore proposed the sole inclusion of the condition relating to the detection of a new non-classifiable lesion (L5), while maintaining the other clinical pictures unaltered and preserving the topography (T). During the course of the development of consensus it was thus decided that each lesion present in the peristomal quadrant should be classified.

Conclusions: The SACS Classification has unquestionably achieved its goal by placing at the disposal of professionals who follow ostomy patients a useful tool in everyday clinical practice, and guiding them towards a holistic approach with respect to peristomal lesions, providing the attention they deserve and defining their main characteristics.
Being responsive to escalating healthcare needs requires guided decision making to ensure safe and effective care. Employing a standard approach in clinical decision making improves consistency, ensuring equity of care and improving safety of patients requiring specialist stoma care input. The presentation aims to demonstrate the process of the Stoma Scoring Thermometer (SST) project from concept through pilot, to full implementation highlighting some of the challenges encountered.

SST was developed as a collaborative group project. Facilitating a risk analysis of clinical needs, ‘scoring’ clinical factors pertaining to the stoma care required on an individual basis, whilst accounting for other influencing factors such as pre-existing medical conditions. It is colour coded to indicate risk.

Patients are assessed by a Stoma Care Nurse prior to discharge from hospital, and at subsequent clinical interventions including in-patient readmission. The assessment is easy to complete; following a red, amber, green process like many other tools, and facilitates clear documentation in a standardised format within the stoma care nursing records.

The SST has been a helpful tool for validating when further intervention is not actually required and supports the clinical rationale in making such decisions, allowing the patient to continue on a validated established pathway.

Development and implementation of a robust measurement tool which incurs minimal costs while improving patient outcomes and interventions. This project provides a low cost, high impact output.

Development of such a tool offers transferrable benefit for other colleagues and nursing groups, when they may be dealing with a complex stoma patient.
[29] THE DET EVALUATION TOOL: VALIDATION TO PORTUGUESE LANGUAGE

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Aim:” To validate to Portuguese language the DET (Discoloration, Erosion, Tissue overgrowing).”

Method:” Methodological study divided in three phases: (1) content and utility validation; (2) usability and reliability validation; (3) reproducibility.
(1) participation of 37 stomacare nurses. One online questionnaire was used;
(2) multicentric study. 33 stomacare nurses used the DET in 489 patients with an elimination ostomy;
(3) 30 stomacare nurses evaluated 8 photos of different stomas and surrounding skin using the DET. Calculated the mean of agreement.”

Results: “(1) Participants reveal low difficulty in the DET use, consider all the items useful and give high punctuation to reliability in the results (global end for each item).
(2) DET was used in different ostomy situations, particularly sigmoid colostomy (35%) and ileostomy (24,9%). 41% had skin lesions. The highest correlations were found between area and severity in all items. High internal consistency were found (Cronbach alpha = 0,848).
(3) In the different items of DET, agreement between evaluators was greater than 70%. The evaluation of the discoloration area obtained the lowest agreement (70.59%), followed by the evaluation of the discoloration severity (73.11%) and the erosion severity (74.79%). The highest values were found to the tissue overgrowing area (82.80%), erosion severity (79.41%) and the tissue overgrowing severity (78.17%).”

Conclusions: “The Portuguese version of DET is reliable and valid to use in clinical evaluation and research. Further research may enhance its value.”
Aim:” To perform the translation and cultural and socio-professional adaptation of the AIM Guide”

Method:” Methodological study, developed in Portugal in two phases: (1) translation and cultural and socio-professional adaptation and (2) content and utility validation.
After translation and back-translation, the final version of AIM Guide has been made available to the Portuguese stomacare nurses. Several education and training sessions were carried out to facilitate the use of the AIM Guide by the nurses.
After four months of utilization, online questionnaire was applied to 37 stomacare nurses.”

Results: “The process of cultural and socio-professional adaptation included the adjustment of the Guide to the International Classification for Nursing Practice, used in Portugal.
More than 95% of the participants fully agree with the content of the Guide. The utility of the Guide is appointed for the nurses, with 92% very useful or extremely useful. The reliability and the facility of use are pointed by 92%.”

Conclusions:” The AIM Guide has been translated and adapted to Portuguese language in a culturally sensitive way. The evaluation of the content, usability, reliability and facility of use by the Portuguese stomacare nurses are very positive and encourage us to go further in is regular use in the clinical contexts. The potential to standardize practices and help users to reduce variability in assessment and interventions (without lose the individuality of each person) is a strong argument for their use.”
EVALUATION OF THE EFFICIENCY OF PERISTOMAL SKIN COMPLICATIONS MANAGEMENT ALGORITHM: TURKEY CASE

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Aim: “This study was performed to evaluate the efficacy of Peristomal Skin Complications Management Algorithm (PSCMA) developed by Wound Ostomy Incontinence Nurses Association in Turkey.”

Method: “PSCMA was developed by the certified, qualified stoma-wound care nurses and specialists, and content validity index found to be 0.99. The Algorithm contains the most common 8 skin complications. In this study after institutions permissions had received, the researchers sent “The Algorithm (PSCMA)”, “PSCMA User Instructions”, “Nurses Opinions Form for PSCMA” and “Sample Case Photos Form” to nurses in an envelope. The nurses were asked to record the peristomal skin complications using PSCMA for 3 months. Three months later, the nurses were asked to write their evaluations in the “Sample Case Photos Form” which including 16 sample case photos submitted in closed envelope. The nurses who completed their evaluations filled the forms and sent them to the researchers by post.”

Results: “The questionnaires were sent to 28 nurses in the study, 9 nurses responded and their responses were evaluated. Total of 135 complications were identified by nurses during the study period, 51(37.7) of them were peristomal trauma/irritation. Most of nurses had problem with differentiating allergic dermatitis with peristomal trauma/irritation and candida with folliculitis. Almost all nurses reported that they find the PSCMA practical and useful.”

Conclusions: “Validated-reliable tools should be used to assess and manage peristomal skin complications. It is suggested that PSCMA is a practical tool guiding nurses for making clinical decisions and documentation easier.”
[32] EXPERIENCE OF NEGATIVE PRESSURE WOUND THERAPY (NPWT) OVER STERNAL WOUND HEALING: A RETROSPECTIVE REVIEW

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Aim: To retrospectively review the effectiveness of NPWT in sternal wound healing with the use of validated “Bates-Jensen Wound Assessment Tool” (BWAT), explore the role of NPWT over sternal wounds and future treatment pathway

Method: Data was gathered from Clinical Management System. 17 subjects, who had undergone cardiothoracic surgeries consulting wound care team, in 1 year were reviewed. Healing improvement of sternal wounds was studied in 20 continuous NPWT and 12 conventional dressing episodes with BWAT scoring.

Results: Among conventional dressing episodes, sternal wound healing was 2-3% over 1-3.5 weeks, whereas 4-5% healing in 1-2 weeks with sternal wire presence. Better healing as 11% in 1 week by conventional dressing after sternal wire removal. In NPWT episodes, 8-29%, 13-24%, and 15-46% of healing observed in 2-4 weeks, 3-5 weeks and 6-7 weeks respectively. Only 39% healing at the 13th week of NPWT in a subject. With sternal wire presence, 9-29% wound healing was achieved by NPWT in 1.5-4 weeks, and a better 44% healing at 1.5 week by NWPT after further surgical debridement. After sternal wire removal, -3 to 34% healing by NPWT for 1-2 weeks, and maximum healing 46% after NPWT 2.5 weeks observed.

Conclusions: Suboptimal sternal wound healing by NPWT alone was observed. NPWT performs better than conventional dressing alone. Removal of sternal wire may improve the effectiveness of NPWT. Successful tertiary closure after NPWT among subjects supports the important bridging role of NPWT at optimal timing in sternal wounds. Factors causing suboptimal sternal wound healing by NPWT are considered.
INCIDENCE OF PRESSURE INJURY AND NURSE CARE TIME FOR ADULT INTENSIVE CARE: CORRELATION ANALYSIS

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Aim: to analyze the incidence of pressure injury (PI) in the adult intensive care unit (AICU) and to verify its correlation with the average time the nursing staff spends to assist patients in AICU.

Method: This is a correlational, descriptive, retrospective and quantitative study approved by the Research Ethics Committee. Data collection was carried out by consulting AICU databases of the University Hospital in Sao Paulo, Brazil, from January 2010 to December 2014. The data were analyzed using descriptive statistics and the correlation analysis between the incidence of PI and the average time the nursing staff spends to assist patients in AICU was performed using Pearson's correlation coefficient. The results were considered statistically significant when p ≤ 0.05.

Results: The annual average of PI incidence from 2010 to 2014 were, respectively, 12.3%, 11.8%; 12.7%; 11.6%; 5.7%. The average of PI incidence in the last 5 years was 10.83% (SD 2.87). The average time the nursing staff spends to assist patients ranged from 13.8; 15.3; 15.4; 15.1; 15.4 hours. By correlating the incidence of PI with a time of nursing care was obtained a negative and weak correlation and no statistically significant correlations were found (r = -0.17; p = 0.199).

Conclusions: The results of this study have highlighted the incidence of PI has been decreasing gradually and the nursing care time spent with patients did not influence the incidence of PI. The AICU has used PI prevention protocol, which probably, has contributed to reduce the incidence of PI.
[34] INFORMIERTE THERAPIEENTSCHEIDUNG FÜR MENSCHEN MIT CHRONISCHEN WUNDEN

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Aim: Wie muss der Patient/die Patientin mit einer chronischen Wunde informiert werden, dass er/sie frei entscheiden kann, ob zusätzlich zur lokalen Wundbehandlung eine medizinisch therapeutische Intervention oder eine therapeutische Massnahme durchgeführt werden soll oder ob das Ziel nicht kurativ ist und eine palliative Wundbehandlung gemacht wird? Wie sieht die Rolle einer APN / Wundberatung im Rahmen der Therapieentscheidung aus?

Method: Literaturgestützte Arbeit im Rahmen des Master of Science Studienganges zum Thema Ethik

Results:
1. Recht auf informierte Zustimmung
2. Recht auf Festlegung des eigenen Wohls
3. Recht auf die Wahl zwischen möglichen Alternativen
4. Recht auf eine möglichst geringe Einschränkung des Handlungsspielraumes durch die Institution

Rolle der APN nach Hamric, Hanson, Tracy & O’Grady, 2013

Conclusions:
Ad 1.: Informierte Zustimmung – Informierte Ablehnung sind gleichwertig. Den Patienten und dessen Angehörige Zeit lassen für die Entscheidungsfindung
Ad 2.: Wohl für Mediziner und Pflege ist ungleich Wohl für den Patienten
Ad 3.: Informed choice bedeutet auch Ablehnung der Behandlung zu akzeptieren
Ad 4.: Terminwahl, Häufigkeitswahl und Vorsicht vor versteckter Rationierung

Rolle APN: Information, Advocaten-Rolle, Schulungen intra- und interprofessionell
Aim: Isolated limb perfusion with melphalan and TNF-alpha is one of the most effective treatment options for locally advanced soft tissue sarcoma and malignant melanoma of the limbs. In May 2010 we became one of the 46 hospitals that this surgical procedure is being done.

Method: From 2010 to 2017, 96 of these surgical procedures were done in our hospital. Two patients evolved the postoperative complication with compartment syndrome and fascietomy and one more needed amputation of extremity. In both cases we used modern approach to wound care, part of which negative pressure wound therapy with »bridge system« application was applied. Data were collected through observation and review of documents.

Results: Our goal is to present how we treated these complications after fascietomy at two female patients. Patients treatment with open skin and big defect after fascietomy - is a complex process requiring holistic approach. The treatment involved cooperations of surgeons, nurses, wound therapist, clinical dieticians, physiotherapist and pain management team. Both patients were hospitalised during negative pressure wound therapy was applied, but later they learned how to handle with therapy unite in domestic environment and when to call in case of problems at home. In both case chronic wounds were finally healed.

Conclusions: Only the good team cooperation, knowledge and experience of all members of the team can achieve good results, and wound healing, and improve the quality of life of the patient in hospital and at home. This partnership is based on good communication, empathy, trust and respect.
SUPERIORITY RANDOMISED CROSS-OVER CLINICAL TRIAL: NEGATIVE PRESSURE WOUND THERAPY + CALCIUMPOLYURONATE* INTERFACE VS NEGATIVE PRESSURE WOUND THERAPY

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Aim: The study aim was to demonstrate that pain and bleeding are less at the Negative Pressure Wound Therapy (NPWT) removal using calcium polyuronate dressings (A) as interface between the foam of the NPWT and the patient wound, that safety is better with A and that there is no obstacle to the aspiration of the exudate with A.

Method: Adult patients with surgical wound undergoing NPWT for 7 days were included and treated with NPWT foam + A during 48 hours followed by foam alone during 48h, or vice-versa according to randomisation. The main evaluation criterion was pain assessed by the patient on a visual analog scale of 0 to 100 mm. The secondary criteria were the amount of bleeding, the occurrence of adverse events (AE) and the volume of exudate collected in the NPWT canister after 48 hours of aspiration.

Results: 31 patients were analysed. Pain upon removal was significantly lower when A was used: 15.2 mm ± 18.6 versus 38.5 ± 27.8 for foam alone (p<0.001). Bleedings were significantly lower with A (p=0.02). No AE was reported with A vs 2 events that were likely due to NPWT (heavy bleeding, maceration). The volume of exudate collected in the canister was similar in the 2 groups.

Conclusions: This trial demonstrates that the use of A as interface significantly reduces pain and bleeding upon NPWT removal, and this, with no AE. The study also demonstrates that A is not a barrier to exudate drainage. *ALGOSTERIL*
Due to increasing workloads of stoma nurses, the focus is often on the practicalities of living with a stoma with the effect that the potential emotional impact is often overlooked. This research was carried out in the UK and Ireland to capture the impact of a stoma on an individuals' quality of life within the region.

Advertisements were placed in press and online (in the UK and Ireland) for ostomates to assist with research. All respondents liaised directly with the Clinical Research Team and upon agreement, received a lifestyle questionnaire to complete. The questionnaire was carefully designed to capture both: day-to-day stoma related issues and the psychological impact on individuals who have undergone stoma formation surgery.

In total 547 questionnaires were returned equating to a return rate of >90 %. Participants ranged from 18-92 years old with post op times ranging from <1 year to over 30 years. Whilst some respondents describing life since surgery chose positive descriptors like: better, healthier, happy and free; the vast majority (irrespective of reason for surgery) reported some negative feelings with the predominant words: restricted, embarrassing, difficult and inconvenient.

This research has shown that the psychological impact of a stoma on an individual is difficult to predict with indications that factors like: diagnosis, stoma type, gender and age all affect outcome. It is the intent of the author to extend this research internationally to help inform decisions regarding best practice for pre and post-op education ultimately leading to improved quality of life for ostomates.
COUNSELLING SUPPORT FOR OSTOMY PATIENTS

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Aim: Research has shown that approximately 25% of people who have stoma operations experience serious problems with anxiety, depression and other negative emotions at some point during the year following their stoma surgery (White, 1997).

Whilst many of these issues can be dealt with by the support of the stoma care nurse, there are times when more in depth counselling support is required. There are many general counselling services available, however, following these sessions, patients have often reported that the counsellor just didn’t understand what it was like to have a stoma.

Method: A telephone counselling service provided by counsellors who understand what it is like to live with a stoma has been launched. The aim is to offer support and empathy to help each person deal with the negative thoughts and feelings they have, so they can lead a fulfilling life.

Each patient referred to the counselling service will be assessed and if suitable sent a code of practice and consent form. The patient’s GP and Stoma Nurse will be informed and will receive feedback following the sessions to support on-going stoma care.

Results: A satisfaction survey undertaken shows the positive effects this service has had on people’s lives and a selection of short case studies will be discussed to highlight this.

Conclusions: We will continue to review the value of this service, ensuring it develops in line with best practice guidelines.
**[39] EVALUATION OF STOMA COMPLICATIONS OF OSTOMATES IN OUTPATIENT STOMA CLINIC**

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**Aim:** Evaluation of stoma complications of Ostomies under the Outpatient Stoma Clinic care. Importance of the Ostomy Nurse in patients' preparation for self-care.

**Method:** Evaluation of anonymous questionnaire. The study included 60 Patients of the Outpatient Stoma Clinic located in Poznan.

**Results:** 86% of Patients had stoma due to cancer. Most of them had stoma less than 5 years (70%). It was very good to find that 98% have had all information given by Nurse during hospital care. Nevertheless, most of them had some stoma or peristomal complication. Most often it was peristomal hernia (40%), retraction (7%), bleeding (7%) and stenosis (7%). Peristomal skin lesions during their life with stoma have had 68% of patients. Assessed group of patients had also problems with the stoma care. More than half (59%) had problems with leaking bags, while 32% had problems handling and replacing the ostomy bags, and 23% needed help in the selection of the ostomy appliance.

**Conclusions:** Preparation of the patient to live with a stoma is a long process. Patient, on average spend in hospital seven days. The clear majority of respondents, still feel the need of professional medical advice and psychological support after living hospital. The stoma nurse helps patients to adapt to new live with stoma bag and care of the stoma itself. This was clearly shown in questioner filled in by patients.
PREVALENCE AND ASSOCIATED FACTORS OF STOMA AND PERISTOMAL COMPLICATIONS IN ADULTS IN SAO PAULO, BRAZIL

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Aim: to identify and analyze the prevalence and associated factors of stoma and peristomal complications in adults attended in a Specialized Care Service in Sao Paulo, Brazil.

Method: This is an observational and cross-sectional survey, approved by the Research Ethics Committee. Data were extracted from records of the patients attended in the institution from 2010 to 2014. The data were analyzed using Fisher exact test, Student's t test, Wilcoxon-Mann-Whitney test, and regression logistic (forward stepwise).

Results: The sample of this study consisted of 1564 patients, mean age 68 years old (SD=15.3), equally distributed according to the gender. The sample consisted predominantly of colostomy (70.5%) patient and with colorectal cancer (56.6%). Prevalence of total complications was 66.4% (1039/1564), 27.7% and 38.7% respectively for the stoma and peristomal complications. Peristomal dermatitis (606/38.7%), retraction (152/9.7%) and parastomal hernia (113/7.2%) predominated. Regression logistic showed the women present 35.9% (p=0.019) more chances to develop stoma complications compared to men; people who have stopped to smoke present 83.1% (p=0.007) more chances to develop complication compared to smoking people; and post-operative guidance appeared to be a protective factor, reducing the chances for stoma complications occurrence (61.9%; p=0.001). Self-care have also reduced the chances for the occurrence of peristomal skin complications (49.2%; p<0.001).

Conclusions: The stoma and peristomal complications prevalence in outpatients are similar to some international studies and confirm the need for specialized support since the pre-operative in order to minimize such complications preventing a major negative impact on their quality of life.
Aim: The symptom load and individual symptoms before and after repair of parastomal hernia (PH) were investigated.

Method: Stoma-related symptoms were prospectively recorded before repair of a PH, 10 days and six months postoperatively. Leakage, skin problems, difficulty with the appliance, limitation of activity, difficulty with clothing, cosmetic complaints, social restriction, erratic action of the stoma, a bearing-down sensation at the stoma site and pain. Patients were seen at one, two and three years and were examined for recurrent PH.

Results: Of 131 consecutive patients referred to a specialised centre for treatment of parastomal bulging, 61 underwent PH repair. Forty-eight patients were treated with the Sugarbaker technique. Six different symptoms were present in more than half the patients before surgery. The overall symptom load decreased significantly from median of 4 (IQR 2.5-6) preoperatively to 2 (IQR1-3) on postoperative day 10 and 1 (IQR 0-2) at six months, P < 0.001. The number of symptoms decreased in 93% of patients, in 5% there was no change and in 2%, symptoms increased. Skin problems and leakage were the only symptoms that were not significantly reduced. The overall recurrence rate of herniation was 5/48 (10%) at a median of 12 (IQR 6-24) months.

Conclusions: The preoperative symptom load was high and this fell after repair in over 90% of patients. Recurrence occurred in 10% of patients within two years of repair. The study emphasises the importance of detailed knowledge of the symptoms of parastomal hernia when addressing and managing patients’ problems and complaints.
[42] NON INFERIORITY RANDOMIZED CLINICAL STUDY: CALCIUM POLYURONATE* VS NEGATIVE PRESSURE WOUND THERAPY

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11 Roger Salengro Hospital, Lille, France
12 Cavale Blanche Hospital, Brest, France
13 Marseille Nord Hospital, Marseille, France
14 Jean Minjoz Hospital, Besançon, France
15 Angers Hospital, Angers, France
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Aim: The study aim was to compare calcium polyuronate dressings and negative pressure wound therapy (NPWT) in the healing of surgical excisions.

Method: 95 adult patients with surgical excision were treated with calcium polyuronate dressings or NPWT. The main criterion was the time between the excision and the formation of a granulation tissue allowing a graft (GTG) (non-inferiority margin = 4 days). The secondary criteria were adverse events (AE) and the cost of healthcare.

Results: Patients’ characteristics were similar upon inclusion. GTG was obtained after 19.98 days ± 7.76 with calcium polyuronate dressings versus 20.54 days ± 10.03 with NPWT (difference: -0.56 ± 1.84 d; CI 95%: [-4.22; 3.10]). No AE occurred in the group calcium polyuronate dressings vs 13 AE in the group NPWT: hemorrhages, infection, pain...The cost of healthcare was less 1460€ per patient in the calcium polyuronate dressings group.

Conclusions: This study demonstrates that calcium polyuronate dressings allows the realization of a split-skin graft within the same lead time as NPWT, without any AE and with a lower cost of healthcare.

*ALGOSTERIL®
Prevalence of Pressure Injury in Adult Intensive Care Unit in Sao Paulo, Brazil

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Aim: to identify and analyze the prevalence and associated factors of pressure injury (PI) of patients in an Adult Intensive Care Unit (AICU) in Sao Paulo, Brazil.

Method: This is a descriptive, retrospective and quantitative study approved by the Research Ethics Committee. Data were extracted from records of the patients who were admitted to the AICU in 2014. The data were analyzed using descriptive statistics. The associations of PI prevalence with demographic and clinical variables were analyzed using Pearson Chi-Square test for categorical variables and the Student’s t test for numerical variables. The results were considered statistically significant when p ≤ 0.05.

Results: The sample of this study consisted of 756 patients, mean age 61.2 years old (SD 17.5), with predominance of male (434; 57.4%). Among the participants, 162 (21.4%) died and 407 (53.8%) were discharged from AICU to the semi-intensive unit. The average of length of stay in ICU was 4.2 (SD 4.5). In total, 63 patients had PI, resulting in a global prevalence coefficient of 8.3%. The mean score of the Braden Scale was 11.4 (SD 3.7), indicating a high risk for the development of PI. The main associated factors for PI were length of stay in the ICU (p<0.001); risk classification by Braden scale (p=0.04) and type of discharged (p = 0.01).

Conclusions: This study was related to the epidemiology of PI in critical patients. The found results can facilitate the planning of specific preventive care for these patients.
MANAGEMENT OF WOUND WITH MEDICAL DEVICE APPLICATION RESULTING ARM PRESSURE: CASE REPORT

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Aim:” The pressure applied on the wound by the plaster may delay the wound healing by creating necrosis. In this case, we aimed to emphasize that some medical treatment applications may lead to different complications, and be presented by the management of the pressure injury resulting from the medical device application.”

Method:” Case-report”

Results: “A ninety-four-years-old female patient was admitted to the emergency department due to falls at home. The examinations were found to be broken on the arm. Before the surgery, the wound on the arm was expected to heal. In this process, arm gypsum was taken. After three weeks of casting, he was put on the bench.

Wound care: She was seen two weeks after the operation. Dry necrotic 4x2x1 cm wound was detected on the necrosis. Necrosis was debrided with a general surgeon. The inside of the wound was cleaned with wound cleaning solution (polyhexanite and povidone-iodine), and barrier cream containing zinc was applied to protect the wound periphery from the maceration and accelerate epithelization. Silver alginate silver was placed and the dressing was closed. Prior wound dressing was done every two days, then dressing interval was extended according to exudate condition. Granulation was formed and the wound was covered with epithelium.”

Conclusions:” There may be some complications in therapeutic medical device applications. Acute injuries can be treated shortly before they become chronic. The pressure applied to the wound, even for therapeutic purposes, delays wound healing.”
Aim: It is my wish to share our experience within neighbouring countries. We would like to thank all our colleagues from section Slovenia ET on accepting us into their program of education. Today Croatia has three ET and we are ready to expand the level of care for our patients on a completely new level. Every beginning is difficult, and it’s not easy to be a pioneer in any segment of work or life. My aim is to encourage them in their way by showing our model.

Method: Model I personally applied in Croatia is taken by other smaller hospitals as guidelines of better quality care for a patient. It is our vision that we want to have educated ET in Croatia and apply it in current health care system.

Results: ET nurses have been recognised and implemented in regular health care system Republic of Croatia. We are creating first algorithms and work standards in the area of ET therapy in accordance to real challenges of everyday work. We are building better and more efficient connection of hospital and outpatient care.

Conclusions: My aim is to encourage neighbouring countries in their way by showing our model. No goal is impossible if there is passion, love and persistence.
Aim:” Peristomal skin damage represents a major complication for ostomy patients both immediately after surgery and long term. Manuka honey from New Zealand is well known for its antibacterial and antimicrobial properties due to the high concentration of Methylglyoxal. The study aim was to verify improvements in skin condition with the use of pouches with Manuka honey incorporated into the Hydrocolloid Flange compared to participant’s usual pouches and the effect on Quality Of Life (QOL).”

Method:” The observational examination of pouches with Manuka honey incorporated into the Hydrocolloid Flange was executed in 21 different Italian Stoma Centres, from May 1st until December 15th, 2015. Participants at the study enrollment were informed about their involvement and their clinical condition, usual pouch’s features and their QOL were assessed. After 2 weeks, they were visited again for their clinical condition and QOL perception to be re-assessed. Patients involved had skin problems (dermatitis, skin inflammation/irritation) in the peristomal skin, without recessed or retracted stomas or parastomal hernias”

Results: “67.8% said that their overall condition was higher than it was before the trial began. Out of the 5% that said their condition had become worse, 6.3% said that their skin condition had improved, 37.5% said that the flange was either comfortable or very comfortable against their skin and 40% reported an overall increase in their QOL score.”

Conclusions:” The evidence of this study supports our hypothesis that Manuka honey is effective in the treatment of peristomal skin damage and may help to promote healthy skin.”
Aim:
- Development of systematic methodology on self-care educational-learning process.

Method:
- Diagnosis:
  - Absence of an objective methodology that ensures sufficient learning skills to achieve independent self-care to the person with intestinal ostomy.

- Planning:
  - Specific work group.
  - Brainstorm sessions
    - Affinity diagrams
    - Pareto chart of priorities
    - Definition of both nursing (52) and hospitalized person (32) skills
      - Knowledge ...
      - Training ...
      - Recognition ...
  - Design of a program for nursing practice continuous improvement.
  - Training actions.
  - ICNP language implementation.
  - Nursing practice on a person’s “Hygge” life coaching system.

- Implementation:
  - Teaching plans
  - Learning outcomes
  - Stocks management
  - Nurse philosophy: Henderson, Orem and Melees philosophy.

Results:
- Indicators:
  - Nursing compliance practice promoter of independence self-care towards person with intestinal stoma and informal caregiver in the hospital environment.
  - Level of independence self-care from person with intestinal stoma and informal caregiver in the hospital environment.

- Initial diagnosis:
  - Reduced evidence of nurse teaching skills.
  - Poor nurse harnessing of pedagogical opportunities.
  - Scanty evidence of nurse educational competencies of self-care.
  - Discrete seizing of pedagogical opportunities by hospitalized person.

- Audits reveal:
  - Increased evidence of nursing skills
  - Good harnessing of educational opportunities.
- Increased evidence of self-care skills and educational opportunities
- Efficient transition hospital - home.
- Peristomal skin complications reduction.
- Professional and patients’ satisfaction.

**Conclusions:**
- Turning point to nursing practice
  - From total substitution system to a support and educational one.
[48] BERATUNG UND ANLEITUNG BEI THERAPIE- UND KRANKHEITSASSOZIIERTEN NEBENWIRKUNGEN UND KOMPLIKATIONEN UNTER MEDIKAMENTÖSER TUMORTHERAPIE

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Aim: Mögliche gastrointestinale Nebenwirkungen unter medikamentöser Tumortherapie sind in die Beratung und Anleitung der Stoma-Betroffenen einzubeziehen, um die Patienten dabei zu unterstützen die Therapie nicht vorzeitig abzubrechen.

Die Nebenwirkungen werden praxisbezogen dargestellt. Der Bedarf an Beratung und Schulung der Betroffenen sowie des multiprofessionellen Teams wird betrachtet, sowie mögliche pflegerische Lösungen bei Komplikationen oder Versorgungsschwierigkeiten aufgezeigt.

Method: Mit diesem Vortrag wird mittels Literaturrecherche das Phänomen erarbeitete und skizziert. Es sollen die möglichen Maßnahmen und Beratungsoptionen auftretender Störungen und Nebenwirkungen am Gastrointestinal Trakt aufgezeigt werden, um für die Beratung der Stomaträger eine adäquate Beratung, Schulung und Versorgung sicherstellen zu können.


[49] CHALLENGES IN PREOPERATIVE FECAL AND URINARY STOMA SITE MARKING

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The aim of this presentation is to explore stoma site marking when the abdominal contours or situations exist that make site selection and marking more difficult.

Preoperatively selecting and marking an optimal site for a fecal or urinary stoma has been identified as a ‘best practice’ for a number of years. Research has shown that there are fewer complications when a stoma site has been carefully selected before the surgery. This function is often included in the role of the stoma care nurse in hospitals that employ stoma care nurses. Site selection and marking is often part of a preoperative meeting between the patient and the stoma care nurse.

Standard stoma site selection must correlate with planned surgical procedures, placing the stoma within the rectus muscle. Other factors to consider in selecting the optimal stoma site that include selecting a site that is not in the beltline, close to a scar from previous surgery or under a skin fold. Very importantly, the site must be located so that the patient can see it and reach it to perform care.

Challenges in stoma site selection include: abdomens with sagging wrinkled skin, multiple folds, several scars, non-palpable rectus muscle due to extreme obesity, and extreme distention from bowel obstruction. Other considerations include selecting sites for someone who is wheelchair-bound, has scoliosis, wears a brace or requires special clothing or equipment about the abdomen. Considerations for patients with strict requirements for religious observance (e.g. Muslim) are discussed.
BIOAKTIVITÄT IN DER STOMAPFLEGE

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Aim: „Mein Ziel war es herauszufinden, ob ein biologisches Produkt in der Stomapflege einen Nutzen bringen kann.”

Method:”Meine Methode war eine Recherche “

Results: „Als Ergebnis kann ich anführen, das mehrere Studien einer Technischen Universität die antibakterielle Wirkung des neuseeländischen Honigs bestätigten.”

Conclusions:” Der Neuseeländische Honig kann die Wundheilung in der Stomatherapie beeinflussen und die Epithelisierung begünstigen.”
Aim: To collate an extensive review of patient feedback following the recent introduction of a range of stoma pouches where Manuka honey has been added to the flange.

Method: A postal survey was devised and a large group of patients who had routinely been using one of the new products for a period of six months or more were invited to respond. The survey was designed to capture feedback against six key categories:

- Skin condition pre-use and post-use of the new product
- Ease of product application
- Comfort of the product in situ
- Security of the product in situ
- Ease of product removal
- To establish whether patients felt that the addition of Manuka honey in the flange was beneficial

Results: The study responses to the six key categories listed will be presented using two models:

1. Product type - used by each ostomate patient group
2. Ostomate patient group – representing the full range of products used

Conclusions: This extensive cohort has provided significant patient experiential evidence which supports the inclusion of Manuka honey within the hydrocolloid flange. The patient satisfaction levels collated across the six key categories establishes how patients value the introduction of the Manuka honey. The study cohort shows how the three patient groups of ostomates have found a product from the range to suit their lifestyle and enhance their quality of life.

I would like to thank all of the survey respondents for their support with this study.
Aim:” To study effectiveness of treatment of PPG in patients with IBD.”

Method:” 10 patients with PPG were observed. 2 patients had PPG in combination with pyoderma gangrenosum on the legs and perineum. 4 patients had Crohn disease and 6 patients had Ulcerative colitis, among them 6 women and 4 men at the age of 21-37. In 6 patients pyoderma gangrenosum developed in the peristomal area of the end ileostomy, in 4 patients in the peristomal area of the loop ileostomy in the period from 32 days to 7 years after surgery for IBD.”

Results: “Local treatment (topical steroid or imunosuppression therapy, alginate and hydrofiber Ag dressings) was successful in 2 patients. 8 patients required combination of local and systemic therapy (1 patient had infliximab, 7 patients had glucocorticosteroids). Time of treatment varied from 1,5 to 5 months.
One patient with extensive PPG lesion was treated with NPWT bandage, stoma reversal was performed, and subsequently skin grafts were carried out.”

Conclusions:” Ulcerative colitis and Crohn disease have a similar incidence (1,5-5%) of pyoderma gangrenosum, which may occur before, after or along with the disease. Potential risk factors affecting peristomal pyoderma gangrenosum (PPG) prognoses are not well studied, but early diagnosing and treatment contribute to the healing of PPG.
All patients with the suspicion of PPG require accurate and frequent observation for final diagnosing and choosing the right treatment.
Multidisciplinary approach combining local wound treatment and systemic therapy may be recommended for PPG management.”

[52] PERISTOMAL PYODERMA GANGRENOsum IN PATIENTS WITH IBD

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[53] THE DEVELOPMENT OF A NURSE LED CRYOTHERAPY SERVICE.

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**Aim:** Developing and implementing new services for stoma patients which are not only innovative and cost-effective, but also demonstrate a seamless continuity in services are highly sought after. In the authors country the treatment for a granuloma has been validated and accredited by the Royal College of Nursing following guidelines developed by the Wessex stoma nurses in 2010. This well recognised pathway has been used effectively by stoma nurses nationally. (Dukes et al, 2010)

**Method:** However, it was identified by the authors that there was a skills gap within the stoma nurses remit in having the competency to carry out the final stage of the treatment guidelines when using liquid nitrogen.Delaying the treatment pathway whilst waiting for a dermatologist to assess and treat the patient was time consuming and disruptive for patients. Therefore the authors worked collaboratively with their hospital Trust to develop a nurse led Cryotherapy service.

**Results:** The stoma nurses undertook training to develop competency in delivering liquid nitrogen therapy, whilst considering health and safety compliance and competence. Since commencing 10 patients have been successfully treated by the nurse team.

**Conclusions:** This presentation will highlight the journey and systematic approach used to ensure that correct procedures were used to develop the cryotherapy skills required for use on stoma patients, and will demonstrate how compliance with governance in protocol development was achieved. The nurse led cryotherapy service is an exciting new asset to compliment the Stoma team and enhances the patient’s needs.
[54] A CASE STUDY DEPICTING COLLABORATIVE WORKING AND MANAGEMENT OF A HIGH OUTPUT STOMA WITHIN A COMPLEX WOUND

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Aim: The aim of this case study is to share how innovative care and collaborative team working in complex wound and stoma management can transform patient expectation and well-being.

Method: The negative psychological impact for patients undergoing emergency surgery and waking with a stoma is well documented. This case study will give an overview of a patient after emergency surgery and formation of an ileostomy developing total peristomal Eschar requiring debridement by the Tissue Viability Nurse (TVN) and isolation of the stoma within the wound bed by the Stoma Care Nurse (SCN). The resulting management of a highly exuding wound, high output ileostomy, psychological impact on the patient and transition from acute to community care will be shared.

Results: Applying negative pressure therapy to abdominal wounds is well documented, however when the wound and the stoma are integrated this is challenging. The patient commented ‘I will never get home, none of the dressings work’. Assessment of mobility, pain on dressing change and cognitive ability of the patient were imperative regarding the discharge process with negative pressure incorporating isolation of the stoma. The SCN’s isolated the stoma and a care plan developed. Excellent communication and teaching skills were required to ensure the community nurses were confident, facilitating discharge after a lengthy hospital stay.

Conclusions: Management of a highly exuding wound, a high output stoma in an anatomically challenging position and a traumatized patient, require innovation and team work which can lead to a positive transformation in the patients’ expectations.
**[55] ENTEROCUTANEOUS FISTULA (ECF)**

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**Aim:** Enterocutaneous fistula (ECF) is an unusual communication between the bowel lumen & skin. It can occur spontaneously in patients with cancer, ischemic bowel, or perforated ulcer disease. However, most ECFs develop postoperatively when stool begins leaking from an anastomosis or unintended enterotomy. The consequences of an ECF depend on the site of the fistula within the bowel and the volume of stool that is leaking through it.

**Method:** Although management of all ECFs is usually based on the same principles regardless of the cause, this article focuses on management of postoperative ECFs.

**Conclusions:** The management of an ECF includes control of fistula output with metabolic and nutritional support. Timing of definitive repair is key to its success. Early surgery should be avoided unless it is to control sepsis. Definitive repair involves resection of fistula with the diseased segment of bowel and anastomosis and should not be attempted for at least 6 months after fistula onset. Multispecialty care in a tertiary institution results in good outcomes with low morbidity.
Aim: Skin integrity is crucial for good quality stoma care and patients’ quality of life. In reality skin complications are common and will affect 30-60% of stoma patients (Birch 2008). The need for high quality stoma care assessment and treatment plan is vital in presence of a skin complication.

Method: The purpose of this study is to discuss the challenges of Dermatitis Artefacta (DA). DA is a condition where lesion appear on the skin, caused by the patient, but the patient denies self-harmed. It is rare dermatological disorder, but it can often be difficult to diagnose and poorly understood by health professionals. I will demonstrate how a stoma patient with DA was managed and how this experienced has increased the knowledge / understanding of this disorder.

Results: A case study will be used to highlight the patient's journey through the stoma care pathway and delivery of care. It will demonstrate both physical and psychological challenges experienced by the hospital and community teams, when caring for an individual with DA - indicating the importance of a team approach and collaboration in stoma management.

Conclusions: The management of a patient with DA is extremely challenging and multifaceted. There is very little evidence of DA in relation to stoma care and treatment varied. These patients can have significant impact on the stoma care service, due to their need for attention and complicated stoma issues. A clear strategy of stoma management is required to supervise and support both the patient's physical and emotional issues.
[57] IF I HAD ONLY KNOWN! - SHORT FILMS TO ANSWER QUESTIONS FROM THE PATIENT WITH A NEW STOMA

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\textbf{Aim:} To meet political demands, patient involvement and the modern patients’ demand for information, the aim of the study is to provide future patients with information and opportunity to find answers to common questions related to everyday life with a stoma in an easy and accessible way

\textbf{Method:} Inspired by participatory design, stomacare nurses and patient representatives described the challenges clinical and in everyday life. Private collaborators asked about the outlined issues. The work describing life with at stoma included several interview meetings but also practical meetings: showing ostomy appliance and changing an appliance

\textbf{Results:} The project resulted in a line of short films given the heading: "If I had only known....!"

Subheadings identified:

- The beginning
- Reactions
- Self-perception
- An active life
- Sexuality
- Diet - Food and drinks
- Travelling
- Going out – smells and sounds

The persons acting in the short films are “real” people with at stoma. The short films are supposed to be accessible via the department’s website

\textbf{Conclusions:} This new initiative provides answers to questions regarding life with a stoma. Patients, relatives, health professionals and others can easily get access to the information needed, whenever it is needed. In addition, the short films prepare people who are about to have a stoma, which might mean fewer consultations in the ostomy clinic. It hasn’t been possible to compare the difference in experiences between patients having had access to the short films with experiences from people with no access. A future project will elucidate the topic.
Aim: As a result of our 100 patient and family quality of life with stoma study we created a weekly nurse led support group.

Method: We invite patients with new stomas and their care givers to a weekly support group held in the surgery department. Using data, we gained from our study we discuss body imagine, smells and how to cope outside of home as well as dealing with skin problems and taking care of the stoma. We encourage patients to venture out into society and not isolate themselves.

Results: - this group has open opportunities to talk among themselves and develop their own support group outside of the hospital. Every group was heterogenic and combined from different culture, age and diseases but they all found common issue to discuss. Multi- cultural groups indigenous in our city, we recognized collaboration and support between ethnic groups.

Conclusions: The ostomized individual, as well as family, need to be prepared by the health team, their role is essential for the acceptance of the ostomy and for a faster recovery. The supply of information and necessary orientations, the interdisciplinary work, among others, are important strategies to be used to help and support these patients. In this workshop we succeeded to build a bridge above cultures, sex and age.
HARNABLEITUNGEN-URINSTOMA: QUALITÄTSMANAGEMENT STOMATHERAPIE-“S3-LEITLINIE HARNBLASENKARZINOM, 2016

Gabriele Gruber

Mitglied der FGSKW e. V. D, Munich, Germany

Aim/Ziel:

Method:
Die S3-Leitlinie wurde mittels Schlüsselwörtern, 17 000 wissenschaftlicher Arbeiten und 320 Evidenztabellen erstellt, um daraus die Empfehlungen, den Expertenkonsens und Statements zu erarbeiten. Die multiprofessionelle Zusammensetzung der Arbeitsgruppen erarbeitete Epidemiologie, Risikofaktoren, Prävention und Früherkennung; TU-Klassifikationen; Diagnostik, Stadieneinteilung; Therapien des nicht-muskelinvasiven und des muskelinvasiven BCa; Harnableitungen; neoadjuvante/adjuvante Therapie und palliative Behandlung, Betreuung bei Harnableitungen; Rehabilitation, Lebensqualität, psychosoziale Aspekte und Palliativmedizin.

Results:
Für die die Stomatherapie und die Patientenberatung und Edukation nach Zystektomie finden Pflegeexperten SKW besonders in den Statements und den Hintergrundtexten evidenzbasierte und wichtige Informationen. So zum Beispiel:
- Aspekte der ärztlichen Aufklärung: Wie kann eine Entscheidungsfindung zu Therapieoptionen zusammen mit Betroffenen stattfinden? Welche Harnableitung kommt nach Zystektomie infrage?
- Wie wird beim präoperativen Gespräch zusammen mit Pflegeexperten die Stomapositionierung vorgenommen? Hier ist die „Handlungsanweisung präoperative Markierung“ der FgSKW e. V. eingeflossen (FgSKW, 2012).
- Welche Beratungsinhalte sind in der Akutklinik, in der Nachsorge nach Entlassung oder in der Rehabilitation wichtig?

Conclusions:
Stomaträger benötigen eine gezielte evidenzbasierte Beratung, Anleitung und situationsabhängige Informationen nach Zystektomie und Harnableitungen. Auch die neue begleitende „Patientenleitlinie Harnblasenkarzinom“ wird vorgestellt.
PARASTOMAL HERNIA PREVENTION. ARE PATIENTS BEING GIVEN THE RIGHT ADVICE?

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Aim: Parastomal hernia prevention is an important consideration for all stoma patients, nurses and surgeons. A UK survey investigated the incidence of medically diagnosed hernias, the effect on the patient and their subsequent quality of life and activity level. The survey also looked at abdominal/core exercises and compliance.

Method: The study was given NHS Ethics Committee approval. Data was collected using Survey Monkey and statistical analysis was completed. There were 2631 responses.

Results: ASCN guidelines in the UK state that patients should engage in appropriate abdominal/core exercises to reduce their risk of parastomal hernia. However, this survey found that 83% of patients were not given this advice by their nurse or surgeon. In addition, 87% of patients did not do any abdominal rehabilitation exercises. When asked ‘why not?’ 70% reported that they didn’t realise it was important. There is also a significant effect on activity levels, with 32% of patients reporting that they become ‘much less active’ once they have a parastomal hernia.

Conclusions: This survey shows that knowledge about appropriate exercises and parastomal hernia prevention is limited in both patients and medical professionals. Advice is often vague and doesn’t appear to be a priority, despite published guidelines. 94% of patients surveyed reported that they would welcome being given advice.
POSTER ABSTRACTS
Aim: The objectives of the study was to identify the prevalence of urinary and fecal incontinence and incontinence-associated dermatitis (IAD) in patients admitted to an intensive care unit (ICU) of a large Brazilian private hospital and to describe the products used for prevention and treatment.

Method: Transversal, descriptive and analytical study, with quantitative analysis approach, approved by the Ethics and Research Committee. The data collection was performed in a single day with adult and elderly patients hospitalized in the ICU, totaling 27 patients.

Results: There was a predominance of males (63%), mean age of 66 years, and 21 patients had white skin. Circulatory diseases were the most prevalent (29.6%) followed by respiratory diseases (22.2%). The prevalence of urinary and fecal incontinence was 11% and 63%, respectively, and 66.5% of the patients were using the bladder catheter. The point prevalence of IAD was 63%. The presence of erythema was found in all patients with IAD, 35.2% presented erosion and 17.6% denudation. The no-rinse skin cleanser was used in 64.5% of the patients with IAD and the protective film of acrylic copolymer in 76.5%.

Conclusions: IAD is a relevant clinical condition and its recognition with adverse events is recent. Further studies are needed to validate this high prevalence considering the effectiveness of preventive measures and the strategies of treatment of IAD.
APPLICATION OF THE IRRIGATION TECHNIQUE IN A COLOSTOMY PATIENT WITH A HISTORY OF CROHN'S DISEASE.

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Aim:

Assess if its use:

- Reduces the healing time of a partial dehiscence.
- It increases the quality of life of the patient, thanks to intestinal continence.
- Reactivates Crohn's disease.

Method:

Patient of 46 years, with Crohn's disease, refractory to pharmacological treatment for 15 years. He presented constant fistulations in the rectum and perineal area, requiring surgical drainage on 3 occasions, using setones for long periods. This triggered a neoformative process that required a perineal amputation, Miles, with colostomy. In the postoperative it presents problems of adhesion of the devices, with constant leakages and partial dehiscence of the peristomal sutures, that severely compromise their quality of life. After consensus with their multidisciplinary team, irrigations were started. They were performed every 2 to 3 days for 1 year, follow-up visits were made by the Stomaterapist and control visits protocolized with the rest of the multidisciplinary team.

Results:

Partial dehiscence was resolved within 7 days after the beginning of irrigation. The peristomal skin recovered its integrity.
At 6 months, the response index of quality of life increased by 86 points, reflecting a large increase in quality of life.
He did not show signs of reactivation of his Crohn's disease.

Conclusions:

In the case presented above it is evident that it is possible to perform irrigations without reactivating Crohn's disease.
It is verified that this technique gives a greater control of the depositional rhythm, it helps to recover and maintain the peristomal skin, thus increasing the quality of life.
Aim:

To establish a collection of a consensus dataset capturing surgical treatment of CRC at multiple public hospitals across Serbia and estimate outcome in patients subjected to surgical treatment.

Method:

The study has encompassed 52 public colorectal surgical units in Serbia and included data on all patients who underwent operative CRC resection from 2010 to 2014. Data were collected independently using a standard questionnaire completed by colorectal surgeons on a yearly basis.

Results:

In the period 2010-2014 a total of 18607 colorectal surgeries was performed, 14740 elective (84%) and 4867 emergency (32%). Distribution of tumor localization and types of surgical procedures were similar during the study period. Trends in treatment have changed, with decrease in polychemiotherapy application and more common use of perioperative treatment.

Conclusions:

Multicenter data collection involving large numbers of patients is achievable in Serbia and a national database for surgical treatment of CRC should be established.
Aim: report the case of a smoking patient with dehiscence of the surgical wound treated with negative pressure therapy

Method: A descriptive study, type case report, carried out in a private hospital in the city of São Paulo for 3 months. Reviews and developments were made through clinical observation and photographic records after informed consent and informed to have been signed by the patient.

Results: Patient J.F.A., 34 years old, female, smoking history and asthma. Admitted in critical care unit with septic shock of cutaneous focus. Patient submitted to cesarean operation on 04/20/2016, evolved with dehiscence and necrosis of the operative wound in the supra pubic region in the 7th cesarean section, remaining with daily home dressings for 35 days. There was worsening of the surgical wound and consequent septic shock. On 05/25/2016 the 1st Negative Pressure Therapy was installed with pressure of -125 mmHg, high intensity and continuous mode. Dressing changes were performed every 5 days during the hospitalization. After 3 dressing changes, the patient was discharged from the therapy every 7 days. After 46 days of the use of TPN performed partial reconstruction of the abdominal wall. Complete healing achieved at 61 days after initiation of therapy and partial reconstruction of the abdominal wall

Conclusions: The use of negative pressure therapy as a coadjuvant in the treatment of operative wound dehiscence in smokers was effective in obtaining wound contraction, odor and oedema reduction, formation of granulation tissue with improved blood supply.
[5] IS HONEY APPLICATION EFFECTIVE IN CHRONIC WOUND HEALING?

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**Aim:** Honey is a medicine used by all ancient civilizations and continues to be used today. Honey is considered one of the oldest known wound dressings. Various wound dressings and topical antiseptics are effective in protecting against chronic wound infections; but, growing antibiotic resistance is becoming a real threat. Honey does not contain microorganisms as it kills microorganisms. One of the most important features of honey is the antibacterial effect. This effect is due to the pH of the honey, the hydrogen peroxide it contains, the osmotic effect and the phytochemical agents present in its content. Therefore, in the current review, the efficacy of honey was assessed in chronic wounds.”

**Method:** A literature search was done the following databases: MEDLINE, Cumulative Index to Nursing and Allied Health Literature (CINAHL), Embase, and the Cochrane Central Register of Controlled Trials and COCHRANE using 'topical honey', 'chronic wounds' as key words. Publications on honey and wound healing have been reviewed since 2010.”

**Results:** “This review showed that honey dressing is safe for chronic wound healing, but there is no data to prove the effectiveness of honey in chronic wounds.”

**Conclusions:** The healing properties of honey in wounds are due to antibacterial activity, protection of a moist wound condition and high viscosity to help maintain a protective barrier to prevent infection. Although honey is used in ancient times, today, it is now seen as a new concept in the treatment of chronic wounds.”
Aim:” To carry out a cultural adaptation of the Pieper-Zulkowski Pressure Ulcer Knowledge Test (PZ-PUKT) instrument to be used in Brazil and to explore aspects of its psychometric properties in the Brazilian context.”

Method:” A three stage methodological process was followed: translation, cross-cultural verification/adaption and verification of key aspects of psychometric performance. The PZ-PUKT instrument is a 72-item knowledge test including ulcer classification (25 items), description of the wound (27 items) and risk assessment and prevention (20 items). Response options are “true”, “false” and “I do not know”. There were two key phases of the study (1) cultural adaptation process involved translation of the instrument from English into Brazilian Portuguese followed by back-translation into English and an equivalence assessment between versions of the instrument by a committee of specialists; (2) pre-testing of the instrument with registered nurses from a public university hospital in the state of Sao Paulo.”

Results: “The translated instrument showed excellent face and content validity according to the views of the specialist panel. Cronbach’s alpha coefficient for the total score was above 0.70 suggesting good internal consistency of the items within the pre-testing population for the sample studied.”

Conclusions:” The validated Portuguese version of the PZ-PUKT can be used on intervention studies as an instrument to measure the dependent variable: The nurse’s knowledge about pressure lesion / pressure ulcer”

[6] TRANSLATION AND CULTURAL ADAPTATION OF THE PIEPER-ZULKOWSKI PRESSURE ULCER KNOWLEDGE TEST INSTRUMENT TO BRAZIL

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Investigation of Pressure Ulcer Prevalence in Patients of an Emergency Hospital in Brazil During and Post Hospitalization

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Aim: “To identify the risk and prevalence of pressure ulcer (PU) during and post hospitalization.”

Method: “In phase one, all adult and elderly patients hospitalized in the Emergency hospital were evaluated to screen their risk for PU using Braden’s scale and the PU classified according to the NPUAP/EPUAP guidelines. In the second phase, a follow-up of the discharged patients was done by interviewing them by telephone and on their homes. The same procedures of phase one were used. Ethical approval was obtained.”

Results: “In the first stage, the assessment of 87 patients, identified that 57 patients were vulnerable to PU. Thirty-four patients had PU (prevalence of 39%). Patients with PU had lower scores on Braden scale (mean 12.4) than patients without PU (mean 17.66) and differences were significant (p<0.05). In the second phase, 23 patients were available to participate. Twelve were on risk of PU, five still had ulcers (prevalence of 21.74%). Comparing data related to risk for PU for the 23 patients, at hospital the average score on Braden scale was 14.35 (SD 2.42) and post hospitalization 18.3 (SD 3.27 ). During hospitalization those patients had 27 ulcers mainly on heels (33.33%). Most of ulcers (62.96%) were on stage II. At home the number of ulcers was 8 and 50% on sacral region. Stage II and III were the most common.”

Conclusions: “Patients with PU had lower scores on Braden scale than patients without PU. Many ulcers identified during hospitalization healed in the period post hospitalization.”
Aim: In colorectal cancer surgery, surgical site infection is a common complication, and especially, perineal wound complications after abdominoperineal resection (APR) remain to be serious clinical problems. The aim of this case study was to investigate the role of incisional negative pressure wound therapy in perineal wound healing after APR.

Method: We treated with Incisional Negative Pressure Wound Therapy one patient underwent surgical intervention for abdomino-perineal resection for rectal cancer. After surgery was observed a SSI of perineal wound treated, in the first time, with advanced dressings. No organ was exposed through the open perineal wound.

Results: One month after surgery perineal wound was re-sutured and treated with Incisional Negative Pressure Wound Therapy to prevent another dehiscence and to promote healing. Pressure setting was \(-125\) mmHg with continuous suction. Perineal wound was treated with Incisional NPWT for one month, with weekly change of the foam. Infection did not happen and the wound is healed.

Conclusions: Negative Pressure Wound Therapy could be an effective instrument for a fast healing with both solutions, with a foam inside the wound (classic method), or with incision management system.
Aim Patients with problematic wounds constitute a significant workload burden for healthcare organizations. The aim of the study was to assess the positioning risk index of Negative Pressure Wound Therapy for people with chronic and acute wounds, with a creation of an evaluation tool.

Method: It was created an appropriate risk assessment form to fill after the evaluation of each patient and after each week of treatment with Negative Pressure Wound Therapy. The pilot study was conducted in the Wound Care Centre of Local Health Authority Toscana Centro “San Giuseppe” Hospital, Empoli, Italy, on a sample of 20 people in the time period from December 2015 to March 2016.

Results: Of the 20 people evaluated, 19 (95%) have been found fit to start treatment with Negative Pressure Wound Therapy. 17 people (85%) completed the treatment reaching the goals, while the other 2 people (10%) had to stop therapy (because of inadequate or lack of compliance by the patients or family members). Only one person (5%) is not considered suitable for treatment.

Conclusions: The instrument seems able to guarantee an optimal evaluation for the patient in treatment with Negative Pressure Wound Therapy. As this is a pilot study requires a larger sample for the validation of the instrument.
Aim: ”The current study was done in order to determine life experiences, feelings and perceptions of patients with ileostomy, which is a type of stoma.”

Method: ”The study, which was qualitative design, was conducted with 14 patients who presented to Stomatherapy Unit of the Balcalı Hospital of Çukurova University between the 15th of March and the 15th of June, 2015 and had permanent ileostomy. Personal data were recorded in data collection form. In the study which was done with in-depth interview method; answers given to the questions/themes about life experiences, feelings and perceptions of patients with ileostomy were tape-recorded. The data were assessed with basic content analyses.

Results: It was detected that patients with ileostomy had leakage, leakage-fears affected their sleep patterns and clothes selection and their social lives were restricted. Mood and perceptions of the patients were negative in the beginning stages. However; there were those who felt that having ileostomy was a burden to continue life and those who perceived ileostomy positively. Also, it was seen that sharing information with patients with ileostomy and receiving social and professional support affected their emotions and feelings positively.

Conclusions: It was explored that patients with ileostomy were disturbed by leakages, could not sleep and had problems in selecting clothes due to leakages most. In addition, it was noted that the patients needed time to get used to this life style.
Aim: Our aim is to share experience in care of specific group of female patients with stoma. We meet the challenge of stoma surgery in increasingly younger age due to increasing prevalence of IBD (Inflammatory Bowel Disease) and genetic disorders. Thanks to good ostomy care, appropriate ostomy appliances and regular follow-up it is not a problem to integrate young stoma patients back to life. Partnership and possibility of starting a family are very little researched topics.

Method: We would like to demonstrate three cases which prove that very complicated situations in life of mothers – ostomy patients could be managed very well. The first case report is a retrospective look back at our very first patient and challenges arising from the little experience with pregnancy and stoma. The following case report shows our experience with similar situations in the present. The last case report describes ostomy patient – mother with abdominal catastrophe leading to premature birth artificially. Patients were in regular care of ostomy clinic of the University Hospital in Brno. Their overall health condition and stoma condition were regularly documented and checked due to physical changes.

Results: This process resulted in gaining experience in caring for this group of female patients with stoma and enhancing multidisciplinary collaboration.

Conclusions: Thanks to many years of experience in the care of mothers with stoma our clinic is able to provide professional care, guidance and education in this field. Maternity with the stoma may continue to be a natural part of a woman's life.
Aim:
The aim of my work is to care on ostomy where the space is limited – close to surgical wound, defects, abdominal surface.

Method: The casuistries show our step-by-step process of caring of such ostomy patients. The result is to demonstrate that thanks to modern, innovative medical ostomy devices is possible to provide patients with care of high quality.

Results: The result is to demonstrate that thanks to modern, innovative medical ostomy devices is possible to provide patients with care of high quality.

Conclusions: Pictures demonstrate our methods we used and results of quality ostomy care with provide our patients with.
The medical simulation training centre was opened on the base of one of the biggest Moscow hospitals in October 2015.

**Aim:** The aim of the training centre is to provide medical specialists with up-to-date knowledge and practical skills that will enable them to improve quality of care provided to patients and reduce the rate of medical errors.

**Method:** One of the training modules is devoted to stoma care because the awareness of the need of professional care has grown. The module is designed for nurses from non-specialized surgery departments of hospitals and hospices as well as home care nurses., i.e. for nurses who from time to time have to support patients with a stoma but lack practical knowledge and stoma care skills.

The training comprises 8 theoretical and practical hours and includes basic knowledge and skills of normal stoma care, managing of complications and peristomal skin disorders, stoma site marking, pre-operational and post-op care and counseling. Groups consist of 6-8 nurses.

**Results:** Within the first year basic stoma care training was provided to 500 nurses and caregivers. The feedback of the trainees shows that after the training they feel more comfortable and competent working with people with a stoma.

**Conclusions:** The stoma care training enables nurses to deliver basic stoma care and provide support, identify complications and direct patients to professional care when necessary thus satisfying patients’ needs and promoting patients’ rehabilitation.
Aim: The creation of a meaningful, photographic representation of the stoma, the peristomal skin and the special care is often linked to some technical and subject-related challenges. The aim of this thesis was the preparation of a recommendation for the production of standardized photos for the stoma photo documentation.

Method: An expert group of clinical and non-clinical stoma therapists has collected the joint experiences of their stomatherapy practice and formulated the following recommendation.

Results: Simple, well-founded and practice-oriented recommendations support Stoma therapists in the production of meaningful photos.

Conclusions: These recommendations are intended to help caregivers in stoma therapy in the preparation of professional stoma photographs for documentation and presentation.
THE BENEFITS OF A NEW SOFT ONE PIECE CONVEX APPLIANCE - A CLINICAL TRIAL WITH OSTOMATES

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Aim: Evaluation of the performances of a new one-piece soft convex appliance in colostomates and ileostomates.

Method: Following approval by Ethics Committee, this prospective clinical study started recruitment of colostomates and ileostomates by ET nurses at 9 French sites. Each participant patient had to test the new one-piece convex appliance during 2 weeks and completed a questionnaire at each appliance changes and at the study end. The ET nurse had to fill in an assessment form at the beginning and at the end of the study. Pouch performance was assessed by measuring the global incidence of leakages and the evaluation of the peristomal skin condition.

Results: 40 patients (20 ileostomates, 20 colostomates) were included. Mean age was 57.3 years and 62.5% of patients had a permanent stoma. The incidence of episodes of leakage was found to be 5% for a total of 562 pouches used during the study. Moreover, the skin score decreased from 2.1 to 1.95 for all the patients, thus confirming the good tolerance of the convex skin protector. As regards the secondary parameters, more than 80% of the patients rated the ease of application and removal of the pouch as “Easy” or “Very easy” and 92% patients found the pouch flexible and comfortable to wear. Finally, almost 72% of the patients were “Very satisfied” or “Satisfied” by the new pouch.

Conclusions: These results prove the efficacy and the tolerability of this new one-piece soft convex system in terms of leakage prevention and skin protection.
A product evaluation was carried out to investigate patients' experience with a new seal in regards to durability, skin residue, ease of use when changing the pouching system and preference.

Method: 135 patients from Denmark, Germany, Japan and US, who were already using a mouldable seal were recruited through stoma care nurses. Patients received 10 samples and were asked to fill in questionnaires. Answers to the questions asked, were given on a five-point-likert scale including a neutral median category. Comparison between the new seal and patients' current seal were analysed with a proportional odds model.

Results: The majority of the patients preferred the new seal (53%) over their usual seal (27%). Almost 1 out of 4 patients experienced no peristomal skin residue with the new seal whereas just 6% had no adhesive residue from their usual seal. Overall, patients with both colostomies, urostomies, and ileostomies rated the new seal to be more durable than their usual seal. Patients also evaluated the new seal to be easy to handle: not only easy to stretch and mould, but 93% answered that the new seal came off in one piece (vs. 87% for usual seal).

Conclusions: Less residue and easier skin cleansing was observed with the new seal compared with the patients' usual seal. Moreover, the seal was found easy to handle. These observed benefits of the new seal, are known to be important for patients.

Study was published December 2016 in British Journal of Nursing
“HELLO, COULD YOU COME TO SEE A PATIENT WHO HAS A BODY IMAGE ISSUE?”

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Aim: The patient who has a ostomy bag faces major physical and psychological upheavals, identity and body image changes, as well as a loss of continence function. All these changes make the future very uncertain for the patient. Caregivers aren’t frequently aware of the magnitude of these repercussions.

Enterostomal therapists frequently get phone calls, that are not very clear, from caregivers for a consult: “could you come and see a patient with a body image issue after his/her ostomy bag is in place?”. In fact, caregivers feel powerless when they are faced with the sadness and refusal from the patient to care for his/her ostomy bag. So caregivers avoid the patient because they feel ill prepared to support him.

The targeted objective is for caregivers to be able to:
- understand and analyze the patient’s situation
- mobilize the patient’s skills and resources
- improve their self-confidence to support the patient.

Method: Enterostomal therapists ask the caregivers to analyze the patient’s situation according to the G.E.A.S.E method (device of analyzing professional practices):
- expose the patient’s situation and experience
- generate hypotheses of understanding the problem
- develop new support strategies

Results: Caregivers:
- encourage meeting and counseling with patients
- enquire about feelings to understand patient’s needs
- adapt learning and support strategies to needs expressed

Conclusions: Caregivers must be proactive and suggest counseling to respond to normal difficulties in the fluctuating course of the ostomy patient.

Caregivers feel more efficient and provide better quality care to patient with ostomy.
REHABILITATION OF THE INTESTINE EXCLUDED IN ILEOSTOMY OF PROTECTION AFTER COLORRECTAL SURGERY

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Aim:” The ileostomy of protection can pose complications, especially after the reestablishment of intestinal transit. One of the most frequent complications is paralytic ileus, which has an incidence of 29%. Recover the intestinal function to avoid the appearance of alterations in the intestinal mucosa”

Method:” Physioenema: 500 cc. Food thickener. Foley probe with 16-18 caliber. Lubricant. 5 ml syringe. Physiological serum, one ampoule of 10 cc. Gloves. We perform the hygiene of the stoma. Locate the efferent handle, lubricate and dilate. Introduce the Foley probe, without force, swell the balloon with 2-3 cc of saline solution. We estimated 250 cc of the physiognomy. It is introduced slowly. When this has been introduced, the other 250 cc is instilled without thickener. After the process is finished, the probe is removed, the stoma is cleaned and the collecting device is placed”

Results: “65 cases. We have not had any cases of paralytic ileus postoperatively. The excluded loop did not require surgical dilation at the time of ileostomy closure and the hospital stay was reduced in two days. 2-3 stools daily and absence of fecal incontinence”

Conclusions:” There are few studies in this regard. In all of them positive results have been demonstrated. Rehabilitation of the excluded bowel; It is an effective method to maintain or recover intestinal function and thus avoid postoperative complications in the closure of protective ileostomies”
Aim:
Ostomy patients suffer significant health-related quality of life (HRQOL) impairments. The purpose of this study was to assess the impact of specialty practice nursing care on health-related quality of life in persons with ostomies.

Method:
Multicenter, quasi-experimental, prospective, longitudinal study. We collected data from 402 ostomy patients in health centers among 16 Spanish regions from March 2012 to June 2013. Questionnaires were administered by the investigators prior to and 3 months after the ostomy surgery. Two groups of patients were compared: patients in group 1 were treated by nurses specializing in ostomies; patients in group 2 were not treated by an ostomy nurse specialist. Two validated scales were used to determine HRQOL: EQ-5 D (Spanish version) and the Montreux questionnaire.

Results:
Patients in group 1 adapted better to their ostomies than group 2 in variables as appearance, increased comfort with cleaning, changing and throwing away ostomy bags and pain. They reported less fearfulness, improvements in sleep, weight concerns, and strength and better overall health (p<.05). Sexual activity was the only variable that worsened in both groups, but it was more satisfactory at postoperation stage in group 1 (p=.015).

Conclusions:
Patients who received specialized ostomy care experienced significant improvements in HRQOL compared to patients who were not cared for by specialist nurses. Our findings strongly suggest that patients undergoing ostomy surgery should be provided access to a nurse specialist in ostomy care since our results highlight the potential benefit promoting the HRQOL of patients.
[21] EARLY COMPLICATIONS IN OSTOMIZED PATIENTS WITH AND WITHOUT CARE BY AN OSTOMY MANAGEMENT SPECIALIST (OMS) NURSE

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Aim:

To compare immediate-onset complications in ostomized patients who receive care from an ostomy management specialist (OMS) and patients who do not receive this care (without an OMS).

Method:

A multi-site, nationwide, quasi-experimental prospective study was carried out by recording ostomy complications and their implications in 402 patients.

Results:

Intervention by an OMS reduced the percentage of patients with complications, the complications were less severe and of shorter duration, they required fewer hospital admissions that were shorter in duration and there was less need for additional surgical interventions. Stoma management was also carried out better with less need for help in performing activities of daily living (ADLs). In addition, the feeling of anxiety and/or depression caused by the stoma was lessened in patients with OMS care. Finally, the number of bags used every 24 hours by patients with OMS care was uniform as opposed to patients without OMS care who used increasing numbers.

Conclusions:

The overall evaluation of the results observed supports the hypothesis of the importance of the role of specialized nursing found in the literature. An OMS is the gold standard of patient care for answering questions, advising on problems and preventing and/or treating complications.
THE EMOTIONAL IMPACT OF LEAKAGE CAN BE ASSESSED USING A NEW PATIENT REPORTED OUTCOME (PRO) TOOL

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**Aim:** The experience and worrying about leakage may have an emotional impact on the daily life for people living with a stoma. A new and validated PRO tool has been developed that assess the burden of leakage for people living with a stoma. The aim of the study was to investigate if change in assessed leakage can be captured on a new PRO scale.

**Method:** 74 people with a stoma (from UK, US, the Netherlands and Norway) having troubles with leakage were included in the study. The participants were followed two weeks on their own flat stoma appliance and hereafter changed to a soft convex stoma appliance, which they used for 12 weeks. At every product change the participants took a picture of the backside of their baseplate and answered questions related to leakage. Every two-weeks they filled out the PRO leakage questionnaire. Leakage area (cm²) and shortest distance from the area with leakage to the edge of the baseplate were objectively assessed using a computer program.

**Results:** Leakage area, shortest distance to the edge, and number of episodes with leakage on clothes were significantly reduced two weeks after changing to a soft convex product. The ‘Emotional-Impact’ domain on the leakage PRO scale showed significant improvement after reduction of leakage. Especially the reduction of leakage episodes on clothes had a high impact (p<0.001).

**Conclusions:** Reducing the degree of leakage has a positive emotional impact for people with a stoma. This can be measured with a newly developed PRO leakage tool.
Aim
To offer an Internet solution to enable patients to directly manage their contact with the stoma outpatient clinic when they consider they need advice and guidance about their stoma.

Methods
The Internet-based telemedical wound journal has been supplemented with a user interface for stoma patients and their health care providers. The patient determines when there is a need to contact the stoma nurse.

Results
Patients use the telemedical journal whenever skin problems or other complications occur in relation to the stoma, when the patient needs to discuss treatment options, or if the patient has difficulty finding time to attend the outpatient clinic. The patient takes photographs of the stoma/surrounding skin and sends images and questions to the stoma nurse via the telemedical journal. She assesses the problem and gives the patient feedback via the journal, providing advice and guidance about care. Several patients indicate that the telemedical journal gives them the freedom to manage their contact with the health service based on their needs and living circumstances. The telemedical journal is available via the Internet, and the data is encrypted for transmission.

Conclusions
The telemedical journal meets the needs of patients to personally take charge of when they need to make contact with the health service. It has reduced the number of planned check-ups, and the treatment impinges less on a patient’s everyday life. In addition, the telemedical journal gives health care professionals in primary and secondary health care a way of monitoring the patient’s care plan.
[24] STOMA SPECIALIST WORKSHOP - OBJECTIVES AND OUTCOMES

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Aim: Treating a Stoma patient is challenging, requiring professional skills and sensitivity.

A stoma patient is facing a wide range of challenges in many day-to-day aspects – physically, emotionally, mentally, changes in body image, sexuality and intimacy issues.

The role of a Stoma specialist is to influence the rehabilitation process, by addressing those challenges, managing and enhancing the quality of life, educating patients for self-care, and providing emotional support.

The nurse's comfort, personal skills, ability and knowledge to treat a patient with ostomies play a meaningful role.

The objectives of the workshop were to enrich, broaden and deepen the knowledge and comfort level of the Stoma nurse, as well as preventing emotional burnout, and supplying empowering "working tools".

Method: The workshop featured lectures in medical, nursing, psychological, technical issues and innovations for care taking of Stoma patients. Stoma equipment suppliers and nursing affiliates were invited to exhibit and lecture. Some of the subjects were:

- Complications and challenges in Stoma care
- Pelvic floor physiotherapy
- Family – transparent partners in the crisis
- Sexuality and intimate relationships training
- How to avoid emotional burnout of the Stoma nurse

Results: The research was carried out using computerized feedback, covering the following aspects:

- Innovations
- Nursing enrichment
- Medical enrichment
- Quality-of-life
- Practical training
- Nurse empowerment

Conclusions: Participants found the lectures relevant, enriching, commended the holistic approach of patient care taking, widening professional support by meeting affiliates and equipment suppliers.
AN ARRAY OF STOMA REPRESENTATIVES IN A BIG MEDICAL CENTER

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Aim: To describe our "stoma expert group" headed by the stoma coordinator and comprising an array of stoma representatives from each department.

Method: Most Israeli hospitals have a stoma coordinator responsible for care and education of all stoma patients. The centralized structure has some drawbacks: there is no skilled replacement for the coordinator to cover for absence; the surgical departments' nurses do not always welcome an "outside" colleague to treats their patients. Each surgical department nominated a stoma representative. The nurses got advanced oncologic training and specific stoma training. The representative assumes responsibility for daily care of stoma patients in her department, addressing medical, mental, and social needs. Regular meetings of the group are used for problem solving, mutual empowerment and continuing training. Ideas for improvement are brought up, discussed and new methodology is developed.

Results: Establishment of the stoma expert group helps nurses in performing the complex task of stoma patients' care. Nurses feel involved and are more satisfied. The patients enjoy availability of a stoma nurse, better care, and improved interface with the community nurses.

Conclusions: An internal array of stoma representatives is a key tool for improvement of medical attention provided to stoma patients.
[26] KEY FINDINGS FROM THE 2015 INTERNATIONAL CONSENSUS CONGRESS ON THE USE OF CONVEXITY.

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**Aim:** To establish consensus from a group of international stoma care experts about the assessment and use of convex ostomy barriers in adults. There is a shortage of rigorous evidence about the use of convexity; few studies have been conducted and existing reports are primarily reviews and case studies.¹ These statements will provide a level of evidenced-based information not available prior to the time of the consensus congress.

**Method:** Using structured processes (Murphy et al²), expert stoma care nurses from nine countries participated in a consensus development congress led by an expert facilitator. Panelists prepared for the congress by reviewing a comprehensive convexity literature summary and by researching their own country’s literature for additional references. Panelists used electronic pads to vote on structured statements, discussing key points of disagreement when needed, and editing the statements when possible to come to agreement. Panelists had opportunity to create new statements and present them to the panelists for their opinion / voting. Statements accepted were those on which 80% or more of the panelists agreed within three or fewer “rounds” of discussion, revision, and voting.

**Results:** The panelists reached agreement on 26 definitive statements about convexity; some are highlighted in this poster. The results were published in the Journal of Wound Ostomy and Continence Nursing in January 2017.

**Conclusions:** Using a structured, guided method of consensus development, global stoma care experts provided clarity about expert opinion on use of convexity. These key statements provide evidence for use in practice, policy and education.
CERAMIDE INFUSED OSTOMY BARRIER WEAR TIME EVALUATION

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**Aim:** This product evaluation sub analysis focused on resource utilization including wear times of a ceramide infused ostomy skin barrier compared to standard of care barriers.

**Method:** A multi-national evaluation of a ceramide infused ostomy skin barrier was conducted in 2015 and 2016. Clinicians were asked to prescribe the barriers according to their routine ostomy care and patients were asked to change their barriers according to their usual habits. Wear time was ascertained through a paper based survey. Participants included 184 clinicians from Australia, Germany, the United Kingdom, and the United States using the barriers in 284 individuals living with a stoma.

**Results:** Product wear time data collected indicated increased wear times resulting in reductions in the frequency of skin barrier changes. Of the 268 paired responses to the question of barrier changing there were 136 (50.75%) responses in which there were increased in wear time, 102 (38.06%) in which there was no change in wear time, and 30 (11.19%) indicating decreases in wear time.

Existing barrier change frequency was estimated to be 2.27 days (95% CI, 2.10 - 2.45 days). The change frequency for the ceramide infused barrier was estimated to be 2.98 days (95% CI, 2.81 - 3.14 days), an increase of 0.70 days (95% CI, 0.54 - 0.86 days), or every 16.80 hours (p<0.000). Also noted were reductions in the use of topical skin medications and accessories.

**Conclusions:** The analysis indicated reduced resource utilization when using the ceramide infused skin barrier as part of overall ostomy management.
A COST UTILITY MODEL ESTIMATING POTENTIAL TREATMENT COSTS AND IMPACT ON QUALITY OF LIFE FOR A CERAMIDE INFUSED OSTOMY SKIN BARRIER

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Aim: The aim of this study was to conduct a cost utility analysis to understand the implications of using ceramide infused ostomy skin barriers in the National Healthcare Service in England and Wales (NHS).

Method: We used a cost utility model to impute clinical assumptions derived from expert opinion of practicing stoma care nurses in the United Kingdom. These assumptions included incidence of peristomal skin complications (PSCs), frequency of barrier change, accessory usage, treatment regimens, and direct medical costs. Additionally, assumptions for duration of the PSC events, severity and time to healing were made. The model also considered the quality of life (QoL) impact from PSCs on the patient cohorts. The perspective taken was that of the payer (NHS). Cost assumptions for product and services were derived from published NHS documents.

The model compared two hypothetical cohorts; individuals using the ceramide infused ostomy skin barrier and individuals using a commonly used product reimbursed on the Drug Tariff (standard of care (SOC) cohort) over a one-year time horizon.

Results: The model estimated a 2.3% reduction in overall costs in the ceramide cohort compared to the SOC cohort. The lower number of PSCs in the ceramide cohort predicted an increase of 214 Quality Adjusted Life Days (QALDs) compared to the QALDs for the SOC cohort.

Conclusions: This analysis showed an estimated reduction in ostomy treatment costs for the cohort using the ceramide infused barriers as well as an increase in QALDs compared to standard of care.
Aim: With younger patients, a growing number of temporary stomas and shorter time for patient education the ostomy market is in constant evolution. Choosing the right pouch for each patients can be challenging as many factors have to be taken into consideration (shape of stoma, body shape, lifestyle.) which is why today the number of patients who on a regular basis need to use various accessories is increasing. It is to address these market challenges that we decided to develop an ultra-soft 1-piece convex range.

Method: We have developed a new generation of ultra-soft convex skin protectors in our Center for Skin Technologies. It consists of a fine-tuned blend of various co-polymers mixed from different chemical polymers. Several laboratory tests have been performed in order to evaluate the shape and pressure impact on the skin compared to the standards on the market. Evaluations regarding the softness, the adhesion, the absorbing impact on cohesion and tackiness have been made in order to validate the product’s specifications.

Results: The test results showed an immediate adhesivity of the flange with a light pressure around the stoma and a high cohesion of the flange after liquid absorption. These data confirm that our new skin protector is the perfect balance between cohesion, elasticity and conformability making it easy to position and remove all the while being soft.

Conclusion: This new ultra soft 1-piece convex range has been developed to provide the most secure, comfortable and simple solution for ostomates.
EVALUATION OF THE USE OF HYDROCOLLOID CONTAINING MANUKA HONEY IN OSTOMY CARE

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Aim:” This study aimed to evaluate through a series of clinical cases the effectiveness of hydrocolloid flanges containing Manuka honey as part of a treatment plan for irritated peristomal skin.”

Method:” A series of first-hand case studies were selected in which patients’ existing treatment regimes were unable to effectively manage complications and difficulties experienced by the patient, which had resulted in overall adverse effect on peristomal skin condition. In each of these cases, the nurses utilised a new treatment programme, which included the use of a hydrocolloid containing Manuka honey.”

Results: “In all cases presented an improvement in peristomal skin condition was observed. Skin conditions were assessed throughout the studies and improvements were recorded from as early on as 4 days into the new regimes. The positive influences of the new regimes resulted in patients reporting additional benefits, which included a reduction in pain, increase in comfort, ease of management and resuming of normal activity.”

Conclusions:” Hydrocolloid containing Manuka honey has proven to be a favourable and viable option in the care of patients experiencing irritated peristomal skin, which alternative treatments have been unable to address effectively.”
[31] EVALUATION OF THE PERFORMANCE OF AN ULTRA-THIN FLANGE EXTENDER IN OSTOMATES WITH ACTIVE LIFESTYLES

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Aim:” To develop and evaluate a novel ostomy bag flange extender, to address issues around security and comfort typically experienced by ostomates with active lifestyles.”

Method:” An evaluation involving 15 participants with active lifestyles, comprising 7 from UK, 6 from Denmark and 2 from Sweden, was instigated to test the Ultra-thin flange extender over a one-week period. The evaluation criteria called for an observable improvement in the evaluators’ opinions of the flange extender’s conformability, security, discretion and comfort. The percentage of participants wanting to use the product if it was available was recorded as part of the evaluation.”

Results: “The evaluation results showed that the novel flange extender provided improvements in the evaluators’ perceptions across conformability, security, discretion and comfort with the following percentages of participants reporting an improvement in the respective area: 80%, 73%, 87% and 73%. In addition, 73% of these participants stated they would use the novel flange extender in place of their existing flange extender.”

Conclusions:” A novel flange extender has been developed which could provide ostomates who have active lifestyles with improved perceptions of conformability, security, comfort and discretion.”
A FIRST-HAND ACCOUNT OF PROLONGED USE OF A NOVEL OSTOMY BAG FLANGE EXTENDER DURING HIGH-LEVEL ACTIVITIES

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Aim:” To give a first-hand account of an evaluation of a novel ostomy flange extender over an extended period of high-level exercise and to report the resulting security, comfort and conformability of the product.”

Method:” An active ostomate who regularly competes in running competitions and has competed in triathlons and other extreme endurance events has been using one of the market’s leading flange extenders to provide him with extra security during his training and events. This intensive training and active lifestyle has meant that he relies on his ostomy care products to remain secure, conformable and comfortable under extreme conditions. In 2016 he was invited to evaluate a novel ostomy bag flange extender, to compare this with the performance of his regular flange extender with respect to security, conformability and comfort and to record his responses.”

Results: “The patient decided to wear the evaluation flange extenders while running a marathon to compare the product under extreme conditions. The novel flange extender under evaluation here provided the patient with the perception that it was “Significantly Better” in terms of conformability and comfort, and “Better” in terms of security than his regular flange extender.”

Conclusions:” The novel flange extender has, in this instance, provided an increased sense of security, comfort and conformability under conditions of high level activity.”
THE ADHERENCE TO SELF-CARE OF A CYSTECTOMY PATIENT: A STUDY-CASE

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Aim:

The International Council of Nursing defined health as “a dynamic process of adapting to and coping with the environment, satisfying needs and attaining the maximum potential of physical mental, spiritual and social well-being, not merely the absence of disease or infirmity”. This is a functional definition of health and defined it as a continuous. This characterization presents itself as a challenge not only for the Patient but also for the Caregiver showing us the boundaries and constrains from Nursing Care.

The Case Study wants to demonstrate the dynamic process of adjustment to a new health Status and the self-care adherence/ non-adherence from a Cystectomy Patient under the care of the Stomatherapy Nurses in an Oncology Hospital in Portugal.

Method:

The Case Study is an investigation Method that assumed to be particularistic, deliberately focus on a specific situation that is supposed to be unique or special, at least in certain aspects, trying to find out what is most essential and characteristic and, thus, contribute for the global to understand a certain phenomenon of interest.

Results:

The Patient, subject of the case-study, didn’t show any adherence to the new health situation after surgery. He increased his body weight, didn’t follow any of the dietary instructions, developed a hernia and skin complications, increasing in 4 times the number of appointments with the Stomatherapy Nurses.

Conclusions:

The present study demonstrates how non-adherence to self-care decreases life quality and increases complications and costs in Health.
INVESTIGATION OF RISK FACTORS FOR DEVELOPMENT OF PERISTOMAL SKIN DISCOLORATION

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Aim: To identify the risk factors for development of peristomal skin discoloration.

Method: The patients with stoma who visit outpatient clinic of six institutions were investigated. WOCNs in each institution surveyed the patient characteristics, peristomal skin disorder and skin care method, and measured and recorded transepidermal water loss (TEWL) as skin barrier function.

Results: 225 stomas (colostomy 92, ileostomy 32, urostomy 101) were recorded. Discoloration (pigmentation and hypopigmentation) developed in 135 stomas (60%). The mean duration of stoma was 71.2 ± 78.6 months in patients in discoloration group, while 32.0 ± 54.1 months in patients in no discoloration group, significantly longer in discoloration group (p<0.001). As for skin barrier, the incidence was 46% in the skin barrier without SIS, 51% in that with ceramide, and was significantly higher in that with SIS (77%) (p<0.001). The incidence of discoloration was 43.3% in those treated with skin sealant, while it was as high as 62% in those treated without skin sealant (p<0.05). The multiple logistic regression was used to analysis as cofactors showed that duration of stoma (odds: 1.01, p<0.001), the skin barrier with SIS (odds: 3.12, p<0.01) and the convex type appliance (odds: 3.91, p<0.01) were risk factors for discoloration.

Conclusions: The risk factors for development of peristomal discoloration were duration (months) of stoma, the convex type appliance and the skin barrier with SIS. Use of the skin barrier with ceramide and the skin sealant was not the risk factors.
Aim: To understand the reasons why nurses responded positively to the use of a ceramide infused skin barrier.

Method: A global evaluation of a ceramide infused skin barrier was conducted in 2015 and 2016. One hundred and eighty-four stoma care nurses assessed 284 patients. Upon completion of the assessment of each patient the stoma care nurses were asked “How likely would you be to continue to use/recommend this skin barrier for this patient?” This question was answered for 269 patients. Of these 226 (84%) responded likely or very likely to continue to use/recommend this skin barrier for this patient.

Results: Nurses were asked to provide a qualitative assessment of the peristomal skin upon removal of the ceramide infused barriers, that is, determine if there was an improvement over the skin condition from that seen prior to the use of the ceramide infused barriers. Eighty-six percent of evaluations indicated peristomal skin improvements; nurse stated the skin improved or greatly improved. This was reflected in less stoma products being used; over half of the patients (54%) reported increased wear times for the ceramide infused skin barriers: an average of 1.75 days. Additionally, 27 percent of patients were reported to have decreased their use of topical medications, and 37 percent were reported to have decreased stoma associated accessory use.

Conclusions: For nurses stating they would continue to use and recommend the ceramide infused skin barriers the study found that improvements in peristomal skin condition and decreased stoma product usage are associated factors.
Aim: It was the objective of this product evaluation to assess peristomal skin health in the presence of a ceramide infused skin barrier.

Method: An evaluation of ceramide infused ostomy skin barriers was conducted involving 184 stoma care nurses enrolling 284 patients from four countries; Australia, Germany, United Kingdom, and the United States.

Results: Of interest was the condition of peristomal skin prior to using ceramide infused skin barriers, and after. Peristomal skin condition was assessed using the Skin Assessment Tool\(^1\). The data indicates that of 66 ostomy patients assessed as having severe peristomal skin condition prior to the use of ceramide infused skin barriers, 52% were assessed as having mild peristomal skin and 24% were assessed as having moderate peristomal skin condition after the use of ceramide infused skin barriers (24% remained unchanged). The data also indicates that of 78 patients assessed with a moderate peristomal skin condition prior to the use of ceramide infused, 74% were assessed as having mild peristomal skin condition after the use of ceramide infused skin barriers (22% remained the same).

For those patients in which skin conditions improved an approximate 1 day longer product wear time was observed, while the use of topical medications and accessories were indicated as having been reduced in 37% of patients and 48% of patients respectively.

Conclusions: In this product evaluation improvements in peristomal skin condition were associated with the use of a ceramide infused skin barrier.

1. British Journal of Dermatology, V164, Issue 2,
PATIENT OUTCOMES AND OSTOMY HEALTHCARE COST ASSOCIATED WITH RESEARCH & DEVELOPMENT ACTIVITY

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Aim: Manufacturers that invest more in research and development than their competitors may be delivering newer and more innovative products that produce greater societal benefits. It is the aim of the study to evaluate whether ostomy industry patent activity is associated with patient outcomes and healthcare costs.

Method: Two groups of ostomy pouch users based on manufacturer patent activity (PA) (low or high) were compared in terms of ostomy-related wear patterns, adverse events, and healthcare expenditure. Using Swedish registry data, all patients with newly-formed stomas were divided between each group and were followed during a two-year period (2011-2012). Propensity score matching and parametric duration analysis were used to compare outcomes between patients of similar characteristics such as sex, age, and ostomy surgery type.

Results: Research suggests that medical innovation is cost-saving. In both one- and two-piece systems, the high PA group had significantly lower monthly ostomy related expenditure than the low PA group (one-piece: 197.47 EUR vs. 233.34 EUR; two-piece: 164.00 EUR vs. 278.98 EUR). Fewer pouch and skin wafer purchases per month were an important driver of cost differences.

Conclusions: Patent activity in the ostomy care industry was associated with reduced healthcare costs. It suggests that there is a health economic benefit from products made by patent intensive companies, but more research is needed to understand the impact of innovation on health outcomes.
Aim: It was the aim of this study to quantify the relationship between peristomal skin complications (PSC), health utility, and quality of life (QoL) in an ostomy sample (n= 2,329).

Method: Utilizing the SF36v2, the SF6D, and a visual analog scale assessing quality of life (scale=0-100) we present the burden of health as represented by health utility and quality of life associated with three levels of PSC controlling for general health. The study is a cross-sectional survey. Analysis includes descriptive statistics and analysis of covariance. Covariates are age and time from surgery. IRB approval was obtained for the conduct of the study.

Results: The data provides empirical evidence that as general health of the ostomate increases there is a corresponding health utility and quality of life increase. However, health utility is influenced by PSC’s. As PSC severity changes, there are corresponding directional changes in health utility and quality of life. The average adjusted health utility for those reporting no PSC’s is found to be 0.76 (QoL= 81.2). The average adjusted health utility for those reporting mild to moderate PSC’s is 0.70 (QoL= 76.7), while for those reporting severe PSC’s this is 0.63 (QoL=65.6).

Conclusions: PSCs affect more than the obvious skin health of those with a stoma. The role of the stoma care nurse in intervening and managing skin health is an integral part of enhancing the health related quality for those living with a stoma.

1. SF36v2: copyrighted by QualityMetric Incorporated, Lincoln RI
Aim: Analyse peristomal skin condition of patients using a ceramide infused skin barrier, in which there was a diagnosis prior to use of acute or chronic irritant dermatitis.

Method: A global evaluation of a ceramide infused skin barrier was conducted. Nurses (184) from four countries enrolled 284 patients. Peristomal skin condition was assessed using the Skin Assessment Tool scored for Discoloration, Erosion, and Tissue Overgrowth (DET; scale = 0-15).

Results: Thirty-nine patients had valid DET scores and an existing diagnosis of acute irritant dermatitis (no other skin conditions noted). Prior to the use of ceramide infused skin barriers an assessment of these patients indicated a mean DET score of 5.10 (moderate peristomal skin complications). After the use of ceramide barriers the assessment indicated a mean DET score of 1.54 (mild peristomal skin complications).

Twenty-four patients had valid DET scores and an existing diagnosis of chronic irritant dermatitis (no other skin conditions noted). Prior to the use of ceramide infused skin barriers an assessment of patients indicated a mean DET score of 7.00 (moderate peristomal skin condition). After the use of ceramide barriers the assessment indicated a mean DET score of 3.33 (mild peristomal skin complications).

Of those with acute or chronic irritant dermatitis, 1 (1.6%) worsened in skin condition, 11 (17.5%) stayed the same, and 51 (80.9%) had improvements in peristomal skin condition.

Conclusions: In this product evaluation ceramide infused skin barriers were associated with improvements in peristomal skin condition.

1: British Journal of Dermatology, V164, Issue 2
Aim: Determine clinician satisfaction with a novel ceramide infused skin barrier.

Method: A global evaluation of ceramide infused ostomy skin barriers was conducted involving 184 stoma care nurses enrolling 284 patients from Australia, Germany, the United Kingdom, and the United States. Eighty-four percent of patients were indicated as having been diagnosed with various skin conditions to include acute and chronic irritant dermatitis, product sensitivities, and fungal rashes. Stoma care nurses were provided with ceramide infused skin barriers and asked to use the barriers according to their standard of care.

Results: The nurses expressed satisfaction with ceramide infused skin barriers for use in the patients they evaluated. In 88% of patients the nurses were satisfied or very satisfied with overall performance of the ceramide infused skin barriers. In 95% of patients evaluated the nurses were satisfied or very satisfied with ease of use and application of the skin barriers; for the issue of barrier adherence this was 92%; for the issue of ease of removal this was 90%, and wear time 87%. The nurses were asked how likely they would be to continue to use or recommend the ceramide infused skin barrier for the patients evaluated. Of 269 responses to this question 84% indicated ‘Likely’ or ‘Very likely’.

Conclusions: The analysis of the data indicates an overall favorable response to the use of the ceramide infused skin barriers to the extent that nurses, in general, would continue to use or recommend the ceramide infused skin barriers for their patients.
Aim: “GESTO project involves achieving the creation of new ostomy outpatient departments for consultations and obtaining social recognition for stomatherapists.”

Method: “8 regional working groups, formed by 125 stomatherapists, were created. Each group defined the specific needs in their region and developed a plan of institutional relations to be considered a valid interlocutor for the health administration. A stakeholder plan was developed to provide credibility and support to each group, including Professional Nurses Associations and Patient Associations. The project was completed with a communication program to give visibility to the stomatherapists.”

Results:
- “Opening of 27 new ostomy outpatient departments in 5 years.
- Active collaboration with regional public administrations and integration of stomatotherapists in consultative health commissions.
- Value projects were developed as the reference professional group in each region: care protocols and care pathways, definition of competencies and inclusion of ET nursing consultations in the computer history record of patients.
- Publication of 753 news about stomatherapy and ostomy in 5 years.”

Conclusions: “Caring for ostomized patients has been improved thanks to the 27 new outpatient departments and expert consultations. The stomatherapists have managed to be recognized as a health professional of great value by the regional health administration and consultants. They are part of the health commissions, responsible for decision making about the ostomized patient and develop projects with the public administration.”
[42] INTEGRAL CARE PROCESS OF OSTOMIZED PATIENTS IN THE FRAMEWORK OF THE BPSO/SPAIN PROGRAM

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Aim: Describe the process of implementation of the Good Practice Guide (GBP): Ostomy care and management, following the BPSO® program methodology

Evaluate key performance indicators

Method: Through a working group, recommendations were prioritized (based on the degree of evidence), a care plan was defined (NANDA / NIC / NOC) as well as training for professionals and nursing records were normalized, ensuring continuity of care.

The evaluation of indicators is done through a descriptive study of all ostomized patients in a 2nd level hospital between July 2014/16.

Results: Multidisciplinary working group consisting of 18 members

Creation and inclusion in institutional computer applications of registers: process flow chart, first preoperative consultation, stoma assessment and follow up of the ostomy patient, standardized care plan, discharge recommendations and evolutionary record in successive consultations.

Educational program: 24 formative activities in different modalities (workshops, sessions, courses, master...)

Between July 2014/16, indicators were analyzed on all ostomized patients (N = 117). In the statistical analysis phase: pre-operative indicators (% patients scheduled with prior consultation, % patients with stoma site marking). Stoma indicators (type, % programmed vs urgent patients, incidence complications during admission). Post-operative indicators (% patients with follow-up in consultation, incidence of complications)

Conclusions: The implementation of a process of integral attention to the ostomized patient based on recommendations based on the evidence, contributes to improve the registries and to diminish the variability of the practice, evidencing the specific contribution of the nursing care in this health process.
Aim: Taking care about an ileostomy demands a great deal of stoma products, caused by liquid and aggressive stool. Within the scope of the PMS a new barrier has been tested with regard to liquid absorbing and erosion resistance.

Method: 60 ileostomy patients (35, male [58%]); age: 4 [6%] under 35 years, 24 [40%] between 35-65 years, 31 [52%] over 65 years, 1 [2%] not specified); 32 patients from hospital; 28 from homecare. Tested products: 1-piece, 2-piece, flat and convex.

Results:
Before Testing:
In 25% (hospital) and 23% (homecare) cases patients already had sealing problems with their stoma. The skin status was mostly described as „normal“ (hospital 58%, homecare 47%), within homecare even as often as “thin and sensitive” (40%).
Conspicuous was the high amount of accessories used within homecare compared to hospital (79% vs 34%).

After Testing:
In 91% (hospital) and 86% (homecare) cases the skin could be protected against aggressive output by the testing product. The use of accessories was not reduced. The recommendation rate was on average 80%. The overall satisfaction was rated by grade 1,5 (hospital) and 2,1 (homecare).

Conclusions: The new barrier has proved its application as a (clinical) product in case of thin and aggressive stool. The use of accessories could not be reduced likely due to the high mobility and need for security by patients within the homecare sector. Additionally, the changing state of skin seems to play an important role within homecare.
Aim:” To research specific aspects of care in elderly and senile patients with a stoma.”

Method:” 532 patients with a bowel stoma, 330 women and 202 men. 422 patients at the age of 60 - 75 and 109 patients at the age of 90 - 109.”

Results: “The following problems affecting ostomy care in elderly patients were revealed:

- Changes of the skin (wrinkled and flabby skin is often exposed to peristomal dermatitis)
- Loss or gain of weight (leads to changes of the form and size of the stoma, body profile and structure)
- Stoma complications (are more frequent in elderly patients)
- Arthritis and manual dexterity
- Visual impairment
- Loss (impairment) of memory
- Changes in the level of health related to the disease or invalidity

Body profiles of elderly patients with a stoma make the choice of the appropriate appliances complicated.

- 31% hernia
- 21% scars
- 35% excess weight
- 43% multiple deep folds, irregular skin surface”

Conclusions:” Nurses should be aware that elderly and senile age, illness and disability can affect people’s ability to manage their stoma. The following principle of stoma care should be followed:

- Choice of the most suitable appliances, accessories and skin care aids
- Strict compliance with appropriate care routine
- Teaching patients and their relatives
- Regular follow-up”
Aim: This essay is meant as an eye-opener for all nurses in the importance of being reflective. It is also meant to highlight the fact, that in a busy everyday life we often forget to take the time to reflect, and as a result miss out on learning opportunities.

Method: The essay is based on a qualitative method in the form of a patient case in which the environment is far from desirable, and it outlines the problems this creates when caring for the patient. Graham Gibbs’ six-staged Cycle of Reflection-theory designed to guide the nurse through a reflective process, is held up against specific nursing standards intended as guidelines for the Enterostomal Therapy (ET) nurse when interacting with the ostomy patient.

Results: The results show that had the nurse, in the patient case, had a reflective focus she would have been able to remove herself and the patient from the undesirable environment they were in and by that, have created a stronger relation to the patient in which the patient treatment had been ideal.

Conclusions: When being reflective in practice, nurses open themselves up to a learning situation. As the nurse cannot learn from the experience alone, she must reflect on her feelings and thoughts in order to learn from them. Remembering to be reflective and having the ability to evaluate on own practice, will leave the ET nurse with an excellent opportunity to evolve her own level of competence.
Aim:” To work in a coordinated way among the levels of care in a healthcare field providing services by bringing health care to the public. To develop experiences to extend good practices in health organizations and to initiate pilot projects that will improve the assistance we provide to patients.”


Results: “Educational guide improves the knowledge of the process and of the necessary care for the autonomy and better quality of life of the patient and his / her family. Improve the time of attention of the complications response in 48h: implementing the non-presence consultation between Specialized Care and Primary Care and vice versa”

Conclusions:” We have improved the assistance and informational patient favoring the continuum care and communication between professionals of different levels avoiding the unnecessary displacement of the patient. It allows clarifying doubts in the shortest time about the care. Evolution and detection of possible complications. Improves joint management of known patients.”
[47] IMPROVED STOMA CARE WITH A NEW SKIN BARRIER?

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**Aim:** Peristomal skin irritations are a major challenge in stoma care. Since many years, hydrocolloid skin barriers are an approved and established standard of care. Latest product innovations offer skin barriers containing ceramides. Ceramides are epidermal lipids strengthening the Stratum Corneum, thus preventing Transepidermal Waterloss. The use of ceramides in skin barriers as well as their influence on peristomal skin health was investigated within the scope of an observational study.

**Method:** Observational study with photo documentation of three ostomates (♀ 75 y., ♀ 82 y., ♀ 81 y.) with a colostomy having diverse peristomal skin irritations. For the treatment of the skin irritations, the initial hydrocolloid skin barriers have been replaced by hydrocolloid barriers containing ceramides. The observation period was determined by ten skin barrier changes and over a period of 30 to 52 days. One patient was provided with two-piece flat barriers and two patients got two-piece convex barriers.

**Results:** In all observed cases an improved peristomal skin condition was assessed and documented. All patients reported an increased performance of adhesion. Furthermore, all patients reported a higher user satisfaction with the new product. In one case, the use of additional accessories could be stopped.

**Conclusions:** In this observational study, the use of ceramides showed positive effects on the peristomal skin condition and thus on the quality of stoma care. The use of ceramide-containing ostomy products appears to bear a high preventive potential. This should be investigated in further test.
DEVELOPMENT OF A NEW PATIENT REPORTED OUTCOME (PRO) TOOL TO ASSESS THE BURDEN OF LEAKAGE

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**Aim:** Challenges with poor fit of the stoma appliance may lead to experience of leakage and associated worry. But the definition and understanding of what leakage is and how it affects the health-related quality of life (HRQoL) vary from person to person. The aim of the study was to develop a new assessment tool to understand the impact of leakage on everyday life.

**Method:** The study was conducted in two phases; 1) draft instrument: defining leakage by systematic literature review and interviews with users from a core panel (N=41) and health care professionals (N=6) in the UK, US, Denmark and France, 2) development and validation: 5 cognitive interviews per country evaluated content of the instrument followed by validation with users (N=340 in total). Full psychometric analyses including validity and reliability were conducted.

**Results:** Three key domains related to the burden of leakage were identified: ‘Emotional-Impact’, ‘Usual-and-Social activities’, and ‘Coping-and-Control’. Convergent validity was evaluated by benchmarking to existing HRQoL instruments (domains of SF-36 and Ostomy-Q). This showed significant correlation between domains of the leakage tool and other measures (p<0.001). The correlation was highest between the Emotional-Impact domain when compared with SF-36 Emotional Wellbeing and Ostomy-Q Confidence domain. Internal consistency was high for Emotional-Impact and Usual-and-Social activities (>0.92).

**Conclusions:** This new tool adds value by assessing the burden of leakage in everyday life; and measures impact of current leakage experience with or without the effect of changing to a new stoma appliance.
DETERMINING OF THE PROBLEMS OF INTESTINAL STOMA PATIENTS' SPOUSES

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Aim: The purpose of this cross-sectional and descriptive study was to identify the contributing factors for problems that partners of intestinal stoma patients are experiencing.

Method: The study was performed on 80 stoma patients and their spouses between 2 November 2015 – 29 February 2016 at three university hospitals in Istanbul where they have been operated, and in offices of two of their medical supply companies. Informed consent form has been taken from patients and their spouses. Data were collected by using a questionnaire developed by the investigator.

Results: 62.5% of stoma patients were male, average age was 56.53 ±14.57 and 68.8% were not working after the operation. 60.0% of stoma patients were diagnosed with rectal cancer, 72.5% had open ileostomy and 77.5% received their stoma care by a relative. Average age of spouses was 54.14±13.63 and 62.5% were women, with 30% high school graduates. Average marriage duration was 29.87±14.52 and 70.0% of spouses were non-working. Most common issues of partners are odor, stoma related issues, housework, anxiety, noisy flatulence, cutting the adaptor, hopelessness, and the stoma appearance. Average age of partners with issues in stoma care was statistically higher (p<0.05). Women had statistically more psychological issues than men (p<0.05). Non-working partners had statistically more financial issues (p<0.05). Average age of partners that separate their rooms/bed was statistically higher (p<0.05).

Conclusions: In conclusion, partners of stoma patients experience physical, psychological and social issues. For these issues, ongoing care, consultancy and training should be provided.
Aim and Method: Endometriosis is an unwell known pathology with difficult diagnosis affecting between 2 to 17% women of reproductive age. It’s characterized by the presence of ectopic endometrial tissue outside the uterine cavity. The common symptoms include, pain in the lower abdomen, pelvis or lower back, irregular bleeding between periods or difficulty in getting pregnant. There is no cure for endometriosis and even symptomatic treatment can be difficult. In the case of deep endometriosis, a laparotomy can be undertaken in order to remove areas of endometriosic tissue and thus to help improve symptoms and fertility. During this procedure the surgeon may be led to perform a protective temporary ileostomy. After the surgery, the daily life is improved with less pain.

Results: We will describe the clinical pathway of two women who suffered of severe endometriosis. Both have had a surgery and received a temporary ileostomy during the procedure. Our main objective is to provide them with psychological and emotional support but also with educational trainings on stomacare. We also accompany them in their everyday life of active young woman. In our practice, we note that the pathway is specific for each patient because the evolution and the impact of the disease vary very much from a woman to another.

Conclusions: Although the aetiology of this disease is uncertain, endometriosis has a significant social and psychological impact on women’s lives. The particular pathway of these patients having questioned us, we would like to share our experience.
Aim: The objective of this study is to determine which wounds exhibit high levels of protease activity, with the help of the POC diagnostic test, in order to facilitate a clear decision in the therapeutic treatment of peristomal skin disorders.

Method: After obtaining informed consent were evaluated all stoma patients with peristomal skin disorders from L2 to LX according to SACS classification (patients followed by Ostomy clinics in Empoli, Prato and Florence). 101 surveys were carried out with the POC Diagnostic Test.

Results: Of the 101 surveys conducted in 27 patients (26.7%) it was found a peristomal skin disorder L2 with 20 positive tests (74.1%) and 7 negative (25.9%); the peristomal skin disorders L3 according to SACS classification was detected in 25 patients (24.8%), with a positive findings in 21 patients (84%), and with a negativity Test for 4 patients (16%); for lesion type L4 according to SACS we examined 31 samples (30.7%), with 23 positive (74.2%) and 8 negative (25.8%); as it regards the lesion LX were detected 18 samples (17.8%), with 10 positive tests (55.6%) and 8 negative (44.4%).

Conclusions: The values of positivity fluctuated from 74.1% (L2), 84% (L3), up to 74.2% (L4) signaling an important predictivity of the test even for the peristomal lesions. Conflicting values have come from proliferative lesions, with results substantially overlap between positive 10 (55.6%) and negative 8 (44.4%). The latter value is likely to be associated with different etiology of proliferative lesions which, probably, should be examined individually.
A NARRATIVE MEDICINE PROJECT WITH PEOPLE LIVING WITH A STOMA

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Aim:

Narrative medicine is a wholesome medical approach that recognizes the value of people’s narratives in clinical practice. We have developed a project of Narrative Medicine with people living with a stoma, with the following aims:

- Trace the pathway of care to understand the needs of the patients to hypothesize new services
- Understand the emotional, social, relational impact of the ostomy
- Draw the healthcare personnel’s profile
- Understand the aspects of disease, of illness and sickness

Method:

The narrative plot was created by the Italian ET nurses with the support of ISTUD team. The goal was to collect the narratives of 100 adult patients.

The patients involved were:
- People who had the surgery at least 12 months before
- People who wanted to tell their experience

Three ways to gather the narratives:
- The patients could bring back the narratives putting it in a box or in a closed envelope.
The patients could write in a specific online model
- The patients could write narratives in word file and send it by email

**Results:**

Between October and December 2015, we collected 151 narratives. In the narratives the encounter with the Surgeon is a crucial event during the pathway of care. The ET nurse is the reference point for the patients.

**Conclusions:**

The narrative plot has been evaluated by stoma therapy nurses as a useful tool to understand the soul, the organizational needs and the perception of the old/new identity of patients and their families.
OOPS, MY STOMA HAS SHRUNK

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Aim: To describe early detection of morphological changes in the stoma in order to avoid complications due to inflammation and skin irritation.

Method: Newly-installed stoma patients experience morphological changes of their stoma mainly shape alteration and stoma shrinkage. Consequently, stoma equipment may leak leading to infections and skin irritation – resulting in pain, discomfort, and loss of self-confidence for the patient in this inherently sensitive stage. In addition, stoma equipment already purchased has to be readapted – leading to superfluous expenses on behalf of the health insurer.

The right approach towards problems resolution is forming a smooth transfer of responsibility between the hospital team and that of the community. The community nurse should meet the patient before homecoming, and a future treatment scheme constructed. Treatment program should include:

- Frequent assessment of stoma size and shape;
- Avoidance of pre-cut equipment until wound stabilization;
- Regular contact with the community stoma nurse for troubleshooting and encouragement.

Results: The patient feels confident with medical surveillance outside the hospital’s "greenhouse" atmosphere. Both patient and caregivers have a new, reassuring figure that they can trust and consult. The care umbrella provided by the community stoma nurse assists the patient to become self-supported, regain self-esteem and resume routine activities.

Conclusions: Smooth transition of stoma patient care to the community nurse is a key factor in patient's rehabilitation.
Aim: To describe the process of early relationship of patient/stoma nurse towards homecoming.

The homecoming of a stoma patient is a complex experience: one is leaving the hospital's safe-heaven, where he is surrounded by medical staff and visitors, starting a different life of coping with the new conditions. The earliest source of medical support, both technically and emotionally is the community stoma nurse.

Method: The first contact is formed before release from hospital via phone. This contacts includes mutual introduction, establishment of timetable for future interactions, evaluation of extent of family support, scheduling first home visit, ordering stoma equipment, and providing contact information for stoma nurse and community stoma-support centre which provides 24h support. The home visit is scheduled to include both patient and relevant caregivers. This visit includes: evaluation of surgical process performed and the patients’ readiness to self-stoma-care, assessment of available stoma equipment and assistance in its proper use, hands-on explanation of stoma base functions and troubleshooting, instructions for stoma-base sizing, cutting, cleaning, attaching, wound care etc., and discussion regarding future social worker and dietician consultation. Patients are offered virtual communication via social networks, if applicable

Results: The continuity of the stoma nurse care during transition to homecoming is crucial for both proper medical care and especially in providing personal support in this challenging period.

Conclusions: The community stoma nurse is a key factor in successful rehabilitation of the stoma patient.
[58] STATUS AND LACKS OF OSTOMY CARE FROM THE PERSPECTIVE OF GERMAN ET-NURSES

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Aim:” Evaluation of the status and lacks of ostomy care from the perspective of German-ET.”

Method:” Web-based survey by a structured questionnaire with 28 questions. ET’s, nurses and other persons related to ostomy care were invited to join the survey by email in the time period 09. December 2016 to January 15th 2017.”

Results: “At least 322 ET’s participate on the survey. 76% of the nurse had a qualification on ostomy care and 82% take care of more than 20 patients per year. The majority work at a hospital and 16% in the home care sector and 16% in both areas.

77% of the nurse were well experienced and work in this field for more than five years. The stoma marking is mandatory in 55% normally and in 60% the clearing talk is done by the ET alone and only in 17% together with the surgeon. The reasons for setting the stoma on a different location as planned is in 68% not documented. Interdisciplinary teams are not common and only 61% of the ET’S stated this as mandatory or normally. In 31% no interdisciplinary team is working.

More than 50% of the stoma need additional care due to not ideal location.

For a temporary stoma 68% of the ETs would prefer the colostomy and 77% believe the care of a colostoma is easier compared to a ileostoma.”

Conclusions:” We have a high standard in ostomy care but there is still room and a need for improvement.”
A FIGHT AGAINST ALL ODDS - THE EXPERIENCE OF A COMMUNITY STOMA NURSE

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Aim: To describe the successful intervention of a community stoma care nurse in treatment of a problematical patient

Method: A 58 years old female, presenting with type II diabetes with neuropathy and retinopathy, lipid metabolism disorder, permanent urine catheter, schizophrenia (stabilized under medication). Patient had stoma installed for bowel obstruction. Stoma care is performed by the husband, who is walker-dependent. The family is known to the welfare system.

Patient complained of multiple leaks supplemented by erosion, and pain. She was treated by the nurse at the family clinic, with routine wound care and multiple changes of stoma equipment, with no improvement. Patient was referred to community stoma nurse who re-evaluated the patient. Recommended treatment included meticulous cleaning and drying of the stoma area, using disposable cloths, erosion wound-care using Aquacell AG and hydrocolloid dressings, administration of sealing pasta and appropriate oval pre-cut stoma base.

The family clinic nurse was involved in treatment methodology, so she could closely follow-up on patient's condition.

Results: At 6 weeks’ follow-up meeting the patient showed significant improvement in the erosions both in size and depth. The use of stoma belt was recommended and instructions were provided on proper use. Continuation of treatment was delegated to local nurse, with proper support from the stoma nurse.

Conclusions: Collaboration of the stoma nurse with family-clinic nurse, could bridge the need for frequent observations. Patient's well-being was enhanced, cost of stoma equipment reduced, and further deterioration prevented.
Aim: To present a complicated case of irritant dermatitis following stoma placement that was treated using a barrier ring.

Method: A 59-year male, married+4, presented with history of ulcerative colitis from age of 49. Comorbidities included: ischemic heart disease, type 2 diabetes, hypertension, recurrent CVA. He underwent total colectomy with protective ileostomy. Due to motoric impairment, the patient could not cut the stoma base or use protective paste, and used pre-cut equipment. Two weeks' post-surgery the patient developed severe erosion around the stoma accompanied by pain. The patient was depressed reporting low quality of life due to loss of independence.

The patient was diagnosed with irritant dermatitis due to bad fitting of the stoma bag aperture, which left an exposed crescent-shaped skin area. Skin condition was probably worsened due to the diabetes. Proper training for improved skin contact was offered together with pre-cut matching-size skin protection. In addition, a barrier ring was introduced.

Results: Significant improvement in skin condition was achieved within two weeks. Patient became self-supportive and could resume routine daily activities.

Conclusions: A barrier ring is recommended in more complex cases where some specific conditions apply: patient fails to use the paste tube or the bracket; patient could not correctly assess the size and/or shape of the stoma base; patient has compromised fine motoric functions due to specific anatomic or physiological problems.
[61] CHALLENGES IN TREATMENT OF A STOMA PATIENT - AN ALMOST LOST CASE

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Aim: Describe a specific complicated case, nevertheless relevant to the general population.

Method: 49 years old male, married+1, with non-supportive family. Patient was diagnosed with FAP and colon cancer and had subtotal colectomy with adjuvant treatment. Ten years later he presented with rectal cancer with liver metatheses and had abdominoperineal resection and metatheses removal. Three years later he presented with obstruction of the small intestine and had emergency surgery with loop ileostomy. During 3 months of hospitalization the complex topography of the ileostomy area changed, requiring adaptation of the collection equipment. In addition, the acidic discharge created an almost lost case for self-maintenance.

The case required an "out of the box" approach. The stoma nurse faced with routine treatment and emotional support that was augmented by the need for utilization of rare types of accessories. Specific trial and error processes were compounded through multiple consultations with the literature, leading stoma nurses and industry specialists. Gradually, with a lot of patient reassurance, the proper solution was found.

Results: Patient was released from hospital with independent care of his stoma. Patient is free and confident to resume social activities with no interference from leakage or bad odour. Wound care is excellent and skin condition is uneventful.

Conclusions: Ostomy care nurses have a critical role in the assessment and management of stoma complications. The challenges in almost lost cases can be overcome with collaboration of the patient and the stoma care community.
Aim: Prevention and treatment of nutritional stoma’s associated infections

Method: Scientific literature and professional experience highlight increasingly complexity care associated to clinical risk and/or occurrence of infections linked to nutritional ostomies (gastrostomy, jejunostomy). Hospitals generally experience more problems with drug-resistant microbial strains, often leading to a negative impact on patient’s health, whether they are transferred to their homes or residential facilities. Progressively scarce economic resources available to the healthcare institutes and at the same time the application of new administrative models for the supply of nutrients and medical devices at the patient’s home (External Supply Service) have established the mission to include in the dressing kits delivered to patients, after hospital discharge and subsequent home service supply activation, a solution of Polyhexanide (PHMB) as usage in the course of daily dressings with the aim of managing the bacterial-mycotic biofilm maybe unfortunately present at discharge, or in any case used as a prevention method at home.

Results: The project provide the means of delivering healthcare providers with a product, the PHMB solution, which can eradicate or at least decrease the stomal and peristomal’s skin microbial load, mainly indicated in the management of newly assembled stomas with higher risk of complications.

Conclusions: Implementing this project does not increase costs of National Health Service (SSN) and it permits the distribution of an useful and effective device, possibly helpfully extended in care settings, both nationally and internationally.
ALLERGY TO SOME TYPES OF STOMA EQUIPMENT - CASE REPORT

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Aim: Describe challenges in a complex patient with allergies to some types of stoma equipment.

Method: A 61 YO male, had total colostomy in 2000 because of rectal cancer. Metabolic disorders required total parenteral nutrition (TPN) via a peripherally inserted central catheter (PICC Line) with frequent contaminations. In 2015 presented with active fistula in the abdomen area. Abdomen area has a lot of skin folds which complicates application of stoma equipment. Patient developed allergy to Coloplast and Convatec devices which expressed itself with itching and severe rash that extended to 5-6 cm beyond the stoma ring.

A multidisciplinary team including dietician and social worker were established. Stoma nurse performed special search for alternative stoma equipment and got appropriate solution from Hollister. A registered nurse was hired to replace care provided by patient's wife. Dietician recommended a specific diet and TPN was stopped temporarily. Skin was treated using Cavilon spray and corticosteroid cream. Stoma care inventory was re-evaluated and responsibly for new equipment was exclusively delegated to the nurse.

Results: One month after adjustment to new treatment modalities, the rash disappeared and the TPN restored. Fistula is still active.

Conclusions: The stoma nurse established a new multidisciplinary approach to patient care. Professional stoma, and PICC line care, adjustment of stoma equipment and empowerment of the patient and his family allowed patient to return to normal lifestyle. Close follow-up on purchase and proper use of the equipment, led to significant reduction in cost of the treatment.
A NATIONAL STOMA-CARE SCHOOL IN ISRAEL: BRIDGING THE GAP AND CREATING A COMMUNITY OF STOMA CAREGIVERS

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Aim: To describe a national stoma care school (NSCS) created in Israel.

Method: Launched in May 2016, The National Stoma School in Israel, sponsored by Hollister/Neopharm, has taken on the challenge of reaching and educating stoma nurses in Israel’s stoma-care ecosystem.

As stoma care has evolved, the need for a comprehensive program has become increasingly clear. Existing in-hospital courses and short instructional sessions lacked the depth needed to give nurses the tools to efficiently manage stoma-care. In most cases these trainings excluded nurses in the community where knowledge was urgently needed. Thus, the valuable knowledge of experienced stoma nurses could not be shared with other practitioners in the same field.

The NSCS was founded with the following goals:

- Provide a structured, in-depth program for professional development
- Provide end-to-end education that covers both practical skills as well as the tools needed to meet the patient’s emotional needs
- Provide one program for stoma nurses across different hospitals, departments, and external programs and facilities
- Provide a meeting place where nurses can connect, exchange knowledge, gather information, and foster a supportive professional network

Results: Over three full days of instruction, nurses from across Israel met to learn and perfect their skills, while joining a community of peers that remains active well beyond the course itself.

Conclusions: Stoma care in Israel once restricted to few practitioners is finally receiving its much needed attention.