



The Outlet

New Zealand Stomal Therapy Nurses

In this issue:

- NZNO Library
- The Knowledge and Skills Framework for the NZNO College of Stomal Therapy
- Islamic Faith and Intestinal Stomas – An Integrative Review

AUGUST 2021

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The Outlet

New Zealand Stomal Therapy Nurses

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ENCOURAGING MEMBERSHIP

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

IF YOUR ADDRESS HAS CHANGED PLEASE CONTACT

Emma Ludlow

Email: emma.ludlow@middlemore.co.nz

Your Executive Committee Members

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

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www.bsd.nz

Chairperson's Report

NICKY BATES



Greetings to you all

As I sit writing this, I can see the leaves on the trees, outside my office, with their beautiful autumn colours, the sun is out and I am reminded about just how great it is to live in our little part of the world!

I am very happy to report the College of Stomal Therapy Knowledge and Skills Framework is complete. Many, many hours were spent ensuring the document reflects the levels of nursing practice and skills required to become an expert Stomal Therapist, while depicting Stomal Therapy Nursing in Aotearoa New Zealand. The framework will provide a pathway for novice nurses to follow while enriching their knowledge in the field of Stomal Therapy. The framework has been passed to the NZNO publications team as part of the prescribed process. From here it will be passed to the acting CEO and Board of Directors for authorisation. I would like to recognise and thank Emma Ludlow for her professionalism and commitment in writing the framework. I am sure no one is more pleased than you Emma, it is complete! A big thank you also goes to current committee members along with Leann Thom and Katrina Neiman for their input into the development of the document. Julia Anderson our NZNO PNA has supported us along the way and helped us get it over the line – thank you Julia. The framework can be found on the NZNO website under publications.

In this journal issue you will find an application form and criteria for the Liberty “Beyond the Ostomy clinic” fund. The fund is the proceeds of the registration fee from NZ delegates who attend last year’s virtual conference sponsored by Liberty. The fees have been donated to the College for members to use for educational opportunity promoting nursing knowledge and patient care in the field of Stomal Therapy. I would like to formally recognise the generous contribution Liberty has made to supporting ongoing education for nurses by donating the funds – thank you Liberty.

In 2023, Ostomy New Zealand & Asia South Pacific Ostomy Association will hold their Congress. The combined event will be held from 7th to the 10th of September 2023, in Rotorua. Richard McNair, convenor of the congress expects registrations from the Asia Pacific region, NZ with invitations being sent to USA, Canada and South Africa. Richard offered the College an opportunity to join with the congress. At this point the committee feel it is too early to commit the college to attending the event, however Richard was more than happy for me to give you all a “heads up”, so those of you wanting to attend can schedule in the dates.

Work continues (and is gathering pace) for the Tripartite Conference at Auckland’s Aotea Centre, in February of next year. This will be the focus of work for the committee in the coming 8 months. The committee is regularly liaising with Jackie Hutchings who is on the overarching Tripartite organising committee. Currently we are finalising speakers and topics. The programme is looking great. I know the event is going to be an awesome opportunity for learning and connecting with our Australian counterparts. The value of physically attending the event cannot be underrated. There is so much more to be gained and enjoyed by being there. Of course, the opportunity to attend the nurses cocktail evening event at the Hilton’s Bellini Bar, looking out over Auckland Harbour is a definite draw card! I know many of you have enjoyed a great night at past STN conference “shindigs” and the cocktail evening will be no different. You will find relevant information about the conference in this and upcoming issues of the Outlet and on our NZNOCOSTN website.

As always please contact any of the committee members with any issues, suggestions or ideas you have. We are here to represent and work for you.

Nicky Bates
Chairperson NZNOCSTN

Editor's Report

ANGELA AND DAWN

The second edition of The Outlet for 2021 arrives in your letter box at the time of uncertainty in many of our lives.

NZNO members have participated in one 8 hour strike and are voting on further strike action in the coming months. This is not something that we as nurses take lightly but the offer by the government was woefully inadequate and did nothing to address safe staffing issues within our workforce.

Covid continues to play an active role in our lives. As I write Wellington is currently at alert Level 2 and the travel bubble with Australia is suspended.

On a much brighter note the Knowledge and Skills Framework is finally complete. This has been a lengthy process over the last 3 years with many up and downs, lengthy debates and multiple re-writes. A small "snippet" of the framework can be found in this edition.

We thank Liberty for the "Beyond the Ostomy clinic" fund which can be used to promote nursing knowledge and patient care in Stomal Therapy. The Bernadette Hart Award is another option for college members to access funding.

The Tripartite Conference 2021 is full steam ahead. This will be an opportunity for us to attend an in-person educational event and network with colleges when these opportunities have been very limited over the last 18 months. The STN conference cocktail evening will be a great night out.

As always we thank the companies that continue to advertise in the journal 3 times a year. Their support enables us to produce The Outlet.

Best wishes,

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.

BodyFit[®] Technology

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Poor fit to the peristomal body profile is the main cause of leakage and skin complications - the biggest problems for people living with a stoma.^{1,2,3}

Bodies are also all different, making it difficult to find and maintain the right fit.^{1,6} In response, Coloplast developed BodyFit Technology across the SenSura Mio range to address these challenges, because prevention is better than a cure – right?

77%

of people living with a stoma have experienced leakage within the last month³.



88%

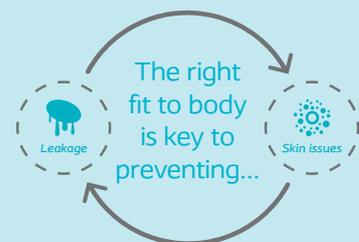
of people using an ostomy product have peristomal skin complications³.



Peristomal body profiles and the skin surface around the stoma vary greatly from person to person⁴.



Bodies also move in different ways which places additional strain on the fit of the baseplate^{4,5}.

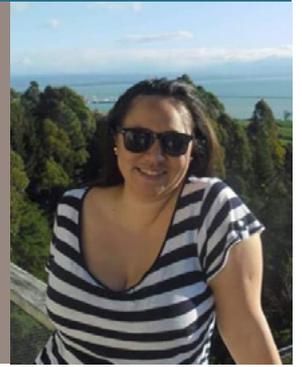


For more BodyFit Technology information and how you can make life easier for your patients, please contact your Coloplast Territory Manager

1. Rolstad, B. S. & Erwin-Toth P. L. Peristomal Skin Complications: Prevention and Management. Ostomy Wound Manage. 2004;50(9):68-77. 2. WCET journal vol 36 issue 1 supplement 2016, page 6 (v1.0) 3. Ostomy Life Study 2019, Coloplast, Data on file 4. WCET journal vol 36 issue 1 supplement 2016, page 6 (v1.0) 5. Bible, J. E., Biswas, D. et al. Normal Functional Range of Motion of the Lumbar Spine During 15 Activities of Daily Living. J Spinal Disord Tech. Vol. 23, Number 2, April 2010 6. Ratlif, C. R., Scarano, K. A. et al. Descriptive study of peristomal complications. J WOCN January/February 2005, 33-37.

Profile Page - Syreeta Rogers

CLINICAL NURSE SPECIALIST – STOMAL THERAPY
HUTT VALLEY DISTRICT HEALTH BOARD



My father was a terrible asthmatic. As a 5 year old girl, we had a routine – on a certain day of the week, I used to help dad count out his pills and place them in the tiny pill containers and carefully close the lids.

I have a vivid memory of him teaching me the time so that I could wake him up from naps at certain times of the day and I used to have so much fun squeezing the medication into the chamber for regular nebulizing. I used to puff on his preventers occasionally to see what it felt like. I guess I was his nurse bringing him glasses of water and this and that. I wonder if this is where wanting to be a nurse came from. He died when he was 36 from a severe asthma attack - we lived in an extremely remote area in the Bay of islands, and paramedics were an hour away at least. It just took too long to get help. If that had happened today, he probably would have lived.

When I finished my nursing training, I was really confused about which path I should take. I got a job in a rest home and learned some really valuable skills that I still use today – conflict resolution, time management, and of course people skills. After having my son, I really wanted needed a change, and did a bit of work here and there for an agency and then eventually a short term contract for Hutt Valley DHB. A chance meeting in Pak n Save with Rochelle Pryce (yes that Rochelle), a wonderful friend who I studied with took me to where I found my passion – Surgical Nursing in Wellington. She encouraged me to put an application in and I eventually landed a job there. I loved it, night shifts and all. The challenges of the low blood pressures, post op care, complications – I really grew and flourished there. After a while, the sun, sea and sand of Australia called us to the Sunshine Coast. I worked in agency and mainly worked in Noosa – then got a job in a small private hospital doing General Surgery, Orthopedics and Urology. Private was way too fast paced for me, and I didn't feel that I had time to care in the way I could.

My next move was an amazing opportunity at the Sunshine Coast University Hospital. A brand new 1.8 billion dollar build with a bed capacity of 1000. We were opening a new service “4C” a Regional Plastics Vascular and ENT ward. Prior to us opening, patients who needed these services were sent to the Royal Brisbane and Women's hospital, a hugely pressured service that already served over a million people. We spent the first three weeks unpacking beds and obs machines and setting up the ward the way we wanted. It was so exciting being a founding nurse in such an important and brand new service. Despite all of the excitement, I really wanted to go and work in “4B” the neighboring ward - General Surgery.

When we came back to New Zealand, I got a job in District Nursing at Hutt Valley DHB. An opportunity came up for an increase in FTE for a CNS Stomalthrapy, and after a really long deliberation I put my application in on the very last day. When I got the job I was really shocked, it did take a few weeks for it to sink in.

What I love about my job is the ever changing nature of it. Sometimes Vicky Beban and I are in the ward, sometimes in the community, sometimes both. Whatever we do, we do it together. She truly is a great friend and mentor and has taken me under her wing. I feel that she gives me enough space to make decisions and learn from them, and guides me through the challenging situations. It's such a wonderful working relationship, and we have lots of laughs.

One thing I hope to bring to this job is some of my knowledge of Tikanga Maori. I speak Te Reo Maori quite well, something that not many of my colleagues know. We serve a population of about 17% of those who identify as Maori in the Hutt Valley area, and having someone who can relate and speak the language is a huge achievement for our DHB, breaking through those cultural barriers, and therefore delivering care which is culturally safe. I don't have too much spare time these days – I'm one of these “active relaxers” but when I do have extra time, I really love mountain biking, gardening, travelling and of course all that sun sea and sand.



NZNO College of Stomal Therapy
Nurses

invite you to an evening of

Glitz & Glamour



Nurses Cocktail Evening



Bellini Bar, Hilton Hotel,

Auckland Waterfront

23rd February 2022

7pm - 11pm



\$60/head Canapés/Dinner DJ Cash Bar

A spectacular view of Auckland harbour by night

Funtastic Company

Interested? Register: nicky.bates@wdhb.org.nz



TRIPARTITE COLORECTAL MEETING 2022



21-24 FEBRUARY 2022, AUCKLAND, NEW ZEALAND

Looking Forward, Looking After | Mā Muri Ki Mua

Dear Colleagues,

Planning is well underway for the **2022 Tripartite Colorectal Hybrid Meeting** being held from 21 to 24 February 2022 in Auckland, New Zealand.

Abstract Submissions

Abstract submission for the Tripartite Colorectal Meeting 2022 is due to close on **Monday 26 July 2021**.

Join our world class line-up of Society Speakers and Named Lecturers and present your research to colleagues. We are seeking abstracts for e-poster, oral and video presentations. Presentations will be made both in-person and virtually.

Themes for submission are:

- Benign Anorectal
- Basic and Translational Science
- Benign Abdominal
- Education, Assessment and Practice Management
- Inflammatory Bowel Disease
- Colon and Rectal cancer
- Other Neoplasia
- Pelvic Floor
- Quality and Cost
- Stomal Therapy Programme

Visit the meeting website to view abstract format descriptions, abstract categories and the abstract policies and guidelines.

Registration

Registration is open | Early Bird closes 15th November 2021.

If your travel plans change you can easily switch between in-person and virtual registration, with no penalty, so don't let the uncertainty stop you from registering.

Should you have any questions about the meeting please do not hesitate to contact The Conference Company via email to:

tripartite2022@theconferencecompany.com

Highlights on Stomal Therapy Programme

- Cancer, PTSD and the unexpected teachings of drag racing
- Mindfulness Workshop
- Managing the High Output stoma and clostridium difficile
- Measuring Adjustment Outcomes Among New Stoma Patients; final results from a nine month follow up study
- Medicinal Cannabis
- How compliance laws can affect your interactions with industry
- Rectal Trauma from Enema Administration
- Exenteration and VRAM
- Faecal transplant
- Early Reversals
- Intestinal Failure

Call for abstracts for Stomal Innovations session (10 min sessions)

Abstracts to be emailed to:

**wendy.sansom@easternhealth.org.au
and jackiehutchings@outlook.com**

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ASK THE NZNO LIBRARY ABOUT:

- Library current awareness e-newsletter (Journal articles on nursing & health issues; new books; conferences; news and international news)
- Topic-based resource lists (https://www.nzno.org.nz/resources/library/resource_lists)
- Research/topic queries
- Borrowing books, including RCN & ICN publications
- Nursing thesis, dissertations and scholarship reports collection
- Kai Tiaki Nursing New Zealand – 1908 onwards
- Kai Tiaki Nursing Research – 2011 onwards
- NZNO College and Section journals
- The Dissector; The Tube; Emergency Nurse; L.O.G.I.C; The Outlet
- NZ Nursing Research Index database (<https://www.nursingresearch.co.nz/refbase/>)
- Searching online journals & databases via the NZNO website:
 - Australia/NZ Reference Centre database
 - Health Reference Center Academic database
 - Psychology collection database
 - and more...

LATEST BOOKS

The NZNO library has recently acquired a number of new books on a range of topics. We present a brief synopsis of some of these items which, along with other material, are available for lending to NZNO members.

The loan period is 4 weeks. All books are couriered out to you, so please provide your street address when requesting items.

Bioethics: A Nursing Perspective. [WY 85 JOH 2019]

Johnstone, Megan-Jane.
7th ed., 2019

Addresses the ethical challenges, obligations and responsibilities nurses will encounter in practice. This edition examines the bioethical issues in health care with a focus on patients' rights, cross-cultural ethics, vulnerability ethics, mental health ethics, professional conduct, patient safety and end-of-life ethics.

Communication in Palliative Nursing:

The COMFORT Model. [WY 152 WIT]

Wittenberg, E., Goldsmith, J. V. & Ragan, S. L.
Oxford University Press, 2nd ed., 2020

Outlines the components of the COMFORT model of palliative care communication: C - Connect, O - Options, M - Making Meaning, F - Family Caregivers, O - Openings, R - Relating, T - Team. Teaches nurses to consider a universal model of communication that aligns with the holistic nature of palliative care.

Final Choice: End of Life Suffering: Is Assisted Dying the Answer. [W 50 TRA]

Trayes, C.
C&T Media, 2020

Interviews lawyers, doctors, ethicists, clerics and terminally-ill patients for their views on the proposed legislation to legalise assisted dying.

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NEW ZEALAND NURSES ORGANISATION

Hamric and Hanson's Advanced Practice Nursing: An Integrative. [WY 128 TRA]

Tracy, M. F., & O'Grady, E. T.
6th ed., 2019

Explores how Advanced Practice Registered Nurses (APRN) are prepared, collating the latest trends and evidence of APRN competencies and roles. Stresses the benefit of APRNs as direct care providers and leaders.

Health Advocacy: A Communication Approach.

[W 85 MAT]

Mattson, M., & Lam, C.
Peter Lang Publishing, 2016

This book explores the processes and strategies involved in creating a health advocacy campaign to guide current and aspiring health advocates to successfully advocate for policy change. The Health Communication Advocacy Model is provided as a framework for exploring these issues.

Roth's Companion to the Privacy Act 2020. [WX 173 ROT]

Roth, P., & Stewart, B.
LexisNexis, 2021

The Privacy Act 2020 repeals and alters the Privacy Act 1993 in many key respects. In particular, the legislation introduces significant new obligations and liabilities for agencies, including a tougher enforcement regime. This text is drawn from the authoritative publication Privacy Law and Practice.

Workplace Bullying: A Costly Business Phenomenon.

[WA 440 NEE]

Andrea Needham.
Edited by Tim Bentley, Bevan Catley & Natalia D'Souza.
Revised edition, 2019

Corporate abuse. Mobbing. Workplace bullying. Call it what you will, the outcome is still the same - staff who become demoralised, and lose trust and confidence in your organisation; staff who leave. Often ignored or swept under the carpet, workplace bullying causes huge financial losses in the corporate world and robs companies of talent.

JOURNAL ARTICLES

NZNO members: Please email the NZNO Library library@nzno.org.nz if you would like the pdf version of any of these articles sent to you.

Psychological Issues Affecting Patients Living with a Stoma.

Black, P. & Notter, J. (2021).
British Journal of Nursing, 30(6), S20-S32.

Stoma surgery is an intrusive operation, with outcomes that can impact seriously on daily life, not just in the immediate postoperative and recovery period, but for the rest of the patient's life. Assessing the patient's needs through the trajectory of diagnosis, surgery and a stoma, is not just important during the treatment phase but needs to continue throughout the lifespan.

A Technique for Managing the Off-Centre Stoma os to Prevent Peristomal Skin Complications and Pouch Leakage.

Brereton, K. & Monterosso, L. (2021).
Journal of Stomal Therapy Australia, 41(1), 10-12.

Much stomal therapy literature is dedicated to the management of peristomal skin and pouch leakage stoma complications. A key contributing factor to peristomal skin damage and pouch leakage is the position of the stoma os. Whilst not often discussed in the literature, the position of the stoma contributes to the ease or difficulty for a patient to self-manage their stoma successfully.

Stoma Formation as a Palliative Procedure: The Role of the Clinical Nurse Specialist in Maintaining Quality of Life.

Henbrey, R. (2021).
British Journal of Nursing, 30(6), S4-S10.

More than half of patients diagnosed with colon cancer present at an advanced stage, and palliative treatment may involve stoma formation. A literature review was undertaken to determine the potential effects of stoma formation as a palliative procedure on a patient's quality of life, and to examine the role of the clinical nurse specialist in this situation.

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How Holistic Assessment and Appropriate Product Selection will Enhance Quality of Life for Ostomates with Cognitive Impairment.

McGrogan, M. (2021). World Council of Enterostomal Therapists Journal, 41(1), 33-35.

Explores how Advanced Practice Registered Nurses (APRN) are prepared, collating the latest trends and evidence of APRN competencies and roles. Stresses the benefit of APRNs as direct care providers and leaders.

2020 The Year of the Nurse: Perspectives on a Day in the Life of a Stoma Nurse.

Metcalf, J., Farrugia, A., Tobin, C., Day, E., Rackham, F., Whiteley, I., Cole, K., Hammon, K., Gray, L. & Harrison, M. (2020).

Journal of Stomal Therapy Australia, 40(4), 18-22.

This book explores the processes and strategies involved in creating a health advocacy campaign to guide current and aspiring health advocates to successfully advocate for policy change. The Health Communication Advocacy Model is provided as a framework for exploring these issues.

Dealing with the Unthinkable: Bladder and Colorectal Cancer Patients' and Informal Caregivers' Unmet Needs and Challenges in Life After Ostomies.

Mohamed, N. E., Shah, Q. N., Kata, H. E., Sfakianos, J. & Given, B. (2021).

Seminars in Oncology Nursing, (37(1), Article 151111. DOI: 10.1016/j.soncn.2020.151111.

We examined patient and informal caregiver unmet needs to identify areas for targeted supportive care interventions and programs to enhance both patient and informal caregiver experience. A total of 30 patients who underwent ostomy surgeries for bladder or colorectal cancers and 13 informal caregivers participated in the study.

Residential Aged Care (RAC) Health Workers' Knowledge, Attitudes and Confidence in Providing Care to a Person with a Stoma: A Needs Analysis for Education.

Sinasac, P. A. (2021).

Journal of Stomal Therapy Australia, 41(1), 14-19.

The aim of this study was to examine the perceived knowledge, attitudes and confidence of RAC health workers in relation to caring for an older person with a stoma.

NZNO Library

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Website: <https://www.nzno.org.nz/resources/library>

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Recommended for firm abdomens. May also be suitable on soft abdomens with creases and superficial folds where a more rigid product may lift off with movement.

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- Full flexibility
- Heat-generated mouldability to the peristomal plane
- Convexity where it is most needed with 25, 35, 48 and 60mm plateau sizes

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Ideal for dipped, tilted or partially retracted stomas, and retracted stomas in deep folds.

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Application for Liberty "Beyond the Ostomy Clinic" Funding

(ACCESS TO FUNDS RECEIVED FROM LIBERTY EDUCATION EVENT)

CRITERIA FOR APPLICANTS

- Must be current full or life member of the NZNO College of Stomal Therapy Nurses
- Present appropriate written information to support application
- Abide by policy criteria guidelines in attached document for this fund
- Provide a receipt for which the funds were used

- Use award within twelve months of receipt

- Be committed to presenting a written report on how funds were used by submitting an article for publication in The Outlet (the NZ Stomal Therapy Journal)

APPLICATIONS OPEN

Send application to: **Nicky Bates**

Email: nicky,bates@wdhb.org.nz

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 NZNOCSTN

Please indicate below your intention: (NB 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).

Signed: _____ Date: _____

Policy for use of Liberty "Beyond the Ostomy Clinic" Funding

PROCESS

- The fund will be advertised in the NZNOCSTN Journal "The Outlet".
- Applications will be received until funds are depleted. Notification of closure of fund will be via email, circulated to members.
- The NZNOCSTN National Committee will consult and award funds within one month of receipt of application.
- The monetary amount of the award will be decided by the NZNOCSTN National Committee. Therein, partial or full funding of requested amount depending on volume of applicants.
- All applicants will be notified of the outcome, in writing, within one month of receipt of application.
- All applicants will receive an email acknowledgement of their application.
- The amount will be dependent on the number of successful applicants each year and the financial status of the fund.
- The fund policy will be reviewed annually by the NZNOCSTN National Committee until fund is depleted.

CRITERIA

- Available to stoma nurses/resource nurses/special interest in Ostomy.
- Member of the NZNOCSTN.
- Application must benefit stoma patient outcomes and their whanau or education of colleagues. This must be outlined in the application.
- Examples of use:
 - Furthering education/skill development by attending conferences/symposiums
 - For improving ostomy patient and their whanau outcomes -
 - Textbooks
 - Belonging to international ostomy societies.
- Provide receipt of use of funding to NZNOCSTN upon use
- Funds are to be used within one year of receipt of funds

FEEDBACK

- The successful applicant(s) agree to submit an article (inclusive of photos) to "The Outlet" within six months of receiving the funding.

Implemented: January 2020

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Quality of Life Case Study Using TRE Technology

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

Introduction

This case outlines the management of peristomal faecal irritant dermatitis encountered post-operatively by a patient with a high output ileostomy. It was important to not just manage the damaged skin, but maintain a healthy skin environment thereafter, while promoting patient independence, satisfaction and confidence as part of an overall care plan.

Patient Overview

The patient is a 67-year-old married man admitted to hospital with terminal ileitis and a complete obstructive stricture from active Crohn's disease. He was diagnosed with Crohn's disease more than 30 years ago requiring an ileocolic resection followed by long-term prednisolone treatment, but he had not been reviewed by any inflammatory bowel disease clinic for the last 10 years. After unsuccessful conservative management for the obstruction with no improvement, the patient required surgery and underwent another ileocolic resection and formation of an end ileostomy.

His post-operative recovery was complicated from chronically high stoma output of 1.5-3L/day, intra-abdominal collection, hypovolaemic shock, deranged liver function tests (LFTs) and electrolytes, acute kidney injury and multiple readmissions into hospital.

Actions

During one of the patient's readmissions, his stoma was reviewed by the Stomal Therapy Nurse (STN) as he reported painful peristomal skin. On review, he had developed a large painful raised pseudoverrucous lesion from 3 from 9 o'clock with peristomal erosion extending outwards 1.5–2 cm (See Figure 1). This damage to the peristomal skin was caused by faecal irritant dermatitis secondary to the patient cutting the bag opening too large for the stoma size.¹

A pseudoverrucous lesion is a growth of benign papules that occur around a stoma from prolonged exposure and irritation from liquid faeces or urine. The skin's inflammatory response to the irritant causes thickening and elevation of the skin around the stoma (Carmel et al, 2016).¹

The STN suggested that the patient evaluate the small mouldable Dansac TRE seal, with a NovaLife TRE soft convex, one-piece drainable pouch, pre-cut to 30mm, as it was felt that the TRE pH

buffering technology might assist with managing the skin-damaging effects of digestive enzyme activity from his stoma output. The digestive enzymes from his high output ileostomy had attacked and changed the peristomal skin's natural environment. Application of TRE technology was aimed to protect the skin from any further exposure to changes in pH, absorption of excess moisture from both his skin and stoma output, and maintain a healthy skin environment.

Results

Within 24–48 hours of applying the Dansac TRE seal and the soft convex pouch, the patient expressed a significant reduction in the peristomal skin discomfort he had been experiencing. This relief was a significant step forward in improving his mood and outlook, as he was still dealing with the complications of a high output stoma, hypokalaemia and hypomagnesaemia. He had remained an inpatient and was prescribed the maximum daily doses of loperamide, codeine, and stool bulking agents (fibre), as well as St Mark's solution.

The patient forgot when his pouching system change was due and ended up leaving the both seal and pouch on for five days without experiencing any loss of adhesion or discomfort. Although his original peristomal skin problems had started to resolve, he had developed macerated peristomal skin around the stoma. It was felt that leaving his pouch on for too long a period coupled with a high output stoma, had caused this maceration. (See Figure 2)

Benbow (2007)¹ describes maceration as soft moist skin that appears water logged and whiter in colour. More frequent appliance changes may be required to manage peristomal skin maceration.



Figure 1: Skin condition prior to evaluating the Dansac TRE seal and NovaLife TRE soft convex pouch.



Figure 2: Visible maceration after accidentally leaving his pouching system intact for five days

At the next pouch change, a 30mm pre-cut Dansac TRE seal was applied with the NovaLife TRE soft convex drainable pouch as the patient stated the pre-cut seal would be easier for him to apply. The patient was also re-educated to change his pouch system every 2-3 days. He was a vague historian and struggled to remember the days his pouch was changed, so the STNs and nursing staff initiated reminders for the patient to ensure the bag was not in place for any longer than 3 days.

A week later, the patient's peristomal skin issue had almost completely resolved. (See Figure 3). What was observed on the NovaLife TRE barrier was areas of high moisture absorption visible by its' whiter, speckled appearance and the swelling of the seal. (See Figure 4)

The patient's ileostomy was reversed three months after his ileocolic resection, and he spent 84% of those three months in hospital with complications from chronic high stoma output, and deranged electrolytes. He continued to use these products until his reversal, maintaining a healthy peristomal skin environment with no further complications, leakage or loss of adhesion with this pouching system, as well maintaining complete independence with his stoma care.

Being admitted to hospital for such an extensive period meant that he lost a degree of control over managing his daily living, socialisation, quality of life, and health care needs. Being able to provide this patient with a stoma management plan that maintained a healthy peristomal skin environment and helped prevent further complications, allowed him to gain complete independence with one aspect of his care – his stoma.

He no longer required such intense involvement from the STNs and was able to self-initiate when his pouching system required changing. The patient praised the product's 'strong opening', 'modern, comfortable feel' and 'the pre-cut seal sizing made application easier'.

Lessons Learned

- Determine and understand the aetiology of peristomal skin disorders so that the correct interventions can be implemented.
- Be aware that independence for ostomates can impact more than just their physical state.



Figure 3: Skin Condition one week later



Figure 4: Barrier & seal appearance after three days wear time.



Figure 5: Patient's stoma and skin condition prior to reversal

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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**

The Knowledge and Skills Framework for the NZNO College of Stomal Therapy

EMMA LUDLOW, PG CERT STOMAL THERAPY, MNURS (HONS)

The Knowledge and Skills Framework (KSF) is a document that highlights, celebrates, and sets forth a pathway to becoming an expert stomal therapist in New Zealand.

The previous and current committee for the New Zealand Nurses Organisation College of Stomal Therapy Nursing (NZNOCSTN) have collaborated and refined the document along with the document writer, Emma Ludlow, to bring this document to fruition. The KSF has been under construction for the last 18 months and is now ready for dissemination to all stake holders.

The NZNOCSTN recognise the need to have a well- educated, skilled, and responsive stomal therapy nursing workforce to meet the needs of patients and their family or whānau in Aotearoa New Zealand. The College recognises the necessity to develop and promote the skills and knowledge of nurses working in stomal therapy. All nurses working in stomal therapy are professionally bound to maintain a high level of skill working in partnership with this unique patient group.

This framework is designed to provide a nationally consistent set of competency and assessment for registered nurses with a special interest through to nurse specialists in stomal therapy. The framework will support education, professional development and contribute toward the development of innovative models of care and improve the overall health outcomes for people with stomas and their family or whānau.

NZNOCSTN committee worked closely with the NZNO Māori Advisor Leanne Manson to create a document that addresses the

inequities found in the Hauora: Report on Stage One of the Health Services and Outcomes Kaupapa Inquiry at a stomal therapy level. Practical steps are highlighted in the KSF that reduce inequities at the patient facing level. Verification was sought from NZNO and Leanne through-out the construction of the document to ensure te Tiriti o Waitangi articles were honoured.

WHAT YOU WILL FIND IN THE KSF:

- An extensive glossary detailing many terms and themes, to provide the reader with a basic understanding and the “beginning block” to read wider on a plethora of topics.
- The history of stomal therapy in New Zealand, along with notable New Zealand stomal therapists, who paved the way for this speciality.
- An overview of ostomy services across New Zealand and how they operationalise their service to best serve their community
- The college’s commitment to Te Tiriti o Waitangi, reducing inequities and a practical guide to reducing and removing barriers for Māori people with stoma's.
- An overview of people with stoma's, conditions that lead to stoma formation and the practical and psychological support patients require with their new stoma.
- Extensive information on the burden of bowel cancer across New Zealand with information on how patients present and how this affects their projected health outcomes.

The Knowledge and Skills Framework for the NZNO College of Stomal Therapy

EMMA LUDLOW, PG CERT STOMAL THERAPY, MNURS (HONS)

ASSESSMENT

There are three levels that have been set out to guide an aspiring stomal therapist. The KSF utilises the Bondy five levels of competency as the assessment format for the framework.

Each of the levels incorporate all facets of nursing a person with a stoma, with one advancing on from the previous. Each level incorporates Te Whare Tapa Whā model of health. The three levels are outlined below with an example from each highlighted underneath:

- **Competent** – A nurse with a special interest in stomal therapy. Resource nurse within their place of work.
- **Proficient** – Active mentorship from expert. Advanced knowledge of abdominal anatomy and physiology and are continuum of patient with a stoma.
- **Expert** – Experienced in ostomy patient management. Undertaking higher education, mentoring, part of professional body and contributing to advancement of STN role and evidenced based practice.

COMPETENT

APPLICATION OF POUCH				
Level Of Knowledge And Skill	Evidence	Self-Assessment	Validation Key	Assessor Sign & Date
Identify use of closed pouch, drainable pouch and urostomy pouch				
Correctly measure the template of stoma				
Discuss rationale and teach templating to the patient and whānau				
Outline the rationale for accurate templating				
Discuss how to prepare the peristomal skin for application of pouch				
Supervise patient to apply pouch to stoma				

The Knowledge and Skills Framework for the NZNO College of Stomal Therapy

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PROFICIENT

OSTOMY MANAGEMENT				
Level Of Knowledge And Skill	Evidence	Self-Assessment	Validation Key	Assessor Sign & Date
Explain and demonstrate management and considerations of a mucocutaneous separation				
Explain and demonstrate maintenance of healthy peristomal skin including abdominal hair maintenance				
Explain and demonstrate the management of a flat and/or retracted stoma				
Explain and demonstrate management of: <ul style="list-style-type: none"> • Leaking pouch • Parastomal hernia • Prolapsed stoma • Stenosed stoma • Retracted stoma • PMASI • Granulomas/hypergranulation 				
Demonstrate comprehensive hernia prevention education to patient and their family or whānau including support garments. Ascertain patients understanding.				
Explain and demonstrate removal of ileal conduit stents and demonstrate comprehensive nursing assessment prior and post removal.				
Explain and demonstrate comprehensive assessment and teaching of irrigation for appropriate patients with colostomy's.				
Explain and demonstrate comprehensive assessment and teaching of irrigation for appropriate patients with Caecostomy's.				

The Knowledge and Skills Framework for the NZNO College of Stomal Therapy

EMMA LUDLOW, PG CERT STOMAL THERAPY, MNURS (HONS)

EXPERT

PROFESSIONAL DEVELOPMENT AND QUALITY				
Level Of Knowledge And Skill	Evidence	Self-Assessment	Validation Key	Assessor Sign & Date
Leads and contributes to the development of site-specific policy, protocols, and guidelines				
Lead and participate in quality improvement and efficiency activities related to the care of patients with stoma's				
Successfully complete a Stomal Therapy post-graduate qualification				
Undertaking Post graduate education				
Actively promote the specialty of Stomal Therapy				

The KSF can be found on the NZNOCSTN website and will be reviewed every five years to remain evidenced based and continue to provide support and promotion for this very niche specialty.



The Positive Impact when Changing from Firm Convex to Soft – A Patient Perspective

Case Study

Abstract:

A guiding principle in managing patients with a stoma, is the attainment, and maintenance, of a secure and reliable skin seal with a correctly fitting pouching system.¹ For decades convex products have been highly influential in realising this principle. 1,2 While firm or rigid convex products have been readily available, and are well-accepted for use in clinical application, little is evidenced that the newer styles of products incorporating a softer insert meets both clinical and patient needs.³ This complex case study illustrates the positive impact in terms of quality of life (QOL) for a patient who changed from a firm convex skin barrier to a soft convex skin barrier while still attaining the clinical goals of a reliable and secure fit.

Background:

Tania is a fifty-three-year-old mother of four adult children and has two grandchildren. (See Image 1). Some years ago, Tania became very unwell with extreme abdominal pain, and found it difficult to eat. Her QOL was significantly impacted as she felt she couldn't do anything. Tania was diagnosed with Ehlers-Danlos Syndrome (EDS). This condition describes a group of heritable connective tissue disorders.⁴ Leading indicators for EDS are tissue fragility, joint hypermobility, and skin hyperextensibility.⁴

Surgical Interventions:

A surgical review determined the need to perform rectopexy using mesh implants to stabilise her posterior compartment pelvic organ prolapse and alleviate the obstruction in her rectum.⁵ However, in addition to this, she underwent several other operations to no avail. Further diagnosis was intestinal failure and gastroparesis. She was finding it more challenging now to not only 'get things out' but she now had difficulty 'getting things in'.

Tania then made a key decision to have a permanent ileostomy performed. While the surgery went well she immediately developed a parastomal hernia as a result of her EDS. Her tissues were friable and weak and difficult to connect, even with suture materials. Mesh has helped and she has multiple areas of mesh in her abdomen from her multiple surgeries.

After surgery she developed a significantly visible skin rash under the ostomy skin barrier being used as her post-operative pouch which she described as awful. However, this was not addressed immediately, as within two weeks of her ileostomy surgery, her parastomal hernia had become strangulated and she was rushed to hospital for emergency surgery.

Nursing Interventions:

As her rash was significant, it was determined that a well-fitting two-piece pouching system with a skin barrier infused with ceramide (CeraPlus[™] skin barrier with Remois Technology[®]) might help minimise pouching system change frequency and help protect her skin. Originally she was placed in flat skin barrier with an Adapt CeraRing[™] barrier ring, an Adapt[™] ostomy belt, and Adapt stoma powder. (See Figure 2) Tania describes the change in her skin improvement as remarkable and says she 'has never looked back'. However, over time her peristomal skin contours changed, her stoma became highly mobile, and could pull back to skin level when active, resulting in occasional leakage. As such, she was changed to a two-piece firm convex skin barrier to help stabilise the abdomen and assist the stoma protrude into the pouch and help reduce the potential for leakage.^{1,2} While this solution readily resolved the leakage challenge with a more secure fit and helped her maintain good peristomal skin health, she indicated that she could feel the firm convex insert while she was wearing it – particularly when she was bending. (See Figure 3) She also could not sleep on her back as she was concerned about the stoma 'hiding'. However, she was not willing to risk leakage with a poor fit and continued using the firm convexity.



Figure 1 Tania today



Figure 2 Tania and her pouching system



Figure 3 Skin condition using firm convex

The Positive Impact when Changing from Firm Convex to Soft – A Patient Perspective

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Stomal Therapy**

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One year later, she was introduced to a different product, the CeraPlus soft convex skin barrier in a two-piece version. Keen to try, Tania applied the soft convex skin barrier and immediately could feel the difference in comfort. She described this as though she was not wearing anything. Yet, she found it still made her stoma 'stay put' and she did not experience any leakage and was able to sleep once again on her back as she felt both greater comfort and security. (See Figures 4 & 5) Importantly, she found her peristomal skin remained just as healthy as before.

Conclusion:

Convexity products have been proven over the decades to help optimise a secure and reliable fit. Recent product additions to help manage our patients more effectively with incremental positive outcomes that not only address secure fit, but impacts other needs in quality of life domains, for instance comfort or sleep, as well as barrier formulation for skin health, can add to these overall goals and principles of care. Additionally, having the ability to move quickly and easily between flat skin barriers, soft convex skin barriers, and firm convex skin barriers within a product range provides greater flexibility to achieve these positive patient outcomes and make clinical decisions easier.



Figure 4 Skin condition using soft convex



Figure 5 CeraPlus soft convex skin barrier in place

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

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Islamic Faith and Intestinal Stomas – An Integrative Review

DAWN BIRCHALL, RCOMP, MNURS(HONS), GP CERT. STOMAL THERAPY
COMMUNITY STOMAL THERAPIST – CMDHB

An integrative literature review was completed – to ascertain the impact of religious practice on living with an intestinal stoma for people of Islamic faith.

BACKGROUND:

Health is an integral part of an individual's life, which incorporates culture, upbringing, as well as faith (Black, 2009). Religion and spirituality can have integral roles in the well-being of people with regards to coping with illness, the acceptance of treatment as well as dealing with post-diagnosis and post-treatment lifestyle (Iqbal, Kujan, Bowley, Keighley & Vaizey, 2016; Cavdar, Ozbas, Akyuz, Findik & Kutlu, 2013). Ayik, Ozden, and Cenan (2018) further outline the importance of spirituality in aiding patients to adjust to living with a stoma as well as improving quality of life. There are in excess of 3000 religions worldwide (Black, 2011), with the religion of Islam being the second-largest religious group in the world after Christianity.

Having surgery which results in the formation of a stoma is life-changing for any person of any nationality or religion. There are physical, social and psychological implications of having a stoma for any individual and their family. An approach to care that is holistic acknowledges that health and spirituality, for most patients are interconnected (Gulam, 2003). The Muslim population is projected to increase over the next 50 years, along with an increase in migration of Muslims to westernised countries (Harvard Divinity School 2016; Tackett et al., 2018) it is acknowledged that the prevalence of colorectal cancer is the highest in westernised countries (Watson and Collins, 2011). Worldwide, bowel cancer is the second most prevalent cancer in women and the third most prevalent in men, with the highest rates being in Australia, New Zealand, North America, Japan and Europe (Vonk-Klaassen, de Vocht, den Ouden, Eddes & Schuurmans, 2016). One of the most common treatments for colorectal cancer is surgical excision of

the diseased bowel with the possibility of stoma formation (Alwi, Asrizal, & Locsin, 2017; Vonk-Klaassen et al., 2016; Laio and Qin, 2014). It is therefore increasingly likely that as healthcare practitioners we will be required to provide care and support to people of Islamic faith.

IMPACT OF STOMA FORMING SURGERY:

Health related quality of life (HRQOL) is a measurement of an individuals' personal perception of how illness and the subsequent treatment has affected their physical and mental health, social interactions, day to day activities as well as their overall general well-being (Kuzu et al., 2002). Akgul and Karadag (2016) outlines that the rituals related to worship for those of Islamic faith are stringently defined, therefore not open for interpretation. The five pillars of the Islamic faith form the basis of their religion (Khan et al., 2011; Murray, Rafferty, Al-Hassan, & Hibbert et al., 2015). These pillars of faith are viewed as beliefs and essential acts (Miah, et al., 2017) and form the basis of the religious practices that are outlined as the main themes of this integrative review.



Picture 1) Muslims across Arab world mark beginning of Eid al-Adha
(This Photo by Unknown Author is licensed under CC BY-NC)

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PILLARS OF ISLAMIC FAITH:

Regardless of the differences in practices according to the sect and geographical area, there are five basic principles of Islam, known as the pillars of Islam, which are practiced by all Muslims and these form the basis of the founding principles (Ali & Liu, 2016, Harvard Divinity School, 2016). As part of the Islamic faith and to increase their God-consciousness, as well as to discipline their attitudes with respect to others, Muslims are required to engage in a variety of devotional practices (Harvard Divinity School, 2016; Miklancie, 2007). Gulman (2003) outlines the five pillars,

1. The first of these pillars, which is considered to be the basis of the religion, is a belief in **one god being Allah**.
2. The second pillar of Islam is **Salat or prayer** which involves reciting a series of Arabic prostrations; this is conducted five times per day, facing east towards Mecca, being the Muslim holy shrine. The prayers are conducted regularly during the day from before sunrise to just after sunset; the prayers can be conducted congregationally or individually.
3. The third of the five pillars of Islam are the **alms tax known as Zakat**. The Zakat is about giving money to address social inequities, and is given to those less fortunate and is considered a form of worship.
4. The fourth pillar involves **Sawm or Ramadan**, which lasts 30 days and is in the 9th month of the lunar calendar, where Muslims refrain from eating, drinking fluids, as well as engaging in any sexual activity from sunrise to sunset. This is considered a time for spiritual as well as self-reflection, the purpose is to increase empathy for people who are hungry and poor. As Muslims follow the lunar calendar, the period of Ramadan does vary according to the Roman calendar.
5. The last and fifth pillar of Islam, Haj is reserved for those who are financially able to commit, this involves a pilgrimage to Mecca and is to be performed once in a lifetime and occurs once in a lunar year on 10th day of the 10th month. On arrival at Mecca, Muslims are required to engage in a series of rituals to celebrate the lessons of the prophet Abraham.

Knowledge of these pillars of faith is an important and significant element of this integrative review, as the religious practices which are potentially affected by stoma formation are modelled around these specific practices.

ISLAMIC RELIGIOUS PRACTICES:

Hygiene and Excretion:

Cleanliness, as stated by Rassool (2000, p.1480), is considered “half of the faith”. Muslims are required to have a very high standard of personal hygiene, as outlined by the Holy Qur’an. Cleanliness is seen as having a significant dimension both physically as well as spiritually. Toilet etiquette is a very important aspect of the Islamic faith and is taught with the purpose of preventing infection as well as protecting human dignity (Black, 2011). Urine, stool, and flatus are the three types of excreta outlined in the Islamic faith. Sleep invalidates ablution, as flatus can be passed during sleep and there is no awareness. Flatus is taken seriously only when accompanied by sound or smell. (Black, 2011; Kasule, 1998). Excretion for Muslims must occur in a secluded and private place away from public view, the toilet must be entered with the left foot, and the right foot must lead when exiting the toilet, prayer is also recited to Allah expressing gratitude, on entry and exiting a toilet. Footwear is also worn in the toilet to prevent the soiling of the feet and the time spent in the toilet must be kept as short as possible (Kasule, 1998). The regime after the use of a toilet is very prescriptive, where running water is used to cleanse the anal area or urethral opening with the use of stones, paper or other plant material. Conversation, facing Jerusalem and the use of gold and silver vessels is also forbidden during urination or defecation. The left hand is used for washing, and the right hand is used only for feeding, this being to stop the transfer of infection (Black, 2011; Kasule, 1998).

Wudhu involves cleansing parts of the body and is seen as a ritual purification or ablution. Wudhu is carried out before prayer to ensure the body is clean, this involves cleaning of the hands, feet, nose, face, arms, head and ears under running water (Murray et al., 2015; Black, 2009; Black, 2011).

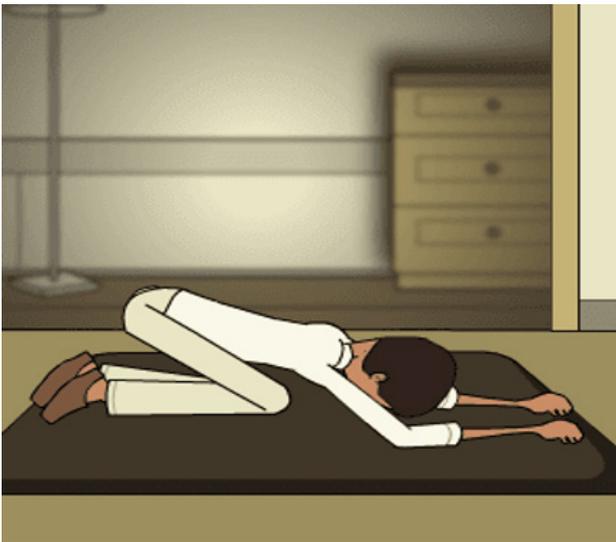
Activities that are considered to be impurifying include defaecation, urination, audible or odorous flatulence, light bleeding as well as sexual intercourse, requiring repeat Wudhu. The act of ablution before prayer is very a prescriptive and ritualistic practice for Muslims. The practice of ablution is a cause of angst for those Muslims with stomas, where the voluntary control of faecal matter or urine is lost, therefore it is perceived by the ostomate that ablution is negated, therefore salat is not able to be conducted (Black, 2009).

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Salat (Prayer):

The act of prayer is a ritualistic process for Muslims, which entails prayer five times per day and requires a series of prostrations which involves lying, bending, kneeling and bowing (Murray et al., 2015). The repetitive bending and movements during prayer are thought to increase the intra-abdominal pressure causing an increase in the risk of stoma prolapse and or para-stomal herniation (Murray et al., 2015). Salat can take place anywhere, with a preference for prayer to be conducted in a mosque (Gulam, 2003, Black, 2009, 2011, Murray et al., 2015). Jumu'ah is a prayer that is conducted gregariously each Friday in a mosque at noon (Akgul and Karadag, 2016). The Islamic faith believe that Friday was the day chosen by God as the dedicated day of worship (Islamweb.net, 2019).



Picture 2) Man praying. (This Photo by Unknown Author is licensed under CC BY-SA-NC)

Dietary Practices of Islam:

Dietary practices for Muslims include non-consumption of alcohol or pork, or any by-products of pork (Black, 2011). Meat can be consumed as long as the animal has been slaughtered according to Islamic law (Ott et al., 2003). The Islamic law dictates that all meat must be Halal indicating that during the slaughter of the animal a prayer is recited to Allah, to acknowledge the animal is a creature of God (Gulman, 2003). However, the Qur'an does not provide specific reasons for the dietary practices (Ali & Liu, 2004). Black (2011) further adds that many Muslims maintain a strict vegetarian diet when they are away from their home, unless they can be sure that the meat, they are consuming is Halal. The consumption of food which is wholesome as well as following a healthy lifestyle is seen as an obligation according to Islam (Rassool, 2000).

Practice of Modesty:

High value is placed on modesty for both men and women of the Islamic faith (Miklancie, 2007). For Muslim women modesty is not only expressed by clothing but also how she interacts with the opposite sex, Islamic teachings dictate segregation between men and women (Mujullard & Taylor, 2016; Gulam, 2003). There is a preference for male caregivers to provide care to male patients and for female caregivers to provide care to female patients. It is preferential, wherever possible to avoid eye contact as well as physical contact when health professionals are interacting with the opposite sex. In an emergency or crisis situation, the preference for same-sex carers is not a priority in preference for preventing injury and saving lives (Ott et al., 2003; Blankinship, 2017).

Provision of Culturally Safe Practice in Stoma Care for Islamic Patients:

Diversity is a word that describes individuals or groups within a population that are perceived to be dissimilar to the community at large, those differences primarily relate to religion, ethnicity, culture, and language (Mohammadi et al., 2007). Culture is seen as an inextricable aspect of the fabric that defines each person, as an individual, as a member of a family as well as the immediate and wider community (Zoucha & Zamarripa, 1997). The faith of Islam is poorly understood by non-Muslims especially in western societies, not only do Muslims face the potential for the tenets of their faith not to be recognised, but they also face an ill-conceived prejudice (Attum & Shamoan, 2019; Ali & Liu, 2004).

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Ethnocentricity:

Ethnocentrism occurs within the nursing profession, when the behaviours of a patient from a different culture is judged based on the standards of the nurse's own culture (Zoucha & Zamarripa, 1997). A qualitative study was conducted by Plaza del Pino, (2017), in his native Spain with the aim to investigate nurses' perspectives of the cultural aspects of their Muslim patients. The study also investigated the contrast between nurses and patients who follow the Islamic faith, and their perception of the Muslim culture and religion. The study concluded that as with other members of society, nurses' ideas and opinions are determined by stereotypes and prejudice, which the author outlines was deeply rooted in western cultures.

Black (2009) advocates the necessity for behavioural flexibility as well as tolerance of ambiguity in the provision of culturally safe care to ethnic minorities within a westernised society. With the knowledge that despite any prejudices that may have formed from past events, these have been formed from the actions of a minority, and through knowledge of discovery, an acknowledgement that the religion of Islam is based on peace, forgiveness and mercy (Gulam, 2003; Shaver et al., 2017).

METHOD:

A literature search was conducted using the databases PsycINFO, Embase, Cinahl Plus, Medline and Google Scholar. A hand search was also conducted. A total of 14 articles were identified as relevant and included in the integrative review. An analysis was conducted with common themes being identified.

RESULTS:

Key themes related to religious practices affected by stoma formation for Muslims identified in this review include religious practices of salat (prayer), sawm (fasting), haj (pilgrimage) and zakat (alms). A fatwa is a religious edict which provides people with stomas a legitimate exemption from the stringent obligatory rituals associated with the pillars of faith. It is the lack of knowledge about the use of the fatwas which has a negative impact on the quality of life for people of the Islamic faith.

IMPACT ON RELIGIOUS PRACTICES:

Religious practices specifically the pillars of faith, are a significant part of Islamic faith, with the ritualistic nature of the practice of salat being rigidly defined (Akgul & Karadag, 2016). All of the literature reviewed took a different stance and approach to ascertaining the outcome of stoma forming surgery, with 13 of the 14 articles reviewed conclude that having a stoma does impact on the ability to conduct religious practices in the same manner as before the stoma forming surgery. The main practice affected is salat, as this is a practice that is expected to be conducted five times per day. Secondly, the practice of fasting is also cited as a significant issue for those of Islamic faith. The literature reviewed did not support either pilgrimage or Zakat as being significantly affected by stoma formation, albeit, the limitation of the number of studies reviewed as well as the numbers within the studies is acknowledged, and is identified as an area for further research.

Taken together, the research identified that many Muslims do not participate in the act of religious practices after stoma forming surgery. The practices mainly affected are salat and fasting due to a lack of knowledge about fatwas. The Fatwas clearly outline the religious exemptions especially associated with performing ablution prior to participating in salat both individually and in a mosque. It is this lack of knowledge of Fatwas which contributes to the decrease in QOL as a direct result of not feeling able to participate in a significant aspect of their life.

NEED FOR EDUCATED AND INFORMED HEALTH PROFESSIONALS:

Evidence alludes to the lack of knowledge by colorectal surgeons and Stomal Therapists in western society, with the accompanied reluctance to address these issues further impacting on QOL of Muslim patients living in westernised countries (Iqbal et al., 2014). This is a significant issue given that the number of Muslims globally is increasing, along with migration of Muslims increasing within westernised society (Harvard Divinity School, 2016; Tackett et al., 2018).

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IMPORTANT ROLE OF A STOMAL THERAPIST IN CONJUNCTION WITH AN ISLAMIC RELIGIOUS LEADER:

The review highlighted the importance of counselling and provision of the expert care of a Stomal Therapist or a knowledgeable resource person about stomas and Muslim religious practices, as well as engaging with an Imam to provide additional spiritual care to include education about Fatwa's (Miah et al., 2017). A fatwa, in Islam is a legal opinion or advisory ruling, which is contestable and non-binding and is provided by Islamic scholars (Miah et al., 2017). The Turkish Directorate of Religious affairs have produced a proclamation which advises that having a stoma does not inhibit ablution and prayer, and that the passing of excrement or flatus into a stoma appliance does not invalidate the act of worship (Akgul and Karadag, 2016;). This view is further supported by Miah et al. (2017), who advised that a person with a stoma is exempt from having to repeat ablution during a prayer should the stoma expel effluent during that prayer, ablution is still required at the onset of a new prayer. Furthermore, the authors outlined that a fatwa had been released by the Muslim Ostomy Association advising that people with stomas who experience a leak from the stoma during prayer are able to continue praying until completion of that prayer.

IMPLICATIONS FOR NURSING PRACTICE:

Pre-operative Care

Pre-operative counselling regardless of culture or religious beliefs, is well researched and is viewed to have a positive impact for the patient who is having surgery which will result in stoma formation (Burch, 2014; Ceylan and Vural, 2017; Cooper-Gamson, 2017; Elcoat, 1986; Hermans, 1995; Silva, E. Andrade et al., 2017;). Knowledge of a patient's beliefs, practices, and cultural values is an integral part of the provision of holistic nursing care. (Leininger, 1999, as cited by Black, 2009)

Counselling and pre-surgery education by a Stomal Therapist involve marking a place on the abdomen signalling the site for the surgeon to exteriorise the stoma. A well-sited stoma is vital to successful rehabilitation (Rust, 2009; Burch, 2014; Cooper-Gamson, 2017). Consideration is required for those of Islamic faith when siting a stoma, with a focus on reviewing the various movements required during salat, to ensure the location of the stoma does not restrict the movements required during prayer (Cooper-Gamson, 2017; Black 2004).

A request may also be made to site the stoma above the umbilicus as the output would then be considered as "clean" (Black, 2004; Black, 2011). Consideration is required in view of the ritualistic cleansing required before prayer, as well as location of the stoma for ease of changing the pouch, as the left hand is designated as the unclean hand, and is used for cleansing, the right hand is designated for activities that are considered to be clean such as eating and greeting other people (Black, 2004; Cooper-Gamson, 2017). Rust (2009) further adds the deviation from what would be considered the ideal location required, to account for cultural reasons, needs to be well documented. The patient also needs to be made aware of the possible ongoing consequences and pitfalls of a poorly sited stoma. The need to relay to the surgical team of the chosen site for the proposed stoma for religious reasons is also important, this needs to be well documented (Cooper-Gamson, 2017; Rust, 2009).

The Turkish Directorate of Religious affairs produced a declaration – having a stoma does not hinder ablution and worship, furthermore, excrement or flatus discharge into the stoma bag does not affect the validity of worship.

(Khan et al., 2011)

Post-Operative Care

Care includes acknowledgement of the rigidity of the religious practices, particularly salat and sawm, which have been highlighted in the literature as being the most significantly affected practices after stoma formation. With consent from the patient, support should be incorporated by a local Imam who is also cognizant of aspects of having a stoma, and who is familiar with the fatwa associated with having a stoma. Social supports from friends and family are also an important factor, this view is supported by Ceylan and Vural (2017), who concluded that having both professional, as well as social support, had a positive impact on the ability of a person with a newly formed stoma to adapt to living life with a stoma.

Patients who have surgery which results in the formation of a permanent end colostomy should be offered support and education to irrigate. Irrigation involves regular and routine mechanical washouts via the stomal opening, with the aim to regulate bowel evacuations which are predictable (Whiteley, Lyons and Riccardi, 2012).

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Muslims, in particular, should be offered education around irrigation (Iqbal, O. Kujan et al., 2016). Karadag and Baykara (2009) discuss the benefit in terms of the positive impact on QOL in relation to being able to control the involuntary discharge of gas and or faecal matter, which is particularly advantageous for congregational prayer. Shorter hospital stays, lack of nursing experience and lack of long-term follow-up have contributed to irrigation not being offered as an option. But, given the benefits for those of Islamic faith, irrigation as an option should be offered (Black, 2011; Karadag & Baykara, 2009; Iqbal, O. Kujan et al., 2016; Kuzu et al., 2002).

Culturally Competent Care

Nurses need to be aware of their own culture in order to be able to appreciate and accommodate the practices associated with other cultures and religions (Bjarnason, Mick, Thompson & Cloyd, 2009). There needs to be an understanding of the bias that people of Islamic faith face, and the need for the provision of culturally competent care (Mohammadi et al., 2007). Ultimately, if a clinician is unsure of a patient's religious or cultural preferences, it is acknowledged that it is appropriate for the health professional to ask the patient how they may best honour the individual's religious preferences or practices, in doing so, the Muslim patient will hold the health professional in high regard for their attempt to respect their religion and culture (Miklancie, 2007).

SUMMARY:

There is a plethora of literature about quality of life related issues for people with a stoma. However, the review of the literature has shown that in the databases searched, there is limited information documented about the specific question of the impact of religious practices has on living life with an intestinal stoma for those people of Islamic faith. Nonetheless, the literature sourced was able to identify some common themes which impact on life with a stoma for Muslims, the first and most documented issue is around the religious practice of salat and secondly fasting. The practice of Haj was featured as an issue, but with advice from an Imam, this practice could be achieved in absentia. The practice of Zakat did not feature as an issue in this integrative review. The literature review highlighted the overwhelming need for support and education from a Stomal Therapist who is cognizant with aspects of the Islamic faith as well as knowledge of the importance and significance of the religious practices, and the positive impact this has on the overall QOL for those of Islamic faith.

Guidance and support from an Islamic religious leader will also play a significant role in regards to teaching the patients about the practicalities of religious life with a stoma, along with the use of Fatwas to enable religious practices to be conducted in keeping with the stringent requirements of religious practices such as salat and sawm.

The results highlighted the importance of support and education from a health professional that is knowledgeable of stoma care as well as Islamic practices, such as a Stomal Therapist. The review also highlighted the importance of support and counselling from an Islamic Religious Leader, such as an Imam, who is also cognizant of stoma care in conjunction with Islamic Fatwas. Incorporating culturally competent care has a positive effect on the quality of life for those of Islamic faith as they integrate back to their families and communities, with the knowledge that they are able to fulfil their religious practices associated with their Islamic faith.

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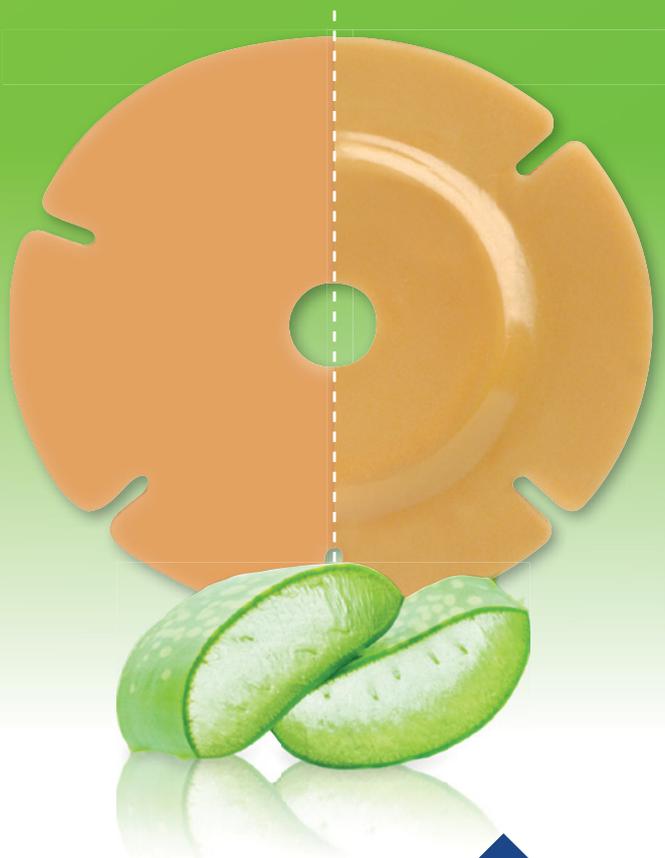
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Policy for Bernadette Hart Award

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: _____

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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: \$ _____

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Organisation: _____

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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: _____

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.

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Referencing

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

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

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

Example Article Format Title

As catchy and attention grabbing as possible. Be creative.

Author

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

Abstract

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

Introduction

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

Literature Review

If publishing a research paper.

Tell Your Story

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

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

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

NB: Written in conjunction with NZNO Kai Tiaki Publishing Guidelines



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The Outlet

New Zealand Stomal Therapy Nurses