



The Outlet

NEW ZEALAND STOMAL
THERAPY NURSES

IN THIS ISSUE:

RESILIENCE IN PRACTICE

REDUCE, REUSE, RECYCLE – HOW
CHYME REINFUSION BEFORE INTESTINAL
RECONSTRUCTION IS EMERGING AS
A NEW STANDARD OF CARE

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The Outlet

NEW ZEALAND STOMAL
THERAPY NURSES

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Editors' Report

ERICA CROSBY

As we open this March edition, it feels timely to reflect on the momentum created by our recent National Conference. With resilience as the central theme, the conference offered both inspiration and a clear acknowledgement of the realities facing stomal therapy clinicians across Aotearoa. I encourage you to read the two conference reports from our Bernadette Hart scholarship recipients — they capture not only the key messages from the sessions but also the strong sense of purpose that shaped our time together.

Resilience remains a defining feature of our profession. Many clinicians are working under increasing pressure, with service demand and patient complexity often exceeding available resources. Despite this, the commitment within our community to deliver safe, specialised, patient centred care continues to stand out. This edition reflects that dedication. We also invite you to review Paris Purnell's insightful article, which highlights the importance of the stomal therapy nurse's role and reinforces the need to protect the depth and complexity of our specialised practice.

Associate Professor Simon Knowles' presentation, *"Moving Away from Problems and Towards Positive Change,"* also reminded us of the remarkable resilience our patients draw upon when undergoing ostomy surgery. His workshop encouraged us to consider how we can approach difficult conversations with confidence and clarity—an essential skill when supporting patients through significant transitions. The collective responses from this session have been included in this edition, and we hope they offer practical value in your everyday work.

This issue also includes the Chair's Report, outlining the Committee's strategic direction for the next two years. A key focus will be our collaboration with the 21st Asia Pacific Federation of Coloproctology Congress, to be held in Sydney in November 2027. This partnership presents an excellent opportunity for international engagement and professional development. Further details will be shared as they become available. As part of this collaboration, there will be no standalone NZCST National Conference in March 2028, but the Committee remains committed to maintaining the strong sense of connectedness that is so important to our community.

We are also pleased to note that Stomal Therapy Week will be celebrated jointly with our Australian colleagues from 22–28 June 2028. This shared recognition provides a valuable opportunity to highlight the impact of stomal therapy nursing across our region and to strengthen our trans Tasman professional relationships.

We continue to encourage members to consider contributing regional case studies for future editions of the journal. These contributions help highlight the complex, specialised, and innovative work taking place across the motu and strengthen the visibility of our profession.

This edition also marks a moment of transition within our editorial team. We extend our thanks to Preeti Charan, who has served as co editor of The Outlet for the past four years. Her professionalism and steady editorial guidance have been invaluable, and we are deeply grateful for her contribution to the College. As Preeti steps down, we look forward to welcoming and introducing our new co editor as they settle into the role in the coming months.

Ngā mihi nui,

Erica Crosby

Editor – NZ College of Stomal Therapy

Chairperson's Report

MAREE WARNE

BIENNIAL GENERAL MEETING – 5 MARCH 2026



Kia ora colleagues,

It doesn't seem that long ago we were gathered together in Auckland for our 2024 Conference. Time moves quickly, and much has been accomplished since then. Following the 2024 conference, only Preeti and I remained in our roles on the Committee. I would like to sincerely thank those who stepped up to continue the important work of the College. Over the past two years we have worked hard, supported one another, and shared many laughs along the way.

COMMITTEE CHANGES

Since 2024, we have welcomed several members to the committee:

- **Jillian Woodall** joined as Secretary
- **Fran Horan** as Treasurer
- **Erica Crosby** as Co-Editor of The Outlet
- **Cathy Enright** as International Representative with WCET

Jillian left the role a year later as she moved on from stomal therapy nursing. We thank her for her contribution during her time on the committee. Bronnie Mackenzie subsequently took over the role of Secretary, and we are grateful for her commitment.

At this meeting, we say goodbye to **Preeti**, who has completed two terms as Co-Editor of The Outlet and our resident wordsmith. Sadly, she too has left stomal therapy nursing to pursue a role in ICU. Thank you, Preeti, for your dedication, professionalism, and outstanding contribution to the College and stomal therapy. We wish you every success in your future career.

We also extend our sincere thanks to **Cathy Enright** as she steps down from her role.

Volunteering on a national committee is truly an altruistic commitment. Each member balances significant professional and personal responsibilities, and yet continues to contribute time, energy, and expertise for the advancement of our specialty. Thank you both for your service and effort.

ACKNOWLEDGEMENTS

I would like to acknowledge and thank our current committee members:

- **Fran Horan** for her excellent stewardship as Treasurer. Fran ensures we remain financially responsible — and her authoritative tone grows stronger at every meeting.
- **Erica Crosby** for her work keeping The Outlet relevant, engaging, and published on time.
- **Bronnie Mackenzie** for her organisational skills as Secretary and for bringing humour and lightness, even in the busiest of times.

Finally, sincere thanks to **Cathy Leigh, Elisabeth Auchnivoie**, and **Stuart Durston** from NZNO for their ongoing support — keeping us aligned with our annual plans, financial goals, meetings, and managing the practicalities of travel and accommodation. Your support is invaluable.

KEY ACTIVITIES OVER THE PAST YEAR

While much of the committee's focus has been on organising the 2026 Conference, we have also been involved in several important initiatives:

- Participation in the advisory panel for the Australian College of Nursing Stomal Therapy Course
- Attendance by Preeti and Cathy at the AASTN Conference in Melbourne
- Engagement in meaningful consultation with Pharmac regarding medical device management
- Review and amendment of the Ministry of Health Specialist Community Nursing Services – Stomal Therapy Service Specifications. We have approached the Ministry and are awaiting the opportunity to formally amend the document.

STOMAL THERAPY WEEK

We proudly celebrated our first ever Stomal Therapy Week in collaboration with our Australian colleagues. I would like to extend our gratitude to the Australian Association of Stomal Therapy Nurses for leading this initiative.

Stomal Therapy Week highlights the vital connection between Ostomates and those who support them. It emphasises the importance of education, advocacy, and high-quality stoma care, ensuring Ostomates receive the support they need to live confidently and with dignity.

We plan to celebrate again this year under a new theme and look forward to another week dedicated to our shared passion and purpose.

AWARDS AND SCHOLARSHIPS

The College continues to offer the **Bernadette Hart Award** to members.

- In 2024, the recipient was **Karen Spooner**.
- In 2025, the recipients were **Sharryn Cook** and **Jade Abbott** — congratulations to you both.

Sharryn will be presenting at the conference, and we look forward to hearing about your work.

We also continue our valued collaboration with **Coloplast** and **AASTN** in supporting professional nursing education in ostomy care. The **Patricia Blackley Postgraduate Education Scholarship Programme** continues to honour Patricia Blackley's pioneering work as a clinician, educator, author, and journal editor.

In 2024, **Friezza Pinto** was one of three scholarship recipients. Unfortunately, no New Zealand nurses applied in 2025 — let's change that this year.

LOOKING AHEAD

In keeping with our commitment to collaboration across the Tasman, we have been invited to partner in organising the nursing scientific programme for the 21st Asia Pacific Federation of Coloproctology Congress, to be held in Sydney in November 2027.

The committee has accepted this invitation and, as a result, has made the decision to forgo a 2028 Conference of our own. This will allow us to focus on contributing meaningfully to this international event while also dedicating time to key stomal therapy issues within New Zealand.

In closing, I would like to thank each of you for your ongoing commitment to our specialty and to the College. The work we do makes a tangible difference in the lives of Ostomates across Aotearoa. I am proud of what we have achieved together and look forward to what lies ahead.

Ngā mihi nui,

Maree Warne

Chairperson

NZNO College of Stomal Therapy Nursing



CALLING FOR
SUBMISSIONS

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:

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Resilience in Practice: Highlights from the 2026 NZNO College of Stomal Therapy Nursing Conference.

BY SHARRYN COOK, CNS WOUND & STOMA CARE, TE WHATUORA/HEALTH NZ,
NELSON MARLBOROUGH, AWARD RECIPIENT.

In March, stomal therapy nurses and colleagues from across Aotearoa and Australia came together in Christchurch for the NZNO College of Stoma Therapy Nursing Conference 2026, with 79 delegates in attendance. Over two days, attendees explored innovations in care, shared experiences, and reflected on how nurses can best support people living with a stoma.

The event was made possible with support from partner sponsors Coloplast, Hollister, Convatec, Dansac, Salts Healthcare, Intermed, Obex, and Omnigon.



"Resilience is not toughness – it is adaptability. Adversity is universal and resilience is a skill we call learn."

– Jake Bailey

KEYNOTE SPEAKER: JAKE BAILEY ON RESILIENCE

Jake Bailey, a passionate educator and author of a No. 1 bestselling book in New Zealand, opened the conference. He introduced his practice 4 'S' model: Slow down, **Salvage**, **Streamline**, **Stand alongside**, encouraging attendees to reflect on how adaptability, supportive relationships underpin both patient care and professional practice.

"The stoma care nurse role is highly specialised and needs recognition and support to ensure patients receive the best care"

– Paris Purnell

CLINICAL HIGHLIGHTS & PROFESSIONAL DEVELOPMENT

Sessions explored high output stomas, prevention of peristomal skin complications, and resilient stoma care for remote communities. Discussion about "Next steps together – Strengthening Stoma Profession" emphasised collaboration, professional development and advocacy.

Industry partners presented innovations in stoma care products and technologies designed to improve patient care.

"The support and guidance from the stomal therapy nurse helped me regain confidence and independence"

– Patient Perspective

PATIENT PERSPECTIVE

The conference concluded with a powerful patient perspective session, where a person living with a stoma shared their journey following surgery.

Highlighting the emotional and practical challenges of adjustment – from body image concerns to regaining confidence in daily life. Attendees were reminded that while clinical expertise is essential, compassionate support, education, and encouragement are equally vital in helping patients rebuild independence and resilience.

Overall, the conference reinforced that at the heart of stomal therapy nursing is the person living with a stoma. Through shared learning, reflections, and collaboration, nurses continue to support patients to live well, adapt to challenges and thrive. Events like this highlight that resilience in practice is about adaptability, connection, and ongoing commitment to both the profession and the people we care for.

Thank you for the support from the Bernadette Hart Award Grant which enable me to participate in this valuable professional development opportunity. Sharryn Cook, CNS Wound and Stoma, Te Whatu Ora, Health NZ, Nelson/Marlborough.



Simon Knowles



Sharryn Cook



Jake Bailey

Perspective from Jade Abbot, Nurse Maude, Christchurch. Award Recipient.



The theme of resilience was explored at the 2026 NZNO College of Stomal Therapy Nursing Conference via a diverse programme of guest speakers. Although I gained meaningful insights from each speaker, the Ostomate Wellbeing Workshop led by Associate Professor Simon Knowles, together with hearing a patient's lived experience, were of particular interest. Additionally, the presentation from keynote speaker Jake Bailey (Passionate Educator on Resilience) was especially impactful. I found the conference to be invaluable as it provided an opportunity to enhance my knowledge and reflect on my professional practice. It also reinforced the vital role we play in educating, supporting, and empowering patients through their life-altering journey. Furthermore, I appreciated the opportunity to network with fellow health professionals and engage with company representatives. I would like to extend my gratitude to the College of Stomal Therapy Nursing Committee for the time and dedication involved in facilitating such an event.

Questions for Patients That We Find Work

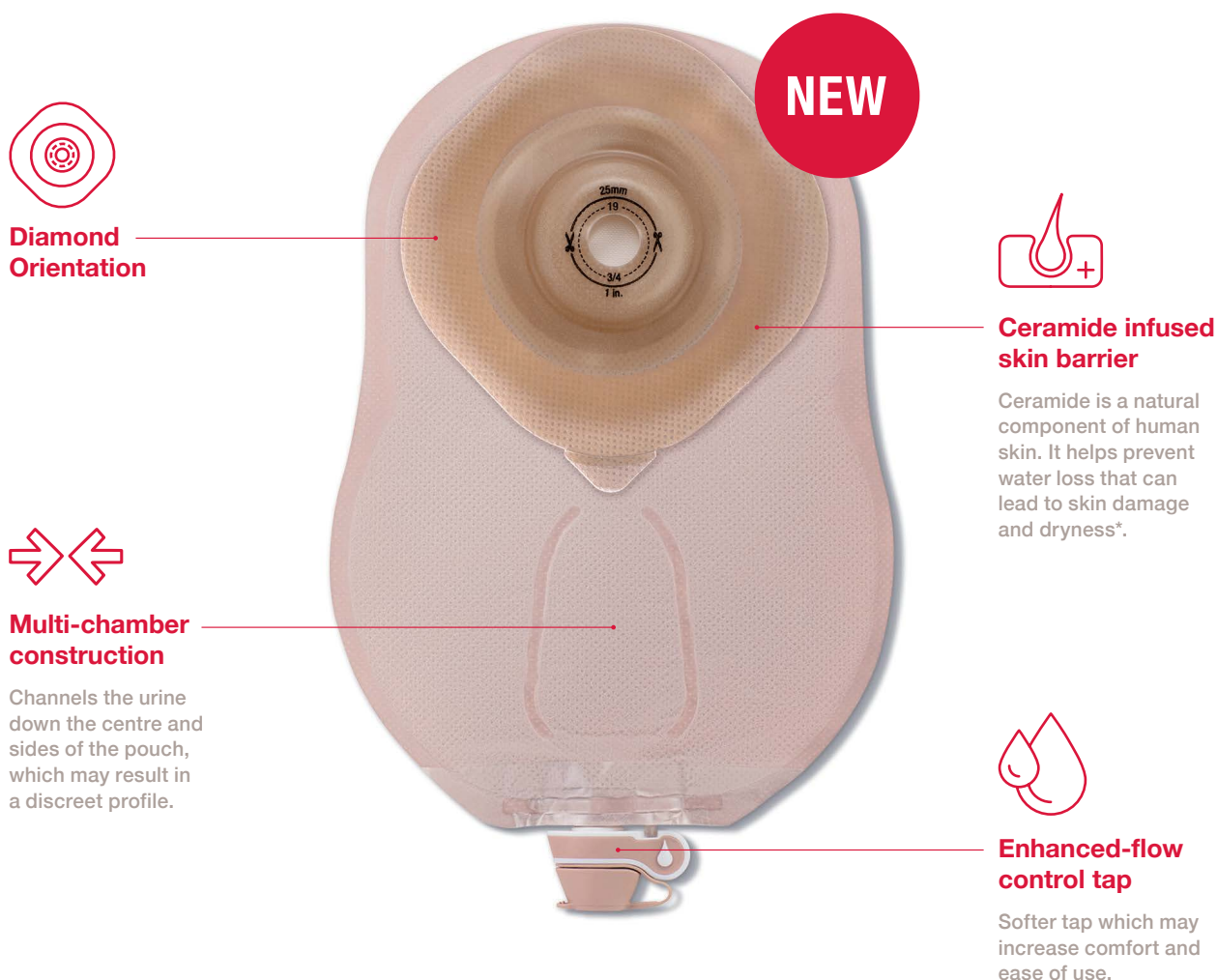
COLLABARATIVE WORK FROM THE 2026 NZNOCSTN CONFERENCE

These questions can help open difficult conversations and support patients in discussing concerns related to stoma care.

General Check In & Current Concerns	• What would you like to focus on today? • Are there any situations that have been bothersome for you recently? • What is the most overwhelming thing for you right now? • What worries you now?
Understanding, Insight & Shared Planning	• What is your understanding of this situation? • What do you think we should do next? • Which parts of this do you feel you have control over?
Exploring Fears & Emotional Impact	• What scares you the most about this? • Is there anything that scares you about emptying your pouch in public? • What are the things you feel having a stoma will prevent you from doing?
Strengths, Coping & Past Experiences	• What other health or life hurdles have you overcome? • Is there anything you enjoy doing for yourself at the moment? • What activities would you like to be able to do?
Daily Living & Practical Considerations	• Do you wake up naturally overnight? • Have you emptied your pouch in a public toilet before? • Do you have access to running water and washing facilities?
Relationships, Support & Intimacy	• Who is your go to person for support? • Are you able to approach them at the moment? • How do you feel about asking for help? • Would you like to talk about any specific concerns around intimacy? • What are your and your family's beliefs around health and wellbeing?
Preferences for Information & Communication	• Would you prefer to have information written down for you?

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*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.

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Safeguarding the Role of Stomal Therapy Nurses: Making Value Visible to Protect Specialist Practice

BY PARIS PURNELL, STN., SENIOR MANAGER,
GLOBAL CLINICAL EDUCATION, HOLLISTER.

ABSTRACT

Stomal Therapy Nurses (STNs) play a critical role in patient outcomes, service efficiency, and system stability across surgical and community care pathways. At the same time, the role is increasingly vulnerable due to workforce pressures, service redesign, and limited understanding of specialist practice. In response to these challenges, this paper explores why the STN role matters now more than ever, outlines evidence demonstrating its complexity and impact, and presents practical strategies for protecting specialist nursing roles through visibility, documentation, and collective advocacy.

INTRODUCTION

Across health systems, specialist nursing roles are expanding in complexity while simultaneously becoming more vulnerable. Stomal Therapy Nurses (STNs) are a clear example of this paradox. The role has become central to patient safety, discharge planning, complication prevention, and continuity of care, yet remains poorly understood by many decision-makers and managers. When specialist work is not visible, it is at risk.¹

In Aotearoa, New Zealand, these pressures are amplified by a small specialist workforce, geographic dispersion of services, and increasing reliance on specialist nurses to maintain continuity across acute and community settings.

WHY THE STN ROLE MATTERS NOW MORE THAN EVER

STNs provide advanced clinical assessment, complication management, patient and family education, psychosocial support, and leadership across the surgical continuum. In an environment of increasing surgical demand, workforce shortages, and reduced hospital stays, STNs are essential to safe discharge and prevention of readmission.² Beyond individual patient care, STNs act as system stabilisers, coordinating care pathways and supporting continuity from acute to community settings.³ Within the New Zealand health system, lengths of stay, rural and regional service delivery, and limited access to specialist follow-up heighten reliance on STNs to prevent complications and avoidable readmissions.

THE REALITY OF STN PRACTICE TODAY

STNs face increasing caseloads, rising patient complexity, and sustained pressure to absorb additional work without corresponding recognition or resourcing. Much of the emotional, cognitive, and leadership labour performed by STNs remains invisible within formal reporting structures. This invisibility contributes directly to role vulnerability and professional burnout.⁴

COMPLEXITY AND SPECIALISATION IN STN PRACTICE

This complexity is not anecdotal, it is well-documented. The STN role is highly specialised and aligned with all four pillars of advanced nursing practice: clinical, educational, leadership, and research. A 2023 scoping review identified more than 180 distinct practice elements associated with specialist stoma care nursing, highlighting the significant cognitive and clinical complexity of the role.⁵ Making this complexity explicit is essential to protecting professional identity and advanced practice functions.

IMPACT ON PATIENT OUTCOMES AND SYSTEM EFFICIENCY

Evidence consistently demonstrates that STN involvement improves patient outcomes, reduces complications, supports timely discharge, and prevents avoidable harm. Health systems rely on STNs to coordinate care pathways, improve adherence to recovery protocols, and ensure continuity between hospital and community services.⁶

THE RISK OF ROLE EROSION

Despite strong evidence of value, STN roles remain vulnerable to erosion due to service redesign, workforce shortages, and limited understanding of specialist practice. Role erosion often occurs quietly, through dilution of specialist time or loss of advanced functions. *If a role is not visible, it is vulnerable.*⁷ In New Zealand, service redesign and workforce reconfiguration create particular risk for small, highly specialised nursing roles, where loss of even a single position can significantly destabilise local services.

STRATEGIES TO PROTECT THE ROLE

Protecting the STN role requires clear role descriptions, formal embedding within care pathways, use of outcome and cost-effectiveness data, and collective professional advocacy. Structural visibility, rather than individual effort alone, is key to safeguarding specialist nursing practice.⁸ These strategies are most effective when they are practical, repeatable, and shared.

PRACTICAL CHECKLIST: SIMPLE WAYS TO START BUILDING EVIDENCE

The following checklist translates the concepts of visibility, value, and role protection into simple, repeatable actions that can be embedded into routine work. Rather than requiring complex data systems or additional workload, these strategies focus on making existing specialist practice visible to non-clinical stakeholders through intentional documentation, communication, and structural engagement. Used consistently, even small actions can accumulate into powerful evidence that protects the integrity, scope, and sustainability of the STN role over time.

Focus Area	Practical Action	Purpose / What This Makes Visible
Clinical impact	Keep a simple log of complications prevented	Demonstrates risk reduction and clinical decision-making
Clinical impact	Record one sentence describing what may have occurred without STN involvement	Makes counterfactual impact explicit for non-clinical stakeholders
Outcomes	Track one consistent data point (e.g. readmissions prevented or urgent reviews avoided)	Creates longitudinal evidence of value over time
Role clarity	Write a plain-language description of a typical working day and share it with managers	Improves understanding of role complexity and workload
Leadership visibility	Have your direct line manager shadow for a typical day (or half day)	Converts invisible work into observed practice
Workforce protection	Review role descriptions and highlight missing advanced practice elements	Identifies role dilution and protects scope of practice
Service design	Advocate for formal inclusion of STN input in at least one clinical pathway	Embeds the role structurally rather than relying on goodwill
Communication	Combine one patient story with one data point when communicating impact	Balances qualitative and quantitative evidence for decision-makers
Professional advocacy	Engage with professional networks to share language, metrics, and advocacy strategies	Builds collective strength and consistency of messaging
Multidisciplinary influence	Engage with colorectal/GI surgeons to advocate for the role in enhancing patient outcomes	Strengthens cross-disciplinary support and credibility
Benchmarking	Benchmark with other services locally or internationally	Positions the role within recognised best practice models

Maximising the impact of these actions depends not only on what evidence is gathered, but on deliberately tailoring messages to the priorities of different stakeholders, for example, framing resource use and cost avoidance for finance teams, scope and accountability for direct line managers, and patient safety and outcomes for clinical leaders. *Essentially, right message, right time, to the right person.*

Additional reference points to help identify the four pillars of advanced practice care (including a checklist) are available.

These include:

- 'A New Horizon for Health Service: Optimising Advanced Practice Nursing – 2019' – a white paper from the Australian College of Nursing
- 'Advanced Nursing Practice Guidelines For The Australian Context – 2020' – <https://www.health.gov.au/resources/publications/advanced-nursing-practice-guidelines-for-the-australian-context?language=en>
- The Australian Nurse Practitioner Checklist: <https://eprints.qut.edu.au/105518/1/The%20Aust%20APN%20Self-Appraisal%20toolkit.pdf>

CONCLUSION

Safeguarding the role of Stomal Therapy Nurses is inseparable from safeguarding patient care. The STN role is highly specialised, clinically complex, and system-critical, contributing directly to patient safety, continuity of care, and health service efficiency across acute and community settings. Yet this contribution remains vulnerable when its complexity and impact are not visible within organisational decision-making structures.

In Aotearoa New Zealand, workforce constraints, geographic dispersion, and increasing reliance on specialist nurses heighten the risk of role erosion. Loss or dilution of STN roles threatens not only professional sustainability, but also patient outcomes and system stability.

Protecting the STN role requires more than individual effort. It depends on consistent documentation of specialist practice, deliberate capture of outcome-focused evidence, and collective advocacy that makes advanced nursing work visible and defensible. This visibility is most effective when evidence is intentionally framed to the priorities of those with decision-making authority—aligning cost avoidance with finance functions, role clarity with direct line management, and patient safety with clinical and executive governance.

By making value visible in ways that resonate with organisational priorities, STNs can strengthen the structural protection of their roles while reinforcing their essential contribution to high-quality, equitable care.

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Paris Purnell

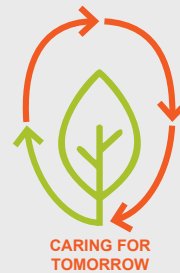
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1. Data on File, 2024: ref-04111 (n=200)

2. Data on File, 2023: n=110 Qualitative Interviews; 2023: n=43 Clinical Trial

3. Data on File, 2023: ref-03863 (Woven fabrics tested are Polyester-based)

4. Data on File, 2023: n=459 Qualitative Interviews; 2023: n=110 Qualitative Interviews; 2023: n=43 Clinical Trial

5. Data on File, 2023: n=43 Clinical Trial

6. Data on File, 2023: ref-03863

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Reduce, Reuse, Recycle — How Chyme Reinfusion Before Intestinal Reconstruction is Emerging as a New Standard of Care

BY GREG O'GRADY, CHEN LIU & IAN BISSETT

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High-output enterostomies and enterocutaneous fistulas represent one of the most formidable challenges faced by surgeons. The potential complication burden is severe, encompassing dehydration and renal injury, metabolic dysregulation, malnutrition, and intestinal failure, often requiring parenteral hydration and nutrition¹. Complication rates after surgical reconstruction are also substantial, including risks of prolonged ileus, anastomotic failure, sepsis, and poor bowel function. The cumulative morbidity, psychological impact, mortality, and costs are profound.

Invited commentary on Vaghiri S, et al. Chyme reinfusion in patients with high-output enterocutaneous fistulas and enterostomies undergoing surgical reconstruction: A systematic literature review and meta-analysis. Dig Dis Sci. 2025.

Greg O'Grady
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Enter chyme reinfusion, a humble solution to virtually restoring enteral autonomy^{2,3}. Although a conceptually elegant and longstanding approach to preventing many of these complications, clinical implementation has lagged, primarily due to historical technical challenges including distaste, aesthetic challenges, and labor-intensive methods that are prone to failure⁴.

With their new meta-analysis in Digestive Diseases and Sciences, Vaghiri et al. put chyme reinfusion back into the spotlight, by presenting valuable evidence for significant clinical benefit in post-operative outcomes after fistula repair or high-output stoma reversal⁵. Across five nonrandomized studies encompassing 460 patients (including controls), CR was associated with reduced postoperative ileus (OR 0.35), diarrhea (OR 0.29), inflammatory markers (CRP and WBC), total complications (OR 0.25), and hospital stay (mean difference 5.1 days). Based on the consistent and strong effect sizes across these studies, the authors conclude that chyme reinfusion is a safe and effective technique for reducing post-operative morbidity.

Though these outcomes are noteworthy, the authors correctly note some cautions in their analysis. None of the included studies were randomized trials (RCTs), although control groups were included. All five included papers originated from China, potentially limiting extrapolation to Western populations, while also highlighting a geographical divide in procedural adoption. Moreover, the cohorts were inherently heterogeneous, although selective subgroup analyses supported generalizability.

Finally, almost no data/information were reported regarding patient tolerability, chyme reinfusion compliance, or real-world technical challenges. Within the included studies⁵, Liu et al. described that patients who were able to successfully complete daily reinfusion only with the supervision of health care staff were excluded, but did not explore the underlying reasons. Chen et al. did report 11.1% of patients were unable to establish reinfusion within one week due to adverse effects such as diarrhoea and abdominal pain that was corrected by chyme dilution. Such information are not only essential to increase the transparency of such research, but also provide valuable insight for researchers or chyme reinfusion adopters encountering similar issues.

Though these limitations warrant careful interpretation, the potential benefits of chyme reinfusion on care and recovery of these complex patients remain persuasive. Prior to surgery, the loss of chyme together with its fluid, electrolyte and nutritional constituents, is the key driver of complications; hence reinfusion is the natural and obvious solution.

Chyme collected within a stoma appliance is microbiologically safe for reinfusion even after several hours of stasis⁶; systematic reviews have confirmed both the safety and multiple benefits encompassing reduced dependence on parenteral nutrition, improved nutrition, fluid balance, and liver function in paediatric and neonatal populations^{4,7}.

The additional post-operative benefits of chyme reinfusion are partly explained by the dependence of gut health on its luminal nutrients. The absence of chyme in the diverted limb induces diversion enteritis, characterized by mucosal inflammation, villous and smooth muscle atrophy, impaired contractility, and starvation of the microbiome. Chyme reinfusion thus acts as a powerful pre-conditioning therapy, restoring trophic nutrients and beneficial microbiota, enabling bile salt recirculation while stimulating key gut hormones such as GLP-1 and GLP-2 that support mucosal growth, and gut barrier integrity, transit, motility, and homeostasis. Reductions in post-operative ileus, diarrhea, inflammatory markers, and length-of-stay, as confirmed by Vaghiri et al. in their meta-analysis, are therefore mechanistically anticipated⁵.

The lack of included RCTs in the meta-analysis is also largely unsurprising, as in our experience, conducting RCTs in this patient cohort is particularly challenging. Presentations are acute and sporadic, patients are routinely physiologically frail and encumbered by substantial morbidity and psychological distress, and multicentre studies that require long durations of monitoring and follow-up are costly. In this context, clinical registries and meta-analyses of best-available observational data, encompassing a significant number of patients, therefore carry significant clinical weight^{2,5}.

Despite its clear benefits, the clinical uptake of chyme reinfusion has traditionally been limited. Vaghiri et al. label it “rather exotic approach... despite favourable results”, noting practical challenges and a lack of standardization as barriers beyond the level of clinical evidence⁵.

While historically relevant, these considerations may be approaching a turning point that enables chyme reinfusion to become a more routine consideration in the clinical management of patients with high-output enterostomies and enterocutaneous fistulas³. As noted by the authors, European society guidelines now endorse chyme reinfusion whenever possible, suggesting that sufficient clinical data has accrued to consider the therapy evidence-based⁸.

Moreover, motivated by positive personal experiences with manual chyme reinfusion in both Western and resource-limited settings, as well as pioneering French data², our group have offered novel device solutions to overcome the technical challenges of chyme reinfusion.

Systematic analysis revealed these specific factors to be distaste, cumbersome and laborious manual methodologies, tube blockage and dislodgement, chyme reflux, and lack of technical standardization^{3,4,7}. We have therefore introduced a simple portable impeller pump and custom tube solution, activated by a magnetically coupled driver across the stoma appliance, achieving highly superior technical success and nursing engagement with this otherwise unpleasant procedure⁶.

An accumulated clinical experience of > 1000 patients across diverse settings in > 20 countries has shown this standardized pump device solution to be feasible and scalable, with favorable results including reductions in parental nutrition requirement, as well as improved post-operative outcomes concordant with Vaghiri et al.’s data from manual approaches in China^{4,9,10}. Caveats include the requirement for expert clinical and nursing care, appropriate patient selection, and a modest training requirement in order to patients to self-reinfuse in hospital and homecare settings. Further evidence from the REINFUSE RCT is currently being collected (NCT04577456).

Another issue affecting clinical adoption of chyme reinfusion is that clinical and nursing staff familiar and experienced with relevant techniques and technologies are currently consolidated within a relatively low number of units spread out globally. Given the sporadic and geographically dispersed occurrences of these complex disease entities, patients otherwise suitable for chyme reinfusion may often find themselves located in a region that may not have access to either the physical resources required or the expert care required for the onboarding process. Therefore, future success of chyme reinfusion will also strongly rely on collegiality, knowledge sharing, and breaking down potential barriers to access.

In summary, the meta-analysis by Vaghiri et al. provides a robust quantification of the post-operative benefits of chyme reinfusion, which were previously understood primarily through physiological principles and single-center experiences. Their study adds to an increasingly compelling body of observational evidence, with formal guideline endorsement. This growing evidence base has converged with the arrival of enabling device technologies to overcome historical barriers that relegated this technique to a ‘rather exotic approach’, marking a pivotal moment for advancing chyme reinfusion as a rather conventional approach.

Vaghiri et al.’s data also help us to understand that chyme reinfusion is best framed not merely as a nutritional workaround, but as an active perioperative therapy with a powerful dual benefit. It functions pre-operatively to restore enteral autonomy and mitigate the severe consequences of intestinal failure, whereas post-operatively, it conditions the bowel to significantly reduce surgical morbidity and accelerate recovery and discharge. This dual effect provides a profound clinical advantage for a patient population that is often highly compromised, complication-prone, distressed, and in acute need of innovations that can fundamentally improve their clinical trajectory.

Within this new reality, chyme reinfusion is earning its place as an emerging standard of care. The immediate challenge is to advance innovation and adoption of enabling technologies and standardized approaches, supported by real-world data collection, to ensure this beneficial therapy can be delivered safely and equitably to the complex patients globally who need it most.

AUTHOR CONTRIBUTIONS

GOG, IB and CL co-wrote the invited commentary.

DATA AVAILABILITY

No datasets were generated or analysed during the current study.

DECLARATIONS

Conflict of interest

Professors Greg O'Grady and Ian Bissett hold grants and intellectual property in intestinal failure and chyme reinfusion and are founding members of The Insides Company. Prof.

O'Grady is a founding member of Alimetry Ltd.

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Every Journey. Together.

Stomal Therapy Week 2026

22–28 June 2026

Celebrating individuality and shared support, because every journey is unique.



**AASTN +
NZNOCSTN**

Invitation to participate in Stomal Therapy Week 2026

The Australian Association of Stomal Therapy Nurses and New Zealand Nurses Organisation College of Stomal Therapy Nursing are delighted to invite you to participate in Stomal Therapy Week 2026, being held during the week of 22–28 June.

Stomal Therapy Week 2026 recognises the unique journeys of people living with a stoma and the network of stomal therapy nurses and supporters who stand alongside them, under this year's theme Every Journey. Together.

From diagnosis and surgery to recovery, confidence, and everyday life, no two journeys are the same. People with a stoma bring lived experience and insight that shape their care and outcomes. What remains constant is the importance of specialised, ongoing support.

Stomal therapy nurses play a vital role within this network, partnering with people living with a stoma to provide expert clinical care, education, advocacy, and reassurance at every stage of the journey. Alongside them are health professionals, industry partners, ostomy associations, peer support groups, families, and carers — together forming a connected community of care that supports confidence, independence, and quality of life.

A range of resources are available for downloading on the AASTN website (stomalththerapy.au). This includes a screensaver, poster, key messages, social media press release and email footers. Every Journey. Together. merchandise is available to purchase from RedBubble. These mugs, T-shirts, tote bags and note pads feature the Every Journey. Together. artwork and can be used in your local campaigns and as prizes or giveaways.

We look forward to hearing how you celebrated Stomal Therapy Week 2026.

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- Has watery or corrosive output



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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 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: _____

Patricia Blackley Postgraduate Education Scholarships 2026

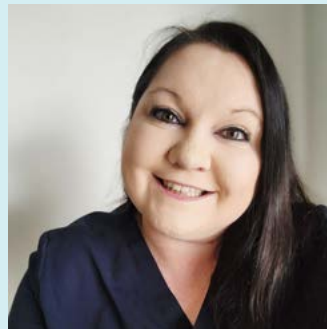
Coloplast Australia and New Zealand, in collaboration with the Australian Association of Stomal Therapy Nurses (AASTN) and the New Zealand Nurses Organisation College of Stomal Therapy Nursing (NZNOCSTN) are pleased to announce the Patricia Blackley Postgraduate Educational Scholarships.

This educational initiative is being conducted in collaboration with the Australian Association of Stomal Therapy Nurses (AASTN) and the New Zealand Nurses Organisation College of Stomal Therapy Nursing (NZNOCSTN).

Could you be the next scholarship recipient?



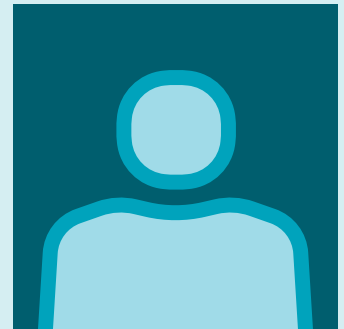
Brooklyn Binns
(Port Lincoln, SA)
2025 Recipient



Kirsty Gault
(Brisbane, QLD)
2025 Recipient



Claire Quinn
(Hamilton, VIC)
2025 Recipient



Could this be you?
2026 Recipient

"I feel extremely grateful to Coloplast to be a recipient of the 2025 Patricia Blackley Postgraduate Scholarship. This scholarship will support my professional development in Stomal Therapy Nursing by enabling me to develop advanced skills in wound, ostomy and continence care. This opportunity enables me to better support people in regional South Australian communities who often have limited access to specialist care."

- Brooklyn Binns (Port Lincoln, SA)

"I am feeling very grateful and excited for the future after the news I have received the scholarship! I aim to become a Clinical Leader in Stomal Therapy. I am particularly focused on enhancing patient education and empowerment, ensuring individuals with stomas feel confident and supported throughout their healthcare journey!"

- Kirsty Gault (Brisbane, QLD)

"Receiving this scholarship is a great honour and will support my professional growth in stomal therapy. It will enable education, strengthen clinical skills, and improve patient outcomes. Professional education is essential to advancing healthcare by promoting evidence-based, compassionate care and enhancing quality of life for patients with ostomies."

- Claire Quinn (Hamilton, VIC)

What is the purpose of the scholarships?

- To enable Registered Nurses working in ostomy care to undertake postgraduate education in Stomal Therapy Nursing or a related area of practice.
- To improve the quality of ostomy care for people in Australia and New Zealand by advancing postgraduate nursing education.

What is the value of the scholarships?

- Three scholarships are available. The value of each scholarship is \$5000 Australian Dollars.
- If there are no applicants who successfully meet the selection criteria, the scholarships will not be awarded.

What courses are eligible for the scholarships?

These scholarships may be used to support:

- Course fees for the Graduate Certificate of Stomal Therapy Nursing through the Australian College of Nursing or the Graduate Certificate in Wound, Ostomy and Continence Practice through Curtin University, OR
- Course fees for another post graduate course relevant to Stomal Therapy Nursing practice. For example; Master of Nursing, Master of Advanced Nursing Practice, Master of Counselling, Master of Business Administration, or Master/Graduate Certificate in another relevant skill set.

What is the selection criteria?

Applicants must:

- Be a Registered Nurse with the Australian Health Practitioners Regulation Agency (AHPRA) OR the Nursing Council of New Zealand (NCNZ).
- Be able to provide evidence of being employed in an appropriate clinical setting.
- Have the support of their manager or head of department.
- Be a member of the AASTN or NZNOCSTN or be willing to become a member or associate student member once the scholarship has been awarded and remain a member for the duration of the study program.
- If awarded the scholarship, agree to the public promotion of their success.
- If awarded the scholarship, agree to deliver an education session at an AASTN/NZNOCSTN meeting/conference OR prepare a journal article for the Journal of Stomal Therapy Australia/The Outlet (NZ).

How do I apply?

Please include separate pages in your application for each of the following:

- The completed application form (photocopy last page or visit: www.stomaltherapy.au/scholarships for electronic copy).
- Resume: include your full work history and details of membership/participation in professional organisations.
- A letter of support from line manager including how the furthered education will help the organisation
- Proof of current AHPRA or NCNZ registration as a Registered Nurse.
- Cover letter: include an outline of how you plan to utilise and disseminate the knowledge gained from the course and your anticipated commitment to Stomal Therapy Nursing (up to 300 words).
- Other funding sources: Please give details in your cover letter if you have received funding from any other source.

What are the important dates?

Applications open
2 March 2026



Applications close
30 September 2026



Application outcome
November 2026



Applications must be lodged with the chairperson AASTN Education and Professional Development Subcommittee before the closing date of 30th Sept 2026. Late applications will not be considered. The email address for lodgement is: education@stomaltherapy.au

Frequently Asked Questions

What is the selection process?

Applications will be reviewed by a selection panel comprised of at least two AASTN Education and Professional Development Subcommittee members and at least one member from the NZNOCSTN.

If the selection criteria and guidelines have been met, a short-list of finalists will be agreed by the selection panel, and if necessary, a brief video conference interview will be arranged with each of the short-listed applicants.

The interview will explore the applicant's commitment to the specialty of Stomal Therapy Nursing and how they will use the knowledge gained from the course.

This interview will occur within 6 weeks of the applications closing and will assist the final decision on the scholarship award.

If the existing panel members have a conflict of interest, a maximum of two proxies may be selected from the AASTN Education and Professional Development Subcommittee membership or one proxy from the NZNOCSTN membership.

The decision of the interview panel will be final and applicants will be notified of the result.

When will the scholarships be awarded?

The successful scholarship recipients will be announced by the AASTN and the NZNOCSTN in November 2026.

If awarded the scholarship, the successful applicant must provide to the AASTN Education and Professional Development Subcommittee:

- Confirmation of enrolment in the nominated postgraduate course as soon as possible after enrolment.
- Proof of AASTN or NZNOCSTN membership.
- A copy of the Degree Certificate (testamur) or Statement of Completion of the nominated postgraduate course as soon as is reasonably possible after completion of the course.

Documents should be emailed to: education@stomalththerapy.au

What happens if I am awarded the scholarship, but do not complete the course?

Withdrawal from course or failure to successfully complete the course within a two-year period, unless agreed as below, will require all scholarship funds to be returned to the AASTN or the NZNOCSTN.

Unexpected program interruptions which delay completion will be considered for retaining the financial assistance after written application to the Chairperson of the AASTN Education and Professional Development Subcommittee, outlining the reasons for delay. This should be sent via the email address:

education@stomalththerapy.au

Return of scholarship funds must be made within 30 days of enrolment cancellation or notification of unsuccessful results.

Application form

Patricia Blackley Postgraduate Education Scholarships 2026

Name: _____

Address: _____

Mobile: _____ Work: _____

Email: _____

Place of Employment: _____

Name of Course and Education Institution: _____

Course Commencement Date: _____ Anticipated Completion Date: _____

Applicant Agreement:

- Payment of the scholarship is subject to the successful completion of the nominated course.
- I understand and accept that if I withdraw from the above course for any reason or do not successfully complete the course within a two-year period (unless otherwise agreed), all scholarship funds must be returned to the AASTN/NZNOCSTN within 30 days.
- I understand that I must provide proof of completion to the AASTN Education and Professional Development Subcommittee as soon as is reasonably possible after course completion.
- If awarded the scholarship, I agree to public promotion of my success.
- I agree to deliver an education session at an AASTN/NZNOCSTN meeting/conference OR prepare a journal article for the Journal of Stomal Therapy Australia/The Outlet (NZ).

Applicant's Signature: _____ Date: _____

Manager/Head of Department Endorsement:

I _____, fully endorse the application of _____
_____ for the Patricia Blackley Postgraduate Education Scholarship.

Signature: _____ Date: _____

Position: _____

Facility: _____

This application for together with accompanying documents must be lodged before the closing date of 30th Sept 2026 to education@stomaltherapy.au



The Outlet

NEW ZEALAND STOMAL
THERAPY NURSES



NGĀ MIHI NUI