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Conference Organisers



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 In Conference Website: <http://www.in-conference.org.uk/>

ASCN UK Email: ascnuk@in-conference.org.uk
 ASCN UK Conference Website: <http://ascnuk.com/ascn-uk-conference/>
 ASCN UK Association Website: <http://ascnuk.com/>

WELCOME

On behalf of the ASCN UK committee, I would like to welcome you all to the ICC Birmingham for this year's conference. We will commence on Sunday 18th October with a workshop facilitated by the Paediatric Stoma Nurse Group (PSNG) and supported by the ASCN committee members.

The welcome reception and official opening of the exhibition will follow the workshop. You will have the opportunity to network with colleagues and visit all the companies exhibiting at this year's event. It will provide you with the opportunity to meet with our industry partners and receive updates on new services and product development.

The 1st full day of conference will commence on Monday 19th October at 08.30. We do not have any industry workshops this year. We have, however received a record number of poster abstract submissions for 2015 and therefore please take every opportunity to view these.

You will see we have a full programme with keynote speakers and SCN presentations on both days.

We hope that the ASCN exhibition stand will also enable you to familiarise yourselves with the updates on the website as well as being able to acquaint yourself with your area representative.

We continue to grow in membership and hope that you will attend the AGM – "What it means to you" on Monday where the committee will be presenting latest progress and future projects planned for the association.

We anticipate that 2015 will continue to see both the growth and success of our national event, whilst also welcoming delegates from around the world.

Judy Hanley
Chair of ASCN UK

ASCN UK Committee

Judy Hanley, Chair
Gilly Tomsett, Vice Chair
Rebecca Davenport, Treasurer
Wendy Osborne, Education Officer
Simon Turley, Secretary



S.P.E.C.T.R.E.

Specialist practice – evolving care to reach expectations

| Sunday 18th October | | Location |
|---------------------|---|----------------|
| 14.00 – 19.00 | Registration | Main Foyer |
| 14.00 – 18.00 | Speaker Preview Open | Hall 3 Balcony |
| 16.45 – 17.45 | ASCN UK / Paediatric Stoma Care Group (PSNG) Workshop <i>Getting the basics right</i> | Hall 7 |
| 18.00 – 19.30 | Welcome Reception and Official Opening of the Exhibition <i>Judy Hanley, Chair ASCN UK</i> | Hall 3 |

| Monday 19th October | | Location | |
|---------------------|---|----------------|--------|
| 07.30 – 17.30 | Registration | Main Foyer | |
| 07.30 – 17.30 | Speaker Preview Open | Hall 3 Balcony | |
| 08.30 – 08.40 | Welcome to ASCN UK Conference <i>Judy Hanley, Chair to ASCN UK</i> | Hall 4 | |
| 08.40 – 10.10 | Service development within the acute and primary care settings <i>Chair: Judy Hanley & Roy Lilley</i> | Hall 4 | |
| 08.40 – 09.00 | Keynote Speaker Haruspex <i>Roy Lilley, Health Policy Analyst, Broadcaster and Commentator on the NHS and Social Issues</i> | Hall 4 | |
| 09.00 – 09.10 | Do you know your 'p' ratings <i>Bernadette Ambrose</i> | | |
| 09.10 – 09.20 | To change or not to change? <i>Helen Woodcock</i> | | |
| 09.20 – 09.30 | Community stoma care service – promoting and protecting a community service within the local clinical commissioning group <i>Kevin Hayles & Hyacinth Thompson</i> | | |
| 09.30 – 09.40 | Are you lonely? A guide for stoma nurses to the lone worker policy <i>Julie Barwell</i> | | |
| 09.40 – 09.50 | Developing our service to improve the patient experience. How we created a new role to address the unmet needs of new ostomists on the enhanced recovery programme <i>Juliette Fulham</i> | | |
| 09.50 – 10.00 | The Care Certificate - Now a CQC requirement (implementation of Stoma Care Programme) <i>Laura Newman</i> | | |
| 10.00 – 10.10 | Session Q and A | | |
| 10.10 – 10.45 | Tea / Coffee / Exhibition / Posters | | Hall 3 |

PROGRAMME

| | | |
|---------------|--|--------|
| 10.45 – 12.15 | Meeting unique needs within our speciality <i>Chair: Gilly Tomsett</i> | Hall 4 |
| 10.45 – 10.55 | Intestinal failure : a review of medical and nursing staff knowledge on the treatment and management <i>Cathy Walsh</i> | Hall 4 |
| 10.55 – 11.05 | Managing a high output stoma in the community: empowering patients to self-care <i>Sharon Colman & Ann Goodey</i> | |
| 11.05 – 11.15 | How common is peristomal itching in the absence of visible skin problems <i>Ginger Salvadalena</i> | |
| 11.15 – 11.25 | Exploring the effect of a new surgical technique on the quality of life of patients with peristomal skin contours causing leakage <i>Christina Koulouglioti</i> | |
| 11.25 – 11.35 | A 'Time Warp' – Has colostomy irrigation practice stood still or are we moving things on? <i>Amanda Gunning</i> | |
| 11.35 – 11.45 | Stoma reversal: why patients need to be informed <i>Rita Marren</i> | |
| 11.45 – 11.55 | Empowering patients through HISB (Health Information Seeking Behaviour) <i>Wendy Osborne</i> | |
| 11.55 – 12.05 | Initiation of a Stoma Care Workshop to Change and Promote Good Practice Across the Trust <i>Rachel Lovegrove</i> | |
| 12.05 – 12.15 | Session Q and A | |
| 12.15 – 13.15 | Lunch / Exhibition / Posters | Hall 3 |
| 13.15 – 15.00 | <i>Chair: Judy Hanley</i> | Hall 4 |
| 13.15 – 13.30 | From the other side – My story <i>Claire Allcock</i> | Hall 4 |
| 13.30 – 13.35 | Session Q and A | |
| 13.35 – 14.20 | ASCN UK AGM. 'What ASCN means to you' <i>Judy Hanley, Chair ASCN UK</i> | |
| 14.20 – 14.40 | Keynote Speaker NMC – revalidation update <i>Jon Billings, NMC's Director of Strategy</i> | |
| 14.40 – 14.45 | Session Q and A | |
| 14.45 – 15.00 | <p style="text-align: center;">AWARD PRESENTATIONS</p> <p style="text-align: center;">Announcement of Winner of Research Award 2015 (OPUS) <i>David Hope</i></p> <p style="text-align: center;">Announcement of Winner of Nurse of the Year Award 2015 (SALTS) <i>Mr Philip Salt</i></p> <p style="text-align: center;">Announcement of the Urostomy Research Awards 2015 (UA) <i>Hazel Pixley, National Secretary</i></p> | Hall 4 |

| | | |
|---------------------|---|---|
| 15.00 – 15.30 | Tea / Coffee / Exhibition / Posters | Hall 3 |
| 15.30 – 16.50 | Challenging practice – internationally and locally <i>Chair: Wendy Osborne</i> | Hall 4 |
| 15.30 – 15.40 | The Romanian ostomy patients support foundation – the challenge continues <i>Jo Sica & Christeen Smith</i> | Hall 4 |
| 15.40 – 15.50 | Introducing a stoma care pathway in India <i>Jacqui North</i> | |
| 15.50 – 16.00 | Exploring the mythology and methodology of choice of convexity in specialist stoma care nursing <i>Jenny Bayliss</i> | |
| 16.00 – 16.10 | The challenges for a community stoma nurse caring for a patient in a High Security Prison <i>Katy Timms</i> | |
| 16.10 – 16.20 | The challenges of managing squamous cell metaplasia <i>Gill Wilson</i> | |
| 16.20 – 16.30 | Safeguarding- how safe are our patients <i>Louise Foulds</i> | |
| 16.30 – 16.40 | To use or not to use – that is the question <i>Michelle Coakes</i> | |
| 16.40 – 16.50 | Session Q and A | |
| 19.30 - Midnight | Pre-dinner Drinks Reception followed by ASCN UK Conference Gala Dinner <i>Coaches will depart from the ICC from 18.45</i> | The Hilton Birmingham Metropole Hotel |

PROGRAMME

| Tuesday 20th October | | Location |
|----------------------|--|----------------|
| 07.30 – 15.00 | Registration | Main Foyer |
| 07.30 – 13.30 | Speaker Preview Open | Hall 3 Balcony |
| 08.45 | Welcome to ASCN Conference Day 2 <i>Judy Hanley, Chair to ASCN UK</i> | Hall 4 |
| 09.00 – 10.25 | Specialist case studies <i>Chair: Rebecca Davenport</i> | Hall 4 |
| 09.00 – 09.15 | Access to psychological support for under 18's with bowel diversions/ dysfunction <i>Julie Bastin & Joshi</i> | Hall 4 |
| 09.15 – 09.25 | Stoma care in younger children; can play therapy help young children to understand their stoma care <i>Ali Wright</i> | |
| 09.25 – 09.35 | Survey into the current practices of care and removal of uterine stents post ileal conduit formation <i>Jacqui Tunnicliffe</i> | |
| 09.35 – 09.45 | Our hospitals approach to robotic cystectomy and implementing a new enhanced recovery programme <i>Jane Blizzard</i> | |
| 09.45 – 09.55 | A stitch in time..... Surgical prophylaxis against parastomal hernia <i>Kevin Hayles & Dan Frith</i> | |
| 09.55 – 10.05 | Prophylactic mesh reinforcement to prevent parastomal hernia after extra-levator abdominoperineal excision of rectum: results of an Alexis aided simple technique suitable for laproscopic and open surgery <i>Mr Santosh Bhandari</i> | |
| 10.05 – 10.15 | Does my bum look big in this? A look at perineal hernias <i>Sarah Ashworth</i> | |
| 10.15 – 10.25 | Session Q and A | |
| 10.25 – 10.55 | Tea / Coffee / Exhibition / Posters | |
| 10.55 – 12.30 | Keynote Speaker & Award Presentations <i>Chair: Gilly Tomsett</i> | Hall 4 |
| 10.55 – 11.10 | Keynote Speaker Parastomal Hernia study <i>Neil Smart</i> | Hall 4 |
| 11.10 – 11.15 | Q and A | |
| 11.15 – 11.25 | Coloplast Presenters Award Information Superhighway – Cardiff to beyond <i>Deborah Keoghane</i> | |
| 11.25 – 11.35 | Coloplast Presenters Award The Grand Canyon of Pyoderma Gangrenosum <i>Deborah Hall</i> | |
| 11.35 – 11.45 | Coloplast Presenters Award Better Together – confidence and knowledge to empower the ostomist <i>Paula Carnell</i> | |

| | | |
|---------------|--|--------|
| 11.45 – 11.55 | Coloplast Presenters Award Got a purple bag – no it's not a fashion accessory! <i>Mark Johnson</i> | Hall 4 |
| 11.55 – 12.05 | Q and A | |
| 12.05 – 12.25 | Keynote Speaker Contemporary issues facing specialist nursing <i>Peter Carter, Independent Management Consultant</i> | |
| 12.25 – 12.30 | Session Q and A | |
| 12.30 – 13.30 | Lunch / Exhibition / Posters | Hall 3 |
| 13.30 – 15.30 | Case Studies <i>Chair: Simon Turley</i> | Hall 4 |
| 13.30 – 13.45 | The Next Chapter ... <i>Jamie Barnett</i> | Hall 4 |
| 13.45 – 13.55 | Flesh eating bugs – Sci Fi or an explanation of 'why' <i>Maddie White</i> | |
| 13.55 – 14.05 | Bariatric surgery: implications for stoma management <i>Carolyn Swash</i> | |
| 14.05 – 14.15 | Looks can be deceiving <i>Vicky Wilson & Lindsay Trevarthen</i> | |
| 14.15 – 14.25 | When is an allergy not an allergy? – exploring the need for wounds swabs to identify the cause of peristomal skin issues <i>Helen Cox</i> | |
| 14.25 – 14.35 | Pyoderma Gangrenosum <i>Julie Bell</i> | |
| 14.35 – 14.45 | Case study on a patient who underwent a Kock pouch procedure <i>Gabriela Boland</i> | |
| 14.45 – 14.55 | Session Q and A | |
| 15.00 | Winner Presenters Award 2015 – (Coloplast) ASCN UK Poster Prizes ASCN UK Passport Winner ASCN UK Overall Presentation Award | Hall 4 |
| 15.30 | Close of Conference <i>Judy Hanley, Chair to ASCN UK</i> | Hall 4 |

GENERAL INFORMATION

Awards

The winner of the following awards will be announced on Monday 19th October in Hall 4 from 14.45:

Winner of Research Award 2015 (OPUS)

Winner of Nurse of the Year Award 2015 (SALTS)

Winner of Urostomy Research Awards 2015 (UA)

The winners of the following awards will be announced in the last session of the conference on Tuesday 20th October in Hall 4 at 15.00:

Winner Presenters Award 2015 (Coloplast)

ASCN Poster Prizes

ASCN Passport Winner

ASCN Overall Presentation Award

Certificate of Attendance

A Certificate of Attendance will be emailed to all participants on completion of the delegate evaluation form.

The Conference has been awarded CPD Points from the CPD Certification Service. You will be awarded 1 CPD point for each hour of the Conference. It is the responsibility of the individual attending or undertaking any CPD activity to evaluate for themselves the learning benefit gained and then to record this in line with the membership or CPD requirements of his or her professional body or employer organisation.

Conference Etiquette

Mobile phones should be switched off or placed on 'silent' during sessions. Please also respect speakers and other delegates and refrain from talking during presentations.

Exhibition

In order to keep registration fees to a minimum, it is important that we have the support of commercial organisations at the conference. Please take time to visit the stands in the exhibition hall.

The exhibition will be open during the following times:

| | |
|----------------------|---------------|
| Sunday 18th October | 18.00 – 19.30 |
| Monday 19th October | 08.30 – 16.50 |
| Tuesday 20th October | 08.45 – 13.30 |

Please note the exhibition hall will be closed to all delegates during the AGM on Monday 19th October from 13.35 - 14.20 and we would ask all delegates to attend the AGM.

Insurance

The conference cannot accept any liability for personal injuries or for loss or damage to property belonging to delegates, either during, or as a result of the conference. Please check the validity of your own personal insurance before travelling.

Message Board

There will be a notice board next to the registration desk for those wishing to leave messages or notifications during the conference.

Photographer

There will be a photographer who will be taking pictures throughout the conference including photos of all the speakers. These will be available following the conference.

Posters

The Posters will be available for viewing throughout the conference. These will be located in the exhibition hall.

| | |
|-------------------|-----------|
| Case Studies | P1 – P5 |
| Clinical | P6 – P9 |
| Development | P10 – P13 |
| Education | P14 – P28 |
| Product | P29 – P35 |
| Service Provision | P36 – P46 |
| Specialist | P47 – P53 |
| Urology Specialty | P54 – P55 |

Raffle

This year's raffle proceeds will be donated to 'Fishers House at Queen Elizabeth Hospital Birmingham' and tickets will be on sale throughout the conference and conference dinner.

There will be some fantastic prizes from our Industry Partners and the winning numbers will be displayed on the message board beside the registration desk from the morning tea/coffee break on Tuesday 20th October. If prizes are not claimed by the end of lunchtime then the reserve winning tickets will be eligible for the prizes, whose numbers will be displayed on the board.

Registration Desk

All delegates will receive their name badge, conference documents, ordered tickets and all relevant conference information upon arrival at the conference.

The Registration Desks will be open at the following times:

| | |
|----------------------|---------------|
| Sunday 18th October | 14.00 – 19.00 |
| Monday 19th October | 07.30 – 17.30 |
| Tuesday 20th October | 07.30 – 15.30 |

Speaker Preview Room

This is located on the balcony in Hall 3. All presenters are required to check in their presentation a minimum of 4 hours prior to their talk.

The Speaker Preview Room will be open at the following times:

| | |
|----------------------|---------------|
| Sunday 18th October | 14.00 – 18.00 |
| Monday 19th October | 07.30 – 17.30 |
| Tuesday 20th October | 07.30 – 13.30 |

Tea/Coffee Breaks and Lunch Arrangements

Catering points will be located in the exhibition hall. If you have requested a special diet at the time of registering you will receive a dietary card with your registration pack. Please show this to a member of the catering team.

Tweeting

We welcome you to join the discussion at ASCN UK 2015 on twitter. Please use #ASCNUK2015

SOCIAL PROGRAMME

Welcome Reception

Sunday 18th October: 18.00 - 19.30

The International Convention Centre, Birmingham



This year's Welcome Reception will be held in the exhibition hall at the International Convention Centre, where you can visit the exhibition stands and meet with friends and colleagues.

Conference Dinner

Monday 19th October: 19.30 - midnight

Hilton Metropole Hotel, Birmingham



The pre-dinner drinks will be held in the Hilton Metropole Hotel, followed by a 3 course dinner in the venue. The dress code for this year's dinner is Black Tie.

We are delighted that Hollister will provide a photographer for the evening with photographs being available to view the following morning on their stand.

Photographs will be available for download following the conference at Andrew Fleming Photography www.andrewflemingphoto.com

Coaches have been organised to pick up from the ICC at 18.45hrs and will collect at the end of the evening returning back to the ICC. The journey time between the two venues is roughly 30 minutes.

ASCN UK Area Representatives

| | | | |
|---------|---|---------------------------------|---|
| Area 1 | Scotland | Alison Crawshaw | crawshawalison@hotmail.com |
| Area 2 | North East | Liz Davis | liz.davis1@nhs.net Elizabeth.Davis@Hollister.com |
| Area 3 | Yorkshire and Humberside | Sarah Ashworth – nee Hannam | sarah.ashworth@salts.co.uk |
| Area 4 | South Yorkshire and Trent | Katy Timms | Katy.Timms@Hollister.com |
| Area 5 | Merseyside (Chester, Southport, Warrington) and North Wales | Caroline Swash | carole.swash@dsl.pipex.com |
| Area 6 | Mid / South Wales | Pip Chandler Iris Williams | gbpca@coloplast.com Iris.Williams@wales.nhs.uk |
| Area 7 | Manchester and North West | Nichola Ellis | stomacare@srft.nhs.uk |
| Area 8 | East Midlands and Lincolnshire | Kate Howlett Michaela Parker | kate.howlett@salts.co.uk michaela.parker@salts.co.uk |
| Area 9 | Oxford, Middlesex and Berkshire | Jo Pragnell | joanna.pragnell@ouh.nhs.uk |
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| Area 11 | Sussex and Surrey | Carol Katté | carolkatté@hotmail.com |
| Area 12 | Essex and Kent | Jacqui North | Jacqui.north@hollister.com |
| Area 13 | East Anglia | Gill Skipper | gill.skipper@qehkl.nhs.uk |
| Area 14 | Avon, Devon, Cornwall | Vicky Preece | vicky.preece@glos.nhs.uk |
| Area 15 | Hants, Wilts, Wessex, C.I | Claire Lowther Emma Maltby | gbcmb@coloplast.com emma.maltby@hhft.nhs.uk |
| Area 16 | Northern and Southern Ireland | Mary Kane | mary.kane@northerntrust.hscni.net |
| Area 17 | South Birmingham and West Midlands | Maddie White | maddie.white@uhb.nhs.uk |
| Area 18 | Commercial | Jo Sica | jo.sica@hollister.com |

All members: please send an email to your nearest rep to enable them to update their records and to ensure you are kept informed. If there is not a rep in your area please email Simon Turley on Simon.Turley@ascnuk.com and please consider putting yourself forward for this position or nominate someone in your area.

EXHIBITORS AND SPONSORS

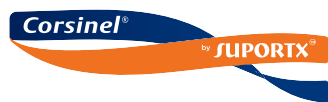
We gratefully thank and acknowledge all our sponsors and exhibitors of the ASCN UK Conference.



ALLIANCE PHARMACEUTICALS LTD

Avonbridge House, Chippenham, SN15 2BB
Contact Person: Stuart Jenks
Tel: 01249 466966
Email: info@alliancepharma.co.uk
Website: www.opus-healthcare.co.uk

Opus Healthcare, a division of Alliance Pharmaceuticals Ltd, markets a well-established range of stoma management products. Lift Plus 360 adhesive remover and SkinSafe protective film protect peristomal skin, whilst AbsorbaGel, DeoGel, NaturCare, NaturCare IPD, LaVera and Clearway all make managing a stoma easier. Visit our exhibition stand for more information



AMI MEDICAL LTD

Unit 4, Central Court, Finch Close, Nottingham, NG7 2NN
Contact Person: Altaf Makani
Tel: 0115 986 1888
Email: altaf@amimedical.co.uk
Website: www.suportx.co.uk

We offer a large selection of support garments from stock. We also offer a nationwide fitting service both in Community and Hospital Clinics. A full bespoke garment making service is also available. We now offer the popular Corsinel range of products.

For more information please visit our stand at ASCN 2015 or call 0800 9179584.



B.BRAUN MEDICAL

Thorncliffe Park, Sheffield, S35 2PW
Contact Person: Sarah Mannion
Telephone: 0114 225 9122
Email: Sarah.Mannion@bbraun.com
Website: www.bbraun.co.uk

The B.Braun Group is one of the world's leading health care companies. B.Braun offer health-care professionals and hospitals an outstanding range of products, including an impressive portfolio available for you to view today. Please visit us for more information about Iryump® irrigation system and Softima® appliances, including the new 3S two-piece range.



THE BREAKAWAY FOUNDATION

PO Box 7982, Swadlincote, DE11 1FB
Contact person: Julie Bastin
Telephone: 07903220040
Email: info@breakawayfoundation.org.uk
Website: www.breakawayfoundation.org.uk

The Breakaway Foundation is the only UK wide charity offering support to children from birth to 18 with bladder and/or bowel diversions/dysfunction and their families. Breakaway offers an online support network, telephone helpline, residential confidence building activity weekends, local meet ups, and information days around the country.



BULLEN HEALTHCARE

Glacier Buildings, Brunswick Business Park, Harrington Road, Liverpool L3 4BH
 Contact Person: Paul Holdich
 Telephone: 0800 888 501 Fax: 0151 207 3804
 Email: info@bullens.com Website: www.bullens.com

Bullen Healthcare is a fourth generation, family-run business. We offer Stoma, Urology and Wound Care Products, through our personalised Home Delivery Service for patients throughout the UK. This service includes an extensive range of complementary items exclusively available through Bullen Healthcare including Absorbian Bed Pads and Alcohol-free Hand Sanitiser. In addition our Home Delivery Service, Bullen Healthcare also has a range of Patient Focused Stoma Care products and accessories including NA'Scent Odour Eliminator. To find out more about Bullen Healthcare, please come to see us on Stand 23 and visit www.bullens.com



CD MEDICAL

Telephone number 01942 816184
www.cdmedical.co.uk

"NEW CLINIFILM BARRIER CREAM"

C D Medical Ltd, a subsidiary of M & A Pharmachem Ltd, develops innovative Stomacare additional items. PEEL-EASY, CLINIFILM and CLINIFRESH all offer significant cost savings to the NHS. Peel-Easy was the first adhesive remover spray without cold propellants and is now the only sterile 50ml spray. Now available - Clinifilm Concentrated Barrier Cream, specially formulated for fast absorption and durability.



COLOSTOMY ASSOCIATION

Enterprise House, 95 London Street, Reading, RG1 4QA
 Contact Person: Jo McKenzie
 Telephone: 0118 939 1537
 Email: cass@colostomyassociation.org.uk
 Website: www.colostomyassociation.org.uk

The Colostomy Association is a national charity that supports people living with a stoma. We currently support over 23,000 people in the UK through our 24-hour helpline, range of free literature, Facebook support group, Junior Ostomy Support Helpline, quarterly magazine and one-to-one volunteers.



CLINIMED LTD

Cavell House, Knaves Beech Way, High Wycombe, HP10 9QY
 Telephone: 0800 036 100
 Email: enquiries@clinimed.co.uk Website: www.clinimed.co.uk

New Aura Flushable
 Now **double** the confidence

CliniMed will be showcasing the new Aura Flushable range of pouches at this year's ASCN. Aura Flushable is the next generation in our innovative Flushable stoma pouch range. Especially designed to improve a colostomate's quality of life, these new pouches combine the latest flushable technology with the kindness of medical grade Manuka honey.

Please come to Stand 6 to find out more as well as our other products and services.

EXHIBITORS AND SPONSORS



COLOPLAST LTD

Address: Nene Hall, Peterborough Business Park, PE2 6FX
Contact Person: Customer Care
Tel: 01733 392000 Fax: 01733 392314
Email: gbccare@coloplast.com Website www.coloplast.co.uk

At Coloplast, our mission is to make life easier. This year, we are pleased to announce the arrival of our latest innovation in convexity. Designed to provide a new level of flexibility and security, SenSura Mio Convex does not compromise! Visit us on stand #1 and try it for yourself.



ConvaTec

CONVATEC LTD

ConvaTec GDC, First Avenue, Deeside Industrial Park, Deeside, Flintshire CH5 2NU
Contact Person: Emma Deakin
Customer Care Line: 0800 834 822 or 1800 721 721
Email: emma.deakin@convatec.com Website: www.convatec.co.uk

ConvaTec are leading innovators in Stoma Care. We believe 'Helping each person to become more than their stoma' is a reality we can help all patients to strive to achieve, and we stand by our core values of providing gold standard customer care and transparency with nurses and patients and a responsible approach to partnering the NHS.



DANSAC

James Hall, St Ives Business Park, PE27 4AA
Telephone: 01480 484300 or Freephone 0800581117
Email: dansactld@dansac.com Website: www.dansac.co.uk

Join us at the Dansac stand at this year's ASCN conference; Find out more about the 'Think' stoma care campaign. Have fun in our photo booth. Find out about the ingredients that go into our skin barrier. How do we make them so skin friendly but secure? Sign up and find out about our latest educational courses for 2016. We wish you an enjoyable conference and look forward to seeing you



FITTLEWORTH MEDICAL

Hawthorn Road Littlehampton West Sussex
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Fittleworth is an independent, trusted and dedicated home dispenser for ostomy, urology, continence and wound care products that caters for the individual needs of patients at a local level. Central to our offering, Clinical Respect is our health provider promise to deliver excellence in patient care while helping achieve best value in prescribing.



HOLLISTER

42 Broad Street, Wokingham, Berkshire, RG40 1AB
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Email: tania.emmett@hollister.com Website: www.hollister.co.uk

Hollister are very much looking forward to seeing you at this year's conference. Come and see us on the stand where we will talk to you about our latest products and services. Be sure to ask us about our new Soft Convex range, slim rings, and receive an update from Ostomy Care Confidential.



The ileostomy & internal pouch
Support Group
Registered Charity

IA (THE ILEOSTOMY AND INTERNAL POUCH SUPPORT GROUP)

Peeverill House, 1-5 Mill Road, Ballyclare BT39 9DR

Contact Person: Anne Demick

Tel: 028 9334 4043 Fax: 028 9332 4606

Email: info@iasupport.org

Website: www.iasupport.org

IA is a national patient support group run by and for people with ileostomies and internal pouches, their families, friends and carers. IA aims to help them return to a full and active life after surgery and works hard to challenge the fear and misconceptions that surround bowel disease surgery. Since its creation in 1956 and as the founding association in the UK & Ireland, IA has been privileged to work in partnership with stoma care nurses on a number of interesting and innovative projects.



MA HEALTHCARE LIMITED

MA HEALTHCARE

Mark Allen Group, St Judes Church, Dulwich Road, Herne Hill, London, SE24 0PB

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Website: www.markallengroup.com/ma-healthcare/

MA Healthcare is an established provider of nursing and medical education, offering printed resources, conferences and websites for professionals at all levels of the health services. The British Journal of Nursing is our flagship clinical journal for specialist nurses and is also the exclusive educational publishing platform for the ASCN. We also publish the Gastrointestinal Nursing Journal, a leading UK publication for gastroenterologists and stoma care nurses.



MARLEN HEALTHCARE LTD

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Email: aden@myco.co.uk

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Contact Person: Hazel Pixley
Telephone: 01889 563191
Email: secretary.ua@classmail.co.uk
Website: www.urostomyassociation.org.uk

The Urostomy Association provides information and support for people who have, or are about to have a urinary diversion of any kind, including urostomy, continent diversion and bladder reconstruction. We have information leaflets available on many of the issues which will affect patients before and after surgery, along with a DVD and regular magazine.



WORLD COUNCIL OF ENTEROSTOMAL THERAPISTS

1025 Thomas Jefferson Street NW,
Suite 500 East Washington, DC, 20007 United States of America
Contact Person: Jennifer Bank
Tel: 1.202.567.3030 Fax: 1.202.833.3636
Email: admin@wcetn.org
Website: www.wcetn.org

Established in 1978, The World Council of Enterostomal Therapists (WCET) is the international professional nursing organisation for nurses involved in the care of persons with ostomies, wounds or continence needs. With members in over 50 countries, the WCET is a culturally diverse group whose mission is to ensure that specialty trained nurses are available worldwide to provide technically and culturally competent care for persons with ostomy, wound or continence needs.



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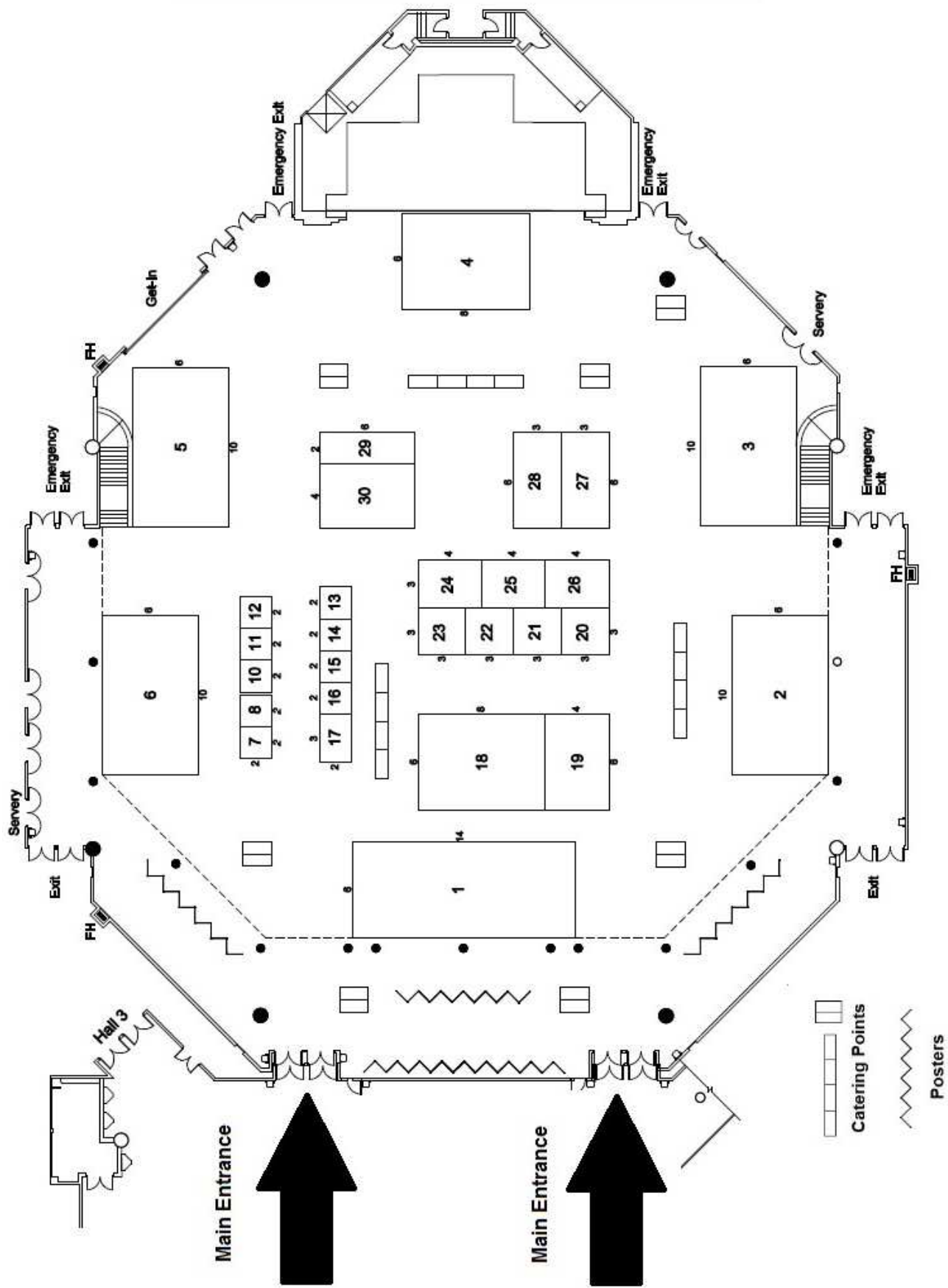
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ORAL ABSTRACTS

Sunday 18th October

ASCN UK / Paediatric Stoma Care Group (PSNG) Workshop

Getting the basics right

Key Objectives:

1. Stoma dolls; Practical
Gain awareness of the variety of paediatric stoma appliances and practice their application.
2. Stoma photographs: Problem solving
Enhance the ability to transfer stoma knowledge and problem solving skills to address Paediatric stoma problems.
3. Gingerbread man poster; Teaching
Develop skills to utilize and adapt resources enabling children to have age appropriate teaching aids.

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Monday 19th October

01

DO YOU KNOW YOUR “P” RATINGS?

Bernadette Ambrose

West Suffolk Hospital, Bury St Edmunds, United Kingdom

Aim: The purpose of this abstract is to demonstrate how the introduction of a stoma grading system improved the standard of stoma formation, enhanced communication and reduced accessory usage within a Colorectal unit over a 3 year period.

In 2013 £248 million was spent on stoma appliances and accessories in England (Health and Social Care information Centre, 2014).

Method: The author will describe and outline the “p” ratings tool. (Howlett 2005) The “p”(problematic) ratings grading system simply grades each stoma according to the number of accessories used to keep the stoma pouch functional.

p0 is the “ideal” stoma (Stoma bag only no accessories used)

p1 (the introduction of one accessory i.e. stoma seal or convex product)

p2 (the introduction of two accessories i.e. seal and belt)

The highest “p” rating is a “p” 5 this is normally a very problematic stoma.

Results: The presentation will show how the stoma nurse worked collaboratively with the Colorectal surgeons to introduce the “p” ratings tool in the hospital to ensure the best possible outcome for stoma patients. Each surgeon agreed for each of their stomas to be rated 6 weeks following surgery.

The results were then presented to the Colorectal Multi-disciplinary team at the end of each year.

Conclusions: The introduction of the stoma grading system within the service lead to improved communication between the surgical team and the stoma nurses. We developed our own common language when describing individual stomas. The overall standard of stoma formation improved. The “p” ratings tool also allowed for the monitoring and cost analysis of accessory use within the service.

References

Health and Social Care Information Centre (2014) Prescription cost analysis England 2013

Howlett S (2005) “p” Ratings stoma tool. East Anglian Nurse Meeting.

02

TO CHANGE OR NOT TO CHANGE?

Helen Woodcock

Salts Healthcare, Birmingham, United Kingdom

Introduction: The issues to be discussed in this presentation have been brought about by the ever increasing ageing population not only in the UK but around the world. With this in mind, it means that the community stoma care nurses are finding “lost ostomists” still using the first stoma bag that they were given on discharge 30-40 years ago. Most of these products are now out dated or are being discontinued by the companies that produce them

Aim: The aim of the presentation is to highlight the reason for change and whether or not when reviewing the stoma patient, assessing the quality of life, product usage, leakage or sore skin it is actually necessary to change

Method: To review the current literature, making reference to documents which have brought about a review of these patients, This has given the stoma care nurse the opportunity to review the patient, assess their quality of life with regard to their stoma, a product review and also address any problems with sore skin or leakages

Result: During the course of these reviews, stoma patients will be still using old, out of date products that the stoma care nurse would deem unsuitable, impractical, not user or skin friendly. Is there a need for change? What are these reasons? How would these changes affect the stoma patient?

Conclusion: To conclude this presentation, the author will discuss and reflect on the outcomes of the “lost ostomists” and the need or necessity to change their pouch

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03

COMMUNITY STOMA CARE SERVICE - PROMOTING AND PROTECTING A COMMUNITY SERVICE WITHIN THE LOCAL CLINICAL COMMISSIONING GROUP

Kevin Hayles, Hyacinth Thompson

Queens Hospital, Romford, Essex, United Kingdom

Aim: The purpose of this abstract is to highlight how the stoma care team promoted their community service from an acute setting.

Method: This presentation will demonstrate how the stoma nurses presented and promoted the service provided to all patients discharged into the community following stoma surgery. Becoming an integral part of the protected teaching initiative (PTI) within the local Clinical Commissioning Group (CCG).

Results: The presentation will demonstrate how working closely with the CCG the stoma nurses have forged solid links with local General Practitioners, Practice Nurse and District Nurses. An audit of one GP group practice stoma patients has been undertaken as a pilot study. The findings from this audit will be presented to the GP's at a PTI in the near future. Initial feedback and evaluation of this project to date will be shared with the audience at ASCN in Birmingham.

Conclusion: This has been an extremely challenging and time consuming project, however, to date the results are very promising and feedback from the local CCG is very encouraging. This was implemented as part of the cost saving initiative within the NHS with the plan for the NHS to save £30 Billion by 2017 (Health Foundation, 2014). Both of the authors of this presentation feel a greater involvement within the local CCG and have greater links in the community as a result of this project. This has also reduced hospital clinic reviews with patients reviewed at their own GP practice by the stoma team. This in turn has increased visibility of the stoma nurses with local GP's. **Reference:** Health Foundation (2014) Closing the NHS funding gap: Can it be done through greater efficiency? Summary of a roundtable discussion, 30th January 2014. <http://bit.ly/1w3g0A9> (accessed 17/02/15).

04

ARE YOU LONELY? A GUIDE FOR STOMA NURSES TO THE LONE WORKER POLICY

Julie Barwell

Hollister Nurse, Team Leader, Berkshire, United Kingdom

Aim: Stoma care nurses frequently work on their own as part of their roles in the community often in areas that could put them in potential risk. Face to face contact with patients is an essential part of the stoma care nurses role in delivering a high quality community service.

Method: Stoma care nurses are seeing patients in a wide variety of settings sometimes in very remote or diverse areas. They have an additional responsibility of keeping patients out of hospital or to facilitate an early discharge due to pressures on beds.

Results: Working alone is not illegal, however, the law requires employers to consider carefully and have a responsibility for the health and safety of all workers.

Stoma nurses can be vulnerable to both physical and verbal abuse from patients and families simply because they do not have the immediate support from familiar surroundings, colleagues or security staff and this can be challenging with feelings of vulnerability.

Recent news from the Royal College of Nursing suggests that nursing staff based in the community feel that the risks in their role has increased due to an increased case load and expectations from patients and relatives.

Stoma care nurses with an increasingly ageing population to keep well and at home and out of hospital can take a number of practical steps to help and improve their safety whilst out in the community.

Conclusion: The aim of this presentation is to raise stoma nurses awareness of the issues of lone working and to prepare them for working in areas that are potentially unsafe.

The themes that will be discussed are:

Risk assessment

Prevention

Policy

Training

Support

References:

Royal College of Nursing (2011) Lone working survey London: RCN Available at: www.rcn.org.uk/__data/assets/pdf_file/0007/424177/004192.pdf (Accessed 15/5/15).

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05

DEVELOPING OUR SERVICE TO IMPROVE THE PATIENT EXPERIENCE. HOW WE CREATED A NEW ROLE TO ADDRESS THE UNMET NEEDS OF NEW OSTOMISTS ON THE ENHANCED RECOVERY PROGRAMME

Juliette Fulham

Frimley Health NHS Foundation Trust, Wexham Park Hospital, Slough, United Kingdom

The newly revised Nursing and Midwifery Council (NMC) Code for Nurses and Midwives (NMC, 2015) requires us to provide leadership to improve patients' experiences of the healthcare system. When a colorectal surgery enhanced recovery programme was introduced in our hospital, patients undergoing stoma formation were expected to have a shorter length of stay. They needed to be able to perform their stoma care independently within around five days following surgery, to avoid a delayed discharge. The expectation was that patients would practice their stoma care at least twice a day; once with the stoma care nurse and once with a member of the ward staff. However, despite various initiatives, in the face of ward staffing shortages and changes to shift patterns, two years after implementation of the enhanced recovery programme, many patients were still reporting that opportunities to practice their stoma care with the ward staff were limited. We needed to consider how the stoma care service could adapt to meet our patients' expectations.

Our solution was to reconfigure the stoma care department's staffing to provide additional clinical support specifically for new ostomists following the enhanced recovery programme. We created a new role for a Stoma Care Administrative Assistant / Health Care Assistant. This presentation will discuss the challenges and opportunities we encountered throughout this process and reflect on the impact of this initiative on our service and on the patient experience.

References

Nursing and Midwifery Council (2015) The Code. Professional standards of practice and behaviour for nurses and midwives. Nursing and Midwifery Council: London.

06

THE CARE CERTIFICATE - NOW A CQC REQUIREMENT (IMPLEMENTATION OF STOMA CARE PROGRAMME)

Laura Newman

Frimley Health Wexham Park Hospital, slough, Berkshire, United Kingdom

Aims: The author intends to share best practice relating to the implementation of a stoma care programme for Health Care Assistants (HCA's). The Care Certificate is a newly developed Care Quality Commission (CQC) requirement and in light of the Francis report (2013) reinforces the importance of quality care for all.

Background: Quality continues to be at the top of the Agenda of Health Care initiatives. This has always been a priority to most; however in light of the Francis report and later the Cavendish report we are acutely aware of what happens when care is substandard.

The Cavendish report highlighted huge discrepancies in the training and competencies of Health care Assistants (HCA's). This had led to an overhaul in regulations and training of HCA's in the U.K. From April 2015 the Health Education England (HEE), Skills for care (SFC) and Skills for health (SFH) launched The Care Certificate. The care certificate includes 15 nationally recognised standards and has now become a CQC requirement. Approached initially by a motivated practised development nurse I have now developed and implemented a stoma care programme

Results: The author has undertaken 2 programmes to date. The feedback is has been extremely positive and clinical application with regards to patient care and basic understanding of the psychological impact of stoma formation and teaching on the wards appears improved patient. The author plans to evaluate patient feedback but so far ward staff have expressed that they feel supported and some have requested attending further study days in stoma care.

Conclusion: This has been an exciting opportunity to Share best practice from the outset of the HCA's induction programme. Most of the HCA have little experience of Stoma Care and our goal was to enhance the quality of care received by patients.

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07

INTESTINAL FAILURE: A REVIEW OF MEDICAL AND NURSING STAFF KNOWLEDGE ON THE TREATMENT AND MANAGEMENT

Cathy Walsh, Rita Marren

Letterkenny General Hospital, Letterkenny. Co. Donegal, Ireland

Management of Intestinal Failure is complex and challenging. It is a rare condition that involves a multi-disciplinary approach in hospital and community setting. A lack of knowledge from medical and nursing staff is understandable given the limited number of patients diagnosed and specialised centres are limited. It was observed that there was an apparent lack of knowledge among nursing and medical staff for patients who were admitted with complications as a result of Intestinal Failure. This was despite the availability of a hospital based guideline which was developed in 2008.

The objective was twofold: to explore the knowledge of Intestinal Failure among nursing and medical staff who are most likely to care for patients on a ward setting and to raise awareness on the treatment and management.

Awareness of the condition is vital for nursing and medical staff in the hospital and community. Patients can deteriorate rapidly resulting in dehydration, renal failure and hospital admission. Staff who are not familiar with the strict fluid regimens required will encourage patients to drink lots of fluid to correct the resulting renal failure which is very confusing for patients. A review of the literature on CINAHL and Medline revealed no literature on this topic.

An audit was carried out to assess nursing and medical staff knowledge. A total of 11 questions were asked in relation to care, types, causes, management, medication, diet, referral pathways, the established guideline and further education.

The results showed a significant number of nursing and medical staff had cared for and had an understanding of Intestinal Failure. However there was an apparent lack of knowledge regarding treatment regimens and the management. 77% of staff were unaware of the guideline and 90% would like further education.

A project development programme was devised which includes: a patient alert sticker on medical records, an algorithm in poster format on wards, information leaflet, guideline update and education sessions.

08

MANAGING A HIGH OUTPUT STOMA IN THE COMMUNITY: EMPOWERING PATIENTS TO SELF CARE

Sharon Colman, Ann Goodey

Norfolk Community, Norfolk, United Kingdom

Aim: The aim of this presentation is to show the development of a self-help traffic light system for community stoma patients aimed to prevent readmission with a high output stoma.

Method: A high output stoma is defined as more than one litre of fluid over a 24 hour period and is of a more watery consistency (Forbes 2001) According to Tang et al (1994) patients with an ileostomy can have excessive loss from the stoma for up to 9-10 days following formation.

With the increasing implementation of the enhanced recovery program, many patients are being discharged before this time.

Results: Often patients are unaware of the symptoms and treatment of dehydration resulting from a high output stoma and have required re admission for electrolyte imbalance, dehydration and, occasionally, acute renal failure.

Anecdotally patients are provided with a plethora of information and advice throughout their treatment and hospital stay and although management of high output stoma is referred to; patients admit to being overwhelmed by the amount of information they receive. In our experience they tend to focus on the practicalities of pouch change and diet. Many attribute dehydration symptoms to being an expected part of recovery from major surgery or the treatment they are undergoing.

Conclusion: A literature search revealed that guidelines and protocols for management of high output stomas are aimed primarily at clinicians during an inpatient stay. For this reason we have developed a simple patient guide to signs and symptoms of high output and an easy to follow traffic light system for management. The guide aims to raise awareness for patients following discharge enabling them to monitor and self-manage where appropriate.

This system will enable patients to seek help in a timely manner and prevent repeated hospital admissions.

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09

HOW COMMON IS PERISTOMAL ITCHING IN THE ABSENCE OF VISIBLE SKIN PROBLEMS?

Ginger Salvadalena

Hollister Incorporated Clinical Affairs, Libertyville, IL, USA

Adjustment to an ostomy may be difficult if simply wearing the pouching system creates physical discomfort. Pruritus, especially when chronic, may be difficult to treat (Bautista DM, Wilson SR & Hoon MA, 2014). Little is published in the stoma care literature about pruritus (peristomal itch) except in relationship to certain skin conditions such as candidiasis and dermatitis. Stoma care nurses may assume itching signals leakage of stoma effluent under the barrier, and advise patients to remove or change the pouching system. This study explores peristomal itch to learn how nurses and patients compare in their experiences with this issue.

Aims:

Explore peristomal itch reported by individuals with stomas

Assess stoma care nurse opinions about peristomal itch (prevalence, causes and treatment)

Identify similarities and differences in the responses of the nurses and the individuals with stomas

Methods: Multi-national exploratory survey; conducted with ethics review / approval

Individuals with stomas describe if they have experienced peristomal itch, and if so, how often and for how long. Specifically, itching without any visible skin breakdown is explored. What effect does this have on the individual; and how troublesome is it? What actions are taken and which, if any, are effective?

Stoma care nurses provide their opinions about the prevalence and causes of peristomal itch. They report management strategies and how often inquiry about peristomal itch is included in their patient evaluations.

Results / Conclusions: Study results will be presented at ASCN Conference. The similarities and differences of the two groups will be highlighted, followed by conclusions and implications for stoma care practice and future nursing research.

References:

Bautista DM, Wilson SR, Hoon MA. Why we scratch an itch: The molecules, cells and circuits of itch. *Nat Neurosci*. 2014 February; 17(2): 175-182.

010

EXPLORING THE EFFECT OF A NEW SURGICAL TECHNIQUE ON THE QUALITY OF LIFE OF PATIENTS WITH PERISTOMAL SKIN CONTOURS CAUSING LEAKAGE

Riccardo Bonomi, Christina Koulouglioti, Fabio Rapisarda, Catherine Avery, Serena Streatfield, Carolyn Noren, Anna Conway, Lorraine Kalra

Western Sussex Hospitals NHS Foundation Trust, Worthing, West Sussex, United Kingdom

Aims: Lipomodelling or 'fat transfer' has been successfully used to improve aesthetic outcomes following breast cancer surgery but has not yet been used in patients with permanent colostomies, ileostomies or urostomies. The purpose of this project was to explore the potential of this surgical procedure to improve quality of life for patients with permanent stomas who suffer frequent leakages due to abnormal skin contours.

Methods: A one-group feasibility study of N = 6 patients was conducted. Patients with a permanent stoma (> than a year) and suffering from frequent leakages were recruited from a stoma care nursing department during 2014. Patients underwent lipomodelling of the stoma area and reported on the number of leakages and quality of life before and after the procedure (at 1 -week, 3-week, 3- months and 6-months). Quality of life was measured by the Stoma-QoL quality of life validated questionnaire. Descriptive statistics and effect sizes were calculated by computing Cohen's d coefficients in order to explore the impact of the intervention.

Results: All patients reported a reduction in the number of times they suffered a leakage in 24 hours (mean= 2.25, SD= 1.20 at baseline vs mean= 0.50, SD= 0.70 at six-months); and a reduction in the number of times they needed to change clothes in 24 hours due to leakage (mean= 1.91, SD= 0.90 at baseline vs mean= 0.30, SD= 0.60 at six months). They also reported an increase in their quality of life after the procedure (mean = 46.71, SD = 8.10 at baseline vs mean = 58.12, SD = 16.90 at six months).

Conclusion: Lipomodelling could be a minimally invasive effective surgical procedure for managing stoma leakages due to peristomal skin contour abnormalities, thereby significantly improving the quality of life of these patients.

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011

A 'TIME WARP' – HAS COLOSTOMY IRRIGATION PRACTICE STOOD STILL OR ARE WE MOVING THINGS ON?

Amanda Gunning¹, Wendy Osborne²

¹Hollister, Wokingham, United Kingdom, ²Coloplast, Peterborough, United Kingdom

Aim: Quantify the need for development of protocols and assessment tools for Colostomy Irrigation

Back ground: Colostomy irrigation (CI) is a well-established procedure patients should be offered as a choice to achieve faecal continence and control without wearing an appliance (McClees et al, 2004). It is not only cost effective, but CI improves quality of life, offering a new sense of freedom and confidence (Carlsson et al, 2010). So why do less than 2% of colostomists irrigate?

Anecdotally, it was believed many SCN's did not promote irrigation. In response to this, development of a DVD and educational booklet to provide clinical evidence and guidance to SCN's was launched nationally at an ASCN symposium in 2013. During this symposium, information on irrigation practices was obtained.

71% of nurses specified they believed only 1-5% of their patients irrigated, yet 99% stated they offered irrigation, although 36% of these responses 'lacked confidence'.

The results also demonstrated a significant variance in practice at this time.

With the promotion of CI at the conference, and the positive response of over 150 DVD's/educational booklets being given out during the conference, it was hoped that evidence based information would make a difference.

Results: This presentation will review the data previously collated, against a repeated nurse survey to assess the uptake and commitment to irrigation in the last 2 years. Expectations are that there will be an increase in irrigation provision, however does the collated data reflect this? Does there still remain a variance in practice?

Conclusion: Anecdotal evidence from the voluntary associations is still advocating patients are requesting further information about CI. The authors believe development of an assessment tool and protocol will promote confidence and consistency in practice, develop and build on best practice in line with informed consent and risk assessment.

012

STOMA REVERSAL: WHY PATIENTS NEED TO BE INFORMED

Rita Marren¹, Cathy Walsh¹

¹Letterkenny General Hospital, Letterkenny Co Donegal Ireland, Ireland,

The aim of the study was to explore the patients experience of stoma reversal.

To determine if patients understood the implications and risks associated with reversal of stoma.

To ascertain if patients received adequate information and professional support before and after stoma reversal.

To improve the patient outcomes through understanding their challenges.

Methodology: Twenty patients were interviewed by the CNS through a structured and agreed telephone survey. The patients were selected at the colorectal clinic and agreed to participate voluntarily.

The selection criteria: the average age of the patient in the study (N=20) was 60 years, had undergone an anterior resection for a diagnosis of rectal cancer. The patients had reversal of their stoma within four years of the survey.

A review of the literature on MEDLINE .CINAHL and Cochrane database on quality of life after reversal supported the study.

Results: 25% of patients stated they were not prepared for the impact on their life style from the change in bowel pattern after stoma reversal

Patients wanted the reversal and did not acknowledge the complications.

90 % indicated they would like to meet another patient.

Patients were not aware of the complications of stoma reversal.

Patients who had radiotherapy had more issues with incomplete emptying and urgency.

35% of patients after reversal had perceived normal bowel function and 85% said it was better than living with an ileostomy.

80% of patients said bowel control influences their life style.

90% respondents indicated they were satisfied with the support from health professionals before surgery and after discharge.

Conclusion: Reversal of stoma patients require

Physical, psychological and social assessment prior to consideration of surgery.

Additional information and support on managing bowel pattern and life style after stoma reversal.

A defined standard of care with long term follow up for stoma reversal patients.

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013

EMPOWERING PATIENTS THROUGH HISB (HEALTH INFORMATION SEEKING BEHAVIOUR)

Wendy Osborne

Coloplast, Peterborough, United Kingdom

Aim: How the SCN can support and direct their ostomates to HISB (health Information Seeking Behaviour)

Objectives:

Identify reasons why HISB is important

Highlight the relevance of Orem's model of care

Identify how the internet is meeting HISB

Demonstrate how a credible tool can complement HISB

Evaluate the effectiveness of the tool to meet HISB

Content:

The DH specifies patients should take responsibility for their own health (DH 2013), and people should be in control by having easy access to information that will encourage them to participate in their own care (NHS England 2013). Orem's model of self-care is a nursing theory frequently referred to when planning and delivering care and education to ostomates. Orem's model promotes individuals to be:

- Self-reliant and responsible for their care
- Distinct individuals
- Achieving self-care requisites in order to meet components of primary care prevention
- Knowledgeable of potential health problems in order to promote self-care behaviours

In the climate of reduced hospital stays, enhanced recovery and limited specialist resources, many SCN's express that time to provide ostomates with the fundamental stoma information is challenging. Increasingly SCN's are considering additional resources to support and enable individuals to become self-reliant and to self-manage their stoma care.

We know over 50% of the online population are visiting healthcare websites (Buckle 2014). Therefore, knowing that self-management with effective tools can help patients choose healthy behaviours (de Silva 2011), improve patient experience, and develop greater confidence and reduced anxiety (Challis et al 2010); we as SCN's should be promoting and directing ostomates towards credible tools which provide relevant individualised information that is trusted and appropriate

Methodology: Evaluation of an email support program as a tool to meet HISB

Conclusion: Provision of a credible support program empowers ostomates and compliments the objectives of Orem's model of self-care and HISB

014

INITIATION OF A STOMA CARE WORKSHOP TO CHANGE AND PROMOTE GOOD PRACTICE ACROSS THE TRUST

Rachel Lovegrove

Royal United Hospital NHS Foundation Trust, Bath, United Kingdom

Aim: It has been noted that patients experiencing leaking, difficult to manage stomas whilst an in-patient believe it had a psychological impact. Leaking appliances leading to sore skin, templates inaccurately cut, inappropriate appliance use were all noted at points in the patient journey. The aim of the service improvement was to ensure stoma care competency throughout the hospital reaching all the MDT; benefiting patients and health care professionals, meeting CQC standards and ensuring referrals from CCG's.

Learning Objectives

1. Gain practical skills relating to appliance change
2. Expand knowledge base relating to patient experience and stoma formation /function
3. Recognise the rationale for product choice and importance of correct template size
4. Improve confidence in offering patient support.

Method: Teaching on all wards individually would be onerous and time consuming due to heavy work-loads and the introduction of 12 hour shift patterns. An area was obtained for a workstation. Intranet and posters used to advertise the event. Practical skills taught were removing, templating and applying a pouch. Imitation stomas were utilised, bags and scissors provided. Staff attended during their tea breaks, refreshments were donated by manufacturing companies. Time was available to answer pertinent questions around stoma formation/function in a safe environment, on an individual basis.

Results: 65 attendees (nurses, matrons, medical students and consultants!). Surgical and orthopaedic wards were well represented. Evaluation forms given:

"would you recommend/ wouldn't recommend day to colleagues" 60 would recommend

5 were blank (its hoped this was a missed question)

Second event 30 staff attended, therefore 95 staff taught. Certificates were given.

Conclusion: This initiative will enhance future patient care, ensuring all staff are competent, confident and providing high quality skills to assist patients with a pouch change/stoma care. This is in the NHS 5 year plan (2014) and aligned to quality patient care and leadership in practice.

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015

35 YEAR OLD SPECIALIST STOMA NURSE DIAGNOSED WITH RECTAL CANCER

Claire Allcock

Leighton Hospital, Crewe, Cheshire, United Kingdom

Claire was diagnosed with rectal cancer in 2012 at the age of 35 having been initially diagnosed with IBS. Her presentation discusses her feelings at being diagnosed and the impact of realising this would cause loss of fertility. Also she discusses her rejection from NHS fertility treatment and how her battle to have egg harvesting helped her cope with treatment.

As a Specialist Nurse herself, she reflects from a patient and professional's background and talks about how life is now and the impact it's had on her nursing practice.

016

THE ROMANIAN OSTOMY PATIENTS SUPPORT FOUNDATION. THE CHALLENGE CONTINUES

Christeen Smith¹, Jo Sica¹

¹kingston CCG, Surrey, United Kingdom, ²edinburgh Sick Children's Hospital, Scotland, United Kingdom

The Romanian Ostomy Patient Support Foundation (ROPSF) has been in existence for over 15 years. The charity aims to support ostomy patients, provide training for Doctors and Nurses and to improve the availability of quality ostomy appliances.

More recently it was recognised that there was a need to expand this service to the paediatric population. Paediatric nurses from 4 of the principal children's hospitals were accommodated in Bucharest for 4 days in April. We undertook an intensive training course using a variety of teaching methods in order to overcome the language barrier. It is our sincere thanks to our employees and the ASCN for securing the funding through Jean Preston grant and The Royal hospital for sick children in Edinburgh that enabled us to travel and fulfil this work.

In this session we will describe how we prepared and presented the training and how we anticipate this new learning will impact in the provision of stoma care to these vulnerable babies and children.

The work of the ROPSF enables nurses to feel empowered through education and encourages them to become a significant member of the medical team in what is a hierarchical culture.

Outcomes

For delegates to gain an understanding of the work of ROPSF

To demonstrate the value of the Jean Preston award

To encourage specialist nurses to become involved with ROPSF, including mentoring overseas nurses

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017

INTRODUCING A STOMA CARE PATHWAY IN INDIA

Jacqui North

Princess Royal University Hospital, Orpington, United Kingdom

Aim: To introduce an accredited stoma care pathway in Delhi, India

Methodology: The development of clinical pathways has become an important aspect of nursing care as a means of measuring quality. There has been a lot of research and work done recently on stoma care pathways and the benefits for patients providing continuity of care, example of best practise, underpinned by evidence. Stoma care in India is often fragmented, difficult to obtain and poorly monitored. Following on from my time in India and the work I have done with local stoma care nurses, I have pioneered the introduction of a pathway of care for stoma patients and a system of measuring the outcomes to increase the quality of care provided.

In order to support the work of the local stoma care nurse, I also worked with the customer service team from the local distributor setting up a helpline for newly discharged patients to provide increased support in the early stages and access to help in the longer term. In addition to this, a system was put into place to provide means to gain patient feedback and monitor the quality of the service provided.

Conclusion: This proved to be a difficult process, complicated by cultural and healthcare provision differences and language barriers and, due to this, I would like to describe and share some of the obstacles I encountered in putting this system in place.

018

EXPLORING THE MYTHOLOGY AND METHODOLOGY OF CHOICE OF CONVEXITY IN SPECIALIST STOMA CARE NURSING

Helen Cox, Jenny Bayliss

Coloplast, Peterborough, United Kingdom

Why, when and how do we make the decision to use convexity? Exploring the mythology and methodology of choice of convexity in specialist stoma care nursing

Introduction: Over the last 5 years, use of convex products has grown by 10% per year. There is, however, little clinical evidence to inform practitioners of when, or when not, to use convexity. This prompts the question: "On what foundations do SCN's base their decisions on why, when and how to use a convex appliance, or which type of convexity to use?"

This paper will:

Explore the current rationale applied to convex decision-making by SCN's

Ascertain if this rationale is based on anecdotal, or researched, understanding

Examine the most common bases for decision-making to identify if the evidence base supports it

Use the findings to create an evidence-based convexity tool to assist in the individualised decision-making process

Method:

1. Critical literature review of convex complications over the past 5 years

2. Anonymous online survey of UK-based SCN's exploring:

key decision-points for using, or not using, convexity

perceived gaps in knowledge

guidelines or protocols followed

3. Review of current assessment tools to compare against the evidence base

Results:

Initial review of clinical evidence reveals limited advice for convexity usage

Results from the UK survey will be presented

Review of assessment tools highlights wide variation in guidance leading to inconsistent advice for patients, inadequate legal defence, or best practice cases

Conclusion/ recommendations: There is potential for variation in care provided by specialist nurses with convexity, owing to the lack of available evidence to structure practice. This is counter to the expectations of NMC/RCN for specialist nurses and highlights the need for alignment of views and practice. Therefore, the need for national guidelines, education, and further research, will be explored.

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019

THE CHALLENGES FOR A COMMUNITY STOMA NURSE CARING FOR A PATIENT IN A HIGH SECURITY PRISON

Katy Timms

Hollister, Wokingham, United Kingdom

Aim: The aim of this presentation is to demonstrate the challenges in delivering a quality stoma service to a patient in a high security prison.

Providing health care in the prison setting requires knowledge, skills and expertise. (RCN 2009)

Many offenders enter the criminal justice service in poor physical and mental health because they have limited access to services within their own communities.

As well as pre-existing conditions, they may have health problems as a result of imprisonment.

Method: In the last decade there have been significant changes in the way in which health care is delivered in the criminal justice service.

Current government policy for offender health care is based on principle of equivalence.

This means that standards of health care for people in custody should be the same for those in the wider community (RCN, 2009)

Results: This presentation will be delivered as a case study and will explore and demonstrate how the stoma nurse was involved in assisting the patient to achieve a full post-operative recovery and gain independence with their stoma care.

Additionally, by working collaboratively with the multi-disciplinary team within the prison service will show how the patient had the best possible outcome and independence with their stoma care.

Conclusion:

This presentation will highlight the following

The role of the Stoma care nurse in the prison system is varied, complex and challenging as offenders have diverse and complex health care needs.

How the stoma care nurse overcame these challenges.

References

Royal College of Nursing (2009) Health and Nursing Care in the Criminal Justice service-RCN guidance for nursing staff

Perry J et al (2010) Nursing in Prisons: Developing the specialty of offender health care. Nursing standard.24, 39, 35-40

020

THE CHALLENGES OF MANAGING SQUAMOUS CELL METAPLASIA

Gill Wilson

Salts Healthcare Ltd, Birmingham, United Kingdom

Introduction: As a stoma care nurse I have faced countless stoma related issues and dealt with many challenging conditions. However several months ago I was presented with something new, something different, something that challenged both my thought process and the knowledge that I have acquired over the years.

For one patient the condition still persists. Both I and the multidisciplinary team tried desperately hard to prevent the condition worsening in an attempt to avoid repeated surgical interventions. Unfortunately to no avail.

This condition is called Squamous Cell Metaplasia (SCM). It seems to be rare and has perhaps gone unrecognised by the profession. It was only when a patients symptoms persisted that the team questioned the diagnosis being offered.

Method: This presentation aims to explore SCM in a case study:

- Its recognisable features
- How it has been managed to date

Objectives:

- To introduce SCM to the stoma care profession
- For Stoma Care Nurses across the country to be able to recognise or surmise that a patient could possibly have SCM

Conclusion:

It is important that Stoma Care Nurses are made aware of the features of this condition and the potential implications for any patient who may present with it. Consequently I would like the opportunity to share my findings with those attending ASCN.

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021

SAFEGUARDING. HOW SAFE ARE OUR PATIENTS?

Louise Foulds

Finchley Memorial Hospital, Barnet, North London, United Kingdom

Aim: To explore issues around safeguarding (DoH 2013), for our most vulnerable patients in the community, and to understand legislation relating to provision of adult social care services (SCIE, 2013).

Methods: Mr R, a 78 year old man was referred to my service in January 2015. After previous colostomy formation he had been self-caring for a number of years but then developed a high output abdominal fistula. Mr R had been discharged back home into the community with support of carers and District Nurses. Mr R could not cope with the fistula in between carers and he was readmitted to hospital again. After lengthy MDT discussion it was decided with Mr R's agreement that he would go to a residential home temporarily.

Whilst in the residential home Mr R's fistula was managed very successfully by the carers, with additional teaching and support from the author. Mr R managed to stay in the residential home for over 8 weeks until he was unfortunately readmitted with renal failure and dehydration. The residential home had reported that neither the patients registered GP or the temporary GP would prescribe his medication, including high doses of Loperamide and it would seem that this lead directly to his readmission as an emergency into hospital.

Results: A safeguarding alert was raised for Mr R and an incident form was completed. Due to the seriousness of this incident a meeting was held, and the outcome was that this be reported directly to the CCG.

Conclusion: As community nurse specialist we are uniquely placed to highlight patient management issues. As patient advocates, safeguarding is fundamental to high quality care and health promotion. The author aims to outline the principles of safeguarding within the community setting and reflect on best practice in a changing environment.

022

TO USE OR NOT TO USE, THAT IS THE QUESTION

Michelle Coakes

Queen Elizabeth, Birmingham, United Kingdom

Case Study looking into the use of convexity on a patient being treated for Pyoderma Gangrenosum

As colorectal nurses, the general consensus is to steer away from using convexity when faced with a patient with pyoderma gangrenosum, indeed such appliances according to Dr Calum Lyon (2010) are a leading cause of this skin condition.

In this particularly case study, the author was presented with a patient with an ileostomy which had an upward facing spout with the bowle lumen at skin level, necessitating the use of a deep convexed appliance. He presented with an area of pyoderma and although it was recommended that he stop using deep convexity, the use of a flat flanged appliance plus and minus a skin barrier and or adhesive rings led to excessive leakage and skin excoriation. This left the patient no choice but return to using deep convexity.

In this particular case, Haelan tape alone was applied daily for a period of six weeks. The author had not expected to see such rapid healing when convexity continued to be used. However as the series of photographs illustrate, healing can be achieved by using simple measures and suggests that convexity can continue to be used with careful monitoring.

Series of photographs

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Tuesday 20th October

023

ACCESS TO PSYCHOLOGICAL SUPPORT FOR UNDER 18S WITH BOWEL DIVERSIONS/DYSFUNCTION

Julie Bastin, Sue Blackwell, Joshi Hicks

The Breakaway Foundation, Derbyshire, United Kingdom

This presentation will look at the difficulties facing children with bowel conditions and their families in accessing the much needed psychological support.

Access to psychological support is still very much a postcode lottery. We are seeing an increase in the numbers of young people turning to self-harm as a means to control their feelings about their condition. Access to services such as CAMHS are often denied to these young people, as their problems are seen as medical rather than emotional, but due to an existing medical condition.

This presentation will look at two cases studies as well as hearing direct from a remarkable young man, Joshi, who underwent Stoma surgery at the age of 13 for Ulcerative Colitis, and subsequently developed mental health problems. Joshi has worked through these and has just finished his final year at university. He will tell the audience about his experiences with access to psychological support, and how access, or lack of it, impacted on his life.

024

STOMA CARE IN YOUNGER CHILDREN. CAN PLAY THERAPY HELP YOUNG CHILDREN TO UNDERSTAND THEIR STOMA CARES?

Ali Wright

Nottingham Children's Hospital, Nottingham, United Kingdom

Background: Preparing patients prior to any procedure is well accepted practice within medicine and nursing. Play Therapy is commonly used in Paediatrics to prepare children for procedures; some of which may be painful; the aim being to reduce anxiety of what to expect. Through play the procedure is acted out using real equipment for the children to see and touch. Preparing for stoma formation requires education around the need for a stoma and practical skills learning in stoma care. Preparing parents or carers for their child's stoma is one aspect but what about the needs of the child?

Aim: To share my experiences to specialist stoma nurses on the positive impact of Play Therapy for younger children requiring stoma formation both before and after surgery.

Method: 2 case histories demonstrate the value of Play Therapy

Philip - now 12 years of age required stoma formation as a baby for an Ano Rectal Malformation and Hirschsprungs Disease. Philip was born with Down's syndrome.

George - 3 years of age required emergency formation of ileostomy following appendicitis and peritonitis.

Conclusion: The two case histories demonstrate the value of Play Therapy to successfully help children understand their stoma care. Both of these patients through play show their stoma care skills which they cannot verbalise.

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025

SURVEY INTO THE CURRENT PRACTICES OF CARE AND REMOVAL OF URETERIC STENTS POST ILEAL CONDUIT FORMATION

Jackie Tunnicliffe^{1, 2}, Amanda Baxter²

¹Hollister Ltd, Wokingham, United Kingdom, ²Royal Marsden Hospital, London, United Kingdom

Aims/Objectives: There is a variation of practice in the removal of ureteric stents post ileal conduit formation from clinician to clinician (Leach 2014). Building on this work this study looks at practices across the country to try to understand the rationale for these variations, and to provide a basis for evidence based care.

Methods: A questionnaire was developed to ascertain the number of ileal conduits formed, current practices of care, removal of stents and rationale for this. This was piloted by 6 stoma care nurse specialist from various acute and community settings and adapted following feedback. The questionnaire was then sent via email to 600 stoma care nurses using a regularly updated national database.

Results: Approx 23 % (136) stoma care nurses responded to the questionnaire. Practices varied widely not only across the country but also within individual hospitals, with stent removal ranging from 5 days to allowing the stents to fall out. We were unable to identify any clear or consistent rationale for stent management and removal, including checking of patency and use of antibiotics. 30% of responders wanted national evidence based guidelines.

Conclusion: National guidelines for the removal of ureteric stents in ileal conduit formation would be difficult to achieve due to the surgical technique, patients condition at the time of surgery and their co-morbidities. What needs to be considered is the development of guidelines for the day to day nursing care of stents.

026

OUR HOSPITALS APPROACH TO ROBOTIC CYSTECTOMY AND IMPLEMENTING A NEW ENHANCED RECOVERY PROGRAMME

Jane Blizzard

Royal Surrey County Hospital, Surrey, United Kingdom

Radical cystectomy is complex surgery, often associated with high rates of morbidity and prolonged lengths of stay. Minimally invasive surgery, including robotic cystectomy can greatly reduce the stress response and recovery time. The Enhanced Recovery Programme (ERP) is an evidence based multimodal care pathway incorporating all aspects of preoperative, perioperative and postoperative care.

Aim: Radical cystectomy has often meant that patients may need a prolonged hospital stay, however robotic cystectomy required the multidisciplinary team (MDT) to take a fresh approach to the care of these patients.

Delegates will learn

1. How ERP has reduced the length of stay (LOS) without an increase in complications or readmission rates
2. A holistic approach to the pathway in achieving an increased patient satisfaction and experience
3. The future of the pathway

Method: A MDT approach was taken to address and implement an ERP for a new surgical procedure.

Results: The ERP has shown positive results, with the average LOS decreasing significantly over the past few years. Even though LOS is an important indicator, the attention on the individual helps maintain focus on the whole pathway and not just the admission phase.

Conclusion: Our focus on ERP and our low LOS and complication rates are only part of the picture. Our holistic approach throughout the pathway, enables us to increase patient satisfaction and experience. As part of the service improvement, we have commenced a patient Quality of Life (QOL) Questionnaire, as little research is available on this subject. A bladder cancer support group has commenced this year, assisting us in providing the best care and support for patients undergoing treatments.

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027

A STITCH IN TIME SURGICAL PROPHYLAXIS AGAINST PARASTOMAL HERNIA!

*Kevin Hayles, Daniel Frith MBBS, MRCS, PhD
Queens Hospital, Romford, Essex, United Kingdom*

Aim: To demonstrate how the surgical team are attempting to reduce the incidence of parastomal hernia to improve the lives and maintain a positive body image perception of those undergoing stoma forming surgery.

Method: This presentation will provide the results to date of a small cohort of patients having had a suture applied to the abdominal defect up to 9 months on from surgery.

Results: This presentation will demonstrate the importance of a collaborative approach with the surgeons to address the body image problems facing ostomates who develop a parastomal hernia. The stoma nurse also worked closely with the Physiotherapy team in ensuring an adequate abdominal muscle exercise regime was followed by the patients within the study.

Conclusion: North (2014), highlights that very little research has been undertaken into prophylactic treatment for parastomal hernia. However, the author while conducting a literature review found many articles offering management solutions for parastomal hernia. Taking part in this research study which is still in its infancy has enabled the stoma nurse, surgical team and the physiotherapy team to become integrated in the patient journey both pre and post operatively. A great deal of research has gone into the reduction of parastomal hernia over the past 10 years including the insertion of surgical mesh and the provision of support garments. Each of these has a dramatic cost implication to both the acute and community care services. This presentation will explore the cost of placing a PDS suture versus a mesh in hernia prevention.

REFERENCE

North J (2014) Early intervention, parastomal hernia and quality of life: A research study. British Journal of Nursing. 23 (5) Stoma Supplement.

Keynote Speaker

PARASTOMAL HERNIA

Mr Neil J Smart MBBS (Hons) PhD FRCSEd

Parastomal herniation (PSH) is a common problem following stoma formation and may be related to patient risk factors and / or technical factors. Patient factors such as obesity and diabetes may not be easily optimised in many patients who acquire their stoma within a short time frame from cancer diagnosis to operation. The effects of differing postoperative care regimens on the incidence of herniation have not been studied in sufficient depth. The onus therefore, is on optimisation of surgical technique to reduce the risk of PSH. The optimal technique for stoma formation is, however, unknown and many technical modifications have been claimed to reduce the risk of PSH, most recently prophylactic mesh placement. Although prophylactic mesh has been the most studied surgical technique the results of the studies are conflicting. This reflects the fact that the quality of the studies has been poor and they have not provided data on outcome measures that are relevant to patients.

A new UK based prospective observational study is proposed – Cohort study to Investigate the prevention of Parastomal Hernia (CIPHER). The aims of the study are to establish the incidence of symptomatic and radiological PSH during a minimum of 2 years follow up and to evaluate the effects of key technical surgical steps during index stoma formation on the risk of subsequent parastomal hernia (PSH) formation. This collaborative study aims to be multidisciplinary and draw on the expertise of colorectal surgeons, trainees and stoma care nurses as well as trials methodologists, health economists and statisticians.

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028

PROPHYLACTIC MESH REINFORCEMENT TO PREVENT PARASTOMAL HERNIA AFTER EXTRA-LEVATOR ABDOMINOPERINEAL EXCISION OF RECTUM (eLAPE): RESULTS OF AN ALEXIS AIDED SIMPLE TECHNIQUE SUITABLE FOR LAPAROSCOPIC AND OPEN SURGERY

*Santosh Bhandari, Jacqueline Masterman, Lyn Linton, Sanjay Chaudhri
Leicester General Hospital, Leicester, United Kingdom*

Background: Parastomal hernia is common problem after extra-levator abdominoperineal excision of rectum (eLAPE) with reported incidence of upto 50%. Techniques of prophylactic mesh reinforcement with various materials have been described to reduce the risk of parastomal hernia. Here we present our experience of Alexis aided prophylactic mesh placement in the sublay position (between the rectus and posterior sheath) after eLAPE.

Methods: All the patients who underwent eLAPE with prophylactic mesh reinforcement at stoma site using Alexis between May 2010 and May 2014 were included in this retrospective analysis.

Results: Twenty-two patients (average age 70 years, 18M) underwent primary reinforcement of stoma site with mesh after eLAPE (16 laparoscopic assisted eLAPE, 6 open eLAPE). Fourteen biological meshes (Strattice) and 8 synthetic meshes were used (Parietex/Ultrapro). There were no mesh related complications. Median follow up was 32 months. Four patients (18%) developed parastomal hernia, all after laparoscopic eLAPE (4/16= 25%) and none after open eLAPE. Three patients in Strattice (19%) and one patient in synthetic group (12%) developed parastomal hernia.

Conclusion: Our Alexis aided stoma reinforcement technique was associated with low incidence of parastomal hernia. We recommend it as a safe and simple method for prophylaxis of parastomal hernia after eLAPE.

029

DOES MY BUM LOOK BIG IN THIS? - A LOOK AT PERINEAL HERNIAS

*Sarah Ashworth
Salts Healthcare, Birmingham, United Kingdom*

The author has been a stoma care nurse for over a decade and in this time she has been exposed to various disorders and conditions. More recently, the author was presented with a lady, who had developed a protrusion around the soft tissue to her perineum. This condition is known as Perineal Herniation and usually occurs following APER.

The condition, can have a huge impact on the patient's quality of life, physically and psychologically.

The author having been exposed to several patients with the same condition, wanted to share this finding with colleagues.

Aims and objectives:

1. To share this rare condition with colleagues.
2. For colleagues to have knowledge of perianal hernia that will facilitate the management of this condition.
3. For nurses to have confidence diagnosing perineal hernia.

Method: A literature search, identified articles relating to its prevalence, but not to the psychological impact this can have on a patient suffering from a perineal hernia.

Results: It is a rare phenomenon, occurring more commonly after laparoscopic surgery.

- Perineal hernias are more prevalent when the surgery has been done for cancer i.e. APER
- If there has been pre-operative chemotherapy.
- Perineal hernia are not mentioned as a post operative complication and rarely discussed pre-operatively
- Perianal hernias are less likely to occur with good primary closure of the wound, with no development of infection (Aboian 2006).
- Perineal hernias are difficult to repair surgically especially in women.

Conclusion: Perineal hernias are obtrusive, demoralising, disfiguring and bulky. Patients appear to have a reduced quality of life, are unable to do activities as normal, can get pain and discomfort. There may be a reluctance to socialise, difficulty finding clothes to fit properly, inability to sit for long periods.

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030

INFORMATION SUPERHIGHWAY - CARDIFF TO BEYOND

Deborah Keoghane

University Hospital of Wales, Cardiff, United Kingdom

The Author has identified a need for an improved pathway for complex patient discharges from the tertiary referral centre for Intestinal Failure patients to the Primary care setting.

Enhancing communication in discharge planning, whilst working collaboratively to support the expert patient were instrumental in implementing the development of a DVD careplan. Many patients are referred from out of area and therefore require complex discharge planning to ensure optimum continuity of care, frequently resulting in prolonged hospital admissions, time constraints on the primary care team and financial and logistical implications for the patient and family.

A formalised pathway was devised with the collaboration of the Trust Media Resources team. An agreed time slot of one hour was allocated for each DVD care plan to be recorded. Informed Consent was gained from the patient for the recording, and compliance with data protection policies were adhered to. The Primary care team involved were required to consent to the DVD as a formal care plan prior to recording.

The DVD care plan has to date proved instrumental in enhancing the patients discharge pathway, whilst reducing time constraints for the Primary care team and improving communication between trusts. Essentially this will empower the patient and their families who can access the DVD if required.

031

THE GRAND CANYON OF PYODERMA GANGRENOSUM

Deborah Hall, Allison Sharpe, Jayne Pragnell

The Newcastle upon Tyne Hospitals Foundation Trust, Newcastle upon Tyne, United Kingdom

Pyoderma Gangrenosum is a rare ulcerative inflammatory skin disorder, with approximately 50% of cases associated with an inflammatory disease. There are acknowledged medical management strategies for parastomal pyoderma but what do we do when these medical treatments fail?

This paper explores the management of parastomal pyoderma in a young woman whose condition was not resolved by medical intervention and who was admitted to hospital with pain and constant leakage of the stoma appliance.

Following discussion at the regional Dermatology MDT it was agreed that the best option for this case was Topical Negative Therapy as all other conservative treatment had been exhausted. The treatment of Pyoderma Gangrenosum with Topical Negative Therapy has been pioneered in a specialist dermatology unit with good results. To date there is limited evidence to support the use of Topical Negative Therapy with a foam system surrounding a stoma. Current thinking suggests that Topical Negative Therapy with a foam system positioned so close to a stoma may cause injury to the stoma

Within 3 weeks of commencing the treatment the area of Pyoderma Gangrenosum had almost healed, with no damage to the stoma. In this case the Topical Negative Treatment proved to be a cost effective viable treatment for Pyoderma Gangrenosum greatly enhancing the patient's quality of life. She was discharged three weeks following the commencement of treatment as the Topical Negative Treatment greatly reduced the incidence of leakage from the stoma appliance.

Evidence based medical management is obviously the first line of treatment, however the opportunity to explore new and potentially better treatments should be encouraged particularly where all other routes have been exhausted. This paper demonstrates how working within an MDT and involving the patient in decision making can enable the use of safe alternative therapies.

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032

BETTER TOGETHER-CONFIDENCE AND KNOWLEDGE TO EMPOWER THE OSTOMIST

Paula Carnell, Gaynor O'Sullivan

Peterborough City Hospital, Peterborough, United Kingdom

The author facilitates a unique and innovative rehabilitation programme which encourages new ostomists to regain control of their lives through education and support.

The programme is implemented following discharge and consists of four educational sessions delivered over a period of four months.

The rehabilitation programme addresses pertinent issues such as body image, diet, travel and regaining fitness. It is delivered in a relaxed and informal setting and encourages the involvement of the ostomist's family or friends. Guest speakers are invited to attend and include a consultant surgeon, an oncology nurse and a person successfully living with a stoma. Ostomists also have access to a local Ileostomy Association member who attends every session, as well as a stoma company representative who provides useful information regarding products available.

The programme provides a forum in which the ostomist can gain knowledge, confidence and inevitably greater independence. It supports and fulfils the ethos of 'making every contact count' and empowers the ostomist to make the often difficult transition from patient to person.

The programme offers both a cost and time effective way to meet the complex needs of people who have had recent stoma surgery. It allows early intervention by the Stoma Care Nurse to resolve simple issues without the need for a clinic appointment and to identify more complex problems.

Although the programme is well established, the author encourages evaluation and feedback, the results of which will be presented. Future plans include partnership working with participants and encouraging greater ostomist participation.

033

GOT A PURPLE BAG- NO IT'S NOT A FASHION ACCESSORY!

Mark Johnson, Samantha Robertson-Greenwood, Jacinda Martin

Royal Devon and Exeter, Exeter. Devon, United Kingdom

Purple urine bag syndrome is a little known and rare condition affecting urinary collection bags of catheter users. The syndrome is even rarer when you are thinking about Urostomy products. This abstract gives a case history and information regarding this phenomenon and how it was affecting the life of a long term Urostomy patient.

At first you may dismiss purple stained urine as a patients attempt to damage or compromise their Urostomy pouch, however you'd be wrong. Purple bag syndrome is a side effect of a UTI or other infection with the urine, which can cause the skin and/or pouch to become stained indigo purple.

Mrs J recently attended the stoma clinic complaining of leaking appliance and a black area around the peristomal skin. On examination the skin was stained purple with evidence of urine hidden seepage. The pouch, which she had worn for many years, was also stained purple. Mrs J had recently started on antibiotics to treat a UTI, but this also coincided with starting spiro lactone. The combination of the antibiotics, interaction with commensal bowel organisms in the conduit and the now alkaline urine had caused her urine to become discoloured.

There is little evidence or experiential learning surrounding this condition in urostomists but available evidence will be applied to the management of the patient to begin to increase our understanding of the condition and its management.

This phenomenon, although rare, is documented, so it may have been seen in practice. As Nurses in a specialist field, why have we not documented, researched or disseminated our knowledge to improve our practice. As nurses we need to be better at supporting each other with our knowledge, and demonstrating our worth.

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Keynote Speaker

CHALLENGES FACING SPECIALIST NURSES

Peter Carter, Independent Management Consultant

The role of specialist nurses has been under threat for several years as a result of short term so called financial economies that ultimately increases expenditure.

We have seen the numbers of specialist nurse reduced and often replaced by generic nurses or in some cases Healthcare Assistants. Among the consequences are an increase in unnecessary admissions to Hospital, delayed discharges and sub optimal standards of care.

With the huge increase in the number of people with long term conditions and the impact of lifestyle acquired conditions the need to invest in speacialist nurses has never been greater.

Peter Carters speech will address these issues and offer solutions. Primary care and public health are the two main areas that the Government should invest in. The target of recruiting an additional 5000 GP's over the next ten years will not be met.

Specialist nurses can help to fill that void, not as a poor substitute for GP's but because they are skilled and well equipped to meet the undoubted challenges that lie ahead.

034

THE NEXT CHAPTER.....

Jamie Barnett

Jamie Barnett was 10 years old when he had a Colostomy formed. He had endured a childhood marred by faecal incontinence caused by undiagnosed chronic constipation and impaction. Jamie welcomed surgical intervention to improve the quality of his life. Jamie first presented his story at the age of 12 in a presentation titled "Pants to Boxers". Now aged 22 Jamie returns to share the next chapter having journeyed through adolescence and early adulthood.

035

FLESH EATING BUGS - SCI FI OR AN EXPLANATION OF 'WHY'?

Maddie White

University Hospital Birmingham, West Midlands, United Kingdom

Necrotizing fasciitis (NF) is a rapidly progressive inflammatory infection of the fascia, with secondary necrosis of the subcutaneous tissues. The speed of spread is directly proportional to the thickness of the subcutaneous layer. It moves along the fascial plane and results in extensive wounds and can necessitate stoma formation in many cases.

Fournier's gangrene is a form of NF that is localized to the scrotum and perineal area.

NF may occur as a complication of a variety of surgical procedures or medical conditions in patients who are immunocompromised or have diabetes. Although NF most frequently develops after trauma that compromises skin integrity, it may also be idiopathic, as in scrotal or penile necrotizing fasciitis.

Surgical procedures may cause local tissue injury and bacterial invasion, resulting in NF. These procedures include surgery for intraperitoneal infections and drainage of ischioanal and perianal abscesses. Intramuscular injections and intravenous infusions may also lead to NF.

The author has seen a rise in the number of patients with NF recently although the reasons for this are unclear. Early recognition of symptoms and the appearances associated with NF will alert clinicians to take action quickly possible preventing further tissue loss and damage.

This presentation aims to:

Educate nurses regarding this rare condition including pathophysiology and treatments

Identify causative factors and recognition of symptoms

Discuss the implications of the disease in terms of stomas and wounds

Explore the physical and psychological impact for patients

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036

BARIATRIC SURGERY: IMPLICATIONS FOR STOMA MANAGEMENT

Carolyn Swash

Hollister, Merseyside, United Kingdom

Aim: This presentation will, through a case study, examine the impact that bariatric surgery has on the bowel with particular reference to the management of a newly formed ileostomy for bowel cancer. The bariatric procedure that will form the basis of the presentation will be that of a Roux-en-Y, which, has been described as one that significantly impacts the function of the gut (Apau and Whiteing 2011)

Background: Obesity is described by the World Health Organization (2015) as 'abnormal or excessive fat accumulation that impacts health'. In England, during 2013, 26% of men and 23.8% of women were classed as obese and 6384 bariatric procedures were carried out 2013/2014 (www.hscic.gov.uk 2015). Although, there are many significant co morbidities associated with being obese, for this client there is the potential risk of stoma formation due to the increased risk of bowel cancer developing (NICE 2015)

Method: This case study presentation will concentrate on the management, care and support required within the first six months following the formation of ileostomy formation. The following areas will also be discussed:

- v NICE guidelines regarding the management of this client group
- v The impact of bariatric surgery on the bowel
- v Stoma care management and rational
- v Skin care and product choice
- v Dietary advice
- v Psychological support

Conclusion: The author would like to disseminate the learning that occurred in their practice which ensured successful personalised care delivery was achieved.

References

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037

CASE STUDY "LOOKS CAN BE DECEIVING"

Vicky Wilson, Lindsay Trevarthen

Epsom@St Helier NHS Trust, Surrey, United Kingdom

This presentation will demonstrate using a series of photographs how the initial presentation of the skin lesion was assessed using a recognised skin assessment tool and treated in accordance with the nurses' specialist knowledge.

History: The patient initially presented in obstruction and required defunctioning with a loop ileostomy. The CT scan confirmed disseminated peritoneal malignancy likely to be a primary tumour of the transverse colon. No biopsy taken for staging.

The patient presented in the stoma clinic with leakage and broken skin around the stoma and some skin lesions. Initial assessment was thought to be excoriation from leaks. However, it was not until the persistence of the specialist nurse to recognise these lesions where not responding - and initiating discussion with the oncology team, that the patient was referred for a CT scan and chemotherapy treatment was reviewed.

The purpose of the presentation is to highlight the value of the specialist nurses' knowledge in the advanced assessment of peristomal skin conditions and when to refer and involve other specialities. To conclude, we hope this presentation will increase the awareness of the possibility of peritoneal disease occurring in the peristomal skin area. This also highlights the importance of being aware of the full patient history and having the knowledge and skills to initiate and refer for involvement of the multidisciplinary team for review and discussion.

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038

WHEN IS AN ALLERGY NOT AN ALLERGY? - EXPLORING THE NEED FOR WOUND SWABS TO IDENTIFY THE CAUSE OF PERISTOMAL SKIN ISSUES

Helen Cox

Coloplast Nursing Service, Peterborough, United Kingdom

Introduction: There has been numerous research carried out on stoma complications, namely peristomal skin soreness. Some patients experience allergic dermatitis in reaction to products used in the pouching system (such as skin barriers, belts, pouch closures, or adhesives). However, allergic dermatitis is rare and it is suggested that allergic reactions to these products occur in only about 0.6% of patients with peristomal skin irritation. The cost of identifying an allergy is significant, changing the product and /or accessories, applying barrier spray/cream and the input needed from a specialist nurse is both costly and timely.

This paper will:

Explore the current rationale applied to treating potential allergic reactions

Look at cost comparisons of assessing and treating a perceived allergy as opposed to swabbing the peristomal skin area to rule out bacterial skin infection in the first instance

Use the findings to create an evidence-based protocol to assist in the individualised treatment of MRSA peristomal skin

Method

1. Critical literature review of peristomal skin disorders over the past 5 years
2. Liaison and collaboration with Infection Control Nurse Specialists to discuss cases and treatment

Results

Photographs from case studies from patients with positive swab results for MRSA.

Within my clinical practice I have swabbed 4 patients with what appeared as a definite allergic reaction. The swab results were returned as MRSA colonization. A topical treatment was applied and perceived allergic rash gradually subsided.

Conclusion and recommendations: There is potential for variation in care provided by specialist nurses with regard to treating perceived allergic reactions on peristomal skin. Should there be an extended study in the incidence of peristomal MRSA and is there a need for a protocol to advise and treat this condition in collaboration with local infection control guidelines.

039

PYODERMA GANGRENOSUM - CLINICAL CASE STUDY JULIE BELL STOMA CARE CNS EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST

Julie Bell¹

¹William Harvey Hospital, Ashford, Kent, United Kingdom, ²Kent & Canterbury Hospital, Canterbury, Kent, United Kingdom

Pyoderma Gangrenosum affects a minority number of ostomists resulting in problems with skin integrity, localised pain, pouch adherence and pouch leakages. This can affect ostomists quality of life, that of their partners and can result in social isolation. It can result in frequent readmissions to hospital with extended length of hospital stays, many hospital appointments and community visits until it heals. It may recur in the future.

This article looks at an individual case who experienced fistulating pyoderma gangrenosum ulcers, and how the ostomist and her partner were supported practically and psychologically throughout her clinical management treatment pathway in the community. It also explores the clinical correlation with her background pathology of Idiopathic Thrombocytopenic Purpura. The author questions the provisional diagnosis of Pyoderma Gangrenosum.

Management of peristomal pyoderma gangrenosum skin ulcers may result in an increased stoma prescribing cost to the patients CCG, particularly if the amount of pouches and accessories exceeds local stoma prescribing guidelines.

Background

Barbara is an 82yr old colostomist, lives with her partner Ken on the south coast. In February 2015 she presented in A & E with a two month history of peri-stomal painful bleeding purple ulcers which were fistulating with Type 5 stools.

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ORAL ABSTRACTS

PMHx

Emergency Hartmanns procedure 2003 for Diverticular perforation.

Large para-stomal hernia compliant with wearing support briefs.

Chronic Idiopathic Thrombocytopenia Purpura (also known as Immune Thrombocytopenia).

Discussion

Multi-disciplinary team collaborative treatment pathway management

Local follow-up Stoma clinic review appointments, close to patient's home.

Digital Clinical photography, photographic care plans, and patient consent.

CCG prescribing costs implications and how the SCN can influence responsible prescribing.

Reflective practice

Reduction of readmissions to hospital.

The Future

Service development - A 'Fast track' Pyoderma Gangrenosum (easy to access for patients/healthcare professionals)

MDT treatment pathway protocol.

Electronic educational care plans hospital to community.

Telehomecare additional support.

7 day Stoma service support.

040

CASE STUDY ON A PATIENT WHO UNDERWENT A KOCK'S POUCH PROCEDURE

Gabriela Boland

UCLH, London, United Kingdom

I would like to present a case study at this year's conference on a patient who has had conversion from an ileostomy to a Kock's pouch in order to share experience. As this type of surgery is performed so rarely it is therefore of special interest to our practice.

I will discuss briefly the history of the Kock's pouch, highlighting that there is little new literature available but also referencing what is best and most relevant. I will include complication rates and outcomes.

The presentation will discuss his past medical history, the lead up to referral to Colorectal Surgeon willing to perform surgery, post-operative recovery and teaching, and finally, how he is coping a year from surgery.

Discussion points that I would like to cover and that are relevant to our practice as Stoma Care nurses are:

Long term outcome

How little information is out there

How to support patients

Access to catheters

Problems of teaching as I also lacked experience

Motivation - how to assist a patient to self-care as it is an invasive procedure

These will be incorporated into the presentation.

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Posters P1 – P5 Case Studies

P1

CASE STUDY DEPICTING STOMA MANAGEMENT FOR A PALLIATIVE PATIENT WITH EXTERNAL ABDOMINAL DISEASE

Louise Foulds

Finchley Memorial Hospital, Barnet, London, United Kingdom

Aim: Enablement of community nurses and carers, to manage the patient's stoma using pictures to describe care.

Methods: Mrs AR is a 69 year old lady who underwent extensive surgery involving formation of a colostomy for ovarian ca in January 2014. Mrs AR managed her colostomy independently initially, despite the colostomy having a high output. However, unfortunately her disease progressed and she developed tumours around her colostomy and on her abdomen which made pouching of the colostomy more challenging.

Mrs AR was initially using a soft convex one piece drainable pouch for her colostomy. As her disease progressed this pouching system no longer worked as the tumours around her stoma were bulky and wet. The skin around the tumours also became red and excoriated due to the leaks she was experiencing.

Results: A flat one-piece with viewing option was much easier to position and more comfortable to apply, and together with the use of a barrier ring which provided a flat surface to adhere the pouch to, wear time of the stoma pouch increased to between 2 - 3 days.

Conclusion: This successful pouching system resulted in improving Mrs AR's quality of life and psychological state and maintained her dignity, (Williams, 2014).

Collaboration and communication with community nurses and carers is paramount in the enhancement and quality of patient care, (Skingly, 2006).

P2

CASE STUDY EXPLORING THE BENEFITS OF ANAL IRRIGATION TO PREVENT FAECAL INCONTINENCE

Debbie Lawrence

Amcare Group, Flintshire, United Kingdom

Faecal incontinence is an embarrassing and undignified condition, and has been described as "the involuntary or inappropriate passage of faeces" (Royal college of Physicians, 1995), and is a symptom which can detrimentally affect the clients psychological, physical and social functioning (Norton et al, 2004), significantly reducing and devastating the clients quality of life (Nice, 2007). Anal irrigation is a form of conservative bowel management that can be used as an alternative to surgery, to enable emptying of the lower part of the bowel, by slowly introducing warm water into the rectum, by using either a catheter held in place by a balloon, inflated once it has been inserted into the rectum, or cone held insitu by the client over the toilet. The gentleman i was asked to see had suffered with faecal incontinence / bowel urgency for several years, and over recent weeks had noticed an increase in faecal incontinent episodes, resulting in him having to come home from work to shower and change his clothing. Following assessment anal irrigation was deemed appropriate. He was commenced on a mini system, but noted after 6 weeks that no improvement had been gained, therefore the cone toilet system was demonstrated and written and verbal instruction provided. Mr A opted to use this independently without supervision and achieved an excellent bowel clearance. He is now established on an alternate day regime, which has now resolved his faecal incontinence. Mr A now reports that he has been given back control of his life / daily activities, with this successful bowel management option.

P3

SITUS INVERSUS; IMPLICATIONS TO STOMA CARE AND CASE STUDY

Jackie McPhail

¹Chelsea and Westminster Hospital, London, United Kingdom, ²Hollister Limited, Wokingham, United Kingdom

This is based on an experience of a patient with this condition who required emergency stoma care surgery.

What is Situs Inversus? It is an autosomal recessive genetic condition. It affects all major organs in the thorax and abdomen. The organs are transposed through the sagittal plane. This means that the stomach and spleen are on the right hand side of the abdomen and the liver and gall bladder on the left hand side. Because the Stomach is on the right hand side, this affects the intestines, so that the ileocaecal valve is on the left hand side and the descending colon and sigmoid colon are on the right hand side.

This has considerations for Clinical Nurse Specialist in Stoma Care to use their expert knowledge. Specifically for Stoma Care Nurses this means that to site a patient with this condition, the descending or sigmoid colostomy needs to be sited on the right hand side and an ileostomy needs to be sited on the left hand side. If there is uncertainty as to the type of stoma, both sides should be sited.

This case study presents a patient with Situs Inversus who had to have emergency abdominal surgery leading to formation of a stoma.

It is important to share this condition, because although it is rare, it has implications for Specialist Nursing Care. Hopefully by sharing this experience it will aid another stoma care nurse faced with a patient requiring surgery who has this condition.

P4

HOW DO WE BAG THIS? THE MANAGEMENT AND CHALLENGES OF A LARGE FUNGATING ABDOMINAL WALL TUMOUR

Breege O'Neill, Sharon Ferdenzi

Salts Healthcare, North London, United Kingdom

Aim: The purpose of this presentation is to familiarise other stoma care nurses with the challenges encountered when caring for a lady with a fungating abdominal wall tumour.

Method: The presentation will be in the form of a case study that focuses on the care of a young lady with end stage intra-abdominal disease, who was admitted to a local hospice for palliative care management.

The challenges encountered will be explored and the various devices trialled discussed.

Photographic evidence of how the wound changed and proliferated over time shall be used to support the case.

Results: The author worked collaboratively with the hospice staff and the patient in order to establish an acceptable treatment plan.

Conclusion: The wound was exceptionally challenging and complex to manage.

Partnership working with the hospice staff, the patient and community stoma nurse helped build trusting relationships and reduce anxieties.

Strategies had to be modified and revised regularly to keep abreast of changes occurring within the tumour bed. Adaptation of ostomy appliances and accessories helped with symptom control for the patient, reducing pain and discomfort and equally reducing the psychological impact the wound was having on the patients daily quality of life with her young family. The patient directed and remained heavily involved in her treatment plan throughout.

P5

THE EFFECT APPLIANCE SELECTION CAN HAVE ON PATIENT WELL-BEING

Caroline Rudoni

Amcare Group Nursing Service, London, United Kingdom

The aim of this poster presentation is to show how the consideration given to selecting an appropriate appliance for your patient can hugely affect their well-being.

It is well documented that peristomal skin problems are significant, and a study by Herlufsen et al (2006) found that the frequency of peristomal skin disorders occurs in 57% of ileostomy patients, 48% of urostomy patients and 35% of colostomy patients.

Williams (2010) reports that a survey undertaken by Jemee and Nybaek (2008) suggests that peristomal skin problems pose a significant burden among those with a stoma and contribute considerably to the workload of the stoma care nurse specialist, as well as cost to the GP and CCG.

Sore skin and leakage of the stoma appliance are considered to be the main concerns for stoma patients (Williams, 2010) and often these can be easily rectified by ensuring the patient is given an appropriate pouch to fit securely and snugly around the stoma.

With so many different stoma pouches to choose from, how does the CNS in Stoma Care approach pouch selection and how do they know they are offering their patients the most appropriate product?

With the aid of 3 case studies this presentation will aim to show how appropriate appliance selection is imperative for the well-being of your patients.

Posters P6 – P9 Clinical

P6

SUMMARY FOR THE MANAGEMENT OF ADULT PATIENTS WITH A HIGH OUTPUT STOMA, IN THE COMMUNITY

Helen Coulter

Respond plus Ltd, Northern Ireland, United Kingdom

The issues which prompted this work are clients who present with a high output from their ileostomy following discharge from hospital, Cottam (2003) states, it's early recognition and prompt treatment enables them to be safely monitored at home and prevents re hospitalisation, as these patients can become dehydrated quickly, resulting in renal failure or an untimely death.

People with an ileostomy will usually pass 600-800 mls of faecal fluid in 24hrs Black (2000) and will empty their pouch 6-8 times a day, and a high output stoma can be difficult to manage with regard to fluid balance and nutrition.

Once discharged into the community, Baker and Greening (2009) suggests patients should be monitored and it should be a collaborative approach including, Stoma Care Nurse, Dietician, GP and Community Nurses, however Smith and Boreland (2013) found this approach is not always taken and re admission to hospital often follows mismanagement of high output in the community.

Baker and Greening (2009) confirm that GP's may not understand the concept of fluid management and may, wrongly, encourage an increased intake of oral fluids.

It is the author's experience of working in the community, that patients are not reviewed by their GP or dietician following discharge, and community nurses only visit if requested, therefore it is the community SCN who will need to identify high output and liaise with the GP. To simplify this "Summary for the Management of Adult Patients with a High Output Stoma" was compiled; this is to aid in the identification of dehydration and outlines appropriate treatment. It documents bloods taken and when they should be reviewed, it suggests what immediate action is required, an assessment of medications and oral rehydration fluid consumption. (Oxford University Management of High Output Stomas)

This poster is to help facilitate medical management in the community.

P7

HIGH-OUTPUT STOMAS AND FLUID RESTRICTION: EDUCATING WARD STAFF

Eleanor Rebello

University College London Hospitals, London, United Kingdom

A High-Output Stoma (HOS) is defined as a small bowel stoma that produces more than 2000mls/day or a stoma that produces consistently above 1200mls/day (Baker and Greening, 2009; Medlin, 2012; Burch, 2008). Baker & Greening (2009) explain HOS can be very challenging to manage, highlighting the importance of continuity of care by ward nurses. However, an issue arises where ward staff have a lack of insight into the correct management of HOS. This misunderstanding is often relayed to the patient leaving them confused, which can exacerbate the problem further (McDonald, 2014). Subsequently, the role of the stoma care CNS in educating ward staff is imperative in the successful management of patients with HOS.

A particular problem identified on the ward has been the understanding of fluid restriction. Patients are often incorrectly encouraged by ward staff to drink more water. Research corresponds with this, stating ostomists are often given conflicting advice from healthcare professionals regarding their oral intake, resulting in confusion and poor management (Cronin, 2013).

This poster, therefore, aims to educate ward staff in a quick and easily accessible way. It is a simple eye-catching poster that clearly illustrates the ill-effect of increasing oral hypotonic fluid intake as well as the positive result of drinking glucose-saline solutions and fluid restriction. The poster can be openly portrayed at the bedside acting as a reminder to staff as well patients if applicable.

The poster has been piloted firstly with the ward link nurses and a questionnaire created to determine whether it has improved understanding. The results of which will be available by conference. Early indications show an increase in knowledge and confidence in staff to teach patients why they have been fluid restricted. This, ultimately, will improve patient outcomes.

Please note: Reference list omitted to meet abstract word count requirements.

POSTER ABSTRACTS

P8

ADDITIONAL EDUCATIONAL AND EMOTIONAL SUPPORT IS NEEDED AND AVAILABLE FOR PRE- AND POST- OPERATIVE PAEDIATRIC OSTOMICAL AND UROLOGICAL PATIENTS

Judith Spurling¹, Philip Prosser^{2,3}, Elizabeth Prosser^{2,3}, Janet McNiven^{2,3}, Ruth Horne⁴

¹Hull Royal - provide ongoing support, Hull, West Yorkshire, United Kingdom, ²Nationwide Childrens Hospital provide ongoing support, Ohio, USA, ³McMaster Child Life Sciences Hosp. provide ongoing support, Ontario, Canada, ⁴Women and Children's Hospital Adelaide, South Australia, Australia

Paediatric patients are often traumatised by colorectal/urological surgery; taking time, to adjust to their body image; their new way of excretion; and daily living with a bag or catheter.

Following four years of research in the field, (2007-11), ICOEF established a charity to assist in pre- and post-operative paediatric support.

Above all, ICOEF provides free puppets with the same external features (hair colour/ethnicity) as the child and anatomically correct prosthesis(es) to aid children's understanding and psychological recovery.

We will use ICOEF case studies/anecdotal evidence showing the major benefits that a puppet can have on a child's recovery. i.e. (among many others)

One 5-year-old child was catatonic until she received the puppet and then slowly began to communicate.

Recorded cases show that children were discharged days earlier than normal time frame, having received a Gastronomat puppet, prior to surgery.

3 year old child learned to irrigate, using his puppet - now on an educational OASA video.

a puppet encouraged necessary cooperation for surgery, from a very reluctant patient.

ICOEF focus is on support for paediatric patients. It recognises ostomy support groups and organisations provide excellent advice for adults, but support is limited for children.

ICOEF further provides:

A website and forum for parents and children to be able to connect through an approved health association.

Production of videos using the Gastronomat puppets in Hospital situations.

A Volunteer base in 40 countries.

Ongoing advice/referrals.

Conclusion: As prosthesis can be placed anatomically correctly on the puppets, with many insertion points, they provide an educational medium enabling nursing staff to teach and encourage independence in the paediatric patient. It provides comfort to younger children especially. Its proven success in many countries is not only a tribute and recognition of the success of the organisation, but also a valuable tool/concept that stomal nurses should be aware of.

P9

THE LARS TOOLKIT: A GUIDE TO IDENTIFYING PATIENTS SUFFERING FROM LOW ANTERIOR RESECTION SYNDROME

Sandra Wallwork

Coloplast Ltd, Peterborough, United Kingdom

Aims and Objectives: To develop a toolkit for Health Care Professionals (HCP) and Patients which will provide information about LARS in order to enhance clinical services and quality of life following Anterior Resection.

Method: There was recognition from HCPs that there was a gap in service to identify and support patients who have undergone anterior Resection and who subsequently suffer from LARS.

"I was so happy to have the cancer gone, I thought I would just have to put up with being tied to the loo forever" LARS patient.

Coloplast facilitated a working group pulling together Key Opinion Leaders nationally with an interest in LARS to produce literature to support clinical practice and patients in this area.

Results: Toolkit has been published for HCP and Patients which has now resulted in LARS symptoms being recognised and addressed, with appropriate management options being put in place, clinical outcomes and patient experience are now being improved in this area of practice.

Conclusion: We now have a working toolkit that has raised awareness of patients suffering from LARS. From this we can offer appropriate treatment in the form of dietary advice, medication and anal irrigation

Posters P10 – P13 Development

P10

EARLY DETECTION AND TREATMENT OF POST-OPERATIVE PERINEAL HERNIA FOLLOWING APER, IN A COMMUNITY SETTING

Maria Culleton

Salts Healthcare, Birmingham, United Kingdom

Aims:

1. To identify those patients at risk of developing a perineal hernia post APER in a community setting.
2. Treatment options available.
3. Present two case studies where the management and treatment of the hernia differed.

Method: The author will consider the factors which may increase the patients' risk of developing a perineal hernia following Abdominoperineal Excision of the Rectum. They will also consider two case studies where different treatment plans were followed.

Results: The flow chart will enable community nursing staff to recognise those patients more at risk of developing a perineal hernia, and the appropriate action to take.

Conclusion: This poster aims to support community nurses and help them identify this rare complication following APER. To identify which patients may be more at risk and the appropriate course of action to take should a hernia be suspected.

P11

THE DEVELOPMENT OF A CONVEXITY GUIDE USING MOTIVATIONAL INTERVIEWING (MI) TO PROMOTE JOINT DECISION-MAKING AND CONCORDANCE IN PATIENTS WHO REQUIRE A CONVEX STOMA APPLIANCE

Lisa Leamon

University Hospital of Wales, Cardiff, United Kingdom

The development of a convexity guide using Motivational Interviewing (MI) to promote joint decision-making and concordance in patients who require a convex stoma appliance.

Introduction: A critical analysis of how reflective practice following an experience with a patient can assist in the promotion of joint decision-making, helping to improve concordance when a convex product is clinically indicated.

This paper will:

Review of a case involving a patient with a telescopic stoma causing them to experience leakage from their ileostomy during the night whilst resisting the recommendation to use convexity

Identify and discuss how Motivational Interviewing (MI) can be used as a basis for promoting collaboration with patients and gaining their commitment to wear a convex appliance

The development of a convexity guidance leaflet for nurses and patients to underpin the reinforcement of clinical decision-making

Content

Description of a case study experience involving a patient who failed to accept and become concordant with the clinical recommendation offered, based on the need for a convex appliance

Explanation of the use of MI and how it can be beneficial in promoting joint decision-making and patient concordance

An overview of the convexity guidance leaflet

Conclusion / recommendations: A discussion on the outcomes of using MI with patients in a clinical setting and how a convexity guidance leaflet can support the specialist stoma care nurse will be included. Suggestions for further research will also be indicated.

N.B. MI is a collaborative, goal-oriented style of communication. It is designed to strengthen personal motivation / commitment to a specific goal by eliciting the person's own reasons for change within an atmosphere of acceptance and compassion.

POSTER ABSTRACTS

P12

A STOMA NURSE LED SUPPORT BELT CLINIC WORKING IN PARTNERSHIP WITH A.M.I SUPORTXROS MARSHALL STOMA CARE CNS- EAST KENT HOSPITALS UNIVERSITY FOUNDATION TRUST

Rosalind Marshall

William Harvey Hospital, Ashford, Kent, United Kingdom

Background

Approximately 3 years ago we approached A.M.I Suportx regarding the feasibility of setting up support belt clinic for the conservative management of patients with parastomal hernia. This was a service development for the stoma team

Parastomal hernia is a frequent difficulty for patients with stomas

This stomal complication affects patients body image and self confidence and occurs in approx. 20 - 50% of patients with stomas. (Raymond and abulafi ,2002; williams,2003)

We currently run 3 stoma support belt clinics across the Trust per month with help and support from A.M.I. Suportx

Patient with parastomal hernia measured and fitted for support garment by trained fitter from A.M.I. Suportx
Findings

Full clinics - approx. 8 patients per clinic- patients with parastomal hernia initially. Now developing into preventative measure.

Patients measured and fitted by trained Suportx fitter

Bespoke garments can be made to fit all sizes and shapes

The professionalism of the service provided by A.M.I Suportx - efficient, friendly and supportive!!

Garments ease of application

Patient given contact telephone number for A.M.I Suportx if there is a problem with garment

Efficient delivery service direct to patient

Approximately 576 patients fitted for support garment to date

The Future

Continue Service

Audit the service with help from A.M.I. Suportx

Make sure patient is aware of this complication and educate patient on the prevention of parastomal hernia

P13

CYTOREDUCTIVE SURGERY AND HYPERTHERMIC INTRAPERITONEAL CHEMOTHERAPY EXPLAINED

Alison Roberts

Ostomart, Nottingham, United Kingdom

Cytoreductive surgery and hyperthermic intraperitoneal chemotherapy was first performed by Paul Sugarbaker at the Washington Cancer Institute in the 1980's. 'It has been shown that when delivered by surgeons and units with the expertise and experience in achieving high rates of complete cytoreduction, provides significant survival benefit in peritoneal carcinomatosis secondary to colorectal cancer' (Nice 2013) This procedure is carried out in three hospitals in the country. Cytoreductive surgery involves removal of the maximum amount of the visible (macroscopic) tumour. Hyperthermic intraperitoneal chemotherapy involves flushing the abdominal cavity with a chemotherapy agent at a temperature of 43 degrees. This presentation looks at the procedure in more detail and assesses the quality of life following surgery for this group of patients, demonstrating with case studies.

Posters P14– P28 Education

P14

LEARNING IS A TREASURE THAT WILL FOLLOW ITS OWNER EVERYWHERE ~ CHINESE PROVERB

Sandra Bryan, Suzie Dukes, Michelle Boucher

Salisbury NHS Foundation Trust, Salisbury, United Kingdom

Introduction: Teaching is a central part of the role of the Stoma Care Nurse (SCN). As individuals learn in a variety of ways, it is important for the SCN to be aware of different learning styles and to utilise a range of teaching methods.

This poster presentation depicts different learning styles and the innovative ways in which SCNs at Salisbury NHS Foundation Trust use them in order to stimulate and encourage learning.

Aims:

To identify different learning styles.

To demonstrate the role of the SCN in providing education in stoma care.

To show how the use of knowledge, skills and imagination can overcome barrier to learning.

Method:

Literature search identifying learning styles, models and tools.

A presentation of teaching methods currently used.

Conclusion: Individuals learn in different ways. It is important to be aware of the different styles and utilise a variety of teaching methods in order to fulfil individual learning needs.

P15

“IF YOU ARE THERE AND YOU ARE COMPETENT TO DO IT, YOU DO IT.”DEVELOPING THE HEALTH AND SOCIAL CARE PROTOCOL

Dawn Buswell, Wendy Smith

University Hospitals of Leicester, Leicester, United Kingdom

The Health and Social Care Protocol (HSCP) promotes constructive co-operation between staff of different agencies in the interests of good quality, safe care for individuals. The NHS five Year Plan (October 2014) identified a need to ‘take decisive steps to break down the barriers in how care is provided’. The intention of the HSCP is to provide cost effective, timely care by preventing duplication of services.

Cavendish (2013) identified the 21st century reality of ‘diagnose, intervene, live with a chronic condition’ and that this concept involves thinking differently about the workforce by linking carer training more closely to the nurse curriculum. Cavendish recommended a ‘Certificate of Fundamental Care’ with a framework of national competencies linking what is common to health and social care. This is the underpinning principle of the HSCP training.

HSCP training has evolved towards a passport system which belongs to the individual carer and is transferrable to wherever they work within their geographical area. It is their personal evidence of training received. Within the passport there are fourteen generic health care tasks of which stoma care is one. The aim is for every carer to complete training and have competencies assessed therefore become competent on generic tasks. This means where stoma care follows a non-complicated pathway, it can be taught and assessed as a generic task essentially reducing the need for delayed discharges whilst facilitating improved care access to stoma patients.

Our presentation aims to demonstrate how collaborative working amongst health, social care and specialist nursing services can promote better standardised stoma care in the community and an improved seamless patient experience. Working collaboratively ensures training for stoma care is provided by the stoma care nurse to ensure that all carers are assessed to an even standard.

POSTER ABSTRACTS

P16

S.P.E.C.T.R.E.ALTERNATIVELY: STOMA PRACTICAL EDUCATION COMBINING TRAINING RESOURCES TO EMPOWER

Melanie Claxton, Gill Skipper

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The delivery of education is central to the role of the Nurse Specialist in Stoma Care (Royal College of Nursing 2009). Promoting the use of informal education strategies in the management of Stoma Care is highlighted in the document on Role Descriptives for Stoma Care Specialist Nurses (World Council Enterostomal Therapists 2010).

The current climate of enhanced recovery means early discharge from hospital and it is imperative that Ostomists are competent in managing their stoma in a timely manner. This can only be achieved by ensuring all staff are adequately trained in supporting them with this area of care.

The AIM of this presentation is to discuss the various methods the Stoma team use to provide education to all grades of staff within our hospital and Community Trust.

The METHOD demonstrates the variety of theoretical and practical resources available to enhance stoma care knowledge for health care professionals from "twelve minutes to twelve weeks".

The RESULTS will be discussed incorporating audit results, shorter length of stay and sharing best practice.

The CONCLUSION incorporates:

SPECIALIST-the Specialist Nurse in Stoma Care sharing her knowledge

PRACTICE-Demonstrating practical ways of teaching stoma care

EVOLVING-discussing our future goals of staff education

CARE-the pivotal part of any nurses role

TO-or "Two or Twenty two staff"

REACH-the majority of Stoma Care Nurses within this country as they will be at the ASCN conference!

EXPECTATIONS-reminding and refreshing Stoma Nurses of the importance of education to health professionals.

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P17

ARE WE BRIDGING THE GAP - A REVIEW OF CULTURAL DIVERSITY WITHIN THE STOMA CARE SETTING

Louise Cooper-Gamson

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Within our multicultural society today we encounter any number of obstacles to communication and understanding. A specialist subject like Stoma Care cannot afford to fall behind in trying to cater to all diverse groups under its care

With Stoma care we now need more than ever to be aware of ethnic, religious and minority groups, paying emphasis to empowering the patient to help them make the correct choice for their physical and mental well being. Being mindful of this I will explore the barriers and misconceptions experienced by patients and discuss some of the possible ways we can overcome that Cultural Gap, so that the Stoma Care Nurse and Patient can forge a clear pathway of care together that suits the patients socioethnicity and religious needs

P18

MAKING THE TRANSITION FROM REGISTER GENERAL NURSE TO STOMA CARE NURSE: MY EXPERIENCE

Lucy Fitzgerald

Coloplast, Peterborough, United Kingdom

Introduction: I have spent the last 12 months working as a Stoma Care Nurse. On reflection I realise how much I have learnt in this time. I would like to design a poster to share my experience of transitioning from becoming a Register General Nurse with Hospital, Community and Wound Care experience to a Stoma Care Nurse. I hope that by sharing my experience, it offers support and helpful information to others undergoing a similar transition.

Aim:

To examine the differences and transition between a Registered General Nurse to becoming a Stoma Care Nurse

To investigate and establish the factors that are necessary to enable this transition

Discuss challenges I faced over the 12 months and how I overcame them

Content:

What enables and assisted me in making the change?

Competency book recognised by the Royal College of Nurses

Shadowing experienced Stoma Care Nurse both in the Hospital setting and the Community Setting

Field Visits with my manager

Having a mentor assigned to me that I could turn to for advise and direction

Peer reviewed evidence based research

Having the opportunity to attend relevant courses

Discussed experiences with other Nurses who have made the transition into a variety of Specialties and discovering what they found beneficial.

Conclusion:

I have really enjoyed the transition between a Registered General Nurse to A Specialist Stoma Nurse. If I did not have the help I have mentioned above I think my experience would have been a very difference one. I hope that by designing this poster it helps nurses who are embarking on a similar journey and offers helpful advice. I hope it also acknowledges the key role experienced Stoma Care Nurses play in growing and aiding the development of new Specialist Nurses.

P19

A SITING TOOL FOR NEWLY QUALIFIED STOMA NURSES

Fiona Holtham

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Siting marks the start of a patients life with a stoma; the process ensures the stoma is placed in the optimal location, accessible and visible to the patient. However evidence suggests that the long term effects of stoma formation are profound; a poorly sited stoma affects the patients quality of life as well as their psychological, physical and emotional wellbeing.

I recently undertook a degree module in stoma care with a focus on siting, giving me the theoretical and practical knowledge to deem me 'safe and qualified' to site. In order to provide holistic patient care it is a skill that I believe the stoma nurse should be proficient in.

Nevertheless siting is challenging as each abdomen is different and presents peculiarities and problems; this prompted me to develop an assessment tool to help newly qualified stoma nurses undertake a thorough abdominal assessment as part of the siting process.

Objectives: Enhance stoma siting through thorough abdominal assessment.

A reflective tool for newly qualified stoma nurses to facilitate their practice.

Methodology: Turning a thought into a reality by presenting stoma siting for the newly qualified stoma nurse in a poster format.

Producing visually, the means by which any newly qualified stoma nurse conceptualises and executes stoma siting time and time again in the clinical setting.

The tool highlights the word ABDOMEN, each letter in turn depicting what the nurse ought to know about each specific letter. Thus facilitating competence in stoma siting, serving as an aid and evidence that the act was performed.

It is hoped that this assessment tool will facilitate newly qualified stoma nurses to gain further confidence in the act of siting. It will also promote greater understanding of the different abdomens they are presented with, as well as allowing the nurse to ponder their chosen location.

POSTER ABSTRACTS

P20

SAFE STOMA SITING

Zoe Huteson

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Background: The formation of a stoma is a commonly performed procedure in many colorectal operations. Unfortunately when a stoma is performed badly it can leave the patient with inherited problems i.e. leakage, retracted/prolapsed stoma, parastomal hernia, even psychosocial issues. It is therefore an important role of the Stoma Clinical Nurse Specialist (SCN's) to mark the site of the stoma and counsel the patient prior to surgery. This has been supported by research and professional organisations as an important intervention that can help reduce the incidences of problematic stomas and improve patient's quality of life. The abstract will show how information was collected to aid in the formation of documentation to assist the SCN's with the siting process.

Method: In order to comprehend the 'siting' process information was gathered using multiple methods. Gathering and reflecting on feedback from a variety of sources is instrumental in improving your practice and performance. These included attending a siting master class, networking with other SCN's in other trusts, observing and assessing practice and documentation in the authors trust and literature reviews using CINAHL and Medline.

Results: After collating the gathered information it is apparent there is lack of structured documentation to assist the SCN's. SCN's document in the nursing Kardex/patient notes the site marked and siting process but each individual's documentation varies on information written. Therefore a 'siting' documentation was developed to assist practice and record keeping ensuring all relevant information is documented and the patient is able to keep a copy for future reference.

Next Stage: The 'siting' document developed is to be used within the authors practice over a 6 months period. After this period the documentation will be audited and feedback gathered from SCN's, Surgeons, patient who participate in the use of the document, to assess practicality and value.

P21

THE BEST WAY TO PREDICT THE FUTURE IS TO CREATE IT....

Toni Johnson, Claire Lowther, Pip Chandler

Coloplast Ltd, Peterborough, United Kingdom

Aim: Provision of a structured performance management framework to underpin the professional development and competencies of a clinical commercial nursing service to deliver excellence in stoma care

Objective: Defined performance measurements to provide a framework for competencies

Implement performance management and evaluation tools to monitor and develop performance

External accreditation to validate the service against the performance management framework

Content: The constantly evolving health care landscape demands the need for a framework that will develop the nursing force of today and the future. Nursing has a key role on achieving the profound changes taking place in the structure of health care delivery.

This paper will discuss:

The performance measurement framework that demonstrates the processes for professional development and competencies

Demonstrate the benefit to the nursing team of a performance measurement framework

Demonstrate the Accreditation achieved via a performance management framework

Conclusion: Sharing of best practice in the development of a professional competent clinical commercial nursing team enables effective partnerships with NHS and quality care to patients

P22

DON'T DRINK THE WATER!

Carol Katte

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The aim of this paper is to improve the quality of life of patients with ileostomies or ileo-anal pouches, by 1) educating patients and 2) educating professionals.

Keeping one's body adequately hydrated can be problematic for people with ileostomies or internal pouches and is NOT a case of 'drink more water'. In fact doing this will increase dehydration, with the accompanying symptoms of thirst, tiredness, weakness, dizziness, confusion, heart arrhythmias and pre-renal failure.

The National Office of a patient support group receives frequent enquiries relating to patient experiences of a high output ileostomy or pouch, with complaints that medical and nursing staff often advise them to drink more water.

At a recent support group conference there were accounts of patients undertaking marathons, triathlons etc and increasing their water intake to cope, when in fact alternative drinks may have been more effective.

This presentation/poster will describe the symptoms and causes of dehydration in ileostomy/pouch patients and the physiology of the gut, and movement of water and sodium molecules in and out of the cells in the small intestine, to explain the reasoning behind the advice not to drink more water. It will provide evidence based, accurate guidelines to prevent and treat dehydration, and an accompanying patient information leaflet will be produced.

P23

PRACTICAL MANAGEMENT OF PATIENTS WITH AN ILEOSTOMY: A GUIDE FOR WARD NURSES

Samantha Milton

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Introduction: In the author's area of work 54% of patient seen in 2013/2014 had an ileostomy (data taken from the Department's annual report).

Anecdotal evidence suggests that, in the absence of a stoma nurse, ward staff do not necessarily understand the holistic approach required when nursing a patient with an ileostomy.

Aim: To demonstrate how ward nurses could benefit from at a glance information on practical management of a patient with an ileostomy. The Nursing and Midwifery Council (NMC, 2015) encourages nurse to act as an advocate for the vulnerable, challenging poor practice and discriminatory attitudes and behaviour relating to their care, but this cannot be achieved if they do not know the basics of stoma care.

Method: The guide took the form of a poster, which was colourful and easy to read and was designed to be informative for all ward staff, including student nurse. The poster was displayed in the staff office of the gastro-enterology ward and the nurses and health care assistants were invited to give feedback.

Results: To date the poster has only been on view for the ward staff. The comments were very positive, especially those from the health care assistants who hold a level 3 qualification in stoma care.

Conclusion: To develop the poster further the author will meet with the Ward Manager and Matron to see if it can be made in a smaller format to display on the ward. If successful, it will be rolled out to the other wards in the hospital. The poster has the ability to help staff to develop the skills and knowledge required to give patients the correct information to enhance recovery. Porret and McGrath (2005) suggest the ward nurse should deliver stoma care as part of general nursing care.

POSTER ABSTRACTS

P24

USEFUL TELEPHONE NUMBERS FOR OSTOMATES

Jacqui North

Princess Royal University Hospital, Orpington, United Kingdom

Aim: To produce a leaflet, aimed at the older ostomate, containing useful telephone numbers for people with an ostomy to make it easier for them gain access to relevant services.

Methodology: In this increasingly technological age, we rely more and more on our iPhones, tablets and laptops for information and to stay in touch with others. However, for a large proportion of our patients, this form of contact is either unavailable or too difficult to use. Research shows that the elderly and those with long term health problems often struggle with new technology, especially the internet, and rely mainly on their telephone for contact and to gain access to support and other services.

I have put together a leaflet providing useful telephone numbers to help these patients gain access to support and assistance thus helping them to adjust to living with a stoma. The leaflet will provide telephone numbers such as the Silverline for emotional support, home delivery for fresh and frozen foods and the stoma associations. There are also areas to add individual information such as the stoma nurse, G.P., local taxi service and next of kin number.

Conclusion: Small enough to put in a pocket, I hope this handy leaflet will provide the relevant information to our elderly patients with useful telephone numbers to help them gain access to the services they require.

P25

THE WONDERS OF INFORMATION TECHNOLOGY...THE INTERNET, WONDER OR CURSE?

Gaynor OSullivan

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Aim:

Is exploring the Internet of any benefit to Ostomy patients?

Objectives:

Ascertain if Ostomy patients are seeking information via the Internet.

Does it benefit Ostomy Patients to search the Internet?

Why are patients seeking Internet support - is this a reflection of lack of follow up care?

As Health Care Professionals, do we need to approve the quality of the information obtained from the Internet?

Content: Modern day society has access to the wonders of modern technology and can easily access the Internet via phones, tablets and computers. Stoma Care nurses cannot be sure of the content of the information their patients are obtaining from the Internet, and have no control over it. Traditionally, patients with newly formed stomas are routinely followed up, either at home or in Clinic, but what happens to Ostomy patients in the long term?

The authors' stoma care service provides a rehabilitation programme to patients immediately after their surgery lasting four months, but on completion of the programme the responsibility for further contact lies with the patient.

When patients go onto the Internet, we have no control over the content or quality of information they receive. Are they seeking information from the Internet because of the lack of follow up care they receive long term?

Would an innovative Internet Programme which offers Nurse Led information and support to new or established Ostomists be beneficial? Would it improve the quality of life for patients by offering accurate supportive information, with the ability to refer back to the original SCN if necessary for review.

Methodology: Extract Data from Literature Review

 Patient Survey

Conclusion: Share best practice to ensure Ostomy patients are accessing appropriate information via the Internet

P26

BODY IMAGE AND INTIMACY - ARE PATIENTS INFORMED?

Susan Peckham

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The subjects of psychological adjustment and body image following stoma formation have been widely documented in medical and nursing publications. Danielson et al (2013) states that if patients have a good understanding of their stoma on discharge, this will have a more positive effect on their quality of life and their body image. However, with programmes such as enhanced recovery, patients are often tasked with the practical aspects of caring for their stoma and early discharge; the wider issues of body image and psychological recovery may not be adequately addressed (Burch 2014).

The role of the Stoma Care Nurse (SCN) is to support patients' pre and post stoma surgery, both physically and psychologically. Altered body image can raise many concerns for patients; not least of all intimacy, body image and living a 'normal' life following surgery. Part of being human is being intimate with, and enjoying a fulfilling sexual relationship with a partner, this can be severely affected following stoma surgery.

There is a risk of 'information overload' and we have to be selective about the amount and type of information we give to patients and their partners. The purpose of this project was to assess stoma patients' thoughts and feelings on the subject of intimacy and to assess whether they felt they received the correct information at the most appropriate time.

A series of pilot meetings in different localities were held, and invited ostomates were given a short presentation around the topic of body image and intimacy. A simple questionnaire was developed to explore their views around the subject. The information was then collated and analysed to give greater understanding of the patients' perception while providing the SCN with more insight into how and when to address this matter with their patients.

P27

EVALUATION OF WEB-BASED OSTOMY PATIENT SUPPORT RESOURCES

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Short hospital stays and fragmented follow-up care make it difficult for people with new ostomies to obtain information, self-management training and support. Web-based patient ostomy support resources may provide this essential information. The purpose of this study was to evaluate the reach, acceptability, usability and satisfaction with web-based patient support resources available for patients with an ostomy.

This cross-sectional, descriptive study enrolled 202 people who had ostomy surgery within the past 24 months. Data were collected by trained telephone interviewers regarding use of the internet, acceptability, usability and satisfaction with preferred ostomy websites.

Less than half (45%) of participants reported using the internet as a source of ostomy information. Among those who did, 30% identified a preferred website. YouTube was the most commonly used website (15%) with Hollister, UOAA, and Coloplast websites tied for second place (11%). Twenty three (85%) participants stated information on their preferred website helped them better understand their ostomy, 89% thought the website used language they could understand, and 70% reported the information was visually appealing. Almost all (93%) indicated the website kept their interest and attention, and 96% stated they would recommend the website to others.

Among all 202 participants, other helpful sources of information and support included ostomy nurses (84%); brochures/pamphlets (74%); surgeons (70%), other health care providers (36%), family (33%), primary care providers (31%), books (27%) and friends (22%). Many indicated that their ostomy supply company had been a helpful source of information and support as they had received written materials, CDs, DVDs, and other types of valuable assistance from them.

Web-based patient support resources may be a cost-effective approach to providing essential ostomy information, self-management training and support. Additional research is needed to examine the efficacy of web-based patient support interventions to improve ostomy self-management knowledge, skills and outcomes for patients.

P28

POSITIVE FEEDBACK FOLLOWING REVISION OF THE UNIVERSITY STOMA CARE TEACHING PROGRAMME, FOR NURSING STUDENTS

*Cara Randall, Sharon Knight, Freda Ratican
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The purpose of this presentation is to highlight positive feedback following a revision of how student nurses are taught stoma care at their local university.

We were asked to structure a teaching plan for all student nurses with two cohorts starting each year. Teaching had previously been via outside speakers within a lecture theatre format.

The teaching plan would be a rolling one twice a year to ensure all student nurses were able to participate.

We decided to come away from the rigid structured of standing and talking to students for teaching basic principles of stoma care. The approach we took was a much more interactive session where students could become more involved with stoma care.

We took advantage of the facilities the university were able to offer which comprised of three clinical mock wards which were set up with beds and medical dummies which had stomas.

The sessions were then split into these three areas covering colostomies, ileostomies and urostomies.

Each stoma nurse took one of these clinical areas and incorporated various aspects of stoma care, anatomy, diseases, stoma care complications and products. The students had the chance to interact within each session in various aspects of stoma care, including pouch changing, opportunity to wear and remove stoma pouches. After 20mins within each area the students moved to the next clinical area. This was then followed at the end of the morning with an opportunity for a questions and answers session chatting to an ostomist.

Results received via feedback forms from the students through the university was extremely positive, so much so that the university are keen to publish the results in a journal.

We would like to share this experience along with the results at ASCN to highlight the positive outcome of this experience.

Posters P29 – P35 Product

P29

A CASE STUDY WHICH DEMONSTRATES HOW A SPLIT SKIN GRAFT (SSG) FACILITATES WOUND HEALING IN A LARGE NON-HEALING WOUND BED, CONTAINING A HIGH OUTPUT ENTEROCUTANEOUS FISTULA (ECF)

*Marianne Doran, Elaine Webb, Maureen Quill
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Wound Pouches are commonly used to manage ECF's. This presentation explores, in the case of a patient whereby healing failed to progress, alternative methods and techniques employed by the SCN and multidisciplinary team (MDT) to achieve a favourable outcome.

Aims:

1. To demonstrate how Stoma Care Nurse (SCN) use their clinical skills to successfully manage a challenging ECF.
2. To validate the effectiveness of collaborative teamwork between , Tissue Viability Nurse, Colorectal/Plastic Surgeons.

Method: A 71 year old male admitted for left hemicolectomy for adenocarcinoma complicated by suspected anastomotic leak and defunctioning loop ileostomy formation, was selected for the case study.

Results: The open laparotomy wound was initially managed with an Abthera dressing followed by a Vacuum Assisted Closure (VAC) which subsequently caused a ECF. Wound pouches were used in the early phase of recovery with minimal reduction in wound bed dimensions.

A combined effort to increase wound healing was partially achieved with a (VAC) whilst the ECF was successfully isolated using a secure pouching system.

Plastic surgeons used a Split Skin Graft (SSG) to attain restoration of skin. VAC dressing was applied over SSG. The SCN continued to provide an effective pouching system to the ECF which avoided faecal contamination that could have potentially led to graft failure. Successful management resulted in patient self care and discharge. This proved a challenging task, but equipped the SCN with new skills in dealing with ECF's.

Conclusion:

SCN are pivotal members of the MDT and can:

Demonstrate expert clinical skills, providing effective ECF management.

Aids patient comfort and minimises anxieties.

Be an effective educator and resource for other members of the MDT.

Future recommendations:

A multidisciplinary approach using a Split Skin Graft, our solution to this complex wound-healing problem, an option worth considering in selected patient's.

P30

FIRST UK EXPERIENCE OF A NOVEL CERAMIDE CONTAINING SKIN BARRIER

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Aims: To understand the effect of a new ceramide containing skin barrier on patients with compromised peristomal skin.

Methods: Patients with peristomal skin issues that were not reacting positively to routine treatment were identified. These patients were on the waiting list for dermatology, appointments were kept during the evaluation period.

The patients were seen in clinic where the peristomal skin condition was assessed and recorded. Pictures were taken of the stoma before the new skin barrier (CeraPlus - Hollister) was sized and selected.

Patient 1: Female 78yo colostomist with a hernia the stoma was formed in Feb-12. Tried 5 different bags none of which had improved the skin condition, the treatment had been ongoing for 6 months with no improvement. The underlying condition appeared to be chronic allergic dermatitis.

Patient 2: Male 55yo urostomist the stoma was formed at birth. Suffering from contact dermatitis to a point that security was compromised and the patient had become housebound, the condition had been ongoing for 3 years.

The patients were followed-up monthly and their progress reported & photographed.

Results: Patient 1: Initial fit was an issue and a change of base plate was required to prevent leakage. Wear time was greatly increased and skin condition improved. There was residual reddening of the skin in the shape of previous skin barrier; this is being resolved with ongoing support from dermatology.

Patient 2: From the start the skin condition improved increasing comfort and security. The patient was able to return to his previous life as the skin condition returned to the same as the other side of his abdomen.

Conclusion: This new ceramide containing skin barrier is a valuable addition to the stoma care nurses armoury in creating and maintaining healthy peristomal skin.

P31

FLUSHED AWAY

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Swann (2001) reported that for many ostomates the emptying of a pouch is an arduous, offensive experience. This study was conducted to assess whether the use of a flushable accessory product would enhance the ostomates' quality of life.

This study included 65 ostomates, either currently using or thinking of using a flushable product.

The study eligibility criteria included

1. Willing to participate and over the age of eighteen
2. Identifying any current stoma product related issues
3. Identifying how the ostomate currently disposes of the stoma products

Once the criteria had been met, 70% (n=46) ostomates were invited to participate in the study.

To date, 41% questionnaires have been returned, a comprehensive report will be made available for conference.

80% felt it convenient to flush their product away.

80% reported the disappearance of the product on the first toilet flush.

95% found the flushable product easy to use.

This small study found that using a disposal product was convenient to flush anywhere and not restricted to the home. This may help the group of ostomates identified by McKenzie et al (2006) who had avoided social and leisure activities due to the requirements of the pouch change and disposal.

Our study supports that the use of a flushable product made a positive impact on the quality of life of our cohort. This has been determined by Thomas et al (1988) who stated that those ostomates in control of their pouch and disposal were found to have a more favourable course of psychological adjustment.

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P32

TWO PIECE OR NOT TWO PIECE? THAT IS THE SELECTION

Moira Evans

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To introduce a new product whilst validating the current stoma product requirements of the two piece user, along with a consensus approach to product preferences.

Patients who were currently using a two piece pouch system and over the age of eighteen, were invited to participate with this product evaluation.

A pre-evaluation questionnaire was completed which provided a baseline of each individual's current product performance.

The criteria validation:

1. Identify any current stoma product related problems;
2. Identify the parameters of the current product; security, leakage, skin integrity, odour control, pancaking and ballooning;
3. Identify current pouch system changing habits.

Once the criteria validation had been met, the patient was invited to participate. Verbal contact was made with each patient to confirm the product sizing details, in order to conduct the evaluation with parity.

124 patients were involved: 295 (n=36) withdrawn due to criteria validation, 47% (n=58) completed evaluations and 24% (n=30) evaluations outstanding. We anticipate presenting upon all evaluation outcomes at conference.

The interim findings:

- * 80% of participants had used their pouch for three years or more
- * 32% experienced leakage with their current product
- * 74% reported peristomal skin integrity maintained or improved with the evaluation product
- * 33% reported that they were able to adapt the evaluation pouch size to suit their lifestyle

Turnbull (1998) stated that the "right" pouch for a patient is the one that is satisfying to the patient.

The evaluation findings highlight the complexity of mirroring the patient's current needs with a stoma product. The interim evaluation results support the new product's skin integrity maintenance, reduced episodes of leakage, pancaking and ballooning, whilst overall improving the quality of life for the patient.

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P33

RESULTS OF A PATIENT PREFERENCE STUDY OF TWO DIFFERENT TWO PIECE UROSTOMY STOMA CARE PRODUCTS

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Letters inviting patients already using a two piece ostomy system were sent to people with a Urostomy already using a two piece urostomy pouch. They were asked to take part in a patient preference study using an alternative two piece Urostomy pouch. Twenty five patients currently using a specific two piece urostomy pouch agreed to take part.

The patients tried three pouches with necessary accessories, such as adaptor and night drainage bag. The patient was then asked to complete a product evaluation.

Results involved the following;

- Gender type
- Amount of mucus
- The use of the tap, security, ease of use
- Discretion of the pouch
- Comfort of the pouch
- The benefit of the anti-reflux valve
- Experience at night when attached to a night bag
- Ease of attaching an adaptor or night bag and security
- 86.4% of urostomates involved in the study would recommend this new style pouch to another person with a Urostomy

Full details are provided on the poster.

Conclusion

The people taking part were mainly male (70.8%), which coincides with literature that states more people with a urostomy are male, although the sample size is small.

Specific features of the pouch aided patient comfort, security and ease of use. Comfort against the skin and discretion under clothing were highlighted in the results. The ability to use accessories with the urostomy pouch was important for use at night time.

Further investigation is recommended into the use of urostomy pouches.

P34

THE MANAGEMENT OF A FLUSH ILEAL CONDUIT ON A LADY WITH A BMI OF 38 AND A PARASTOMAL HERNIA

Deborah Stenning

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Lily, 70, had suffered with interstitial cystitis for many years and was told by surgeons that an Ileal Conduit would improve her quality of life considerably. Within a few weeks of its conception, a parastomal hernia became apparent and her Ileal Conduit retracted to skin level. Lily managed her stoma independently with some help from her husband. However, her problems were complex and often resulted in her changing her pouch 3 - 4 times daily. Her stoma requirements in terms of products and accessories were high and her requests to her GP for product, often resulted in a battle. I would like to tell Lily's story and how over 6 weeks a managerial solution had been attained. A simple product has increased pouch longevity and improved Lily's psychology.

Objective

That in applying a single accessory product, security can be achieved.

Aim

To familiarise other StomaCare Nurses with Secuplast Paste.

To demonstrate that a complex stoma can be managed in a simple manner and without multiple accessories.

To demonstrate that psychological issues in one patient, have been reduced by one single managerial strategy.

Conclusion

Through one minor adjustment and change in product, the life of one urostomy patient has been improved immensely. Her quality of life has increased, skin care has improved and the longevity of pouch wear has increased three fold.

P35

MYPEN3 - DIGITAL PEN TECHNOLOGY CASE NOTE MANAGEMENT FOR STOMA NURSE SPECIALISTS

Alanda Tofte, Gail Tasker

East Kent Hospital University Foundation NHS Trust, Kent, United Kingdom

The aim of the MyPen3 system was to implement digital pen technology to create electronic medical notes. Clinical information is written onto unique paper which has formatted templates. A copy can be left with the patient in order to create a patient held record which the patient can share with their community based clinicians and nurses should the need arise.

There are many benefits from digital pen which include Secure Data Protection, Safety and Security, Audit, Patient Information & experience, direct links with patient delivery service but most important of all is

The NHS drive for effective use of resources (Carter 2015) is one of the biggest challenges the NHS faces. The cost efficiency savings for this are currently being evaluated, but is estimated at 1 hour per stoma nurse per day. Ease of producing reports from the data base to provide accurate activity data reports which provide evidence for an annual report which evidences the valuable contribution of the Stoma Nurse.

Releasing Nursing Time.

Posters P36 – P46 Service Provision

P36

NURSE LED STOMA SUPPORT GROUP: THE EFFECT ON PARTICIPANTS QUALITY OF LIFE - A REVIEW

Jacqueline Atkinson

Darlington Memorial Hospital NHS Trust, Darlington, United Kingdom

Stoma formation, for many patients, has not been their choice and can impact on both the way they live and their quality of life (Boyles 2010). As a stoma care nurse and from anecdotal evidence received from patients, it was important to consider the development of a nurse led stoma support group. Numerous authors have provided supporting evidence that patients attending support groups have improvement in their quality of life, and learn life coping methods from peer support (Altuntas et al (2012)). In order to show an insight into how the support group had impacted their quality of life, after the group had been commenced, a qualitative data collection method was used, collecting the participant's views and opinions on the benefits of the support group. Informed consent was received from the participants and the results and findings have been recorded and the outcomes will be available at the time of presentation. This was done through group and individual recorded interviews. The results of the interviews proved to be positive, with most participants identifying that there was a need for the support group in the area as they were meeting with people regularly who have/are experiencing the same. Within the individual interviews the participants stated that they were more confident with their stoma, they were happier in themselves and that they no longer felt alone and isolated. The aim of this presentation is to show how the newly formed stoma support group benefited the participants and improved their quality of life.

P37

DOES A COMMUNITY STOMA CARE SERVICE INCREASE QUALITY OF LIFE FOR OSTOMISTS? A CASE STUDY FOCUSING ON AN OSTOMIST WITH A LARGE FUNGATING TUMOUR PROXIMAL TO ILEAL CONDUIT

Jenny Bayliss

Hinchingbrooke, Huntingdon, United Kingdom

Case Study

79 year old gentleman with poor dexterity due to childhood polio with an ileal conduit and fungating tumour flush to the stoma.

Rapid tumour growth resulting in severe leakage issues.

Stoma appliance changed up to 8 times/day. Abdominal skin erosion/breakdown.

Deliberate social isolation.

Psychologically low mood due to severe sleep deprivation.

Community nursing service unable to manage situation.

Consideration of hospital admission to manage stoma/fungating wound.

Specialist Stoma Nursing Service Aims

To identify the specific care requirements of this complex situation.

Collaborative working with community nursing team, GP and acute based Urology team to avoid admission.

To enable self-care

Method

Identify knowledge gap of stoma care with community health care professionals (HCP) through collaborative working, regular reviews and photographic documentation of progress.

Create photo care plan to ensure effective product changes.

Proactive engagement of patient to help manage own appliances.

Results

3 months later patient is self-caring, socially active and avoided hospital admission.

Appliance leakage resolved and remarkable skin integrity maintained.

Community nursing team have increased knowledge, clear patient pathway to refer stoma patients to community stoma care nursing service. Comprehension of knowledge limitation and when to seek specialist assessment.

Conclusion

A key role of the CNS is to ensure the standard of care provided in the community is equivalent to the acute sector.

Knowledge transfer from CNS to community teams and the patient improves engagement and concordance to

treatment plans.

Visual care plans aid understanding for all involved.

A community based CNS adds value to the care of ostomists in the community and enables patients to remain at home throughout complex treatment.

Next step

To identify the triggers for engaging CNS input to community patients to avoid hospital admissions, increase QoL and to raise stand of care.

P38

COLLABORATIVE WORKING BETWEEN 3 NURSING AGENCIES, IN THE ACUTE AND COMMUNITY SETTING

Lisa Hall

Bradford Royal Infirmary, St. Lukes Hospital, Salts Healthcare Ltd, Bradford west Yorkshire, United Kingdom

The author aims to demonstrate both orally and visually (via case study presentation with photographic evidence) how collaborative working successfully brought about the management of one complex colostomy patient.

Following a protracted hospital stay, the patient required intensive community support which was provided by district nurses and the community stoma nurse.

The hospital stoma team were pivotal in maintaining communication between a multitude of multi-disciplinary team members (i.e., the hospital, community nurses, surgeon and the patient).

Aim: 1. To demonstrate how collaborative working can enhance overall patient care.

2. To demonstrate how collaborative working has improved the outcome for one complex stoma patient.

3. To demonstrate how a challenging situation can be managed by seamless teamwork.

Conclusion. The author believes, that without the collaboration that occurred between primary and secondary care nurses, the end result would have been less than adequate. Not only did the patient make a full recovery, but she gained total independence of the colostomy and in all aspects of daily living.

The nurses in the acute and community setting were able to share best practice, knowledge, experience, their thoughts and ideas with each other, which in turn facilitated growth and trust between the teams. It has helped pave the way for future, coherent working relationships and given the author a greater understanding of the importance and benefits assigned to collaborative working.

P39

MAKING A DIFFERENCE TO OUR PATIENTS LIVES EVERY SINGLE DAY: PUTTING THE 6 C'S INTO PRACTICE

Jo Haines, Kate Howlett

Salts Healthcare, Birmingham, United Kingdom

Aim: To demonstrate to key stake holders in primary care how the nurse team deliver high quality, compassionate care and achieve excellent health and well being outcomes

Method: The nurse team were divided into 6 groups and asked to identify how they could interpret and apply a component of the 6 C's into their everyday practice and to develop implementation plans to support the delivery of the values and behaviours of the 6 C's

Results: The development of a leaflet which demonstrates the Teams vision and strategy for compassion in practice.

Conclusion: The Nurse Team now has a bespoke strategy in place to underpin the delivery of quality care

P40

FROZEN- IMPLEMENTING A NURSE-LED CRYOTHERAPY SERVICE TO IMPROVE PATIENT CARE

Tina Maddams, Jo-Ann Oliver

Yeovil District Hospital, Yeovil, United Kingdom

Developing a new service for nurse-led treatment of cryotherapy to treat granulomas has been a slow process and we wanted to share that experience and demonstrate how it has enhanced our current stoma care service.

Granulomas are common complications for ostomists causing problematic management and frequent access to stoma nurse clinics. Current standard guidelines from the Wessex Regional Stoma Care Nurse Forum, accredited by the RCN, provide an essential and useful framework. They advise a referral to a Dermatologist if treatments with Silver Nitrate and Haelan tape have been ineffective. This caused a significant delay to the patients' pathway.

In order to enhance efficiency, smooth the patient pathway and improve their experience, the authors at Yeovil District Hospital embarked on a journey to deliver the treatment ourselves. We worked collaboratively with the Dermatology consultants, Skin CNS and pharmacy to develop competencies in undertaking this skill. This included devising a specific protocol and a Patient Group Directive. We also sought information from other stoma care departments and specialist centres but found there was a lack of documented evidence.

This presentation will illustrate our journey to gaining competence in the skill and will include:

Cost effectiveness

Pitfalls and benefits of the development process

Patient case studies

Our plans for the future

This presentation proves that as Stoma care nurse specialists we have the courage to be able to implement a new service for the benefit of our patients by improving continuity of and quality of care; this has pushed the boundaries of our roles and enhanced our skills. We have worked in partnership with other services to provide an innovative, easy to access nurse-led service.

P41

THE EAST KENT STOMA PATIENTS AGENDA - PUTTING PATIENTS AT THE HEART OF STOMA CARE DEVELOPMENT

Derek Mitchell, Alanda Tofte

East Kent Hospital University Foundation NHS Trust, Kent, United Kingdom

Aim: The aim of this work is to change the way that stoma patients are involved in the development of the services provided to them and to put their needs and expectations at the heart of all decisions made about stoma care services.

Stoma Patients Agenda: The Stoma Patients Agenda was developed by patients from discussions amongst themselves and continues to evolve. The Agenda consists of a single side document which lists the things that stoma patients expect from the Stoma Care Service. The Agenda remains open to contributions from patients and is held by the patients. Only patients can add to or amend the Agenda. The Agenda forms the basis for all service development plans for providers and commissioners of stoma care.

By providing a clear statement of the expectations of patients the Agenda acts as a proxy for the patient voice and enables providers and commissioners not only to tailor service developments to these expectations but to clearly show patients that they are responding to their needs and expectations.

Results: Following the development of the Agenda patients from each Stoma Friends Group in East Kent meet regularly with representatives of Commissioners, the Hospital Trust and their commercial partners. The primary objective of these meetings is to track and discuss progress towards unfulfilled items on the Agenda, the fulfillment of each item denotes an improvement in service delivery.

Although at an early stage in this work significant improvements have been made, in particular the establishment of post-discharge and out-of-hours telephone support, and community based stoma clinics, all of which are areas of service which patients value highly and will reduce the need for patients to use hospital services. The Patient Agenda is being used by our National Health Service Stoma Service to implement a patient driven pathway.

P42

A JOURNEY TO FIND THE LOST OSTOMISTAND BEYOND

Michaela Parker, Helen Woodcock

Salts Healthcare Ltd, Birmingham, United Kingdom

Introduction: With an ever-changing NHS and constant pressures on health care provision, the long-term ostomist is now even more reliant upon ongoing specialist support from stoma care nurses

Aim: This presentation aims to highlight the increasing need to work in partnership with primary care settings to promote individualised, appropriate and timely care for ostomists. Stoma care nurses play a vital role in addressing a multitude of efficiency measures. For example: ongoing education for both healthcare professionals, ostomists and their families and offering specialist advice to influence effective prescribing, without jeopardising quality of care and guiding patient choice

Method: The authors showcase an example of effective working with GPs and clinical commissioning groups by conducting a Community Stoma Care Review Project

By working cohesively with GP practices and prescribing teams, ostomists were identified at each surgery within a clinical commissioning group and offered an appliance user review (AUR). Intervention and recommendations were presented and discussed with appropriate personnel to achieve optimum and realistic results

Results: Common themes, as a result of this work are identified and two case studies are to be presented

This method of reviewing ostomy care is currently ongoing and at times, can be a very challenging experience for both nurse and ostomist, but the overall positive impact on patient experience and outcomes is evident and reflected in post review feedback

Conclusion: This model of work adds strength to the fact that specialist nurse support in the community setting is a vital link that greatly influences the patient pathway. Working in partnership with primary care is essential, if a high quality and effective, patient-focused experience is to be achieved

P43

60 YEARS OF PATIENT SUPPORT

Jean Prisk¹, Anne Demick²

¹IA, Ballyclare, United Kingdom, ²IA, Ballyclare, United Kingdom

Imagine the scenario..... It's 1952, you're a 17 year old girl away from home at boarding school. You are going to the toilet up to 40 times a day. There is no effective medication; six months in hospital and two years of 'special diets' don't work; you are told you have ulcerative colitis and need to have your colon removed. Who do you turn to? No stoma care nurses, no peer support, no Internet or social media..... is there a glimmer of hope on the horizon? Thankfully an ileostomy in 1954 brought welcome relief from suffering.

A true story! This young girl survived the experience and over 60 years later, would very much like to share her story at ASCN UK 2015 as IA approaches its 60th Anniversary.

It was Professor Bryan Brooke who encouraged patient support in 1956, a rather unique quality in a surgeon of that era. He was the first President of IA and he guided the organisation for well over 20 years, firmly establishing the close working partnership with healthcare professionals that IA continues to enjoy. The surgeon's advice to this young girl was "don't join, as people will just want to discuss their ailments".... how wise was she to ignore that advice as IA is where she got all the support she needed and gave her the opportunity to channel that support to others.

We are now fortunate enough to have the professional input from stoma care nurses available in most areas of the UK but there are still times when people with a stoma benefit from speaking with someone who has been there and got the T-shirt!

P44

PROVIDING SUPPORT FOR PATIENTS FOLLOWING DISCHARGE - A STANDARDISED APPROACH

Anna Simpson

Leicester General Hospital, Leicester, United Kingdom

In previous years, patients admitted to hospital for elective colorectal surgery would have had a longer hospital stay, and be discharged once deemed fit. Once home if there were any post-operative concerns their GP would be the point of contact. Readmission was required if there were concerns. Widespread adoption of enhanced recovery programmes has led to faster discharge, with the accepted "ideal" in defining length of stay after colorectal cancer resection being 5 days (National Bowel Cancer Audit, 2014).

Follow-up phone calls provide confidence to the patient that once home they will be followed up within 24/48 hours by a specialist nurse. This provides an opportunity to assess the patient and highlight problems which can minimise hospital readmission.

A set of standardised questions were devised, which would be used throughout the service, by all Stoma Specialist Nurses in the team, once patients on the enhanced care programme were discharged. In the past, follow-up phone calls were provided, however it was found that these were done at different timescales, with differing techniques. From these findings it was decided that it would be more beneficial for the patient and the nurse if the same questions were used throughout.

The standardised questions are research based and have been piloted within the service. They are being used for all enhanced recovery programme patients. Regular meetings have been put in place to review and reflect the findings and also to assess the patients' experience of the follow-up phone call and if it met their expectations. The aim of the presentation is to provide the attendees with full feedback on the project and future plans.

P45

COLLABORATIVE WORKING TO IMPROVE STOMA CARE FOLLOW UP FOR OSTOMISTS

Elaine Swan¹, Mindy Bhalla², Trudi Pearson³, Wendy Osbourne⁴

¹Walsall Healthcare NHS Trust, West Midlands, United Kingdom, ²Walsall CCG, west Midlands, United Kingdom,

³Coloplast, Peterborough, United Kingdom, ⁴Coloplast, Peterborough, United Kingdom

Aim: To work collaboratively to establish an effective pathway to ensure ostomists have a structured review of their stoma and appliance usage.

Background: Literature has indicated it is essential that ostomists are supported following stoma formation. The importance of specialist stoma care services to identify unresolved problems and introduce ostomists to methods of stoma management that may be more suitable to their lifestyle was highlighted in a study in 2012 (Notter 2012). However, following a local evaluation, the current service provision was deemed as 'not adequate for the population', with 80% of patients claiming not to have been reviewed by a stoma nurse within the previous 12 months.

To address this discrepancy and ensure a collaborative, integrated approach with CCG and the NHS Trust, a detailed review has been undertaken. The involvement of industry to provide the clinical resources and the Medicine Optimisation Pharmacist was instrumental to fulfill our aim. We agreed a formalised structure that would enable all patients to be reviewed through a co-ordinated process with GP surgeries/pharmacists on a yearly basis. By undertaking an Appliance Usage Reviews (AUR) on each consultation, this would provide the necessary specialist assessment to demonstrate meeting patients' needs and the clinical decision process to support individual prescriptions.

Method:

This presentation will demonstrate how an effective pathway was instigated and implemented as a result of:

Review of resources for current services and ways of working

Involvement and formalising a partnership with CCG, NHS Trust and industry

Specification and alignment of objectives and quality/service improvements

Formalising structured processes and pathways for routine reviews, referral and follow up

Conclusions: By sharing the same aims and values the Colorectal Nursing Team, CCG and Industry have collaborated to establish a seamless and fully integrated pathway for care of ostomists.

P46

RECONNECTING WITH THE SILENT OSTOMATE

Joanna Pragnell¹, Tom Wells², Jay Bradbury¹

¹Oxford University Hospitals NHS Trust, Oxford, United Kingdom, ²Salts Healthcare Ltd, Birmingham, United Kingdom

Aim: There has been considerable attention paid to the 'silent ostomate' (Farrar et al., 2010) and the financial burden that this type of ostomate can have on a stoma budget (Oxenham, 2014). The fact that the ostomates are silent however means that it is difficult to efficiently identify which patients require an intervention from a clinical professional. The Stoma Care Nursing team, using a system developed in conjunction with a Stoma Care Manufacturer, have sought to identify the lost ostomate through prescriptions and order patterns to regain contact with the patients to help reduce costs and improve quality of life.

Method: Working collaboratively, Nurses and the Manufacturer have developed a simple tool (eView) to help collate, summarise and identify patients whose prescriptions show inconsistencies from usual care and good clinical practice, specifically allowing the clinician to efficiently identify the silent ostomate. Once identified patients were contacted and offered a review. This led to a reevaluation of the management of care which subsequently altered individual care plans for the patients.

Results: Through the use of eView, a number of patients were identified as having annual ordering patterns and prescription values inconsistent with generally accepted practice. At the time of abstract submission, the pilot period is still ongoing with results anticipated to be compiled for presentation. It is anticipated that quantitative results in the form of reduced annualised prescription values will be significant, based on early results.

Conclusion: When using a tool that can efficiently and effectively analyse prescriptions, the financial and associated problems with patients who have lost contact with a Stoma Care Service can be alleviated with contact with the appropriate clinical personnel.

Posters P47 – P53 Specialist

P47

IS THERE A NEED FOR A PROM IN THE USE OF RECTAL IRRIGATION SYSTEMS IN PAEDIATRICS?

Sue Blackwell

The Breakaway Foundation, Derbyshire, United Kingdom

This presentation will discuss whether there should be a PROM for the use of rectal irrigation systems in paediatrics. More centres are now using rectal irrigation systems such as Peristeen as first line treatment for severe constipation/motility issues, before considering surgical options. While this can be very successful in some cases, in others it can be extremely stressful and upsetting for all members of the family. Support for children using rectal irrigation systems and their families is often patchy, and many feel their concerns are not always addressed by the medical and surgical teams. Patient Recorded Outcome Measures (PROMs) are becoming more common in adult colorectal and gastroenterology areas, and the results can be a useful tool in helping to design improvements to patient care.

This presentation will look at the use of PROMs in colorectal and gastroenterology, and will discuss whether this learning can be used to develop a PROM for the use of rectal irrigation systems in paediatrics. It will consider the possible questions that such a PROM could cover, based on a small scale sample of families with experience of using rectal irrigation systems with their children.

P48

A PAEDIATRIC CASE STUDY. "THE MAGNETIC EFFECT."

Claire Bohr

Bristol Royal Hospital for children, Bristol, United Kingdom

Aim: To highlight how an innocent toy can cause life threatening damage and to share best practice in managing a complex wound and stoma in a paediatric patient to accommodate her normal daily activities.

Method: This is a case study of a 12 year-old girl who presented at the Distract General hospital with abdominal pain and green vomiting. She was transferred to our centre for definitive management.

During the last decade magnetic toys have become more popular on the toy market. And it is well documented that the incidence of magnet ingestion by children has significantly increased. Ingesting more than one magnet has been known to cause bowel perforations and fistula formation. The presentation will provide operative and post-operative images of the damage that was caused.

Results: After many weeks in hospital this patient returned to her normal education setting and leisure activities, whilst being supported by both local and specialist stoma care professionals. She was given the opportunity to express her creativity by other means rather than a magnetic construction toy.

Conclusion: This case study highlights the danger of magnetic toys and how important it is for both medical professionals and parents to be aware of how dangerous they can be if left unsupervised with a child.

P49

WORKING IN PARTNERSHIP WITH PRIMARY CARE AND COMPANY NURSES TO ENHANCE THE EXPERIENCE AND PATHWAY OF ONE UROLOGY PATIENT

*Jackie Holloway, Claire Higgs, Anne-Marie Pickerill, Emma Greaves
Queen Alexandra, Portsmouth, United Kingdom*

Aim - 1 To demonstrate that collaboration between NHS and company nurses can produce exceptional patient outcomes.

2 To dispel any pre-conceived ideas, that nurses in the private sectors and NHS may have.

“Growing demand and reduced budgets means that hospitals need to start providing services in a different way, yet it still needs to provide high quality care and holistic services for their populations.” (Addicott 2013).

Our aim was to develop and deliver a gold standard service.

Method - In May 2013 our local hospital began working in partnership with company employed nurses. The aim was to collaborate in order to offer high quality care.

As dedicated urology wards disappear, so do specialist urology nurses. Working in partnership facilitates the specific personalised care required, involving the patient and family.

Decision making is a process where ideas are shared, goals agreed, action plans implemented and outcomes monitored. Communication and education being at the forefront of our partnership.

This presentation will detail one patients pathway resulting in a cystoprostatectomy. A case study will be used to illustrate the partnership between primary and secondary care involving both NHS and company nurses.

Results - This has demonstrated the success of working in partnership, offering patient focused care and a seamless service, enabling the patient to feel empowered.

Conclusion - Working in Partnership can work. As a team we are proud of our service and feel reassured that our patients are receiving an excellent service both in and out of the hospital setting. Excellent communication has meant a seamless pathway and a trusted mutual respect between the patient and the wider multiple disciplinary team.

P50

CYSTECTOMY: A ROBOTIC TECHNIQUE

*Diane Leach
Royal Hallamshire Hospital, Sheffield, United Kingdom*

A cystectomy is a medical term for surgical removal of all or part of the urinary bladder. The most common condition warranting removal of the urinary bladder is bladder cancer.

Bladder cancer is the 9th most common cancer worldwide with approx. 350,000 new cases a year.

Over the last 30 years, surgical procedures have developed from open surgery to laparoscopic techniques (minimally invasive due to small incisions) and, more recently, the use of Robotics to assist with these more complex operations.

The da Vinci Surgical Robot Si is the most advanced robotic technology available today. It has the ability to improve upon traditional open and laparoscopic surgery in several ways:

The surgeon is in 100% control and the sophisticated tools, such as the endowrist instrumentation, make the most of the surgeon's skill and expertise.

The use of the Robot is beneficial to both the patient (e.g., smaller incision) and surgeon (e.g., improved ergonomics) alike, resulting in improved clinical outcomes and more cost effective use of the available resources.

High definition viewing and MRI and CT images available whilst operating.

My presentation will explain the nature of Robotic surgery, discuss a number of advantages for patients and surgeon, and consider potential risks.

P51

WHAT IS VACTERL? LOOKING AFTER A CHILD WITH VACTERL, A VESICOSTOMY, A STOMA AND A MUCUS FISTULA

Nosizo Mary Ndebele

Frimley Health foundation Trust, Wexham Park Hospital, Slough, United Kingdom

Introduction: Vacterl Association (Vacterl) is generally linked to abnormalities at birth derived from the embryonic mesoderm which is responsible for some structures and tissues including but not limited to reproductive excretory and urinogenital systems (kelly, 2013). These defects are not pathogenically related but their occurrence is unpredictable. Vacterl is an acronym for Vertebral anomalies, Anal atresia, Cardiovascular anomalies, TracheoEsophageal, Renal anomalies, Limb defects.

Background: Adam (name has been changed for confidentiality purposes) was born at 32 weeks presenting with an absent right kidney, an extra rib, penile and scrotal webbing, mild hyperplastic urethra, trabeculated bladder and oesophageal fistula. Due to these defects there was a need for Adam to have a colostomy with a mucus fistula and a vesicostomy. The problem that the stoma care team were faced with was that the vesicostomy had a urethral catheter in situ and was by-passing profusely. This caused Adam's skin to be sore, and the presence of the catheter in such close proximity to the stoma made it difficult to apply a colostomy bag securely.

Intervention: A means of promoting healthy skin and preventing further sore skin was needed. There was a lack of evidence or published guidance to guide the stoma care team's care. The stoma care team suggested removal of the catheter in the vesicostomy, to let the urine flow into the nappy, with the colostomy bagged on its own, leaving the fistula uncovered.

Results: Within 48 hours, Adam's skin had healed and there were no more leaks which meant his parents were confident to prepare for his discharge home.

Conclusion: Working with the parents and the Multi Disciplinary Team is paramount in such cases from the beginning of the baby's treatment.

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Kelly B.(2013) Encyclopedia of Human Genetics and Disease. Greenwood (USA)

P52

EVIE'S MISSION

Lesley Nickell¹, Evie Toombes²

¹DAC, Kent, United Kingdom, ²Queens Nottingham, Lincolnshire, United Kingdom

Evie was born with Lypomyelomeningocele. She had a fatty tumour in the lower part of her back & her spinal cord was tethered. Although surgery was performed she was left with bowel and bladder dysfunction & lower leg mobility problems.

Having done ISC since the age of 4 years old, her bowel problems continued. Various methods of treatment were tried until Evie had the formation of an ACE on 1st April this year.

She now wants to spread the word to her peers & fellow children with bowel & bladder dysfunction to show being open & frank about such medical problems will only break down the stigma of "unseen disabilities"! It was her suggestion, whilst we were at a Breakaway Weekend, that she would come along to present to ASCN with me to give encouragement to all SCN's that anything is possible.

In Evie's words "Find a way, not an excuse"

For children with bowel & bladder dysfunction the support of stoma care nurses & community nurses is paramount to their recovery & daily living. We don't all have to be Paediatric Specialists nurses, just have the ability to support these special children and learn their conditions and needs.

In Evie's words "Find a way, not an excuse"

For children with bowel & bladder dysfunction the support of stoma care nurses & community nurses is paramount to their recovery & daily living. We don't all have to be Paediatric Specialists Nurses, just have the ability to support these special children and learn their conditions and needs.

P53**THE IMPORTANCE OF THE ROLE OF THE STOMA CARE NURSE IN THE COMMUNITY FOR PAEDIATRIC PATIENTS AND THEIR FAMILIES***Sally Wright**Bucks Community, Berkshire, United Kingdom*

Aims: Raising awareness of the importance of the role of the community specialist nurse when caring for paediatric patients with a newly formed stoma. The need for holistic care which involves the whole family, parent, siblings and grandparents is absolutely paramount to their care provision. To empower the parents to be able to provide stoma care for their new child is not only confidence building but an important part of bonding with their new family member.

Methods: Home visits were carried out by the author to provide support and advice to the parents of Baby M. The new parents have quite a lot of other medical conditions to understand for Baby M, in addition to time constraints as Baby M has a twin and therefore life is extremely busy for the whole family.

Results: By visiting Baby M, the author discovered her peristomal skin was quite sore. The parents were doing a fantastic job of trying to help her skin but without the correct accessories this was not improving. In educating the parents of types of pouches and accessories available to help with Baby M's skin it empowered them in decision making process and resulted in skin improvement.

Conclusion: The author found that by providing weekly results to review Baby M's skin it dramatically helped support the parents through a difficult time. Not only could the author support with skin care but also education of what to expect from the colostomy, output changes from the stoma and possible reversal surgery in the future. As the local NHS Trust cannot provide follow up support for paediatric patients anymore it is paramount they are seen regularly in the community. It also gave the author the opportunity to make sure that the parents and Baby M were also fully supported by the MDT.

POSTER ABSTRACTS

Posters P54 – P55 Urology Specialty

P54

USING MEDIA TECHNOLOGY TO IMPROVE INFORMED CONSENT OF PATIENT UNDERGOING CYSTECTOMY AND URINARY DIVERSION

*Amanda Baxter, Gill Parker, Rebecca Martin, Pardeep Kumar
Royal Marsden Hospital, London, United Kingdom*

A cystectomy and subsequent urinary diversion is a life changing procedure. Patients who are told they require this surgery in clinic are frequently overwhelmed by the news and the glut of information they are given. In subsequent clinic appointments it has been observed that they have poor recollection and assimilation of this information.

A DVD was developed to improve information delivery at a pace controlled by the patient. Allowing for more in depth discussions at subsequent consultations thus enabling informed decision making by the patient.

The DVD was developed by working in partnership with patients. Patient involvement was sought early on through focus groups where the idea was proposed and developed. Several patients took part in the filming process, happy to be able to support others facing a similar future.

Early results demonstrate that the DVD is achieving its aims and objectives. It is an intervention designed by patients and for patients and this is being appreciated by users of the intervention. If these results continue it would appear to be a successful intervention that will have a significant positive impact for patients undergoing radical cystectomy; improving understanding, choice and informed consent.

P55

CASE STUDY TO ILLUSTRATE THE COMPLEX STOMA MANAGEMENT OF AN UROSTOMIST WITH EHLERS-DANLOS SYNDROME

*Julie Oxenham, Amanda Gunning
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Aims/Objectives: The poster describes Mary (pseudonym) a 30 year old lady who underwent a urinary diversion and formation of an ileal conduit due to formation of multiple bladder diverticulum which caused micturition difficulties and recurrent urinary tract infections with associated pain and discomfort. The bladder diverticulum were caused by EDS a hereditary disorder of the connective tissue or particularly defective collagen (Barabas, 2000). Mary's case is quite rare as a search on Medline revealed that there had only been 42 cases of bladder diverticulum reported from 1942 to 1993 all of them male (Cuckow, 1993). Surgical intervention in patients with EDS is often fraught with complications due poor wound healing including issues of dehiscence, post-operative bleeding and uptake of anaesthesia and analgesia due the complex nature of the syndrome (Wiseman et al 2014). The poster will describe Mary's surgical story and stoma nursing management.

Methods: The poster will explain Mary's pre and post-operative journey. Photographs illustrate surgical stoma revisions and subsequent dehiscence issues with associated stenosis. Management of the complications will be described with particular reference to the complex nature of EDS and its nursing considerations and challenges.

Results: Throughout Mary's care the stoma nurse became the patient advocate for Mary as other health care professionals new to Mary's case did not understand how EDS manifests itself. After a literature search of EDS some medical papers report that individuals with EDS are not always understood as their responses to treatment are not straightforward with an implication that some of their symptoms may be psychosomatic (Bosch 2009). A collaborative approach with other disciplines led to improved patient outcomes for Mary with greater understanding amongst the multidisciplinary team that EDS is a multifarious disease and nursing approaches have to be modified accordingly.

Where an author is underlined this indicates that this author is the Presenting Author of the paper or poster.

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