The Outlet

New Zealand Stomal Therapy Nurses

In this issue:

MARCH 2021

3M Science. Applied to Life.™

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**

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

*3M data on file

The Outlet

New Zealand Stomal Therapy Nurses

CONTENTS

EDUCATION SECTION

PROFESSIONAL SECTION

ENCOURAGING MEMBERSHIP

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

IF YOUR ADDRESS HAS CHANGED PLEASE CONTACT

Emma Ludlow

Email: emma.ludlow@middlemore.co.nz

Your Executive Committee Members

COMMITTEE CONTACTS

CHAIRPERSON

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

SECRETARY

Emma Ludlow
CNS Stomal Therapy
Counties Manukau DHB
Email emma.ludlow@middlemore.co.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@ccdhb.org.nz

TREASURER

Christina Cameron
Stomal/Continence Clinical Nurse Specialist
Wairarapa District Health Board
Email: Christina.Cameron@wairarapa.dhb.org.nz

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

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

Published three times a year by Blacksheepdesign
www.bsd.nz

Chairperson's Report

NICKY BATES

Kia Ora, greetings to you all

Well here we find ourselves in the long awaited 2021! Who knows what it will bring…. more of the same, less of the same??? Time will tell, but you can rest assured your committee will continue to represent and work hard for you!

Firstly, to let you know we have a 6th committee member. Welcome aboard Chris Cameron. Chris works as a stoma / continence nurse in the Wairarapa. She has been on the committee previously and has taken over the treasurer role . We look forward to working with you Chris.

We had minimal feedback on the Knowledge and Skills Framework draft (but thank you to the couple who did respond). So we take it all is good….. you are happy with our progress and the contents of the document! Late last year the committee met with Kerri Nuku (Kaiwhakahaere, NZNO) , Leanne Manson (Policy Advisor – Maori , NZNO) and Lucia Bercinskas (Senior Policy Analyst – NZNO) to discuss how we incorporate actionable equity – protection, role and participation, into our Knowledge and Skills Framework. The Ministry of Health now requires all new documents to incorporate actionable equity. As a result the College of Stomal Therapists will be one of the first NZNO colleges to integrate this into their framework. Committee members were struggling to understand how we were going to implement the practicalities of health equity into the framework. After a very valuable and informative discussion we have a clearer understanding how we will achieve this. Our sincerest thanks to Kerri, Leanne and Lucia for giving us their time, patience and expertise. We plan to have a "Zoomie"at the end of January with Leanne to ensure we are progressing on the right track. This document is definitely a work in continuing progress !

Other tasks for this year are reviewing publication /advertising costs of the Outlet publication and the Bernadette Hart Award Criteria. We are also discussing development of a booklet incorporating common Stomal Therapy Nurse practices.

A considerable number of you registered and joined the Liberty virtual education sessions "Beyond the Ostomy Clinic". Liberty has generously donated the NZ nurses registration fee back to the College to be used for education purposes. We will finalise the application form for access to the funds, at our meeting in March .

No doubt there will be a final decision, made soon, about what form the Tripartite conference will take. At this stage I think a hybrid conference is likely. This will be problematic as I don't anticipate nurses will be funded to attend when they can join virtually. However, it would be great to see as many STNs attend despite this. As we all know the networking that takes place when attending a conference is what we all look forward to and is invaluable in so many ways.

Please continue to support the Outlet by submitting your research projects, case studies etc. It is always so valuable(and enjoyable) to learn how tricky stoma management issues are resolved and how a holistic view of the patient is a crucial part of this.

As always, the your committee encourages you to contact us with any issues you have, want others to now about or ideas for discussion and development.

Best wishes,

Nicky Bates
Chairperson NZNOCSTN

Editor's Report

ANGELA AND DAWN

Welcome to 2021 and the first edition of The Outlet.

We hope you all got some time to relax and re-charge your batteries over Christmas and the summer break. 2020 was a year that many people would rather forget. I'm sure we all hoped 2021 would get off to a Covid free start. However as I write this, Auckland has just come out of another L3 lockdown. While only 3 days at Level 3 it meant back to mask wearing all day, minimising patient contacts, explaining the no visitor's policy, cancelling planned study days and preparing for what if the outbreak grows. Thankfully it appears to be contained and Auckland eagerly awaits the return to L1. The vaccination programme has started for boarder workers with health care professionals in the not too distant future.

Thank you to the people who submitted pieces for publication in this edition without us having to twist arms behind backs. The feedback we receive regarding the journal has always been positive.

We can all learn by sharing our knowledge and experience with colleagues. We know we say it all the time but without this there would be no Outlet.

To the companies that continue to support us, we thank you. We know financial constraints have and do affect everyone. So your continued support is greatly appreciated.

This edition has an updated Stomal Therapists contact list. This is an appendix at the back which you can pull out and have close to hand. Thanks to everyone for all your prompt responses to ensure this is an accurate list at time of submitting for print.

Regards,

Angela and Dawn

CALLING FOR SUBMISSIONS

We know there are A LOT of patients that have benefitted from the expertise and persistence of Stomal Therapists or those nurses with an interest in caring for people with a stoma or fistula. WE WANT YOUR STORIES for this journal. Spread your good work for the benefit of others.

Please send your submissions to either:

angela.makwana@waitematadhb.govt.nz or

dawn.birchall@middlemore.co.nz

WE would LOVE to hear from you.

SenSura® Mio

The foundation for getting the right fit

SenSura® Mio

Adherence to skin

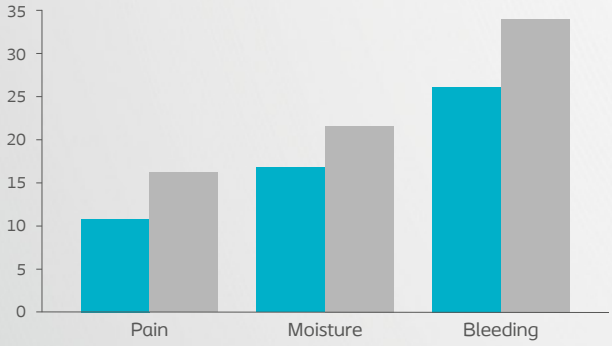
A baseplate adhesive needs to hold the appliance securely in place while also being gentle on skin – helping to keep the skin healthy.

SenSura® Mio users report significantly fewer skin issues including:

- Bleeding
- Moisture from skin damage
- Pain

*SenSura Mio provides secure **body** contact for protection and a flexible **fit** during movement* – thanks to BodyFit Technology.

BodyFit Technology®



% of user-reported peristomal skin issues

based on a survey of 4235 people living with an ostomy.[1]

- SenSura Mio users
- Non-SenSura Mio users

To learn more contact your local Coloplast Territory Manager

1. Coloplast Market Study. Ostomy Life Study. 2016. Data on file (PM-05235). n=4235. Compared to users of other brands over a 6-month period.

Ostomy Care / Continence Care / Wound & Skin Care / Interventional Urology

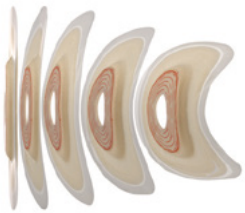
Coloplast Pty Ltd, PO Box 240, Mount Waverley, VIC 3149 Australia
www.coloplast.com.au

Coloplast

ConvaTec | Ostomy Care

Introducing

ESTEEM® + *Soft* Convex



ALL BODIES ARE DIFFERENT. Esteem® + *Soft* Convex combines flexibility with a shallow convexity, and is designed to conform well to the body and be comfortable to wear.

Flexible Convexity: conforms to the body and helps improve the pouch seal by minimising leaks

Easy-View Window: for accurate positioning and observation

Filter: designed to help minimise odours and ballooning

Safe Seal Clipless Closure: designed to make emptying and cleaning easy*

For Customer Care and to order your FREE samples, call:

Freecall **1800 335 276** (Australia) **0800 441 763** (New Zealand)
or email **connection.au@convatec.com** **connection.nz@convatec.com**

Australia www.yourconvatec.com.au New Zealand www.convatec.co.nz

**Drainable options only.* ® /™ indicates trademarks of ConvaTec Inc. © 2021 ConvaTec Inc. AP-021235-AU January 2021 O598

Profile Page - Maree Warne

CLINICAL NURSE SPECIALIST – STOMAL THERAPY
OSTOMY SERVICE | COMMUNITIES, WOMEN AND CHILDREN DIRECTORATE | HAWKE'S BAY DISTRICT HEALTH BOARD

Growing up, the women I admired the most in my life were nurses, so at 18 I had an inkling I wanted to be a nurse but lacked the confidence and maturity to commit to it. So, I worked and I travelled and by my mid-twenties the inkling had become a full-blown fog horn, I came home and enrolled in the Eastern Institute of Technology in Hawke's Bay.

After graduating, I went to Melbourne for my first two years of nursing, completing their New Graduate and their Grade Two Year One Programmes. These were rotational placements - the first year was two six monthly rotations of Special Medicine - Haematology, Oncology and Nephrology and then Geriatric Evaluation and Management (Rehab). The second year consisted of three, four-month rotations in Outpatient Dialysis, Specialist Surgery (ENT, plastics and Vascular) and Cardiology.

We loved Melbourne, but my Welsh boyfriend couldn't stay longer than the two years so with much deliberation and some meddling from my father we decided to settle back in Hawke's Bay. I loved cardiology and wanted to pursue that pathway, but at the time, the only vacancy at Hawke's Bay Hospital was General Surgical, Colorectal and Vascular. Thoughts of transferring to medical were overtaken by marrying, falling pregnant and having my first son within the first year of returning. So, I stayed and came to love the challenge of surgical nursing especially the fast pace and acuity. It didn't hurt that my boss let me work weekend afternoons and nights which fit with our family dynamic. I stayed on A4 and had another son a few years later. I always had visions of going down to ED or ICU once the kids were at school but never got around to it.

Next thing I knew it was nine years later. It was then that there were whispers of a Stoma role being created. For some reason this appealed to me, I was definitely ready for a change and no shift work and no weekends had a nice ring to it. I applied and got the job with a great deal of coaching from Sharon. I remember thinking (a lot) in my first few months training with Sharon and Dot, "I should have known that" about many aspects of stoma care, considering I had worked with stomas for 10 years. I was so fortunate to have two amazing mentors, both with a colossal amount of knowledge pertaining to everything stoma.

Over the last four years I've finished my Postgraduate Diploma and aim to have completed my Masters by the end of 2021. Throughout my papers I've focussed on Ostomy as much as I can, specifically hydration of Ileostomates and want to maintain this focus for my last year of study.

Well, I love it. Following the patients throughout their whole journey is remarkable, I didn't realise how wonderful it would be to develop ongoing relationships with my patients.

When you're a ward nurse you see your patients watching you with a look of trepidation on their faces as you head towards them. "What is she going to do to me now? An injection? A tube up my nose? More pills? Starve me? Make me get out of bed? Make me walk to the bathroom?" With stoma nursing you and they can see the difference you are making in their lives. They are genuinely happy when you call or see them in person. It is so unbelievably rewarding.

A Neuroendocrine tumour, metastatic spread, a stoma and a fistula: is quality of life possible?

ANNA VEITCH, CNS OSTOMY / CONTINENCE
HAUORA TAIRAWHITI, TAIRAWHITI DISTICT HEALTH BOARD

INTRODUCTION:

Neuroendocrine tumours (NET's) were rare in Australia, however their occurrence is rapidly increasing.[1] With 67%[2] of these tumours occurring in the gut, they are becoming a more common feature of stomal therapy practice.

This case study follows the care of Marion through her journey with a chronic NET. Marion faces the issues involved in progressive end of life care while at the same time adapting to the challenges presented by a new stoma and a fistula.

Marion has consented to the sharing of her story and pseudonyms have been used.

NEUROENDOCRINE TUMOURS (NET)

Incidence: also known as carcinoid tumours.

Classification: developing from secretory cells NET's can be;

- Non-functioning (non-hormone secreting) with symptoms related to localised growth or;
- Functioning (with ectopic hormone secretion) releasing serotonin

Symptoms: vary markedly depending on the tumour site but can include;

- Abdominal pain
- Flushing with sweating
- Diarrhoea which is watery, explosive and frequent
- Weight loss
- Wheezing
- Increased blood sugars

Metastatic spread: is most commonly via the lymphatic system to the liver [2].

Survival Rate: is 46% 5-year survival depending on tumour site [2].

MARION

Marion is 59 years old and worked as a radiographer in the hospital where she is now receiving care.

Marion's family includes her son who does not live locally and is expecting his first child (Marion's first grandchild) in May and a 29-year-old daughter. Her husband Peter works full time at a local agricultural company. Peter's employer has been totally supportive of his need to care for Marion.

Socially, Marion is a passionate gardener. She likes to travel overseas every 2 years to experience new countries and cultures.

HISTORY:

January 2016

- Marion experienced right side abdominal pain suggestive of renal stones, this settled with pain relief.
- Before investigations could be completed the pain returned accompanied by a bowel obstruction.
- Ultrasound revealed the totally unexpected finding of a 5-6cm liver mass which was bleeding.
- MRI scan showed multiple liver tumours with renal seedlings.
- Biopsy confirmed a neuroendocrine tumour stage 4.
- To suppress tumour growth and control symptoms, Marion was commenced on oral chemotherapy and monthly octreotide injections. Octreotide is a synthetic analogue of stomatastatin which suppresses hormone release from the endocrine system controling the symptoms of NET.[3]
- July 2018: Marion experienced recurrent right-side abdominal pain and underwent Transarterial chemoembolization (TACE) to liver tumours.
- September 2018: repeat TACE
- June 2019: CT scan revealed extensive tumour growth involving Marion's liver, omentum, and distal ileum. She was repeatedly symptomatic with bowel obstructions requiring hospital admission.
- October 2019: Marion underwent an ileocolic resection, bilateral salping-oopherectomy, omentectomy with an end ileostomy.
- Planned Peptide Receptor Radionuclide therapy (PPRR) was to take place in Melbourne, however, due to the international COVID crisis this has stalled.

Eight days post her surgery Marion was transferred from a large metropolitan centre back to her home in our smaller rural community.

Undoubtedly, these years have been an emotional roller coaster for both Marion and her family.

These findings were, understandably, devastating for Marion and her family. A long and tortuous care pathway was about to begin.

An understanding of the long treatment pathway that Marion would undergo made me aware of the financial stress that could result. As the outcome of her surgery was a totally unexpected finding, I requested a review by the Care Corporation (ACC). Marion's case was accepted and she now receives 80% of her previous income. Financial security was hugely important to Marion's recovery.

A Neuroendocrine tumour, metastatic spread, a stoma and a fistula: is quality of life possible?

ANNA VEITCH, CNS OSTOMY / CONTINENCE
HAUORA TAIRAWHITI, TAIRAWHITI DISTICT HEALTH BOARD

POST-SURGERY STOMA ASSESSMENT;

Marion's need for significant amounts of pain relief prior to pouch changes was an indicator that this would not be a "normal" recovery.

Stoma Assessment

- A well sited end ileostomy, on the lower right abdominal wall protruding 2-3cm.
- Skin: evidence of effluent contact with the peristomal skin with erythema extending laterally beyond the base of the stoma and into the midline wound
- Mucocutaneous Junction: at this stage the union appeared good.
- Output: Ileostomy output within acceptable volumes.
- Issues: Intense 10/10 pain score when STN touched her peristomal skin.

PRODUCTS INTRODUCED AND RATIONALE FOR USE:

- Welland stoma powder to protect the moist skin area. The puffer dispenser with this product allowed accuracy of power placement by Marion or anyone assisting her.
- Welland Adhesive remover wipes were used for removal of the existing pouch. These reduced pain and skin stripping and provided skin protection. Not having to wash this remover off the skin and knowing that it would not affect the adhesion of the next pouch, shortened and simplified the pouch changing procedure.
- Welland Hyperseal washer with Manuka Honey filled the abdominal contours, prevented further peristomal skin damage and repaired the existing damage with the magic of manuka.

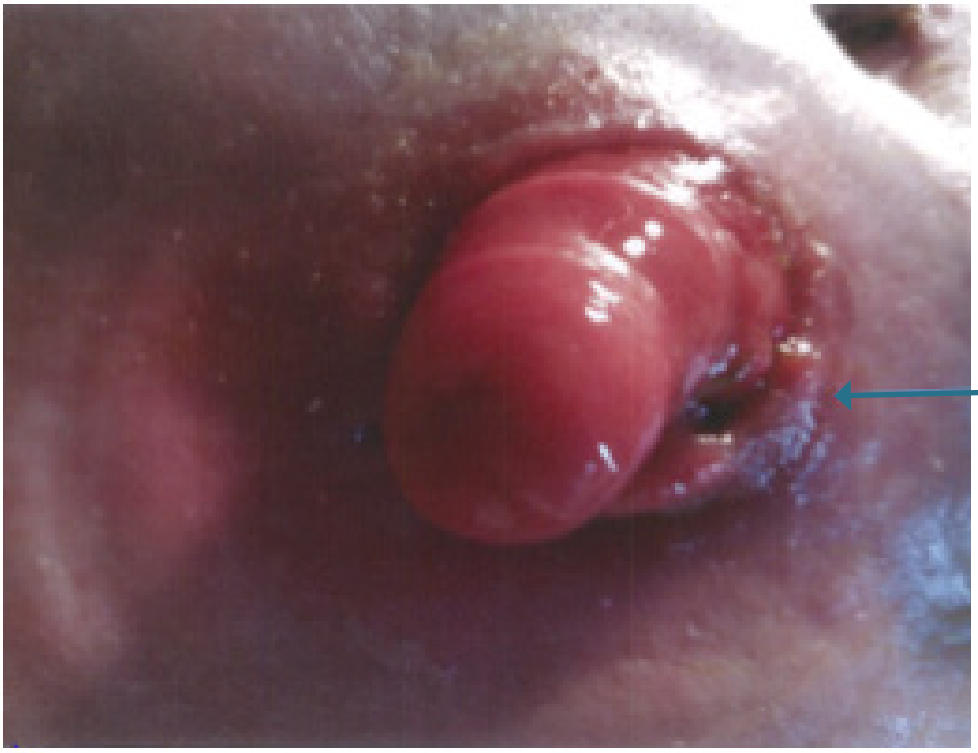


Figure 1

DAY 2 REVIEW AND RE-ASSESSMENT

Outcome: the Welland powder, Welland Adhesive remover wipes and Welland Hyperseal washer with manuka honey had significantly improved both the erythema redness and Marion's skin pain. However, deeper pain issues, which she rated as 8 on a pain scale of 1-10, remained. During this pouch change it was noted that the aperture of the ileostomy did not discharge effluent, however a semi-formed bowel motion was passed from the base of the mucocutaneous junction between the 4 and 9 o'clock positions. Marion reported significant pain and a feeling of pressure in that area which was relieved once the bowel motion was passed.

Interventions:

- Liaison with surgical team for review and to reduce or discontinue loperamide. The goal was to soften the output, making passage of the motion easier and hopefully reduce Marion's pain. There was also some concern regarding the possibility of an obstruction caused by the solid bowel motion.
- Continue with the Welland powder, adhesive removers and the Welland Hyperseal seal washer with manuka honey as these were successfully improving Marion's peristomal skin.
  To extend the manuka effect on Marion's skin she was changed to a Welland Aurum convex pouch. The convexity push on the skin projected the effluent from the mucocutaneous junction into the pouch rather than under it onto the skin.

As discharge was approaching, Marion became increasingly insecure. I was able to reassure her that the relationship she had established with her STN team would continue in the community. This continuity was imperative to her successful discharge. At this stage Peter was competently undertaking most of Marion's ileostomy care.

FIRST COMMUNITY REVIEW

Marion was 62kg pre-op and 54kg post-op. Referral to the dietician service was a must. Dietary supplements were provided to support Marion nutritionally.

Being aware that a permanent end ileostomy client has a 28%[(5)] risk of developing a parastomal hernia and as Marion was returning to her gardening activities, we discussed the role of support garments for hernia prevention. Marion was measured and fitted with a Koolknit support garment.

Marion remained highly motivated to regain her independence and by Christmas was undertaking all ileostomy care. She was confident enough to undertake a trip away from her local area.

Marion had refashioning of her stoma due to the fistula in February 2020. Sadly, a small new fistula occurred at the 3 o'clock position, again located on the mucocutaneous junction. This is not painful and the output is easily contained within her pouch.

CONCLUSION:

Disappointingly, at this stage access to PRRT treatment in Melbourne remains stalled. Marion is well aware that at some stage in the future her battle with neuroendocrine tumours will become terminal. In spite of this, she remains optimistic and grateful for the quality of life that she currently enjoys. She believes that her current quality of life is directly related to the quality of both the care she received, across the whole multi-disciplinary team, and the products that she was able to access.

Through Marion's care, I have gained a greater knowledge of neuroendocrine tumours and an enhanced appreciation of how much difference the right product, in the right place, used at the right time can make. It may seem simple however the right products had a massive impact on Marion's quality of life, her confidence and her recovery.

This was one of my first experiences with Welland Hyperseal washer with manuka honey. The rapid repair to Marion's parastomal skin encourages me to consider this range as a first choice in the future.

While each day has presented many varied challenges, the opportunity to make a difference to Marion's life has been a privilege. On many occasions I have been humbled by Marion's courage in facing one set back after another.

I am awestruck by Marion's ability to pick herself up, continue on and remain optimistic.

REFERENCES:

1. https://gicancer.org.au
2. Modlin IM, LyeKD, Kidd,M. A 5 decade analysis of 13715 carciniod tumours. Cancer 2003;15;97(4):934-959
3. StinnerB, Rothmund,M. Neuroendocrine tumours (carciniods) of the appendix. Best Practice and Research Clinical Gasroenterology. 2005;19(5):729-738.
4. Kulke M. Neuroendocrine Tumours: Is there Standard Treatment. Gastrointestinal Cancer Research. 2008;2(3):152-158.
5. Carne,P. & Robertson,GM, & Frizelle,F. (2003) Parastomal Hernia. British Journal of Surgery. 2003;90(7),784-93

The unique combination of Fit and Formulation

your patients deserve from the start

Convexity depth = 6 mm

AVAILABLE NOW
New Two-piece
Soft Convex
CeraPlus™ Barrier

Introducing the NEW Two-Piece Soft Convex CeraPlus skin barrier with Remois Technology*:

- Achieve a better fit to help prevent leakage
- Flexible design may help provide gentle pressure around the stoma
- Ceramide-infused barrier helps protect the skin's natural moisture barrier
- Maintain healthy peristomal skin from the start

Check our website for more information www.hollister.co.nz
or call Hollister Customer Service 0800 678 669

Remois
*Remois is a technology of Alcare Co., Ltd.

Hollister

Ostomy Care
Healthy skin. Positive outcomes.

Quality Of Life Case Study

Sue Delanty, Stomal Therapy Nurse, Launceston, Tasmania

Dansac Education

This case study represents my experience in using Dansac NovaLife TRE soft convex barrier with this specific patient and may not necessarily be replicated.

Patient Overview

The patient is an 88-year-old female who lives with her daughter and her family. She is very independent and uses a rollator to remain mobile. She has non-insulin-dependent diabetes mellitus (NIDDM) and high blood pressure, which is managed with medication. The patient also experienced a transient ischaemic attack (TIA) some years ago.

Patient History

Last year, the patient had an abdominal perineal resection as a result of cancer of the rectum. At the time, she received instruction on how to change her pouch and was coping well, both with her stoma management and the physical and psychological impact of her surgery. She was determined to get on with her life and did not want her daughter to be involved in her care.

Two months post-surgery, the patient experienced some issues with pancaking causing her distress. To help with the situation, she was switched from a flat one-piece appliance to the Dansac NovaLife soft convex wafer and pouch. It was felt that this would be easier for the patient to clean and would assist the faeces to drop into the bag. We also discussed increasing fluids and ensuring air was in the appliance at time of application. The patient was also advised to use a filter sticker cover over the filter to help prevent the vacuum causing pancaking.

However, 5 months later, the patient presented with red sore and irritated skin around the stoma (SACS classification T111 - L2: Photo 1).[6] On examination, I discovered that her peristomal skin was eroded and she had four small granulomas. These were constantly bleeding and causing her pain and discomfort. I reviewed her medical history and found no changes in her health or lifestyle (i.e. diet), that may have contributed to this condition.

However, on further questioning, I discovered that when the patient changed her pouch, she would poke cotton buds under the barrier in an attempt to clean her skin, rather than changing the barrier itself. She mistakenly believed this was an effective way to keep her stoma clean. It also appeared that the convex edge of the baseplate may be rubbing against the mucocutaneous junction, causing further damage and granuloma formation. It was noted that the pancaking issue had been resolved.

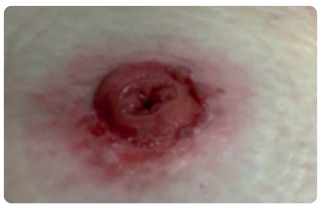


Photo 1: Red, sore skin on initial assessment

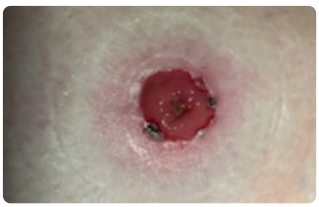


Photo 2: Visible improvement in skin health after 4 days of using the Dansac NovaLife TRE 1-piece soft convex pouch

Intervention

Granulomas are a small mass of tissue that are normally red and raised, found on or around the stoma.[2]

They develop as a result of over-healing of damaged skin on the stoma surface, usually at the edge of the stoma where it meets the skin.[4,5] This over-healing may be caused by friction from the appliance. Some granulomas can cause bleeding and discomfort. If they are large, they may also prevent the appliance from adhering to the skin correctly. This can result in leakage and further damage to the skin.[1, 2, 3]

To treat the granulomas, I applied silver nitrate three times a week for 1½ weeks until resolved.[5] I also decided, with the patient's agreement, to trial the Dansac NovaLife TRE 1-piece soft convex pouch with a belt, as I felt this would be easier for her to manage and would prevent her from using cotton buds to damage the skin. In addition, the TRE barrier is designed with a pH balance formulation to maintain skin integrity and the soft convex barrier provides gentle peristomal pressure for a comfortable and secure fit as it conforms to naturally uneven body contours. I also provided the patient with information on stoma care management, and explained the importance of maintaining good skin health.

> **"The patient feels very confident using this product and is maintaining an independent lifestyle."**

Conclusion

After 4 days of using the Dansac NovaLife TRE 1-piece soft convex pouch, the patient's peristomal skin had visibly improved (Photo 2), and the granulomas healed after 5 treatments with silver nitrate as part of an overall care plan. The patient was delighted with how quickly her skin healed and that she is no longer in pain or discomfort. She feels very confident using this product and is maintaining an independent lifestyle.

Key Learnings

- Be aware of the patient's quality of life and how stoma care nurses can make a direct and positive impact
- Keep up to date with new product technology and innovation. Selecting the right product at the right time can improve both physical and emotional outcomes
- Spend time talking to the patient about their stoma care management to ensure that they are following best practice
- After implementing a new plan, make a follow up appointment for the patient to ensure the current management plan is working rather than relying on them to ring if further issues occur
- Diagnosing and treating granuloma early can accelerate skin healing

References

1. Calum C Lyon and Amanda Smith, Abdominal Stomas and their Skin Disorders, An Atlas of Diagnosis and Management, Second Edition, London, Informa Healthcare. 2010
2. Clinical Guidelines: Stomal Therapy Nursing practice, Australian Association of Stomal therapy Nursing. March 2013 Treatment of the granuloma with silver nitrate
3. ASCN Stoma Care Guidelines, 2016, 'Granuloma Management', p. 22-23.
4. Oakley, A, 'Skin problems for stomas',DermNet NZ, 2006, https://dermnetnz.org/topics/skin- problems-from- stomas/. Accessed May 2020.
5. WOCN Society, 2016, 'Peristomal skin complications: Clinical resource guide', Mt. Laurel, NJ: Author
6. Militello, et al., 2016,' A revised version of the original SACS scale for peristomal skin disorders classification', JWCET, vol.36, no.3, pp.21-29.

CE Prior to use, be sure to read the Instructions for Use for information regarding Intended Use, Contraindications, Warnings, Precautions, and Instructions.

About Dansac NovaLife TRE

Living with a stoma does not have to mean accepting peristomal skin complications. Helping the skin around the stoma stay healthy goes a long way in enhancing the quality of people's lives.

The **Dansac NovaLife TRE** ostomy barrier is designed to help keep skin naturally healthy with 3 levels of protection: **Adhesion, Absorption** and **pH Balance.**

The best skin is healthy skin.

For more information, contact your Dansac Territory Manager or contact Customer Service on 0800 678 669

Stoma Skin Soul

NovaLife TRE Ostomy Barriers

Help keep your patients' skin at peace

Nils, Crohn's Rebel

NovaLife TRE ostomy barriers are designed to help you take care of your patients' peristomal skin health

- Stays in place, yet easy to remove
- Designed to absorb stoma output and perspiration to protect your skin
- Designed to help protect the skin from digestive enzymes by maintaining the right pH level of the skin
- Available in flat, soft convex and firm convex

Find out how TRE can help minimise skin complications for your patients – call Customer Service on **0800 678 669** or visit **www.dansac.co.nz**

Prior to use, be sure to read the Instructions for Use for information regarding Intended Use, Contraindications, Warnings, Precautions, and Instructions.

CE

dansac

The gut microbiome and use of pre and probiotics

PRAVIN DEO, COLORECTAL CNS/STOMAL THERAPIST
COUNTIES MANUKAU DISTRICT HEALTH BOARD

The human gastrointestinal (GI) tract harbours a complex and dynamic population of microorganisms that has co-evolved with the host over thousands of years to form an intricate and mutually beneficial relationship known as the 'gut microbiota' (Thursby & Juge 2017).

It is generally believed that we are born sterile and development of microbiota starts after birth with microbial diversity increasing during the first year of life and reaching adult like composition, diversity and functional capabilities by 2.5 years of age (Rodriquez et al. 2015). Although it could be found anywhere in the body including skin and genitals, the biggest population of microbiota are found in the gut (Thursby & Juge 2017). Gut microbiota is made up of trillions of cells, including bacteria, viruses, and fungus (Perez-Cobas et al. 2013). The gastrointestinal tract is rapidly colonised by microorganisms with life events such as illness, antibiotics, diet, age, travel, hormonal therapy and other environmental factors leading to the community of micro-organisms (Perez-Coba et al. 2013).

While microbiota refers to community of organisms in a particular habitat, microbiome refers to the collective genomes of the organisms in that particular habitat (Bull & Plummer 2014). It encodes over three million genes producing thousands of metabolites, which replace many of the functions of the host (Bull & Plummer 2014) and influences the host's fitness, phenotype, and health (Rath & Dorrestein 2011). A number of functions have been associated with core microbiome, including polysaccharide digestion, immune system development, defence against infections, synthesis of vitamins, fat storage, angiogenesis regulation, and behaviour development (Flint et al. 2012). Once altered or unbalanced, they can have tremendous impact on our health and disease (Lamoureux 2017).

Antibiotics, processed food, use of too much antacids and chronic stress can impair gut health (Boem & Young 2011). However, diet rich in fibre and fermented products has been clinically proven to balance gut microbiome and help with health and disease (Lamoureux 2017) and therefore, dietary modulation of gut microbiome has been as an essential tool in health and disease management (John et al. 2018).

Clinical evidences suggest that the use of prebiotic and probiotics can help to restore gut health by balancing gut microbiome. With recent interest in microbiota and microbiome, there has been an increased interest and demand in prebiotics and probiotics. A number of food products have been lodged all over the world claiming to be beneficial for gut health and means of restoring normal microbiome. A number of companies market probiotics to specific conditions, of which irritable bowel disease is common. Prebiotics are specialised plant fibres that stimulate growth of healthy bacteria in gut whereas probiotics are live organisms, usually specific strains of bacteria that directly add to the population of healthy microbes in the gut (Khailova et al. 2013). Prebiotics are found in many fruits and vegetables with high fibre such as complex carbohydrates whereas probiotics are available in food such as yogurt, other fermented foods and supplements (Lamoureux 2017).

Clinical evidence suggest that probiotics offer benefits to host cells in the treatment or prevention of acute viral gastroenteritis; post-antibiotic-associated diarrhea; certain paediatric allergic disorders; necrotizing enterocolitis; and inflammatory bowel disease (IBD) such as Crohn's disease and postsurgical pouchitis (Viera, Teixeria & Martins 2013). The mechanism of action by which probiotics supports human health are through enhancement of immune response, reduction in lipid acceleration, improvement of intestinal epithelial homeostasis, and attenuation of local and systematic inflammatory responses (Khailovaet al. 2013), and anti-inflammatory effect (John et al. 2018). Prebiotics in the form of dietary fibre induces major shifts in gut microbial composition and directly affects the mucosal immune system, resulting in an improvement in enteric inflammatory disorders and the systemic immune response (Khailova et al. 2013). This can have benefit on people with crohn's disease by improving growth performance and immune response (Peng et al. et al 2013), and celiac disease by normalisation of intestinal microbiota (Slavin 2013).

REFERENCES

1. Beom, JL & Young, TB 2011, 'Irritable Bowel Syndrome, Gut Microbiota and Probiotics, Journal of Neurogastroenterology and Motility, vol. 17, no. 3, pp. 252-266, Viewed 03 October 2018, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3155061/>.
2. Bull, MJ & Plummer, NT 2014, 'The human gut microbiome in health and disease', Integrative Medicines: A Clinician's Journal, vol. 13, no. 6, pp.17-22, viewed 03 October 2018, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4566439/>.
3. Chen, H, Mao, X, He, J, Yu, B, Huang, Z, Yu, J 2013, 'Dietary fibre affects intestinal mucosal barrier function and regulates intestinal bacteria in weaning piglets', The British Journal of Nutrition, vol. 110, no. 10, pp. 1837-1848, viewed 05 October 2018, < https://www.cambridge.org/core/services/aop-cambridge-core/content/view/47FF7C40AE99B3244F48CCB28CCDB2F9/S0007114513001293a.pdf/dietary_fibre_affects_intestinal_mucosal_barrier_function_and_regulates_intestinal_bacteria_in_weaning_piglets.pdf.>.
4. Flint, HJ, Scott, KP, Duncan, SH, Louis, P & Forano, E 2012, 'Microbial degradation of complex carbohydrates in the gut', Gut Microbes, vol. 3, no. 4, pp.289-306, viewed 03 October 2018, < https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3463488/>.
5. John, GK, Wang, L, Nanavati , J, Twose, C, Singh, R & Mullin , G 2018, 'Dietary Alteration of the Gut Microbiome and Its Impact on Weight and Fat Mass: A Systematic Review and Meta-Analysis, Genes vol. 9, no. 167, viewed 04 October 2014, doi:10.3390/genes9030167.
6. Khailova, L, Frank, DN, Dominguez, JA, Wischmeyer, PE 2013, ' Probiotic administration reduces mortality and improves intestinal epithelial homeostasis in experimental sepsis', Anesthesiology, no.119, p.166–177, viewed 04 October 2018, <https://www.ncbi.nlm.nih.gov/pubmed/23571641>.
7. Lamoureux, EV 2017, 'Factors affecting the gut microbiome', Master's thesis, Dalhousie University Halifax, viewed 04 October 2018, <https://dalspace.library.dal.ca/bitstream/handle/10222/73207/Lamoureux-Emily-MSc_PHAC-Aug-2017.pdf?sequence=5&isAllowed=y>.
8. Peng, X, Li S, Luo, J, Wu, X & Liu, L 2013, ' Effects of dietary fibers and their mixtures on short chain fatty acids and microbiota in mice guts', Food & Function, vol. 4, no. 6, pp. 932-938, viewed 04 October 2018, <https://pubs.rsc.org/en/Content/ArticleLanding/2013/FO/c3fo60052a#!divAbstract>
9. Pérez-Cobas, AE, Gosalbes, MJ, Friedrichs, A, Knecht, H, Artacho, A, Eismann, K, Otto, W, Rojo, D, Bargiela, R, von Bergen, M, Neulinger, SC, Däumer, C, Heinsen, FA, Latorre, A, Barbas, C, Seifert, J, dos Santos, VM, Ott, SJ, Ferrer, M, & Moya, A 2013, 'Gut microbiota disturbance during antibiotic therapy: a multi-omic approach', British Medical Journal, vol. 62, no.11, pp. 1591-1601, viewed 02 October 2018, <https://gut.bmj.com/content/gutjnl/62/11/1591.full.pdf>.
10. Rath, CM, Dorrestein, PC 2011, 'The bacterial chemical repertoire mediates metabolic exchange within gut microbiomes', Current Opinion in Microbiology, vol.15, no. 2, pp.147-154, viewed 03 October 2018, doi:10.1016/j.mib.2011.12.009 pmid:22209085.
11. Rodriguez, JM, Murphy, K, Stanton, C, Ross, RP, Kober, OI, Judge, N, Avershina, E, Rudi, K, Narbad, A, Jenmalm, MC, Marchesi, JR & Collado, MC 2015, 'The composition of the gut microbiota throughout life, with an emphasis on early life', Microbial Ecology in Health and Disease, vol. 26, no. 26050, pp. 1-17, viewed 02 October 2018, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4315782/pdf/MEHD-26-26050.pdf>
12. Slavin, J 2013, ' Fiber and prebiotics: mechanisms and health benefits', Nutrients, vol. 5, no. 7, pp. 1417-1435, viewed 04 October 2018, <https://www.ncbi.nlm.nih.gov/pubmed/23609775>.
13. Thursby, E, Juge, N 2017, 'Introduction to the human gut microbiota', Biochemical Journal, vol. 474, no. 11, pp.1823-1836, viewed 02 October 2018, <http://www.biochemj.org/content/474/11/1823doi>
14. Vieira, AT, Teixeira, MM & Martins, FS 2013, 'The Role of Probiotics and Prebiotics in Inducing Gut Immunity', Frontiers in Immunology, vol.4, no.445, pp. 1-12, viewed 04 October 2018, <file:///C:/Users/deop1/Downloads/fimmu-04-00445.pdf>.

The Prevention and Treatment of Stomal Skin Damage - Is Manuka Honey Effective?

LORRAINE ANDREWS, STOMAL THERAPIST
OMNIGON TERRITORY MANAGER, NEW ZEALAND

INTRODUCTION

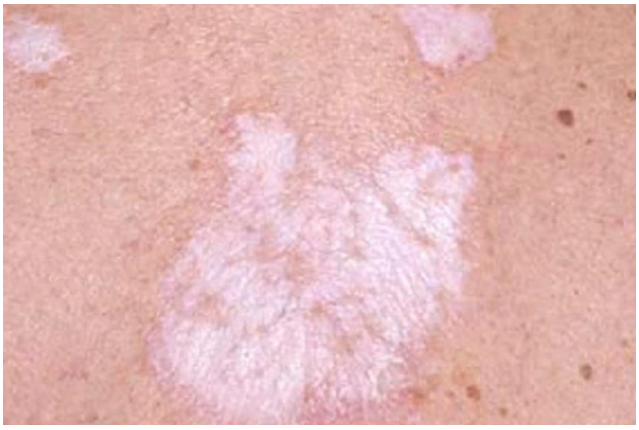
Evidence supports that 57% of ileostomates, 48% of urostomates and 35% of colostomates will have an undiagnosed skin disorder at some point in their journey with a stoma [(1)]. There is a direct relationship between stomal skin damage and a poor quality of life.

Those who do actually report a skin disorder often represent a significant investment of both time and product to rectify the situation.

In the hope that it will be of help to others, Colleen has generously consented to the sharing of her journey with Lichen's Sclerosus and a deep parastomal ulcer.

WHAT IS LICHEN'S SCLEROSIS?

Lichen's Sclerosus is a rare, chronic skin condition which results in thinned white patches appearing on the skin. These patches often occur in the genital area but are not isolated to that area. Primarily women who are premenstrual or post-menopause suffer from Lichen's Sclerosus. Lichen's Sclerosus has a genetic predisposition and Colleen has two sisters who also have the disease. The aetiology of Lichen's Sclerosus is not clearly understood however it is possibly an autoimmune response [(2)].



Picture 1) Lichen's Sclerosus skin patches

Presentation of Lichen's Sclerosus

- Pruritus
- Easy bruising
- Fragile areas of white thinned skin
- Increased susceptibility to skin trauma

TREATMENT

To date, topical corticosteroids have been the treatment of choice for skin damage associated with Lichen's Sclerosus. However, in relation to Lichen Sclerosus and Pyoderma Granulomatous (PG) ulcers in the stomal environment, there is now a proven, viable and easily managed alternative with Welland Aurum pouches and accessories with Manuka honey.

WHO IS COLLEEN?

Colleen is a 71-year-"young" woman who works with the Mental Health Service supporting their clients to live independently in the community. She lives with her husband. Together, they share primary care of their now 17-year-old granddaughter and have done so since she was one.

HISTORY

Colleen was diagnosed with Lichen's Sclerosus in 2012.

In 2012, she underwent an elective urostomy formation which left her bladder insitu. Colleen had endured two long years of debilitating urinary incontinence which had destroyed her quality of life. She was unable to leave the house without a full change of clothing and knowledge of where the closest toilet facilities were located. A complete lack of urinary control, which was most likely related to her eventual diagnosis of Lichen's Sclerosus, led to between 2 and 5 clothing changes a day. Colleen acknowledges that during this period of her life she was becoming increasingly isolated and increasingly withdrawn from social contact.

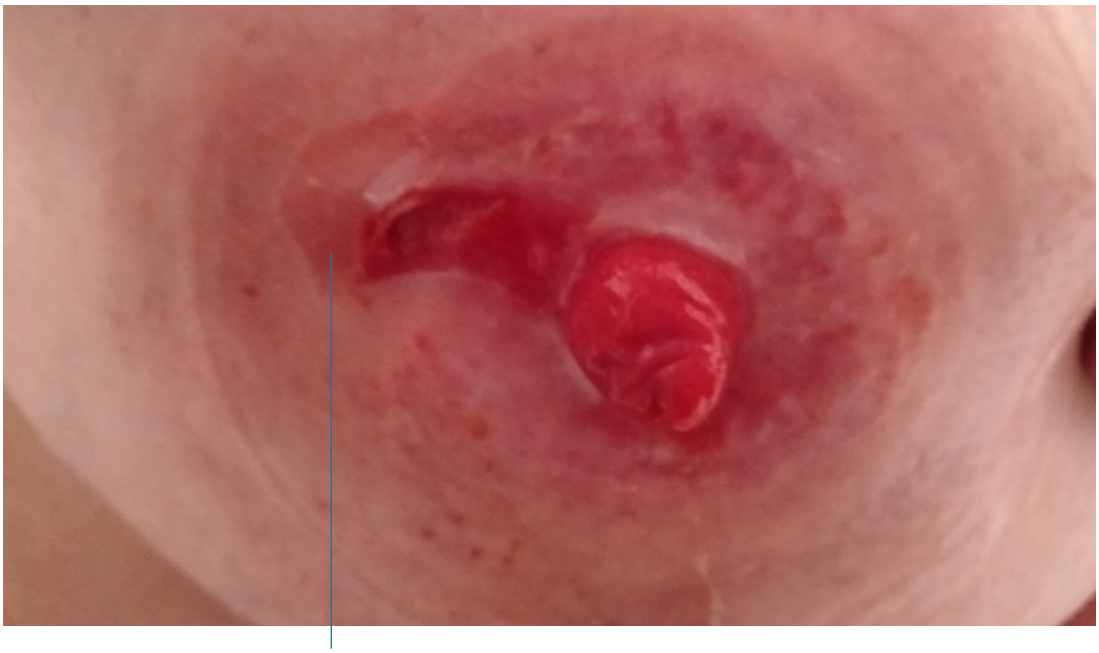
THE ISSUES

Colleen's urostomy protrudes and is 22mm in diameter. At times, she is challenged to see the stoma clearly enough to be confident that she has placed her one-piece flat pouch accurately.

A seal is the only accessory in use.

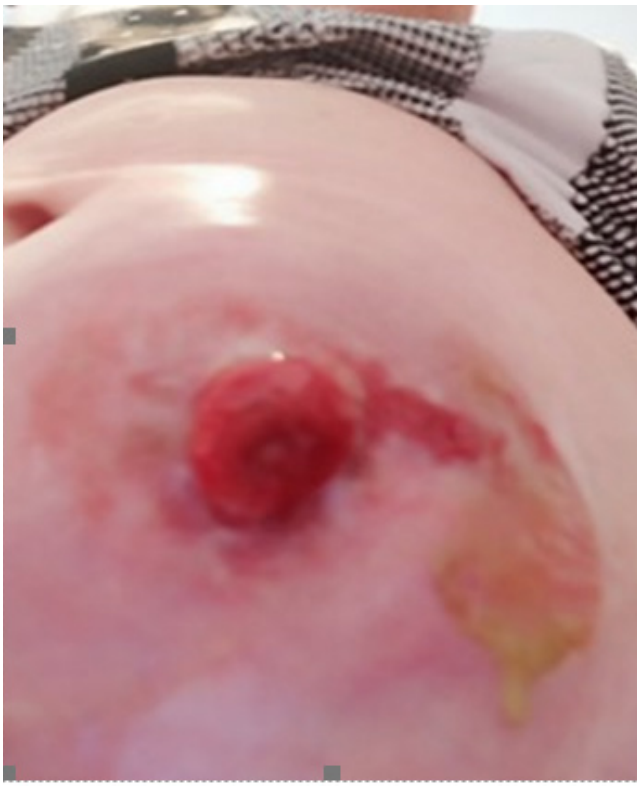
From the 9-11 o'clock position on the mucocutaneous edge there is a deep ulcer which extends out towards the very edge of the pouch adhesive surface (Picture 2). This area bleeds easily and frequently discharges pus (Picture 3). Over the years, Colleen has changed products frequently with limited success in healing this and other ulcerated parastomal skin areas. Product wear times have been limited by the pus discharge.

This situation has basically remained mostly unchanged for 8 years.



Original edge of ulcer before use of Aurum with Manuka honey

Picture 2) Colleen's ulcer showing healing in progress after 7 days of Welland Aurum with Manuka honey use.



Picture 3) Recurrence of ulcer with pus discharge after short break and use of a non-Manuka honey pouch.

PRODUCT SELECTION AND RATIONALE FOR USE

- **A two-piece Welland Aurum flat pre-cut to 22mm with Manuka honey was introduced.**

  Rationale: the two-piece was easier for Colleen to place accurately. It was hoped that this would increase the product wear time. We continued with a flat base plate as the stoma was well spouted.

  The Manuka honey in the Welland Aurum product range has shown significant success in healing PG ulceration [3] and we were hopeful that it would do the same with Colleen's damaged parastomal skin

- **Welland Adhesive Remover Wipes**

  Rationale: while there is practice trend away from the use of accessory products, the Welland Adhesive Remover Wipe was justifiable as it reduced the trauma, skin stripping and damage to skin resulting from baseplate removal.

  As this product doesn't need to be washed off the skin and will not reduce the adhesion of a new appliance, the Welland Adhesive remover wipe extended the window of opportunity to do the pouch change as a dry procedure.

- **Welland HyperSeal Washer with Manuka Honey**

  Rationale: The seal filled the dips, creases and the scarred areas resulting from previous ulceration on the stomal plane.

WHY A MANUKA HONEY APPLIANCE FOR COLLEEN?

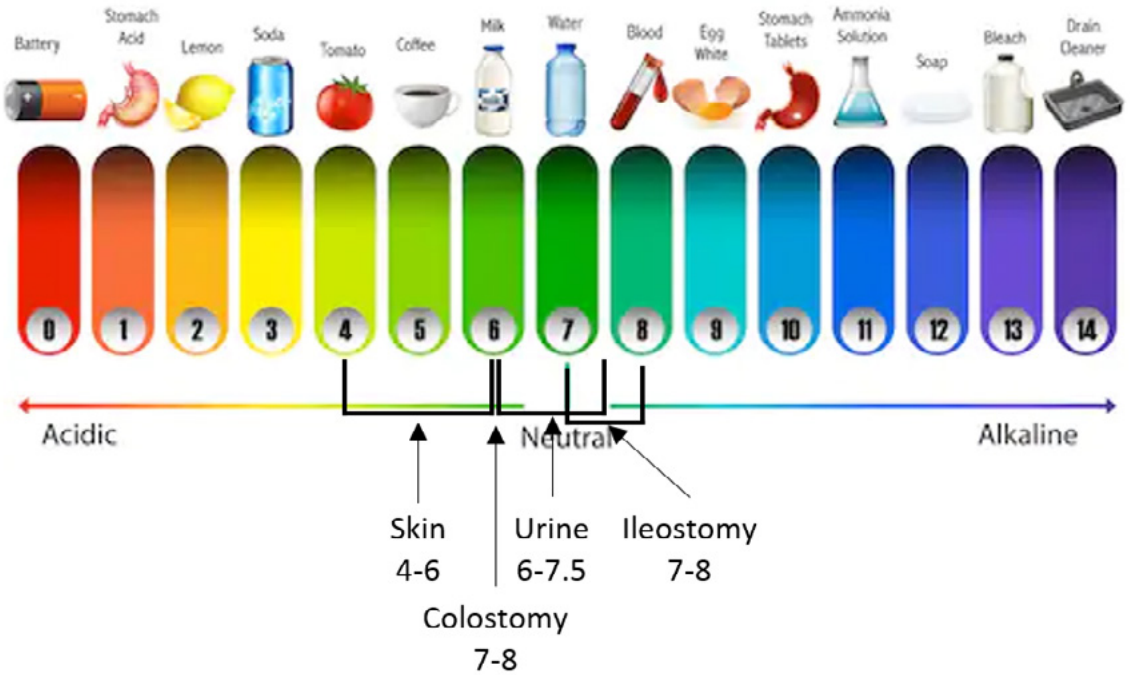
MAINTAIN HEALTHY SKIN

- pH balance protection
- Prevents bacteria replication
- Effective for fungal prevention
- No skin maceration [5]

HEALING DAMAGED SKIN

- Anti-bacterial
- Anti-inflammatory
- Anti-oxidant
- Increased oxygen availability
- Debridement
- Angiogenesis increased
- Stimulates release of growth factors
- Minimises scarring

THE pH SCALE



MANUKA HONEY AND MAINTAINING HEALTHY SKIN

The protection and maintenance of an intact skin mantel is the single greatest protection stomal skin has.

With a pH of between 4 and 6, human skin is normally slightly acidic. Having a pH of 6-8 ileostomy, urine, and colostomy output are alkaline and damaging to skin. Manuka honey, with a pH of 4 (acidic), when introduced to an alkaline ostomy skin environment returns that environment back to its normal slightly acidic pH providing the skin with protection.

Bacteria need an environment with a pH of 7 to multiply. Without this they do not survive. Being bactericidal Manuka honey prevents infections from developing. Manuka honey is effective again Candida, MRSA, VRE, pseudomonads and staphylococci (which is the most common cause of skin infections) [4]. There has been no known resistance development to Manuka honey [5].

With a high sugar content of 80%, Manuka honey is hypertonic. This accounts for why skin maceration is not seen in wounds treated with Manuka honey [4].

MANUKA HONEY AND HEALING DAMAGED SKIN

Manuka honey stimulates leukocytes to release cytokines and the growth factors needed for damaged tissue repair [5].

The acidity of Manuka honey makes more oxygen and nutrients available for tissue repair.

Manuka honey's osmotic action causes an outflow of lymph fluid similar to the action of a Negative Pressure Assisted dressing. This reduces swelling in damaged tissue.

RESULTS FOR COLLEEN

After only seven days use of the Aurum two-piece with Manuka honey and for the first time in 8 years Collen was both ulcer and pain free.

However, due to a supply issue she had to return to use of a non-Aurum one-piece appliance. The parastomal ulcer rapidly reoccurred once there was no Manuka honey present. Of significance, once Colleen was back on Welland Aurum 2 piece with Manuka honey the ulcer completely healed again. I believe this supports the trauma prevention and skin protection actions of Manuka honey in the stoma environment. This finding is supported by the work of other practitioners in New Zealand [3&6].

CONCLUSION

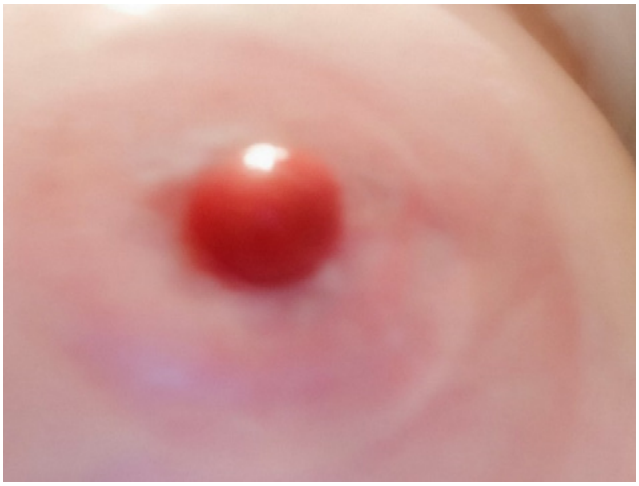
The prevention of skin damage on ostomy care represents an enormous saving in patient distress, product use and nursing time.

Due to the traumatic skin stripping of pouch removal and the corrosive nature of effluent, ostomy skin is highly vulnerable. There is a growing body of evidence, that has been centuries in the making, supporting the role of Manuka honey in the prevention of skin damage, the maintenance of good skin health and in the healing of damaged skin.

Colleen's experience using Welland Aurum ostomy pouches with Manuka honey to twice rapidly heal a long standing peristomal ulcer is not an isolated occurrence.

Prevention being better than attempts to cure after the damage has occurred should put ostomy pouches with Manuka honey to the front as a first choice when selecting an ostomy pouch.

The last comments are Colleen's "No pain, stinging or burning, no leaks, no ulcers, comfortable and like the two piece."



Picture 4) Colleen's skin completely healed after 10 days of Aurum with Manuka honey use.

REFERENCES

1. Herlufsen,P. Olsen,A. Carlsen,B. Nybaek,H. Jemec,G. Karlmark,T. Study of peristomal skin disorders in patients with permanent stomas. British Journal of Nursing 2006;15:16.
2. Lyons,C. Smith,A. Griffiths,C. Beck,M. The spectrum of skin disorders in abdominal patients. British Journal of Dermatology. 2000;143:1248-1260.
3. Martin-Skurr,K. Pyoderma Grangrenosum and the Effects of Manuka Honey. The Outlet 2019, 17-19.
4. Molan,P.C. The evidence and rationale for the use of honey as a wound dressing. Wound Practice and Research. Dec 2011, 19:4.
5. Cooper,R. Jenkins,L. Henriques,A. Duggan,R. Burton,N. Absence of bacterial resistance to medical-grade manuka honey. European Journal of Microbiology and Infectious Diseases 2010;29(10):1237-41.
6. Veitch,A. Tu Meke Tu Peke- the bag is great to me. The Outlet 2019, 24-25.

Aurum
with Manuka Honey

MANUKA HONEY
From nature to nurture

All skin needs protection, maintenance and care. Peristomal skin is no different.

This type of Manuka honey has characteristics that:

- Suppress inflammation
- Stimulate the growth of cells
- Kill bacteria

Clinical evidence supports Aurum's ability to maintain a protective local environment, reduce irritation and discomfort.

Did you know?

Manuka honey is pure and natural, made only from the nectar of the Manuka flower in New Zealand.

Visit our website or call us today to try a FREE sample from our Aurum with Manuka honey range!

OMNIGON

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

Welland Medical

medicina®

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

nzms medical

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 applicants(s) will be published in the NZNOCSTN Journal The Outlet
- The BHA Policy will be reviewed annually by the NZNOCSTN Executive Committee.

Criteria

- The applicant(s) must be a current member of the NZNOCSTN and have been a member for a minimum of one year
- Successful applicant(s) must indicate how they will use the award. The award must be used in relation to Stomal Therapy nursing practice
- The applicant(s) previous receipt of money (within the last five years) from the NZNOCSTN and/or the BHA will be taken into consideration by the NZNOCSTN Executive Committee when making their decision. This does not exclude a member from reapplying. Previous receipt of the BHA will be taken into account if there are multiple applicants in any one year
- The funds are to be used within 12 months following the receipt of the BHA.

Feedback

- Submit an article to The Outlet within six months of receiving the BHA. The article will demonstrate the knowledge gained through use of the BHA

and/or

- Presentation at the next NZNOCSTN Conference. The presentation will encompass the knowledge/nursing practice gained through the use of the BHA.

Application for Bernadette Hart Award

CRITERIA FOR APPLICANTS

- Must be a current full or life member of the NZNO College of Stomal Therapy Nursing (NZNOCSTN) for a minimum of one year
- Present appropriate written information to support application
- Demonstrate the relevance of the proposed use of the monetary award in relation to stomal therapy practice
- Provide a receipt for which the funds were used
- Use award within twelve months of receipt
- Be committed to presenting a written report on the study/ undertaken or conference attended or write an article for publication in The Outlet or to present at the next national conference

APPLICATIONS CLOSE 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) _____

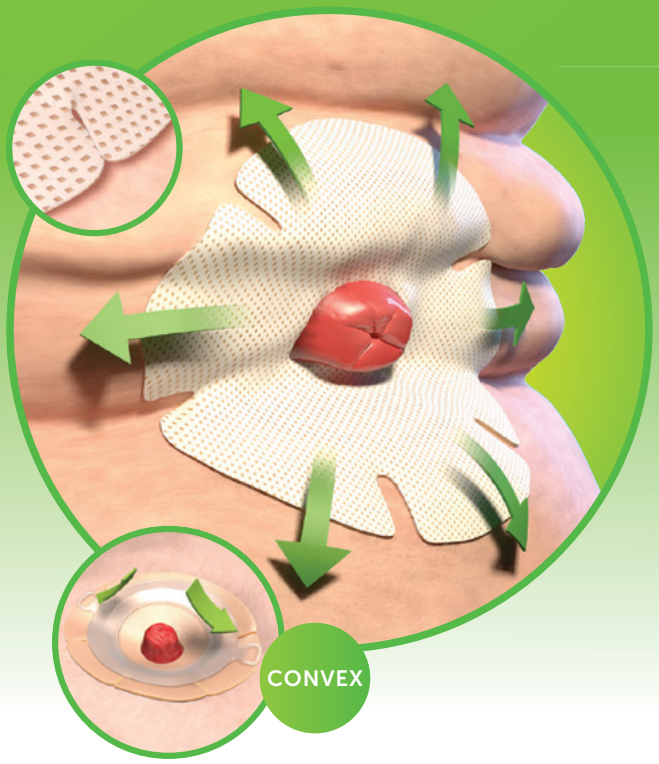
Please Indicate ONE of the below: (please note this does not prevent the successful applicant from contributing in both formats).

◯ 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: _____

THE NATURAL CHOICE FOR PREVENTING PROBLEMS.



87% **87% of people living with a stoma who try Confidence® Natural decide to stay on it and never look back.****

- Skin-friendly hydrocolloid infused with Aloe extracts to help soothe and protect patient's skin
- Made with a unique blend of elastomers, the five- sided Flexifit® wafer technology provides flexibility for secure adhesion to help minimise leaks
- 30% stickier* than our original adhesive

CONFIDENCE® NATURAL
The natural choice for preventing problems

salts HEALTHCARE

AinsCorp

Toll Free 1300 784 737
(NZ 0800 100 146)
www.ainscorp.com.au

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