



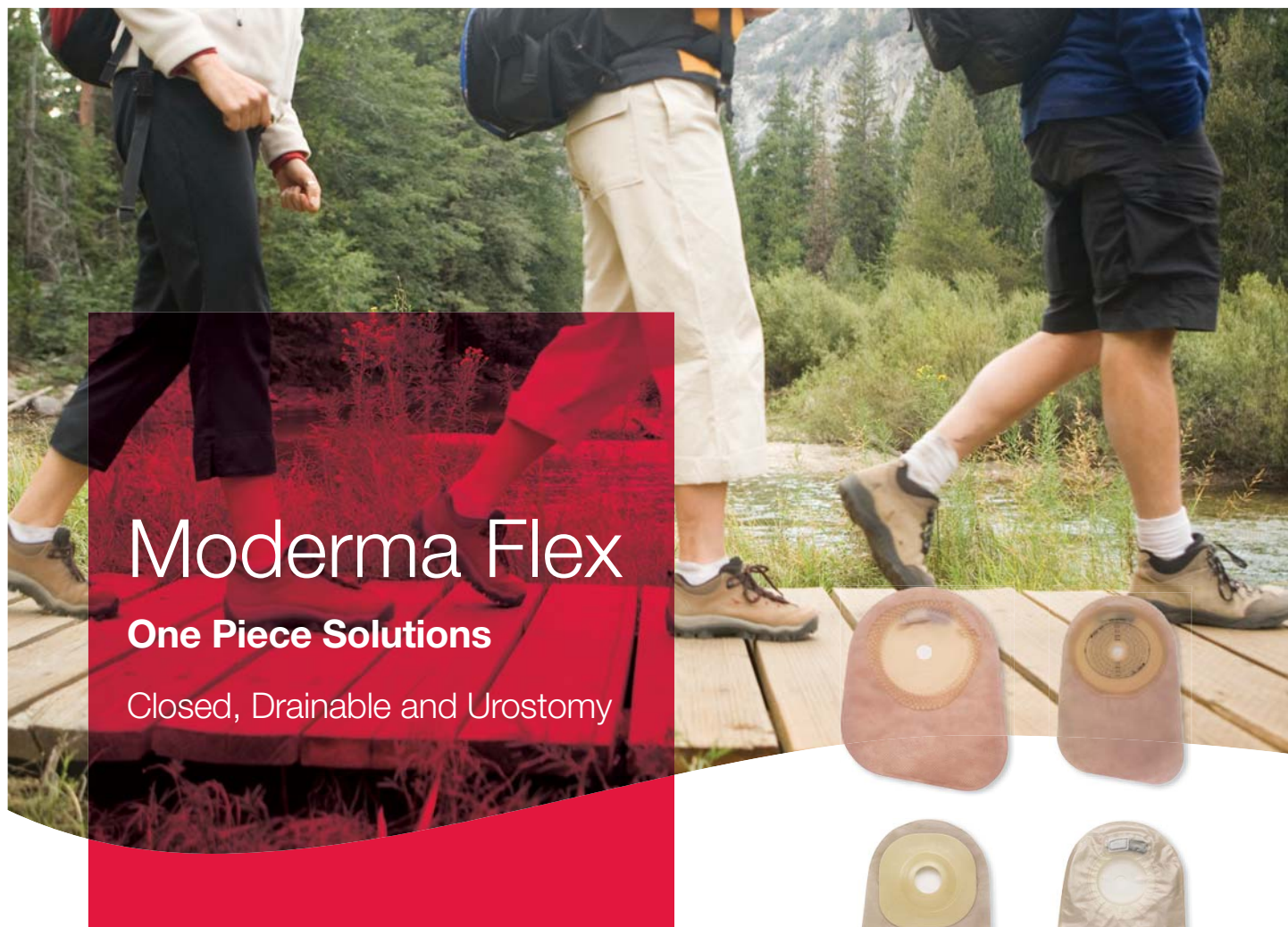
The Outlet

New Zealand Stomal Therapy Nurses

In this issue:

- The Liberty NZ Stomal Therapy 'Publishing Excellence' Award
- Tribute to Marie Oldridge
- Living with my Invisible Disease
- Deceptive Fistulae

JULY 2015



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The Outlet

New Zealand Stomal Therapy Nurses

CONTENTS

PROFESSIONAL SECTION

- 5 CHAIRPERSON'S REPORT
- 6 CO-EDITORS REPORT
- 7 UPDATING NATIONAL CONTACT INFORMATION
- 8 BERNADETTE HART AWARD
- 10 CSSANZ SCHOLARSHIP
- 12 THE LIBERTY NZ STOMAL THERAPY 'PUBLISHING EXCELLENCE' AWARD
- 15 TRIBUTE TO MARIE OLDRIDGE
- 17 NZNO REGIONAL MEETING
- 20 ENTERING THE SPECIALIST STOMAL THERAPY NURSING ROLE IN SOUTH CANTERBURY
- 23 WORKING AS A STOMAL RESOURCE NURSE IN THE BULLER

EDUCATION SECTION

- 24 LIVING WITH MY INVISIBLE DISEASE
- 26 CHAINED TO THE TOILET
- 29 PATIENT INSTRUCTION SHEETS
- 31 CASE STUDY: DECEPTIVE FISTULAE
- 34 TURNING A NEGATIVE INTO A POSITIVE

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Ginnie Kevey-Melville, *Executive Committee Secretary*

Email: ginnie.kevey-melville@northlanddhub.org.nz

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NZNOSTS Section: Chairperson's Report

MARIE BUCHANAN

Kai Ora, hello and hi.

Wow we are heading into winter very quickly with many of you already being challenged with floods and snow. It is a timely reminder to take extra care over these wintery months.

The executive committee continues to be working hard and the first publication of "The Outlet" was certainly a reflection of that. Thank you to the editors and everyone who contributed to this success. At the end of April we held a teleconference with the main topic being the transition from Section to College. We discussed several of the documents that are now nearing completion. Over the coming weeks we will be putting the new documents up on the NZNOSTS web site for all members to read, review and comment on. Please take the time to review these as they are your documents and the committee want to ensure they reflect what you want as a section/college. It is great to have the commitment of the Executive Committee in achieving College status and to all be working together to ensure we achieve this.

The other hot topic of the teleconference was next year's biannual conference in Christchurch. So save the date; October 27 and 28th 2016. It would be great to see as many members attending the conference as possible. I can assure you that it will be a great learning opportunity and loads of fun. If anyone has any ideas for speakers or topics please can you forward them onto a committee member so we can discuss and follow them up.

Our next meeting is a face to face in Wellington, 30th June, 1st July, which I am looking forward to. We are aiming to have the majority of the Section to College paper work finalised at this meeting. Please contact any of the committee members with any concerns, ideas or suggestions you have and would like us to discuss. We are here to represent the membership and encourage your input and comments.

Supply Contracts: The contract is nearing finalisation and I believe that they are anticipating having all the supply companies contracts signed within the next few weeks. I will endeavour to request an official confirmation and explanation of the contract be made available to members to view once it is all completed. This has been a long process and I thank everyone for their patience on behalf of everyone involved.

Finally, I would like to acknowledge the retirement of Marie Oldridge from Whangarei who is a life member of the NZNOSTS and Eileen Austin who retires in July. These two ladies have not only contributed a huge amount of knowledge and expertise to fellow Stomal Therapists and nurses interested in the speciality area of Stomal Therapy, they have provided care for patients in their charge with compassion, care and extreme commitment without exception. It is not without sadness that I wish them all the very best in their retirement but more so a genuine wish for happiness, good health, relaxation with family/whanau and friends. Thank you so much for your contribution and dedication to the section and nursing profession.

Kai-ora everyone, your ongoing commitment to Stomal Therapy and the section is very much appreciated. Take care over the winter months, stay safe and look out for each other.

Marie Buchanan

Chair NZNOSTS

Co-editors Report

BRONNEY LAURIE & JACKIE HUTCHINGS

Thank you to the South Island Stomal Therapists who took up the challenge to present case studies and informative articles in this edition of The Outlet.

We would also like to thank Liam and his mother for allowing us to read their story. Many of us have patients who have been through this journey or are going along a similar path and it helps us have a better understanding of this by reading how it was for you both.

It would be great to continue to have New Zealand based articles and case studies in The Outlet as we are sure you will find them interesting and informative. We do appreciate the extra work it takes to produce something for us but remember that if you do contribute to the July 2015, November 2015, March 2016 or July 2016 editions of The Outlet you are eligible to enter the Liberty Publishing Excellence Award. Entries close on September 1st 2016.

We now offer up the challenge to the lower North Island nurses working in Stomal Therapy, hospital or district nursing roles to send us case studies, research or information on initiatives in your area that could be published in the November edition of The Outlet. If you had a challenging patient or an unusual diagnosis what you learned or how you coped with a situation will help others. Remember that a lot of us work in isolation and The Outlet is a good forum to disseminate information and can be used as a learning tool if we put in the effort to write up those interesting and/or challenging cases.

Nurses working in the upper North Island could similarly work towards having the March 2016 edition feature articles from their area. Many Stomal Therapists in New Zealand work uniquely either in their geographical setting, client mix or work in combined roles and we look forward to hearing your stories.

We had quite a disappointing return from our request to update National contacts information. It is **extremely important** that we do get accurate information. If you did not fill out the form in the last edition please do so now by completing the form on the next page and emailing it to jacquelynh@nursemaude.org.nz or post it to Jackie Hutchings, 44 Taranaki Drive, Woodend 7610. We would like to update this information on the website as soon as possible as it is widely accessed when patients are shifting to another area or returning home following surgery.

The next edition of The Outlet is due to be published in November, so any articles, case studies etc would need to be in by the first week in October to jacquelynh@nursemaude.org.nz. Please attach a photo of yourself to the email.

We look forward to hearing from you!

We have been trying to get some information for you from Health Alliance with an update on the Ostomy tender project. This should have been signed off by now with all the companies.

As soon as the information comes in to us we will send it out to you all by email.

Updating National Contact Information

The National Contacts list on the NZNO Stomal Therapy Section website is very outdated.

There have been many changes around the country since it was written. Can you please assist us with updating this by completing

the form below and ensuring each person at your DHB covering stomal patients also completes a copy.

This is a very valuable resource when you have a patient transferring or holidaying in another area or if you just want to contact another stomal therapist for assistance with a query or to discuss an issue especially for those working in isolation.

Name:	<hr/>		
Title/Role:	<hr/>		
DHB:	<hr/>		
Postal Address:	<hr/>		
	<hr/>		
Telephone (and extn):	<hr/>		
Cellphone (optional):	<hr/>		
Pager:	<hr/>		
Fax:	<hr/>		
Email:	<hr/>		
Hours:	<hr/>		
Geographical area covered:	<hr/>		
Please indicate:	<input type="checkbox"/> Hospital	<input type="checkbox"/> Community	<input type="checkbox"/> Both

Please complete, scan and email to jacquelynh@nursemaude.org.nz

Your updated information is urgently required. Please get back to us as soon as possible

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: ginnie.kevey-melville@northlanddhd.org.nz

BERNADETTE HART AWARD APPLICATION FORM

Name: _____

Address: _____

Telephone Home: _____ Work: _____ Mob: _____

Email: _____

STOMAL THERAPY DETAILS

Practice hours Full Time: _____ Part Time: _____

Type of Membership ☐ FULL ☐ LIFE

PURPOSE FOR WHICH AWARD IS TO BE USED

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

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

EXPECTED COSTS TO BE INCURRED

Fees: (Course/Conference registration) \$ _____

Transport: \$ _____

Accommodation: \$ _____

Other: \$ _____

Funding granted/Sourced from other Organisations

Organisation: _____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

PREVIOUS COMMITMENT/MEMBERSHIP TO 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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CSSANZ Nursing Scholarship 2015

PURPOSE

To promote the collegiate relationship between nursing and medical professionals involved in the specialty of colorectal surgery, the CSSANZ will award a scholarship for a nurse to attend their annual spring meeting. For 2015, the Colorectal Spring Meeting will be held at the Melbourne Convention and Exhibition Centre from the 5th to the 8th October.

AWARD VALUE

The scholarship will cover registration to the annual CSSANZ Spring Meeting, an economy class airfare, accommodation and A\$500.

ELIGIBILITY CRITERIA

Applicants must be:

- Currently registered by their relevant professional body in either Australia or NZ
- Currently working in the field of colorectal surgery in Australia or NZ
- Able to attend the CSSANZ Spring Meeting within or outside Australia.

PROCESS

Submit an article suitable for publication in a Nursing Journal. The article should cover a colorectal topic and may be in the form of, but not limited to:

- A clinical case study.
- Research project.
- Book review not previously published.
- Educational poster or teaching tool.
- Professional issue pertinent to Colorectal Surgery.

The article (preferably in electronic form), plus a completed official application form with a copy of current nursing registration, to reach the CSSANZ Secretariat, secretariat@cssanz.org or Suite 6, 9 Church St, Hawthorn, VIC 3122, Australia by **3 August, 2015**.

Late applications will not be considered. The scholarship award is not transferable.

SELECTION CRITERIA

The judges' decision will be final and based on the following criteria:

- Presentation
- Originality
- Appropriateness to nursing and colorectal surgery
- Demonstrated integration of theory and practice
- Suitability for publication

CSSANZ Nursing Scholarship 2015 - Application Form

Name	Title	First Name	Last Name
Address			
	State	Postcode	Country
Email			
Contact Number (incl. country code)	Mobile	Other	
Registration Number			
Registration Body			
Current Place of Work:			
Current area of nursing (eg ward, stomal therapy, anorectal clinic, research, clinical care co-ordination)			
Check list:			
• Able to attend 2015 APFPC Meeting 5-8 October 2015 in Melbourne.			Yes / No
• Have you enclosed copy of current nursing registration?			Yes / No
• Have you enclosed copy of article*?			Yes / No

**An article suitable for publication in a Nursing Journal. The article should cover a colorectal topic and may be in the form of, but not limited to: A clinical case study; Research project; Book review not previously published; Educational poster or teaching tool; Professional issue pertinent to Colorectal Surgery.*

The article, plus a completed official application form with a copy of current nursing registration, to reach the CSSANZ Secretariat, Suite 6, 9 Church St, Hawthorn VIC 3122, Australia or by email to secretariat@cssanz.org by 3 August, 2015.

Late applications will not be considered. The scholarship award is not transferable.

The Liberty NZ Stomal Therapy 'Publishing Excellence' Award

THE AIM

The aim of the Liberty New Zealand Publishing Excellence Award is to recognise the endeavors of nurses working in the field of stomal therapy, encouraging them to achieve excellence by publishing in the NZNOSTS Journal "The Outlet".

All NZNOSTS members, 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 therapy
- OR
- To facilitate participation in an accredited post graduate study program leading to qualification as a Stomal Therapist or appropriate study in the associated area 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 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: July and November 2015
Second Year (year of the award): March and July 2016
- If an author has submitted their article and been unsuccessful for this award they are welcome to submit a different article again within 3 years.
- By submitting and applying for the Liberty publishing award, the publisher agrees that their name and /or article can be used by Liberty Medical for Education and Marketing.

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.
- The previous winner (s) of the Liberty NZ Stomal therapy 'Publishing Excellence Award' for the next Stomal therapy conference.

The Liberty NZ Stomal Therapy 'Publishing Excellence' Award

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.

BEST PUBLISHED ARTICLE ENTRY FORM

Please complete and return to The Outlet Editor by the last day of September in the year of the Award submission.



Name: _____

Address: _____

Telephone Home: _____ Work: _____ Mob: _____

Email: _____

Qualifications: _____

Employment position: _____ NZNO Number: _____

Article Title: _____ Date of Publication: _____

Note: If there are constraints as to when you can and cannot publish your paper, please bring this to the attention of the Executive Committee or The Outlet Editor.

Publisher Name: _____

Paper Title: _____ Date of Publication: _____

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Tribute to Marie Oldridge

CLINICAL NURSE SPECIALIST STOMAL THERAPY

It is with feelings of joy and sadness that we farewell our esteemed colleague and friend Marie Oldridge. Marie has retired after forty three years working for the Northland District Health Board, and serving the people of Northland.

We invited guests to join us in a special farewell dinner to celebrate Marie's nursing career and retirement. Her whanau came to support her and share in this very important occasion. People travelled from Auckland and as far north as the Bay of Islands and Kaero. The diverse range and number of guests was a tribute to Marie, and a reflection of how many people she has worked with, coached and mentored during her nursing career.

Marie established the Stomal Therapy Nursing Service in Northland in the late 1980's. She forged relationships with surgeons, and wrote proposals to management. Her determination, energy, commitment and ability to focus on what is important for the people of Northland is reflected in the service we have today.

Over this time Marie's extensive role included caring for patients having bowel or bladder surgery requiring formation of a stoma, gastrostomy, continence and wound management. Marie provided a Continence Service before a dedicated Continence Nurse was appointed.

Marie is a powerful advocate for patients, and the patient always comes first. We often heard her say "we look after every one with a hole, but we look after the whole person".

Marie's passion for wound care included lower leg ulcer assessment and management. She and her District Nursing colleagues worked in collaboration with a Vascular Consultant, and developed the Ulcer Clinic. This Team achieve excellent ulcer healing results using evidenced base best practice. Marie and her colleague (Y. Davies) developed the Doppler and Compression Bandaging Manual in 2004 and were awarded the Cedric Kelly Northland Quality Initiative Award.

Marie has been the instigator and organiser of many conferences and study days for the nurses in Northland. This has included providing ongoing education, coaching and support for the District Nurses working in the peripheral areas.



2008 - Marie was awarded life membership of the section

She was always willing to share her in depth knowledge and enormous experience with others.

Marie has developed extensive networks nationally and internationally. She has attended numerous conferences, and worked closely with her Australian colleagues to ensure she continues to build and further develop her clinical knowledge, skills and expertise to a high standard.

We feel very lucky to be part of the Stomal Therapy Team. We have had the privilege of learning the art of Stomal Therapy Nursing from Marie. It has been an honour to work with, and alongside her. Marie is revered and highly respected by her colleagues. We wish to thank Marie for what she have given us and the people of Northland. We hope Marie enjoys the next new phase of her life, retirement and relaxing with her family and friends.

Ginnie Kevey-Melville and Rachel Pasley.

Marie Oldridge

LORRAINE ANDREWS & MAREE MCKEE

On 22nd May a glittering function was held in Whangarei to celebrate the career and retirement of Marie Oldridge. Marie was one of the foundation nurses who established the Stomal Therapy specialty in New Zealand.

After initially training in the Waikato, Marie worked in Wellington and Lower Hutt before moving to Whangarei and commencing a career of forty three years' service to the Northland community where she established the Stomal Therapy service. She completed training as a Stomal Therapist in Wellington in 1984.

Married to George, Marie has two sons, Mark and Steven and daughter in laws Sharon and Sue.

An esteemed colleague and friend to many, throughout her career Marie has always been willing to share her extensive knowledge and skills to encourage others in achieving excellence in their practice. With focused determination, compassion and commitment Marie has an exceptional ability to empathise with and put her patients and colleagues needs first. Her commitment to her community and patients was nationally recognised in 1999 when she was awarded the Queen's Service Medal for public service. In recognition of her contribution to nursing and the Stomal Therapy specialty Marie's colleagues awarded her lifetime membership of the NZNOSTS in 2008.

As someone who "walked the talk", led by example and positively mentored so many, it has been a privilege to have known and learnt from Marie.

On behalf of the NZNOSTS membership we wish Marie and her family well in her well-earned retirement.

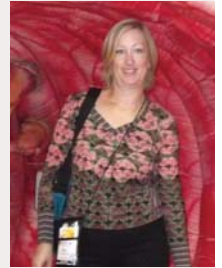


NZNO Regional Meeting

MARCH 2015

Maree O'Connor

Clinical Nurse Specialist
Stomal Therapy/Colorectal
Southern DHB Otago



The report below was presented by Maree O'Connor at the NZNO regional meeting.

On behalf of the current chair Marie Buchanan from Auckland I am representing the NZNOSTS. I completed my term on the committee at the end of last year at the time of our Biennial conference and BGM.

This was held in Auckland and was very successful for all concerned.

Currently the NZNOSTS are working towards College status a lot of work but getting through it!

Members of the section are also involved in a National Procurement Process and act as advocates for other nurses around the country in the field and act as advocates for our patients. An important place to ensure the voices of the nurses, and the patients we care for are heard.

The section has also been involved early on in the process of PHARMAC taking over the supply of Hospital Medical Devices. This involved teleconference meetings and writing submissions. Currently there are other products being pursued by PHARMAC but our time will come. While the NZNOSTS is a small section we will be heard.

This brings me to the point that nursing is always both professional and political, we are not and can not be one without the other.

NZNO is often talked of as having an industrial/political arm and a professional arm, however as stated we are not one without the other, we are ONE.

Section committee and members along with Professional Nurse advisors, NZNO reps and organisers all help to provide a nursing voice, in the way of submissions, of participation on working parties, in development and implementation of practice progression and as patient advocates.

This can be seen for example with the Oncology nurses who worked along with the MOH to demonstrate the need for specific nursing roles to improve patient journeys in the oncology service, and were successful in enabling the establishment of new roles and obtaining funding for these roles.

Another example being the work the gastro nurses section are doing toward the issue of nurse endoscopy -how exciting are these developments!

Attending the NZNO conference during the last 2 years clearly shows how one part of our practise eg the professional is linked with the industrio/political. Issues such as staffing, accessing appropriate post grad education, the valuing of the current work force and the issues of the ageing work force are concerns for us all. The conference and AGM demonstrates the power of the collective and our common needs and goals.

The conference and AGM helps clarify the issues and empowers members to understand them, be willing to act on them and most importantly getting us to talk to each other. There is power in the collective voice.

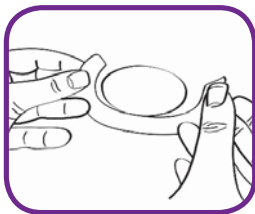
I am sure NZNO as a whole will continue to strengthen the integration of the professional and politico/industrial issues of nursing to ensure Nurses are supported through all aspects of our roles, can seek professional advice around both the industrial and clinical aspects of our practise and continue to provide opportunity for us to have power and voice.

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1 Rolstad b, Beaves C, 2006 Update: Principles and Techniques in the Use of Convexity, WOCN 24-28 June 2006 | 2 Bourke, R et al, Making Sense of Convexity, 2006

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Entering the Specialist Stomal Therapy Nursing Role in South Canterbury

Bronney Laurie,
Stomal Therapy Nurse
South Canterbury DHB



I have been the Stomal Therapist Nurse (STN) in the South Canterbury region for two years. I feel that this position has a great deal of potential to expand but due to my lack of expertise in this role study was imperative.

Currently, and I believe unfortunately, New Zealand does not provide a course in stomal therapy. Nurses are able to complete a graduate certificate with the Australian College of Nursing. The Graduate Certificate in Stomal Therapy Nursing consists of four papers. Each paper is over six months, generally two papers per semester but the College is happy to liaise with each student if this time frame does not suit their requirements. Each paper is a total of 150 hours and two also provide 40 clinical hours.

The principles of stoma care introduces the student to the multifaceted role of stomal therapy nursing as well as providing a theoretical basis for clinical practice and competency development in stoma care. Normal anatomy and physiology and some common pathophysiology that may necessitate stoma formation is discussed. Common medical and surgical treatments experienced by people with stomas is explored and finally the principles of stoma care and management are examined. Students are encouraged to think about certain issues and undertake activities to assist in learning how to best meet their patients' needs. To meet subject requirements students are also required to complete 40 hours of clinical experience. (ACN, 2015)

Wound management has been designed to promote the development of advanced knowledge and skills in wound management. Anatomy and physiology are revised, physiology of wound healing is examined, and also wound healing and the principles of wound management. Professional issues related to wound management practice are also explored, encouraging the use of current literature and best model practices to critically evaluate current clinical practice. (ACN, 2015)

Professional issues in stomal therapy nursing explore the professional role of the Stomal Therapy Nurse providing opportunities for clinical practice competency development. The nurse is asked to consider their practice, the role of quality, research and evidence-based practice and the professional development of themselves and colleagues. (ACN, 2015)

Continence identifies key aspects of continence management and addresses myths and barriers. Relevant anatomy, physiology and function, assessment, causes and types of incontinence are examined. Faecal and urinary incontinence affect many people and nurses working across a diversity of practice settings require an understanding of continence management to plan and implement their care. Students are required to refer to current literature and best practice models to critically evaluate current practice. To meet subject requirements students are also required to complete 40 hours of clinical experience. (ACN, 2015)

The certificate is completed online. The student has access to tutors, fellow students and the library. I can honestly say that at times I had some frustration with clichés within the system but the support from the course supervisor and tutors in my case was excellent. The course is based on Australian standards and practice which is similar to New Zealand. I believe that New Zealand nurses would benefit by making this graduate certificate available within this country. For more information about the current course contact: www.cconnect.acn.edu.au.

Personally this study has been a necessity for me to expand my role. Stomal therapy nursing is a position that I have always aspired to; it has always been my "dream" job. When I look back at my study, clinical assessments and reflections over the last twelve months there have been subtle changes to how I approach each individual. Initially I was trying to get it right, to always appear to know that I knew what I was talking about. Through my reflections I realise that I am at times not a good listener, I was always thinking about what I was going to say next, often cutting people off before they had finished their sentence. I was also so excited about my "dream" job that I did not consider that this patient does not want their stoma; it was not their "dream". Being an effective listener, paying attention to the patients concerns, using skilful questioning, reflection, intuition, perception and continuity helps to identify problems, respond to need and provide support during decision making (Readding, 2005).

As Nurses we are constantly encouraged to be reflective practitioners, yet for me reflective practice has not been an integral component of my professional development. The nurse's psychological availability to the ostomy patient starts with the ongoing self-reflection and self-knowledge on the part of the nurse (Sirota, 2006:29). I have never been confident about undertaking reflection. When I discussed this with colleagues the typical reply was that I did it throughout my working day and to just write it down. Being a participant observer of your own

Entering the Specialist Stomal Therapy Nursing Role in South Canterbury ...continued

experiences can enable you to process the underlying elements of personal interactions (Somerville and Keeling, 2004). It is important to look at ways of improving ones effectiveness but we should not ignore our strengths or accomplishments (Buckingham and Clifton, 2001).

The stoma is only part of the picture, the patient is facing much more. Yes, I did have empathy and an understanding of their psychosocial issues. People who have undergone bowel or bladder ostomy surgery face a variety of physical and psychosocial issues during the immediate post-operative period as well as throughout the remainder of life (Sirota, 2006:26). As a ward nurse who prided herself on working with the patient towards discharge I was involved in the initial part of this patient's journey. My job was to ensure that any issues for the patient were referred to the appropriate service. Now I am the appropriate service. I am required to be prepared to assist and manage any issues that concern my patient by supporting, advocating and providing them with the tools to ensure the best possible outcome. A specialist stoma care nurse utilising expert knowledge and skills can enable living with a stoma to be more acceptable (Gray, 2011).

As my study concluded I was able to reflect not only on my journey but the patients, families and other health professionals along the way. My knowledge, which is an important factor within my practice, has increased and I continue to research and find the best possible outcome. I now understand the importance of professional development and that the position I hold as STN is specialised. I have learnt to research, question and use evidence and reflective based practice. My thought process has expanded to not only include my patients but also my colleagues, my organization and of course myself. Yes, I had aspired to be a STN but had not realised that my knowledge is what makes it specialised not just the title. I love the profession of nursing and the health professionals that I have been involved with and whom have shared their knowledge with me and have the same passion that I feel for this vocation. I continue to aspire to be their equal. I am excited by what I think that I can achieve for myself and the stomal service.

I will continue with my professional development and honestly I never thought that I would say that I would do so willingly. The vulnerability of the patients that I have worked with and their willingness to open up and share their lives with me has been paramount to improving my practice. These patients come to us depending on our professionalism and should not have to accept

anything less. How they manage every day and stay positive is often astonishing. Everything comes right in the end... so if it's not right now.... it's not the end!

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Working as a stomal resource nurse in the Buller

Diane Longstaff
District Nurse
Stomal Therapy Resource Nurse
Buller Health



I have on average 30 stomal clients under my care at any one time. As I am also a District Nurse it has been difficult to find the time to keep up with routine reassessments and liaisons with these clients. We have a slightly healthier staffing situation now so I am endeavouring to catch up with my clients.

My stomal jurisdiction spans from Punakaiki to Karamea. There are Rural Nurse Specialists at Granity and Karamea who manage the routine stomal cares for people in these areas, and liaise with me for advice.

I have one particularly challenging stomal client currently, who has a double barrel ileostomy, has short term memory loss, severe cognitive impairment, a history of MS, is a falls risk, and rides a bike for transport. English is his second language and in times of stress he reverts to his native tongue and is very difficult to understand.

He has a wife who can assist with general cares but does not attend to his stomal cares.

We, the district nurses, see this client twice a day to assess his stoma bag. Neither the client nor his wife have much insight into when the bag is leaking, and requiring attention. He is capable of emptying the bag himself, but then often does not do it up correctly, hence output goes everywhere.

One of my clients has been an ostomate since 3 days old, he is now 72. For most of his life he managed his stoma output with pieces of rag wrapped around his abdomen. He has been on an appliance for a few years now, but when I see him in clinic he comes with his rags as he doesn't want to waste a bag.

As we are talking about coasters here, they tend to just get on with it and not fuss too much about anything.

I do at times have issues with supplies getting through to my clients hence I have quite a supply of product on my shelves. Also I think about winter time, or civil defence emergency situations, when there are routinely slips on the road holding up supplies for 1-2 or more days.

I have learnt a lot since taking over the stomal resource role for the Buller district and have grown to be quite passionate about this portfolio.

Living with my Invisible Disease

WRITTEN BY LIAM

For any person who didn't know me they would think that I'm just another healthy person. But on the inside it's all messed up and I'm fighting an invisible disease.

My childhood was just as any other boys would have been, always happy, always caring and cheerful.

But when I was 13 I started having severe pains as I slept at night. Every night I would wake up and be doubled over in pain with tears running down my face. It only got worse and the doctors couldn't find what it was, the best thing I could do was to endure it and get pain releasing hugs from my mum. But for me this was only the tip of the iceberg. As I turned 15 the pains became less occurring and I got to sleep at night pain free. For the next few months I lived as if I was normal again. Unfortunately I started getting the familiar pains but these were different and I just endured and ignored them.

It all got worse a week before my 16th birthday when my Grandad died. I got really stressed and that's what started the ongoing internal problems with devastating consequences to my life. I started going to the toilet more often, starting with just a few times a day like a bug. The numbers started growing rapidly and I was going 20 to 30 and sometimes even 40 times a day and every time I had to sprint as I could never hold it. I would also get excruciating pains multiple times a day, but me being me, I always tried to make it look like I was ok. But my mother knows me too well and knew something was up, so she had me go to the doctors and they gave me some medication to try to get my toilet trips down to a normal amount, but to no avail.

At the end of August my Grandma died and I was chosen to be one of the pallbearers. But to be there we had to travel, which I hadn't done in months, let alone go out because of constant pain and fear. I was worried every day away. Just after the funeral I had to leave because of the pain and had to rush to the toilet but to no success as I didn't make it which was a many occurring thing throughout my whole ordeal and every time it takes a little bit out of you and a lot of confidence.

Mum and dad decided that it wasn't an ordinary bug and when we got back they got me in to see a specialist at the Gastroenterology department, but they had me on a list that would take 12 weeks till I could be seen.

One day in November I was in so much pain mum forced me to go to A&E and they admitted me into hospital, this was the start of many stays. They put me on a low residue diet (food that can be easily digested) and the steroid Prednisone which had many side effects like moon face and acne. On 23rd January they had me have a colonoscopy which had me more stressed than ever and they found Inflammation throughout my large intestine and diagnosed it as ulcerative colitis. After months we finally had an idea and a name for my disease. They kept me on steroids that gave me many side effects that affected me greatly but got my toilet times down to an average of 15 times a day.

A new year of school and I was coping very badly by missing a lot of days and always having to rush to the toilet or go home from the pain being too great, and the teachers were beginning to disagree. So my mum called up the school telling the teachers about my situation and that they needed to just let me be and go with it, it was embarrassing for me always having to ask the teacher to leave the room sometimes multiple times.

To my friends and everyone at school they thought I was normal as I looked it and tried not to tell them much about what was wrong with me. I'd always joke and laugh with them about it to make me look okay but actually keep it buried and cry inside. It was like this throughout the whole year with friends and family because I wanted everyone to believe I was ok, I couldn't help but to try to hold my emotions down but at night a tear would always form from the thoughts of what would come and what has been.

The medications were keeping me down to an average of 15 toilet trips a day, but they had no effect on helping the pain, so after several medication changes none of them working just giving me bad side effects, they gave me Remicade infusions which were the last hope before a major surgery. After 3 infusions they had no success and they put me on the list for surgery but it wouldn't be able to be done until the start of 2014 which was 3 months away.

The medication I was on was 6-MP Metacaptapurine and it was affecting me badly by always keeping me awake at night and draining all my energy, plus it was making me lose weight like it was nothing, about 1kg a week I was losing. I then became underweight after losing about 30kg in a matter of months and became malnourished and having nausea so bad I was admitted to hospital once more, and they concluded on surgery that Wednesday at the start of December after I put on some weight and became fit enough for the surgery.

The day of the surgery they decided to do another test and postponed the surgery. They wanted to be sure that it was colitis and not crohns (another type of inflammation) I had a

Living with my Invisible Disease

WRITTEN BY LIAM

colonoscopy but they were still unsure, so they did a capsule endoscopy where I swallowed a tiny expensive camera that took videos all throughout my body. We all had jokes about it as we got to keep it and some pictures as a memento because all we could do to help was laugh.

They crossed out crohns and the wait was on till they could get me in for surgery but we never knew when, so it was just a big waiting and hoping game much to my mums annoyance who was waiting with me all day.

On December 13th I was taken to the theatre and had my much needed surgery by removing my large intestine and had my small one connected to my belly called a stoma or an ileostomy where I have a temporary bag over it and I go there. For once I wasn't rushing to the toilet every hour which was great.

For days after it was a slow recovery getting walking and moving and also becoming more knowledge about how to cope with the stoma and I got to go home just before Christmas.

I'm feeling like my life's getting back on track ever so slowly, I've learned how to cope with it well but still have to be cautious and I'm awaiting 2 more surgeries to get a jpouch formed and get my bowel functions back to as normal as they can be. So hopefully by Christmas 2014 I'll be mostly back to my energetic self with just a little bit missing from inside me.

I'll still be haunted by my invisible disease that has and always will change my life somehow with most things I do. But it's better than being chained to the toilet for 20 months.

Chained to the toilet

WRITTEN BY KATHRYN

When my son Liam was little he became very attached to a soft toy dog. He was given it at the age of six months by Santa, at his sister Ana's kindy. As soon as I realised how attached he was to his "dog", as it became known, I hunted high and low for another one so it could be washed. But one couldn't be found anywhere. Wherever we went dog came to.

If dog got washed Liam would sit under the clothesline crying until dog was returned. He became very threadbare and worn but dog was still loved. At the age of about six a friend of mine convinced Liam that dog should go, so he threw him in the rubbish. Being a mum and knowing he would regret it I retrieved dog from the rubbish. The first night Liam cried for dog and was very quiet, the second night he cried and cried. He said "I miss dog and its sad he is in the rubbish, we don't throw out things we love" I couldn't stand to see him so upset any longer and gave him his beloved dog back, much to everyone's disgust. My reply was there is going to be many things in Liam's life I won't be able to fix but this I can so I will.

How apt those words became.

The years rolled by. When Liam was just about 16 my father died. Liam, my husband Andy and my brother Merv were with him when he died. About this time Liam started going to the toilet more frequently. At the time we thought it was just a bug he picked up.

We took him to the doctor who just thought it was a bug as well. He didn't improve so back to the doctor. They did tests and gave him meds to take but nothing helped. His trips to the toilet increased. Sometimes up to 25 times a day. We could see the weight just falling off him. He was also in a lot of pain. At the end of August Andy's mother passed away suddenly. Liam was one of the pallbearers, and left just after the funeral because the pain was so bad and he had to rush to the toilet.

In the end, after another trip to the doctor he was put on the list to see a specialist. They said he would get an appointment

urgently but all that arrived was a letter saying he was on the semi urgent list and would be seen in about 12 weeks.

Liam got worse, our record for going through toilet paper was 18 in 4 days. His poor bottom was so sore, after trying many brands we found cotton soft was the best and softest. I brought it by the box full! "Thanks cotton soft".

One day Liam was so doubled over in pain I took him to A&E. he was admitted to hospital which was the start of many stays.

He had a colonoscopy and was diagnosed with ulcerated colitis of the large intestine. Finally we had a name for his condition. He was put on steroids which gave him a moon face and bad acne, but still no improvement. He was having lots of time off school, in the end I had to let the school know what was happening which was very embarrassing for Liam.

Liam coped quite well with his condition. It's hard having to quickly leave class to rush to the toilet. The receptionist at the school was great and would give Liam a wave if he had to leave school in pain or just couldn't cope with his frequent trips to the toilet.

Not everyone was so understanding, one teacher said to Liam that's the one and only time you leave to go to the toilet. Another gave him detentions for not turning up to classes and leaving without good reason. I was furious and went to the school. It was dealt with very quickly.

The Dr changed his meds several times but still his life revolved round the toilet. Liam had changed from a typical outgoing teenager to one that had developed anxiety, that hated being away from home. Wherever we went we knew where the closest toilet was, even a trip into town became hard with stops at toilets or even in some cases behind a bush. He had remicade infusions which were his last hope before major surgery.

I am not a religious person but I hoped and prayed it would work. My prayers were not answered and at the end of November he was admitted again to hospital unwell, not only going to the toilet frequently but also vomiting and nausea. Dr Schlup and Christine the IBD (Inflammatory Bowel Disease) nurse and the gastroenterology team decided on surgery.

Liam was scheduled for surgery on the Wednesday to have his large intestine taken out. Once again it was to be postponed till the following week. It was decided to do one more test. Liam had to swallow a capsule with a tiny camera inside just to check it was only the large intestine and not the small as well.

Chained to the toilet

WRITTEN BY KATHRYN

We had a laugh about that. No one seemed to know what to do with the camera when it came out. So we caught it in a bedpan. We had a laugh and said maybe we should put it on trade me “only used once”. A very expensive little camera I must add. If you didn’t laugh about things I would have cried. Watching your son fade away is no fun.

Surgery was finally done on the 13th December 2013. We hope to have Liam home for Christmas. That would be the best present ever. He will have an ileostomy bag for a while but all going well he will have a further surgery so he can go to the toilet normally.

By Christmas 2014 I hope to have my happy social boy back. The last 20months of being chained to the toilet will be over. And I hope that this major thing to happen in his life that his mum can’t fix.

P.S. he still has his dog sitting on his top shelf much loved and never forgotten, and we might just have to put a little capsule camera beside it.

*Written by Kathryn
who promised to write for her son,
his life. As he put it “Chained to the toilet”*



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Patient Instruction Sheets

Jenny Roberts,
Jackie Hutchings
& Beth Dunstan
Stomal Therapists
Nurse Maude
Christchurch



A lot of major colorectal surgery is done in Christchurch on a Friday therefore the patients who end up with stomas are not seen by us until the Monday. With the advent of ERPS this has caused a problem as no education was beginning until the Monday. This has been particularly bad this year as there has been a high staff turnover and a lot of pool staff being used and so the nurses do not have the knowledge to teach the patients.

We decided to write a series of instruction sheets with photos for patients that the nurses could follow so that patients are taught the basics the way we would teach them. This way the patients are all receiving the same information in the same way, making it easier to learn.

We were aware that some trade companies do have similar sheets available but we wanted these to teach the way we do and in an easy to follow format for both patients and staff. We decided to have them printed as an A4 sheet and then obtained clear A4 envelopes so that "the how to change" and "the how to empty" instruction sheets could be back to backed and easily seen. Being in the plastic envelope they are easily cleaned if any contamination occurs.

To start with, we wrote 9 instruction sheets covering two companies that we commonly use in the hospital. We compiled instruction sheets on "how to empty", "how to change a bag", "how to change a bag using paste" and "how to change a bag using a seal" for both company products and then one on how to put on a belt (may seem simple but often done wrongly!)

These instruction sheets have been very well received and patients take them home to act as a refresher once they are on their own. We are now working on sheets for the remaining companies and also for use by urostomy patients.



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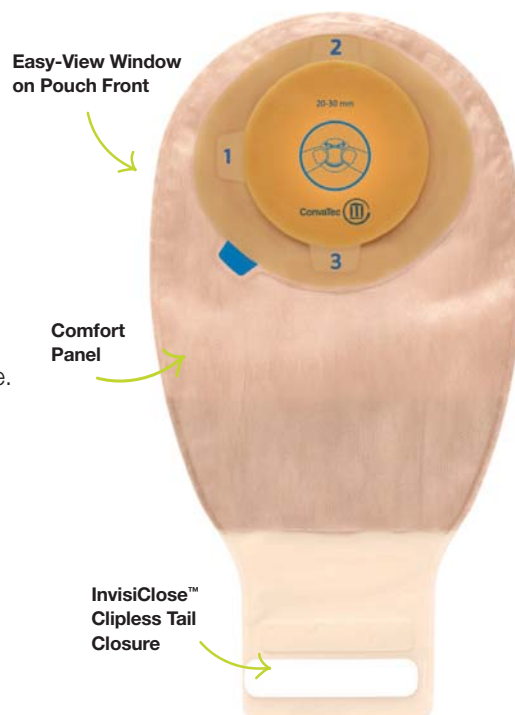
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Case Study: Deceptive Fistulae

DIANNE DEVLIN

Dianne Devlin
Stomal Therapist
Blenheim



Looking at this photo of an end ileostomy with multi fistuli does not give any hint of the complexity of trying to pouch this area.

Mrs H is a 69 year old married lady who had extensive abdominal surgery at a tertiary hospital where she had intraoperative chemotherapy and debulking surgery leaving her with an end ileostomy for cancer of the appendix. Her journey began in October 2013, complicated by a deep vein thrombosis in her right arm and in December of the same year central line sepsis, followed by a supravenuous clot in January 2014 despite being on clexane therapy.

I met Mrs H when she returned to her home town hospital in February 2014. At this stage Mrs H was still on TPN (total parental nutrition). She had a PEG (percutaneous enteral gastrostomy) site that was leaking. The midline wound was healing but three fistuli had erupted quite close to the end ileostomy that also had fistuli at 3 and 9 o'clock. On this long journey Mrs H had lost a lot of weight and her abdomen was concave.

Mrs H was a quietly spoken lady who was determined to return to her home as soon as possible. However her abdominal area was proving to be a challenge to myself and the inpatient nursing staff so her input with hands on care was minimal but her husband was keen to be involved. To complicate things further Mrs H suffered a dense stroke in March 2014 affecting her right side and with initial loss of speech.

The next two months were intensive for Mrs H to try to speak, gain some movement and balance and still she was determined to return home. Bless her determination. She really struggled mentally to feel that she was making some progress but with her teeth being attended to by the hospital dentist (thus removing some pain) and along with her hair being cut and blow waved she began to feel more normal and better about herself. This was the time the clinical nurse leader and myself in conjunction with the nursing team endeavoured to form a relationship with Mr and Mrs H that would include, encourage and empower them in the ongoing care and also enable them to feel confident in the team who was caring for them.

The ileostomy, along with the two fistuli, was in itself reasonably trouble free to keep pouched. The old PEG site kept leaking periodically which involved trying to place three pouches on Mrs H's concave abdomen. The main issue was the three fistuli that had spontaneously erupted in the healed midline wound but they were situated under a lopsided edge of this wound almost below skin level. If these remained calm all the pouches stayed on but if they erupted, which was often the case, it was a major task to restore the area taking two staff over an hour. Often a third nurse was needed to apply suction. The output varied in amount, type and timing and was very corrosive.

As my contract is only two days a week as a Stomal Therapist I concentrated on supporting Mr and Mrs H and the Clinical Nurse to get a care plan that would work. That proved to be a very challenging task. Using help and products from all the stomal

Case Study: Deceptive Fistulae ...continued

DIANNE DEVLIN



companies along with paste, seals and tape it was almost a daily experiment. Using paste and seals we were able to help even out the abdominal topography which helped secure the pouches.

By June 2014 the old PEG site had stopped oozing so the pouching was a little easier and the midline eruptions calmed down. I had been away for a few weeks annual leave and found the day I returned Mrs H was to go home on leave so I was not able to be involved in an optimal discharge plan. I rang Mr H each day I was at work plus visited on my stoma days. Mr H was managing looking after all Mrs H's cares and the pouch, however, within a short time she began to fail health wise. It was a struggle for Mrs H to drink a litre of fluid a day, it took her two hours to eat her breakfast. At this stage the abdominal fistuli had calmed down so the pouches stayed on but she became nauseated and felt unwell. Upon consultation with her GP it was decided to return to hospital where it was discovered she had a urinary tract infection and was dehydrated.

Once more fluid was on board the abdominal fistuli sprang into life and gushed incessantly. I was really frustrated as I was the one who was supposed to find the secure pouching system and it was not working out that way. After consulting with an ostomy trade

representative I contacted a North Island fistuli "Guru", a stomal therapist, who was so helpful and suggested applying an Eakin wound pouch to include all discharging areas. She explained how to apply and secure the pouch with a hydrocolloid border for longevity of the pouch.

Once the pouches arrived I set about creating a template for the three areas that were now discharging. I incorporated Mr H and the clinical Nurse into the procedure and tentatively began the challenge. There was no time less active for the midline area but I picked early morning as hopefully being the best time. Having cleansed and prepared the area with no sting wipes, pasted liberally in each deep gully at either end of the midline area right around the midline area and in-between the ileostomy and the PEG I placed on the warmed pre-cut pouch. Then I applied a warm hand all over, finalised by bordering with a hydrocolloid. I decided that one of the three of us needed to be involved at each change as it was complex and each pouch cost \$85.

In July 2014 after repeated urinary tract infections and deterioration in her general condition Mrs H had an MRI which showed a pelvic collection above her vagina which needed to be drained twice.

Also, as the result of a fistulogram showed, the origin of these was connected to her stomach which made the corrosive nature of the discharge the reason for so much trouble getting a pouch to stay on. Unfortunately the pouches didn't stay on for more than three days. However, as the PEG site had stopped discharging I ordered a smaller eakin pouch that was \$34 and covered the area. As Mrs H liked to lie flat at night I encouraged her to lie slightly upright so the output from the midline fistuli would flow into the pouch rather than pool around the midline.

Despite Mrs H's deteriorating condition she was determined to go home, after 10 months of hospital she had had enough. Myself and the District Nursing team supported Mr and Mrs H with the pouching along with carers for personal help and home help and the GP for emergencies. It was arranged that initially she was to come back to hospital for rehydration but as this became more frequent they finally accepted hospice input. She had sub cut fluids as needed at her home.

There was no more effective, less costly means of pouching the areas so we continued with the eakin pouches and attaching faecal collection tubing at night so Mr H had a less disturbed night. When she went home in late August it was to be for a long weekend then she was to go to the hospice. However they managed at home except for the last few weeks. Mrs H peacefully departed in November 2014 after a courageous, difficult, challenging journey supported by her loving husband and a dedicated team of nurses and carers.

Case Study: Deceptive Fistulae ...continued

DIANNE DEVLIN

Upon reflection:

- I would have involved a more experienced colleague sooner
- I would have prepared a video session of the pouching procedure to reduce the many staff I needed to teach as this was not an easy procedure to complete
- I did consult our wound specialist nurse but our alternatives were not successful
- I would help arrange a more comprehensive discharge plan
- On the positive side I learnt to be more skilful in liaising with numerous staff, carers, hospital multi department staff, Hospice staff
- Importance of a team effort was initially very disjointed due to so many different staff, changing wards, unsuccessful multiple attempts to secure the pouches
- This experience highlighted the importance of creating good rapport with the patient, family and everyone concerned
- Realising, that we, the Stomal Therapists, aim to empower our patients to self care so our patients can have the best quality of life they can
- Communication, documentation and good care plans are very important for an optimal, cohesive outcome for both staff and patient
- This case study demonstrates my ability to work at a Specialist level, reflect on my practice, to achieve optimal health outcomes for the individual patient.

Turning a Negative into a Positive

NICOLA BRAVEN & KIM SNOEP - OSTOMY NURSES, SOUTHLAND

We are the Ostomy Nurses who provide a service for approximately 380 Ostomates in the Southland District including Queenstown, Te Anau and Gore.

As you all know, patients who have newly formed stomas can often find learning to care for their new stoma very stressful and they can lack confidence. They are also recovering from major bowel surgery where their ability to retain and recall information has been influenced by anaesthetic/drugs/stress. They can become acutely unwell and require medical attention in certain situations.

In a recent situation a new patient with a stoma who had been recently discharged home, developed very loose bowel motions via his ileostomy and this caused constant pouch leakages. He required assistance beyond the hours of the Ostomy service and he was struggling to receive appropriate help from other departments.

As a result of this complaint we have designed an "Ostomy Kit" that includes a supply of 'problem solving' ostomy pouches, a detailed step by step guide on how to draw a template and correctly place an ostomy pouch. The pack also includes other equipment that may help ensure the pouch is on securely and a referral form to complete and send to the Ostomy Service who

will contact the patient on the next available working day. We will also go to various departments and provide education to staff on how to use the kits.

Both of us acknowledge that unless staff have regular opportunities to do stoma cares it is difficult to remember everything that is involved. One of the benefits of this kit is that if staff have an ostomy patient who is requiring help and they have had limited experience with stomas, by following the instructions in this kit they should confidently be able to apply an ostomy pouch.

To ensure patients are able to have good continuity of service, particularly if they are new Ostomy patients, the District Nursing Service no longer need a referral to see Ostomy patients outside Ostomy Nurse hours. Ostomy Patients are advised to contact the District Nursing service if they require help out of hours. The Ostomy nurses will also leave details for the District Nurses of their more acute patients to ensure patients receive the best possible care.

This kit has already been put in some departments around Southern DHB (Invercargill site). We do provide regular education sessions regarding stoma care at various study days throughout the year but appreciate it is not always possible for staff to attend study days. New staff may also find the kit helpful if they have not had exposure to stoma cares. In the Surgical Ward, all new staff are given the opportunity to spend a day with us to look at basic stoma cares. We are happy for all departments to do this as part of staff orientation.



Nicola Braven & Kim Snoep
Southern District Health Board - Invercargill



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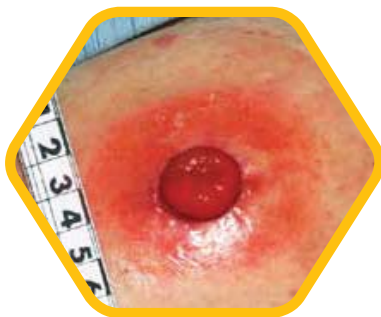






Fig 1 Peristomal skin, red and macerated



Fig 2 Peristomal skin after 1 week application of Aurum[†]

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-  Promotes healthy skin around the stoma
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[†] Great Western Hospitals NHS Foundation Trust. The Benefits of Welland Aura on Sore Peristomal Skin; Case Study

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