The Outlet

New Zealand Stomal Therapy Nurses

In this issue:

AUGUST 2014

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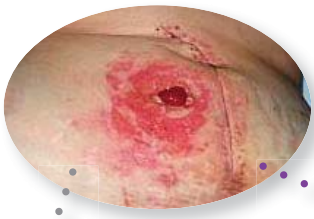
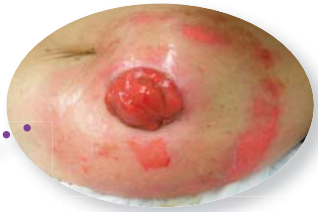


Excoriated peristomal skin

Eakin® Slims

Traumatic Peristomal skin Injury



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Difficulty in applying pouch

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Poor Dexterity

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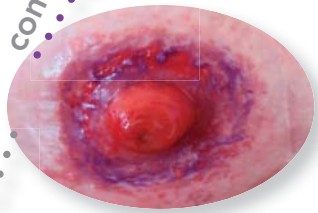
Peristomal Ulcer from deep convexity



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The Outlet

New Zealand Stomal Therapy Nurses

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EDUCATION 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
Ginnie Kevey-Melville, *Executive Committee Secretary*

Email: secretarystnzno@outlook.co.nz

Your Executive Committee Members

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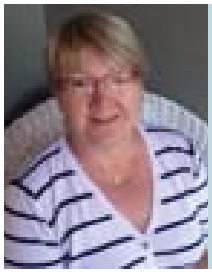

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www.nzno.org.nz/groups/sections/stomal_therapy

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NZNOSTS Section: Chairperson's Report

MAREE O'CONNOR

The committee has been busy on behalf of the section preparing for the conference in November in Auckland. Registrations are now open and we have a fantastic programme for you.

The Committee has had several meetings including a two-day face-to-face meeting in Wellington in May, which was very productive. We are in the process of updating the rules to ensure they meet the requirements to meet college status. These rule changes will be circulated prior to the BGM, please do read and be ready to vote on them.

The committee have also reviewed and updated the policy and criteria of the Bernadette Hart Award, please make sure you familiarise yourself with these and we encourage members to apply. We continue to work on other document updates to facilitate the transition to college. Another goal we are working towards is increasing our membership. We do have new members signing on and we welcome you to our section. We encourage you, our members to assist in this by talking with your colleagues and encouraging them to join too. Remember NZNO members can belong to two sections for no cost. The membership form is available on the NZNO website or contact a committee member for assistance if you need to.

Feel free to contact a committee member if you have any queries or ideas, we are always keen to hear from you our members. In the meantime sit back, relax, keep warm and well over the winter months and enjoy this edition of "THE OUTLET".

Maree O'Connor
NZNOSTS Chairperson

During the recent transition from one committee secretary to the next, an application for the 2014 Bernadette Hart Award was inadvertently misplaced. We are pleased to announce that Lilly Murray is the successful Bernadette Hart Award recipient for 2014. We wish Lilly every success with her studies.

NZNOSTS Executive Committee

Learn from Yesterday, Live for Today, Hope for Tomorrow

MAREE O'CONNOR
NZNOSTS Chairperson

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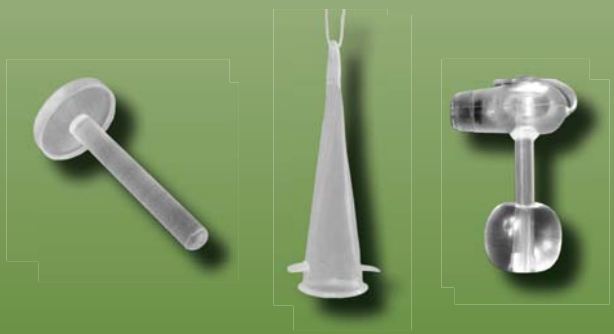

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Liberty Award

NEW SCHOLARSHIP AWARDS

The NZNOSTS committee are pleased to announce the establishment of two new scholarship awards for NZNOSTS members.

Initiated by Liberty and in collaboration with the National Executive Committee the Liberty Publishing Excellence Award, to the value of $1000 and the Liberty Best Presenter Award, to the value of $3000 will be awarded for the first time at conference in November 2014.

Both awards are to encourage and recognise the endeavours of novice presenters at conference and novice publishers in the Outlet. Those presenters and publishers who are eligible and who wish to be considered for either or both awards can access applications forms from landrews@middlemore.co.nz.

THE LIBERTY NZ STOMAL THERAPY 'BEST PRESENTER' CONFERENCE AWARD

The Aim: of the Liberty NZ Stomal Therapy 'Best Presenter' Award is to recognize the endeavors of Novice presenters at the NZNOSTS biennial conference, and to encourage presenters to achieve excellence. A novice is defined as someone who has presented only once in the last three years.

All NZNOSTS members, who are Novice presenters at this conference and who meet the award criteria can request that their presentation be assessed for this award grant.

The award is to the value of NZ $3000. In the event that two presenters are assessed as equal winners, the award may be shared. If no applicants meet the required standard, no award will be made. Please note: a minimum of 70% scoring or greater must be achieved by all presenters in order to be eligible.

THE PURPOSE OF THE LIBERTY NZ STOMAL THERAPY BEST PRESENTER AWARD

The Liberty Best Presenter Award is to be used towards the cost of:

- Travel / accommodation / registration costs to attend a national or international conference related to Stomal Therapy
- To facilitate participation in an accredited post graduate study program leading to qualification as a Stomal Therapist or appropriate study intended to advance the knowledge and understanding of the discipline of stomal therapy

The recipient of this award is to seek validation of their intended educational program from the Executive Committee before enrolment/registration and to provide receipts to Liberty to effect payment.

ENTRY CRITERIA

Entrant must:

- Be a member of the NZNOSTS for a minimum of 1 year prior to presenting, and be a current member at the time of the award provision
- Be a Novice presenter at the NZNOSTS biennial conference
- Have submitted an abstract to the Executive Committee before the closing date and been selected to present at the conference
- To allow for programming of the conference, a completed entry form must be submitted to the Executive Committee with the abstract
- Only one presentation per presenter will be assessed for this award. If an individual presenter is presenting more than one session, they are to nominate which of their sessions they wish to have assessed

EXCLUSION CRITERIA

- Invited non-member speakers and trade sponsored speakers are not eligible for this award
- Employees of Liberty or any **other** medical supply company are excluded except, *NZNOSTS members who work for a medical supply company and have a significant clinical Stomal Therapy component to their position will be eligible*

ASSESSMENT PANEL

The NZNOSTS Executive Committee, in association with Liberty will select and convene the presenter assessment panel.

The assessment panel will comprise at least three members as follows:

- The NZNOSTS Chairperson
- A Liberty representative nominated by the company
- A NZ STN of national standing nominated by the Executive Committee (not exclusive to committee members)

One member of the panel is to be elected chairperson of the panel.

Any member of the Executive Committee who submits a presentation for assessment is excluded from participation on the award panel.

The assessment panel will critique presentations for:

- Value to Stomal Therapy practice
- Contribution to understanding of patient experience
- Innovation in practice
- Contribution to the Body of Stomal Therapy Knowledge

Liberty Award

NEW SCHOLARSHIP AWARDS

Please note, while assessment panels' decisions are final and no correspondence or discussion will be entered into regarding the recipitant of the award, presenters are encouraged to seek feedback on their presentation from the panel chairperson.

The successful award recipient will be announced at the NZNOSTS biennial conference and the award will be made at the conference by a Liberty representative..

THE LIBERTY NZ STOMAL THERAPY 'PUBLISHING EXCELLENCE' AWARD

The Aim: of the Liberty New Zealand Publishing Excellence Award is to recognise the endeavors of first time authors, encouraging them to achieve excellence by publishing in the NZNOSTS Journal "The Outlet".

All NZNOSTS members, who have been first time publishers in The Outlet and who meet the award criteria can submit their article to be assessed for the award. The award is to the value of $1000. In the event that there is more than one worthy recipient the amount may be shared.

THE PURPOSE OF THE AWARD

The Liberty Publishing Award is to be used towards the cost of:

- Travel / accommodation / registration to attend a national or international conference related to stomal
- To facilitate participation in an accredited post graduate study program leading to qualification as a Stomal Therapist or appropriate study intended to advance the knowledge and understanding of the discipline of stomal therapy

The recipient of this award is to seek validation of their educational program from the Executive Committee before enrolment / registration and to provide receipts to Liberty to effect payment.

ENTRY CRITERIA

Potential award recipients must:

- Be a member of NZNOSTS, both at the time of publishing and at the time the award is made. Have submitted an article, which has been published in The Outlet and which complies with the Award Criteria
- Have completed the entry form and submitted to The Outlet editors by September in the year of the award. The Liberty Publishing Excellence Award will be made in the same year as the NZNOSTS biennial conference.
- Only one article per author can be submitted for assessment
- The principal author must be publishing for the first time
- The journals from which articles can be submitted for assessment will be published in the two years prior to the biennial conference as follows;

  First Year: March, August and November, Second Year (year of the award) March, August
- If a first time author, has submitted their article and been unsuccessful for this award they are welcome to submit again within 3 years. Following a second submission no further articles from that author will be considered

EXCLUSION CRITERIA

- Invited trade sponsored publishers are not eligible for this award
- Employees of Liberty or any other medical supply company are excluded except, NZNOSTS members who work for a medical supply company and have a significant clinical Stomal Therapy component in their position will be eligible.

ASSESSMENT PANEL

The NZNOSTS Executive Committee, in association with Liberty, will select and convene the article assessment panel.

The assessment panel will comprise at least four members from the following:

- The Outlet Editor/s
- A Liberty representative nominated by the company. At least one NZ STN with national standing
- One member of the NZNOSTS Executive committee (if required) to make up a panel of four members

  Any member of the Executive Committee who submits an article for this award will not be eligible to participate as a member of the assessment panel. The assessment panel will critique submitted articles for:
- Value to Stomal Therapy practice
- Contribution to understanding the patient experience
- Innovation in practice
- Contribution to the body of Stomal Therapy knowledge

Please note the assessment panel's decision is final and no correspondence or discussion will be entered into.

The successful award recipient will be announced at the NZNOSTS biennial conference and the award will be made by a Liberty representative.

The process for the Liberty NZ Stomal Therapy Publishing Excellence Award is to be reviewed every 4 years or after every second time that the award has been made.

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STN

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NZNO STOMAL THERAPY SECTION CONFERENCE

ON THE MOVE

6th - 7th November
RYDGES HOTEL AUCKLAND
Registrations Open

NZNOSTS Conference Programme On The Move

NOVEMBER 6TH & 7TH 2014

Day 1 November 6th 2014

0800-0815	Welcome Powhiri Moeata *Hughes, Nurse Educator, Counties Manukau*
0815-0845	Opening Guest Speaker *Margareth Broodkoom, Director of Nursing and Midwifery, Northland DHB*
0845-0900	The Kenya Experience, *Richard Ward, Sales and Marketing Manager (Omnigon)*
0900-1000	The Impact of Liver Surgery on Survival for Colorectal Cancer, *Adam Bartlett, Liver Surgeon, Auckland DHB*
1000-1030	**Morning Tea**
1030-1100	Re-pooulating and Faecal Transplant, *Jacky Watkins, Nurse Educator, Counties Manukau DHB*
1100-1200	NZNOSTS Biennial General Meeting
1200-1300	**Lunch**
1300-1500	Understanding Stress, Disgust and Avoidance in a Bowel Health Context, *Nathan Consedine Liberty Guest Speaker*
1500-1530	**Afternoon Tea**
1530-1600	Challenging Practice, *Wendy Sansom, Clinical Nurse Consultant, Box Hill Aust (Salts presenter)*
1600-1630	Marie's Story-the whole journey with FAP, *Carol Lee, Clinical Nurse Specialist, Stomal therapist, Waikato. Liberty Presenters Awards*

Day 2 November 6th 2014

0830-0900	Finding My Way: On the Road Towards a Specialised Role, *Clayton Hopewell. Liberty Presenters Award*
0900-0930	Ehlers Danlos Syndrome Type 4 What is it? *Rachel Pasley. Liberty Presenters Award*
0930-1030	A Colorectal Cancer Screening Program in NZ, *Mike Hume Moir, Colorectal Surgeon, Waitamata Health*
1030-1100	**Morning Tea**
1100- 1200	Colorectal Surgery, *John Groom, Colorectal Surgeon, Wellington*
1200-1230:	The Whole Journey- a team: approach, *Vicky Beban, CNS Stomal Hutt Valley. Liberty Presenters Award*
1230-1300	**Lunch**
1300-1330	Because Not all Patients want to be Guinea Pigs & Not all Nurses Learn the Same Way, *Jennifer Rowlands. Liberty Presenters Award*
1330-1430	Moving On: Nursing through the Decades in NZ, *Judy Kilpatrick Associate Professor, Head of AUT School of Nursing*
1430-1500	Conference Awards
1530	Conference closing Poroporoaki Moeata Hughes

NZNOSTS Conference Programme On The Move

NOVEMBER 6TH & 7TH 2014

Tax invoice GST # 10 386 969

Please print clearly

Name: _____

Address: _____

_____

Telephone: _____ **Email:** _____

NZNO Member: ◯ Yes ◯ No **Membership number:** _____

Full fee	**$300**	Includes morning and afternoon teas, lunches and social event - Thursday night
Early bird before 01/09/2014	**$270**	Includes morning and afternoon teas, lunches and social event - Thursday night
One day only	**$150**	Includes morning and afternoon tea and lunch
Social Event	**$65**	Partners or single day registrants

NB All registration fees (above) are inclusive of GST
All registrations are entered into a Lucky Draw - one registration fee reimbursed

Please tick ◯ I will be attending the Thursday evening social event

Theme: Glamorous Rooftop Races - dress-up encouraged

◯ Do you have any special dietary requirements?

◯ Vegetarian ◯ Gluten Free ◯ Other (please specify) _____

Accommodation:
Each delegate is responsible for booking their own accommodation. Auckland has some great deals on the internet.

Registration:
Please complete and return this form with payment before 31 October 2014 to:

Nicky Bates, 7B Somerset Road, Springvale, Wanganui 4501 or
nicky.bates@wdhb.org.nz

Cheques only - payable to NZNO Stomal Therapy Section
Instead of paying by cheque, you can pay by internet banking/direct credit by using your bank's internet banking website. Please ensure that your payment quotes the initial of your first name and your full surname. The payments are to be made into the ANZ Bank, NZNO Stomal Therapy Section a/c no: 010505-0097186-00

Policy for Bernadette Hart Award Selection

PROCESS

- The Bernadette Hart Award will be advertised in the NZNOSTS Journal 'The Outlet'.
- The closing date for the BHA applications is the 30th November each year.
- The NZNOSTS National Executive committee will consult and award the BHA within 1 month of the closing date
- All applicants will receive e mail acknowledgement of their applicant
- 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 NZNOSTS National 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 NZNOSTS Journal 'The Outlet'.
- The BHA Policy will be reviewed annually in May by the NZNOSTS Executive Committee.

CRITERIA

- The applicant(s) must be a current member of the NZNOSTS 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 practise.
- The applicant(s) previous receipt of money (within the last 5 years) from the NZNOSTS and/or the BHA will be taken into consideration by the NZNOSTS executive committee when making their decision. This does not exclude a member from re- applying. 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

- The successful applicant(s) agrees to either:
  a) 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 or
  b) to present at the next NZNOSTS Conference. The presentation will encompass the knowledge/nursing practice gained through the use of the BHA.

Implemented September 1998
Reviewed June 2014

Application for Bernadette Hart Award

CRITERIA FOR APPLICANTS

- Must be a current full or life member of the NZNO Stomal Therapy Section 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:

Ginnie Kevey-Melville
Email: gk-m@ihug.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 NZNO STS

_____

_____

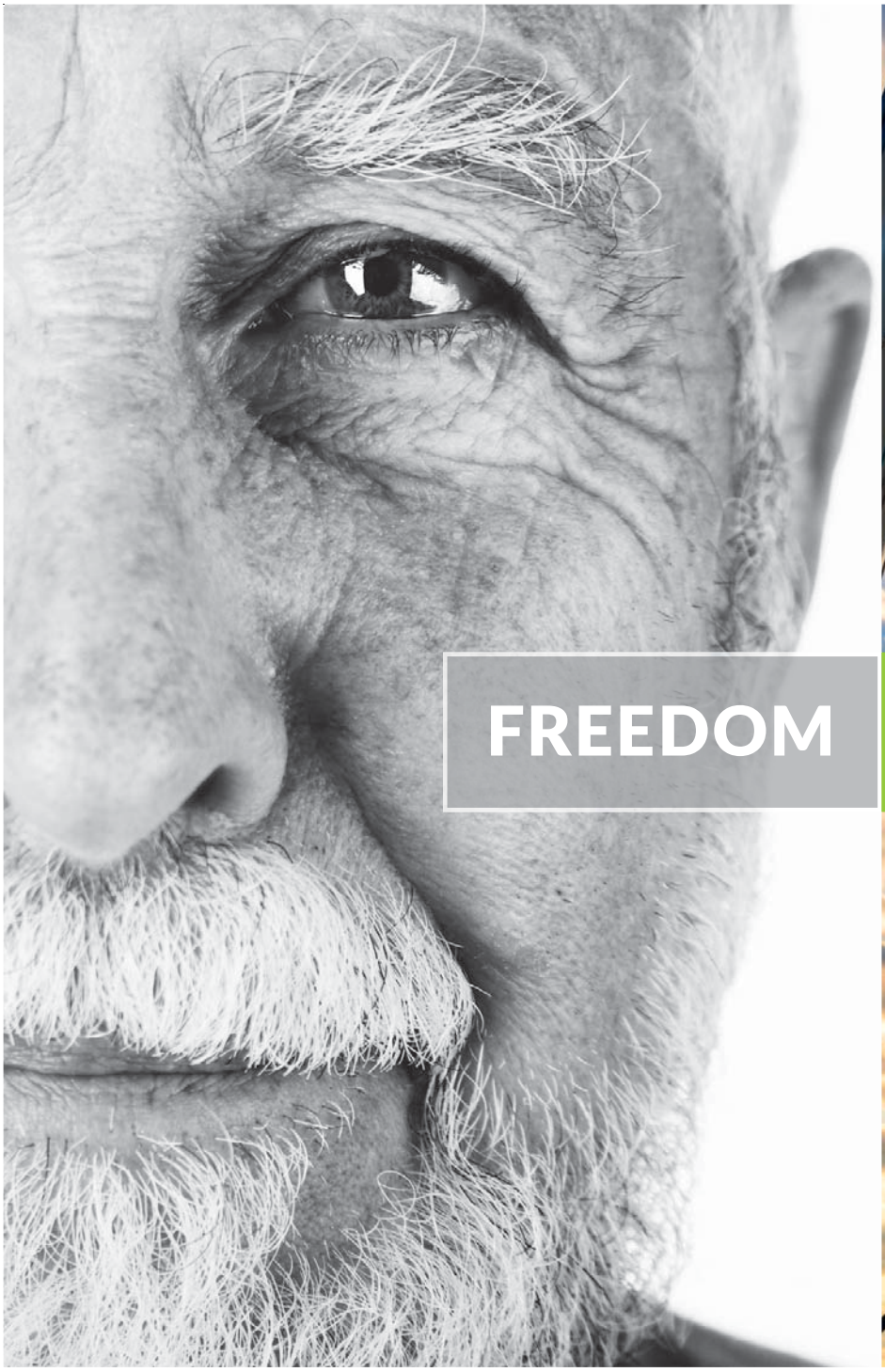
Have you been a previous recipient of the bernadette hart award within the last 5 years? ◯ No ◯ Yes (date) _____

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

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

◯ Presenting at the next National Stomal Therapy Section Conference.

Signed: _____ Date: _____



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Section to College Update

LORRAINE RITCHIE NZNO PNA

The section committee has been working on moving towards being a College for some time now. The initial work was ascertaining the membership's wishes on whether to combine with another section or move to College status alone.

Maria Stapleton and Judith Warren helped us with this and worked hard in consulting with the stomal section membership and other NZNO nursing sections (and wider) to ensure that everyone was contacted and all views heard. A huge thank you to Maria, Judy and to Nicky Bates for getting the ball rolling in the early days.

Recently, the work has picked up and the section committee is developing both an education plan, and guidelines for publishing in The Outlet. Standards of Practice and committee job descriptions have been reviewed. The Strategic and Annual Plans are on the agenda for the next committee meeting. Individuals on the committee have been reviewing documents and the final drafts will be discussed before going to the membership for final sign off. Some of this will be at the Section BGM in November.

NZNOSTS Logo

The three outer colour bands around the logo are symbolic of the three components of Stomal Therapy nursing -stomas,-wound and -continence.

The bands also represent the networking and fostering of relationships between these disciplines who work closely together while, maintaining their own identities.

The dolphin is renowned for its healing properties and is represented at the lower edge of the logo and is characterised by the abstract dorsal fin containing the map of New Zealand. The dolphin is nestled between wave crests and the rolling hills which are basic elements of the New Zealand landscape. The wave subtly emerges beginning from a basic Koru element.

As we transition to college the logo wording will be changed to The New Zealand Nurses Organisation College of Stomal Therapy Nursing.

NZNOSTS Biennial General Meeting and Executive Committee Election

As part of the Biennial General Meeting the membership will have the opportunity to vote on section remits and to select a new NZNOSTS Executive Committee.

NOMINATION OF CANDIDATES FOR THE NZNOSTS EXECUTIVE COMMITTEE

- In the first week of August members will receive an e mail notification calling for the nomination of candidates who are willing to put themselves forward for selection.
- Nominations close on the **19th September**. Please see the nomination form in this journal.
- A short biography of candidates will be emailed to members by the 26th September.

VOTING:

- For those members who are unable to attend the BGM at conference postal voting will be available. Voting forms will be available on the NZNOSTS web site. Postal voting closes on October 31st
- All other voting will be in person at the BGM. There will be **NO** proxy voting at this election.

Nomination Form for NZNO Stomal Therapy Nurses Section National Committee

(Please print clearly) I, _____ wish to nominate

_____ _____

(Surname) (Given Name)

for the position of Committee Member NZNO Stomal Therapy Nurses Section.

_____ _____

Signed: Date:

This section to be completed by **Nominee**

I, _____ accept nomination as Committee Member of the NZNO Stomal Therapy Nurses Section.

Address (Personal) Address (Business)

_____ _____

_____ _____

Ph/Fax: _____ Ph/Fax: _____

E-mail: _____ E-mail: _____

Area of current work: _____ NZNO Membership No. _____

Length of time as member of NZNO Stomal Therapy Nurses Section _____

Work Experience, including level of responsibility:

_____

_____

Explain briefly why you think you are suitable for this position (if relevant include previous committee experience)

_____

_____

_____ _____

Signed: Date:

Please attach a recent photograph, passport type or close-up preferable (however this is not compulsory)

Please return the completed nomination form to Tessa Cate, PO Box 2128, Wellington 6140 by **19th September 2014**

To be valid this form must be signed by both parties and be received by the closing date.

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All raw materials sourced are of **the highest quality available** and are **FDA approved for use in food.** The superior biocompatibility profile of our hydrocolloids ensures **the highest standards of skin care for our users.** All manufacturing is undertaken in the UK.

with research, product development and education

Over the last 10 years, Salts has seen the creation and growth of a **dedicated Research and Development team. Caroline Redmond** has initiated many important research projects and organised education forums in the UK and in the various countries where Salts products are available.

with over 300 years of quality care

Salts Healthcare is one of the oldest family-owned companies in the UK, helping to **improve the lives of stoma patients all over the world.** By bringing family values into everything they do, they've earned a reputation for producing **innovative and user-friendly products that can really improve lives.**

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AinsCorp New Zealand

British Skin Foundation
Recognising Salts research into healthy stoma skin

Skin Health Alliance
DERMATOLOGICALLY ACCREDITED

SALTS HEALTHCARE
www.salts.co.uk

Case Study : John's Wish

Eileen Austin Clinical Nurse Specialist Ostomy and Continence for Waitemata DHB.

Key words; colostomy, stoma, colostomy irrigation, colostomy washout

INTRODUCTION

John (pseudonym) is a 56 year old New Zealand Pakeha / European man who was diagnosed with multiple sclerosis 16 years ago. He lives on a rural lifestyle block with his wife Carol (pseudonym) and their two children aged 16 and 14. John and Carol run a business together, which requires them to be away from home for extended periods.

John's mobility is severely compromised; he has little movement in his lower limbs and cannot stand unaided. He does have good functional movement and strength in his upper limbs. This enables him to transfer between his self-propelled wheelchair and a bed, with limited assistance. John drives a car which has been modified with hand controls. I first met John when he moved from another DHB to his current home in the area where I work. He was referred to the service for on going continence supplies. John had been receiving a supply of disposable continence pads since 2004. Unfortunately, I received little referral information except his diagnosis and the continence product he was receiving.

This case study will high-light some deficiencies in our DHB's policies for the management of chronic urinary retention, bladder scanning and intermittent self-catheterisation.

JOHN'S HISTORY

Just before his 39th birthday, John noticed weakness in his legs and he was experiencing some difficulty walking. He was examined by a neurologist and had a lumbar puncture. John felt that the neurologist wasn't particularly informative. After the initial episode he improved, however a few months later he had a second "attack." This time, he was unable to walk and needed to use a wheelchair for mobility. John noticed that he had difficulty passing urine, mainly there was an inability to start the urine flow which was weak with little pressure.

John said that he did have some improvement. After a few weeks, he could walk short distances with crutches or a stick but he never regained full mobility. John had a third attack 3-4 months later when his mobility deteriorated again and he was back in a wheelchair. He was investigated with magnetic resonance imaging (MRI). A few weeks later the neurologist confirmed the diagnosis of multiple sclerosis. John had just turned 40 years old.

PATHOPHYSIOLOGY OF MULTIPLE SCLEROSIS

Multiple sclerosis (MS) is a demyelinating disease with progressive degeneration of neurological function. It is caused by an autoimmune response to a self-antigen in susceptible individuals. MS affects the central nervous system and is characterized by a relapsing, remitting illness with isolated clinical events that may partially resolve. Patients may return to near normal neurological function between episodes but eventually irreversible disability occurs (McCance, 2010: Nylander & Hafler, 2012).

Both the geography and latitude of where a person in born can be factors in the potential to develop MS. The further away from the equator, the higher the incidence of MS. In a study done in New Zealand, prevalence is highest in Southland, decreasing towards the North (Taylor, Richardson, Pearson, Mason, Willoughby, Abernethy & Sabel;2009). John was born in the north of the South Island.

Females develop MS more than twice as frequently as males. (McCance,2010; Taylor et al,2009).

ASSESSMENT

After initially greeting John and introducing myself, he asked me if there was anything I could do that would improve his quality of life. The implication was that, if I couldn't then visiting him was wasting his time. What a challenge! I soon came to realise, that John was very direct and appreciated open, honest communication about his situation. I asked him, if there was one thing that he could change about his situation what would it be? He said that, what he wanted was to go to bed at night smelling sweet and clean so that he could cuddle his wife without wet pads.. Seventy per cent of MS patients feel that urinary incontinence is the worst aspect of their condition (Fowler, Panicker, Drake, Harris, Harrison, Kirby & Wells;2009). John definitely agreed with this.

From about 2004, when he started to wear pads, John's main urinary complaint has been his need to go to the toilet frequently, especially at night. This is very disruptive as he needs assistance getting out of bed. As a consequence, Carol also has very disputed sleep If John delays toileting by more than a couple of minutes he starts to leak urine, which he can not control. He has a slow stream of urine and sometimes has to push and strain to start the flow. He has had urinary tract infections (UTI) requiring antibiotics however these have not been recent events. Otherwise John's general health is good. He avoids contact with doctors unless there is no other option.

Case Study : John's Wish *...continued*

EILEEN AUSTIN.

PATHOPHYSIOLOGY OF BLADDER FUNCTION

The function of the bladder is to store urine and to void when and where appropriate. Contraction of the detrusor, which is the smooth muscle of the bladder, occurs during micturition and relaxes during storage. The urethra and the external urethral sphincter, composed of striated muscle, act in opposition to this, contracting during storage and relaxing with micturition. There must be co-ordination between the nervous system and the anatomy of the lower urinary tract for this to happen effectively. In MS, this co-ordination can be compromised due to the dysfunction of the nerve pathways from the brain (Fowler & Kalsi, 2006; McCombie, Brashers, & Rote;2009. Rahn & Roshanraven, 2009).

When co-ordination of the detrusor muscle contraction and relaxation of the external urethral sphincter mechanism fails, symptoms of hesitancy to void, intermittent or stop start flow, incomplete bladder emptying and overflow incontinence can occur. This is known as detrusor sphincter dysynergia (Williams,2012).

The inability to voluntarily pass urine either completely or partially is described as overflow incontinence and is a symptom of urinary retention (McCance, 2012). This may be acute, chronic or acute on chronic. Pain and the residual volume of urine are the determining factors in diagnosing either acute or chronic retention. Painful distension of the abdomen, with up to a litre of urine retained defines acute retention. Painless distension with more than a litre of retained urine defines chronic retention (Kalejaiye & Speakman, 2009). Complete urinary retention is not common in patients with MS. Factors such as prostate disease, infection, constipation or medications also need to be considered when diagnosing retention (Moore,Tawadros & Bretts:2011).

A residual urine volume or a post void residual (PVR) is the amount of urine left in the bladder after voiding (Altschuler & Diaz; 2006). I suspected that John had an undiagnosed chronic retention. As the symptoms of hyporeflexia and detrusor sphincter dysynergia are often the same, measurement of a post void residual volume to check for urinary retention volumes was crucial to planning further management of John's bladder symptoms.

Measurement of the PVR volume requires either the use of a portable bladder scanner or an in and out catheterisation. Catheterisation is accurate but invasive and may potentially cause a urinary tract infection. (Altschuler & Dia., 2006; Williams, 2010).

I asked John if he had ever had a bladder scan done to check if his bladder emptied completely. He said he was sure that his bladder did empty but Carol said he had not had a scan done. John was quite reluctant but after a little persuasion, a reminder about his goals and with strong encouragement from Carol he consented to have a scan.

John passed urine into the toilet and said that he felt he had passed a good volume. With him lying supine I did the bladder scan. The retained volume was over 999mls which was the maximum volume that the machine could record. The true volume may have, in fact been significantly more than 999 mls. John was shocked by the result.

INTERVENTION

John asked "what's the next step". When I explained to him that inserting a catheter to remove the urine was the most likely option he said "no way are you sticking anything into me". The dilemma was, that I knew the correct treatment however I still needed to encompass John's right to be self determining in deciding what treatment he would and wouldn't consent too. John's reaction to catheterisation is a very common one. In my experience this reaction is often based on fear and lack of knowledge. Before we could proceed to the next step, John and Carol needed to know what was involved in catheterisation. Only then could they make a decision which was valid to them and based on accurate information. I made another appointment for a weeks time and at that time provided them with information about the types of catheterisation available and specifically the recommended clean intermittent self catheterisation (CISC) procedure (Zambon, Cintra, Bezerra, Bicuda & Wroclawski, 2009).

The main advantage of CISC over indwelling catheters are that the patients are in control of their care, there is an improvement in quality of life, with both continence as well as the ability to maintain intimate sexual relations potentially regained (Robinson, 2009). The latter was important to John and Carol. There is also a lower incidence of UTI, bladder and kidney stones with CISC (Zambon, Cintra, Bezerra, Bicudo, Wroclawki:2009).

Clean Intermittent Self Catheterisation is the method of choice to empty a bladder in chronic retention particularly when caused by a neurogenic dysfunction (Fowler & Kalsic, 2006; Fowler et al., 2009; Williams, 2012) however it is reliant on the motivation, cognitive status and the manual dexterity of the patient (Game, Fowler, Panicker;2110). Although he was in a wheelchair John was a suitable candidate for CISC.

I also discussed with John and Carol other possible causes for his urinary retention. The most common cause of retention in men over the age of 50 years is bladder outlet obstruction, resulting

Case Study : John's Wish *...continued*

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from benign prostatic hyperplasia (McCance,2010; Porter,2010). John did acknowledge that he needed to see his GP about having a prostate examination however he was reluctant to do so. He also needed to have a blood test to check his creatinine levels to determine his renal function but again he was reluctant to see his GP.

Despite his initial fears and anxiety over the need to insert a catheter John agreed to try CISC as he could see the potential improvement to his continence. Long term indwelling catheterisation remained a subject that was not for discussion. I taught John CISC while he was sitting in his wheelchair in the bathroom and attached a night drainage bag so that I could check when 1000ml of drainage had been achieved. At that stage I removed the catheter and repeated the scan to check on the residual volume. The residual volume was 680mls.

I had some concerns that sudden decompression of the bladder and renal tract could cause a possible post obstructive diuresis. Prolonged high volumes of retained urine in the bladder can create a backward pressure, causing renal damage and ultimately leading to renal failure. Sudden removal of that pressure can result in an excessive diuresis leading to dehydration in about 10% of patient (Kalejaiye & Speakman, 2009).

Despite my explanation of these concerns John just wanted to "get on with it". He repeated the CISC later that evening with another 1000mls drained. He did have some haematuria but no diuresis. The next day I visited to find John eager to continue CISC. We discussed the type of catheters, the frequency of insertions and the risks of urinary tract infection.

Catheter associated urinary tract infection is defined by Hooten,Bradley, Candenas, Colgan, Geerling & Rice (2010) as signs and symptoms with out another identified source of infection along with at least 10 colony forming units of bacteria in one urine sample in patients who have used a catheter within 48 hours. Bacteraemia that is asymptomatic is common in patients who use CISC and antibiotics treatment is not recommenced (Fowler et al., 2009; Moore et al).

John was often away from home on business and access to clean toilets was not always possible. As he could not self-catheterise without some contamination of his hands from moving his wheelchair the risk of UTI was high. Because of these factors I decided to provide a clean nelaton catheter for each insertion to reduce the risk of urinary tract infection.

The use of sterile single use catheters verses the re-use of clean washed catheters is the subject of much debate and many research papers including a Cochrane review (Moore, Fader, & Getliffe 2007). There is no strong evidence which demonstrates that either practice makes a significant difference to the incidence of UTI . The re-use of washed catheters is the standard practice in our DHB. This is consistent with the available research. (Hooten et al,2010; Kannankeril, Lam, Reyes, & McCartney, 2011).

EVALUATION

The recommended volumes drained with each catheterisation is between 400-500mls (Moore et al., 2011). As well as passing some urine urethrally John was draining up to 1000ml per catheterisation and while this volume was not ideal John decided that he could manage catheterisation only twice per day. There was no urine leakage between catheterisations.

On review several months after initiating CISC John reported a couple of UTI's, in spite of which he was very happy with the improvement in his quality of life. He no longer wears a pad and can go to bed at night "smelling sweet and clean"

John will need to be carefully monitored for the frequency of UTI's and encouraged to increase the frequency of CISC. He still requires follow up with his GP for prostate and renal function checks.

REFLECTION

John's care has left me with more questions than answers. Who teaches CISC? What training is given and by whom? Do we provide single use catheters or clean washed ones for use? Who is able to perform bladder scans and what level of training is required? How many times does a scan need to be done to diagnose chronic retention? In spite of the many un-answered questions John's care has also left me with the realisation that in spite of the multiple challenges which he faces John has normalised his MS completely into his life. His greatest wish was for something often taken for granted, to feel clean and smell sweet. John and Carol are two of those remarkable individuals who humble us and help us understand why we are part of the profession known as nursing.

Case Study : John's Wish *...continued*

EILEEN AUSTIN.

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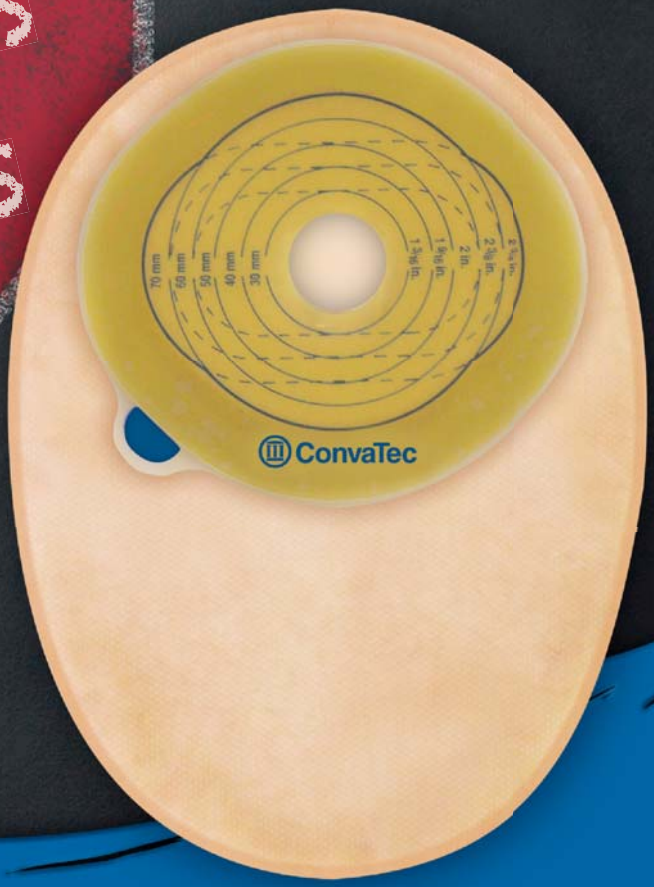

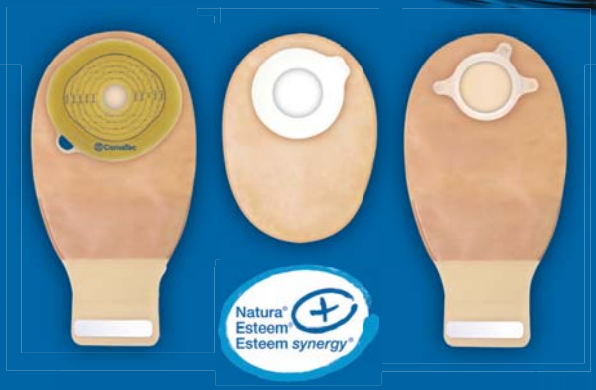

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Case Study: The Difference a Stoma Makes

LORRAINE ANDREWS

Editors Note

LORRAINE ANDREWS

Des's story is unlike any article that we have published during our term as editors.

Des wrote the draft of his story himself. He has written from the heart, with total and at times brutal honesty. While Des has elected to use his own name in his published story, pseudonyms of his choice have been used for everyone else.

WHO AM I? DES'S STORY

I was born in Birmingham in 1955, the youngest of twin boys with four older brothers. My father was a tool maker and my mother owned a small grocery store. When I was two years old our family left England bound for Australia. When I was 6 years old we emigrated again, arriving in New Zealand in 1961. By this time our family was struggling financially. The financial realities of raising six sons in those times lead to me being cross culturally adopted by a Maori family. I have never felt disenfranchised or resentful of this separation. My Maori up bringing has been both a privilege and a gift.

Formal education and I didn't get along well, at 15 years old I left school to complete an apprenticeship in motor mechanics, graduating to diesel truck and injector pumps. I spent some time driving truck and trailer units from Auckland to Wellington and around the South Island. Having drifted around the country I turned to farming, first as a labourer and then share milking. At 25 years of age I bought my first farm which I sold 3 years later to buy 388 acres of farmland in Huntly. For the next 9 years I managed both the farm and a pub that I bought in Tapairi. The end of my first marriage lead to the sale of both the pub and the farm. I returned to truck driving and eventually worked for a major company in various senior management positions. At the same time I contracted as a consultant for various city and district councils. Mainly I was commissioned by different agencies to investigate and write meaningless reports.

FAMILY - THE BEST OF TIMES AND THE WORST OF TIMES

I am the proud father of 12 children and have 13 grandchildren. I became a father for the first time aged 13. I eventually went through with a shot gun wedding when I was 18 years old. We had six children, 3 sons and 3 daughters during this relationship and I fathered 2 additional children outside the marriage. During most of this relationship I played in a band in pubs and clubs. Clubs, bands, booze and young women don't mix especially well with a young out of control male.

In 1994 I found out, for the first time the true meaning of real love. I meet and married Maaka. Maaka was working full time as a chef while raising her son solo. I asked Maaka out with flowers in front of my mates. Got heaps of stick for that one.

We have had our ups and our downs but Maaka has been and is my rock, my nurse, my doctor, the cook, the cleaner but mostly she is my darling and the love of my life. For the first time I started to feel part of a family and learnt what a real family life was. In total Maaka and I had 12 children, 10 are mine, 1 is Maaka's and our treasure, Princess we adopted together. Both Princess's parents were in trouble with the law before she was born and were about to spend a lengthy period in prison. They put her up for adoption. She has been part of our lives since the day she was born.

We have fostered another 13 children, all of whom refer to us as Mum and Koro. We never asked them to do this. Every one of these children is special, regardless of whose they are or what their background, they deserve to be loved and heard.

A DECADE OF DEMON'S

In the 1990's several events happened that led to me taking stock of the life I was leading at that time.

In 1993 my youngest son, the one most like me was diagnosed with cancer. Within 6 weeks he was dead. I miss him every day.

In 1998 my eldest son, who was living in Australia and who had just qualified as an accountant was diagnosed with terminal cancer. I arrived in Australia one hour after he died. We had talked many times over that last week, I told him how much I loved him and how proud I was of him. I didn't get to hold him that last time but I did get to meet his partner and my wee granddaughter.

Also in 1998 a third son was killed in an accident. Three sons, all dead in 5 years. Life can be a b*+#h but this is the hand we were dealt.

I always loved the booze and a decade of boozing and fighting followed.

Case Study: The Difference a Stoma Makes *...continued*

LORRAINE ANDREWS

In April 2009 Maaka give me an ultimatum, the booze or her.

My best mate at work told me I could have achieved more in the company if I hadn't been "a gutter rat drunk". He bet me $200 that I couldn't stay sober for three months. We went to our local, drank up large, then at 4pm I bought my round and had my last drink.

I had drunk my way through my teens and on into my mid 40's. I had drunk my way through multiple recovery programs including the Bridges, Kingseat Hospital's alcohol unit, Queen Mary's in Hanmer Springs, AA and the Salvation Army alkies Island. I have spent years living down the labels and judgements that I collected during this period of my life-personality disorder, schizophrenic, etc when really I was just a good old fashioned, high functioning alcoholic. In spite of the booze I worked 12-14hrs a day, weighed 168kg and played social rugby. Maaka stuck by me through it all.

The year 2000 was my first sober New Year in decades and I have been booze free ever since. I guess that you have to really want to quit and the stakes have to be high enough for you to actually do it.

HEALTH ISSUES - THE BEST AND THE WORST OF A HEALTH SYSTEM

The fighting, the boozing, farm work and various accidents all lead to multiple injuries, mostly caused by me being a drunken idiot. I have also been a heavy smoker, between 40 and 60 cigarettes a day. This is one addiction that I am yet to totally beat but I am down to 7-8 a day. Other health issues include type 2 diabetes, COPD and cerebellar atrophy leading to poor balance and falls.

In 2005 the bowel problems started. At its worst I was having copious, uncontrollable diarrhoea up to 10 times per day. If I coughed or sneezed I messed myself. I couldn't go out and do anything. I couldn't take my Princess to the park or walk my daughter down the aisle at her wedding. Over the next few years my weight dropped from 169 kg to 50kg. Every time I ate anything it was straight to the toilet. A promised referral to a specialist was never actioned.

At the end of 2007 we moved to the nearest major city and I was referred to the gastroenterology team. With Dr P we embarked on every test, investigation, medication and diet possible with no improvement. I have been investigated for ulcerative colitis, Crohn's disease, cancer, mal-absorption, and pancreatic insufficiency. To this day there is no diagnosis for the cause of my bowel dysfunction. The best we have is a neurological disorder causing chronic diarrhoea of unknown aetiology.

By 2010 life had become desperate and I questioned if it was worth it. I was out with my moko when I had a stroke. My balance was shot and my speech slurred. While I don't easily engage with the health services this one got me immediate admission. Another battery of tests and investigations. My blood sugar kept falling, and the s**ts just kept on coming day and night. After five years of this I was becoming increasingly frustrated and yes, even a little angry. I had repeated the same answers to the same questions for over five years to every new specialist, most of whom either didn't listen or didn't understand my desperation. There is just no dignity in soiling yourself over and over every day, wearing nappies and having your young daughter help you to shower. I didn't care about a diagnosis I needed a solution, a little dignity, someone who listened and heard me, someone who didn't judge me but who would help me have some quality of life. Dr P and I talked about surgery for a stoma as a possible improvement rather than as a cure. He referred me to a Colorectal surgeon (His Imminence). This was not to be a good relationship. His Imminence didn't listen to a thing that I said. I felt like I was judged and not worthy of his attention. He told me that if he operated on me I would be dead inside of six months. From my point of view if he didn't operate I wouldn't even make it that long. There was no empathy or understanding of how desperate my situation was. I left this interview no better informed about the possibility of a stoma improving my quality of life but with even that faint glimmer of hope crushed.

But for the intervention of the Gastroenterology Nurse Specialist it would have ended there. She gave me time to talk; she listened and really understood, she asked if I would speak to the Colorectal Nurse Specialist. There is a huge difference between being asked rather than being told. It felt like someone was in my corner at last. The second person who listened and didn't judge came into my life. The Colorectal Nurse Specialist listened, asked if I would like a second opinion and offered to be there when I saw another surgeon. She made no promises that the outcome would be any different.

Case Study: The Difference a Stoma Makes *...continued*

LORRAINE ANDREWS

The interview with the second surgeon (Sir) was so different. We were introduced, we talked, and he listened. He was totally straight up about what he thought he could do and what he couldn't do. Sir said 'I will operate on you so long as you understand that the stoma will be permanent and not reversed." The procedure would achieve containment, not cure of the problem. Sir wanted Maaka and myself to think it over and let him know what we decided. We were respected and empowered to be part of the decision. I stood up walked over to Sir, shook his hand and said" when can you operate."

I was told by some that you will hate the bag, they smell, they leak. In the last three years, thanks to fabulous service from the Community Stomal Therapist I have only had 4 or 5 leaks. I have named my stoma after all the people that I would like to flush down the toilet.

It is now three years since my surgery and I haven't forgotten what life was like before the stoma. Sir and these wonderful people helped me regain my dignity and some pride, they gave me back a life. No more nappies, no more messing myself. I can watch Princess play netball, and get her certificates at school. I can take her and my moko's to school. I will always be grateful for what they did for me but mostly because they listened, heard and understood. They did not fix a label on me but saw me as a person.

An old Kaumatau said to me at my son's funeral "no man's rich enough to buy back his past but he can change his future"

Kia Ora Des

FOOTNOTE

Des has recently developed night sweats, unexplained weight loss and cervical lymphadenopathy. He has been diagnosed with Waldenstron's macroglobulinaemia. Based on the belief that treatment for WM is not curative and that his other health issues continue to deteriorate Des has declined treatment.

WALDENSTROM'S MACROGLOBULINAEMIA (WM)

Waldentrom's Macroglobulinaemia, also known as lymphoplasmacytic lymphoma is a rarely occurring (1:1500) condition which is more common in caucasians rather than in other ethnic groups. It occurs more commonly in males.

WM is a rare type of non Hodgkins lymphoma which affects the B cell lymphocytes just before they mature into plasma cells. Diminished production of healthy plasma cells reduces the body's ability to fight infection. The lymphoma crowds out the bone marrow leading to reduced production of platelets, thrombocytopenia and / or neutropenia.

SIGNS AND SYMPTOMS OF WM

Bleeding, fatigue, frequent infections, anaemia and shortness of breath.

The increase in IgM antibodies in the blood increases the viscosity causing blurred vision, dizziness, headaches, numbness and tingling in the feet or hands.

Treatment: Plasmapheresis to reduce the bloods viscosity

Chemotherpy

Splenectomy

Stem cell transplantation

REFERENCE

Kristinsson,S. & Landgren,D. What causes Waldenstrom's Macroglobulinema/ genetic or immune related factory or a combination. Clinical Lymphoma and Leukemia Oct 2011, 11:85-87

Guidelines for writing in the outlet

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 to nurses.

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

GUIDELINES

- 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, How of a situation will help pull the article together.
- 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 e mail these with your article providing a number sequence to indicate the order in which you wish them to appear and a caption for each.

CONSENT

- Please remember the need to preserve any patient's privacy rights and the confidentiality of their information. The author is responsible for ensuring that they have gained appropriate consent to a patient's information.

COPYRIGHT

- The NZNOSTS 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 journal.
- 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.& Cledon,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.

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

Abstract: usually a few sentences out lining the aim of the article, the method or style used (eg narrative, interview, report, grounded theory etc) and the key message of the article.

Introduction; attract the reader's attention with the opening sentence.

Literature Review if publishing a research paper.

Tell Your Story: Who was involved? / history of situation. What happened? / your assessment findings. Why you took the actions you did? the rationale for your decisions / actions. Your goals- / plan. The outcome? Your reflection / 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 buzz 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.

Thanks to Teresa O'Connor and Anne Manchester, editors of NZNO Kai Tiaki for allowing us access to that journals publishing guidelines.

The Outlet

New Zealand Stomal Therapy Nurses