



The Outlet

New Zealand Stomal Therapy Nurses

In this issue:

- New Committee
Member Profiles
- Set Your Sails Conference Report
- Conference Harbour Cruise
Dine and Dance
- WOCN Conference Report 2018
- My Journey – Looking Back

NOVEMBER 2018



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The Outlet

New Zealand Stomal Therapy Nurses

CONTENTS

PROFESSIONAL SECTION

- 4 EXECUTIVE COMMITTEE MEMBERS
- 5 CHAIRPERSON'S REPORT
- 6 NEW COMMITTEE MEMBER PROFILES
- 9 EDITOR'S REPORT
- 10 BERNADETTE HART AWARD
- 14 SET YOUR SAILS CONFERENCE REPORT
- 16 LIBERTY SCHOLARSHIP
- 22 BGM 2018 REPORT
- 26 CONFERENCE HARBOUR CRUISE DINE AND DANCE
- 28 UPDATING NATIONAL CONTACT INFORMATION
- 28 UNDERSTANDING OUR LOGO
- 34 WRITING IN THE OUTLET

EDUCATION SECTION

- 30 WOCN CONFERENCE REPORT 2018
- 32 MY JOURNEY – LOOKING BACK

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Email: nicky.bates@wdhb.org.nz

Your Executive Committee Members

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Chairperson's Report

LEEANN THOM



My name is Leeann Thom and I am privileged to represent you as Chairperson of the NZNO College of Stomal Therapy Nursing. I look forward to working on your behalf to address some of the issues that currently face Stomal Therapy nurses.

I would like to extend my thanks to the outgoing committee. Bronwyn Laurie for her leadership, hard work and dedication over the past term as Chairperson. Also leaving the committee are Jackie Hutchings and Mary Vendetti. Jackie has been an exceptional asset to the committee with her extensive knowledge of committee matters. She has been the editor of "The Outlet" over the past four years and has ensured we have a professional, informative journal that we can be very proud of. Mary has been the treasurer of the section and has done a wonderful job of balancing this role while working full time in a very busy Stomal Therapy service.

The BGM was held on the 18th of October. Thank you to Katrina Neiman who will be staying on for a further two years and I am thrilled to announce that the committee has been joined by Rochelle Pryce, Dawn Birchall, Angela Makwana and Nicky Bates. I look forward to working with the committee members in what I hope will be a busy and productive term.

Also leaving the committee is our Professional Nursing Advisor, Lorraine Ritchie. Lorraine has resigned from her position at NZNO to take up a new role with the Southern DHB as a policy analyst. Lorraine has supported and offered guidance to the College on many projects and has been a wonderful source of knowledge. I would like to take this opportunity to offer Lorraine our thanks for her professionalism and support, and wish her well in her new job.

The "Set your Sails" Stomal Therapy Conference was held at the Rydges Hotel in Auckland on the 18th and 19th of October. With over 100 registrations and an additional 24 trade representatives, it was wonderful to see such an interest in Stomal Therapy. We were

privileged to have a range of knowledgeable speakers and it offered great learning opportunities and a chance to network with peers. A lot of fun was had on the evening cruise and meal aboard "The Ocean Eagle" and the nautical themed costumes were impressive.

Planning for our next conference is already well under way, with the dates set for the 10-12th of November 2020. Save the date, as this will be an exceptional conference where we combine with our Australian counterparts and the colorectal surgeons from around the world.

The new committee will be continuing with projects commenced by the previous committee. We will continue to work with ARA Polytechnic to establish a Stomal Therapy qualification within New Zealand. ARA is currently putting together a proposal which will be presented in January. The committee will also be looking at establishing a Knowledge and Skills framework for Stomal Therapy. With the transition from Section to College it was felt that this body of work needed to be completed.

The Bernadette Hart Award application form can be found in this edition. The decision has been made that for this year the closing date for applications has been extended out to January 31 so please consider applying if you are considering study or attending a conference in 2019.

Lastly, please don't hesitate to contact your stoma committee. We are working on your behalf and would love to hear from you if there is anything you feel we should be working on for the stoma nurses across New Zealand.

Best wishes to you all. I draw so much inspiration from the knowledge, passion, compassion and professionalism of my fellow stoma nurses. You all do such an amazing job.

Leeann.

New Committee Profiles

NICKY BATES AND DAWN BIRCHALL



For the past 19 years I have worked 3 days a week in the Clinical Nurse Specialist - Stomal Therapy role at Whanganui DHB.

I am fortunate to work across the inpatient and community settings which our DHB services. The other 2 days of my working week I work as one of the oncology nurses, in Community Health, supporting patients with a new cancer diagnosis and those receiving outpatient treatment at Midcentral Health, our Regional Cancer Treatment Service.

I believe Stomal Therapy Nursing is one of the most rewarding nursing roles! Working autonomously is not always easy however it does teach you to be very resourceful, think outside the square and be flexible in your approach to problems, education and patient care. For me, working alongside the patient in the ward and then following them in the community is part of the role I enjoy the most. Visiting and caring for patients in their homes means we frequently become part of “the family”, this is a privilege I value greatly.

I have been on the STN committee before and found the experience enhanced my professional growth. I learnt a lot about the working of NZNO as an organisation. I gained a broad perspective and understanding of the critical role the College of Stomal Therapy Nursing plays at National level as a platform to promote, support and grow our professional body. I look forward to representing Stomal Therapy Nurses through the work of the committee.

Nicky Bates



I qualified as a Registered Nurse in 1986. My 32-year nursing career has been varied with my main interest being in surgical nursing.

I was a clinical Charge Nurse in general surgery at Middlemore Hospital when I completed my Stomal Therapy Certificate in 1995. I was very fortunate at that time as management saw the value of the position and the qualification so committed to training two nurses every two years. Unfortunately, three years later Waiariki Polytechnic in Rotorua discontinued the Stomal Therapy course, leaving no choice but to gain the Australian qualification via correspondence. I greatly appreciate the efforts made by Bronney Laurie and Jackie Hutchings to promote a NZ course and thank them both for their ongoing commitment to this on our behalf.

The majority of my time as a Stomal Therapist has been community based, I feel very fortunate to be working alongside very experienced Stomal Therapists Erica Crosby and Emma Ludlow in Counties Manukau DHB, we all have our strengths and learn from each other – simply the best way to work.

I work 0.7FTE, I will start my dissertation in 2019 to complete my Master of Nursing, something that has been on my bucket list for some years.

I live with my husband Wayne and my 19-year daughter Harriet and 22-year-old son Tobie. We have a Great Dane called Brian and a Dachshund called Alfred.

This will be my second stint on the committee, I look forward to working with Angela Makwana as co-editors of “The Outlet”, as well as other committee members over the next two years.

Dawn Birchall

New Committee Profiles

ANGELA MAKWANA AND ROCHELLE PRYCE



I have worked in the field of stomal therapy for the last 18 years.

After graduating I worked on the surgical ward at Auckland Hospital. I then had the opportunity to provide maternity cover for one of the Stoma CNS's at Auckland Hospital. I will admit my initial thought was I would get Christmas and New Year's off but after doing the role for several months and absolutely loving it I decided I wanted to do this long term. This role then became a permanent post.

I then decided to go on my OE with a return ticket in 12 months' time. That turned into 12 years in London. After doing some agency work I was employed as the Lead Nurse for Stoma Care (incorporating Stoma, Ileal Anal pouch and Enterocutaneous Fistula management) at St Marks Hospital. St Mark's is a nationally and internationally renowned centre of excellence in the diagnosis and treatment of intestinal and colorectal disorders. The experience I gained there was invaluable and at times eye opening.

My time in London was even more fantastic as I met my husband and my 2 daughters were born there.

In 2013 we decided to move to New Zealand. Initially I worked as a bureau nurse and then when my current role was advertised I applied. Currently I work 20 hours a week based within North Shore Hospital.

I look forward to my time on the committee and working with everyone to promote the role of Stoma Nursing.

Angela Makwana



I am currently employed at Capital & Coast DHB (CCDHB) as a Stomal Therapist Nurse.

My nursing background consists of surgical nursing covering speciality areas of upper and lower GI, vascular and ENT. Looking for an exciting challenge I began in the role of Stoma Nurse working alongside an amazing colleague and mentor. Early into my career change I recognised immediately that I have a passion for this field of work and it is a privilege to be included in our patients' journey.

I have just completed my Masters in Nursing, which has been a huge challenge and I would now like to progress to the Stomal Therapy Papers. I am excited about the possible changes that may be available to make this a reality.

In my spare time, I enjoy spending time with my husband and two teenage sons. Watching my boys playing football, gardening, weekend motorbike riding and travelling overseas are other hobbies I enjoy.

As a new committee member, I look forward to learning the ropes and becoming a supportive member and representative of other Stomal Therapy Nurses.

Rochelle Pryce



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Editor's Report

JACKIE HUTCHINGS



This is my final report as Editor of The Outlet and I look forward to handing it over to Dawn Birchall and Angela Makwana who will be your new Co-editors.

We have just had a very successful conference in Auckland with a great night out on Auckland harbour for our conference dinner. I hope you enjoy looking at the photos from the evening further on in this edition.

Liberty again sponsored the Publishing Excellence Award and at conference this was awarded to Erica Crosby for her article Magic Max which was featured in the July 2018 edition.



Photo of Erica after receiving her prize of \$2000 towards education or attending a national or international conference from Paris Purnell of Liberty.

Liberty are going to continue sponsoring this award so please try and find that extra bit of time to produce something for your journal. Guidelines for writing in The Outlet can be found in this edition.

Articles can be anything from Case Studies to research topics or something interesting that is happening in your area or a case you may like help with. We can all learn from each other's experiences. Add photos as they can be eye catching and create interest.

We are very fortunate to have fantastic support from our Trade Companies so that the advertising generated for each edition covers the cost of producing and sending out The Outlet. We could not manage without their support.

We continue to use Blacksheepdesign for the production and distribution and they have been an excellent company to work with.

At present we send the Journal to approx. 200 members, 7 Life members, 6 Trade Company Offices (mainly in Australia), National Library and NZNO Library as well as emailed copies to many of the Trade Company representatives.

Please remember if you have shifted address to let us know so that we can change your address on the database as every edition some are returned "address unknown".

If you have changes in your workplace, either with new staff or contact details, please contact one of the new committee members so that the National Contacts page on our website can be altered. This listing is very important when you want to transfer a patient to a new area or arrange pre-operative education and siting.

Finally, in Leeann's report you will hopefully have read about the extension to the closing date of the Bernadette Hart Award this year to 31 January 2019 so think about applying. You do need to have been a member of the College for at least one year.

Please support the new Editors and send in those articles.

Jackie Hutchings

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.

NOTE

- **Remember that for this year as the new committee takes the reins, the closing date for applications for the Bernadette Hart Award has been extended out to January 31, 2019.**

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:

Nicky Bates

Email: nicky.bates@wdhb.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.

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Conference 2018 – Set Your Sails

JACKIE HUTCHINGS

October 18 and 19 saw many of our College members and other nurses with an interest in Stomal Therapy meet at Rydges Auckland for our biannual conference.

The venue was great and we were well supported by our Trade Companies – we really appreciate this support.

The speakers were of a high calibre and I would like to thank Mary Vendetti and Fran Martin for arranging the speakers from the Auckland region.

Julian Hayes spoke first on intestinal failure. He started with 2 main messages – “if you dehydrate you die” and “if you don’t absorb enough food you will get sick and eventually die”. Intestinal failure is the reduction of gut function below the minimum necessary for the absorption of essential nutrients and electrolytes so that intravenous supplementation is required. He spoke about the causes and what we can do about it.

Neil Price, a Paediatric Surgeon, was our next speaker and his topic was Paediatric stomas. He talked about causes for formation of these stomas including Necrotising Enterocolitis (NEC), Anorectal malformations and Hirschsprung’s. He also covered Gastrostomy formation and Malone Antegrade Continence Enema (also called MACE or ACE).

The morning sessions continued on the same track with Briar McLeod who is the CNS for adult patients with intestinal failure requiring intravenous nutrition. She explained the types and classifications of intestinal failure (IF). The IF service is nationwide and the idea is to have accurate statistics, make patient information material more easily accessible and to improve patient safety.

Mary Vendetti did a presentation on fistula management. She initially explained what a fistula is and then went through three case studies explaining what she had done for each patient. This was a great learning opportunity for us all.

The next session started with Greg O’Grady telling us about refeeding in high output stomas and in particular the use of a pump that they have devised for refeeding into distal loops of bowel. He is happy for people around New Zealand to approach him regarding the use of this pump if they have appropriate patients.

Lisa Guest, a dietician with the intestinal failure service, told us the definition of short bowel syndrome which is resection of >50% of the small bowel if no colon is present or resection of 70-75% if some or all colon is present. She spoke of the causes, both congenital and acquired, and the manifestations which include fluid and electrolyte imbalance, weight loss and malnutrition, mineral deficiencies and a lot of other things. Post resection the intestine changes in morphology, width and functional capacity over a period of time. She also spoke about parenteral and enteral nutrition and complications of these.

After lunch Nic Marcon spoke to us about “Taking Care of the Carer”. Nic is a psychologist from Brisbane with a wealth of knowledge. His presentation made us all really think about where we are with our own emotional health and then we learned about the 7 steps to emotional and physical wellbeing with number 1 being sunlight. He wrapped it up with how we can assist our patients more effectively. I had heard this presentation before at the AASTN conference in Brisbane last year but still got a lot out of it. Thank you so much to Salts Healthcare for sponsoring Nic’s attendance with airfares and accommodation.

Jacqui Fletcher is a colorectal CNS who is training to become a nurse endoscopist. Her presentation was on Inflammatory Bowel Disease. We have a high incidence in NZ with 1 in 227 people affected. The cause is not known for certain but is a combination of genetic, environmental and immunological factors. It could be due to exposure to environmental triggers, possibly viruses, bacteria and/or proteins where the immune system switches on its normal defence mechanism (inflammation) against these foreign substances but possibly in people with a genetic susceptibility to IBD the immune system fails to switch off the signals, so the inflammation continues. This prolonged inflammation eventually damages the walls of the GI tract and causes symptoms of IBD. She went on to talk about the management of IBD, both medical and surgical.

Bronney Laurie kicked off the afternoon session with a presentation on siting. She discussed the importance of pre-operative siting and how to choose the best spot for both the patient and the surgeon for best outcomes.

Alison Meerman danced on as a seal to the tune of Que Sera Sera and provided us with information on how she uses her S.E.A.L approach to peristomal skin conditions. S stands for State the problem, Stoma, Skin and Select the product to trial. E stands for Evaluate, Educate and Enlist. A is for Add and subtract product and L is for Live happily ever after.



Kallia Patching from Ostomy New Zealand (previously FNZOS) recounted her journey to us from diagnosis to where she is today. She is going to do the Tour of New Zealand cycle race to raise awareness

and funds to hold a camp for children who have stomas. The cycle race is in April 2019 so watch out for it.

We completed the last day with talking about a level 7 stomal therapy course that ARA Polytech in Christchurch is looking into developing and the NZAG modules that ConvaTec has sponsored. If you are working as a Stomal Therapist or Ostomy Nurse and would like a memory stick with the 7 modules and their assessment tool please contact Jackie Hutchings at jacquelyn@nursemaude.org.nz

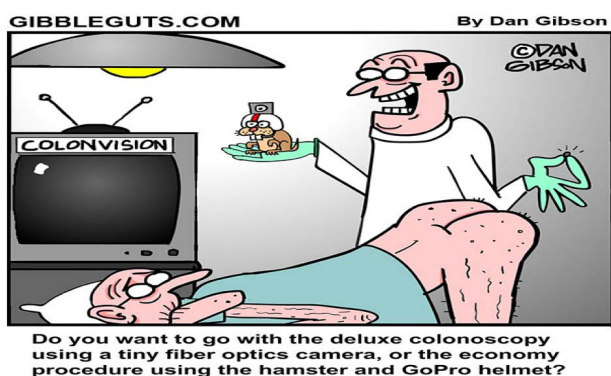
That was the end of the first day – what a lot we had covered including the BGM in the middle of the day.

Friday began with Nagham Al Mozany speaking about stoma creation. This was an excellent presentation going through everything from pre-op considerations and siting, then how stomas are created and the common post op complications. She cited a study that said “50% of stomas are problematic requiring prolonged pouching and skin care support”. She also mentioned the impacts of surgery on the patient.

Tony Lin followed on talking about Surgical Mesh, he explained what a hernia is and the different techniques for using mesh around stomas. Different types of mesh are available – synthetic, composite and biologic. He included inguinal hernia repair and finally spoke about the mesh complications especially in uro-gynae surgery.

Compassion fatigue was discussed by Jennifer Rowlands and followed on well from Nic Marcon's presentation. She began with explaining what compassion fatigue is, what makes us vulnerable and how it differs from burn out. She covered the use of mindfulness meditation and the positive contribution of accepting gratitude that many of us find hard to do. Her take home messages were that we need to accept that we cannot fix or alleviate everything or every situation, unrealistic expectations can lead to a sense of failure and it is important to continue to explore ways of practicing self-care daily.

Debbie Perry is training to be a nurse endoscopist. She told us about the different scopes – gastroscopy, flexible sigmoidoscopy and colonoscopy. There is an increasing demand due to our aging population, cancer control and bowel screening. There are some barriers in NZ with trainers not happy to train nurses, lack of facilities to train nurses and nurses not being able to give sedation. Training takes 2-3 years. The cartoon below is from Debbie's talk.



Our next speaker was Felicity Drumm who is an Oncology Nurse Practitioner and she explained the role of the Oncology CNS. In the Auckland DHB there are 5800 patients referred to the service each year. 100 are treated daily across day stay and the infusion room and 250 are given radiation therapy. The key focuses are care coordination, improving patient experiences / outcomes, managing complex / specialist caseloads, having tumour stream specific knowledge, ensuring timely referrals and adherence to guidelines, improving treatment compliance, running nurse led clinics and ordering scans and blood tests and interpreting results. Oncology Nurse Practitioners (NP) have full prescribing rights and may provide primary oncology care. There are 5 Oncology NPs in New Zealand.

We then listened to Joshua Bardell tell us about his life with Crohns from a young age and then how he had an ileostomy. Joshua was supported by his parents and sister who were in the audience. It was very moving to hear about his experiences especially as he tried to put off having a stoma. He has now moved on with his life but still spends time giving back to youth in his community.

The history of stoma bags followed, and it was really good looking back to what was and seeing the progression to where we are now. This presentation was given by Fran Martin and resulted in her winning the Liberty best presenter's award.



Lois Eva spoke about reasons for stoma formation in Gynae patients. She was another excellent speaker telling us about the conditions that she treats, and the type of surgeries required.

The conference finished with a Q&A session where some topics and photos were discussed.

The PowerPoint presentations will soon be posted on the NZNO website under our College of Stomal Therapy Nursing.

We look forward to the next conference which will be in Auckland again in November 2020 as part of the tripartite conference with the colorectal surgeons and The Australian Association of Stomal Therapy Nurses (AASTN).



Liberty Medical New Zealand

Stomal Therapy Nurse Education Scholarship Fund

In support of advancing clinical practice and delivering improved patient outcomes, Liberty Medical New Zealand is pleased to provide educational grants to two (2) New Zealand registered nurses to the value of \$4,000 NZD each, to provide financial assistance towards enrolment to the Australian College of Nursing Post-Graduate Course in Stomal Therapy Nursing.

What you need to do:

- Applicants must complete the attached application form and submit by March 31st 2019.
- Applicants must be registered nurses in New Zealand either already working in, or have a strong interest in working with stoma patients.
- Applicants must have written authority from their employer that demonstrates their ability to participate in this further education.
- Applicants will be assessed by committee members of the NZNOCSTN
- Applicants must be full members of the New Zealand Nurses Organisation (NZNO). It is preferred that applicants also be members of the New Zealand Nurses Organisation College of Stomal Therapy Nursing (NZNOCSTN).
- Recipients are expected to present on stoma care at local and international conferences.
- Recipients must be prepared to clearly demonstrate that the funds are used solely for their intended purpose.

Application Form

First Name:

Surname:

Professional Title:

Hospital/Practice Address:

Email:

Daytime Phone No:

Mobile No:

Home address:

Email:

NZNO Membership No:

(Please attach current membership details)

Please give a detailed description as to why you would like to participate in this course (200 Words):

Signature:

Date: / /

Email forms and submissions to event@libmed.com.au

Terms & Conditions:

1. Applicants must be members of the NZNO (proof required).
2. Funds must be used for enrolment to the Australian College of Nursing Post-Graduate Course in Stomal Therapy Nursing and cannot be exchanged for any other offer.
3. Recipients must be enrolled during 2019. If the recipient fails to enroll during 2019, they will forfeit the educational grant.
4. Liberty Medical NZ will supply the grant directly to the Australian College of Nursing or the NZNOCSTN on the recipient's behalf for disbursement.
5. Recipients must sign an Educational Grant Acknowledgement and Agreement Form acknowledging the specific usage of funds as being for an educational grant, and that provision of this support will not take into account the volume or value of past, present or anticipated purchases or use of Liberty Medical products or services.
6. Liberty Medical NZ reserves the right to audit to ensure that the funds supplied are used for specifically for the intended purpose.

AUH153

Save the Date



42nd National Australian Association of Stomal Therapy Nurses Conference

Power of connections - Coming Together

19 – 22 MAY 2019 | SMC | SYDNEY

stomaltherapyconference.com

On behalf of the NSW Stomal Therapy nurses and the committee, Australian, New Zealand and Asia Pacific colleagues & interested health care professionals are warmly invited to the 42nd National Stomal Therapy conference in Sydney.

More information available on the AASTN website.

Early bird registrations close

27 March 2019

2019 Venue

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TRIPARTITE COLORECTAL MEETING 2020



9-12 NOVEMBER, AUCKLAND, NEW ZEALAND

Looking Forward, Looking After | Mā Muri Ki Mua

Save the Date - Tripartite 2020 Meeting

We are excited to announce that the [2020 Tripartite Colorectal Meeting](#) will take place from **9-12 November 2020** at the New Zealand International Convention Centre in beautiful Auckland, New Zealand. **Mark these dates in your calendar now.**

This Meeting is the pre-eminent event for global leaders in Colorectal surgery and will offer outstanding opportunities for professional development and personal connection.

Come to Tripartite 2020 and:

- Be inspired by top international experts;
- Keep up with the latest research and developments in the field;
- Engage with the most pressing issues facing the field today;
- Meet colleagues from around the world – connect, learn and share with others who are passionate about your field;
- Share your research by presenting a paper or poster – make your own contribution to the field and raise your professional profile. We'll be calling for abstracts in late 2019.



The Importance of Skin pH in Stoma Care – Introducing TRE Technology

Have you ever wondered why the skin around your patients' stoma can become irritated, sore, and in some cases very damaged? Most people would probably say that the stoma output getting on the skin is the culprit. They would also probably say this is from leakage - and they would be right on both counts. Not many people however, would know how this relates to pH and the importance that pH plays in stoma care.

pH is the measure of how acidic or alkaline something is. If you were to guess though if most stoma output was acidic or alkaline, you might guess acidic. Surprisingly, this is not the case. Digestion starts in the stomach, which is an acidic environment. Once it leaves the stomach, the enzymes required to break down the food that you eat (proteins and fats) into absorbable nutrients work in a near neutral to alkaline environment.¹ For enzymes to be effective, they need this neutral to alkaline environment to work.

Additionally, for people with a urostomy, they would find their urine may be alkaline.² Normally, urine is acidic. When a urostomy is formed, a portion of the small intestine is typically used and this can contribute to an alkaline environment. Medications and other challenges such as infection can also change naturally acidic urine to alkaline.²

Here is the tricky part – your skin surface is naturally acidic.³ Often called the 'acid mantle' the skin

performs best in a slightly acidic environment. Your skin is made up of fats and proteins and your enzymes don't know the difference. Once the stoma output gets into contact with the skin, it will start the process of digestion or changing the skin's natural environment.

Here is where the Dansac TRE technology comes to the rescue. TRE technology is an exciting new technology that creates an environment that is friendly to the skin yet unfriendly to digestive enzymes. It works to help maintain a healthy acidic skin environment while creating an environment that is unfriendly to digestive enzymes.

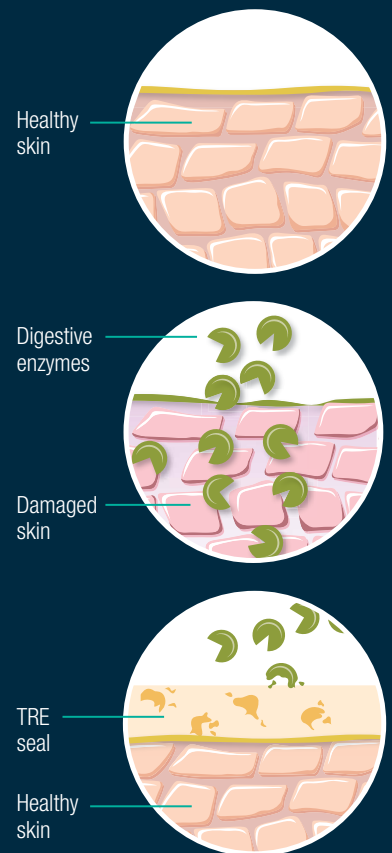
“TRE technology is an exciting new technology that creates an environment that is friendly to the skin yet unfriendly to digestive enzymes.”

Currently this new technology is available as a convenient, mouldable seal (TRE seal 072-48) that can be used today with any of the pouching systems available in New Zealand. In the very near future, there will be an entire product range from Dansac including 1 and 2 piece pouches which use TRE technology to help maintain skin health.



STN Paris Purnell explores the new technology in ostomy care - TRE technology - and what it means for your skin.

A Closer Look at Skin



Dansac TRE seal is designed to help maintain the pH balance of naturally healthy skin.

References: 1. Evans et al., 'Measurement of gastrointestinal pH profiles in normal ambulant human subjects', Gut 1988, vol. 29, pp.1035-1041 2. Walsh, BA, 1992, 'Urostomy and urinary pH', Journal of ET Nursing, vol.19, no.4, pp.110-113. 3. Saba, M, Yosipovitch A&G, 'Skin pH: From Basic Science to Basic Skin Care', Acta Derm Vener, 2013, 93, pp.261-267.

Prior to use, be sure to read the Instructions for Use for information regarding Intended Use, Contraindications, Warnings, Precautions, and Instructions. Dansac and TRE are trademarks of Dansac A/S ©2018 Dansac A/S.

NEW

SEALING IN SKIN HEALTH



Dansac TRE Seal is more than just a seal – with three levels of protection, the Dansac TRE Seal has been designed to help keep healthy skin naturally healthy.



Adhesion

Designed to provide a secure, flexible seal to protect the skin from stoma fluid and to be easy to remove.



Absorption

Helps absorb excess moisture to maintain skin's natural balance without the seal losing internal or external strength.



pH balance

Designed to help manage the skin-damaging effects of digestive enzyme activity.

To learn more or to obtain a sample, please contact your Dansac Territory Manager or our Friendly Customer Engagement Team on 0800 678 669.

DANSAC TRE SEAL

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2018 BGM REPORT

The usual reports were read and accepted. The financial report is included in this report.

Lorraine Ritchie, our NZNO Professional Nursing Advisor (PNA), presented her final report as our PNA as she is moving on with a career change working for the Southern DHB in Dunedin. Following her report Bronney Laurie presented her with a gift from the College to acknowledge all the work she has done on our behalf over the last 7 years.

Honorary Life Membership was awarded to Sue Wolyncewicz from Wellington and Sue Rossiter from Nelson for their years of commitment to Stomal Therapy and the work that they have done for the College on previous committees. Mary Vendetti presented Sue Wolyncewicz with her award. Unfortunately, Sue Rossiter was unable to attend conference.

Bronney spoke about the discussion that had been had with ARA Polytech about running a Level 7 course and this was discussed by the members. The committee recognise that a Level 8 course would be better but had been unable to find an institution to run one. The decision was made to investigate the ARA run course as a starting point. A Level 5 course for Enrolled Nurses was also discussed.

The Knowledge and Skills framework has had some initial work done but has been passed on to the new committee to pursue. Other Colleges have used an outside agency to write it up correctly with the information provided by the College and we may look into doing the same.

The election of Office Bearers went relatively smoothly after a slow start. Congratulations to Leeann Thom and Kat Neiman who have stayed on for a second term and to new committee members Nicky Bates, Dawn Birchall, Angela Makwana and Rochelle Pryce.



Bronney Laurie presents gift to Lorraine Ritchie, PNA.



Sue Wolyncewicz receiving Life Membership Award from Mary Vendetti.

NZNO College of Stomal Therapy Nursing		
Statement of Financial Performance		
For the Year Ended 31 March 2018		
	2017/18	2016/17
	\$	\$
REVENUE		
Advertising	16,056.51	9,222
Conference	-	28,831
Interest	1,899.72	1,636
National Office Funding	4,400.98	7,404
Sponsorships	-	-
Total Income	22,357.21	47,092
EXPENSES		
Accommodation and Meals	1,013.56	-
Bernadette Hart Awards	-	1,400
Bank Charges & Fees	-	-
Conference	345.91	25,095
AASTN Conf. 2017	-	2,338
Education Grants	-	-
General Expenses	315.47	-
Gifts	-	-
Journal Expenses	15,802.81	10,440
Postage	21.91	-
Stationery	13.69	-
Software Support	-	-
Telephone, Tolls and Internet	131.86	156
Travel - Air	1,620.14	985
Travel - Other	816.01	534
Total Expenses	20,081.36	40,948
NET SURPLUS/(DEFICIT) BEFORE TAXATION	2,275.85	6,144
Less: Income tax expense	(499.50)	(749)
NET SURPLUS/(DEFICIT) AFTER TAXATION	1,776.35	5,395

INCOME AND EXPENDITURE

Total income for the 2017/18 financial year was \$22,357.

Expenses totalled \$20,081, resulting in a net surplus of \$1,776 after tax of \$500.

The main activity in 2017/18 was the publication of The New Zealand College of Stomal Therapy Nurses Journal "The Outlet". Income from advertising was \$16,057 with publication expenses totalling \$15,803, resulting in a small surplus of \$254.

STATEMENT OF FINANCIAL POSITION

NZNOCSTN ended the financial year at 31 March 2018 with cash at bank (including term deposits) totalling \$66,624 compared to \$66,914 at 31 March 2017. NZNOCSTN consistently place funds not immediately required, on term deposit, with two term deposits totalling \$55,483 in place at 31 March 2018 earning 3.4% interest.

INCOME TAX

In 2016/17 NZNO agreed that income tax liabilities arising from surpluses on taxable activities (e.g. conferences, training courses) undertaken by colleges and sections would be borne at NZNO level and would no longer be recovered from each college or section. Conversely tax refunds for losses on taxable activities would no longer be reimbursed to colleges and sections.

This change recognised the complexity and time involved in assessing and allocating individual tax liabilities for colleges and sections. Much of the deductible expenditure that could be claimed on behalf of colleges and sections was dependent on an arbitrary allocation of the NZO administrative overhead against taxable and non-taxable activities.

The impact of this change is reflected in the 2017/18 Financial Statements.

The one exception is resident withholding tax (RWT) on interest earnings, which is still recognised by each college and section as this is directly related to college and section interest income.

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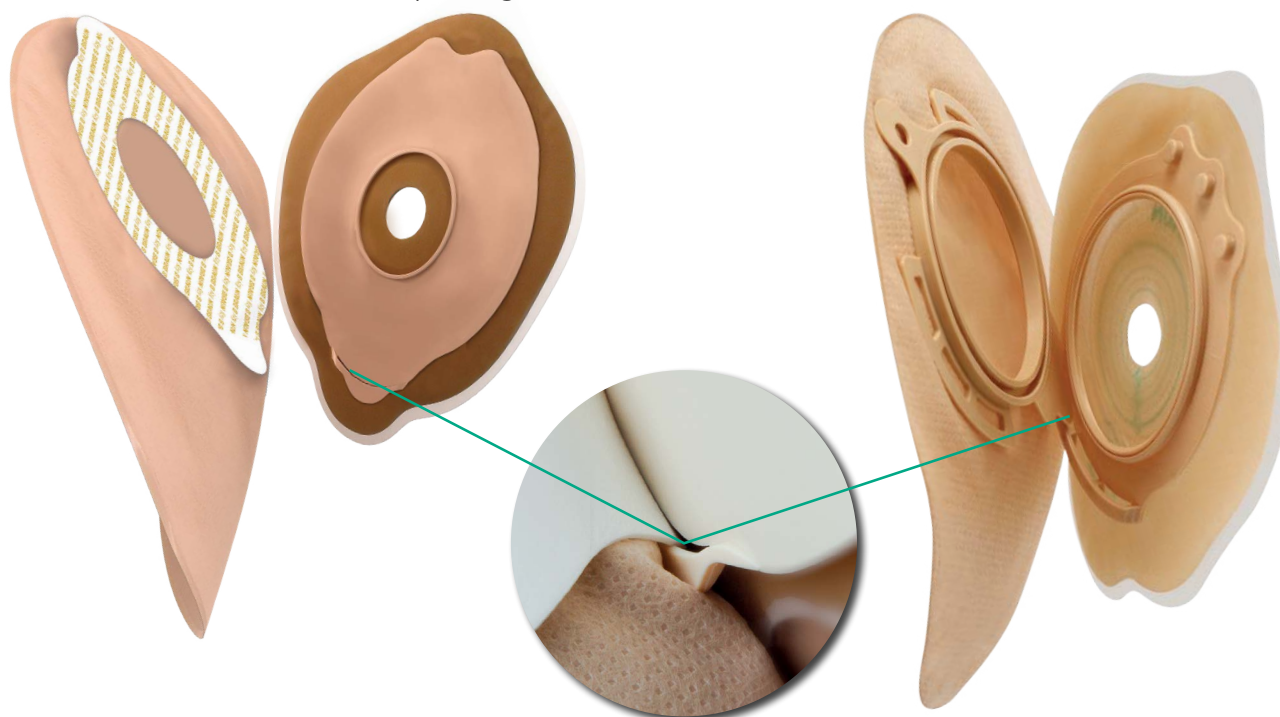
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Updating National Contact Information

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 nicky.bates@wdhb.org.nz

Our Logo



The band of three colours at the top of the logo are symbolic of the components of Stomal Therapy Nursing – Stomal Therapy, Wound Care and Continence, and depict also, the networking and relationships between disciplines, each who have their own identity.

The dolphin is well renowned for its healing properties and is characterised by the abstract dorsal fin in which the NZ map lies, nestled between the wave crest and rolling hill. A cultural aspect is incorporated where the wave subtly takes its beginning from the basic Koru element.

The colours of the logo itself promote healing and tranquillity and are chosen to portray calmness and serenity.

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Wound, Ostomy, Continence (WOCN) Conference 2018

Jenny Roberts
Stomal Therapist
Nurse Maude



At the 2016 New Zealand Stomal Therapy conference I won the Liberty Speaker's award.

My prize was a contribution towards attending a Stomal Therapy conference of my choice (exciting). In June this year I went to the 50th annual Wound, Ostomy, Continence (WOCN) conference in Philadelphia, Pennsylvania, USA. The theme being Historic Past, Limitless Future.

Philadelphia (Philly as it is often called) is the sixth largest USA city with a population of over 1.6 million. It is rich in history and famous for Philly steaks, which to my surprise was minced up steak and hot runny cheese in a long bread roll! I was distressed to see so many homeless, predominantly males living rough on the streets. Perhaps a sign of our times.

I joined over 2000 nurses at the 4 day informative and inspiring meeting. With 3 lectures running concurrently, the hardest thing was choosing which session to attend. The trade companies were well represented and there were over 150 stands to visit, each with a variety of products to look at.

It was a busy 4 days meeting new people. There were only 2 of us from New Zealand, the other nurse being Maree O'Connor from Dunedin who is working in Qatar at present.

Everyone was extremely friendly and could not believe that we had travelled so far. They seemed to think New Zealand was at the end of the earth!

Although New Zealand may have some short comings with our health system, my take home message was that we are incredibly fortunate with the way our system is funded. Our patients are very well supported with such comprehensive community follow up on discharge from hospital.

It was a wonderful experience to attend an American conference and I feel privileged to have been given this opportunity. I thank Liberty for their very generous award.

I encourage you all to use every available opportunity to enable you to attend an international conference. It is a decision you will not regret.

Foot note: I have been fortunate again, and recently attended the New Zealand Stomal Therapy conference in Auckland. A big thanks to the hard working committee for organising such a great 2 days and the fabulous evening harbour dinner and dance cruise. They even managed to organise a light display from the harbour bridge! (coincidentally it was lit up). Most of the committee and a few hangers on continued to party on late into the night. Lots of fun was had. Enjoy the photos Jackie has included.





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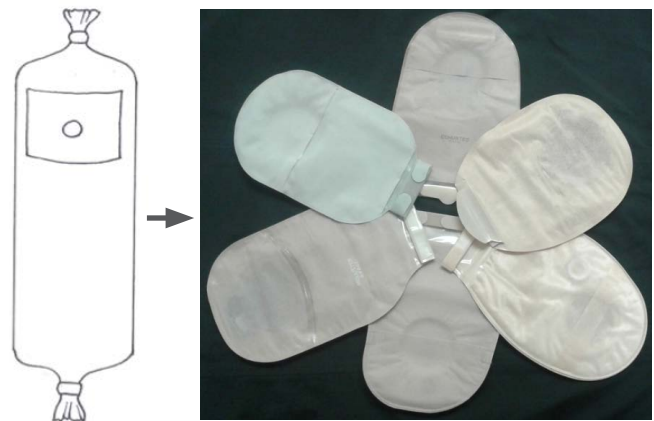
My Journey – looking back

Jackie Hutchings

Stomal Therapist
Nurse Maude



I think my love for stomal therapy started as a student nurse. I trained at Dunedin Hospital and spent quite a bit of time in the men's surgical ward. I had also married young and they used to give the married student nurses a lot of night shifts. On the night shift we used to change the stoma bags and there were always quite a few patients in. It was routine back in the mid 1970's to have a pan proctocolectomy (excision of entire colon, rectum and anus) if a patient had Ulcerative Colitis for many years as there was a high risk of developing cancer. There wasn't the availability of the surveillance that we have nowadays. The patients also stayed in hospital much longer, often for many weeks especially if perineal wounds broke down.



In the ward we didn't have any modern bags to use so we made our own. A length of plastic sleeving was cut from a long roll. A double-sided square plaster was put one third down from the top and the hole to fit the stoma was cut in this and there were rubber bands top and bottom. Friars Balsam was used on the skin prior to placement. The bag only had a limited life which is why we changed it daily at about 5am. I don't know what they used when they went home. Ruth Wedlake was an ostomate who went to the Cleveland Clinic and trained to be an Enterostomal Therapist under Norma Gill. She worked part time on the ward with these patients. I must say that stomas were nearly always permanent in those days and were really well formed so we had little issue with leakage.

After I left Dunedin I worked for the Ministry of Health at National Health Statistics in Wellington which was really interesting as we did the morbidity and mortality coding. I moved up the ranks relatively quickly and by the time I left four years later I was going to hospitals all around New Zealand talking to them about the new national computer system – which is quite a joke as I knew nothing about computers and there definitely weren't laptops in those days!!

1982 saw me move to Invercargill and start working in one of the surgical wards at Southland (Kew) Hospital. What a change from Dunedin hospital. It was far less hierarchical and one of my first memories is of the Matron sitting on a bed chatting to the patient in it. My Charge Nurse was Mrs Bernadette Hart who was an inspiring lady. We had no stomal therapist so she used to see the ostomates who were having problems in her own time. Patients got their supplies through the hospital Pharmacist, Mr Tony Chiaroni. Mrs Hart developed bowel cancer and I took on the role of seeing these stoma patients – the main issues were skin problems as many of the bags still used plasters as their attachment to the skin rather than the hydrocolloids that we have today. I was so lucky to have Mrs Hart at the end of the phone to discuss what I should do or the occasional trip down to Bluff to see her to talk things through in person. After Mrs Hart died in early 1985 I was allowed to develop the Stomal Therapy service in Southland as a memorial to her work.

Times were changing, new products were hitting the market. Stomal Therapy was challenging but also innovative. I would think nothing of using a wide range of products on a patient from a variety of companies. Temporary transverse loop colostomies were becoming more common with large rods supporting them and "appliances" needed to be found to fit them. Sheets of stomahesive wafer were readily available now in two sizes so the large 20 x 20 sheet could be used with a large Hollister adhesive bag to give good skin protection. In fact, I added stomahesive wafers under a lot of the old adhesive type bags and macerated skin would be healed within a week after

years of problems. A move was made to the Squibb Combihesive 2 piece system (later renamed Sur-Fit) and many new and existing patients went onto this, particularly as they had a convex insert that could be added. Convexity as we know it and so commonly use now was probably not even in the pipeline back then.

In 1986 I did the Stomal Therapy Course through Wellington Polytech taken by Betty Vodanovich and Shirley Smith and assisted by Kathy Gill. I thoroughly enjoyed the course and met some great people.

Back in Invercargill the decision was made to move the distribution of supplies from Pharmacy to stores so I would go down there and pack the orders up into brown paper bags to be collected. I had about 220 patients and worked 16 hours a week, but I loved the job which was a total patient journey from pre-op onwards. I would be called on at all hours of the day and night and never refused – what a lot I have learned since those days (although my colleagues may not agree with that!). I loved my time in Invercargill, but I was “burnt out” when we left but it was still really hard to leave that service behind.

We shifted to Christchurch where I had decided I was going to take some time for me but rapidly acquired a job as night shift co-ordinator (supervisor) at The Princess Margaret Hospital. One of the Nursing Supervisors from Invercargill had moved to a managerial role there and on hearing I had moved up contacted me for the job. I worked there for four years doing Friday and Saturday night shifts and during the weekdays I teacher aided at my childrens' school. I remember having to reduce a prolapsed stoma more than once on a night shift and help the staff with bag changes so I kept my hand in.

A job was then advertised at Nurse Maude. Nurse Maude is subcontracted by the Canterbury DHB to deliver Stomal service and supplies from above Kaikoura to the Rakaia River and the mountains to the sea.

It was really strange at first working in a team situation of 4 people where the other three had had quite interconnected lives but I just got on with it. The work was so different as I was just seeing people on part of the journey and couldn't help wondering how they got on with the rest of it. The upside of a team is the ability to problem solve through face to face discussion instead of over the phone.

The years have gone by and I continue to really enjoy my work with the patients. Products are continually improving and the advent of convexity was so badly needed as stomas aren't what they used to be. Temporary loop ileostomies were rarely seen in “the olden days” yet nowadays are the most common and are frequently flush with the skin or retracted. I think that surgeons and registrars forget that temporary often means many months and that people need to get on with their lives with very poorly created stomas and all the problems that they bring.

It can be tiring and it can be frustrating but there are so many positives that keep me wanting to carry on as we can so easily see the positive changes we can make that can so improve a person's wellbeing – whether that be physical or emotional. I look back and laugh at some of the funny memories like running out of petrol on the road from Bluff to Invercargill – no cell phones in those days – and eventually standing in the middle of the road waving a car down and this elderly couple in the car looked absolutely terrified until I explained what had happened. I had an old mini to drive for work and the battery lead was attached with silver paper out of a cigarette packet so if you went over a bump it would come off! Cell phones and GPS have made such a big difference to our working lives.

I'm still working full time as I head towards the last few years of my Stomal Therapy journey, and still thoroughly enjoy the interaction with my patients and their families, and the challenges that we all face daily doing our best for our patients.

I have also really enjoyed my time on the different committees I have been on in NZNO Stomal Therapy Section and now the NZNO College of Stomal Therapy Nursing. It is a wonderful way to meet others practising in the same field from throughout New Zealand. Never be afraid to put up your hand and join the committee as you are all learning together and there will always be someone there to help you. It is fantastic that we had so many great volunteers for this new committee and I wish you well and do have some fun times along the way!

Writing in The Outlet

PURPOSE

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

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

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

GUIDELINES

Writing Style

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

Construction of the Article

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

Article Length

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

Photographs, Illustrations, Diagrams, Cartoons

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

Copyright

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

Referencing

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

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

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

Example Article Format Title

As catchy and attention grabbing as possible. Be creative.

Author

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

Abstract

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

Introduction

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

Literature Review

If publishing a research paper.

Tell Your Story

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

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

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

NB: Written in conjunction with NZNO Kai Tiaki Publishing Guidelines

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The Outlet

New Zealand Stomal Therapy Nurses