



The Outlet

New Zealand Stomal Therapy Nurses

In this issue:

- No Other Choice
- Rise Above It
- Samoa Stoma
Training Assignment

NOVEMBER 2019

What if a skin barrier could help keep skin naturally healthy?

Shelley, stoma since 2015

The best skin is healthy skin

NovaLife TRE ostomy skin barriers

Takes skin protection to another level. Three to be exact.

- Now Available in Firm Convex
- Stays in place, yet is easy to remove
- Designed to absorb stoma output and perspiration
- Maintaining normal skin pH helps protect it from damaging stoma output

To learn more or to obtain a sample, please contact your Dansac Territory Manager, Customer Service on **0800 678 669** or visit www.dansac.co.nz

CE Prior to use, be sure to read the Instructions for Use for information regarding Intended Use, Contraindications, Warnings, Precautions, and Instructions.
The Dansac logo, NovaLife and TRE are trademarks of Dansac A/S.
©2019 Dansac A/S. DAN022. October 2019.



dansac 
Dedicated to Stoma Care

The Outlet

New Zealand Stomal Therapy Nurses

CONTENTS

7 EDUCATION SECTION

15 PROFESSIONAL SECTION

4 EXECUTIVE COMMITTEE MEMBERS

5 CHAIRPERSON'S REPORT

7 EDITOR'S REPORT

15 RAISE ABOVE IT

18 NO OTHER CHOICE

24 SAMOA STOMA TRAINING ASSIGNMENT

25 WANT TO BE A NURSE PRESENTER AT THE TRIPARTITE COLORECTAL MEETING 2020?

28 BERNADETTE HART AWARD

31 WRITING IN THE OUTLET

ENCOURAGING MEMBERSHIP

EASY MEMBERSHIP SUBSCRIPTION CAN NOW BE GAINED ON THE WEB SITE

www.nzno.org.nz

IF YOUR ADDRESS HAS CHANGED PLEASE CONTACT

Nicky Bates

Email: nicky.bates@wdhb.org.nz

Your Executive Committee Members

COMMITTEE CONTACTS



CHAIRPERSON

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



SECRETARY

Nicky Bates
CNS Stomal Therapy
Whanganui DHB
Phone 06 348 1031 or 027 334 4272
Email nicky.bates@wdhb.org.nz



TREASURER

Katrina Neiman
District Nurse/Stoma Resource Nurse
West Coast DHB
Phone 03 769 7721
Email katrina.neiman@westcoastdhhb.health.nz



CO-EDITOR

Dawn Birchall
Clinical Nurse Specialist
Community Stomal Therapy
Counties Manukau DHB
Phone 09 276 0044 ext. 53321 or 021 516 903
Email dawn.birchall@middlemore.co.nz



CO-EDITOR

Angela Makwana
Stomal Clinical Nurse Specialist
Waitemata DHB
Phone 021 533 685
Email angela.makwana@waitematadhb.govt.nz



COMMITTEE MEMBER

Rochelle Pryce
Stoma Nurse
Capital and Coast DHB
Phone 04 918 6375
Email rochelle.pryce@ccdhhb.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.bsd.nz

Chairperson's Report

LEEANN THOM



The NZNO College of Stomal Therapy nurses met for our final committee meeting for 2019 in Christchurch on the 4th of November.

With only a year until the Tripartite, combined Colorectal surgeons and Stomal Therapy nurses conference there was a lot to discuss. Registrations will open on the 29th of November with the early bird registration closing on the 29th of July 2020.

I hope you are all making plans to attend. It is a wonderful opportunity to participate in an international conference without having to pay for international airfares. There will be combined sessions with the colorectal surgeons as well as separate nursing sessions. It is exciting to have the chance to listen and learn from International speakers who are experts in their field over the three days of conference.

We are now opening the call for abstracts for nurse presenters at the Tripartite conference. If you have been involved in an interesting case study, or are doing research and have a desire to share results we would love to hear from you. There is such a wealth of knowledge out there and I know nurses really appreciate hearing what their colleagues have been up to. The committee has decided to present two nurse presenter awards at the Tripartite conference. These will be presented to NZNOCSTN members who are judged to have given the most interesting and well-received presentations.

As part of the conference the committee has decided to arrange a social event on the Wednesday evening. We hope you will all join us for an evening with the theme of “Glitz n Glamour” at Bellini bar. Bellini is a glamorous cocktail bar that sits on Auckland’s wharf with beautiful water views over the harbor. We have a fun evening of cocktails and canapés and of course lots of good music and dancing. We hope as many of you as possible will join us for a fun night and the chance to mix and mingle with your peers from across Australasia.

Work is about to begin on a Knowledge and Skills framework for Stomal Therapy. This has been on the agenda for some time of previous committees. It is a big body of work for a small committee to complete and hence no progress on this had been made to date. For this reason the current committee made the decision to contract the work out. The Knowledge and Skills framework will be prepared over the next few months before a draft will be put out to the membership of NZNOCSTN for consultation. The final completed document will be available for ratification at the BGM in November 2020.

Rochelle Pryce and myself attended the NZNO AGM, College and Section day and Conference in Wellington on the 17th and 18th of September. It was an interesting experience with tensions still running high after the failed attempt to remove Grant Brookes from office the day before. There was a lot of discontent among members and I can only hope that the board can move forward and get on with the business at hand after what has been a difficult few years. While myself along with many nurses I have spoken with feel a degree of dissatisfaction with the board I feel that what is achieved at College and Section level by a dedicated group of nurses is remarkable and I am proud to be part of such a group.

As we move towards the holiday period I would like to take this opportunity to wish you all a Happy Christmas and New Year. I hope you have the chance to have a well-deserved break.

Best wishes to you all,

Leeann Thom



Designed to meet new demands in the care of patients with gastrointestinal & urethral stomas

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



NZMS Medical offers a diverse product range comprehensively supported by ongoing product training, education, and extensive customer service support to ensure successful adoption and use across all product applications.

For more information, please contact us on **09 259 4062** or nzms@nzms.co.nz

nzms.co.nz



Editor's Report

ANGELA AND DAWN

Welcome to the final edition of The Outlet for 2019.

As editors we cannot believe we have produced 3 journals this year. We can remember how nervous we were with the first one. While we still have a touch of nervousness it is more excitement we feel. Excitement that we get to showcase all the wonderful work our colleges are doing in little ole NZ.

We have decided to have an educational theme this month. We invited the Ostomy companies who support The Outlet the chance to highlight the educational resources they have available. These resources assist us in providing care to our patients. While many of us may be aware of what is out there, sometimes it is a matter of reminding ourselves. So if you're planning a study day or teaching session or just need more information for yourself, your colleges or patients these resources are there to be used.

We thank the companies not only for developing these great resources but for getting on board with us and taking the opportunity to present the resources in The Outlet. Your support is greatly appreciated. So a huge thank you to Coloplast, Dansac, Hollister, Omingon and Salts.

Thanks again for the positive feedback we continue to receive. We look forward to 2020 and continuing forward with our vision for The Outlet.

We wish you all a Merry Christmas and a Happy New year.

Dawn and Angela

On the following pages are the educational resources that are available to be used.

These are readily available and are designed to assist anyone involved in providing care to patients with a stoma. There is a wealth of information out there.

Please contact your company rep if you would like further information about how these resources can be of benefit to you and untimely the patients you care for.

Once again thank you to the companies for their support.



The Liberty Nurse Portal was Designed with Your Needs in Mind.

Visit nurse.libertymed.co.nz to access a broad range of information designed to assist you and your patients.

The portal provides you with educational resources, an opportunity to connect with other Stomal Therapy Nurses, and information on upcoming educational events. The portal also allows you to keep you up to date with industry trends, clinical evidence, and product updates from the Dansac and Hollister ostomy ranges.



Sign up to the monthly newsletter now to receive regular updates on new information.
nurse.libertymed.co.nz/register

Supporting You to Support Your Patients.

At Liberty Medical we strive to make life more dignified, for people who use our products and services. To this end we have a patient website that contains information on health and wellbeing, hints and tips on living with an ostomy and personal stories.

Consumers can join our monthly newsletter list to be alerted to updates and remind them on what's available on the site.



Educating you and your Hollister Patients.

Our Hollister website has a great range of specific information that provides a helpful source of support. This is conveniently housed in the www.Hollister.co.nz

You may want to support your patient with easy to access information to use or review in their own time. Our short videos are particularly popular for those that prefer this learning style and our online articles and downloadable brochures can assist across a broad range of useful topics, including specific surgery types, peristomal skin care and being active with a stoma.

The website has educational resources specifically for you and easy access to our latest product information.



Supporting your Dansac Patients.

The www.Dansac.co.nz website is a rich source of information for both nurses and patients. With topics that cover hospital and recovery, care at home and emotional aspects post stoma surgery. The practical tips on how to change an ostomy pouch, can directly support your education post hospital discharge to help your patient with their transition.

We invite you to browse our sites and use our information to support your own ongoing learning and your patient's education journey.

For further information contact:

Stephanie Clayton

Head of Marketing

e. stephanie.clayton@libmed.com.au



Coloplast[®] Professional

An *educational* and *collaborative* platform for ostomy nurses, that works on your terms

Coloplast Professional gives you opportunities to enhance your skills and your experience in a flexible learning environment. It also gives you easy access to inspiration and new insights so you can stay updated and continue to grow.

Coloplast has been working closely with nurses for over 20 years. With Coloplast Professional, we want to make that partnership even more valuable for you. Nobody is closer to the patient than you, and nobody has more knowledge of patients needs. Imagine the difference we could make to patient care if we collaborated in more structured ways to learn from, and inspire one another.

We offer a range of opportunities to:

- Give you knowledge to help you make fact-based decisions
- Make it easier to learn relevant skills
- Make it easier to share best practice and learn from your peers

Play your part in shaping the future of patient care

Coloplast Professional gives specialist and generalist nurses of all levels of experience opportunities to deepen their skills, accelerate their clinical experience and help shape the future of patient care.



Fundamentals

Gain or refresh essential knowledge and insights in your speciality



Masterclasses & events

Broaden expertise and connect with peers



Advisory boards & panels

Help create life-changing products and services



Research projects

Pursue new ways to raise the standard of care

Read more at coloplastprofessional.com



Coloplast[®]
Professional



BodyCheck

Understanding body profiles – the first step towards a better fit

For easy online definition of body profiles, the BodyCheck tool can be accessed through the Coloplast website. It is an easy assessment tool for clinicians and ostomates to get advice on their body profile, and the optimal appliance to fit their body.

Online BodyCheck Tool

- BodyCheck consists of 8 straightforward questions
- BodyCheck builds on Body Profile Terminology
- BodyCheck reflects 648 individual body profiles
- BodyCheck recommends the best product and accessory solution for each individual body profile
- The BodyCheck tool and recommendations are validated and reviewed by specialist nurses from the Coloplast Ostomy Forums

For more information or to access the BodyCheck tool, visit:

 coloplast.com.au/bodycheck

[Ostomy Care](#) / [Continence Care](#) / [Wound & Skin Care](#) / [Urology Care](#)

Coloplast Pty Ltd, PO Box 240, Mount Waverley, VIC 3149 Australia
www.coloplast.com.au The Coloplast logo is a registered trademark of Coloplast A/S. ©2019-09 OST620a.
All rights reserved Coloplast A/S



Omnigon has many resources and educational tools to help you!

Get in touch with our team to see the wide range of tools available to assist you and your patients.

Contact your Territory Manager to grab your FREE copy today!



PRE & POST-OP INFORMATION BOOKLET

FOR OSTOMATES

Specific versions available for colostomates, ileostomates and urostomates.

Pre-op booklet brings comfort and clarity to the what, why and how of their surgery.

Post-op booklet helps ostomates through recovery, adjusting and easing back into being themselves.



OMNIGON



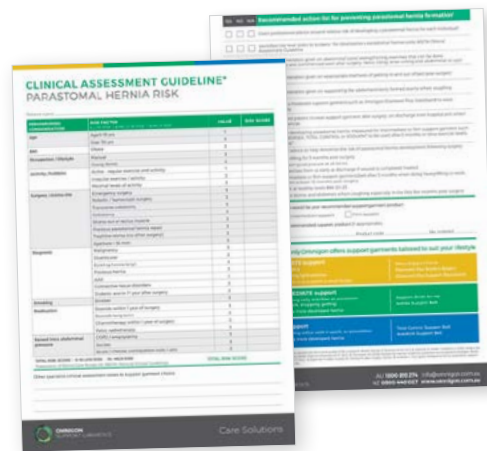
OMNIGON SUPPORT GARMENTS GUIDE

FOR OSTOMATES

Raises awareness of the potential for developing a parastomal hernia.

Outlines the best measures for preventing the occurrence of a parastomal hernia.

Provides practical advice on the non-surgical management of an existing parastomal hernia.



OMNIGON PARASTOMAL HERNIA RISK ASSESSMENT

FOR STNS

Assesses your patient's parastomal hernia risk factor.

Recommends an action list to prevent parastomal hernia.

Identifies the best Omnigon Support Garment to use.

Care Solutions

info@omnigon.com.au
NZ 0800 440 027 www.omnigon.com.au

NEW!
SALTS
TRAINER
APP



Stoma care at your fingertips

The **NEW Salts Healthcare App** has been specifically designed to help you offer high quality education to your patients.

- ▶ The most advanced presentation of stoma care education materials of its kind
- ▶ Covers everything from changing a pouch to lifestyle hints and tips
- ▶ Engaging and accessible format

- ▶ Tailored for ileostomists, colostomists and urostomists
- ▶ Innovative pre-op training for all new ostomists
- ▶ 3D photo-realistic anatomical pre-op and post-op videos
- ▶ Lifestyle leaflets FREE to download
- ▶ Comprehensive FAQ section
- ▶ Available to download FREE



Download our **NEW App** for iPad, iPhone and Android today! For free samples call Toll Free 0800 100 146 (Aus 1300 784 737) or visit www.ainscorp.com.nz



Rise Above It

EMMA LUDLOW, COMMUNITY STOMAL THERAPIST - CMDHB,
 COLORECTAL RESEARCH NURSE - UNIVERSITY OF AUCKLAND

A quote from the man himself:

“Getting the worst possible complication of abdominal surgery is not good for your mental health man”

An enterocutaneous fistula is a catastrophic complication post abdominal surgery. 90% of enterocutaneous fistula close on their own within 5 weeks of medical management, however the 10% that don't, have a risk of mortality that has been reported anywhere from 30 to 60% (Ravindran et al., 2013). The more proximal the fistula the more likely it will require intensive management with eventual surgical repair (Ravindran et al., 2013).

RAY

Ray is a 65 year old South African father and grandfather, who lives a carefree life in Whakatane with his wife Estelle. Prior to the onset of his condition, Ray was physically active and regularly outgoing in the community who loved his job as a barber.

SURGICAL HISTORY

July 2018 adhesiolysis surgery for a small bowel obstruction in Whakatane Hospital, complicated by a small bowel enterocutaneous fistula and intra-abdominal sepsis, transferred to Tauranga Hospital with an extended hospital stay.

Extended admission at Tauranga Hospital (July 2018-18/12/18)

- Months of total parental nutrition (TPN) and wound healing (~5 months)
- Proceeded to fistula correcting surgery 04/12/18 (failed)
- Post-fistula complicated by wound dehiscence and sepsis requiring HDU management

Transfer to Auckland City Hospital (18/12/2018 – 6/3/19)

- On-going management of wound dehiscence and high enteric output. Clinical status at transfer: 15x10cm central abdominal wound dehiscence, fistula output approximately 5L per day.
- Started on fistula fluid recycling (Active-Link) and continued TPN

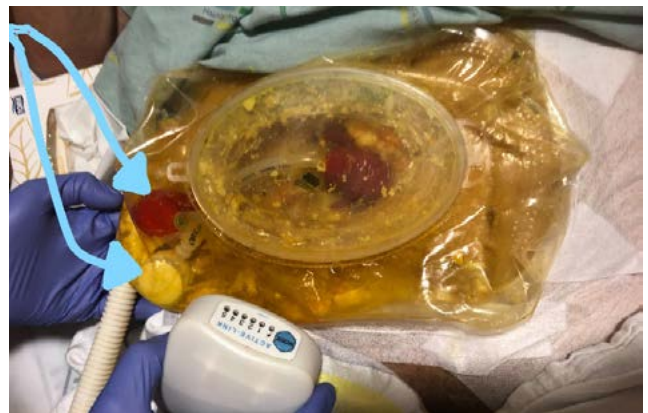
Transfer back to Tauranga Hospital (6/3/19- 7/4/19)

- Remained on Active-Link, weaned off TPN in Tauranga, discharged with plan of representing for daily IV fluid top up as required in Whakatane Hospital.

Represented to Tauranga hospital with high output and acute kidney injury June 2019.

Transferred to Auckland City Hospital June 2019 but not fit for surgery.

During this short admission, a second pump was added. With the position of the 2 exposed bowel loops/fistula, there was a segment of 80cm in between that was not receiving any recycled chyme, so the second pump was added to cover. This section was able to be preserved with daily luminal exposure to chyme.



The 2 pumps are indicated by the blue arrows.



The distal fistula with tube insitu. No picture available to show second tube inserted in June 2019 into the superior fistula.

Admitted to Auckland City Hospital due to deconditioning 31/7/19 and for surgery prep. 2 weeks of TPN to prepare for surgery.

Rise Above It

EMMA LUDLOW, COMMUNITY STOMAL THERAPIST - CMDHB,
 COLORECTAL RESEARCH NURSE - UNIVERSITY OF AUCKLAND

15/8/19 Post-op laparotomy, adhesiolysis, resection of enterocutaneous fistula and restoration of bowel continuity, 2x small bowel anastomoses, cholecystectomy. Leaving him with 1.5m of small bowel.

Discharge Auckland City Hospital 4/9/19.

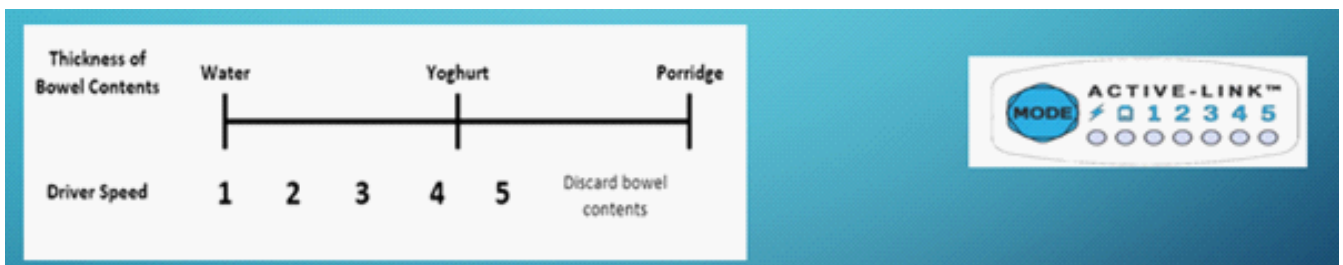
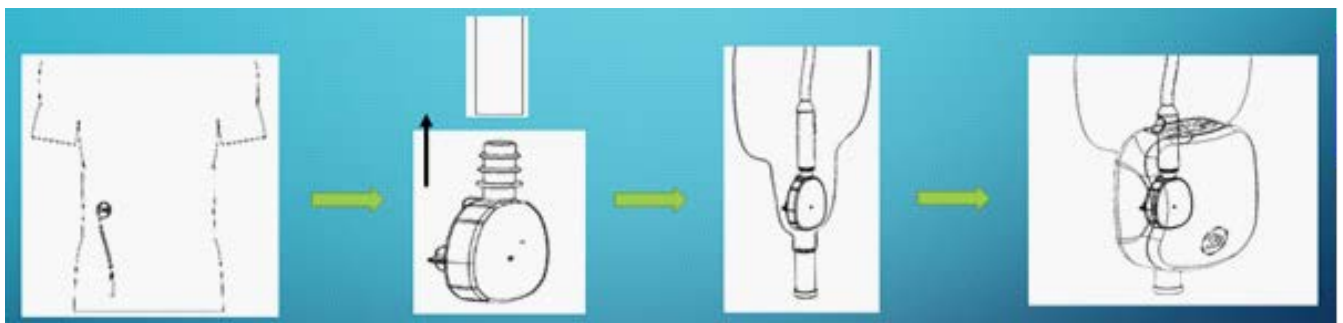
Ray used Active-Link from December 2018 through to 15/8/19.

MEDICAL HISTORY

1. Appendectomy in past (decades)
2. Laparotomy + adhesiolysis in South Africa ~10 years after above
3. Epilepsy
 - a. previously on carbamazepine in community
4. GORD
5. HTN
6. Ex-Smoker
7. Previous cyclizine dependence
8. Peripherally Inserted Central Catheter associated L) subclavian vein thrombosis

ACTIVE-LINK

Active-Link is a novel refeeding device revolutionising the future of abdominal health. A custom tube with a Malecot type end, 28Fr, is inserted into the distal limb of a Loop Ileostomy, enterocutaneous fistula or abcarian stoma and anchored just below the fascia for the duration of the therapy. A pump, 35mm in diameter, is attached at the end of the tube and submerged into the patient's chyme sitting in their stoma bag. A driver, that fits comfortably in your hand, magnetically couples with the pump through any pouch. There are 5 settings on the driver to deal with varying viscosities, moving through the levels is as simple as pressing a button. Depending on thickness, a half full stoma bag can be refed distally in 2-10minutes.



Rise Above It

EMMA LUDLOW, COMMUNITY STOMAL THERAPIST - CMDHB,
COLORECTAL RESEARCH NURSE - UNIVERSITY OF AUCKLAND

REFEEDING

Refeeding of a patient's own chyme has traditionally only been seen in Neonates and Paediatrics. Adults with a temporary ileostomy or enterocutaneous fistula will have their downstream bowel out of action anywhere from 1 month to 3 years. This opens patients up to a list of potential short- and long-term complications even after they have been reversed. This includes but is not limited to, dehydration leading to acute kidney injury, sphincter nerve damage/loss of continence, chronic kidney disease and low anterior resection syndrome. Active-Link and the benefits of refeeding are as follows:

- Assist in prevention of acute kidney injury- dehydration and electrolyte imbalance from high output
- Assist in early transition off TPN
- May prevent long term risk of chronic kidney disease
- Maintenance of Microbiome
- Testing of sphincter function and maintenance of continence
- May assist in prevention of low anterior resection syndrome (Coetzee et al., 2014; Fielding et al., 2019; Ravindran et al., 2013; Young, 2017)

Ray was initially passing 5L and totally dependent on TPN. Over a period of 4 months with the use of Active-Link, he was able to wean off TPN, control his output down to 1-2L and eat food. He was particularly pleased to get off TPN because it was affecting his gums and he ended up losing half of his teeth and also suffered from Cholecystitis. He presented to Tauranga Hospital a couple of times for dehydration and acute kidney injury, however Active-Link provided him with the ability to absorb most of the fluid he was losing and be able to eat.

RAY'S MENTAL HEALTH

Ray does not hold back on the toll this whole experience has had on him and his wife. He has spent a total of 410 days in hospital in the last 18 months. Even two months after the restoration of his bowel, he is angry at what life has thrown him, the time his physical rehabilitation is taking and the feelings of not being able to contribute to society. Yet, he is extremely thankful for being alive and is determined to enter the next phase of his life back to his usual jovial self.

A USUAL DAY FOR RAY WHILE USING ACTIVE-LINK

- Wake up, measure output in night bag and discard. Chyme should be refeed within 8 hours
- Breakfast of champions- yoghurt with watermelon.
- The rest of the days eating plan consisted of soups and sandwiches. He declined Fortisip which he later admits probably contributed to his deconditioning.
- Attend the local district nursing clinic for the Eakin wound bag to be changed every second day.
- Refeed the output in his bag 6-8 times over the day. Because it was liquid, it would take under 5 minutes each time.
- Pass around 6-8 diarrhoea- like bowel movements each day.

Ray's entire day was dictated by his fistula, managing his output, changing bed sheets and being with family. The actual health benefits versus perceived health benefits married up for Ray and even though he was up and down to the toilet "all flippin' day man" at least he knew his bowel was being preserved for eventual re-connection.

LIFE- 2 MONTHS POST BOWEL RE-CONNECTION

Ray cannot contemplate eating yoghurt, watermelon or soup ever again however this opens him up to the rest of the food groups! He is having daily formed bowel movements that were achieved within 10 days of his surgery in August 2019. He does have some dark days however he is completing his physical rehabilitation daily, reconnecting with Estelle and making plans for the rest of his life.

1. Coetzee, E., Rahim, Z., Boutall, A. & Goldberg, P. (2014). Refeeding enteroclysis as an alternative to parenteral nutrition for enteric fistula. *Colorectal Disease*, 16(10), 823-830. doi: 1111/codi.12727
2. Fielding, A., Woods, R., Moosvi, S., Wharton, R., Speakman, C., Kapur, S. et al., (2019). Renal impairment after ileostomy formation: a frequent event with long-term consequences. *Colorectal Disease*, Sep 28, 1-10. doi:10.1111/codi.14866
3. Ravindran, P., Ansari, N., Young, C. & Solomon, M. (2013) Definitive surgical closure of enterocutaneous fistula: outcome and factors predictive of increased postoperative morbidity. *Colorectal Disease*, 16, 209-218. doi:10.1111/codi.1247
4. Young, V. (2017). The role of the microbiome in human health and disease: an introduction for clinicians. *BMJ*, 15(356), 1-14. <https://doi-org.ezproxy.auckland.ac.nz/10.1136/bmj.j831>

No Other Choice

Lawrence Mutale

RN, DipNEd, MN (Hons),
PG Cert. STN
Clinical Nurse Specialist -
Colorectal Cancer & Stomal Therapy
Nursing Service, MidCentral District
Health Board.



I was uncertain about what I really wanted to study or do after I completed high school. There were several reasons for this; among them being limited access to career choices and unavailability of adequate information on professional, trades and vocational courses.

At the time, way back in the 1970s most secondary schools in Zambia offered sciences, maths and arts but without much detail on career options or pathways related to these subjects. I successfully obtained the Cambridge Overseas Examination Syndicate Certificate with relevant "O" levels to study at either college or university level. It never crossed my mind that one day I would train and work in the hospital as a registered nurse. Unfortunately, I just didn't know what the job was all about, I had no idea whatsoever. It was not an easy choice; it was not a predetermined path for me to become a Registered Nurse and later on a Stomal Therapist. So, how did I reach this far in Nursing?

I was born in Zambia and grew up there. By the time I completed high school in 1977, I had not yet decided what I wanted to do for a career. At that time it was compulsory for all form five (year 12) school leavers to undergo military training prior to college or university entrance. So, on successful completion of my high school I was conscripted into the Zambia National Service (military training for school leavers) for 1 year (1977-78). At that time, Zambia was one of the few independent African states which were politically stable. Some of its neighbouring countries like Zimbabwe, Namibia and South Africa were still under colonial rule. The indigenous people there were struggling to gain independence from their colonial masters. Due to various reasons and effects of colonization, the struggle for independence ended up in fights and racial segregation. There were reports of incidences of sporadic violence and political turmoil in some of those countries. The violence and political instability in the neighbouring states was one of the reasons Zambia had to have the conscription policy in place for young school leavers. There was a genuine fear of war breaking out in one of the neighbouring states

at any time that would have eventually spilled over to Zambia. Thankfully, that never happened. This programme for school leavers was discontinued later once the threat of war was assessed not to be there anymore.

I was one of those young men who did not like the school leaver's conscription policy. There was no other choice but we had to do it in order to get clearance for study or employment. However, I later enjoyed the discipline, fitness and maturity I gained from military training. Despite this, I still had to find a quicker way of leaving the camp officially as anyone who was accepted to go to college/university left the camp as soon as they completed the initial 6 months training. So, I started thinking of applying to all sorts of colleges. I had to find something to justify getting out of the camp as soon as possible. One evening, a friend of mine whispered to me that one of the registered nursing schools was recruiting male students for training as registered nurses; the first time I heard of nurse training for "males". I wasn't sure if nursing was what I wanted to pursue as a career because I only knew and thought of nursing as a female profession. I thought about it for some time but eventually I decided to apply for training. I was invited for an interview and got admitted to the course. That was it! My interest for nursing grew from strength to strength day by day. I have never looked back since then.



Graduating from Nursing School Jan. 1982 (Lawrence, extreme right)

My background is of course nursing, with interests in nursing education, colorectal cancer, urology/continence and stomal therapy. I emigrated to New Zealand in 2000, where I have since settled with my family. I am married with 4 adult children, and

a grandchild. I completed my undergraduate nursing education (RN) following a hospital based training course in Zambia in 1982. I later pursued post graduate studies in nursing education at the University of Zambia. While in Zambia, I worked in various capacities in the Ministry of Health and Copper Mines as a Registered Nurse and Nurse Tutor, respectively. In 1990-2000; I was employed as a Nurse Lecturer on expatriate contract in the Ministry of Health in Botswana. Since coming to New Zealand, I have worked mostly in surgical wards as a Staff Nurse and Nurse Educator. A year after I arrived in New Zealand, I embarked on further part time studies. I don't know how I managed to study on top of family responsibilities for teenage and younger children. At the time, my wife was also studying full time for a bachelor's degree. I was working a fulltime job in a very busy surgical ward. God gracious I got there I graduated from Massey University with a clinical master's degree with honours in 2005. This was one of my greatest achievements as I had planned it way back before coming New Zealand.



Myself as Staff Nurse (RN) 1983, Kasama General Hospital, Zambia.

In 2007, the desire to re-engage more fully with patients provided the opportunity for my current role as a Clinical Nurse Specialist (CNS) for colorectal cancer at MidCentral District Health Board. I got appointed to the role with 2 other colleagues. Initially, the CNS

position was modelled for only people diagnosed with colorectal cancer. Stomal therapy was not part of colorectal care. However, soon after my appointment, I was informed that Stomal therapy would be merged with colorectal cancer so it would become one service. At the time, I knew very little about stomas. I was a bit skeptical about my new CNS role (with the inclusion of Stomal therapy) as I was not sure if that was what I wanted to do. Despite my skepticism, as time went on I started enjoying my work with stoma patients. A year later, I enrolled in the Stomal therapy course with the Australian College of Nursing, and completed the course the following year. As part of the course, I did a week's clinical placement with the Stoma nurses at Nurse Maude in Christchurch. Thanks to my Manager and MidCentral DHB for the encouragement, support and funding to do this course. I have enjoyed my journey as a stomal therapist as well as colorectal CNS. I find the role quite rewarding and fulfilling. I am employed full time and I work in acute clinical areas and the community.

I remain passionate about the patient's experience and the nurses who share their journey. I always like to get the task I have been given done in a professional and efficient manner. As a CNS, I always try harder to plan, develop and implement patient centred clinical experiences and strategies that support health care policy and financial objectives. My extensive clinical background spans over 25 years as a Registered Nurse, Educator and 12 years on top of that as a Stomal therapist. This has enabled me to acquire skills and strengths that encompass effective communication, teaching, assessment and evaluation of clinical practice. I keep up-to-date with changes in the health care sector through continuing professional development, attending conferences, reading and maintaining an up to date expert professional portfolio (PDRP). Undertaking postgraduate studies has enabled me to think differently (looking from a helicopter), looking at change management and professional issues with a positive and progressive attitude. I promote and role model the application of evidence based practice principles in my practice, and assists others to do the same through provision of expert nursing care. I have always enjoyed working with patients; therefore I strive to maintain a significant presence in the clinical area as a resource, role model, expert, coach and client advocate.

Life is boring without challenges. I have met some challenges in my personal and professional capacity; and I am happy to say I have matured a lot from what life can offer at times. I am thankful for what I have got and achieved as a professional nurse and the harmonious working relationship with some colleagues in the workforce. At home, I am a loving husband, dad, grand dad, and avid gardener. I have a nice garden with vegetables, fruit trees, and all kinds of plants; which keeps me out of mischief due to regular maintenance. Gardening is almost "my life" outside the work place. I just enjoy it; I find it very therapeutic and fulfilling. The best gift I got in 2016 was the birth of my first grandchild. She is one of the greatest things that have ever happened to me in recent times. I more than agree with people who say that "grandchildren are special" and are a source of joy as they are different from your own children in many ways. I have to end my story here, thanks for your time.

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.*

For more information, and to request sample packs for your patients, please visit our website: 3M.co.nz/ostomy



NEW

SALTS MOULDABLE SEALS AND RINGS WITH ALOE



Help prevent sore skin with our complete Aloe range

Salts Aloe Rings can be stretched to suit moderately oval stomas and retain their shape for a secure fit. While NEW Salts Mouldable Seals with Aloe are highly absorbent and can be moulded to create a customised, comfortable, leak-resistant seal.

For free samples call Toll Free 1300 784 737 (NZ 0800 100 146)
or visit www.ainscorp.com.au



© Registered trade mark of Salts Healthcare Ltd. © Salts Healthcare Ltd 2018. Products and trade marks of Salts Healthcare Ltd are protected by UK and foreign patents, registered designs and trade marks.

NEW
wide
sizes



Brava[®] Protective Seal

Brava[®]

Protects against leakage. Protects the skin.

Brava Protective Seal has a unique polymer formulation* that is designed to protect against leakage and protect the skin. The seal is also easy to shape, apply and remove.

Introducing new wide sizes

Designed for more challenging areas around the stoma

An 18mm hole with a wider surrounding surface for coverage over a greater area of peristomal skin. The extra volume of material makes it easier to fill in deeper creases and folds.

Available in 57mm and 64mm widths and in 2.5mm and 4.2mm thicknesses.



Dual protection

- Protects against leakage
- Protects skin



Easy to handle

Easy to...

Shape ✓ Apply ✓ Remove ✓

81%* of users said they would carry on using the Brava[®] Protective Seal instead of continuing with their current seal.

For further information contact your local Coloplast Territory Manager

*Coloplast, Product Evaluation, Brava Protective Seal, 2017, N=281 users, Data-on-File (VV-0204884)



The Patricia Walls Coloplast WCET Educational Scholarship 2020

Coloplast[®]
Professional

Coloplast would like to offer 3 x \$2,500 Educational Scholarships to attend the WCET conference in Glasgow, Scotland, October 11-14th, 2020.

Coloplast are pleased to offer scholarships for ongoing WCET conferences. To encourage STNs to strive for the highest in the profession of Stomal Therapy Nursing, Coloplast recognises Patricia Walls' contribution within the speciality of Stomal Therapy in Australia with the inclusion of her name in this scholarship.

Objective

Coloplast recognises the need to create innovative educational experiences for all nurses. Coloplast has three scholarships on offer to be awarded to financially assist a registered STN in Australia or New Zealand to attend the WCET conference in Glasgow, 2020.

What must you do?

- Obtain Educational Scholarship application form and guideline pack from your Coloplast Territory Manager or by emailing aucare@coloplast.com
- Complete a case study or clinical paper illustrating health related quality of life outcomes using SenSura Mio Convex or SenSura Mio Concave and (where appropriate) Brava Supporting Products. This could include but is not limited to:
 - Reduction in leakage related challenges
 - Improvement in peristomal skin health
 - Improvement in psychological wellbeing
- Write a one-page letter of motivation (How will you benefit from participating in WCET).

Scholarship Application guidelines

- Applications must be sent to aucare@coloplast.com by 5pm on February 1st 2020.
- All applications will then be sent to the AASTN Executive for impartial judging.
- Scholarship recipients will be announced April 1st 2020.
- All applicants must be a full member of the AASTN. New Zealand registered Stomal Therapy Nurses are also eligible to apply.

Contact your Coloplast Territory Manager for further information or email aucare@coloplast.com



Samoa Stoma Training Assignment 27th – 31st May 2019

JENNIFER ROWLANDS, CLINICAL NURSE SPECIALIST, OSTOMY, WAITEMATA DHB

In March 2019, it was identified that there was a need for Stoma care education in the country of Samoa, with a growing number of people in Samoa living with a colostomy, due to an increase in colorectal surgery as a result of bowel cancer, bowel disease and congenital disorders.

The request of this assignment was on the basis of provision of practical advice on how to manage the stoma, accessing and identifying the correct resources, bags and products, needing to keep patient confident and comfortable, along with the training and up skilling of the workforce, in particular nurses, to provide patient support.

As this assignment needed to be completed by June, with the Pacific Games being hosted in Samoa, the time frame to get prepared for such a new assignment was short, but I soon came to reflect that those extra hours were well spent, and that my three years of being a Clinical Nurse Educator would support me well.

My main teaching resource I adapted from the “Introduction to Stoma Therapy” booklet that previous OY CNS’s had developed as an educational resource. Taking other resources such as educational booklets, teaching stoma’s to use in practical sessions and those basic everyday things such as curved scissors that we have on hand which are scarce to non-existent in Samoa. I have never returned home with a significant lighter suitcase than I left with, having as much as I could carry with me. This included an extra carry on of casting bandages, travelling with two nurses that I would get to know well as they were facilitating casting education over 5 days next door with a different group of nurses.

The supplies that the nurses receive in the Ostomy Society container, based at USL Rosebank Road, is received like gold as the nurses advise that these appliances are superior to the ones they have access to and use in practice majority of the time. This led me to having constructive discussion’s during my time there with Pharmacy who are responsible for the ordering of stoma pouches. This included the types and cost effectiveness of closed versus

drainable pouches as only closed pouches were being ordered and used due to lack of education. Also advocating what the nurses described as poor quality, therefore increasing the number of pouch changes and product use driving up the cost, and more importantly highlighting the psychological cost to the ostomate in terms of their quality of life, and putting a person behind that pouch for those that do not have direct patient contact.

My week in Samoa consisted of four training days, teaching four different groups of nurses. Their practice areas were both hospital and community based, both adult and paediatric, with nurses also traveling to attend from the island of Savai’i as I was based in the main hospital in Apia. Training multiple days led to saturation point rather quickly, to the point of asking yourself how do you continue to make it interesting, remembering that for your audience it is the first time they have heard you present the workshop material, and at times struggling to remember if I had said certain points today or was that yesterday.



But then you see those fresh eager faces, with expressions that say “I’m absorbing all that you are saying and teaching us”. This is how you find the strength to present like it is the first time remembering that teaching these nurses is not only empowering them, but empowering the ostomates now and in the future of Samoa. The fifth day consisted of reporting back to senior staff, recommendations going forward and also the drafts of “changing an Ostomy pouch” and “nutrition” that I had typed up while there as something senior management requested from me but also two basic information sheets for the nurses to refer to as reminders of the best practice with rationale that had been taught during the week. Acting as a tool for teaching patients and colleagues also.

One nurse admitted that she had been caring for ostomates for over 20 years with no training, appreciating the education and knowledge she has gained to care for this group of patients' and pass onto her colleagues. Another nurse reporting that they had overheard the doctors say to new Colostomate they can eat anything, so quietly talked to the doctor and advising through recent training it is not advised to eat just anything for the first 6 weeks due to blockage risk. This for any trainer is music to one's ears.

This education hopefully the first of more to come, I feel has set the foundation in helping to provide improved care and support but also to minimise the impact of having a stoma for ostomates in Samoa. Ostomy products are not funded by the government in the community, so some do use plastic bags with tape or continence products to manage their stomas as cheaper options to purchasing pouches. This was a topic of how do nurses help them to manage this, creams and ointments that may be suitable, something I was not expecting to be talking about but important from a holistic manner.

Samoa is not a wealthy country in terms of financial wealth, but I believe they are in terms of having a sense of belonging, with a strong passion for the people, and villages of family and friends. They may not have windows or walls to their homes, but their fales have some of the most breath taking views as you drive through the villages with siesta time out of the sun and fresh sea air.

As a culture they mingle, involve everyone, and I feel this is due to a large sense of community and therefore connectedness. It is the term "our people" not our community that highlighted this for me. This is what drives that sense that people matter, not materials I feel. They say materials/things make us unhappy, and just from spending a week in Samoa and absorbing the culture, I do feel this is the case even more. I don't think I have heard so much adult laughter in such a short time. It was enlightening.



Their persona is just as bright and vibrant as their attire, as the buses and as symbolic as the clock tower in down town Apia. This clock tower is painted to represent different celebrations, events or as a symbol of awareness such as pink for breast cancer. It is like a changing billboard but Samoan style. The number of layers of paint that is on the clock tower must be incredible.

This has been a trip of many successes. One at the top of that list is the empowering of nurses, with knowledge that then can be put into practice. Another being the drafting of simple yet important patient information sheet for staff and patients to refer to Nutrition and How to Change your Ostomy Pouch, so that this knowledge is not lost and some policy can be developed to continue best practice. Another successor is more of a personal note reflecting on the Samoan people with a culture of being proud, passionate and content.

Want to be a nurse presenter at the Tripartite Colorectal Meeting 2020?

The committee of NZNO College of Stomal Therapy Nursing is pleased to open the call for abstracts for the 2020 Colorectal Meeting

Looking Forward, Looking After | Ma Muriki Mua

9-12 November, Aotea Centre, Auckland, New Zealand.

Presentations to be 20 minutes in length, this includes time for discussion. A great opportunity to share your knowledge and expertise.

PLEASE SEND ABSTRACTS TO NICKY.BATES@WDHB.ORG.NZ BY 23RD APRIL 2020.

The Liberty Medical New Zealand WCET/ASCN Conference Scholarship for 2020

In support of furthering clinical education, Liberty Medical NZ is offering **one (1) x \$2,500 (NZD) Educational Scholarship** for registered Stomal Therapy Nurses (STN) to assist in attending the WCET/ASCN Conference in Glasgow in October 2020. Support will cover up to 5 (five) nights hotel accommodation and conference registration up to the value of \$2,500. One scholarship will be offered to STNs from New Zealand.

A core objective of Liberty Medical is to support the ongoing professional development of the Stomal Therapy Nurse by providing assistive funding to attend this important conference. The opportunity to learn from esteemed colleagues and accelerate networking with other countries is an excellent opportunity for continued professional growth.

Scholarship guidelines:

Completed applications must be sent to event@libmed.com.au by **28th February 2020**. Incomplete or late applications will not be considered.

Applications will then be sent to members of the NZNOCSTN for judging after submitter identifying information is removed for blind peer review. Decisions regarding scholarship recipients will be announced 1st April 2020.

What you need to do:

- Submit a completed Liberty Medical Scholarship application form. Application forms are available from your Territory Manager.
- Complete a case study or clinical paper using either Dansac TRE products and accessories or Hollister CeraPlus products and accessories.
- Obtain written authority from your employer that you are able to attend this conference and abide by your organisation's code of ethical practice.
- All applicants must be a full member of the NZNO and preferably of NZNOCSTN.
- Recipients will be deemed ineligible if in acceptance of other WCET or related support.
- Co-authors will jointly share scholarship award.
- Not redeemable for cash or any other purpose. Liberty Medical will pay directly to associated conference vendors up to the total value of the scholarship for Registration and up to 5 nights' hotel accommodation only and not directly to the STN. Airfare costs cannot be claimed in this program.

Recipients will be invited to present their case studies at a Dansac or Hollister Educational Event during the 2020 WCET/ASCN Conference.

NOTE: All Case Study submissions will also be considered for The Outlet Journal and/or WCET Journal Submission or conference poster presentations to promote further education to your peers.





The Liberty Medical New Zealand WCET/ASCN Conference Scholarship for 2020

Application Form

First Name: _____ Surname: _____

Professional Title: _____

Hospital/Practice Address: _____

State: _____ Postcode: _____

Daytime No: _____ Mobile No: _____

Home address: _____

State: _____ Postcode: _____

Email: _____

Title of case study: _____

Overview of the Case Study Topic: _____

Your signature: _____ Date: / /

Please attach both your application and your submission, as well as written verification from your current employer that you will be allowed to attend the WCET/ASCN conference if you are successful.

All Co-authors must all complete an application form.

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

NOTE: All Case Study submissions will also be considered for The Outlet Journal and/or WCET Journal Submission or conference poster presentations to promote further education to your peers.



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:

Email: angela.makwana@waitematadhb.govt.nz or
dawn.birchall@middlemore.co.nz

BERNADETTE HART AWARD APPLICATION FORM

Name: _____

Address: _____

Telephone Home: _____ Work: _____ Mob: _____

Email: _____

STOMAL THERAPY DETAILS

Practice hours Full Time: _____ Part Time: _____

Type of Membership FULL LIFE

PURPOSE FOR WHICH AWARD IS TO BE USED

(If for Conference or Course, where possible, please attach outlined programme, receipts for expenses if available)

- Outline the relevance of the proposed use of the award to Stomal Therapy

EXPECTED COSTS TO BE INCURRED

Fees: (Course/Conference registration) \$ _____

Transport: \$ _____

Accommodation: \$ _____

Other: \$ _____

Funding granted/Sourced from other Organisations

Organisation:

_____ \$ _____

_____ \$ _____

_____ \$ _____

PREVIOUS COMMITMENT/MEMBERSHIP TO NZNOSTS

Have you been a previous recipient of the Bernadette Hart award within the last 5 years? No Yes (date) _____

Please Indicate ONE of the below: (please note this does not prevent the successful applicant from contributing in both formats).

Yes I will be submitting an article for publication in 'The Outlet' (The New Zealand Stomal Therapy Journal).

Yes I will be presenting at the next National Conference of NZNOCSTN.

Signed: _____ Date: _____



A SMALL PART
OF A BIGGER LIFE

BRING IT OUT

Flush and retracted stomas can now be brought out and managed more easily, thanks to the **eakin dot® 2-piece soft convex**.



BRING IT ON

eakin dot® 2-piece soft convex

Designed with softness in mind to fit challenging stomas including flush and retracted

Contact us for free samples

NZ: **0800 440 027**

info@omnigon.com.au
www.omnigon.com.au



OMNIGON

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



The Outlet

New Zealand Stomal Therapy Nurses