



The Outlet

New Zealand Stomal Therapy Nurses

In this issue:

- 2018 NZNOCSTN Conference
- WCET Report
- Advocacy or Influencing Change?

NOVEMBER 2017

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The Outlet

New Zealand Stomal Therapy Nurses

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ENCOURAGING MEMBERSHIP

EASY MEMBERSHIP SUBSCRIPTION CAN NOW BE GAINED ON THE WEB SITE
www.nzno.org.nz

IF YOUR ADDRESS HAS CHANGED PLEASE CONTACT

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Your Executive Committee Members

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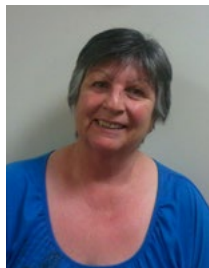
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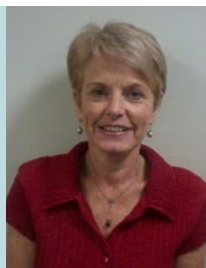
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ISSN 2324-4968 (Print) ISSN 2324-4976 (Online)

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www.nzno.org.nz/groups/sections/stomal_therapy

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

Published three times a year by Blacksheepdesign
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Chairperson's Report

BRONNEY LAURIE

Well Christmas is now fast approaching I am finding it difficult to believe that another year is nearly over. I have been in the role as your Chairperson for 12 months and do find it challenging at times, I will only have got my head around it and it will be time to hand over to someone new.

I am hoping that by the time a new committee takes over we will have something definitive in regard to future study for Stomal Therapists. This is proving to be frustrating but I have recently spoken to other Colleges and perhaps have a plan that we can venture forward with.

The committee is looking to begin work on a service framework for STNs and hope to have this ready to present at the conference in October 2018. Kat and I had the opportunity to attend the NZNO College and Sections' day and NZNO Annual General Meeting in October; our reports are included in this edition.

I would like to encourage you all to consider joining the committee, it is an opportunity to become more involved and be an important part of our future as a College. I personally have enjoyed my time with other STNs and health professionals and do consider it a privilege to speak on your behalf.

The committee is excited to be organising another conference in Auckland next year and I hope that you will all be able to attend. We are working hard to ensure that you have an informative programme and I personally am very excited in regard to our evening entertainment.

I hope that the last year has not brought you too many trials or tribulations and as we all work towards Christmas and holidays I would like to thank you for all you do for your patients, their families and work colleagues. The committee wishes you all a wonderful Christmas and a very happy New Year. I hope you all get a chance to 'CHILLAX'.

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Christmas
BUT IF THE WHITE
RUNS OUT
I'LL DRINK
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Editor's Report

JACKIE HUTCHINGS

The lead up to Christmas is now upon us and the rush to have everything sorted before the lucky ones get to head away on holiday.

LETTERS TO THE EDITOR

Unfortunately, no one has sent in any letters or news from any of the regions and also no problems that you want to share or ask advice on from our membership. I am happy to print photos of problem stomas that other members may offer help with..

UPDATING NATIONAL STOMAL THERAPY CONTACTS

Hopefully by the time this goes to print I have had feedback from all the DHBs with updated contact information for your areas – if I had no feedback I have used the last information we had gathered which is a few years ago now. Please remember that if you do have changes of stomal therapy nurses in your DHB to contact me so that we can make these changes on our website.

LIBERTY AWARDS

If you have had an article published in The Outlet please consider completing a Liberty Publishing Excellence Award entry form. The prize for this is \$2000 and the winner is announced at the 2018 conference.

JOURNAL ARTICLES DESPERATELY REQUIRED

Once again articles have been sparse for this edition so I have had to put my thinking cap on again but hopefully you will get something out of my article even if it is a sense of relief that stomas in your area are generally better than ours!

The other article is by Lorraine Andrews who is a company representative but the article is of interest to all those who have patients with hernias or the predisposition towards one.

I would really appreciate articles that you have to offer as we learn by hearing the experience of others. Often seeing something similar can really help us when we see the same thing in our practice and can try what others have had success with. You are definitely able to say in your article what products helped in different scenarios and this is not seen as company bias – just what has worked for you!

This is your Journal but it cannot keep going without your input.

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Remember that you need to keep aware of what is happening with this process. We have been very lucky in New Zealand to have a great variety of choice available to us. We are also extremely fortunate with the support we receive from the Trade Companies and it is essential that we maintain this choice and support. Make yourselves known to your Supply Managers and be kept in the loop with what is happening. Contact Pharmac, if you want, and let them know your thoughts as well. Obviously, the committee is also doing this for you but the more voices the better.

2018 CONFERENCE

There is a section in this Journal on the 2018 Stomal Therapy Conference in Auckland. Start making plans to attend. There are a lot of topics covered which will be useful to all levels of those working or who have an interest in the field of Stomal Therapy.

I hope you all have happy and exciting times over Christmas and as we move into the New Year.

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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 30TH NOVEMBER (Annually)

SEND APPLICATION TO:

Jackie Hutchings

Email: jacquelyn@nursemaude.org.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 Liberty NZ Stomal Therapy 'Publishing Excellence' Award



THE AIM

The aim of the Liberty New Zealand Publishing Excellence Award is to recognise the endeavors of nurses working in the field of stomal therapy, encouraging them to achieve excellence by publishing in the NZNOCSTN Journal "The Outlet".

All NZNOCSTN members, who meet the award criteria, can submit their article to be assessed for the award. The award is to the value of \$2000. In the event that there is more than one worthy recipient the amount may be shared.

THE PURPOSE OF THE AWARD

The Liberty Publishing Award is to be used towards the cost of:

- Travel / accommodation / registration to attend a national or international conference related to stomal therapy
- or
- To facilitate participation in an accredited post graduate study program leading to qualification as a Stomal Therapist or appropriate study in the associated area intended to advance the knowledge and understanding of the discipline of stomal therapy

ENTRY CRITERIA

- Be a member of NZNOCSTN, both at the time of publishing and at the time the award is made
- Have submitted an article, which has been published in The Outlet and which complies with the Award Criteria
- Have completed the entry form and submitted to The Outlet editors by September in the year of the award. The Liberty Publishing Excellence Award will be made in the same year as the NZNOCSTN biennial conference.
- Only one article per author can be submitted for assessment
- The journals from which articles can be submitted for assessment will be published in the two years prior to the biennial conference as follows;
 - Novembe 2016
 - March, July and November 2017
 - March and July 2018
- By submitting and applying for the Liberty publishing award, the publisher agrees that their name and /or article can be used by Liberty Medical for Education and Marketing.

The assessment panel will critique submitted articles for value to Stomal Therapy practice, contribution to understanding the patient experience, innovation in practice and contribution to the body of Stomal Therapy knowledge.

The successful award recipient will be announced at the NZNOCSTN biennial conference and the award will be made by a Liberty representative.

Best Published Article Entry Form



Please complete and return to The Outlet Editor by the last day of September in the year of the Award submission.

Name: _____

Address: _____

Telephone _____

Email: _____

Qualifications _____

Employment position _____

NZNO Number _____

Article Title and Date of Publication

Note: If there are constraints as to when you can and cannot publish your paper, please bring this to the attention of the Executive Committee or The Outlet Editors.

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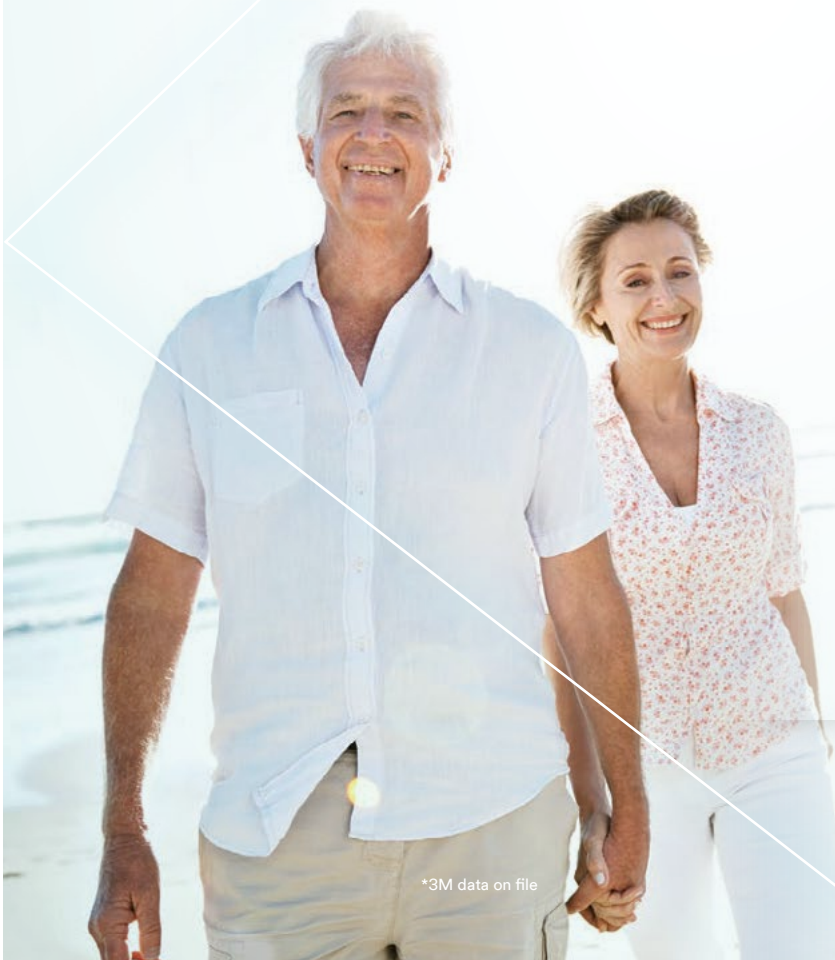
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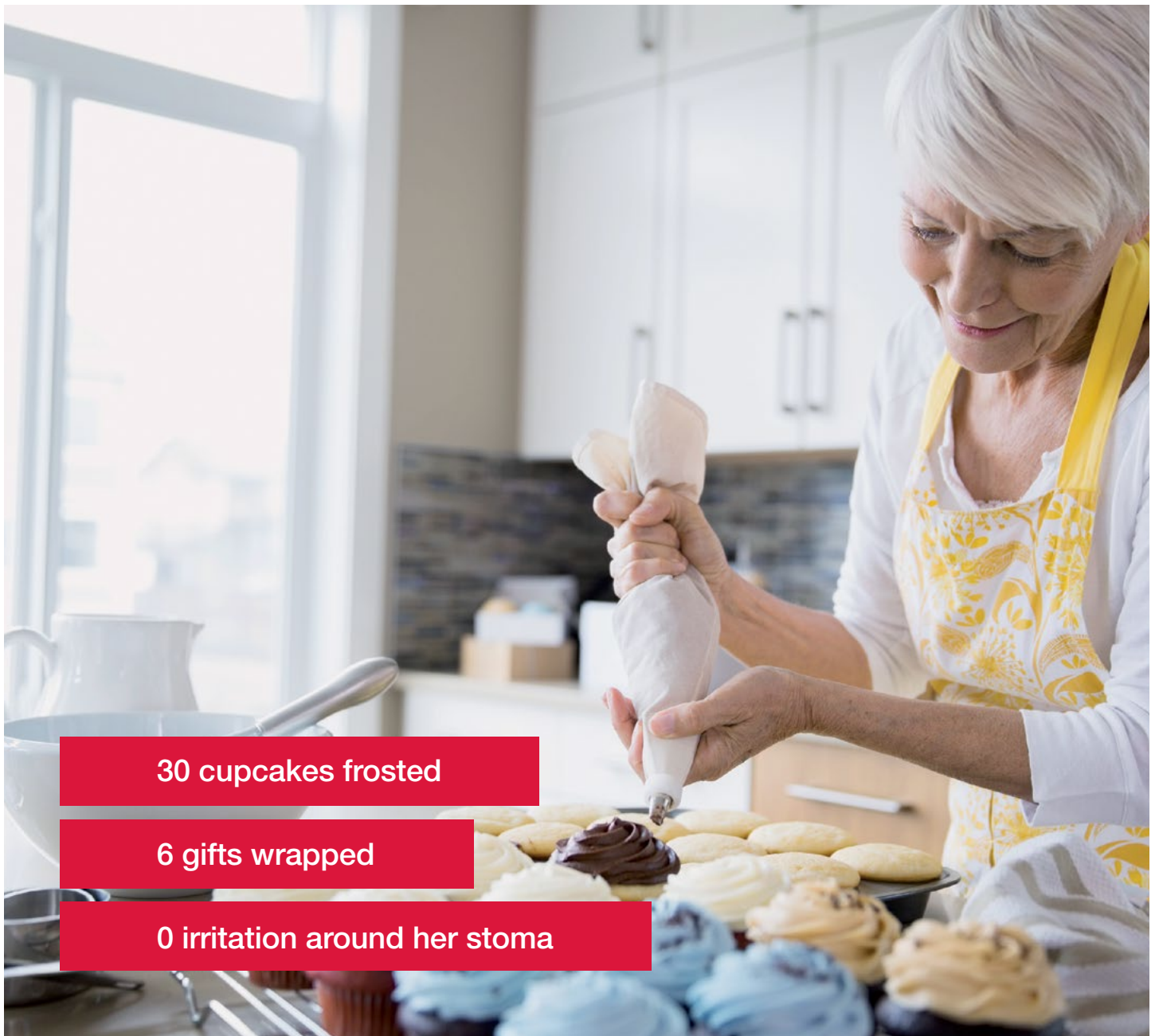
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WCET Report

FRAN MARTIN, WCET INTERNATIONAL DELEGATE FOR NEW ZEALAND

Earlier this year I received a group email from the World Council of Enterostomal Therapists (WCET) reminding International Delegates that we should be holding two yearly elections for this post.

To be an International Delegate for WCET you need to be a member. I do not have a list of NZ WCET members so it is somewhat difficult to hold an election. It may be that we can hold an election for ID at the NZNOCSTN conference in Auckland next year. I invite members to email me with their thoughts on the matter of choosing a WCET ID at francescam@adhb.govt.nz. There was also an email sent out about a survey on ID communication with WCET members. Some members around the world stated they had never heard from their ID. I have written in the Outlet previously so I have done slightly better. If you wish to have more communication from me and have suggestions about keeping in touch please email me.

Most Stomal Therapy Nurses know about the WCET and that it holds a biennial conference at different venues around the world in member countries. The next conference will be in Kuala Lumpur, Malaysia, 14 – 18 April 2018. The cost is 2000 Malaysian Ringgit (NZD650) for WCET members and 2500 MR (NZD810) for non-members for Super Early Bird before 30 November 2017. This will be the 40th Anniversary of WCET. The WCET conferences offer a great chance to meet nurses from all around the world and hear some of the best speakers in the Stomaltherapy, Wound Care and Continence fields. There are also Symposiums and workshops that give attendees more specialist knowledge and the latest research developments.

Membership of WCET provides an opportunity for global networking amongst the 55 member countries, access to members only Webinars and the WCET Journal on wound, ostomy and continence articles. Membership also provides discounted rates for the biennial conferences. Annual membership fees are GBP25 (NZD44).

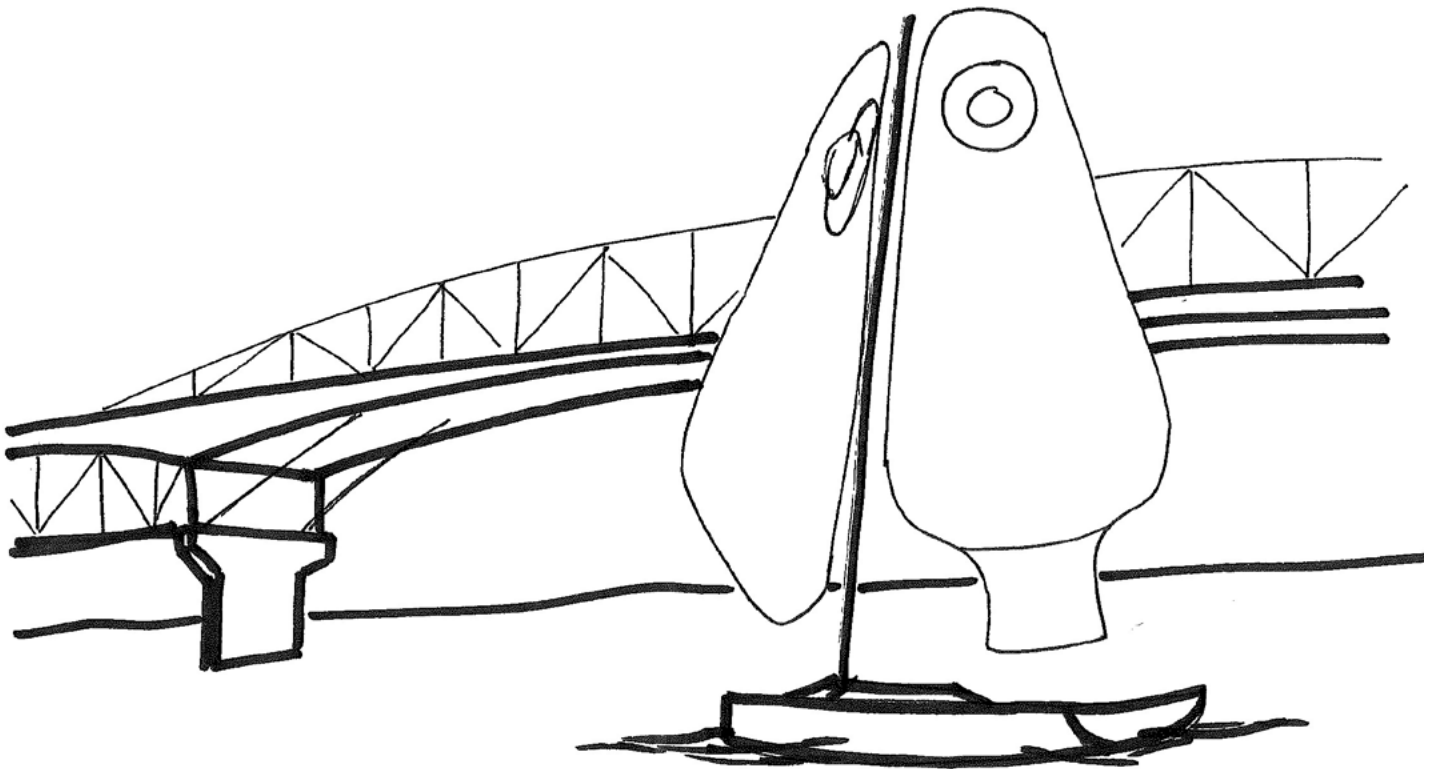
I welcome any comments and questions about WCET and I hope some of you are able to attend the conference in Kuala Lumpur.

Fran Martin, WCET International Delegate for New Zealand





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Rydges, Auckland

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- Short Gut Syndrome
- Mesh Repair
- Colorectal Endoscopy
- IBD Treatment – J pouch complications
- Paediatric Stomas
- Oncology
- Gynaecological cancers

If you have any topics you would like us to consider, please contact one of the committee.

Remember that Liberty will be again sponsoring the best presenter's award – this is for \$2000.

You must have been a member of NZNOCSTN for a minimum of one year prior to conference and be a current member at the time of conference. Abstracts will be called for next year, but you are able to send them in prior to that to Jackie Hutchings. The topic can be anything pertinent to your practice and you are given 15 minutes for your presentation including question time.

This is your conference and we hope to see as many of you there as possible.

NZNO College and Sections Day and AGM 2017

BRONNEY LAURIE AND KAT NEIMAN

On the 20th September 2017 Kat and I attended the New Zealand Nurses Organisation (NZNO) 2017 Annual General Meeting on behalf of the NZNOCSTN. Regional councils, Colleges and Sections represented forty-eight thousand nurses. This is a wonderful opportunity to meet and network with other nurses from around the country.

There is always differing opinions on various matters that I personally find entertaining and informative. There were discussions on projects and practices that work well or not and how their respective District Health Boards deal with these.

The meeting was opened with an official karakia and included the usual annual reports from NZNO President, Grant Brookes and the Kaiwhakahaere, Kerri Nuku. The Chief Executive Memo Musa presented his annual report followed finally by the financial report. Each report is worth reading and available on the NZNO website.

There were six remits for discussion later in the afternoon. Two were withdrawn prior to any discussion, the other four were voted in with at least 80% support. For those interested you can now be a member of three sections or Colleges, prior to this it was two.

There were presentations throughout the morning. The first being the equal pay campaign; the history of this and how they managed to finally secure this for all workers involved. It was a massive undertaking that many were thankfully dedicated to and that was finally won in court thanks to a 1972 parliamentary act. Interestingly the government have managed to change this after the campaign was won which will unfortunately affect others wishing for the same result.

Eldred Gilbert discussed the Visibility of Nursing Project. Eldred is the leader of this initiative and her main goal was that this policy would not remain on the top shelf gathering dust. It will be used by NZNO to ensure that nurses can work to their full potential without the road blocks that are often put in front of us due to budgeting and policy constraints. Her example was the fact that only 71% of new graduates gain employment once qualified, this is unacceptable and must be addressed along with many other issues. My hope is that NZNO will use this once it has been tabled to ensure a brighter future for all nurses.

The Council of Trade Unions' President, Richard Wagstaff, explained their place within the industrial sector and their strategic priority areas. This was a very interesting presentation. Union membership has decreased over the last few years and it's the CTU's priority to improve this and ensure all areas have representation for the workers. Government policy and acts have contributed to making this an increasingly less viable option for many throughout New Zealand.

On a lighter note there is a wonderful book of poems called "Listening with my Heart", available currently through NZNO. These are beautifully written by nurses about nursing in New Zealand and edited by our very own NZNO professional advisor Lorraine Richie. They would make wonderful Christmas gift or a gift for a colleague.

The day began at 8.45am and finished at 5.30pm. Kat and I met some characters for sure and it was enjoyable to hear their take on the nursing world. If I can have an opinion, it is that I feel frustration that we are a large union with so many aspects of values, cultures and sense. As an organisation we could contribute so much more to government policy and our DHB's. We do need to stand up, shout out for more pay, safe staffing and caring for the carer. I think the government and the DHB's are lucky we are so tired

The third and final day started off with the hum of conversation from the many nurses who had attended the conference awards dinner the previous evening. The night was deemed to be a success with many dancing until the last bus left to take everyone back to their various hotels. New acquaintances had been made throughout the preceding two days and nights with fresh ideas being discussed between Colleges and Sections as well as some new faces that were attending the conference day only.

The opening karakia was to be at 0830 but due to the activity and conversation in the room, Grant Brookes, NZNO president let time pass with the start being at 0845. The opening address speaker was Warren Lindberg, Chief executive of the Public Health Association, with the impending parliamentary elections he fittingly spoke of “how we can better influence political decisions about health?” He mainly spoke about his upbringing and how this influenced his decision making and views in his adult life. This provided reflection to all those listening, a fabulous speaker with a wealth of knowledge. Warren was New Zealand’s Human Commissioner from 2001-2007.

The next speaker of the morning was Jean Ross, co-president of National Nurses United, USA, this is the largest American union and professional organisation of registered nurses with more than 150,000 members nationwide. Jean spoke with confidence and passion about “Nurses - advocates for our patients and communities”

Morning tea was welcomed by many to stand and move around as the morning session had gone an hour over the allocated time.

Pare O’Brien, New Zealand Nurse leader, researcher, educator and practising nurse opened the second half of the morning, addressing population health and our whanau, following this there was an open debate and panel discussion on assisted dying, a contentious debate that leaves many divided.

During the lunch break many of the conference participants took part in the “shout out for health” campaign. NZNO members took the signed petitions to parliament, this is the voice to say- Health Matters, how underfunding is affecting work, patients and communities.

The opening session after lunch was by Professor Innes Asher from the Department of Paediatrics at Auckland University. This was an engaging talk on improving children’s lives through policy. For 25 years she has been the chair of worldwide research studies and her passion is to see all New Zealand children reach their full potential.

Concurrent sessions in various rooms were held following this, participants heading to the session which held most interest to them.

The conference at Te Papa was then closed and finished with a final Karakia.

*My other bag's
a Gucci*



Whole or Hole

THE ROLE OF SUPPORT GARMENTS IN PARASTOMAL HERNIA MANAGEMENT

LORRAINE ANDREWS

The management and treatment of parastomal hernias has, justifiably, been the topic of robust debate for decades. In spite of this and the evolution of mesh use, parastomal hernia management remains both challenging and problematic to both the patients and the STN's who share their journey.

In the largest review available, of 16,470 ostomates in the USA it was found that 30% developed a parastomal hernia. (Grey et al 2005). Frequently, hernia development occurred within one year of surgery. With an estimated occurrence rate of 48%, colostomies were disproportionately over represented in the occurrence statistics for parastomal hernias. (Grey et al 2005).

The surgical repair of a parastomal hernia is often costly, with significant morbidity and a high recurrence rate. (Thompson, 2010)

Abdominal wall hernias occur when the tissue structure and the function of the muscle, tendons and fascial layers in the load bearing muscles are lost (2008 Franz). Any abdominal surgical wound compromises and weakens the abdominal wall and potentiates the risk of hernia development. The site through which a stoma transitions to the exterior of the abdominal wall is a surgical wound and therefore represents an area of weakness. This breach of the abdominal walls integrity increases the risk of herniation.

Any intrinsic or extrinsic factors, which increase the pressures on either side of the abdominal wall, will also potentiate the risks of a parastomal hernia developing.

These factors include but are not isolated to:

- Obesity- additional weight on the abdominal wall and predisposition to infection in healing wounds (McGrath 2006)
- Poor wound healing- influenced by smoking, age, poor nutrition, steroid use etc.
- Older age 60 years plus- results in thinning of the rectus muscle and increased subcutaneous fat layer.
- Heavy lifting- increases the intra-abdominal pressure exerted on the abdominal wall
- Chronic respiratory conditions- coughing increases intra-abdominal pressure

Support garments have a role in both the prevention and the management of parastomal hernias. The early introduction of a support garment tailored to lifestyle has been shown to reduce both the occurrence rates of parastomal hernias and to improve the ostomates quality of life once a hernia has occurred. (North 2014)

A well-fitted support garment should provide **continuity of support across the entire abdominal wall** and maintain the parastomal hernia in a reduced, neutral position.

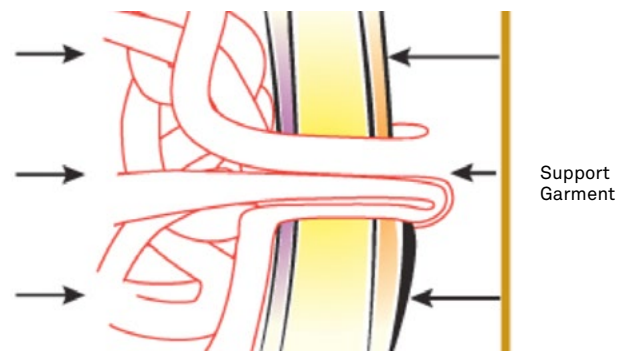


Fig 1. The equalised internal and external forces, provided by the SSG will keep the hernia reduced.

Support garments with different activity ratings levels are designed to re-enforce the abdominal wall during periods of either increased intra-abdominal pressure or external straining. The garments are designed to support the abdominal wall not to constrict it.

WHOLE OR HOLE

The practice of cutting holes in the support garments to exteriorise the stoma pouch is, fortunately a declining feature of support garment use. At times the practice may have been patient driven based in the belief that the support garment constricted flow of effluent into the pouch. The support garments role is to support not constrict. If flow into the pouch is inhibited by the support garment the most likely causes are that the garment has been incorrectly applied or is an incorrect size.

RISKS ASSOCIATED WITH HOLES CUT IN SUPPORT GARMENTS

Any hole cut into a support garment disrupts the equilibrium of the internal and external forces on either side of the abdominal wall. The consistent continuity of the support provided by the support garment to the abdominal wall is lost creating a weakened area. This mimics the weakness, which led to the hernia development.

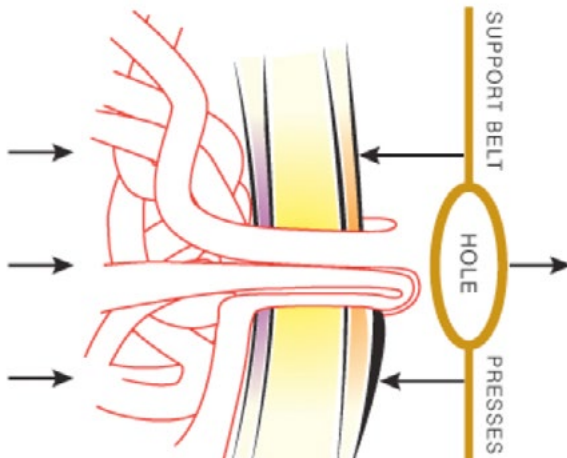


Figure 2. A hole cut in a SSG creates a weakened area in the support structure of the garment. This will contribute to both an increase in the outward pressure on the abdominal wall and to pressure points around the rim of the hole in the garment.

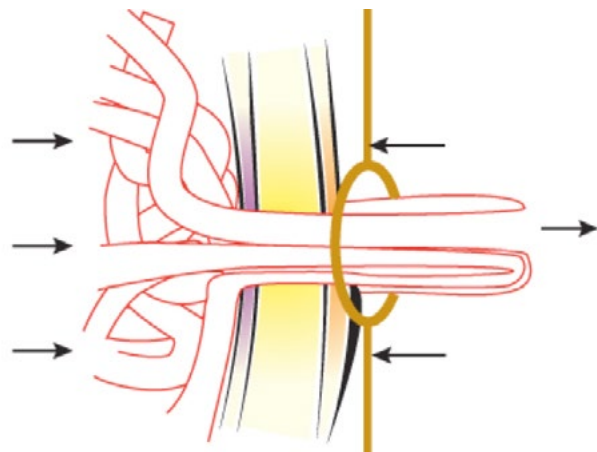


Figure 3. A result of cutting holes in support garments is the creation of a weakened area in the support provided by the garment. This weakened area increases the potential for the development of a stomal prolapse.

The relaxation of support from the garment created by cutting a hole in it potentially promotes and contributes to the development of a stomal prolapse.

Additional risks created by cutting holes in support garments are:

- Compromised blood supply to the stoma caused by the hole being cut too small
- The cut edges around the hole creating pressure points, which can result in pressure areas on the parastomal skin.

While there are no studies available on the outcome of cutting holes in support garments expert opinion, clinical experience, empirical evidence and an understanding of the physiology of the forces exerted on the abdominal wall contraindicate the continuation of a practice which has a significant patient risk associated with it.

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➤ Simon, colostomy

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Advocacy or Influencing Change?

Jackie Hutchings
Stomal Therapist,
Nurse Maude



This is not a researched article it is a reflection of what happened recently that I am hoping will help both my new patients and me. In saying that, all photos in this article are being used with the permission of each patient.

This year seems to have been particularly bad for poor stoma formation. We always do seem to have a lot of not good stomas but they were tempered with enough good ones that we could cope with the bad ones – but not this year!

In August I attended the colorectal forum at Christchurch Hospital where the colorectal surgeons and a variety of other people including the colorectal CNS, cancer care co-ordinators and us meet to discuss any issues. At the end of the meeting we were asked if anyone had any other issues, so I said, “why are we getting so many crap stomas?” The response from the surgeons was “what do you mean by crap” so I explained how bad they are with even the elective abdominoperineal resections (APR) ending up with retracted stomas in creases even though they are marked pre-operatively.

There was quite a bit of discussion that followed and the start of the solution was for me to talk to the junior registrars. I was invited in September to one of their teaching sessions where I was given 45 minutes to explain what I didn’t want and what I did want. It was very pleasing to be asked a lot of questions and to hear the discussion that broke out among them on how to form a good stoma. The presentation was a pictorial one and some of the photos I used are below. I finished the presentation with a summary of stomas progressing from good to bad and showing the products needed for each and the monthly cost.

I hope I get this opportunity to repeat this to the new registrars next year.

More importantly though I feel that I have been an advocate for my patients without them being aware. Patients often have no idea what a stoma is meant to look like so don’t realise how bad their stoma is and how many accessories we have to add to stop them having leakage issues.

Leakage would be the worst side effect for me if I had a stoma – it would affect my ability to lead a normal life as I would be too afraid to leave the house. This is something patients often say to me even when they don’t have leakage issues but are fearful something may go wrong when away from home. Our job is to encourage people that they can live a normal life with a stoma but it is the surgeon’s job to make this a reality or at least a possibility.

I do enjoy the challenge of finding the best product to suit each stoma I see, and I am very fortunate that so far I have had the ability to use whatever is on the market if that is the product that will give the most satisfaction for the patient. What I am really concerned about is Pharmac’s tender that is imminent for stoma supplies. We do need to be vocal

about this as we are speaking for our patients as they are the end users. We need to be strong advocates during this time. It is important that you contact your procurement or supply managers to be kept in the loop during this process.

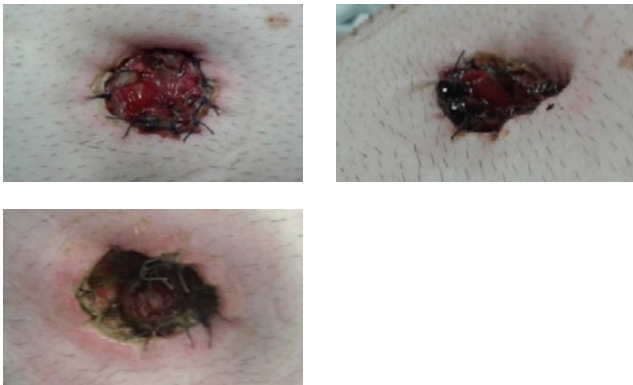
Anyway, back to these awful stomas! I would be really happy to hear feedback on what products you would use and how you would use them. Remember that the editor’s page would be the perfect place to share your ideas that I could put in the next edition.



A good end colostomy

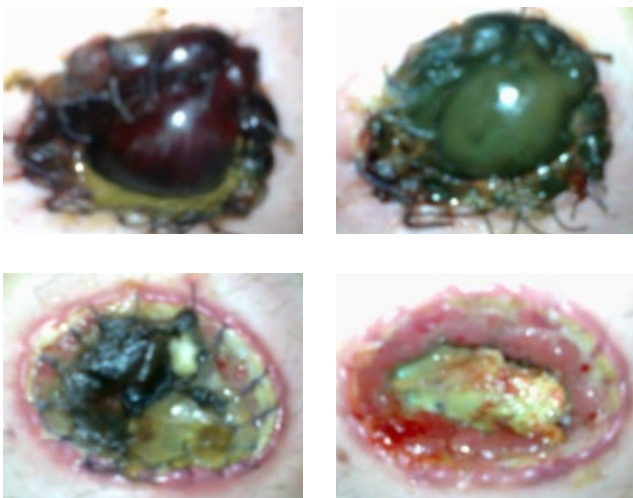


A recent APR on a lady who in her mid 70s and weighed 71kg with an average build. As you can see the stoma is very puckered around the edges and quite pulled in. The first two photos are day 2 post operatively. The last photo is nearly 2 weeks post operatively.

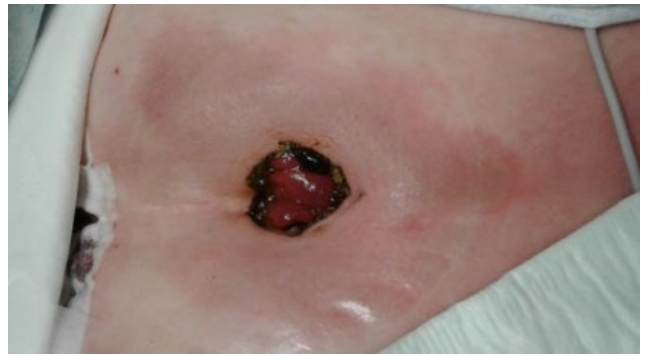


Another recent APR on a gentleman who was an average build with a bit of a rounded abdomen. The first 2 photos are again taken 2 days post operatively and the third photo about 2 weeks later.

Both of these patients were elective surgery and were seen by a stomal therapist pre-operatively and sited. Both stomas were formed by the same senior registrar. Shortly after this we had the colorectal forum and another patient was due to have an elective APR with the same senior registrar due to form the stoma so I showed the consultant these two sets of photos and as a result he scrubbed in and we ended up with a much better stoma for that patient.



Series of photos taken over a 2 week period of a necrotic stoma. This patient was not taken back to theatre and was left with a very retracted stoma.



Acute colostomy formation unsited but stoma placed on waistline – we have had quite a few of these recently and they are a real challenge when abdominal swelling goes down and the result is the second photo. As stomal therapists we are very lucky to be practicing nowadays with the wide variety of products on the market especially some of the new products which bend well and seal into these areas.

One amusing thing has come about since the talk – the registrars come and see me after stoma formations now to explain why a poor stoma may have been formed as they don't want their stomas to become a photo on my phone and end up being used in a presentation to someone else!! The great thing is that they are thinking more about what they are doing and the impact that it has on our patients.

So, I think I have been an influence of change with at least more thought going into stoma formation and even where to put them when the patient is not sited pre-operatively. I did ask them all to see their patients before taking them to theatre so that they could at least mark waist and crease lines before they are lying on a theatre bed if they are being done acutely out of hours.

I have learned that it is important to speak up when we see that things are not as they should be and be that advocate for our patients as well as influencing change to make our practice easier.

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