



# The Outlet

NEW ZEALAND STOMAL  
THERAPY NURSES

## IN THIS ISSUE:

---

**BANISH THE BURN: TACKLING  
STOMA PROLAPSE AND PERISTOMAL  
SKIN COMPLICATIONS**

---

**THE EVOLUTION OF STOMAL THERAPY  
IN AOTEAROA NEW ZEALAND**

---

**NZNO COLLEGE OF STOMAL  
THERAPY NURSING CONFERENCE  
2026 PROGRAMME**

---

—  
NOVEMBER 2025

SenSura® Mio

# For the power of choice

SenSura® Mio in black available soon

For more information, please contact your local Coloplast Representative.

Always read the label and follow the directions for use. Prior to use, be sure to read the Instructions for Use for information regarding intended use, contraindications, warnings, precautions, and instructions.

Coloplast Pty Ltd, PO Box 240, Mount Waverley, VIC 3149 Australia  
[www.coloplast.com.au](http://www.coloplast.com.au) Coloplast and the Coloplast logo are trademarks of Coloplast A/S.  
©2025-10 OST1016 Coloplast A/S. All rights reserved.



Available soon

Diana  
Ostomy Care User

 Coloplast

# The Outlet

NEW ZEALAND STOMAL  
THERAPY NURSES

## CONTENTS

### PROFESSIONAL SECTION

---

- 04 EXECUTIVE COMMITTEE MEMBERS
- 05 EDITORS' REPORT
- 21 WRITING IN THE OUTLET
- 22 AWARDS & GRANTS
- 22 POLICY FOR BERNADETTE HART AWARD
- 23 APPLICATION FOR BERNADETTE HART AWARD

### EVENT SECTION

---

- 06 NZNO COLLEGE OF STOMAL THERAPY NURSING CONFERENCE 2026 PROGRAMME

### EDUCATIONAL SECTION

---

- 10 THE EVOLUTION OF STOMAL THERAPY IN AOTEAROA NEW ZEALAND:  
HISTORY, CHALLENGES, AND FUTURE DIRECTIONS
- 14 AURUM® PROFILE'S ADVANCED APPROACH: ENHANCING PERISTOMAL SKIN HEALTH AND COMFORT
- 17 BANISH THE BURN: TACKLING STOMA PROLAPSE AND PERISTOMAL SKIN COMPLICATIONS

## ENCOURAGING MEMBERSHIP

---

EASY MEMBERSHIP SUBSCRIPTION CAN NOW BE GAINED ON THE WEBSITE

[www.nzno.org.nz](http://www.nzno.org.nz)

IF YOUR ADDRESS HAS CHANGED PLEASE CONTACT

Maree Warne | Email: [maree.warne@hbdhb.govt.nz](mailto:maree.warne@hbdhb.govt.nz)

# Your Executive Committee Members

## COMMITTEE CONTACT



### CHAIRPERSON

**Maree Warne MNSc**  
Clinical Nurse Specialist | Ostomy Service  
Te Matau a Māui Hawke's Bay  
**Email** Maree.Warne@hbdhb.govt.nz



### SECRETARY

**Bronwyn MacKenzie**  
Colorectal CNS  
**Email:** bmackenzie@schb.health.nz



### CO-EDITOR

**Erica Crosby**  
Clinical Nurse Specialist Ostomy  
Te Whatu Ora Counties Manukau  
**Email** crosbye@middlemore.co.nz



### CO-EDITOR

**Preeti Charan**  
Ostomy Clinical Nurse Specialist  
Te Whatu Ora Waitemata  
**Email** Preeti.charan@waitematadhb.govt.nz



### COMMITTEE MEMBER & WCET DELEGATE

**Cathy Enright**  
Specialty Clinical Nurse, Stomal Therapy  
Te Whatu Ora Health NZ Nelson Marlborough  
**Email** Cathy.enright@nmdhb.govt.nz



### TREASURER

**Frances Horan**  
Stomal Therapy Nurse  
Nurse Maude, Christchurch  
**Email:** frances.horan@nursemaude.org.nz

ISSN 2324-4968 (Print) ISSN 2324-4976 (Online)

Copyright ©November 2025 by the New Zealand Nurses Organisation  
College of Stomal Therapy Nursing.

[www.nzno.org.nz/groups/sections/stomal\\_therapy](http://www.nzno.org.nz/groups/sections/stomal_therapy)

**Disclaimer:** The Outlet is the official journal of New Zealand Nurses  
Organisation College of Stomal Therapy Nursing. The opinions and views  
expressed in the Outlet are those of the authors and not necessarily those  
of NZNOCSTN, the editor or executive committee.

Published three times a year by Blacksheepdesign [www.bsd.nz](http://www.bsd.nz)

# Editors' Report

ERICA AND PREETI

As we step into the vibrant energy of spring, there's a renewed sense of growth and possibility in the air. The season reminds us of the resilience that underpins our profession—a theme that continues to guide us as we look ahead to the 2026 NZNOCSTN Conference.

---

As we step into the vibrant energy of spring, there's a renewed sense of growth and possibility in the air. The season reminds us of the resilience that underpins our profession—a theme that continues to guide us as we look ahead to the 2026 NZNOCSTN Conference.

**Resilience: The Enduring Theme of 2026:** The upcoming conference promises to be a cornerstone event, with a programme rich in clinical insight, professional development, and community connection. The theme of resilience—so deeply embedded in our daily practice—will be explored through workshops, keynote sessions, and collaborative forums. I encourage you to review the full programme included in this edition and begin planning your attendance. It's shaping up to be a truly inspiring gathering.

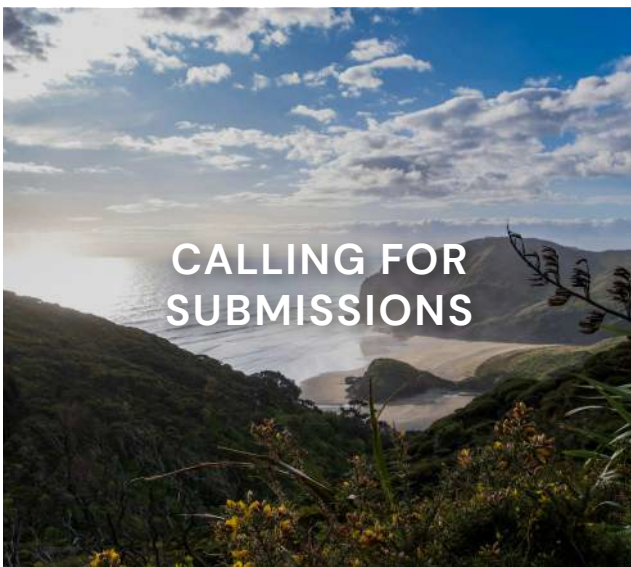
**Reflections from the NZ Ostomates Conference** In September, our chairperson delivered a powerful presentation at the NZ Ostomates Conference titled *The Evolution of Stomal Therapy in Aotearoa New Zealand: History, Challenges, and Future Directions*. This session traced the remarkable journey of STN nursing in New Zealand—from its pioneering roots to the current landscape marked by workforce pressures and evolving patient needs. It was a poignant reminder of the strength and adaptability of our community, and the importance of advocating for sustainable support and recognition.

**Acknowledging Carol Lee** This spring also marks a quiet but meaningful transition for one of our long-standing colleagues. Carol Lee, a steadfast advocate, and clinician in the Waikato region, is retiring after many years of dedicated service. At Carol's request, we won't make a fuss—but it felt right to acknowledge her contribution here. Carol's commitment, compassion, and leadership have left an indelible mark on our profession, and we wish her all the best in this next chapter.

**Looking Ahead** As we approach the end of the year, may you find time to reflect, recharge, and reconnect with what inspires you. Whether you're wrapping up clinical projects, mentoring new colleagues, or simply taking a well-earned break, know that your work matters deeply. We look forward to reconvening in March 2026 with fresh momentum and shared purpose.

Warmest wishes,

**Preeti Charan & Erica Crosby**



## CALLING FOR SUBMISSIONS

We know there are A LOT of patients that have benefitted from the expertise and persistence of Stomal Therapists or those nurses with an interest in caring for people with a stoma or fistula. **WE WANT YOUR STORIES** for this journal. Spread your good work for the benefit of others. We would **LOVE** to hear from you. Please send your submissions to either:

**Please send your submissions to either:**

- [Preeti.charan@waitematadhb.govt.nz](mailto:Preeti.charan@waitematadhb.govt.nz) or
- [Erica.Crosby@middlemore.co.nz](mailto:Erica.Crosby@middlemore.co.nz)



**NZNO COLLEGE OF STOMAL THERAPY NURSING CONFERENCE**  
5 - 6 MARCH 2026 | NOVOTEL CHRISTCHURCH AIRPORT

# RESILIENCE



## REGISTER NOW

Scan the QR Code to view  
the website and to register



PROUDLY PRESENTED IN ASSOCIATION WITH :



# NZNO College of Stomal Therapy Nursing Conference 2026 Programme

DAY ONE: THURSDAY 5 MARCH

Theme:

# RESILIENCE



0830–0900	<b>Registration and Exhibition Open</b>
0900–1000	<b>Pōwhiri &amp; Welcome</b> Maree Warne, ostomy Nurse, Hawkes Bay DHB
1000–1100	<b>Keynote Speaker</b> Jake Bailey, Passionate Educator on Resilience
1100–1130	<b>Morning Tea &amp; Exhibition</b>
1130–1200	<b>Biennial General Meeting (BGM)</b>
1200–1230	<b>Early Closure – Pros &amp; Cons</b> Dr Arend Merrie, Colorectal Surgeon, Auckland Hospital & Auckland Colorectal Centre
1230–1330	<b>Lunch &amp; Exhibition</b>
1330–1400	<b>Sexuality Post-Surgery</b> Dr Arend Merrie, Colorectal Surgeon, Auckland Hospital & Auckland Colorectal Centre
1400–1430	<b>Abdomino-Perineal Resections</b> Dr Tamara Glyn, Senior Lecturer, University of Otago, Christchurch
1430–1500	<b>Abstract Presentation</b>
1500–1530	<b>Afternoon Tea &amp; Exhibition</b>
1530–1600	<b>Abstract Presentation</b>
1600–1630	<b>Radiation Oncology</b> Dr Iain Ward, Radiation Oncologist, St George's Cancer Care Centre
1900–2200	<b>Conference Dinner</b> An Evening in Bloom: Join Us for a Garden Party

# NZNO College of Stomal Therapy Nursing Conference 2026 Programme

DAY TWO: FRIDAY 6 MARCH

Theme:

# RESILIENCE



0800-0830	<b>Registration and Exhibition Open</b>
0830-0900	<b>Welcome &amp; Housekeeping</b>
0900-1000	<b>Ostomate Wellbeing Workshop: Moving Away from Problems and Towards Positive Change</b> Assoc Prof Simon Knowles, Associate Professor of Clinical and Health Psychology and Clinical Psychologist, Swinburne University of Technology, Melbourne
1000-1030	<b>Morning Tea &amp; Exhibition</b>
1030-1200	<b>Assoc Prof Simon Knowles continues</b>
1200-1300	<b>Lunch &amp; Exhibition</b>
1300-1330	<b>Paediatrics</b> Jonathan Wells, Paediatric Surgeon, Christchurch Hospital
1330-1400	<b>Gastroenterologist - High Output Stomas</b> James Flavel
1400-1430	<b>Bowel Motility Unit</b> Danielle Pope, Motility Clinical Nurse Specialist, Christchurch Hospital
1430-1500	<b>Patient Perspective</b>
1500-1530	<b>Afternoon Tea &amp; Exhibition</b>
1530-1600	<b>Abstract Presentation</b>
1600	<b>Conference Close</b>

## CALL FOR ABSTRACTS – NZNOCSTN CONFERENCE 2026

Nurses are warmly invited to submit abstracts for presentation at the 2026 NZNOCSTN Conference. This is a chance to share your clinical expertise, research, and innovations in stomal therapy and contribute to the future of practice in Aotearoa New Zealand.

**Submit your abstract to [erica.crosby@middlemore.co.nz](mailto:erica.crosby@middlemore.co.nz)**

Submissions close 31 January 2026.



convatec | Ostomy Care

# Caring about odour control. That's a healthy bond

Diamonds® Gelling Sachets with ActiveOne™ Odour Control solidifies semi-formed to liquid stool and lessens excess gas for a flatter and more discreet pouch.



## New ESENTA™ Diamonds®

It's the same Diamonds® Gelling Sachets you know and trust, now with a brand new look.

- Super-absorbent gelling sachets.
- Reduces or eliminates excess gas by solidifying semi-formed to liquid stool.
- Achieves a flatter pouch for a more discreet look.
- Reduce leakage caused by draining or gas for a better night's sleep.
- ActiveOne™ Odour Control for less worry.

For more information, please call 0800 225 4309 or email [connection.nz@convatec.com](mailto:connection.nz@convatec.com)

# ESENTA™

# The Evolution of Stomal Therapy in Aotearoa New Zealand: History, Challenges, and Future Directions

BY MAREE WARNE, CHAIRPERSON NZNOCSTN

Stomal therapy in Aotearoa New Zealand has evolved from an informal area of postoperative care into a recognised clinical nursing specialty, providing vital physical, psychological, and educational support for people living with a stoma. This paper traces the historical development of stomal therapy nursing in New Zealand, examines the challenges related to education, workforce, and health system restructuring, and discusses the ongoing collaboration between healthcare professionals, patient advocacy groups, and industry partners. The paper concludes by identifying key areas for investment and reform necessary to sustain this essential specialty and improve outcomes for patients and the nursing workforce alike.

## INTRODUCTION

---

The creation of a stoma—whether colostomy, ileostomy, or urostomy—represents not only a surgical intervention but a profound life adjustment for patients. Stomal therapy has developed in parallel with advances in surgical technique, innovation in ostomy appliance design, and the growing recognition of the need for specialised nursing care.

In Aotearoa New Zealand, this field has grown through the dedication of pioneering nurses, the support of patient advocacy groups, and the collaboration of industry partners. However, persistent challenges remain in education, workforce sustainability, and equitable access to care.

## HISTORICAL DEVELOPMENT OF STOMAL THERAPY NURSING

---

### Early Beginnings and International Influence

The development of stoma appliances has been intrinsically linked with the evolution of colorectal and urinary diversion surgery. As surgical safety improved through the mid-20th century, the need for specialist postoperative support became apparent, giving rise to the discipline of enterostomal therapy.

In New Zealand, the modern practice of stomal therapy can be traced to Ruth Wedlake, who, in 1972, became the first New Zealand nurse to complete formal training in enterostomal therapy at the Cleveland Clinic in the United States. Upon returning home, she was appointed as the first Enterostomal Therapist at Dunedin Hospital, laying the foundation for the specialty nationally.

### Establishment of Professional Networks

Recognising the importance of professional collaboration and advocacy, Wedlake and her colleagues established a committee to represent the specialty. In 1980, this group affiliated with the New Zealand Nurses Association, becoming the Enterostomal Therapy Section, later renamed the NZNA Stomal Therapy Section, and, since 2015, the New Zealand National Organisation of Stomal Therapy Nurses (NZNOCSTN).

The organisation's mission has remained consistent: to advance clinical excellence, promote education and research, and support nurses and patients within this field.

## EDUCATION AND TRAINING

---

### Historical Context

Formal education in enterostomal therapy began in New Zealand in 1984 with a year-long course designed to equip nurses with the required clinical and theoretical knowledge. Unfortunately, this programme ceased in 2001, creating a lasting gap in domestic training options.

### Current Pathways and Barriers

At present, New Zealand nurses seeking specialist training must undertake education in Australia. Two principal programmes are available:

1. **Curtin University (Perth):** Graduate Certificate in Wound, Ostomy and Continence Practice (postgraduate level; approximately AUD \$13,000; includes a two-week in-person practicum in Perth).
2. **Australian College of Nursing:** Graduate Certificate in Stomal Therapy Nursing (approximately AUD \$7,000; delivered online; not recognised at postgraduate level).

Both options impose significant financial and logistical barriers for New Zealand nurses, often without access to funding or study leave. Consequently, local capacity for training and professional development remains limited, hindering workforce growth and succession planning.

## THE CURRENT WORKFORCE

---

It is estimated that approximately 30 nurses in New Zealand hold a recognised postgraduate qualification in stomal therapy, supported by a further 50–100 clinical specialty nurses employed by Te Whatu Ora – Health New Zealand to deliver ostomy care without formal postgraduate certification.

The demands of this workforce continue to grow as patient numbers increase and healthcare settings evolve. Most services are now clinic-based rather than home-based, reflecting broader systemic shifts in healthcare delivery. Despite Ministry of Health specifications recommending reassessment of each person with a stoma every two years, current service capacity does not permit full compliance with this standard.

## PATIENT ADVOCACY AND SUPPORT NETWORKS

---

From the earliest days of stomal therapy, peer support has been central to patient wellbeing. In 1972, with encouragement from Ruth Wedlake, the New Zealand Council of Ostomy Associations was established, later becoming the Federation of New Zealand Ostomy Societies (incorporated in 1981).

The Federation provides advocacy, information, and mutual support, ensuring that people living with a stoma—known as ostomates—are not isolated in their experience. This partnership between patients and healthcare professionals remains fundamental to holistic ostomy care.

## THE ROLE OF INDUSTRY IN ADVANCING CARE

---

Ostomy product manufacturers have played an integral role in improving quality of life for ostomates. Through collaboration with patients and clinicians, these companies have developed pouching systems that are more comfortable, reliable, and skin-friendly.

Beyond product development, industry partners contribute to the ongoing education of Stomal Therapy Nurses by funding conferences, delivering training, and supporting access to resources. Such partnerships foster innovation and ensure that both patients and clinicians remain informed and empowered.

## CONTEMPORARY CHALLENGES IN THE HEALTH SYSTEM

---

### Structural Reform and Workforce Uncertainty

The transition from District Health Boards to Te Whatu Ora – Health New Zealand was designed to create consistency and equity across regions. However, large-scale restructuring has introduced uncertainty for staff, disrupted established teams, and complicated service planning.

### Funding and Resource Constraints

Reductions in funding across multiple sectors of healthcare have placed increasing strain on specialty services. These constraints translate into staff shortages, reduced access to education, and limitations on service delivery. Sustained underinvestment risks compromising the quality of patient care and eroding workforce morale.

### Access and Equity Issues

Reviews of medical device funding, including ostomy appliances, have generated concern among both clinicians and patients. The potential withdrawal or restriction of established products threatens continuity of care and patient confidence. Access to appropriate and reliable devices is not merely a logistical issue—it is integral to dignity, autonomy, and quality of life.

### Rising Demand and Changing Demographics

New Zealand's ageing population has led to an increase in complex, multimorbid patients requiring ostomy formation and ongoing care. This demand places additional pressure on an already stretched workforce. The need for comprehensive, integrated, and patient-centred care is greater than ever.

**DISCUSSION**

The story of stomal therapy in Aotearoa New Zealand is one of progress built on dedication, collaboration, and advocacy. Yet, its sustainability is threatened by educational barriers, funding limitations, and workforce challenges. To secure the future of this specialty, several priorities emerge:

1. **Re-establishing local education programmes** to reduce barriers to specialist qualification.
2. **Ensuring stable funding and workforce planning** to support both acute and community-based care.
3. **Protecting specialist nursing roles** within broader health system reforms.
4. **Maintaining equitable patient access** to evidence-based ostomy products and services.

These steps are essential to preserve the quality of care and uphold the professional integrity of stomal therapy nursing.

**CONCLUSION**

Stomal therapy in New Zealand represents a remarkable journey—from the pioneering efforts of Ruth Wedlake in the 1970s to the dedicated practice of today’s specialist nurses. The specialty has advanced through innovation, research, and an unwavering commitment to patient dignity and independence.

However, sustaining this progress requires renewed investment in education, workforce development, and systemic support. Collaboration between clinicians, patients, industry, and policymakers remains vital to ensuring equitable, high-quality care for all people living with a stoma.

Ultimately, stomal therapy is not solely about managing surgical outcomes—it is about restoring autonomy, confidence, and quality of life. As such, it deserves both recognition and protection within the modern healthcare landscape.

Proud to be



Scan to find out more

Welland®, the Welland logo™ and Aurum® are trademarks of CliniMed (Holdings) Ltd.

**Aurum® Plus**  
Soft Convex



**Why Skin Health Accreditation Matters?**

- Independent validation (based on clinical trials, product ingredients, user trials) that our products **meet or exceed the scientific standards of skin safety and efficacy**
- Helps you recommend with confidence, knowing that our products are **safe to use, kind to the skin**

**Call 0800 440 027 to request samples of Aurum® Plus Soft Convex**



NZ 0800 440 027

info@omnigon.com.au  
www.omnigon.com.au



**OMNIGON**

# New full barrier urostomy range now available in NZ

Your patients will feel the difference with CeraPlus™ Barriers. Our hydrocolloid Skin Barriers are infused with moisturising ceramides for reliable adhesion that's kind to the skin, reducing water loss and protecting stoma skin health.



**Diamond Orientation**



**Multi-chamber construction**

Channels the urine down the centre and sides of the pouch, which may result in a discreet profile.



**NEW**



**Ceramide infused skin barrier**

Ceramide is a natural component of human skin. It helps prevent water loss that can lead to skin damage and dryness\*.



**Enhanced-flow control tap**

Softer tap which may increase comfort and ease of use.

**To view the full range and order samples please visit the nurse portal or contact customer service on 0800 678 669.**

\*Corderch L, Lopez O, de la Maza O, Para JL. Ceramides and Skin Function. AM J Clin Dermatol. 2003; 4(2): 107-129. (v1.0) p.2,7.

Prior to the use, be sure to read the Instructions for Use for information regarding Intended Use, Contraindications, Warnings, Precautions, and Instructions.

Hollister, the Hollister logo and CeraPlus are trademarks of Hollister Incorporated. ©2025 Hollister Incorporated. AUH376. October 2025.

Find out more at [www.ostomynurseportal.co.nz](http://www.ostomynurseportal.co.nz) or call **0800 678 669**

# Aurum® Profile's Advanced Approach: Enhancing Peristomal Skin Health and Comfort

BY SHARRYN COOK, CLINICAL NURSE SPECIALIST FOR WOUND AND STOMA THERAPY, TE WHARA ORA MARLBOROUGH

This case study presents the management of a 92-year-old gentleman with a mucocutaneous dehiscence following colostomy formation. It highlights how the introduction of Aurum® Profile significantly improved his peristomal skin condition, extended pouch wear time, and enhanced his overall quality of life. His story highlights substantial improvements over two months, including wound healing, resolution of inflammation, and increased pouch wear time to three days.

## ABOUT THE PATIENT

92-year-old gentleman, experiencing exposed peristomal area leading to infection, impaired healing, and discomfort.

## CLINICAL NEED

To find an advanced pouching system that could address both the functional and therapeutic requirements of this challenging peristomal wound environment.

## CARE PATHWAY

Aurum® Profile

## PATIENT ASSESSMENT

Mr. T is a lovely gentleman full of life and spirit. Recently, Mr. T faced a significant health challenge: a sigmoid volvulus. This required the formation of a colostomy, a procedure that, while lifesaving, presented its own set of challenges. Socially, Mr. T resides with his wife in an aged residential care facility, where he is supported in maintaining independence and mobilises with a four-wheeled walker.

## CLINICAL NEED

Following colostomy formation, Mr. T developed a mucocutaneous dehiscence at the stoma site. This complication left a larger exposed peristomal area that was vulnerable to infection, impaired healing, and discomfort. The breakdown of skin integrity significantly impacted his recovery and quality of life, making pouching more difficult and less secure. The clinical need was therefore to find an advanced pouching system that could address both the functional and therapeutic requirements of this challenging peristomal wound environment.

## CARE PATHWAY

To address these challenges, the Aurum® Profile pouch was introduced. This product was selected for its dual benefits: the soft, conformable flange that relieves pressure around irregular stoma contours, and the skin-friendly hydrocolloid with medical-grade Manuka honey.





*Figure 1: Shows mucosal separation and irritation to the peristomal skin.*



*Figure 2: Two months use of Aurum® Profile.*

## CLINICAL OUTCOME

After two months of consistent use of the Welland Aurum® Profile pouch, Mr. T demonstrated marked improvement in his peristomal skin condition. The wound showed a significant reduction in both area and depth, with clear evidence of healthy granulation tissue and epithelialisation. Redness and inflammation had resolved, and no further signs of infection were present. To provide additional security and confidence, Welland HydroFrame® with Manuka honey was used around the flange edges, further protecting the peristomal skin and extending wear time. Mr. T was able to achieve a reliable three-day pouch wear time, compared to his previous frequent changes due to leakage and skin irritation. Importantly, he reported a dramatic improvement in his quality of life. The resolution of pain, reduction in pouch-related anxiety, and restored confidence enabled him to return to his usual activities within the residential care facility. He regained a sense of independence and dignity, which was a key goal of care.

## OVERVIEW

This case study highlights the management of a 92-year-old male patient who developed a mucocutaneous dehiscence following colostomy formation for sigmoid volvulus. The complication resulted in significant peristomal skin breakdown, increasing the risk of infection, reducing pouch wear time, and negatively impacting quality of life. Given the patient's advanced age, comorbidities, and vulnerability to delayed healing, an innovative solution was required. The Welland Aurum® Profile pouch was selected due to its conformable design and Manuka honey flange. Over a two-month period, the patient demonstrated substantial clinical improvement. The peristomal wound reduced in size and depth, healthy tissue regeneration was evident, and pouch wear time increased to three days. The addition of Welland HydroFrame® with Manuka honey provided further security and skin protection. Importantly, the intervention restored the patient's confidence and independence, allowing him to resume daily activities without ongoing anxiety about leakage or discomfort. The study illustrates the potential of honey-based ostomy care products to optimise peristomal skin health, support wound healing, and improve overall quality of life in complex cases.



Stoma  
Skin  
Soul



“I love this product  
because most of all it  
gives me confidence”

Jim, Cancer Dynamo

Designed to stop leakage before it happens

## NEW NovaLife TRE™ urostomy pouch

- NovaLife TRE™ is a unique skin barrier that contains super absorbers that swell and expand when in contact with moisture, forming a secure seal to protect the skin<sup>1</sup>
- Anti-bulge valve and discretion dot features can greatly reduce pouch bulging<sup>2</sup>
- The EasiView™ viewing option provides discretion and allows observation of stoma and urine if needed.
- The improved tap of the NovaLife TRE™ urostomy pouch is adjustable and allows safe and controlled emptying of the pouch.



To view Jim's  
review scan  
this code

To order a sample, call our **Customer Service team on 0800 678 669**  
or contact your local **Dansac Territory Manager**.

1. Dansac data on file, LN-06224,07/22.

2. When compared to Nova urostomy pouch.

Prior to use, be sure to read the Instructions for Use for information regarding Intended Use, Contraindications, Warnings, Precautions, and Instructions.

Dansac, the Dansac logo and TRE are trademarks of Dansac A/S. All other trademarks and copyrights are the property of their respective owners. ©2025 Dansac A/S. DAN082. June 2025.



# Banish the Burn: Tackling Stoma Prolapse and Peristomal Skin Complications

BY SHARRYN COOK, CLINICAL NURSE SPECIALIST FOR WOUND AND STOMA SERVICES, TE WHATU ORA NELSON/MARLBOROUGH

## ABSTRACT

**Stoma prolapse is a recognised complication of ostomy formation, with reported incidence rates varying from between 2% and 26%.<sup>1</sup> While more commonly associated with loop stomas, prolapse can occur with any stoma type and affects approximately 2% to 10% of colostomy patients – rising to as high as 30% in cases involving the transverse colon.<sup>2</sup>**

Peristomal skin complications, including irritant contact dermatitis, are frequently seen with prolapse and are often linked to poor appliance fit and subsequent leakage.<sup>3</sup> These challenges can compromise skin barrier adherence, skin integrity, and overall quality of life.<sup>4</sup>

Although conservative management strategies of a stoma prolapse may offer temporary relief, long-term success often hinges on the selection of the appropriately fitting, as well as the skin barrier technology to support skin health. In this case study, a skin barrier seal, designed to provide secure adhesion, absorb excess moisture and buffer pH, together with resizing of the pouch aperture, produced rapid clinical improvement: reduced leakage, marked improvement of peristomal skin integrity within one week, and improved patient confidence

This case study highlights the importance of individualised stoma care, interdisciplinary collaboration, and the integration of advanced barrier solutions to optimise outcomes for older adults experiencing stoma-related complications.

## PATIENT OVERVIEW

The patient is an 81-year-old male who presented with a complex medical history, including ischaemic heart disease (resulting in a coronary heart bypass graft), type II diabetes mellitus, gout, dyslipidaemia, and recurrent episodes of sigmoid volvulus. He also required an indwelling urinary catheter due to benign prostatic enlargement, with no associated bladder abnormalities.

At the time of presentation, the patient had been visiting his daughter in the South Island of New Zealand, although he normally resides with his wife in the North Island. He remained independent with activities of daily living and did not require mobility aids, however, was he unable to drive due to his health condition. He was a non-smoker and did not consume alcohol.

The patient was admitted with another episode of sigmoid volvulus – his latest in a series of recurrent obstructions. Sigmoid volvulus occurs when the sigmoid colon twists upon itself, leading to bowel obstruction.<sup>5</sup> This torsion can compromise vascular supply to the affected bowel segment, potentially resulting in colonic ischemia, gangrene, perforation, peritonitis and obstruction.<sup>6,7</sup> Sigmoid volvulus is the most common form of colonic volvulus and is frequently observed in elderly, debilitated patients, particularly those with chronic constipation.<sup>1</sup>

Due to the frequency and severity of the patient's episodes of sigmoid volvulus, conservative management was no longer viable, and surgical intervention was deemed necessary. He underwent a sigmoidectomy with the formation of a permanent colostomy, a procedure in which the colon is diverted to an abdominal opening, creating a stoma for waste elimination.<sup>8</sup>

While colostomy formation effectively resolved the immediate threat of bowel obstruction, it introduced new challenges, as post-operatively the patient developed a stoma prolapse, a condition characterised by abnormal protrusion of the bowel through the stoma.<sup>3</sup> This complication is often associated with weakened abdominal fascia, increased intra-abdominal pressure, or obesity.<sup>2</sup> For the patient, this meant that a portion of the bowel was protruding through the stoma opening, causing significant discomfort and posing risks to the integrity of the stoma itself.

Additionally, the inability to achieve a secure seal with the ostomy pouching system resulted in persistent leakage and significant skin irritation. This led to the development of contact irritant dermatitis affecting the peristomal area. The ensuing inflammation and discomfort not only complicated routine stoma care but also had a detrimental impact on the patient's overall quality of life.<sup>8</sup>

## ACTION

Management of the patient's stoma prolapse began with conservative measures, including gentle manual reduction, cold compresses, and the application of sugar to reduce swelling, which are documented management strategies.<sup>1,2,9</sup> These interventions were discussed with the surgical team prior to discharge, with the understanding that further surgical intervention may be considered if complications persisted.

The patient understood the importance of preventing stoma seepage into the wound and worried constantly whether his pouch was adhering securely to his skin.

Although larger capacity pouching systems with extended adhesive areas are often recommended for prolapsed stomas,<sup>3</sup> the ward staff had cut the pouch opening excessively large to accommodate the prolapse, inadvertently compromising the seal and contributing to peristomal skin irritation due to leakage of stoma effluent onto the skin. This caused further visible peristomal skin irritation (figure 2).

To address this, a Dansac TRE™ seal (figure 1) was introduced, selected for its ability to swell and conform to the stoma shape, adapt to body movement, whilst also being easy to remove and gentle on the skin, minimising skin irritation during pouch changes.

The pouch was also resized to fit appropriately around the stoma, eliminating gaps and improving adhesion.

A coordinated interdisciplinary approach underpinned all clinical decisions. The surgical team advised on the necessity and timing of conservative versus surgical options and the Stomal Therapy Nurse (STN) linked in to lead with peristomal, skin assessment, pouching system reassessment and barrier selection.

Importantly, the STN provided hands-on support to ward staff, demonstrating correct aperture sizing, barrier application and pouch change technique. The STN also delivered individualised patient education and gave reassurance, acknowledging that a prolapse can be distressing, heighten anxiety and complicate pouch changes.<sup>3</sup>

## RESULTS

Within one week of using the Dansac TRE™ seal, the patient's peristomal skin showed marked improvement (figure 3).

The patient was now able to wear a pouch for 2 to 3 days without discomfort, and no leakage was occurring.

The prolapse decreased in size, and the patient reported increased confidence in managing his stoma.



Figure 1: Dansac TRE™ seal

## ABSORPTION

The Dry Lock technology in TRE™ barriers is designed to absorb a large amount of liquid, pulling it away from the skin, helping the skin to remain dry

## PH BUFFERING

Should digestive enzymes get on the skin, pH buffering helps create an undesirable environment for digestive enzymes, helping decrease their skin-damaging effects.

## DISCUSSION

This case underscores three interrelated themes:

### The frailty of Geriatric Patients.

Elderly patients often have diminished reserves and are more susceptible to complications following surgery. Post operative complications include age-related changes to skin integrity, multimorbidity and functional limitation which require proactive and individualised stoma care.<sup>10</sup>

### The importance of long-term stoma care

Long-term stoma management requires ongoing proactive education, assessment and support to prevent peristomal skin complications, including peristomal skin irritation, and to manage complications such as prolapse.<sup>11</sup>

### The need for Interdisciplinary Collaboration

Managing complex cases like this necessitates a collaborative approach involving surgeons, nurses, stoma / wound care specialists, and the patient. Each discipline plays a vital role in ensuring safe, effective and compassionate care, which in turn can reduce avoidable peristomal skin complications, increase confidence and support independence.<sup>12</sup>



Figure 2: Prolapsed stoma with visible peristomal irritation



Figure 3: One week later – resolved skin irritation and reduced prolapse

## CONCLUSION

This case study demonstrates how targeted nursing interventions can successfully address stoma prolapse and alleviate peristomal skin complications, including contact irritant dermatitis caused by leakage – ultimately enhancing the patient’s comfort, confidence, and quality of life. It also highlights the multifaceted challenges of caring for elderly patients with chronic conditions and highlights the importance of individualised stoma care.

For older adults with frailty and comorbidities, precise skin barrier fit and proactive skin protection are critical to maintaining wellbeing. In this case, the introduction of the Dansac TRE™ seal not only resolved skin irritation but also significantly reduced the patient’s anxiety around leakage.

This outcome reinforces the value of interdisciplinary collaboration and patient-centred education in achieving optimal stoma management. The insights gained offer practical guidance for clinicians navigating the complexities of stoma prolapse and peristomal skin care in geriatric populations.

## REFERENCES

1. Theofanis, G., Saedon, M., Soo Hua Kho, Mulita, F., Germanos, S., & Leung, E. (2017). Avoiding emergency stoma surgery with the use of sugar. *British Journal of Nursing*, 26(22), S24–S26. <https://doi.org/10.12968/bjon.2017.26.22.S24>
2. Kotaro Maeda. (2022). Prolapse of intestinal stoma. *Annals of Coloproctology*, 38(5), 335–342. <https://doi.org/10.3393/ac.2022.00465.0066>
3. Dukes, S. (2010). Considerations when caring for a person with a prolapsed stoma. *British Journal of Nursing*, 19(17), S21–S26. <https://doi.org/10.12968/bjon.2010.19.Sup7.78571>
4. Bock, R. D. E., Vaughan-Shaw, P. G., Clark, A. J., Collie, M., Collins, D., Duff, M., Goodbrand, S., Mander, J., Ventham, N. T., Paterson, H. M., Potter, M. A., Reddy, C., Speake, D., Din, F. V. N., Dunlop, M. G., & Smith, G. (2025). Survival outcomes in patients with sigmoid volvulus. *International Journal of Colorectal Disease*, 40(1), 142. <https://doi.org/10.1007/s00384-025-04920-y>
5. Hedegaard, C. J., Ajslev, T. A., Zeeberg, R., & Hansen, A. S. (2020). Leakage and peristomal skin complications influences user comfort and confidence and are associated with reduced quality of life in people with a stoma. *World Council of Enterostomal Therapists Journal*, 40(4), 23–29.
6. Awedew, A. F., Asefa, Z., & Enkoye, B. D. (2023). Comparing Resection and Primary Anastomosis versus Hartmann’s Stoma on the Mortality and Morbidity of Gangrenous Sigmoid Volvulus: Systematic Review and Meta-Analysis. *Ethiopian Journal of Health Sciences*, 33(6), 1087–1096. <https://doi.org/10.4314/ejhs.v33i6.19>

7. Moro-Valdezate, D., Martín-Arévalo, J., Pla-Martí, V., García-Botello, S., Izquierdo-Moreno, A., Pérez-Santiago, L., Pedrós-Giménez, J. M., Villagrasa, R., Peña, A., & Espí-Macías, A. (2022). Sigmoid volvulus: outcomes of treatment and predictors of morbidity and mortality. *Langenbeck's Archives of Surgery*, 407(3), 1161–1171. <https://doi.org/10.1007/s00423-022-02428-5>
8. Marinova, P., & Marinova, R. (2024). Patient-centred stoma care support: colostomy patients. *British Journal of Community Nursing*, 29(10), 494–502. <https://doi.org/10.12968/bjcn.2024.0088>
9. Brewster, E., & Superville, S. S. (2021). Reduction of incarcerated prolapsed colostomy using sugar in the setting of recurrent ovarian cancer. A Case report and review of the literature. *European Journal of Surgical Oncology*, 47(2), e13.
10. Leite Junior, V. D. O., Vieira, G. G., Lima, K. S., Costa, S. M., Carvalho, A. R. B. D., Soeiro, V. M. D. S., Silva Caldas, A. C., Abreu Lima, R., Ribeiro Azevedo, P., Silva Dias, R., & Alves de Sousa, S. D. M. (2025). Quality of Life and Its Determinants in Older Adults with Intestinal Stomas: A Cross-Sectional Study. *International Journal of Environmental Research and Public Health*, 22(3). <https://doi.org/10.3390/ijerph22030375>
11. He, D., Liang, W., Yao, Q., Zhao, J., Liu, R., Chen, G., Wang, H., Ye, X., & Huang, R. (2021). The effect of stoma education class on peristomal dermatitis in colorectal cancer patients with defunctioning ileostomy—a retrospective study of 491 patients. *Translational Cancer Research*, 10(2), 581–588. <https://doi.org/10.21037/TCR-20-3267>
12. Glass, A., Monroe, M., & Davies, C. (2022). The Effect of a Multidisciplinary Stoma Team on Anxiety and Distress in Patients Undergoing Colorectal Stoma Surgery. *Journal of Oncology Navigation & Survivorship*, 13(7), 212–215.

# THIS IS LIFE





eakin dot

**Life is different with a stoma, but it can still be incredibly rewarding. Celebrate every little win along the way with the support of the most secure pouch on the market.<sup>1</sup>**

Feel secure wherever life takes you! **UNLOCK YOUR UNSTOPPABLE** with eakin freeseal®!





For samples or more information call **0800 449 027**, email [info@omnigon.com.au](mailto:info@omnigon.com.au) or visit [www.omnigon.com.au](http://www.omnigon.com.au)



1 T.G. Eakin Laboratory Testing Summary report, skinsmart hydrocolloid 2020 (Data on file)

# Writing in The Outlet

## PURPOSE

The Outlet is the journal representing the New Zealand Nurses Organisation College of Stomal Therapy Nursing (NZNOCSTN), and has a strong focus on the specialty nursing area of Stomal Therapy. Local input is encouraged and supported. The editors of The Outlet are appreciative of the opportunity to assist and mentor first time publishers or to receive articles from more experienced writers. The guidelines below are to assist you in producing a clear, easy to read, interesting article which is relevant.

The main goal of writing for the Outlet is to share research findings and clinical experiences that will add value and knowledge to clinical practice of others. The essence of writing for The Outlet is a story or research study, told well and presented in a logical, straight forward way.

Readers of The Outlet are both generalist nurses and specialist Stomal Therapists. Articles should be focused on what a nurse/patient does; how a nurse/patient behaves or feels; events that have led to the situation or on presenting your research methodology and findings. Linking findings to practice examples often increases comprehension and readability. Addressing questions related to the who, what, why, when, where, and/or how of a situation will help pull the article together.

## GUIDELINES

### Writing Style

Excessive use of complicated technical jargon, acronyms and abbreviations does not add to the readability of an article and should therefore be avoided if possible. Short sentences rather than long running ones are more readable and generally promote better understanding. The Outlet has a proofing service to assist with spelling, grammar etc.

### Construction of the Article

It may help in planning your article if you bullet point the key concepts or points, format a logical paragraph order and then write the article from that plan.

### Article Length

There are no word limits for publishing in The Outlet. First time writers may like to limit themselves to 2500–3000 words which is approximately three published pages.

### Photographs, Illustrations, Diagrams, Cartoons

These are all welcome additions to any article. Please email these with your article providing a number sequence to indicate the order in which you wish them to appear and a caption for each.

## Copyright

The NZNOCSTN retains copyright for material published in The Outlet. Authors wanting to republish material elsewhere are free to do so provided prior permission is sought, the material is used in context and The Outlet is acknowledged as the first publisher. Manuscripts must not be submitted simultaneously to any other journals.

## Referencing

The preferred referencing method for material is to be numbered in the body of the work and then to appear in the reference list as follows:

1) North, N.& Clendon, M. (2012) A multi-center study in Adaption to Life with a Stoma. *Nursing Research* 3:1, p4–10

Most submitted articles will have some editorial suggestions made to the author before publishing.

## Example Article Format Title

As catchy and attention grabbing as possible. Be creative.

## Author

A photo and a short 2–3 sentence biography are required to identify the author/s of the article.

## Abstract

Usually a few sentences outlining the aim of the article, the method or style used (e.g. narrative, interview, report, grounded theory etc.) and the key message of the article.

## Introduction

Attract the reader's attention with the opening sentence. Explain what you are going to tell them and how a literature review must be included.

## Literature Review

If publishing a research paper.

## Tell Your Story

Ask yourself all these questions when telling your story. Who was involved, history of situation, what happened, your assessment and findings, why you took the actions you did and the rationale for these? Your goals/plan. The outcome. Your reflection and conclusions. What did you learn? What would you do differently next time?

Remember there is valuable learning in sharing plans that didn't achieve the goal you hoped for.

Patient stories are a good place to start your publishing career and nurses tell great stories. As editors we encourage you to experience the satisfaction of seeing your work in print and we undertake to assist in every way that we can to make the publishing experience a good one.

NB: Written in conjunction with NZNO Kai Tiaki Publishing Guidelines

# Awards & Grants

Available to ALL members of NZNOCSTN.

Review full information on NZNOCSTN web site.

## Bernadette Hart Award

Section members may make application annually for the Bernadette Hart Award. The award is for conference or course costs. See full history of award on NZNOCSTN web site.

**Applications close on 20 July annually.**

## Policy for Bernadette Hart Award

### PROCESS

- The Bernadette Hart Award (BHA) will be advertised in the NZNOCSTN Journal The Outlet
- The closing date for the BHA applications is 20 July each year
- The NZNOCSTN Executive Committee will consult and award the BHA within one month of the closing date
- All applicants will receive an email acknowledgement of their application
- All applicants will be notified of the outcome, in writing, within one month of the closing date
- The monetary amount of the award will be decided by the NZNOCSTN Executive Committee. The amount will be dependent on the number of successful applicants each year and the financial status of the BHA fund
- The name of the successful applicants(s) will be published in the NZNOCSTN Journal The Outlet
- The BHA Policy will be reviewed annually by the NZNOCSTN Executive Committee.

### CRITERIA

- The applicant(s) must be a current member of the NZNOCSTN and have been a member for a minimum of one year
- Successful applicant(s) must indicate how they will use the award. The award must be used in relation to Stomal Therapy nursing practice
- The applicant(s) previous receipt of money (within the last five years) from the NZNOCSTN and/or the BHA will be taken into consideration by the NZNOCSTN Executive Committee when making their decision. This does not exclude a member from reapplying. Previous receipt of the BHA will be taken into account if there are multiple applicants in any one year
- The funds are to be used within 12 months following the receipt of the BHA.

### FEEDBACK

- Submit an article to The Outlet within six months of receiving the BHA. The article will demonstrate the knowledge gained through use of the BHA

and/or

- Presentation at the next NZNOCSTN Conference. The presentation will encompass the knowledge/nursing practice gained through the use of the BHA.

# Application for Bernadette Hart Award

## CRITERIA FOR APPLICANTS

- Must be a current full or life member of the NZNO College of Stomal Therapy Nursing (NZNOCSTN) for a minimum of one year
- Present appropriate written information to support application
- Demonstrate the relevance of the proposed use of the monetary award in relation to stomal therapy practice
- Provide a receipt for which the funds were used
- Use award within twelve months of receipt
- Be committed to presenting a written report on the study/undertaken or conference attended or write an article for publication in The Outlet or to present at the next national conference

## APPLICATIONS CLOSE 20 JULY (ANNUALLY)

### SEND APPLICATION TO:

Email: emma.ludlow@middlemore.co.nz

## BERNADETTE HART AWARD APPLICATION FORM

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mob: \_\_\_\_\_

Email: \_\_\_\_\_

## STOMAL THERAPY DETAILS

Practice hours Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_

Type of Membership  FULL  LIFE

## PURPOSE FOR WHICH AWARD IS TO BE USED

(If for Conference or Course, where possible, please attach outlined programme, receipts for expenses if available)

- Outline the relevance of the proposed use of the award to Stomal Therapy

## EXPECTED COSTS TO BE INCURRED

Fees: (Course/Conference registration)

\$ \_\_\_\_\_

Transport: \$ \_\_\_\_\_

Accommodation: \$ \_\_\_\_\_

Other: \$ \_\_\_\_\_

Funding granted/Sourced from other Organisations

Organisation:

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

## PREVIOUS COMMITMENT/MEMBERSHIP TO NZNOSTS

Have you been a previous recipient of the Bernadette Hart award within the last 5 years?

Yes (date) \_\_\_\_\_

No

Please Indicate ONE of the below: (please note this does not prevent the successful applicant from contributing in both formats).

Yes I will be submitting an article for publication in 'The Outlet' (The New Zealand Stomal Therapy Journal).

Yes I will be presenting at the next National Conference of NZNOCSTN.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_



# The Outlet

NEW ZEALAND STOMAL  
THERAPY NURSES



NGĀ MIHI NUI