The Outlet

NEW ZEALAND STOMAL
THERAPY NURSES

IN THIS ISSUE:

NOVEMBER 2023


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The Outlet

NEW ZEALAND STOMAL
THERAPY NURSES

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Your Executive Committee Members

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Chairperson's Report

EMMA LUDLOW

Dear members,

Welcome to the November edition of The Outlet! I hope you're all enjoying the sudden but welcomed change in weather we have been having recently.

I was recently invited to speak at the Federation of New Zealand Ostomy Society conference in Christchurch from the 8-10th September.

It was a great conference put on by their executive committee and it was a wonderful to see so many people with their families attend. There was a great range of speakers that covered a wide range topics, different stomas, and common aetiologies. For patients seeking support from fellow ostomates, especially patients who are wanting to speak with someone with the same type of stoma as them, please encourage them to reach out to the Federation via their website, ostomy.org.nz. To note, the Federation also provide a service for returned ostomy pouches! One of the presentations was around a delivery to Nepal!

Your committee is full throttle into organising conference. Please see the College's website for up-to-date information. The registration website was released last week so please get in quick to take advantage of the early bird prices. The early bird fee is applied to the website automatically and will switch to regular pricing from 19th December, 2023.

We are close to formalising the program and this will continue to be updated on the registration website so please check back in the coming weeks to see who is speaking! We are really excited to gather, share knowledge, and reignite collegial networks face to face- please join us!

The National Clinical Guidelines are now available on the Colleges website and sit with the Stomal Therapy Knowledge and Skills Framework. These two guiding documents are peer reviewed and are key to supporting you in your practice, upskilling, and providing support to the stomal therapy service in your region. We hope they will be useful and assist your practice into the future.

Finally, the Coloplast Patricia Blackley Scholarship was awarded in October to three worthy recipients across New Zealand and Australia. A big congratulations to:

- Karen Spooner from Auckland, New Zealand
- Nicole Birchley from Bundaberg, Queensland
- Kirsten Webber from Goulburn, New South Wales

All three recipients will use their scholarship monies to undertake a stomal therapy program in 2024. We wish you the very best and another big thank you to Coloplast for supporting stomal therapy nurses and their advancement.

All the best for the festive season and please reach out to the committee with any feedback and support.

Thank you all,

Emma

IMPORTANT NOTICE

THE OUTLET IS GOING ELECTRONIC!

Due to the increasing cost of postage and now with the convenience of emailing our journal, this edition, November 23, will be the last hard copy of "The Outlet" to be automatically posted out.

If you wish to continue receiving a hard copy of "The Outlet"

Please reply to the NZNO email requesting, opt in/opt out of hard copy and/or if you wish to receive it via email please ensure you have updated your email at NZNO.

If you have not received an email, re options please contact Marie

marie.buchanan@waitematadhb.govt.nz

Editors' Report

PREETI AND MARIE

Welcome to the November edition of “The Outlet”.

As spring is quickly coming to an end and we are stepping into summer with Christmas just around the corner, we are sure everyone is looking forward to a good break.

We would like to thank everyone for their support and hard work throughout the year in supporting each other in your work place and to those who have contributed to the NZNOCSTN.

It is only through the ongoing support from our dedicated Trade company partnerships the we are able to produce and distribute “The Outlet” to our members. This is never underestimated and greatly appreciated so again thank you for your advertising and sponsorship. To all the members we encourage you to connect with the company representatives and keep up to date with the latest products and developments.

Amazing news: The Clinical Guidelines have been completed and will be available on the NZNOCSTN website, watch out for confirmation in upcoming emails.

Planning for the Feb 29th March 1st 2024 NZNOCSTN conference is in full swing and a tremendous amount of work is being put in to ensure your conference is fun, informative and educational. Ensure to register through the available link on the NZNOCSTN page and/or check your emails for further information.

Please remember:

This is YOUR journal and collage, it cannot function with just a few people supporting or contributing to it. The committee are all still working within their roles and putting in their own time to ensure these supports continue to be available to you all.

PLEASE SUPPORT US through participating, submitting articles and/or profiles when approached. We are all fabulous storytellers and have a wealth of knowledge to share with a unique passion for what we do. We encourage and support all collage members to show case their work in The Outlet so other nurses can benefit and learn from your work. Please just give it a go.

We wish everyone a happy peaceful Christmas and a prosperous 2024. Thank you as always for your hard work and ongoing care provided to all Ostomates with care, empathy and astrong knowledge and skill base.

See you at conference.

Preeti Charan **Marie Buchanan**

CALLING FOR SUBMISSIONS

We know there are many patients that have benefitted from the expertise and persistence of Stomal Therapists or Ostomy Nurses. Write your stories, good bad and/or ugly down, share them with others. Story telling is the best form of sharing information/ideas/debriefing/supporting each other or simply good for the PDRP! We would LOVE to hear from you.

Please send your submissions to either:

- Preeti.charan@waitematadhb.govt.nz or
- Marie.buchanan@waitematadhb.govt.nz

NZNOCSTN CONFERENCE 2024

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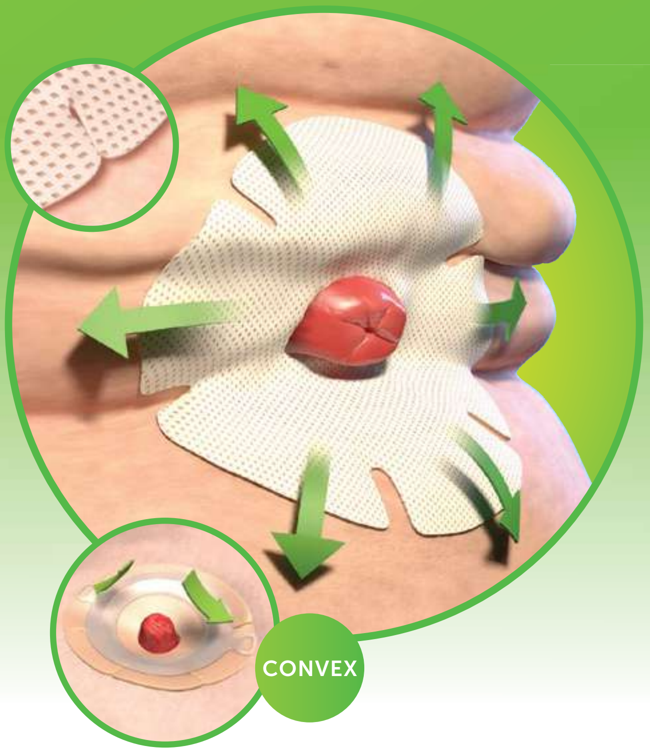

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Nurse Profile

MARY VENDETTI

CLINICAL NURSE SPECIALIST (OSTOMY)

I started my nursing career the long way.

I left school when I turned sixteen so I could help support my mother who was on her own. Mum was working full-time, and caring for myself and my three older siblings.

My first job was as a telephonist/office junior. I enjoyed my time in this position but I always felt this yearning to become a nurse.

I noticed an advertisement in the NZ Herald for a "Community Nursing" course; it was an eighteen- month course and you did not need to have school certificate. This suited me as I didn't stay at school long enough to sit my school certificate exam.

I commenced my Community Nursing training at St Helen's Hospital in Mt Albert, Auckland, in 1971.

I graduated as a Registered Community Nurse in 1973 and I went on to complete a six- month endorsement course in surgery.

I nursed at St Helens for a while and then went to Middlemore Hospital where I worked in the operating theatres.

After a wee while I got "itchy feet" and decided to venture overseas.

I travelled to Melbourne and worked at the Queen Victoria Hospital as a nurse aid in obstetrics for a few years, then moved to Sydney where I worked at the Royal Prince Alfred Hospital as a nurse aid in operating theatres.

I returned home to New Zealand for a short period and then I travelled to the USA where I lived and worked in San Diego for three years.

My brother was in the Marines based at a military base in Oceanside, San Diego; I stayed with him until I found an apartment.

I worked at Mercy Hospital and Medical Centre in San Diego as a nurse aid. My apartment was close to the hospital and I used to cycle to work every day.

I remember I was living in San Diego when the Erebus accident occurred; my Mum and I would send each other cassette tapes, it was a great way to keep in touch with each other, but hearing her voice made me quite home-sick and eventually I decided it was time to head home.

When I returned to Auckland, I decided I wanted to further my nursing career, so I applied for and was accepted at Manukau Polytechnic. I commenced my comprehensive nursing training in 1989 and I graduated with a Diploma in Nursing in 1991.

I worked as a new graduate nurse in gerontology at Middlemore Hospital from 1991-1992. I then moved to a surgical ward from 1992-1994. From surgical, I moved to a medical ward.

I remember I was working at Middlemore Hospital on the medical ward when we won the first America's Cup in 1995 and then sadly, when Princess Diana was involved in a car accident in Paris in 1997 that claimed her life.

I left Middlemore Hospital in 1998 and started work at Auckland Hospital – Te Toka Tumai – Auckland.

I was employed as a District Nurse based at Waterview in Great North Road. That base no longer exists, we now have another base in Point Chevalier, the old Rehab Plus Hospital – everything swings and round-abouts!

In my role as a District Nurse, I became a Resource nurse for bowel management and then later on a Resource nurse for ostomy.

In 2001, I completed the Stomal Therapy Certificate course at Wairakei Polytechnic in Rotorua. The course was unfortunately discontinued soon after we graduated.

When Meg Wood, a well known "original" STN, retired; my District Nursing role also ceased and I became a Stomal Therapy Nurse Specialist.

I have been at Te Toka Tumai – Auckland for almost twenty-six years in November and I have been in my role as a Stomal Therapy Nurse Specialist for twenty-two years.

Over the years I have met some very interesting and challenging patients, it has been a privilege navigating them through their journey of "life with a stoma". I have visited some patients in very unusual surroundings – one chap I visited on his boat moored at Viaduct Harbour.

I have seen a lot of changes as time has passed and more recently there have been changes within our service. These changes have been difficult for me but as an STN, I have learnt to be resourceful and adaptable to change.

I have three very beautiful grand-children and I look forward to spending more time with them in the near future.

Do I need a multivitamin?

BY TERESA MITCHELL-PATERSON

Associate Professor Teresa Mitchell-Paterson, a seasoned clinical nutritionist and naturopath, developed a keen interest in stoma care influenced by her father's journey over 40 years ago. As a founding member of the BowelCareNutritionist team for 13 years, she's committed to assisting those facing stoma management challenges.

Her research focuses on the intersection of diet, stoma output, and quality of life. With over 30 years of clinical expertise, she serves as a clinical nutrition supervisor and pre-clinical subject lead in the Bachelor of Health Science Clinical Nutrition Program at Torrens University. Teresa is also actively engaged in charitable work and public speaking engagements on behalf of Bowel Cancer Australia.org.

DO I NEED A MULTIVITAMIN?

Unfortunately, there is no scientific literature or developed guidelines for supplementing the ostomy patient. However, there are some things that empirical observation and patient experience have taught us since the inception of ostomy surgery.

The dietary constraints for an ostomate are often far removed from the Australian Guidelines for healthy eating. The general population is told to consume five serves of vegetables, two serves fruit, whole grains and legumes daily. As many of these foods are reactive for an ostomate, causing high stoma output or blockage, possibly the stoma patients diet may be lacking in vitamins and minerals falling lower than the recommended daily intake of nutrients. A high output stoma increases the risk of malnutrition.

Taking a multivitamin is not a substitute for a healthy diet but may be indicated for where the diet is inadequate or limited.

A healthy diet includes protein, carbohydrate and fats. However, the addition of a variety of leafy green vegetables, broccoli, cabbage, raw vegetables or fruit with peel, nuts, whole grains, and legumes may cause complications for the ostomate such as wind, odour, leakage and blockage.

In a large review on the use of multivitamins, it was found that they might assist patients who cannot meet all the requirements of a healthy diet. The low-dose (also known as food grade) multivitamins are generally safe for most people (see how do I choose a multivitamin). Current smokers or ex-smokers should not consume multivitamins and minerals due to possible high doses of vitamin A, which may increase the risk of lung cancer.

Colostomy patients are generally able to consume a wider range of foods, whereas ileostomy patients may face a more restrictive diet. Ileostomy patients can react to fats. When an ileostomate consumes large amounts of fat, the decrease in fat digestion (due to removal of part of the bowel) can cause higher output with greater losses of sodium and potassium. The ileum is where B12 absorption occurs, therefore in ileostomy surgery, this part of the intestine is compromised. There may be a reduction in vitamins K, and B, folic acid, and short-chain fatty acids produced by this part of the bowel microbiota.

For stoma patients with the above-mentioned issues it is important to be specific about supplementation so discuss this with your specialist. Nutritional requirements will vary based on the amount of bowel remaining and the overall health of the patient.

This applies in particular to B12 and vitamin K. B12 may assist in reducing the risk of anaemia and nervous system dysfunction. Vitamin K helps to strengthen bones and is a preventative for heart conditions such as heart failure, arterial stiffness and hypertension. A blood test and subsequent analysis by your GP can help determine your current level.

Post-surgery some patients may experience lactose intolerance, however, calcium intake is still required; A simple solution is to consume lactose-free products to replace the usual dairy foods. If large amounts of antibiotics have been administered in the postoperative period the patient will require additional vitamin K.

In nursing protocols, a low-dose multivitamin and mineral is suggested for patients with suspected inadequate nutrient intake or known deficiency. One scientific review on supplements suggests the consumption of a multivitamin-mineral for a year after recovering from surgery.

There is a close relations ship between nutrition and appropriate wound healing. Adequate vitamins and minerals are vital to healing. The proviso is that along with vitamins and minerals adequate calories for protein, carbohydrates, fluids and electrolytes are consumed to maintain tissue integrity and regrowth. Ensure the diet is wide and varied before surgery, can improve the post-operative outcome. More information on a healthy diet can be found at the Australian Dietary Guidelines.

In a nutshell, do I need a multivitamin-mineral supplement?

- If you eat a varied vegetable and fruit diet with the appropriate fibre for your stoma you may not require one.
- If you cannot eat a varied diet, consider a multivitamin supplement in the recovery year after surgery.

Practical tips/hacks to improve my nutrient intake?

- Keep a food diary and try to add one new food at a time and observe any reaction and avoid or continue eating that food for a few days before introducing another food.
- Be patient it can take 6-8 weeks post-surgery for the swelling in the bowel settles before more foods can be added to your diet.
- Eat regularly - do not skip meals or consume larger than usual meals to compensate for lost calories, this is likely to increase gas and frequent bowel evacuation, again a food diary can help you ascertain if this is true for you.
- Chew your food well – a practice called mindful eating can be a way to achieve this
- If your bowel is reactive to dairy, you can swap dairy for lactose-free dairy or calcium-enriched plant milk, such as almond or soymilk.

USEFUL WEB LINKS FOR DIETARY ADVICE

Australian Dietary Guidelines
eatforhealth.gov.au/sites/default/files/2022-09/n55a_australian_dietary_guidelines_summary_131014_1.pdf

Low fiber diet, or ostomy diet
bowelcanceraustralia.org/low-fibre#Ostomylowfibrediet

REFERENCES

1. Akbulut, G. (2011). Nutrition in stoma patients: a practical view of dietary therapy. International Journal of hematology and oncology, 1(21) 61- 66.
2. Hariri, E., Kassis, N., Iskandar, J. P., Schurgers, L. J., Saad, A., Abdelfattah, O., Bansal, A., Isogai, T., Harb, S. C., & Kapadia, S. (2021). Vitamin K2-a neglected player in cardiovascular health: a narrative review. Open heart, 8(2), e001715. https://doi.org/10.1136/openhrt-2021-001715
3. Mantle, D. (2020). Nutritional supplementation for vitamin B12 and vitamin K2 deficiency following ileostomy or colostomy formation. Gastrointestinal Nursing, 18(Sup4), S12. https://doi.org/10.12968/gasn.2020.18.sup4.s12
4. McNichol, L., Ratliff, C. & Yates, S. (2021). Wound, ostomy and continence, Nurses society Core Curriculum. Wound Management, 2nd Edn. Wolters Kluwer. ISBN: 9781975164607
5. Michońska, I., Polak-Szczybyło, E., Sokal, A., Jarmakiewicz-Czaja, S., Stępień, A. E., & Dereń, K. (2023). Nutritional issues faced by patients with intestinal stoma: A narrative review. Journal of Clinical Medicine, 12(2), 510. https://doi.org/10.3390/jcm12020510
6. Sharadkumar, P., S. (2022). A systematic review: Do we really need multivitamin and mineral supplements to stay healthy? American Journal of Public Health Research, 10 (5): 163-168.
7. Nutrition Examination Survey. *Aliment Pharmacol Ther* 2019;50(9):1019–24.
8. Table 2 adapted from: Keane C, Fearnhead NS, Bordeianou L, et al. International consensus definition of low anterior resection syndrome. *Colorectal Dis* 2020;22(3):331–41.

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Emma McCutcheon

TESTIMONIAL

My name is Emma and I am a 21 year old who was in a car accident with my brother and partner when I was 19 I am going to tell you about my experience with having my fistula and what it was like using my refeeding device.

On October 4th 2021 I was in the back seat of a car that was involved in a head on collision accident. I sustained multiple abdominal injuries predominately associated with my stomach and bowel which had multiple perforations. My other injuries involved my spleen (which was removed), liver, pancreas (partially removed), kidney, hip, spine, ribs and pelvis.

I spent 2 months in ICU following my accident and I required 9 abdominal surgeries within a very short period of time, some because of the multiple perforations I had. During these operations I had my duodenum repaired and had my right transverse colon removed. I was also given a temporary stoma with the plan that it would be reversed at a later date. As a result of my injuries my stomach muscles came apart and I was left with an open wound. Because of this and my injuries I ended up developing a post-operative enterocutaneous fistula 20 days after my accident.

On my first day of being in hospital they started me on TPN to meet my nutritional needs. In the middle of December, I was finally allowed to eat real food that wasn't just yoghurt. Because of my fistula I was not able to meet my nutritional needs with my oral diet as everything I ate and drank came out through my fistula. It would break down in my stomach to chyme but it went straight through and just kept coming out of my fistula and nothing was reaching my small intestines, so my stoma was not active.

I was producing about 2 litres, sometimes more of chyme per day, this meant it was classified as a high output fistula. Even when I was put on a 'nil my mouth' diet for a week I still had a very high output from my fistula.

Another challenge I faced was my fistula was in the base of a wound cavity that was initially managed with a fistula isolation device covered with a bag and negative pressure wound therapy. Whilst the depth of the wound did improve, I was still left with a cavity depth of around 3.5 cms which meant bag management of the fistula was very challenging. The cavity would fill up with the chyme from the fistula before it emptied into the bag and this meant that there was a higher risk of the output leaking under the bag. It would have been much easier to manage if it was like my stoma and above my skin level.

As chyme is very alkaline and we were not able to isolate my fistula prior to applying a bag it meant it would come in direct contact with my wound and when it leaked it would burn my skin. Because of this I was having to change my bag at least twice a day as it would leak morning and overnight. Stacey (CNS - General Surgery) would spend hours daily to assist with bag changes. My mum ended up learning how to do the bag change and helped Stacey or completed bag changes.

SO IN JANUARY TWO THINGS WERE MAINLY KEEPING ME IN HOSPITAL

1. Nutrition requirements because of the fistula, and
2. Bag management for my fistula

While having to learn to be mobile again, they found out that I had also a rupture ligamentum T11/12 on my spine and needed to have surgery to put bolts and a plate on my spine.

At the start of January 2022 my Surgical and Nutrition teams came and saw me to discuss my options for my Nutritional requirements. I could either be taught to administer my own TPN at home until my stoma and fistula were reversed which was originally planned for just over 12 months after my initial injury (November 2022). They advised that there were risks associated with TPN including the risk of sepsis from the PICC line I would need to have and also the possibility of it damaging my liver. There was discussion of doing the reversal surgery earlier but that did not give me the best chance of recovery and may have led to me having a permanent enterocutaneous fistula so was not the preferred option. I was told the longer you wait to have the surgery the better the results are likely to be as it would give me the time I needed to make sure my body was as fit as possible. So, none of those options were preferred, but Dr James Falvey who leads the Nutrition Support Team said that he had been to a conference where he saw the 'Inside Refeeding System' and discussed this with the rest of the Nutrition team and my Surgical team. They decided that if this was an option for me it would give me the best possible chance of having a successful reversal surgery and recovery and it did not come with the same risks as TPN. I was then sent for radiological tests to see if my fistula was able to be used for refeeding, once these results came back and they confirmed it would be an option for me my team said let's give it a go and see what it's like and they reached out to the Inside Company.

On the 26th of January 2022 the device arrived from Auckland and I had about 16 people (Doctors, Nurses, Dietitians and Insides Company reps) all crammed into my hospital room to see what the device was and how it worked as I was the first person in Christchurch to use this device. They put the tube in me and showed me how to work the machine. I did my first refeed on the 27th of January, I refed big volumes about 500mls and I found they gave me sharp pain and made me feel nausea and like I needed a bowel motion. I did 2 refeeds that day. I found with using the refeeding system that it was a good way to make my bowels wake up and get used to working again as my stoma wasn't active until I started the chyme refeeding. I had thick clyme so sometimes it wouldn't be able to be refeed so my mum came up with the idea to sift the clyme before we refeed it. I also had to make sure I was chewing heaps when eating or id see the food come straight out and who ever does my bag change would know exactly what I ate the day before. I was still on TPN but length of time had been decreased from 20:00-08:00. I initially found the Refeeding to be quite painful, 8/10 Sharp pain level sometimes 10/10 and preferred the idea of just having the TPN but I'm grateful that my mum and Stacey didn't let me give up and would come and encourage me to do it with them as I wouldn't be in as good of a state as I am today if I didn't persevere with it.

For the first couple of weeks I was only refeeding about 20% of my chyme and was refeeding only once morning and night. One thing we worked out was if we refed more than 400mLs at once it would just end up coming back out of my fistula, so we worked out in order to keep it all down we had to do it in increments of 200mLs which also helped with pain and nausea. Stacey helped me come up with goals each week to refeed more % of chyme each week till I could do the 100%. On 22nd March as I had reached my goal of refeeding 100% of my chyme the TPN was stopped but I was still requiring 2 litres of IV Fluids twice a week.

Because of the difficulty with bag management any weight on the bag would increase the risk of leaking. To reduce this risk, I always had a secondary drainage bag attached. This did mean that when it came to refeed we would have to empty the output from the drainage bag into a jug before placing it back into the primary bag with a large syringe for refeeding. Sometimes Stacey would have to do about 4 bag changes a day which took 1-2 hours or longer to get a bag applied. By March the biggest issue I continued to have and the main reason I was still in hospital was bag management. Stacey reached out to staff at St Marks Hospital, London for expert advice. They recommended topical oxygen therapy to assist with drying the area which was done along with suctioning daily for approx. 2-3 hours. This in combination with Cavilon advance provided the best results and bags were usually able to last at least 1 day.

I was finally able to be discharged from Hospital Mid April 2022, 6 months after my accident (just in time for my birthday). I had to continue doing my refeeding at home and my daily regime ended up refeeding 4 times and doing one bag change from 8:00-11:30 with Nurse Maude district nurses every day.

Continued on page 16

Around August 2022 almost a year after the accident they took out my PICC line as I no longer required IV Fluids. By September 2022 my output had decreased, and I found I was only having to refeed approx. 300mLs twice a day; once before my daily bag change and once before bed. Some days depending on what I had eaten I had more to refeed and if it was a big refeed I would still get pain but it only lasted for 30 minutes max and then disappeared. I did notice when I had this pain my stoma would be very active, and my stoma bag would require emptying and when the pain disappeared the stoma output would slow down again.

On the 22nd of March 2023 after a long wait and multiple changes for my date of surgery. I was finally lucky enough to have my surgery, I was ready for it and so excited to go back to leading a normal life that didn't involve 3 hours of my day being spent on bag changes, having to refeed or worry if my bag will leak while I'm asleep or out in public. My surgery went very well, my stoma and fistula were successfully reversed and I'm very relieved that I did not have any complications that involved a fistula reforming. I'm so grateful that I was able to use the Insides System refeeding device because it improved my chances of a successful recovery as my bowel had continued to work with the refeeding it did not take long to recover after surgery and my whole bowel began working again.

I would recommend using the refeeding system even though it was painful at the start it did go away after time and the outcomes of me using it was a lot better than if I didn't. I still got to live my life as a 19 then 20 year old, I still got to be social and see friends, go away for holidays with my family were as if I didn't have the refeeding system. I never let my injuries or medical condition stop me from doing what I wanted to do, I just learnt that I may have to do things differently if I wanted to still do it.

So don't let having a fistula or poor health situation hold you back and also try have a positive outlook on life because it will really help with your recovery just as much as having a great support group does.

Overall I'd like to thank the amazing nurses I had in ICU and on the wards who made my stay in hospital feel like a home and to my amazing surgeon Mr Rukshan Ranjan and the surgical team they were absolutely amazing and I was so lucky to have them. Rukshan had an amazing bed side manner which most surgeons don't have and he was very good with helping my family understand what was happening, he was like Superman. A special thanks to Stacey Simpson she is like superwomen but a nurse version she helped me battle a lot of the problems I had with my fistula and she dedicated a lot of her time on me and the Nurse Maude nurses Susie, Rose, Day, Jane and Gillian who I saw every day after hospital they were amazing and made the experience a lot easier. Also thank you to support circle of my friends, partner and family. But a major thanks to my mum who was there every morning for me when I was in hospital and did my dressing changes in hospital when Stacey was away on holiday leave and for all the support she gave me outside of hospital. A big thank you to the Inside Company for supplying the refeeding device.

I couldn't have made it this far without these amazing people so thank you all for helping me achieve everything I achieved.

Patricia Blackley Postgraduate Education Scholarships 2023

Coloplast Supporting Hands on Healthcare

Coloplast has worked in collaboration with the Australian Association of Stomal Therapy Nurses (AASTN) and the New Zealand Nurses Organisation College of Stomal Therapy Nursing (NZNOCSTN) to support nurses working in ostomy care.

In June 2023 Coloplast created the Pat Blackley Scholarship in recognition of one of the founding pioneers of stomal therapy in Australia. Together with the peak associations around ANZ we have created 3 x $5000 Educational scholarships to undertake and advance postgraduate education in stomal therapy management or a related area of practice to improve the quality of ostomy care for people in Australia and New Zealand.

We are pleased to announce that these scholarships have been awarded to:

1. Nicole Birchley (Bundaberg, Queensland)
2. Karen Spooner (Auckland, NZ)
3. Kirsten Webber (Goulburn, NSW)

Coloplast recognizes the hard work of Stomal therapy nurses in delivering Hands on Health Care and appreciates all the work and dedication of nurses across Australia and New Zealand.

Coloplast Pty Ltd, PO Box 240, Mount Waverley, VIC 3149 Australia
www.coloplast.com.au

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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 ivs 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

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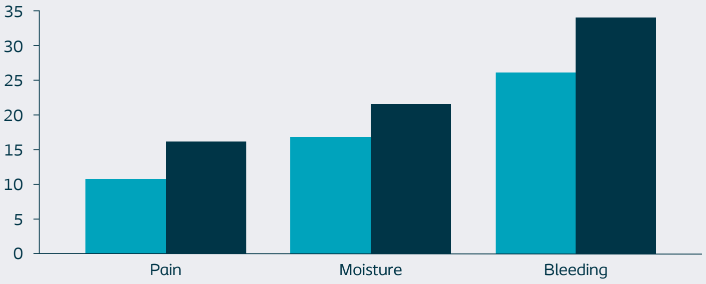
- Significantly less bleeding[1]

% of user-reported peristomal skin issues based on a survey of 4235 people living with an ostomy.[1]



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⬛ Non-SenSura Mio users

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0800 658 814 | pd@uslmedical.co.nz

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[1] Coloplast Market Study. Ostomy Life Study. 2016. Data on file (PM-05235). n=4235. Compared to users of other brands over a 6-month period.

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www.coloplast.com.au

Te Whatu Ora Health New Zealand

STOMAL THERAPY SERVICES CONTACT DETAILS – FEB 2023

NOTE

In accordance with the New Zealand Nurses Organisation College of Stomal Therapy Nursing, a Stomal Therapy Nurse is one who has completed a Certificate in Stomal Therapy with a provider approved by NZNOCSTN. An Ostomy Nurse is a Nurse practising in the field of Stomal Therapy but who is uncertificated.

Te Tai Tokerau – Northland

Referral Email	districtnursing.whangareireferrals@northlanddhb.org.nz
Generic Stoma Email	stomaltherapynurses@northlanddhb.org.nz
Rachel Pasley **Stomal Therapy Nurse** Whangarei Hospital	**Phone:** 09 430 4101 ext: 60960 **Cell:** 021 363 057 **Email:** rachel.pasley@northlanddhb.org.nz
Chyvon Gray **Stomal Therapy Nurse** Whangarei Hospital	**Cell:** 021 876 914 **Email:** chyvon.gray@nothlanddhb.org.nz

Waitemata

Referral Email	OlderAdultsHomeHealth@Waitematadhb.govt.nz
Toko Kaneko **Ostomy Nurse** North Shore	**Phone:** 09 486 8945 ex: 47557 **Email:** satoko.kaneko@waitematadhb.govt.nz
Preeti Charan **Stomal Therapy Nurse** Waitakere	**Phone:** 09 837 8828 ex: 46342 **Email:** preeti.charan@waitematadhb.govt.nz
Marie Buchanan **Stomal Therapy Nurse** Whangaparoa/Rodney	**Phone:** 021 1945 875 **Email:** marie.buchanan@waitematadhb.govt.nz
Angela Makwana **Stoma Therapist Nurse** **Clinical Nurse Specialist:** North Shore Hospital – inpatients only	**Phone:** 09 486 8920 ex: 44125 **Cell:** 021 533 685 **Email:** angela.makwana@waitematadhb.govt.nz

Te Kota Tumai – Auckland

Referral Email	communityservices@adhb.govt.nz
Generic Stoma Email	ostomyservices@adhb.govt.nz
Mary Vendetti **Stomal Therapy Nurse**	**Phone:** 0800 631 1234 **Cell:** 021 348 406 **Email:** maryv@adhb.govt.nz
Lorraine Andrews **Stomal Therapy Nurse**	**Cell:** 021 683 534 **Email:** lorrainean@adhb.govt.nz

Counties Manakau

Referral Email	community.central@middlemore.co.nz
Generic Stoma Email	grpcommunityostomyCMDHB@middlemore.co.nz
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Emma Ludlow **Stomal Therapy Nurse**	**Cell:** 021 2723 315 **Email:** emma.ludlow@middlemore.co.nz
Holly Dorizac **Stomal Therapy Nurse**	**Cell:** 021 509 714 **Email:** holly.dorizac@middlemore.co.nz
Pravin Deo **Stomal Therapy Nurse** Middlemore Hospital inpatient only	**Phone:** 09 2760 044 ex: 58981 **Cell:** 021 926 740 **Email:** pravin.deo@middlemore.co.nz

Waikato

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Carol Lee **Stomal Therapy Nurse** Waikato Hospital	**Cell:** 021 241 4360 **Email:** carol.lee@waikatodhb.health.nz
Nicole Prosser **Ostomy Nurse**	**Cell:** 027 223 0439 **Email:** nicole.prosser@waikatodhb.health.nz

Lakes

Referral Email DNS.Rotorua@lakesdhb.govt.nz

Gillian Bedford
Stomal Therapist Nurse
Rotorua Hospital

Phone: 07 349 7955 ext: 8111
Cell: 027 605 6464
Fax: 07 3497 939
Email: gillian.bedford@lakesdhb.govt.nz

Hauora a Toi – Bay of Plenty

Referral Email admin@bopccc.org.nz

Helen Collins
Clinical Nurse Specialist:
Bay of Plenty DHB

Phone: 07 579 8652
Cell: 027 7038 227
Email: helen.collins@bopdhb.govt.nz

Sandra Underwood, Allison Henderson, Jules Smith, Liz Thompson
Stoma Therapy Nurses

Phone: 07 579 8757
Fax: 07 571 6046

Hauora Tairawhiti

Referral and Generic Stoma Email Ostomy.ContinenceTeam@tdh.org.nz

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Ostomy Nurse

Phone: 06 869 0500 ext: 8135
Cell: 027 226 3158
Email: Anna.Veitch@tdh.org.nz

Kate Petro
Ostomy Nurse

Email: Kate.Petro@tdh.org.nz

Taranaki

Referral and Generic Stoma Email stomaltherapists@tdhb.org.nz

Lily Murray
Ostomy Nurse
New Plymouth

Phone: 06 753 7797 ext: 8793
Cell: 027 249 8716

Robyn Hardy
Ostomy Nurse

Phone: 06 753 7797 ext: 8564
Cell: 027 265 5092

Whanganui

Referral Email	nicky.bates@wdhb.org.nz referral.centre@wdhb.org.nz
Nicky Bates **Stomal Therapy Nurse** Wanganui Hospital	**Phone:** 06 348 1301 **Cell:** 027 3344 272 **Email:** nicky.bates@wdhb.org.nz

Mid Central District

Referral Email	districtnursingreferrals@midcentraldhb.govt.nz
Generic Stoma Email	CNS4CRC@midcentraldhb.govt.nz
Lawrence Mutale **Stomal Therapy Nurse** Palmerston North Hospital	**Phone:** 06 350 8073 **Cell:** 027 272 7592 **Email:** lawrence.mutale@midcentraldhb.govt.nz
Myung Suk Choi (Suk) **Stomal Therapy Nurse**	Contact details as above **Phone:** 06 350 7298

Te Mataua Maui – Hawkes Bay

Referral and Generic Stoma Email	ostomyservice@hbdhb.govt.nz
Maree Warne **Stomal Therapy Nurse** Hawkes Bay Fallen Soldiers' Memorial Hospital	**Phone:** 06 878 1635 **Cell:** 027 2406 092 **Email:** ostomyservice@hbdhb.govt.nz
Sharon Elson **Stomal Therapy Nurse**	
Liz Pollock **Ostomy Nurse**	

Wairarapa

Referral Email	Christina.Cameron@wairarapa.dhb.org.nz
Christina Cameron **Stomal Therapy Nurse** Wairarapa Hospital Masterton	**Phone:** 06 946 9800 ext 5701 **Cellphone:** 027 6875 235 **Email:** Christina.Cameron@wairarapa.dhb.org.nz

Hutt Valley

Referral Email	dnadmin@huttvalleydhb.govt.nz
Vicky Beban **Stomal Therapy Nurse** Hutt Hospital	**Phone:** 04 570 9148 **Cell:** 027 221 4247 **Fax:** 04 570 9210 **Email:** vicky.beban@huttvalleydhb.org.nz
Syreeta Rogers **Stomal Therapy Nurse**	**Cell:** 027 405 7767 **Email:** syreeta.rogers@huttvalleydhb.org.nz

Capital Coast

Referral Email	stomanurses@ccdhb.org.nz
Sue Wolyncewicz **Stomal Therapy Nurse**	**Phone:** DDI – 04 918 6375 or 04 385 5999 ext: 6375 **Cell:** 027 281 0942 **Email:** sue.wolyncewicz@ccdhb.org.nz
Rochelle Pryce **Stomal Therapy Nurse**	**Cell:** 027 2263 259 **Email:** rochelle.pryce@ccdhb.org.nz

Nelson – Marlborough

Referral Email	DistrictNursesNelsonClinicalCoordinator@nmdhb.govt.nz
Nelson	
Cathy Enright **Ostomy Nurse**	**Cell:** 022 011 6323 **Email:** cathy.enright@nmdhb.govt.nz
Blenheim	
Katie Smith **Ostomy Nurse**	**Phone:** 03 520 9927 **Cellphone:** 027 4516 888 **Email:** katie.smith@nmdhb.govt.nz
Sharryn Cook **Ostomy Nurse**	**Cellphone:** 022 013 6582 **Email:** sharryn.cook@nmdhb.govt.nz

Te Taia Poutini – West Coast

Referral Email	greydn@wcdhb.health.nz

Greymouth

Kat Neiman **Stomal Therapy Nurse**	**Phone:** 03 769 7721 **Email:** Katrina.neiman@westcoastdhb.health.nz

Westport

Cody Frewin **Ostomy Nurse**	**Phone:** 03 789 7678 or 03 788 9030 Extn 8716 **Email:** bullerdn@westcoastdhb.health.nz

Reefton

Margaret Prince **Ostomy Nurse**	**Phone:** 03 769 7432 **Cellphone:** 027 244 8147 **Fax:** 03 732 8785 **Email:** reeftondn@westcoastdhb.health.nz

Hokitika

Annie Hughes **Ostomy Nurse**	**Phone:** 03 756 9906 **Fax:** 03 755 5058 **Email:** hokidn@westcoastdhb.health.nz

Waitaha – Canterbury

Referral and Generic Stoma Email	stomal@nursemaude.org.nz
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Fran Horan **Stomal Therapy Nurse**	**Email:** frances.horan@nursemaude.or.nz
Marian Lippiatt **Ostomy Nurse**	**Email:** Marian.lippiatt@nursemaude.org.nz
Rachel Bates **Ostomy Nurse**	**Cell:** 027 836 3583 **Email:** Rachel.Bates@nursemaude.org.nz
Jennifer Rowlands **Stomal Therapy Nurse**	**Email:** Jennifer.rowlands@nursemaude.org.nz

Ashburton

Referral Email	belinda.ohara2@cdhb.health.nz
Belinda O'hara **Ostomy Nurse**	**Phone:** 03 307 8465 ext: 28879 **Cell:** 027 531 8691 **Email:** belinda.ohara2@cdhb.health.nz

South Canterbury

Referral and Generic Stoma Email	dnstomal@scdhb.health.nz
Bronney Laurie **Stomal Therapy Nurse** Timaru	**Cell:** 027 7440 499 **Fax:** 03 6872 309
Coralie Bellingham **Stoma Therapy Nurse Inpatient**	**Cell:** 027 2734 809

Dunedin/Otago District

Referral and Generic Stoma Email	stomal.therapyotago@southerndhb.govt.nz
Leeann Thom **Stomal Therapy Nurse** Dunedin	**Phone:** 03 4769 724 **Fax:** 03 4769 727
Jillian Woodall **Ostomy Nurse**	
Ruth Macindoe **Ostomy Nurse**	
Anna Wallace **Ostomy Nurse**	

Southland/Invercargill

Referral and Generic Stoma Email	stomanursesInv@southerndhb.govt.nz
Nicola Braven **Stomal Therapy Nurse** Invercargill	**Phone:** 03 214 5783 **Cell:** 027 294 7531 **Email:** nicola.braven@southerndhb.govt.nz
Wendy McStay **Ostomy Nurse**	**Email:** wendy.mcstay@southerndhb.govt.nz

Awards & Grants

Available to ALL members of NZNOCSTN.

Review full information on NZNOCSTN web site.

Patricia Blackley Postgraduate Education Scholarships 2023

The Patricia Blackley Postgraduate Education Scholarships honour the pioneering work of Patricia Blackley as a clinician, educator, author, and journal editor in stomal therapy nursing.

The scholarships are to enable nurses working in ostomy care to undertake postgraduate education in stomal therapy management or a related area of practice.

Three scholarships are available. The value of each scholarship is A$5000.

Closing Date: July 31st, 2023

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 30 November annually.

Liberty "Beyond the Ostomy Clinic" funding

In support of improved outcomes for stoma patients and their whanau, or education of colleagues, Liberty Medical New Zealand is pleased to provide:

- Financial support for stoma nurses or resource nurses with a special interest in Ostomy
- The monetary amount of each award will be decided by the NZNO College of Stomal Therapy Nursing National Committee
- Examples of use include but are not limited to:
  - Further education/skill development through conference/symposium attendance
  - Textbook purchase
  - Membership of international ostomy societies.

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 30 November 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 30 NOVEMBER (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? ○ No

○ Yes (date) ____________

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