



The Outlet

New Zealand Stomal Therapy Nurses

In this issue:

- The Transition from Section to College
- Standards of Practice
- Developing A Stoma Learning Package

MARCH 2017

➤ Simon, colostomy

Dansac NovaLife

GX & GX+

The Flexible choice



NovaLife **GX** and **GX+** skin barriers offers a flexible choice of barriers



The NovaLife **GX** – the well-known and trusted skin barrier, optimised for solid output. *Suits all stoma types.*



The NovaLife **GX+** – the new extra erosion resistant barrier for more fluid output. *Flexible and comfortable.*

The **GX+** skin barrier is available on NovaLife 1 piece open pouches and as a NovaLife 2 piece wafer

www.dansac.com.au

NOVALIFE
The next generation

For more information on how we can help you please Freecall:
1800 119 105 (Aus) or 0800 678 669 (NZ)

dansac

The Outlet

New Zealand Stomal Therapy Nurses

CONTENTS

PROFESSIONAL SECTION

- 4 EXECUTIVE COMMITTEE MEMBERS
- 5 CHAIRPERSON'S REPORT
- 7 EDITOR'S REPORT
- 8 LIBERTY PUBLISHING EXCELLENCE AWARD
- 11 BERNADETTE HART AWARD
- 15 TRANSITION SECTION TO COLLEGE
- 16 UPDATING NATIONAL CONTACT INFORMATION
- 17 WRITING IN THE OUTLET
- 19 STANDARDS OF PRACTICE

EDUCATION SECTION

- 25 DEVELOPING A STOMA LEARNING PACKAGE
- 29 A FUNGATING RECURRENCE

ENCOURAGING MEMBERSHIP

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

IF YOUR ADDRESS HAS CHANGED PLEASE CONTACT

Jackie Hutchings

Email: jacquelynh@nursemaude.org.nz

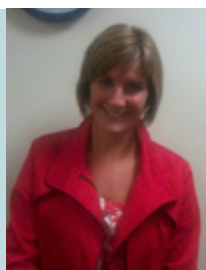
Your Executive Committee Members

COMMITTEE CONTACTS



CHAIRPERSON

Bronney Laurie
Stomal Therapy Nurse
South Canterbury DHB
Phone 027 246 2193
Email dnstomal@scdhb.health.nz



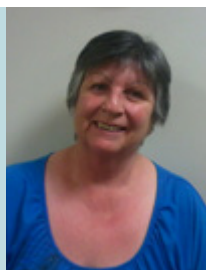
MINUTE SECRETARY

Sharon Elson
Clinical Nurse Specialist Stomal Therapy
Hawkes Bay DHB
Phone 06 878 1635
Email sharon.elson@hbdhb.govt.nz



CORRESPONDENCE SECRETARY

Leeann Thom
Stomal Therapist
Southern DHB
Phone 03 476 9724 or 027 273 1505
Email leeann.thom@southerndhb.govt.nz



TREASURER

Mary Vendetti
Stomal Therapy Clinical Nurse Specialist
Auckland DHB
Phone 09 307 4949 ext 28532
Mobile Phone 021 348 406
Email maryv@adhb.govt.nz



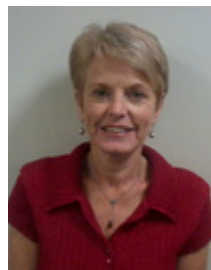
EDITOR

Jackie Hutchings
Stomal Therapist
Nurse Maude
Phone 027 236 4554
Email jacquelynh@nursemaude.org.nz



COMMITTEE MEMBER

Katrina Neiman
District Nurse/Stoma Resource Nurse
West Coast DHB
Phone 03 7697721
Email katrina.neiman@westcoastdhb.health.nz



NZNO PNA

Lorraine Ritchie
Professional Nursing Adviser
NZNO
Phone 0800 28 38 48
Email lorrainer@nzno.org.nz

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

Copyright ©February 2013 by the New Zealand Nurses Organisation College of Stomal Therapy Nursing.

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

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

Published three times a year by Blacksheepdesign

www.blacksheepdesign.co.nz

Chairperson's Report

BRONNEY LAURIE

Welcome to the first edition of The Outlet for 2017. Christmas and the New Year have sped by and it's difficult to believe that we are already in March. I hope you were all able to have a break and were able to enjoy some of the summer - to be honest I am still waiting for our summer to begin!

It was with great excitement that we received the news from NZNO that we were now officially New Zealand Nurses Organisation College of Stomal Therapy Nursing (NZNOCSTN). This has been a long process for past and present Executive Committee members and a huge accomplishment. It was a major commitment from all involved and sincerely appreciated by all within Stomal Therapy.

In December the new committee had their first teleconference and will meet face to face in Christchurch in early March. Bernadette Hart awards were confirmed and two nurses will use this to attend the Brisbane AASTN conference. It is timely to remind you all that this award is available to all members of the College and all applications will be considered. Application forms are included in this journal and on our website.

Two members of the committee will also attend this year's AASTN conference as it is imperative to network and be involved with our Australian peers. The conference will cover a wide and diverse range of topics and I look forward to their report in our next journal.

Also discussed at our last meeting was the difficulty our new colleagues are having in regard to appropriate, affordable and accessible Stomal Therapy training in New Zealand. The committee is sending a letter to my Director of Nursing to present at the next Directors of Nursing meeting. The hope is to make them aware that this is becoming a major issue for us as a College. The FNZOS also have written a letter of support in regard to this which is much appreciated.

We as STNs need to encourage successors, at this stage it has been very difficult for these nurses to be able to find funding for the required qualification. It is a frustration that must be addressed by this College as we are dedicated to supporting all our colleagues and their future education.

Please remember to check the website as we will post information that is necessary for you to know. Currently there have been no recent updates in regard to Pharmac and the supply of ostomy products. We are keeping an eye on any progress that may eventuate. I also hope that members have taken the opportunity to use the "letters to the Editor" addition in the journal.

Well that's about all for now. I know that we all lead very busy lives so remember to take time to smell the roses and appreciate what you have. Remember that the job you do for your patients and the support you give your colleagues always makes a difference.

Introducing **Brava® Protective Seal**

The NEW Brava® Protective Seal improves appliance fit. It is designed to protect against leakage and protect the skin.

The Brava Protective Seal is used to seal gaps between the stoma and baseplate. Its polymer formulation has special benefits:



Dual-protection

The seal protects against leakage because it's output resistant. It protects the skin by absorbing moisture and



Easy to handle

The seal is easy to shape, fits snugly around the stoma and can be applied over uneven skin. It will stay securely in



Call Ebos today for your free samples on 0800 265 675



Brava®

The Coloplast logo is a registered trademark of Coloplast A/S. © 2017-02 OST408. All rights reserved Coloplast A/S, 3050 Humlebaek, Denmark.

Editor's Report

JACKIE HUTCHINGS

Here it is ... our first edition of The Outlet as a College. It is so great that we have finally arrived after a lot of hard work by many people but especially Marie Buchanan, our previous Chairperson. Marie spent many hours putting all the College documents required together – a job none of the rest of us would have wanted to do! Thank you so much Marie for everything you did to get us to College status.

BERNADETTE HART AWARD

There were two applications this year for the Bernadette Hart Award. Jennifer Rowlands and Sue Rossiter were each awarded money to attend the AASTN conference in Brisbane. We look forward to reading their reports in the July edition of The Outlet. The history, criteria and application form for the Bernadette Hart Award can be found in this edition of The Outlet and on the NZNO Stomal therapy website. Although the closing date isn't until 30 November we accept applications at any time prior to this.

STANDARDS OF PRACTICE

You will find the revised Standards of Practice in this edition. These were rewritten to meet the requirements for College status. You will hopefully find these useful in your clinical setting. Other College documents will appear in future editions.

LETTERS TO THE EDITOR

Unfortunately I have received no letters to the Editor or News from the Regions which is a pity. Maybe you could consider submitting something for the next edition. This could be commenting on articles in the journal or issues you are facing in your Region or unusual cases that you would like advice about – photos are welcome.

LIBERTY AWARDS

Liberty has once again offered to sponsor the Publishing Excellence Award for an article in The Outlet and the Best Presenter's Award at our next conference in 2018. There has been one change and that is the prize for each is now \$2000. We really appreciate these wonderful incentives for members of the College. Remember you only need to be a member of the College not necessarily be a practising stomal therapist to be eligible to apply for these awards so get on and put pen to paper (or fingers to the keyboard) and submit an article with an entry form! The criteria and entry form for the Publishing Excellence Award can be found in this edition.

UPDATED INFORMATION

I would like to publish an updated National Contacts list in our next edition but there have been a lot of changes in staff around the country since this was last published so I need you to communicate these changes to me. You will find a form to complete in this edition – could someone from each DHB please ensure this form is completed for all practising stomal therapists in your area and returned to me by the end of April to jacquelyn@nursemaude.org.nz

URGENTLY REQUIRED!

I am always looking for submissions for The Outlet. Please consider sending me an article for the next edition. This should be sent to me by the end of the first week in June. It would be great to have an edition without another article by me! Articles, Letters to the Editor or Regional News can be emailed to me at jacquelyn@nursemaude.org.nz

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;
 - November 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:	<hr/>
Address:	<hr/>
	<hr/>
	<hr/>
Telephone	<hr/>
Email:	<hr/>
Qualifications	<hr/>
Employment position	<hr/>
NZNO Number	<hr/>
Article Title and Date of Publication	<hr/>
	<hr/>

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.

More comfort. Better outcomes.

What if you could offer more relief – and help restore dignity – to the ostomy patients in your care?

You know the challenges: Adhesive trauma, bodily fluids, and friction can quickly break down skin. And patients with a problem stoma and/or high output are especially vulnerable.

3M™ Cavilon™ No Sting Barrier Film is ideally suited for peristomal skin care. Its unique polymer formulation creates a breathable, waterproof coating, clinically proven to provide long-lasting protection against urine, stool, adhesive irritation and friction. Cavilon No Sting Barrier Film offers a simple, proven solution that can help improve your patients' quality of life.*

To request sample packs for your patients, please e-mail: **cavilonsamples@mmm.com**

For more information, visit our website: **cavilon.co.nz**



*3M data on file

3M New Zealand Limited
94 Apollo Drive
Rosedale, Auckland 0632
Phone 0800 80 81 82

3M and Cavilon are
trademarks of 3M
Company. © 3M 2016
All rights reserved

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 applicant(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 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: _____

History of Bernadette Hart Award

JACKIE HUTCHINGS

Bernadette Hart was a friendly, warm, outgoing, capable woman with a love of her work and her patients. Interested in furthering her education in Stomal Therapy she attended national seminars and was welcomed onto the Enterostomal Therapy Committee becoming Treasurer when the National section was formed.

Bernadette was sponsored by the Southland District Health Board to attend the first New Zealand Enterostomal therapy Course in 1984 but unfortunately ill health prevented this.

Bernadette Therese McTigue (known as Tiggy) was born in Southland, 12 October 1933. Before marriage she completed her General Nursing training at the Southland School of Nursing. Her first love was surgical nursing and she worked in a surgical ward at Southland Hospital, then took leave to complete her maternity training at Timaru Hospital and later the one year post graduate Nursing Diploma in Wellington in 1965. On her return she became ward sister of ward 9 (Surgical) until her death.

Bernadette chose to be cared for at home by family and friends. She planned her Requiem Mass and funeral and as always she was a wonderful organiser. She died aged 52, survived by her husband Lovell. Bernadette is buried at Green Point Cemetery in Bluff overlooking the sea.

Rachel Peek, former Matron of Southland Hospital and long time friend of Bernadette, said she was an outstanding person, loved by everyone at Southland Hospital. She had a wide range of interests, a great compassion and empathy for people and was an extremely knowledgeable person.

An obituary in the Southland Times of Bernadette's life included a history of her nursing career. It stated she was an outstanding nurse who had worked for the Southland Hospital Board for 30 years. She was interested in all aspects of nursing and education and especially interested in the care of patients with ostomies, working both in the hospital and community to assist these people.

Memories of Bernadette will remain for many people and it was a fitting tribute to her life that the Bernadette Hart Award and criteria was established all those years ago and is still alive today.

Written by Betty Vodanovich, Life Member, NZNO Stomal Therapy Section in 2005

On a personal note I worked as a Staff Nurse for Bernadette Hart in Ward 9. She was an amazing lady and I learned so much from her. One of her dreams was for Southland to have a Stomal Therapist. I was fortunate enough to become that person. I was also lucky enough to have Mrs Hart as a resource person as I started into the role. We spent many hours on the phone discussing stomal issues through the months of her illness. I would never have managed without her support, information and inspiration.

In 2013 I was fortunate in being awarded money from the Bernadette Hart Award to attend the AASTN conference in Hobart.

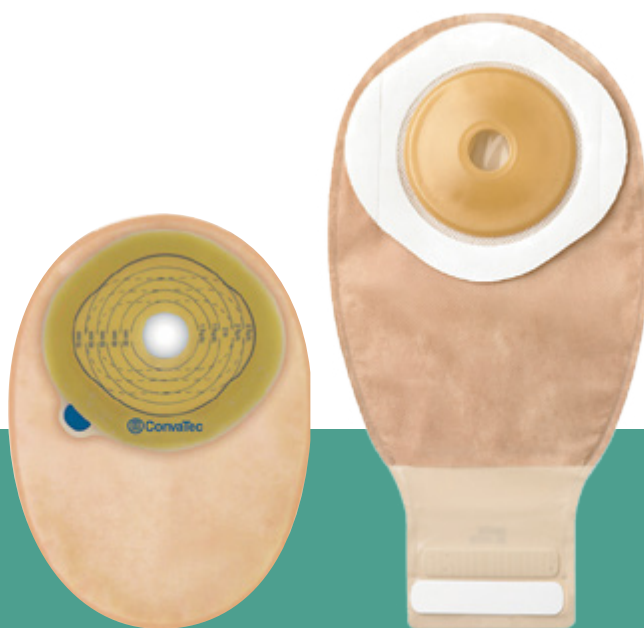


Our Esteem®  one piece ostomy solutions help people with an ostomy live life the way they want to, doing the things they love.

ESTEEM®

Key benefits include:

- **Trust and reassurance** - advanced filter helps minimise odours and ballooning
- **Peace of mind** - via an easy-view window
- **Comfort and discretion** - with soft, quiet fabrics
- **Simple, secure fastening** - with the InvisiClose™ Tail Closure and Lock-It-Pocket™



Find out more about ESTEEM® 

 0800 441 763

 connection.nz@convatec.com

 www.convatec.co.nz/stoma-care

ESTEEM®  One-piece Pre-cut, Cut-to-fit or Mouldable



ConvaTec

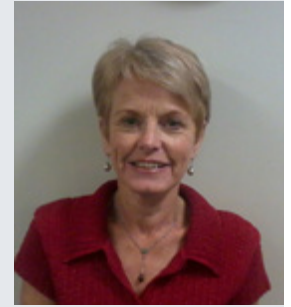
Ostomy Solutions

®/™ Indicates trademarks of ConvaTec Inc. © 2017 ConvaTec February 2017 ADO043
ConvaTec (Australia) Pty Limited. ABN 70 131 232 570. PO Box 63, Mulgrave, VIC 3170. Phone: (03) 9239 2700
Facsimile: (03) 9239 2742. ConvaTec (New Zealand) Limited. AK2135265 PO Box 62663, Greenlane 1546 New Zealand.
Phone: 0800 441 763. www.convatec.com

The Transition from Section to College

LORRAINE RITCHIE

Lorraine Ritchie
Professional Nursing
Advisor, NZNO



Just before Christmas 2016, the Stomal Therapy Section committee learned that the NZNO Board had approved the transition to College status application and had endorsed the Stomal Therapy Section as the NZNO College of Stomal Therapy Nursing (NZNOCSTN). Huge congratulations are owing to all of those who have contributed to this success which has been several years in the making.

The journey began in 2013 when a small working party was formed to get the project off the ground. The steering group consisted of Judy Warren (then chair of the section), Maria Stapleton, Nicky Bates (secretary) and Lorraine Ritchie (PNA). The actual process of 'becoming a College' was not entirely evident at the time and later, clearer guidelines were developed by NZNO in the form of a template. The steering group surveyed the membership as to whether they wanted to join up with another Section or remain as a 'stand alone' College. The latter option was preferred, and work began towards this goal.

As committee members changed, subsequent chairs and committee members also contributed much time and effort towards attaining College status. Maree O'Connor, Lorraine Andrews and others drafted policies and procedures which the committee pored over with edits and suggestions, each time they met at face to face meetings. In more recent times, Marie Buchanan led the charge as chair and put in hours of her own time in ensuring that the documents were up to submission standard. She was assisted ably in this effort by all round hard worker and queen of grammar, Jackie Hutchings. Of course, many others on the committee over the years have contributed their expertise as well (too many to name), and this was much appreciated.

At times, it was hard to remember why we were all doing this as it seemed to take an interminable amount of time to get all the documents together. This has been the experience of other Sections also, not just the Stomal Therapy Section. Good work takes time. The reason for moving most Sections to College was so that "the performance criteria for clinical college status will ensure a consistent standard and operation across all NZNO colleges" (NZNO, 2010).

The Stomal Therapy Section should feel very proud of this enormous achievement. NZNO fully appreciate that Section committee members do their committee work in a voluntary capacity and go above and beyond because of their commitment and belief in Stomal Therapy nursing.

On a personal level, I would like to thank you all. It has been a pleasure working through this journey and again, a huge CONGRATULATIONS!!

Updating National Contact Information

The National Contacts list on the NZNO College of Stomal Therapy Nursing website is very outdated.

There have been many changes around the country since it was written. Can you please assist us with updating this by completing the form below and ensuring each person at your DHB covering stomal patients also completes a copy.

This is a very valuable resource when you have a patient transferring or holidaying in another area or if you just want to contact another stomal therapist for assistance with a query or to discuss an issue especially for those working in isolation.

Name: _____
Title/Role: _____
DHB: _____
Postal Address: _____

Telephone (and extn): _____
Cellphone (optional): _____
Pager: _____
Fax: _____
Email: _____
Hours: _____
Geographical area covered: _____
Please indicate: Hospital Community Both

Please complete, scan and email to jacquelynh@nursemaude.org.nz

Writing in The Outlet

The main goal of writing for The Outlet is to share research findings and clinical experiences that will add value and knowledge to the 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 Therapy Nurses. 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 the 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 are 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.

Privacy and confidentiality

It is essential that all patients' privacy, rights and the confidentiality of their information is maintained. The author is responsible for ensuring that they have gained appropriate consent to a patient's information.

Copyrights

The NZNOCSTN retains copyright for material published in The Outlet. Authors wanting to republish material elsewhere are free to do so providing 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,

- 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 OF ARTICLE FORMAT

Title

As catchy and attention grabbing as possible. Be creative.

Authors

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) including 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.

Literature Review

If publishing a research paper a literature review must be included.

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.



Introducing The **NEW CeraPlus** Skin Barrier

All Christopher wanted to do was go out for longer walks.

But his sore and painful skin was dominating his life. Until he used **CeraPlus**.



Watch Christopher's story[^]
Visit vimeo.com/hollisterostomy

Everyone deserves healthy skin around their stoma

Christopher's story is a common one, with 50% of people with a stoma reporting skin issues around their stoma in their lifetime¹. At Hollister we believe everyone deserves healthy skin from the start.

The **CeraPlus**™ skin barrier is **infused with ceramide** to help keep moisture in and protect against dryness.

The Ceramide Advantage

Ceramide is a natural component of human skin, consisting of waxy lipid molecules. Ceramide links cells of the outer skin together to form a waterproof, protective barrier.



To learn more about CeraPlus call **0800 678 669**.



Remois is a technology of Alcare Co., Ltd. 1. Ostomy Care Confidential result - data on file at Hollister. Image of models are representative of a real patient story. The Hollister logo and CeraPlus are trademarks of Hollister Incorporated. © 2017 Hollister Incorporated. [^]Not all products shown at this link are available in Australia/New Zealand.



Standards of Practice

Ko te Tiriti o Waitangi te tuhinga motuhake o Aotearoa. Tautokoana nga Neehi Whakahaere o Aotearoa me Te Rumania o Aotearoa hoki, i tenei tuhinga Motuhake, a, ka whakanui ka whakapiki hoki tatou kia rite te tunga o te tangata whenua me nga Neehi Whakahaere o Aotearoa.

Te Tiriti o Waitangi is the founding document of Aotearoa/New Zealand. The New Zealand Nurses Organisation (NZNO) and Te Runanga o Aotearoa acknowledges the great importance of the living document, and will continue to respect and promote the equal standing of Tangata whenua and NZNO. In the development of these Standards, consultation with Māori has taken place and this philosophy is embedded in the document.

These standards represent the College's views on what constitutes the requirements for the delivery of safe and effective nursing services. They underpin and guide best nursing practice and have practical application for the novice through to the expert practitioner.

The standards of practice for NZNO College of Stomal Therapy Nursing (NZNOCSTN) are based on the generic NZNO Standards of Practice (2012) and are to be read in conjunction with them. These standards represent the outcomes against which stomal therapy nursing practice can be measured by consumers, employers, colleagues and nurses themselves.

NOTE: Throughout these standards when referring to a patient with a stoma this represents all patients that have an existing stoma and/or they have the potential to have the formation of a stoma.

PHILOSOPHY:

Stomal therapy nursing provides specialised care to the person with a stoma and their whanau/family across the care continuum, promoting optimal health outcomes. Stomal Therapy Nurses place value on the uniqueness, rights and choices of the person with a stoma and their whanau/ family when providing health care.

Stomal Therapy Nurses support the principles outlined in the New Zealand Nurses Organisation position statement entitled Social Policy and Health Statement (2009).

SCOPE OF PRACTICE:

Stomal Therapy Nurses deliver specialised nursing care in both hospital and community settings (primary, secondary and tertiary).

Kawanatanga/governance, Rangatiratanga/self determination, Oritetanga/equity and Wairuatanga/spiritual freedom are reflected in the scope of stomal therapy practice.

The scope of practice for Stomal Therapy Nurses is embodied throughout this NZNOCSTN Standards of Practice document.

STANDARD ONE:

Stomal Therapy Nurses are accountable for their practice.

Stomal Therapy Nurses will:

- 1.1 Work within their scope of practice based on current nursing education, management and research knowledge, judgement, experience and competence.
- 1.2 Address ethical issues using NZNO Code of Ethics (2014).
- 1.3 Advocate for a person who has been clinically considered for stoma surgery and for those who have had the formation of a stoma.
- 1.4 Participate in the formation, use and review of professional organisational and worksite guidelines in partnership with Tangata Whenua.
- 1.5 Practise and undertake research governed by relevant legislation and authorised ethical codes.
- 1.6 Make responsible contributions to the health and welfare of the person with a stoma in their community.
- 1.7 Actively promote professional nursing by presenting a positive nursing image and participating in professional nursing debate.
- 1.8 Recognise NZNO Standards for stomal therapy nursing practice when facilitating student clinical placements.
- 1.9 Recognise that Tangata Whenua have authority over and responsibility for all education related to Tangata Whenua knowledge (Wairuatanga)
- 1.10 Have sufficient orientation to the Stomal Therapy Nurse role to allow them to safely practise.

Outcomes

- Te Tiriti o Waitangi is implemented in stomal therapy nursing practice.
- Stomal therapy nursing practice is clinically and culturally safe, ethical, legal, and effective while research based responding holistically to the changing health needs of the

person with a stoma and their whanau/ family.

- Individual rights of the person with a stoma are protected and enhanced.
- Ethical problems are addressed.
- The changing needs and expectations of Tangata Whenua and the community are taken into account in the planning of stoma therapy nursing practice strategies and service delivery.
- Stoma therapy nursing's contribution to the community is visible, appropriate and acceptable.
- The image and strength of stoma therapy nursing is enhanced.
- Nursing Research is recognised and influences stoma therapy nursing practice.
- Ongoing evaluation is integral in stoma therapy nursing practice.

STANDARD TWO:

Stoma Therapy Nurses are responsible for the safety and wellbeing of the person with a stoma and their whanau/family.

Stoma Therapy Nurses will:

- 2:1 Apply current evidence based nursing knowledge using a documented systematic approach to meet holistic needs of the person with a stoma and their whanau/family
- 2:2 Identify risks, develop and facilitate risk management strategies.
- 2:3 Work in partnership with tangata whenua in the development and implementation of standards of nursing education and practice and quality improvement activities.
- 2:4 Demonstrates competencies in clinical and technical skills.
- 2:5 Respect the confidentiality, beliefs, values and customs of the individual, being regardful of their culture, ethnicity, sexual preference, age or status. (As per The Code of Health & Disability Services Consumers' Rights (1996)).
- 2:6 Respect the person with a stoma's right to live and die in dignity.
- 2:7 Maintain current knowledge and engage in ongoing education and professional development.
- 2:8 Ensure that kaupapa Māori research methods are available to be utilised when tangata whenua participate in research (Rangatiratanga).
- 2:9 Respect a patient's right to participate in an activity that may involve a degree of risk of which the patient is fully informed, and take steps to minimise the risk.

Outcomes

- Te Tiriti o Waitangi is reflected in stoma therapy nursing practice.
- Stoma therapy nursing practice protects the person with a stoma and their whanau/ family from physical and psychological harm and minimises avoidable risk.

- Stoma therapy nursing practice is appropriate, accessible and acceptable to the person with a stoma and their whanau/family.
- Whanau/family decisions and choices are respected and validated.
- Stoma therapy nursing recognises and respects the cultural, spiritual and physical personal values and emotional well-being of the person with a stoma and their whanau/ family.
- All initiatives are designed to empower individuals and the community to develop positive attitudes to self health care, replacing the potential for negative health outcomes.

STANDARD THREE:

Stoma Therapy Nurses are responsible for entering into and maintaining a professional relationship with the person with a stoma, their whanau/family, community, colleagues and employers.

Stoma Therapy Nurses will:

- 3:1 Acknowledge and actively work in partnership with Tangata Whenua in the holistic planning and delivery of nursing care.
- 3:2 Develop good communication skills and rapport to negotiate relationships/partnerships in the delivery of stoma therapy nursing care.
- 3:3 Participate in decision making regarding health care delivery to the person with a stoma and their whanau/family.
- 3:4 Listen, discuss and educate enabling the person with a stoma, family/whanau and community to participate in informed decision making.
- 3:5 Contribute to community health promotion and development.
- 3:6 Advocate for optimal health care for family/whanau, hapu, iwi, community, colleagues and employers.
- 3:7 Enter into and maintain partnerships with colleagues and employers to ensure best practice standards are met and maintained.
- 3:8 Assess the effectiveness of relationships/partnerships and make appropriate interventions as required.
- 3:9 Teach from a community health perspective.
- 3:10 Consult, lobby and participate at local and national level, developing policies and guidelines for the person with a stoma and their whanau/family.
- 3:11 Develop and maintain professional and collegial links, individual and peer group support networks.

Outcomes

- Te Tiriti o Waitangi will be reflected in nursing relationships/partnerships.
- Relationships/partnerships reflect effective communication.
- Stoma therapy nursing practice has a holistic approach to the person with a stoma, whanau/family, hapu, iwi and community.
- The person with a stoma, whanau/family and the community benefit from stoma therapy nursing input.

- Tangata Whenua experience equity of outcomes.
- Stomal therapy nursing practice develops within the context of a negotiated relationship with the whanau/family, community and employer.
- Nurses are proactive in the assessment, planning, implementation and evaluation of services in partnership with patients, whanau/family, hapu, iwi, community, colleagues and employers.

STANDARD FOUR:

Stomal Therapy Nurses are committed to nursing professional development.

Stomal Therapy Nurses will:

- 4.1 Within their scope of practice, reflect directly the impact of Te Tiriti o Waitangi on the health outcomes of tangata whenua.
- 4.2 Ensure that education pertaining to Māori knowledge is delivered appropriately in consultation with tangata whenua.
- 4.3 Maintain and expand knowledge and skills required for competency and professional development.
- 4.4 Ensure their practise is influenced by discussion of professional issues through networking.
- 4.5 Critique and apply research in their practice.
- 4.6 Engage in creative and innovative approaches to ensure best practice standards are met.
- 4.7 Be a role model and contribute to the education of students and other health professionals.
- 4.8 Engage in peer review as part of the ongoing professional development of self and colleagues.
- 4.9 Be responsible for and participate in the regular evaluation and monitoring of stomal therapy nursing education programmes
- 4.10 Identify their own learning needs and participate in programmes designed to encourage professional development and further stomal therapy nursing knowledge.
- 4.11 Develop and maintain their professional portfolio.
- 4.12 Be provided with a supportive environment that commits resources to assist stomal therapy nurses to expand knowledge and maintain skills required for competent practice.
- 4.13 Be current members of a relevant professional organisation.
- 4.14 Be responsible for and participate in the regular evaluation of their stomal therapy nursing practice.

Outcomes

- Te Tiriti o Waitangi is an integral part of stomal therapy nursing education and practice.
- Stomal therapy nursing practise is based on current nursing knowledge, research and experience to ensure best practice

- Stomal therapy nursing practice is influenced by discussion of issues through professional networking.
- Stomal therapy nursing facilitates the development and maintenance of a database for knowledge sharing.
- Improvements in Stomal therapy nursing practice are made as a result of regular evaluation and monitoring by nurses, tangata whenua and the wider community.
- Stomal therapy nursing includes creative and innovative approaches to practice.
- Stomal Therapy Nurses are active members of relevant professional organisations.

STANDARD FIVE:

Stomal Therapy Nurses manage resources efficiently and effectively to meet the needs of the person with a stoma.

Stomal Therapy Nurses will:

- 5.1 Participate in decision making processes that affect health needs/resources.
- 5.2 Participate in the ongoing measurement of all data related to service provision.
- 5.3 Contribute to workforce planning.
- 5.4 Participate in technology assessment and review.
- 5.5 Be provided with education to develop skills to ensure participation in the ongoing measurement of all data related to service provision.
- 5.6 Incorporate the best utilisation of educational resources and address educational requirements in relation to resource management.
- 5.7 Be involved in designing, implementing and evaluating measurement tools related to service provision.
- 5.8 Be involved in the identification of stomal therapy workforce needs and respond in order to develop appropriate skills.
- 5.9 Be involved in negotiations to obtain the necessary resources to support Stomal Therapy Nurses' practice.
- 5.10 Facilitate and monitor resource utilisation reviews and respond to variations.
- 5.11 Act to improve inadequate or unsafe resources and document accordingly.
- 5.12 Participate in stomal therapy technology assessment and review.

Outcomes

- Te Tiriti o Waitangi will be reflected in the management of resources.
- Stomal Therapy Nurses will respect the needs of their patient, whānau/family, hapu, iwi and wider community population.
- Resources are provided at the right time, quality and quantity to meet the needs of the person with a stoma.

- Stomal Therapy Nurses participate in resource planning to meet the changing needs of the person with a stoma.
- Stomal Therapy Nurses undertake processes that provide evidence showing appropriate resource use.
- Stomal Therapy Nurses are involved in risk management planning.
- Stomal Therapy Nurses influence the development of new technology and innovations.

GLOSSARY:

Accountability:

The acceptance of rights and responsibilities of conduct and behaviour. It is the acceptance of responsibility to self, profession, patient, employer and community as a whole.

Competent Practice:

Possession and application of required skills and knowledge.

Community:

The potential patient base served by a specific health service.

Cultural Values:

Morals, beliefs, attitudes and standards that derive from a particular cultural group. Cultural is not only seen as ethnic – specific but must include groups from within cultures. E.g. Cultures of class, socialisation, age, sexual orientation, etc.

Cultural Safety:

“The effective nursing of a person/family from another culture by a nurse who has undertaken a process of reflection on his/her own cultural identity and recognises the impact of the nurse’s culture on his/her practice. Unsafe cultural practice is any action that diminishes, demeans or disempowers the cultural identity and wellbeing of an individual” (Nursing Council of New Zealand 2011)

Ethical Problems:

These fall into two distinct categories; ethical violations and ethical dilemmas. An ethical violation involves the neglect of a moral obligation, e.g. a nurse who fails to provide care to the person with a stoma and their family because of their race. An ethical dilemma arises when ethical reasons both for and against a course of action is present e.g. prolonged ventilation of an extremely premature baby.

Evaluation:

Peer review, self-evaluation, service review.

Evidence based practice:

Practise based on quantitative and qualitative research.

Expertise and a specialised expression of caring:

This may take many forms. These may be enabling, listening, coaching, interpreting, monitoring, advocating, collaborating, attending, being present, comforting, encouraging, protecting, responding, negotiating and ministering.

Holistic:

Acknowledging the spiritual, psychological, cultural and physical needs and/or influences.

Kaupapa Maori Research:

Research methods that are based on Māori protocol and customs, where rangatiratanga or self-determination ensures that Māori have power and control over the research.

Kawanatanga / Governance:

This enabled a setting up of government by the British; it did not mean a transfer of authority from Māori to British.

Ostomy Nurse

An Ostomy Nurse is a nurse who is practising in the field of stomal therapy but is uncertificated.

Oritetanga / Equity:

Gives Māori the same rights and privileges as those of British subjects but also protects customary rights, spirituality and tribal lore.

Rangatiratanga / Self-determination:

Gives Māori chieftainship over their lands, villages and all their treasures. Māori were guaranteed full control and authority over tribal matters would remain and that Māori and Pakeha would share authority.

Stomal Therapy Nurse:

A Stomal Therapy Nurse is one who has completed an NZNOCSTN recognised Stomal Therapy Nursing Education Programme.

Te Tiriti O Waitangi:

The Māori version of the Treaty of Waitangi, which in International Law is accepted as the correct version.

Tangata Whenua:

Indigenous people of the land

Wairuatanga / Spiritual Freedom:

Rights of values and beliefs. Māori custom would be protected

Whanau/family:

This includes parents, siblings, extended family members and significant others identified by patient.



For all your patients' stoma therapy needs, choose Medicina



- ACE stoppers
- Caecostomy kits
- Silos
- Washout equipment
- ENFit Feeding tubes
- ENFit syringes and accessories
- Bolus sets
- Specialised dressings



A division of New Zealand Medical & Scientific Ltd

At NZMS Medical we're dedicated to providing the very best in healthcare technology. Our committed and friendly team are devoted to providing expert advice and unparalleled support.

P 09 259 4062 E nzms@nzms.co.nz W www.nzms.co.nz

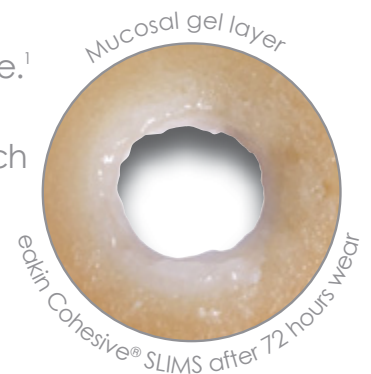
I may not win
the beauty parade...
...but I work hard!



eakin Cohesive® Seals take the hit so your skin doesn't have to.

- ✓ eakin Cohesive® Seals are the **most absorbent** seals available.¹
- ✓ Designed to be sacrificial and form a mucosal gel layer which **protects** the skin on absorbing moisture from faecal output.
- ✓ Breakdown of the seal is a positive indicator that the seals are **more effective** at absorbing highly damaging output.¹

¹McGroggan, G. Effects of a hydrocolloid ostomy seal on faecal enzyme activity and moisture absorption., Poster at 3rd WUWH-S (2008)



eakin® 

A SMALL PART
OF A BIGGER LIFE.

For a free sample call our Customer Service Team on

0800 440 027



www.omnigon.com.au



omnigon
Your healthcare partner

Developing A Stoma Learning Package

CORALIE BELLINGHAM

Coralie Bellingham
Stomal Therapy Nurse,
SCDHB



ABSTRACT

The aim of this article is to outline how a stoma learning package was created for the South Canterbury District Health Board (SCDHB). It will include establishing a need for the training module, how it was developed, implemented and evaluated.

INTRODUCTION

Timaru hospital has a 40 bed surgical ward offering general surgery, gynaecology, orthopaedics, urology and ear, nose and throat (ENT) surgery to the residents of South Canterbury. Within general surgery is included colorectal surgery including formation of stomas. There is no Stomal Therapy Nurse (STN) within the hospital and most of the registered nurses on the ward have no specialist knowledge of stomas. Since becoming a registered nurse in 2007 and whilst working in the UK I worked on a specialist colorectal ward and developed a special interest in stomas. Since moving to New Zealand in 2009 I have gone on to complete a postgraduate diploma in stomal therapy and currently work as an STN within the community of SCDHB and act as resource nurse within Timaru Hospital.

This article will outline the planning and developing of a stoma training module in conjunction with Bronney Laurie (STN SCDHB) and how it was introduced.

IS THERE A NEED?

The Registered Nurses (RN) working within the surgical ward at Timaru Hospital are required to work in all areas including general surgery, orthopedics, gynaecology, urology and ENT. This is of great benefit to the hospital as the RNs have a working knowledge of all specialities. Often however there is no in depth knowledge of these specialities.

With the introduction of the Enhanced Recovery after Surgery (ERAS) pathway to SCDHB and whilst working as the resource nurse in stomal therapy it was identified that there was a need for further education for staff. This would enable them to increase their knowledge of stoma care and in turn would lead to increased confidence when educating patients and their families.

The Enhanced Recovery Pathway was identified by Professor Henrik Kehlet in the 1990's and has been introduced to hospitals in the UK and New Zealand within the last 10 years. This multifaceted model focuses on less invasive surgery, early nutrition and mobilisation (Basse et al 2000) and aims to reduce discharge times. It also encourages patients to be partners in their own

care (Burton et al 2011). In the last two years ERAS has been implemented into Timaru hospital. Traditionally discharge times for conventional colorectal surgery have been 7-10 days in Timaru. ERAS has led to discharge times of between 3-5 days (Hanley & Adams 2015) for colorectal patients.

Within Timaru Hospital an important part of the ERAS focus has been to get patients started with stoma education as soon as possible with the emphasis on starting day one following surgery. The ERAS care pathway has stoma education as one of the key objectives within SCDHB. Previously within the hospital there have been delays in commencing stoma education. Without a STN to facilitate stoma education on a busy surgical ward other tasks often take priority which ultimately leads to delayed discharges. Di Gesaro (2012) suggests that to enable ERAS to work effectively, it is important for stoma education to be continued in the absence of a STN. Some of the RNs have expressed their lack of confidence in carrying out stoma education especially with more challenging stomas where perhaps pouches have leaked or will not stay on. The training module would help to develop skills and knowledge. Di Gesaro (2012) proposes that by mastering practical stoma skills patients can reduce their psychological distress associated with stoma surgery. From my own experience commencing stoma education as soon as possible contributes to the patient developing confidence and on the pathway to discharge.

DEVELOPMENT OF THE MODULE

From several brainstorming sessions between me and Bronney Laurie (STN) came the origins of our ideas for the training module. We identified the need to make the training module beneficial for both staff new to stoma care and more experienced staff. Explanations of basic anatomy and physiology, surgical procedures and how to change a pouch were imperative. Common postoperative complications and problem solving were important concepts which we wished to focus on as well. Whilst developing a framework for stoma education Bossom & Beard (2009) identified a number of objectives including those listed above that they considered important.

Our next step was to develop the module. Without wanting to reinvent the wheel we decided to see if any other District Health Boards had created something similar. We identified that the stoma team at Nurse Maude linked with Canterbury District Health Board (CDHB) had already constructed one. The Nurse Maude team kindly agreed to let us use their training module which was very helpful. Whilst their module included most of the information we wished to incorporate we also wanted to make it more specific to SCDHB and so adapted it. Although SCDHB no

longer carries out urostomy surgery we felt that it was relevant to include this information as we do occasionally have patients with existing urostomies as well as transfers from CDHB.

We also wanted to include our details so staff would know who to contact for advice, education and support with stoma care. The process of discharging the stoma patient from the ward along with the information required to make a referral to the community STN was covered. Previously this had been identified as a problem area with referrals getting missed and patients being discharged with insufficient product. Some simple dietary information along with a section on post-operative complications was formulated. Some of the more experienced staff expressed that it would be helpful to identify when to use certain products such as seals, paste and convexity. Hence we developed a problem solving section.

Below is the contents page of the stoma module.

Table of contents	
Introduction to Stomal Services	4
Referrals	4
Anatomy of Gastrointestinal Tract	5
Types of Stoma	5
Colostomy	6
Abdominoperineal resection	8
Hartmanns procedure	9
Ileostomy	10
Anterior resection	11
Hemicolectomy	12
Panproctocolectomy	13
Urostomy	13
Observation & documentation	15
Diet & fluids	16
Complications	16
Skin problems	19
Products	21
Starter packs	21
How to sheets	21
How to change a pouch	23
Cultural considerations	23
Stoma care map	25
Stoma education care map completion	25
Stoma discharge referral	26
Problem solving	27
South Canterbury Ostomy Society	27
District Nurse Referral	27
Quiz	28
References	29

Finally we wanted to ensure that the training module was culturally safe. Our colleague Dena Bracken Tipene kindly agreed to peruse the module and give us advice and pointers on what needed to be included from a Maori perspective.

It was felt that an instruction sheet on how to empty and how to change a stoma pouch would be beneficial for both staff and patients. Nicola Wathne at Coloplast kindly agreed to let us use their instruction sheet and laminated copies for us to put in the patient's bedside folder so that they were easily accessible. Staff can use these as a reminder for themselves and also to educate patients and their families.



IMPLEMENTATION

The training module was relatively straightforward to implement. After being considered by one of the Clinical Educators in the Staff Development Unit the module was introduced online to the SCDHB IHUB which is accessible to all staff via their password. The module could be completed online when working onsite or printed off and completed off site. It was important that staff were made aware of how to access and complete the training module. Staff Development arranged to send an email to all departments within the SCDHB. Inservice training was arranged for the Surgical Ward and staff given the information.

EVALUATION

Evaluation was in the form of a quiz created at the end of the module. This quiz was sent to me and Bronney Laurie to mark and we then recorded completion of the training module and awarded 2 hours of professional development to staff.

CONCLUSION

To conclude, the Stoma training module was created following identification that there was a need for RNs on the surgical ward at Timaru Hospital to develop their knowledge of stomas and how to provide stoma education to patients and their families. The module was developed with the kind agreement of the Nurse Maude Team and adapted to make it more specific to SCDHB. The module focused on areas identified by the Author and Bronney Laurie as important for ward staff to be familiar with. It includes Coloplast's instruction sheet which is easy for staff and patients to use. The module was evaluated by completing a quiz and two hours professional development was awarded on completion. A number of staff have now completed the training module and report that it has helped them increase their knowledge of stomas especially with regards to the problem solving tips.

ACKNOWLEDGEMENTS

Dena Bracken-Tipene, Registered Nurse, Timaru Hospital

Coloplast Pty Ltd, Level 4, 1 Acacia Place, Ferntree Business Park,
Notting Hill, Victoria, 3168, Australia

Nurse Maude, PO box 36126, Christchurch

REFERENCES

- Basse, L. Jakobsen, DH. Billesbolle P (2000) A clinical pathway to accelerate recovery after colonic resection. *Annals of Surgery*, 232 (1): 51-7
- Bossom, C, & Beard, J (2009), Two approaches to sharing stoma care expertise with non-specialist nursing staff, *Gastrointestinal Nursing*, vol. 7, no. 2, pp. 42-47.
- Burton, Julie, Allison, Joanna, Smart, Neil and Francis, Nader (2011) Impact of stoma care on enhanced recovery after colorectal surgery, *Gastrointestinal Nursing*, 9 (8); 15-18
- Di Gesaro, A 2012, Self-care and patient empowerment in stoma management, *Gastrointestinal Nursing*, vol. 10, no. 2, pp. 19-23.
- Hanley, Judy & Adams, Jane 2015, Think Stoma, *British Journal of Nursing, Stoma Supplement*; 24 S14-S18.
- Kehlet, H (1997) Multimodal approach to control postoperative pathophysiology and rehabilitation, *British Journal of Anaesthesia*, 78 (5), 606-617

Protecting skin. It's in our nature.

Salts Healthcare has over 300 years of patient care, which means nobody knows more about **maintaining healthy skin**.

Salts has a reputation for producing innovative, user-friendly products with the **purest and safest hydrocolloids**.

The company's research into skin-friendly hydrocolloids is recognised by the **British Skin Foundation** and accredited by the **Skin Health Alliance**.



FOR FREE SAMPLES call TOLL FREE 1300 784 737 (NZ 0800 100 146)
or visit www.ainscorp.com.au



CHANGING LIVES



SALTS
HEALTHCARE
www.salts.co.uk

© Registered trade marks of Salts Healthcare Ltd. © Salts Healthcare Ltd 2017. Products and trade marks of Salts Healthcare Ltd are protected by UK and foreign patents, registered designs and trade marks.

A FUNGATING RECURRENCE

Jackie Hutchings
Stomal Therapist,
Nurse Maude



I recently met up with one of our patients again who I hadn't seen for a while and he was entering the last stage of his life. I will call him Kevin (not his real name).

Kevin was born in 1943 and had remained well all his life except for a detached retina and a total hip replacement until early 2015 when he went to his GP with haematuria and urinary frequency. Cystoscopy was done which showed a mass in the bladder thought to be high grade and suspicious in appearance and looked like T3 – T4 with some evidence of metastatic disease. He had an indwelling catheter put in while he awaited palliative surgery.

At the end of March 2015 Kevin had a cystectomy and formation of an ileal conduit and en bloc resection of the sigmoid colon with Hartmann's procedure (colostomy). Histology at the time confirmed an invasive urothelial carcinoma, high grade T4aM1Nx.

Urothelial carcinomas typically occur in the urinary system. They occur more commonly in men than in women (3:1) with a peak incidence in people in their 70's. The major cause of urothelial cancer is cigarette smoking and Kevin had smoked for much of his adult life. The main symptoms are haematuria and voiding symptoms such as urgency, frequency and/or dysuria. It is usually painless unless there is an obstruction due to clots or tumour. Kevin had haematuria and was originally treated for a urinary tract infection but the bleeding persisted so he was sent on to a specialist.

Kevin spent a relatively uneventful time in hospital post operatively and was discharged home. He was managing both his urostomy and his colostomy well but wanted his colostomy reversed. He was followed up by the surgeon and 6 months later a CT showed a couple of abnormal looking lymph nodes along his external iliac artery but no really significant change since his previous scan. He was asymptomatic and feeling well.

Kevin was also seen by the oncologist in September 2015 who felt that his disease appeared to be only slowly progressive meaning that his longevity could be measured in many months or a small number of years. This was explained to Kevin and the decision was made not to have chemotherapy at this stage as there was no evidence that it would be of benefit at this stage. Kevin had his colostomy closed in October 2015.

Kevin and his wife enjoy an outdoor life and went on a three month campervan trip around the North Island that they had been planning for some time. They knew that although he was well the possibility of relapse was there.

Follow up continued three monthly with the oncologist with very little disease progression. A CT in October 2016 showed some nodal disease within his abdomen and pelvis but he was feeling well so the decision made at that time with the oncologist was to hold off on chemotherapy as it would not be curative and may make him feel unwell.

A CT performed in mid December 2016 showed progression of his cancer within abdominal and pelvic lymph nodes but also thickening of the ileal conduit suspicious of recurrent disease. Kevin also was experiencing worsening back pain and haematuria. He was started on a long acting DHC and also given laxsol. He was also given morphine for breakthrough pain but was reluctant to use it. He was offered chemotherapy at this time but was given until after the Christmas period to make his decision.

Kevin rapidly deteriorated over the next 2-3 weeks, palliative care was commenced at home. He was having issues with pain and nausea and was admitted to hospital with dehydration. A NIKI pump was started with metoclopramide and haloperidol. He had IV fluids to rehydrate him, saw a dietician and Ensure was started and was discharged home.

He was admitted to the Hospice a week later and they sent him on to the hospital again with dehydration, nausea, fatigue and constipation. A CT chest and abdomen revealed progressive disease,

TABLE 1: TNM staging of urothelial tract cancers

Primary tumor (T)	
TX	Primary tumor cannot be assessed
T0	No evidence of primary tumor
Ta	Noninvasive papillary tumor
Tis	Carcinoma in situ: "flat tumor"
T1	Tumor invades subepithelial connective tissue (lamina propria)
T2	Tumor invades muscularis propria
pT2a	Tumor invades superficial muscularis propria (inner half)
pT2b	Tumor invades deep muscularis propria (outer half)
T3	Tumor invades perivesical tissue
pT3a	Microscopically
pT3b	Macroscopically (extravesical mass)
T4	Tumor invades any of the following: prostatic stroma, seminal vesicles, uterus, vagina, pelvic wall, abdominal wall
T4a	Tumor invades prostatic stroma, uterus, vagina
T4b	Tumor invades pelvic wall, abdominal wall

Regional lymph nodes (N)			
NX	Lymph nodes cannot be assessed		
N0	No lymph node involvement		
N1	Single regional lymph node metastasis in the true pelvis (hypogastric, obturator, external iliac, or presacral lymph node)		
N2	Multiple regional lymph node metastasis in the true pelvis (hypogastric, obturator, external iliac, or presacral lymph node)		
N3	Lymph node metastasis to the common iliac lymph nodes		
Distant metastasis (M)			
M0	No distant metastasis		
M1	Distant metastasis		
Stage grouping			
Stage 0a	Ta	N0	M0
Stage 0is	Tis	N0	M0
Stage I	T1	N0	M0
Stage II	T2a	N0	M0
T2b	N0	M0	
Stage III	T3a	N0	M0
T3b	N0	M0	
T4a	N0	M0	
Stage IV	T4b	N0	M0
Any T	N1–N3	M0	
Any T	Any N	M1	

From Edge SB, Byrd DR, Compton CC, et al (eds): AJCC Cancer Staging Manual, 7th ed. New York, Springer, 2010.

increasing lymphadenopathy, new pancreatic mass causing biliary obstruction, thickening ileal conduit and pulmonary emboli. He also had lymphoedema in his right leg making it a bit more difficult to mobilise so he was given a walking frame. Chemotherapy was discussed again at this stage but eventually he decided he didn't want it (which is also what the oncologist thought).

While Kevin was in hospital I was asked to review him as he had been seen by my colleagues when he was at home and in the hospice over the preceding two weeks as he was having problems with leakage.



Photo taken 18 January 2017

When he was first seen at home a skin rash was noted and it was reported that it appeared to look like thrush so Daktarin powder was obtained and a wound swab was sent to the laboratory. He also saw his GP who prescribed elocon lotion (a steroid). The wound swab came back as a heavy growth of staphylococcus aureus and no yeasts were isolated. When he was admitted to hospital he was commenced on IV flucloxacillin (antibiotic).

When I took Kevin's bag off in hospital I realised he had a fungating tumour surrounding his ileal conduit. I asked the Oncologist to have a look and he agreed.



Photo taken 27 January 2017

As you can see by the previous photo the progression of the disease was rapid. The skin was very painful and needed protection and I didn't want any tapes used around the area. I used a large Salts seal, a Hollister Compact convex urostomy bag and Coloplast Brava strips around the edges to anchor it all down. We had tried a different seal to start with but I changed it to Salts as it is much softer and quickly moulded down around the tumour.



The most important thing when doing his bag change was taking a lot of time and using an adhesive remover spray gently working it under the seal and this worked really well with minimal pain and no further leakage. I changed his bag every 2-3 days while he was in hospital and then arranged district nurses to do it on discharge. They were given very detailed instructions to follow.

Kevin was discharged home at the beginning of February and rapidly deteriorated. His family had mixed feelings about where he would be best looked after but his wife was not really coping with the responsibility of looking after him and giving his sub cut prn medications. I saw Kevin when he had been home for 6 days and was concerned about the family. The GP was due in to see them so I asked one of his daughters to be there with her mother as support and to let the GP know that they were having trouble coping, at this stage Kevin was in bed and rousable at times. He had a small sacral pressure area which was really concerning his wife as she had been told to keep him on his side but he always liked to sleep on his back and was more comfortable there. We talked about comfort being more important at this stage. Small issues can become enlarged in your mind when you are overwhelmed with the responsibility of a person's care and this is how his wife was feeling.

The fungating tumour had further progressed in size but I felt it was inappropriate to be taking photos at this time so just did that final bag change for him. I feel that we worked well to make things more comfortable and with no concerns of leakage.

Kevin rapidly deteriorated over the next 24 hours and died the following day. He will be missed.

I have continued with this article as it was Kevin's wish to have his story told as he was aware that this type of recurrence is not common. He wanted nurses to see the photos so that they would recognise this recurrence if they came across it in their practice.

References: Cancer Network (cancernetwork.com)

“NovaLife Soft Convex
is easy-to-use and more
comfortable than other
convex options.”

STOMA CARE NURSE SPECIALIST, DIANA PRINCESS OF WALES HOSPITAL

We've heard you.

**Announcing the expansion of the
NovaLife Soft Convex line.**

Stomal Therapy Nurses have told us they love the skin-friendly, reassuring fit of the NovaLife Soft Convex skin barrier. We've responded by expanding the portfolio of one-piece pouches to include more pre-cut and cut-to-fit options—in both closed and drainable—with the popular EasiView™ viewing option. Clear pouches in a variety of sizes have also been added.

You now have a full range of options to meet patients' needs with a flexible convex solution that provides gentle pressure in the right places—for an enhanced seal and ultimate comfort.

Discover more at dansac.com.au or ask your Dansac representative about the new NovaLife Soft Convex line available to you.



NOVALIFE
The next generation

Dansac Australia
PO Box 575
Port Melbourne, 3207
Victoria, Australia
1800 220 972

Dansac New Zealand
PO Box 62-027
Mt Wellington
Auckland
0800 678 669

dansac 



The Outlet

New Zealand Stomal Therapy Nurses