

Abstracts ECET 2005

8th ECET Congress

“The sun never sets in stomacare”

**European Congress for Nurses
with Interest in Stomacare**



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Enterostomal Therapy Nurse Educational Programme of Finland 1982-2005

Paula Pajarinen, Finland

Aims:

The purpose of this abstract is to introduce the Finnish ETNEP programme; its history, current situation and plans for the future.

What kind of working resources E.T nurses have in Finland?

Methods:

E.T courses have been arranged in Finland since 1982. In the end of 2005 there will be total 120 educated E.T nurses working in hospitals and homecare. Is it enough?

The model of education has changed during these years, but it has been all the time accepted in WCET and has followed its guidelines.

The length of the education has been 400 hours with head topics: stoma care, wounds, fistulas, continence care.

How to get more focused education to all nurses?

Conclusions:

The ETNEP -programme in Finland will change in the future because of increasing education of Urotherapists, Woudcare nurses and Gastroenterological therapists. The different therapist groups begin to co-operate more and prioritize their know-how.

In the other hand there have to be more education and training for Permanent staff: distric nurses, home care nurses etc.

ECET nowadays

Christel Ravenschlag, Germany

25 years German Association of ET-nurses (DVET- Fachverband Stoma und Inkontinenz e.V.) – time to look back and forward

Meister, Brigitte

DVET – Fachverband Stoma und Inkontinenz e.V., Goslar, Germany

Aims:

This lecture will demonstrate how ET-nursing, education and the professional situation in Germany developed and changed within the past 25 years.

Methods:

Material from the past 25 years was put together for the 25th anniversary celebration of DVET – Fachverband Stoma und Inkontinenz e.V. which was held in March, 2004 in Bad Driburg. Younger and older members shared their memories to show everybody in the widespread field of nursing who we are and what we do.

Results:

Membership numbers rose from seven to nearly 200 ET-nurses. The working fields became more and more diversity because of a lot of changes within the social insurance system.

Education changed in duration, contents and is given in three major educational institutions at the moment.

Conclusions:

Caring for ostomates is not the only nursing field ET-nurses in Germany cover. To keep one's working place it is necessary to be flexible and to adapt very quickly to changing situations.

Enterostomatherapists

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The function of enterostomatherapist does not have an official statute in France as in the majority of the countries of Europe.

To arrive a valorisation of this profession, it is necessary to show our institutions our daily occupation. The management report, which reflects the work accomplished is a fundamental element in this step of recognition. It has several goals:

- to justify the time we pass working with our patients
- if possible to create a second employment (if necessary)
- to create stats

Yet the management report is not always executed. We performed an investigation by questionnarys from October at December 2004 near 105 enterostomatherapists, which is approximately _ French ET with a rate of response of 60 %, in order to know the practices of our colleagues on this subject.

We will present the results of these questionnarys, their analysis and the solutions suggested to you.

Establishing stoma care nursing as a profession in the developing world

Ward, Jacqui, Clinical Diagnostic Unit, Oldchurch Hospital, England

The aim of this presentation is to highlight the lack of stoma care training in the developing world and the need for input from the developed countries. In Europe and the USA, nurse specialism allows our nurses to acquire new skills, improve training and develop nursing into a well-recognised profession.

Nursing in Pakistan and India is the 'Cinderella' of the medical profession and, at present, stands at about the same level as the nursing profession in the UK fifty years ago. Doctors training is of the highest standard in these countries, whereas nurse training is neglected, with nurses treated as the doctors hand-maidens with little attention paid to their worth.

I spent one month in Pakistan and some time in India teaching stoma care to nurses with an interest in this area. I found the nurses keen, motivated and willing to develop their knowledge and expertise. In order for them to develop, as we have done, they require resources and input from established specialisms to improve their training. The medical staff have begun to acknowledge this deficit and are keen to encourage the nursing profession to develop, just as they have done themselves.

The UK and USA government has discouraged travel to Pakistan and certain parts in India, thus, the nurses do not have the opportunity to interact or learn from the developed countries. The question is, what can we do to help?

ET nurses' use of pedagogy in meeting with the ostomy patient

Hallén, A-M, Sahlgrenska University Hospital/Östra, Gothenburg, Sweden

Aims:

Pedagogy is not a compulsory subject in nursing profession. Stomatherapy is a demanding nursing speciality involving counselling, information and education to the ostomy patient. Very few ET nurses have formal education in pedagogy. The aim of the study was to evaluate ET nurses' perception of pedagogy and its importance in the meeting and management of the ostomy patient in the surgical ward unit or in the outpatient clinic.

Methods:

A qualitative interview specially designed to evaluate the ET nurses in the teaching function of the ostomy patient was used. Six ET nurses were interviewed, which was tape-recorded, contained open questions about planning, implementation and evaluation of the patient's learning. Questions were arranged from the questions of didactics, How, Was and Why.

Results:

All ET nurses apprehend the patient education as an important task aiming to strengthen the ostomy patient to regain control of their new life. The ET nurse prepare the patient, together, early at the preoperative stage with information on stoma care and teach the patient subsequently in stoma management. Further counselling and teaching in practical matters and psychosocial issues is offered continuously and at follow up

Conclusions:

The ET nurses have an almost ideal pedagogic thinking and way of working but in some respect a more formal education in didactic was needed.

Acorns to Oak Trees - A course for newly qualified nurses caring for people with stomas in non specialist settings

Black. P. Hyde C.

The Department of Coloproctology, The Hillingdon Hospital, UK

This course was designed to take into account the practical approach to the problem of recruitment and retention in stoma care, but it would be difficult to realise the expectations of service users, given the staff shortages among trained nurses in the UK.

Nurses, whether in a specialist or non-specialist setting, need to develop their competence based on sound theory and practice to enable them to care for patients undergoing stoma surgery. Knowledgeable and skilled nurses within the hospital and community are able to provide expert care and lead and co-ordinate the multidisciplinary team enabling the patient to reach the optimum level of rehabilitation.

With the increasing complexity of professional issues in stoma care today, it is essential that the nurse has a key understanding of these and of the legal and professional issues that will affect the nurses practice.

Unless succession planning and innovation in the practice setting is undertaken, there will be a serious shortage of nurses able to deliver competent, effective patient-centred care to ostomists.

Ileal pouch-anal anastomosis and quality of life

Anna Lepistö, M.D., Ph.D

Department of Surgery, Helsinki University Central Hospital

Proctocolectomy and ileal pouch-anal anastomosis was presented in 1978 by Parks and Nicholls from St Mark's Hospital. Since then it has been used for ulcerative colitis and familial adenomatous polyposis as a golden standard. In the last few years several studies on the long-term results of ileal pouch-anal anastomosis operation have been published. The extirpation rate of the ileal pouch is from 3% to 10 %, and the most important factor associated with the failure is the fistula from the pouch. About 30 % of patients get pouchitis, but this usually does not lead to the failure. On the whole, the general quality-of-life is better after the operation than before it. The functional result is the most critical factor affecting quality of life, but most patients prefer the body image at the cost of bowel function. Elderly people have worse function and worse quality of life after the operation and ileal pouch-anal anastomosis is only seldom chosen for patients over 60 years. There seems to be no significant difference in the functional result between the hand-sewn and stapled anastomosis. According to the recent data, the fecundability decreases after the operation, but usually these patients benefit from infertility therapies.

Quality of life and Concerns in patients with Short Bowel syndrome

Eva Carlsson
Colorectal Unit, Sahlgrenska University Hospital/Östra, Göteborg, Sweden

Aims:

The life situation in patients with Short Bowel Syndrome (SBS) was described, with focus on aspects of Quality of life, concerns and coping.

Methods:

Twenty-eight patients participated. Mean age 54. Eighteen patients had a stoma and eight were on home parenteral nutrition (HPN). Patients were asked to give their own definitions of quality of life. Health related quality of life (HRQOL) was assessed using Short Form 36 and compared with the general population. Concerns were assessed using Rating Form of Inflammatory bowel disease patient concerns. Coping strategies were investigated using Jalowiec coping scale.

Results:

Greatest concerns were fear of being a burden, having surgery and loss of energy. HRQOL was significantly reduced compared to controls. Most obstacles to good quality of life were found in the physical dimension. Patients' on HPN rated perceived quality of life lower. The presence of a stoma appeared not to influence quality of life negatively. Confrontational coping style was most frequently used.

Conclusions:

HRQOL was extensively reduced. Fear of being a burden was the greatest concern. Aspects of quality of life should be integrated into the care of patients with SBS.

How to change a stoma pouch - an educational video for nursing staff

Sand Nancy, E.T.
Department of Gastroenterology, Vasa Central Hospital, Finland

Aims:

The purpose of this video is to increase the knowledge of stoma care among nursing staff, and to provide everyone working with a patient who has a stoma, the opportunity to easily check up how to change a stoma pouch.

Methods and Results:

This project was undertaken at the Vasa Central Hospital with the assistance of two students from the nearby nursing school. Initially we developed both booklets and a manuscript for a video on stoma care. The manuscript further evolved to become the current video. All filming and production were carried out at the hospital. The final product of this project is an educational video presenting: different types of stoma, post-operative complications, demonstrations of how to both apply and remove a stoma pouch, as well as how to clean the peristomal skin. The booklets, which were developed, have been provided to every ward within the hospital, and the video is easily accessible via the hospital's Intranet system.

Conclusion:

An educational video is one means of teaching nursing staff the importance of stoma care. "Do not leave the pouch changing until tomorrow when the ET nurse comes! You need to fix the problem now!"

Temporary Ostomy Management

Canese, G C; Guidi A, Italy

Usually, temporary ostomy management appears to be simple with respect to permanent ones. Actually, temporary ostomies require a most accurate treatment, concentrated in a very short period of time, from 2 to 4 months, before proceeding with reversal. For various causes, about 3% of temporary ostomies will not be recanalized.

Temporary ostomy technique, which is different from permanent ones and is often an emergency operation, may favour, after a certain lapse of time, the formation of complications like prolapsus, retraction etc., that are usually operated with "Loop ostomy" technique.

Using this technique, the surgeon can realize a perfectly excluding ostomy, in fact the created "rod" allows the feces to go out from the afferent ostomy loop, therefore interrupting feces transit from efferent loop.

First device application will be effected in the operatory theatre immediately after surgery, using devices that should prevent whatever kind of traction on the rod, so as to avoid pressure sores on the viscera.

During this phase, it is advisable to use two-piece devices with a diameter sufficient to insert the rod into the flange.

The pouch should be open-ended and transparent so as to allow bowel control in the immediate post-operative period without removing the device.

These controls are important in the first 48 hours with a view to ascertain that there are no problems with ostomy vascularization.

Two-piece systems also allow to check suture between bowel and skin without removing the whole device. The space between ostomy and laparotomy wound appears to be often quite reduced and therefore the gathering device should first be applied even if this might cover part of the wound, without creating problems to the wound itself and allowing us to effect the treatment with no risk of contamination.

The devices to be used could be closed or open-ended according to the type of leaks or to choice of the patient who should have been informed on the various available types of devices and might also have had the opportunity to test them in the meantime.

One month after colostomy or ileostomy operations, it is advisable to begin the irrigation technique with timely washes.

These washes to be effected once a week up to recanalization are very important with a view to clean the excluded bowel tract avoiding the fecaloma formation. Irrigation also allows to minimize inflammation symptoms which can be currently observed with respect to intestinal, mainly colical, tracts, excluded

from fecal transit (defunctionalization colitis).

Enterostomist work should always be effected in cooperation with surgeons, possibly specialised and operating in Ostomy Centers.

Specifically, in case of a difficult liquid downflow, the surgeon should be advised to effect a control and verify anastomosis or excluded intestinal tract accessibility, thus prescribing the necessary examinations to the patient.

In case the patient should initiate chemotherapy or radiotherapy treatments, it is advisable to temporarily stop irrigations, considering the fact the adjuvant therapies often cause an irritation of intestinal mucosa with complications like nausea, abdominal pain, vomit, bleeding etc., and therefore timely wash can accentuate these inconveniences.

During this period, there will be an important mucous production of the excluded bowel tract and therefore, in case patient complains about cramps and tenesmus (which is quite painful) an occasional irrigation might be effected by introducing a minor quantity of liquid, at a minor infusion speed and a low pressure. Timely washes could also take place with a medical treatment.

During the irrigation process, Enterostomist will ask the patient to train himself in trying to retain the liquid introduced in the neo-rectum so as to obtain a functionally optimal bio-feedback, to exercise the sphincteric tract in the maintenance of an adequate tone and thus avoiding continence problem after reversal.

Temporary irrigation is therefore indicated with a view to:

-1- maintain the excluded bowel tract clean

-2- effect a functional bio-feeding of the anal sphincter

-3- offer a psychological support. Bowel evacuation is effected by the patient with a particular satisfaction and feeling of well-being after temporary irrigation, considering the fact that it is sensed as a physiological function reinstatement. Enterostomist commitment does not end with recanalization and therefore ostomy closure. In fact, in case of a low rectum resection, loss of the rectal ampulla can cause inconveniences to the patients like frequent evacuations, tenesmus, false incontinence, peri-anal irritations.

After approximately a month from reversal and an adequate surgeon evaluation, the patient with colo-anal anastomosis can be treated as a perineal ostomist and therefore be subject to trans-anal irrigations to favour viscera emptying so as to avoid evacuations in a period varying from 24 to 48 hours like in the case of anal abdominal ostomies.

New technologies, therapies, surgical techniques (mechanical suture instruments, laparoscopic operations and early diagnosis) determined a drastic reduction of permanent colostomies, thus favouring an increase in temporary ostomies, mainly ileostomies with respect to colostomies.

Romania Report

Cristina Ghiran

Hospice "Casa Sperantei" Brasov, Romania

In my dual-role as the In-patient Hospice Manager and Stoma Care Nurse Specialist at Hospice "Casa Sperantei" Brasov, Romania, My duties include responsibility for those with a stoma.

This presentation shows how I cared for a male patient with an end colostomy. Patients in Romania receive limited pre-operative care. Research and personal experience shows this to be a major part in the patient's post-operative adjustment to using a stoma (Allison 1996). The patient had undergone previous surgery for resection of a sigmoid tumor. He felt he was cured and this has contributed to a poor emotional state.

The patient had 4 keyloid peristomal scars that contributed to a stenosed stoma. The keyloid scarring has caused peristomal skin creases that interfere with the patency of the pouch and the stenosis does not allow easy passage of stools. One of his greatest fears is odour due to leakage; this fear can be an ongoing concern and can lead to social isolation (Pieper and Mikols, 1996).

Patients in Romania obtain their stoma pouches via their health insurance. The reimbursement system covers a limited amount and in order to register, they must pass through a bureaucratic jungle.

This presentation demonstrates how I met the challenges presented by the patient, and will give other ET's an insight into the problems we currently experience in Romania and how we fulfill the patient's needs with limited resources.

Capsula endoscopy: The role of nurses in a new breakthrough technology

Davidson, C (United Kingdom)

The future of community visits for the stoma patient

Black.Pat, Hyde Christine

Department of Coloproctology, The Hillingdon Hospital, U.K

With the ever-increasing demands of the stoma care nurse, the role of the hospital and community nurse needs to be reappraised. Time is often a factor now that secondary care requires more clinics with nurse attendance equating with less time to spend in the community.

Telephone calls to the patients rarely tell us the whole story of how a patient is managing. Emails from patients asking for advice have increased.

How do we plan for the future? This paper examines the long-term future of community stoma care visiting and looks at the interactive approach of E clinics and the use of technology.. The early developments within this area have proved interesting and make a base on which to expand the project.

Ehlers-Danlos syndrome - handling a case via the internet

Sica Jo Clinical Trials and Research. Stoma Care. Welland Medical, UK.

First categorised in the late 1960's (Beighton, 1970 McKusick, 1972), it is now recognised that there are more than ten types of Ehlers-Danlos Syndrome (EDS). It is thought to affect 1:50000 births.

Type IV EDS is an autostomal dominant connective tissue disease characterised by typical features of the face and extremities, inappropriate bruising and extreme tissue fragility. This may lead to fatal complications such as spontaneous arterial or intestinal rupture. Given these facts, surgeons are aware of the complications and combined diseases to avoid fatal intra-operative vascular laceration and uncontrollable haemorrhage.

In February 2003, I was contacted via the Welland website by the stepmother of a 15 year old teenage with Type IV EDS living in USA. She had recently undergone formation of an ascending colostomy and was in a rehabilitation unit. Her stepmother had conducted an extensive search of stoma products available via the websites.

Clinical manifestations of EDS are most often skin and joint related. The skin is often soft and velvet-like that can tear or bruise easily. Given these facts, the Clinical Nurse Specialist is key when helping the Ostomate with EDS in finding the most suitable stoma appliance and ensuring correct management and observation of the peristomal skin.

This presentation will show how the web and e-mail acted as a vehicle for correspondence between myself and the family.

Berglind et al, 2003, reported that those people with EDS who were able to work full-time accepted their disability to a greater degree than those on sick leave or a disability person.

By carefully worded questioning and step-by-step assessment, an appropriate stoma pouch was selected for the Ostomate, taking into account both physical and psychological aspects of this young girl's needs.

NB A further reading sheet will be available.

French StomaNet

Judith Billochon
Clinique des Dames Blanches, Tours, France

Aims:

StomaNet: a web site by and for the stoma therapists

Methods:

in June 2002, Coloplast laboratories offered their logistical help and support to French enterostomal therapist in order to create a web site in France. A group of 12 stoma therapists gathered together and formed the Editorial Board of the project

Results:

within 1 year, a portal specialised in stoma therapy was created : StomaNet.fr. Its home page offers a range of services : public and professional information, a multi-media library, a photographic library, and a stoma therapist new group. Its contents aims at different users : the general public, health professionals and stoma hospitals, schools...

The objective of StomaNet are:

- to promote stoma therapy
- to give stoma therapists means of sharing and exchanging their experiences,
- to offer to the health professionals simple theoretical and practical information,
- to allow the patients to find useful information.

The content of the site must meet ethic rules such as objectiveness, neutrality and professionalism.

Conclusion:

up-to-now, about 56 stoma therapists have been involved in this project. They are working in and through regional work groups. We're presenting hereafter the main results of this on-line portal which has had an increasing success since one year.

Plan:

Antegrade colonic enema – indications, surgery and outcome

Mikko P Pakarinen, Antti Koivusalo, Risto J Rintala
Children's Hospital, University Of Helsinki, Finland

Aims:

To review our experience with antegrade colonic enema (ACE) and appendicostomy in patients with fecal incontinence.

Methods:

Between 1997 and 2004, appendicostomy for ACE was performed in 44 patients with fecal incontinence. Initial 11 patients had open surgery with cecal imbrication (OCI). More recent 33 patients had laparoscopic procedure with (LWCI) or without (LWOI) cecal imbrication.

Results:

The most common etiologies for fecal incontinence were meningocele, anorectal malformations and spinal cord disorders. Age and body mass index were similar between the three groups. Three laparoscopic procedures were converted. Median operative time was 38 (range 23-65) minutes for OCI, 78 (range 50-135) for LWCI and 40 (range 25-120) minutes for LWOI ($P < 0.05$ vs LWCI). Respective median follow-up times were 62 months, 28 months and 9 months. Median length of hospitalization was 5 (range 2-9) days. ACE empties the colon successfully in 41 patients (93%). Sixteen patients (36%) required revision of the appendicostomy. Stomal leak occurred in 6 patients (14%). Thirty-one patients (70%) reported no problems with ACE. Thirty-seven patients (84%) experienced improved quality of life with ACE.

Conclusions:

Although minor complications are frequent, laparoscopic appendicostomy for ACE is an effective mode of treatment in patients suffering from fecal incontinence.

Where is the way out?

How to learn to live with anorectal malformation

Edith Ekkerman
Free University Medical Centre, Amsterdam, the Netherlands

Aim:

Children with anorectal malformation and their parents have to learn to associate with this congenital affection; how do they adapt and how do they deal with problems like anal stenosis, skin problems, constipation and incontinence. After closing the stoma, the paediatric enterostomal and incontinence therapist will herewith provide help to the child and his parents.

Methods:

After the reconstruction of the anus by the paediatric surgeon, the enterostomal therapist will teach the parents to dilate the anus and gives advice about skin problems. Depending on a good/bad functioning sphincter complex there will be constipation or incontinence. By means of bowel management the enterostomal therapist will teach the child to be master of its own belly.

In the Netherlands there has been research into quality of life of people with anorectal malformation. One of the results is that accompaniment and attainability of the specialist nurse as well as the doctor is very important.

Conclusion:

A lot has changed in the care for children with anorectal malformation. A child not only differs from an adult in size, but also in mental and social meaning, with their own experience of their affection. That's why it's important that paediatric nurses with specific experience of stoma- and incontinence care will treat a child.

**Children with Anal Malformation and Fecal Incontinence:
Results of Eight Years of Clinical Follow-Up conducted
at a Bowel Management Clinic**

Ziperstein R., RN, ET and Nagar H., MD
Department of Paediatric Surgery, Dana Children's Hospital,
Tel Aviv Sourasky Medical Center, Israel

Objective:

To describe activities of a follow-up clinic, treatment protocols and results of bowel control. Methodology: A retrospective eight-year review conducted within the activities of a clinic for children who had been surgically treated for imperforate anus. The clinic is dedicated to achievement of bowel control in patients having various degrees of anal malformation.

Results:

The study group consisted of 70 children: 25 girls and 45 boys, ages 1 to 18 years. All subjects were followed in a bowel-management clinic, at a monthly meeting. Results varied from partial to complete bowel movement control, depending on the type of anal malformation, nature of reconstructive surgery, parent-child compliance and motivation to strictly follow bowel management programs. The majority of children were found to remain with some degree of fecal incontinence or defecation disorder. Physical difficulty, psychological/social distress experienced by the child and his parents is aggravated by ongoing disruption of family routines. Parents tend to act as "medical care givers" and children as "patients." The philosophy behind the bowel management clinic is implementation of a structured treatment protocol and behavioural modification to control bowel dysfunction. In our most recent children-parent meeting, the oldest patient (age 18) defined the success of our mutual work with the observation, "finally I control my bowels, and they don't control me!"

Complications of the Ostomy

Gracieta Marques¹, I. Morais², M. Jorge², H. Pereira², R Athayde³, C. Mineiro¹
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Introduction:

The following research is part of the EPICO study, A national epidemiological study on ostomized persons.

Aims:

The purpose of the presenting research is to understand the type, nature and seriousness of local complications of ostomies. The study will also evaluate the patients' opinion of the health care professional's qualifications and skills, and the quality of the care they have received. The results are expected to be valuable input for the educational programme being developed by the newly established Portuguese Association of Stoma Care Nurses.

Methods:

The project group developed questionnaires for both patients and health care professionals. The patient questionnaire centred on the quality of health care professionals' oral information, technical qualifications and concern for the patient. The health care professional questionnaire concerned the patients' demographics, clinical data, peri-stoma, stoma and associated cutaneous complications, the duration of complications, the seriousness of the complications and the affect of the given treatment. Hospital and home care nurses from all over Portugal participated in the investigation.

Results:

The presented results are from an interim analysis based on the questionnaires from over one hundred patients.

Cancer and Ostomy Care in Geriatric Patients

Patwardhan Anjali , Tanak Shivani, Chakroborty Nishi
Department of Entrostomal Therapy, Tata Memorial Hospital, India

Aims:

Some life saving surgeries result in the necessity to establish permanent stomas in elderly. Whether the older person has a newly created stoma or one that was created in younger years, the primary goal should focus on improving the quality of life.

Methods:

Rehabilitation of an elderly with an ostomy is a complex process which requires comprehensive efforts of self, surgeon, E.T., family, friends and community. The care of the geriatric ostomate is a challenge for an Entrostomal Therapist because she is an expert and knowledgeable about the special needs and characteristics of the elderly.

Results:

As the surgeons strive to improve their surgical techniques for elderly, the stoma therapist ensures successful management of ostomy with the patients approval of an appropriate fitting pouch. The choice of stoma appliance is made with advice from an expert E.T. with her comprehensive considerations in caring elderly.

Conclusions:

An E.T. can be turning point in elderly ostomates's life. With her compassionate guidance and timely help they can overcome their problems and live comfortable life with a support from family.

Care of the Bariatric Ostomy Patient

Susan Stelton
Department of Nursing, Memorial Hospital, South Bend, Indiana, USA

Aims:

The purpose of this presentation is to acquaint the attendee with issues pertaining to bariatric ostomy patients.

Introduction:

In the United States of America and some other countries of the world, the percentage of people who are categorised as obese and extremely obese has been increasing significantly. Care of the bariatric patient poses numerous challenges for caregivers. When bariatric patients undergo surgery to create an ostomy, a number of issues need to be addressed.

Content:

This presentation will focus on common ostomy complications seen in bariatric patients. Strategies to prevent, assess and manage complications will be discussed

Food management for the stoma patient

Black.Pat, Hyde Christine
Department of Coloproctology, The Hillingdon Hospital, U.K

The word “diet” is always emotive in the colorectal department as it implies to the patient that there will be dietary restrictions so we use the term food management. The patient who has had bowel surgery will find that their appetite is often reduced and they will have lost weight. Pre-operatively the patients’ food intake is reduced and following surgery food intake is not resumed until bowel sounds are heard.

For many patients, after stoma surgery, the common misconception is if “I do not eat the stoma will not work”. Many patients ask for a definitive list of what to eat and what not to eat and ultimately this makes food management a problem. This is often compounded by written literature that comes from a variety of sources and well-meaning friends.

In the early days of rehabilitation following stoma surgery the patient will need advice and guidance with their food management. This paper aims to give a common sense over view of eating for the stoma patient.

Stoma patients in wheelchair

Françoise Fievet
Brussels University Hospital, Belgium

Aims:

Neurological patients in wheelchair (medullar or severe multiple sclerosis patients) can have faecal incontinence or constipation problems, with or without perineal or sacral wounds, which can require the creation of a colostomy.

Methods:

We propose a retrospective study about the impact of the colostomy on the quality of life in 25 wheelchair patients.

Results:

The majority of “neurological” stoma patients are more than 50 years old (76%) at the creation of the stoma.

Younger patients have difficulties to accept their stoma because of the modification of their body image and ask the stoma closure when it is possible, as soon as possible.

The transit is better for some patients, but some of them have to use laxatives medicines. The colostomy irrigation doesn’t have good results because of late evacuation.

Skin complications or appliance problems are the same than the other stoma patients. The stoma siting must be meticulously located

Conclusions:

To live with a stoma when you are in a wheelchair can be interesting in the prevention of skin complications because of faecal incontinence and can be more comfortable for who have severe constipation. The quality of life can be better if the patient accept his altered body image.

**Increasing the quality of irrigation procedure in patients with colostomy:
The effect of glyceryl trinitrate added irrigation liquid on total irrigation
time and patient satisfaction**

Karada A*, Mente BB**, Ayaz S*.

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**Gazi University Department of Surgery, Turkey

Aims

This research has been conducted experimentally in order to provide bowel discharge in the shortest time and in the most efficient way.

Methods

The research has been executed in the Gazi University Stomatherapy Unit. Fifteen colostomy irrigators performed washout with tap water compared with water containing 0.025 mg/kg glyceryl trinitrate. Fluid inflow time and total washout time were documented by researcher. Subjects recorded episodes of fecal leakage and overall satisfaction on a visual analog scale.

Results

The mean age of the people involving in the research was $\bar{X} \pm S$: 49.9 \pm 11.56. Total irrigation time was $\bar{X} \pm S$: 34.43 \pm 16.02 minutes. Mean instillation time was $\bar{X} \pm S$ 3.40 \pm 1.36 minutes in glyceryl trinitrate (GTN) added irrigation liquid and $\bar{X} \pm S$ 4.40 \pm 1.67 in tap water group and the difference was statistically significant (Z: 1.995; p<0.005). The mean discharge time for the fluid and bowel content was $\bar{X} \pm S$: 6.30 \pm 3.23 minutes for GTN added group and $\bar{X} \pm S$: 11.52 \pm 6.95 for tap water. The time difference for discharge between the groups was also statistically significant (p<0.005). The median value of leakage after irrigation for both groups was 1. The mean value of leakage after irrigation was lower in GTN added group and the difference between two groups has been found to be statistically significant (Z: 2.000; p<0.05). Patient satisfaction in GTN added group was higher than water group but the difference was not statistically significant (Z: 1.180; p>0.05).

Conclusions

Glyceryl trinitrate solution significantly reduces colostomy irrigation time compared with the generally recommended tap water.

Profound learning disability, colorectal cancer and stoma

Black, P. Hyde C.

The Department of Coloproctology, The Hillingdon Hospital, UK.

Longevity in people with learning difficulties has increased substantially over recent years and as life expectancy increases for this population so does the risk of colorectal cancer. Today with the transition from institution to the community for people with learning difficulties, conscientious and competent medical care is a necessity.

The attitude of society towards people with severe and profound learning disabilities has changed over the last 20 years as the general public's attitude has changed for the better. For people with profound learning disabilities there are often communication problems and many rely on others to interpret their needs. This group of patients have a right to a uniformly high standard of health care and they need focussed support to access mainstream services.

This paper examines the difficult moral and ethical areas of autonomy, consent, treatment, palliative care and death of the patient with profound learning difficulties and challenging behaviour. The biggest difficulty that had to be overcome was the lack of written information for this group of patients. Lack of knowledge, information and organisation planning need to be addressed to bring cancer services for the patient with learning disabilities to the level that it is in the general population.

IBD: Indications for surgery and life after that

Tarja Ruuska, Finland

Psychological repercussions of a wound in children

Forest-Lalande Louise
Hôpital Sainte-Justine, Montréal, Canada

Children are not little adults, therefore the caregiver should take this into consideration when caring for their wounds and acknowledge the potential psychological repercussions a loss of skin integrity may generate for them. The child goes through many developmental stages that should be taken into account when caring for him, since the resolution of some stages may be compromised due to a psychological trauma. Wound dressing time, often a source of anxiety and pain may generate long term consequences if not managed optimally. Clinical experience with this population helped to understand that when a child feels that he is listened to and respected, despite his age, the quality of care is improved.

This presentation will focus on different strategies to optimize wound care when dealing with children according to their age.

Cholecystojejunostomy in children, “pruritus of cholestasis is relieved by biliary diversion”

Stida Vreede and Louise Roggen

Beatrix childrenclinic, University Medical Center Groningen, Groningen, The Netherlands

Aim:

Could a stoma be a solution?

Due to a liver disorder bile salts are excreted with difficulty. When the amount of bile salts in the body is increased, it will have annoying consequences. In addition to the continuous unbearable itching liver fibrosis is a major complication. If the liver fibrosis is in a far advanced stage, a liver transplant is indicated.

Methods:

In order to postpone the transplantation and to reduce the itching at the same time a drain is installed. For this a part of the ileum, which runs from the gallbladder to the skin, is used. The bile salts can be excreted easier like this and the re-uptake in the intestines is also prevented like this.

Conclusion:

Installing and care are very specific. A correct site placement decision and the right type of pouch can prevent skin problems. Bile salts on the skin have an etching effect, especially in children.

Educational Video to colostomized patients : everyday and emotional life support

Lima,Tânia G. S., Lacombe, D. P.

Clementino Fraga Filho University Hospital / Federal University of Rio de Janeiro

The elimination ostomy procedure represents a great change in a person's life. The patient, when told about the possibility of using a collector bag on the abdomen, goes through several feelings related to insecurity, fear, sadness and anxiety concerning his future life as an ostomized patient. Many people picture a bag or a catheter, while others cannot picture what this “bag that everybody talks about” could be , nor how to stand so many changes.

Although the assimilation of the concepts and the change of behavior, which are necessary to this new life's phase, are not only related to information, we believe that some knowledge on ostomy and on necessary care to live with it are essential to the patient and his family in order to minimize the anxiety and the pain when dealing with the unknown, being its objective a calmer post-operation phase with less complications. This educational video is the first of a series to be produced in the future and focuses on supporting the patients and their families during the pre-operation period of elective elimination ostomies surgeries who are in the Surgery Clinics of the Clementino Chagas Filho Hospital. Its intention is to be a complementation to the orientations given by several professionals involved in the support and in the treatment of the ostomized patient. Its content explains in an objective simple way: 1. Presentation, 2. Basic notions of the digestive system, 3. Concept of ostomies, 4. Early demarcation's importance, 5. Concept and characteristics of elimination ostomies, 6. Ostomy classification, 7. Basic care during the post-operation phase, 8. Collector devices, 9. Everyday activities, 10. Alternative methods to the collector bag.

Incontinence surgery

P. Luukkonen, Finland

Antegrade transverse or sigmoid colonic wash-outs through PEG tube is an option in the treatment of colonic dysfunction

Aitola P, MD, PhD, Ahola P, RN, ET, Hiltunen K-M, MD, PhD
 Department of Gastroenterology and Alimentary Tract Surgery, Tampere University Hospital, Tampere, Finland

Aims:

To evaluate our results of using tube colostomy technique in the antegrade wash-out treatment of colorectal dysfunction.

Methods:

15 patients underwent application of tube colostomy (PEG tube) at small laparotomy.

Results:

13 women and 2 men, of a mean age of 50 years (range 29-76), were operated. The indications were fecal incontinence, constipation, out-let obstruction or their combination. Causes for these problems were cauda equina injury in two patients, paraparesis in 4, consequence of rectopexy in 2, multiple sclerosis in 1, anal atresia in one and other causes in 4. In 8 patients the tube was placed into the sigmoid colon, in 6 into the transverse colon and in one into the caecum. At the follow-up 9 out of 15 (60%) patients had the tube in place and used it. Their median follow-up time was 4 years (range 1-5 years). 6 out of the 9 felt that the benefit they got from the wash-out was good, 2 excellent. The most common problem was leakage and skin irritation around the tube. There were no major complications.

Conclusions:

Antegrade colonic wash-out using PEG tube colostomy seems to be a viable option in the treatment of carefully selected patients with colorectal dysfunction. If needed, it is easily and safely reversed by simply removing the tube.

Antegrade Continence Enema – A Stoma Care Department's Experience of a New Technique

Carol Katté Stoma Care Department, Ashford & St Peter's NHS Trust, Chertsey, Surrey, KT16 0PZ, UK

In the Antegrade Continence Enema (ACE) (Malone, Ransley, Kiely 1990) the caecum is brought to the abdominal wall, with or without the appendix, to create an input stoma via which fluid can be administered to assist evacuation of the colon. It can be used in cases of intractable constipation and faecal incontinence. Its success in children is well documented (Griffiths 1995; Squire 1993; Koyle 1995) and is beginning to be evaluated in adults (Hill 1994, Krogh, Laurberg, 1998).

The procedure was introduced into our hospital in 2003 for adults and this presentation will describe our experiences, and include:

Patient selection criteria: psychological assessment, patient : motivation and manual dexterity; Preoperative preparation: information giving, counselling, bowel preparation; Surgical technique: photo-record of procedure; Post-operative care: Day 1 to Day 5 and discharge home; Patient education: mastering technique and equipment used; Patients' experiences and effect on quality of life; The Stoma Care Nurse's learning needs: practical, psychological and social, documentation.

At the end of the presentation, participants will be able to describe the antegrade colonic enema, its practical application and have the knowledge and enthusiasm to instigate this technique (with the co-operation of their Colorectal Consultant Surgeon) at their place of work.

Pelvic Floor Muscles (PFM) are not only for continence

Minna Törnävä
Phyciatrics Department, Tampere University Hospital, Finland

Introduction:

The purpose of this presentation is briefly reviews what is known about function of PFM. It is well known that function of PFM plays important role in continence mechanism. PFM is also potentially support element for pelvic organs. PFM function has important effect on female and male sexual functions. The posture of lower back support is partly dependent on function of PFM.

Rehabilitation:

PFM re-education focuses on increasing the strength and activity of PFM. Other muscle groups and body functions that influence PFM function are also taken into account. Sexual counselling should be part of therapy, because PFM dysfunction may also functionally or psychologically disturb sex life. First step for PFM correct contraction is selective function without other muscle function. When the PFM are correctly contracted, mild activation of the transverse abdominal muscles can be felt. During functional exercises the patient learns to coordinate activation of the deep (stabilizing) muscles of the lumbar region with activation of the PFM, which act synergistically.

Conclusions:

PFM re-education takes a holistic approach and includes evaluation of all structures which affect PFM function. We need to see PFM dysfunction patients as a whole person and not treat only one symptom.

Multidisciplinary approach to pelvic floor disorders

Matti Kairaluoma

Pelvic Floor Research and Therapy Unit, Central Hospital of Jyväskylä, Finland

Pelvic floor disorders include involuntary loss of bowel control, urinary incontinence, constipation, prolapse of the gynaecological organs, pelvic pain and sexual dysfunction. Disorders are rarely isolated to only one compartment of the pelvic floor. Surgery alters the physiology of the pelvic floor organs and therefore all compartments of the pelvic floor should be evaluated before surgery. Patients with complaints regarding the pelvic floor should be managed by a multidisciplinary approach in units with expertise in colorectal surgery, gynaecology, urology and physiotherapy.

Guide: Prevention of sphincterian troubles

Beyeler Sonia, ET, Polyclinic of surgery, Hospital cantonal of Geneva, Switzerland

Through our experience, we have noticed the following fact concerning patients who have had an iléostomy or a colostomy : after reestablishment of the continuity, a fecal incontinence remains in a more or less important level an this often transitory.

Incontinence troubles are not often well accepted by the patient. They generate stress, discomfort, a sense of shame and even more depression symptoms. The person feels altered in his body image.

Encouraging and helping the ostomate patients to prevent a fecal incontinence after reestablishment of the continuity is the aim we wish to attain by conceiving the following guide : Prevention of sphincterian troubles.

The purpose of this presentation is to show the achievement of our work that is to be understood as an educational tool for the patient and the enterostoma therapist.

Incontinence and Cystic fibrosis – an unknown problem in Incontinence Care?!

Meister, Brigitte

RN, ET, nursing teacher, maxQ – Unternehmen fuer Bildung, Frankfurt/Main, Germany

Aims:

This study will show that incontinence and Cystic fibrosis (CF) is a rarely unknown problem that exists and how people deal with that additional problem.

Methods:

A literature research showed that there had been some studies in other countries. 200 questionnaires were sent out to check whether members of DVET- Fachverband Stoma und Inkontinenz e.V. (German association of ET-nurses) had contact to people with CF and incontinence problems. Members of the CF self-help-group were asked how they deal with that problem.

Results:

Only one out of 96 ET-nurses who answered had contact to one female with incontinence problems according to Cystic fibrosis. CF-sufferers firstly didn't want to talk about this taboo but then opened their hearts. They want to be assessed but don't want to talk about it by themselves.

The German Continence Society (GIH) just starts talking about.

Conclusions:

CF is a multi-layered disease. Incontinence is a problem which is often not talked about. CF-sufferers don't want to spend too much time in addition to their daily work-outs.

Biofeedback training in stress urinary incontinence

P. Aukee, Finland

Presentation of the follow-up notebook for patients with urinary drainage

Corinne Lesage

Urology Department of Urology, Lille University Hospital, France

This follow-up notebook is the creation of the nursing team and of the enterostomal-therapist from Pr BISERTE Urology Department from the Lille University Hospital (France).

This tool has been set up to improve the hospital/community go-between for patients with urinary drainage.

In this follow-up notebook there are recommendations such as supervision, maintenance, follow-up... for each type of drainage: renal, abdominal or urethral in order to maintain the quality and the efficiency of the catheters set up at the hospital.

An Ileal Conduit with a Difference

Cox Jane

Stoma Care Department, Kingsmill Hospital, Nottingham, UK

Aims:

Identify the yearly percentage of stoma formation in the UK, subdividing through Ileostomy, Colostomy and Urostomy. To identify the approximate number of Urostomists nationally who have complicated stomas.

Pre-operative siting can have a profound effect on the patient's post operative rehabilitation (Elcoat, 1986). This unique case study highlights complications which occurred from a stoma being positioned by a surgeon contrary to the site area marked by the specialist nurse. Consequences of this brought about physical, psychological and emotional problems for this particular patient.

Methods:

Failure to site, or inappropriate siting, can result in complex management problems, often affecting the patient's acceptance of their stoma (Lyon et al 2001). By identifying and then prioritising the patient's problems, these were resolved for the patient, which required the skills and knowledge of a specialist Stoma Care Nurse.

Results:

Finding a suitable appliance prevented leakage, helping the patient to gain confidence and independence.

Conclusions:

Stoma surgery has a profound effect on a patient. Adjustment to life will depend on the patient's physical and psychological well being. This can be achieved by an optimally sited stoma.

Peristomal Skin and the Urostomist

Stephanie Day, Jane Cox.

Department of Urology Nottingham City Hospital. United Kingdom

Aims:

The aim of the study was to evaluate peristomal skin conditions of the urostomist. This related to the effects upon peristomal skin immediately post surgery and for established urostomy patients who had developed peristomal skin conditions requiring intervention.

Methods:

Using a quantitative audit tool designed by stoma care nurses, incorporating the Observation Index (Colton et al 2002), a cohort of 40 patients from centres around the UK were identified. The stoma care nurse evaluated the stoma and skin condition prior to the audit using the index. The patient assessed the peristomal skin on 10 consecutive pouch changes and recorded variations. The effectiveness of the appliance used was logged and a comparison was made between them. Post audit, the stoma and peristomal skin condition was documented.

Results:

Pre and post audit peristomal skin condition

Wear time of the appliance verses the peristomal skin condition

Established patient product verses product

New patients skin condition verses product

Conclusions:

Stoma appliances rely on healthy skin to maintain adherence (Lyon 1999), an intact epidermal layer provides an environment necessary to achieve this. Damaged peristomal skin causes discomfort and an environment conducive to infections. It could also be a reason for a leaking appliance that will affect the physical and psychological well being of the patient. The observation index has demonstrated its effectiveness in providing a standardized tool to record peristomal skin changes. The audit has provided information regarding peristomal skin changes that effect patient management.

Urostomy and its Influence on Sexual Life

Novakova Sv., Kenezova M.

Masaryk hospital in Usti nad Labem, Czech republic

Body image and sexuality:

From our birth to our death we are sexual persons, whether or not we are engaged in a sexual relationship. Our deepest feelings for other people, our fantasies, our feelings about our bodies and our sensual pleasures these all are parts of our personalities and our sexualities.

We are all sexual – young or old, married or single, heterosexual, homosexual, bisexual, sexually active or not, physically challenged or not. Learning about sex and our sexual selves it is a lifelong process.

We might have some worries about sex although we are healthy. What about stomapatients?

The operation made changes to their body. Their body looks different. They can't control their bowel or urine function. They are worried that the others can see the stoma under their clothes. They may feel that their pouch made them sexually unattractive.

It is very demanding situation, because body image can affect how we feel about ourselves. It is an important factor in self-esteem for everybody.

The modern world glorifies the perfect body and it is difficult to be positive if our body looks differently.

The sexual attractiveness it is not only our body, it includes also many other things e.g.: personality, ability of communication, understanding, sympathy to each other, sense of humour.

Case History:

30 years old woman. At the first sight she was an ordinary woman with a pleasant smile. She was born with a congenital deficiency: malformatio of urogenitalis, an atresia rectum and vagina. The atresia ani - absence of anal opening- was treated by a surgery immediately after her birth.

She was admitted to Masaryk's hospital in Ústí nad Labem (urology department) because of very frequent septic conditions. They had been life-threatening and her incontinence had deteriorated.

The cause of her septic conditions was following.

She didn't have a vagina. She was living an intensive sex life in spite of her vagina had not been developed. She'd learned how to use her urethra as a vagina for her sexual intercourse. Her urethra had been gradually increased. A severe urinary incontinence arised. She had to start using incontinence appliances. It got worse and worse. The urine was running away continuously. Her self-confidence and self-esteem dropped down. She had a sense of stigma.

She worried about her personal and sex life. She became aware of her smell of urine. It was a difficult situation for her. She didn't want to visit her doctor even though she felt bad about herself.

After she'd achieved adulthood, the plastic operation of her congenital defect was

put forward her. She refused it at that time. She thought there had been no need for.

Before the operation:

The necessary detailed investigations were carried out. The doctor explained and proposed her an operation –the protective urostomy. She hesitated. She needed time for reflection. She didn't want to accept a stoma. She went through long talks, discussions and explanations with the stoma nurse. The most important factor for her was her valuable sex life after the operation. She wanted to know all limits and effects of the stoma on her sexual life. She was willing to accept that it may have been better for her to divert urine away from the bladder than leave her wet.

The operation:

Revision of the cavity of abdomen found out that she had the ovary, the uterine, the uterus, which was closed. A gynecologist was called. He recommended to perform two stage operation:

1. Protective urostomy – prevention of septic conditions
2. Reconstruction the vagina and the ureter

Quotation of operations' record:

We choose this procedure because after instruction of the patient, who hasn't known yet, that she has the uterus. We consider the next stage of operation, which would be an attempt to reconstruct the vagina and the ureter, which is increased / dilated/ to three fingers as the result of sexual intercourses. The patient prefers sexual intercourse at all costs.

After the operation:

Operation wound was healed without problems. Urostomy drained clear urine. Our patient cooperated. She had many questions. She was satisfied because she got rid of incontinents' appliances. She tried different stoma appliances to find that which would fit her stoma. She decided to care of her stoma, she managed to remove and renew her stoma appliances in a very short time.

She met her husband. She left him one year ago, when she started to live with her boyfriend. Both – her husband and her boyfriend visited her in hospital regularly. They took part in "stoma teaching sessions", too. Both of them wanted to take care of her after discharge from hospital.

Outpatient care

She came to outpatients' stoma care mostly with her husband. She was smiling and she seemed to be satisfied and self-confident. She didn't have problems with her stoma. She'd divorced her first husband and married to her boyfriend.

One day she came in and she had a special question. She was interested in a small type of pouches or stoma caps, she had read about it in an informative booklet. We had to explain to her that they wouldn't be suitable for her stoma.

We wanted to discuss the second stage of the operation with her, she strictly rejected it.

Last year she moved to another town.

Eosinophilic cystitis

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Aim:

Eosinophilic cystitis is a rare condition of which little is known. One theory is that it is an auto-immune reaction to one's own urine. Eosinophilic cystitis sometimes occurs for a short period after an operation, but then quickly disappears. In this case the condition remained and caused many problems and complications.

Methods:

This case study concerns a young woman who was initially given an Indiana pouch to then be replaced by a Bricker stoma. The history of her illness included extensive problems with regard to the pouch and stoma.

Conclusion:

In her particular case, Eosinophilic cystitis created a hypersensitivity to antibiotics which resulted in, amongst others, abscesses in both her legs for which the Vacuum Assisted Closure machine was used.

Wound care in general

H. Castrén, Finland

Confronting Complex Draining Wounds in the Community

Carville Keryln RN, STN(Cred), PhD

Silver Chain Nursing Association & Curtin University, Perth, Australia.

The management of complex draining wounds in the community setting constitutes considerable challenges. Not least of all are the challenges related to promoting independence and quality of life for clients. The primary challenge for the clinician, is to skilfully confront the problems that contribute to complex draining wounds and their management. The ongoing challenge however, is to employ strategies that do this in the most cost-effective manner. This paper will outline a problem-solving approach to the management of complex draining wounds. Case studies will be used to highlight complex problems and the creative skills that complement the stomal therapy nurse's tools of trade.

Hyperbaric Oxygen Therapy and for what it is used

Riitta Virolainen, RN, Hyperbaric Supervisor Nurse

Department of Anesthesiology, Intensive care unit, Turku University Hospital, Finland

Hyperbaric oxygen (HBO) is oxygen at high pressure. Air contains nearly 21% oxygen, and more than 78% nitrogen. In hyperbaric oxygen therapy (HBOT), the oxygen percentage breathed by the patient is nearly or actually 100%, almost five times more than in air. The pressure of the oxygen breathed by the patient in HBO is usually more than 1.5 times greater than atmospheric pressure.

HBO is used in a number of medical emergencies, where the patient might need intensive care; for example clostridial myonecrosis ('gas gangrene'), other aggressive infections, decompression illness, carbon monoxide poisoning, air and gas embolism and problem wounds of any sort which are failing to heal. In this situation, HBO must be used alongside other kinds of treatment, like appropriate antibiotics and surgery, and above all good wound care, to get the best results.

This list of applications of HBO is agreed by the European Committee for Hyperbaric Medicine, and by the European Underwater and Baromedical Society, as reasonable and justified by the evidence in the literature.

The sun never sets in wound care, either!

H Vermeulen_ RN MSc, GJ Veldink_ RN, DT Ubbink^{1,2} MD PhD.
Departments of Surgery_, Clinical Epidemiology and Biostatistics_, Academic Medical Centre, Amsterdam, the Netherlands.

Aims:

Secondary healing wounds require specific systemic and local wound care. Local care consists of the use of dressings, topical agents or other local treatments. Since history, gauze is used as classic wound dressing. However, a profusion of sophisticated local wound care materials are winning ground. At this moment there is a huge variety in local wound care products and opinions everywhere in the world. We present our efforts to improve uniformity in local wound care, using Evidence-based principles.

Methods and Results:

First, we performed a systematic literature review to assess the effectiveness of dressings and topical agents for surgical wounds healing by secondary intention. We found that foam was best studied as modern dressing and appeared superior to gauze. However, we found only small, poor-quality trials. This called for a randomised clinical trial, which is now being conducted in our centre in order to obtain evidence on whether modern, occlusive dressings are more (cost-) effective than the classic, gauze-based dressings. With the results of this trial and other best evidence available from the literature we plan to develop and implement an Evidence-based guideline on local wound care.

Conclusions:

The sun never sets on improving local wound care. Ongoing efforts are needed to increase available evidence and know-how of the professionals involved..

Stomies apart from their usual indications

Stomized in order to stop problems of cicatrisation in the perineal region

Annick Ribal

Department of stomatherapy, Bordeaux University Hospital, France

Aims:

Perineal wounds nearby the anal margin combined with fecal incontinence, urinary incontinence or a prolonged confinement in bed might not be alleviated or healed by treatments using bandages only.

Methods:

A bibliographical research that I did in order to get my diploma in cicatrisation, plus the clinical study of a number of patients in our medical care-unit, showed that in order to be able to get a good cicatrisation in a so-called standard time, it is sometimes indispensable to proceed to a digestive or urinary stoma, especially in the case of vital prognosis.

Results:

Perineal wounds as gangrene, scrabs, fistulas, Verneuil's disease and traumatic sores/wounds will be the subjects of clinical cases in which a colostomy or an urostomy (bricker loop) were recommended. It is of the utmost importance to holistically support the patients bearing complex perineal wounds/sores in order to allow them gaining a better quality of life.

Conclusions:

This report will more specifically deal with the clinical and psychological support, along with the close following up, of the patients bearing complex perineal wounds/sores which required a stomy.

The impact of Spinal Cord Stimulation (SCS) on wound healing and potential skin tissue profit

Chabal L. ET nurse, in collaboration with the Pain Control Center. Ensemble Hospitalier de la Côte. Morges Hospital. Switzerland.

Aims:

SCS is a little known instrumental technique. The presentation will demonstrate this therapeutic method and its follow-up, based on the EHC Pain Control Center experience.

Indications:

The objective of this neuromodulation procedure is to treat or reduce neurogenic pain which is resistant to traditional analgesic drugs. It has been possible to gradually increase its indications and use, since other benefits had been shown.

Results:

Its success is dependent on patient screening, the control of the implantation technique, a frequent and rigorous follow-up and the patient's good understanding and participation. As far as arteriopathic leg pain is concerned, many prospective studies have demonstrated an improvement of the local blood circulation and skin tissue state. In many cases, SCS leads to a greater improvement of the affected members. The good evolution, even the cure, of some ulcers has been observed.

Conclusions:

The small number of existing controlled, randomized studies and the difficulties in comparing data of others, indicates the need for continuing research in order to define the convincing results obtained, to better determine predictive factors of success and to acquire a clearer understanding of the involved mechanisms. Nevertheless, this treatment deserves consideration.

Clinical Experiences: Vacuum Assisted Closure as a Part of Plastic Surgical Wound Care

Nina Hynnen, M.Sc., Head Nurse
Oulu University Hospital, Finland

V.A.C® -therapy has been used mainly in surgical, trauma and orthopaedic areas successfully in the USA and Central Europe (e.g. England and Denmark) since 1995. The first vacuum assisted wound closure in Finland was applied in the Oulu University hospital in the plastic surgical ward in autumn 2004.

In the Oulu plastic surgical ward, V.A.C -therapy is used for postoperative infectious, open wounds, traumatic wounds, diabetic ulcers and pressure ulcers. We have been collecting information about the experiences with vacuum assisted closure therapy from September 2004 to the end of February 2005. The information contains data and pictures about patients' wounds recovery after and before vacuum assisted closure therapy. After five months we have documented 23 patients wound healing with V.A.C.

16 of 23 patients' V.A.C therapy was finished as planned in surgical treatment of the wound. The average length of a treatment period was two weeks, varying from one week up to three months. For 5 patients, V.A.C therapy was discontinued because of suspected malignancy in the wound, difficulties in wound haemostasis, or neuropathy. In two cases, the treatment did not bring essential benefit, and was discontinued.

**The use of Topic Iodine and/or Compounds in Acute Wounds:
a Systematic Review of the Literature**

Oliveira AS, Santos VLCG
Nursing College of the University of São Paulo/ Brazil

Aim:

to develop a systematic review of the literature regarding the use of topic iodine and/or compounds in acute wound care.

Methods:

the clinical essays were found by means of an electronic search at the Cochrane's database. Twenty studies fulfilled the criteria of inclusion. The articles were analyzed regarding journal characteristics and sample, scope, methodological design, results and conclusion of the study.

Results:

11 (55.0%) were published during the 80's and were developed mainly in the USA and UK (40.0% and 30.0% respectively). The articles were classified into five groups according to the use of iodine and/or compounds compared to other products: Iodine versus other topic agents (4 or 20.0%); Iodine versus different dressings (1 or 5.0%); Iodine versus saline solution (5 or 25.0%); Iodine versus without Iodine (8 or 40.0%) and Iodine versus Iodine at different concentrations (2 or 10.0%). Favorable results for the use of Iodine and/or compounds occurred in 45.0% of the studies; 3 out of 5 researches showed favorable results for healing and prevention/ treatment of infection and 9 out of 15 were not favorable when only the prevention/treatment objective was investigated.

Conclusion:

the study offers subsides to clear the old debate related to the use of iodine and/or compounds in the topic acute wound care.

**The use of Topic Iodine and/or Compounds in Chronic Wounds:
a Systematic Review of the Literature**

Oliveira AS, Santos VLCG
Nursing College of the University of São Paulo/ Brazil

Aim:

To develop a systematic review of the literature regarding the use of topic iodine and/or compounds in the chronic wound care.

Methods:

The clinical essays were found by means of an electronic search at the Cochrane's database. Fourteen researches fulfilled the criteria of inclusion. The articles were analyzed regarding journal characteristics and sample, scope, methodological design, results and conclusion of the studies.

Results:

9 (64.3%) researches were published during the 80's and were developed mainly in Sweden (21.4%). Patients with venous ulcers were the most frequent (71.4%). After being analyzed, the 14 articles were classified into three groups according to the use of iodine and/or compounds compared to other products: Iodine versus other topic agents (7 or 50.0%); Iodine versus different dressings (6 or 42.9%) and Iodine versus without Iodine (1 or 7.1%). Favorable results for the use of Iodine and/or compounds occurred in 50.0% of the analyzed studies. Six out of the 8 researches showed favorable results for healing and prevention/ treatment of infection; 4 out of 5 were not favorable when the healing objective was investigated and 1 study for infection treatment showed no favorable result.

Conclusion:

The study offers subsides to clear the old debate related to the use of topic iodine and/or compounds in the topic chronic wound care.

Radiation injury as presenting symptom in a stoma outpatient clinic

Hoornje Geetje, ET,RN, Nieuweboer Ingrid ET, RN.
Máxima Medical Hospital, Eindhoven, The Netherlands

Aim:

Today's intensive treatment of colorectal carcinoma often includes peri-operative radiotherapy. Though not frequent, local complications do occur and include a wide clinical spectrum ranging from local irritation to severe burn blisters. If complicated by local infections such patients may develop a critical illness.

Methods:

The present case describes such a severe complication of radiotherapy in an 83-year old lady. She had been treated because of a rectal carcinoma with a rectum extirpation, a colostomy and radiotherapy. Extensive severely infected burn blisters were detected during a routine follow-up visit to the outpatient clinic for stoma care.

Conclusion:

Since lately these complications often develop during or even after radiotherapy and moreover many institutions for radiotherapy lack a nursing staff, the authors propose an active role for nurses in stoma-outpatient clinics in the early detection and treatment of this serious complication. Guidelines for an early detection and treatment will be provided.

Incidence of parastomal hernia before and after a prevention programme

Thompson MJ Craigavon Area Hospital, 68 Lurgan Road Portadown Northern Ireland (NI)
Trainor B Craigavon Area Hospital, 68 Lurgan Road Portadown NI

Aim:

The aim was to ascertain if the introduction & teaching of abdominal exercises & using support belts from 3 months-1 year post surgery minimised the development of parastomal hernia.

Methods:

The design of the study was in two arms. The retrospective arm (Aug 2001–July 2002) examined incidence of parastomal hernia with patients who had undergone the formation of a stoma (n=87). The prospective arm examined incidence with patients who had new stomas formed from Aug 2002–July 2003 (n=113) following the introduction of the prevention programme. These patients were provided with active education on abdominal exercises & use of support belts until 1 year post surgery.

Results:

The introduction of this programme showed a statistical significance ($p \leq 0.025$) in reducing the incidence from 28%-14%. Patients with colostomies are more prone to developing parastomal hernias. Age demonstrated statistical significance ($p \leq 0.05$). No patient aged 40 years or below developed a parastomal hernia.

Conclusions:

This study has shown a statistically significant reduction in the incidence of parastomal hernias through the introduction of a non-invasive prevention programme. The findings also suggest that siting of stomas & type of surgery (emergency or elective) does not have any significance in the development of parastomal hernias.

An International Trial of an Advanced Convexity Pouch

Dr Smith RJM

Discomfort is often a major disadvantage described by wearers of current convex appliances. Most convex brands rely on a convex plastic moulding between the wafer and the bag to give strength and rigidity to the product. A belt is often used to apply further pressure to deal with leakage or just for patient security.

Consequently, the tissue can be distorted into the shape of the flange/ moulding from an attempt to achieve a leak proof seal. Research has shown that peristomal skin can be damaged due to the rigidity of these appliances (Lyon *et al*) . Bruising and tissue damage are a serious consequence.

An international, multi-centred trial (over 50 triallists) will be presented examining a new

Convex pouch which is constructed from a polymer which subtly conforms to skin undulations. This individual customisation into the shape of the recess translates into very positive feedback from users with regard to comfort. Furthermore, the soft moulding have a low profile and is free from ridges which reduces skin trauma.

The wafer outline was chosen to maximise the adhesive area. Additionally, due to the flexible nature of the reinforcement, the user can partially fold the flange during application to ensure correct alignment. (Similar to a flat one-piece product.)

Conclusion: users found the new design easier and more comfortable than their usual convex product. Other benefits included: longer wear time, no leakage and added security for ostomates. There was not a single report of any skin traumatisation.

Stoma care management in presence of irregular peristomal skin

Giovanni Gibelli

Stoma Care Center, 1st Division of General Surgery, Azienda Ospedaliera Ospedale di Circolo di Melegnano, Milan, Italy

Aims:

This study evaluates the use of a filler barrier to improve stoma care in presence of irregular peristomal skin.

Methods:

10 ileostomates, 10 colostomates and 10 among urostomates and bowel to skin fistulae have been enrolled.

Due to unvenen peristomal topography, dignity and autonomy of these patients were endangered by leakages of stomal discharge, skin complications and management stoma issues, such as short wear time, detachment, etc. After taking photographic documentation of the peristomal skin conditions, patients were instructed by the care giver to apply an hydrocolloid conformable filler on the pouch around the stoma opening, to grant effective seal versus leakages and better skin protection. At given intervals the skin conditions were checked and photographed.

Results:

The conformable filler immediately improved the average standard wear time of the pouch. Sealing action versus leakages appeared effective and skin conditions were quickly improved.

Conclusions:

Together with the professional care giver advice and assistance, the conformable filler proved valuable in the management of ostomies with irregular peristomal area, improving patients' quality of life.

Is this a new beginning for convexity?

Pat Black, Chris Hyde

Stomal complications can be the result of poor surgical techniques, disease process, medical management, or patient self care practices. Effective nursing management must be directed towards recognising these complications and initiating correct techniques to enable the patient to have a quality of life.

Convexity in stoma appliances is not a new principle. The evolution of convexity can be traced as far back as the beginning of the 20th century with a second generation in 1992. Rigid convexity, although giving 24 – 48 hour wear time may cause undermining, discomfort, ulceration, denuded skin and shifting of the appliance.

Soft convexity allows movement with the patient and longer wear time allowing the peristomal skin to recover and giving confidence to the patient. Flexible convexity can be used successfully to improve the contact between the pouch barrier and skin surface in managing flushed or recessed stomas.

This paper looks at the challenges and misuses of convexity and discusses how soft convexity may fill this role.

Choices in stoma care

Jacqueline Cornelissen
Canisius Wilhelmina Hospital, Nijmegen, the Netherlands

Aim:

Improve the quality of life of the ostomy patient by selecting the most suitable appliance in a smart way.

Method:

Prior to the operation the E.T will extensively prepare the patient for the stoma. An important issue to talk about is the choice of the appliance. This choice is made in the hospital and 80% of the patients will use this type of appliance for the rest of their life. Patients are used to this appliance and trust it. Only if problems occur afterwards, alternatives will be considered. The ET has a major role in the decision. We must be aware of that and try to find the right appliance that suits the patient and his style of life. Therefore it is important that we don't simply take a standard choice but let the patient choose from multiple options. There are different methods to come to a good choice of the appliance for the patient. In a practical case I shall demonstrate one of my methods with toilet flushable appliances. The patient makes his own choice on the method of disposal at the appropriate moment. This demonstrates how creative we can be with what the industry offers nowadays.

Result:

The patient has more control over his life.

Conclusion:

You too can improve the quality of life of your patients, so don't miss this presentation.

A new way to dispose of a colostomy pouch – A multi-centred Spanish study

Pilar Notivol	Pamplona
Maria Dolores Ruiz	Sevilla
Montserrat Tegido	Barcelona
Pilar Solé	Barcelona
Montserrat Petri	Pamplona
Mª Carmen Martínez	Sevilla
Isabela Cantarino	Valencia
Constantina Juan	Valencia
Pilar Lerín	Zaragoza

Recently, there has been much discussion on offering ostomates the choice in ways to discard their pouch when they are discharged home. With a new flushable pouch alternative, a multi-centred trial took place across 13 hospitals in 2004; we present here preliminary results for 7 of them. The aim of the study was two fold:

- 1) To examine both ostomates and nurses attitudes towards the disposal of colostomy pouches versus the standard pouch currently being utilised.
- 2) To evaluate a new flushable concept, its use and the impact it had on the ostomates' quality of life.

Trial inclusions included:

- Patients with temporary or a permanent stoma.
- Patients using a closed pouch of any brand, except if using a convex product.
- Patients who were currently irrigating their stoma.

There was an even spread of men and women. The mean age was 65 years.

Trial results specifically looked at the benefits of separating and flushing the pouch down the toilet in an effort to increase daily quality of life.

Conclusion:

1) 90% of all ostomates who tried the flushable pouch thought it was very good or good (48.72% + 41.03% respectively).

2) 74% of patients found that this new pouch disposal way will be important to their daily life.

BCA RESEARCH. Patient Versus Nurses Perception of Pouch Disposal**Berry J****Introduction**

The British Colostomy Association (BCA) is a registered charity providing support for people following colostomy surgery. It has over 17,056 members.

Aims

To examine issues surrounding disposal of used colostomy pouches; colostomates versus the recommendations given by the Clinical Nurse Specialist (CNS) Stoma Care.

Methodology**Colostomate research.**

During 2003, the BCA sent out over 16,000 questionnaires via the *Colostomy* magazine. Over 1,600 were returned.

Nurse research

During 2003, the BCA asked over 300 UK CNS's about their disposal recommendations. 114 were returned.

Results and Nurses Responses - These will be discussed during the presentation

Conclusions

- ④ Recommendations on disposal, the advice that colostomates are given and the way in which local authorities manage waste disposal differ widely throughout the country.
- ④ Disposal of used colostomy pouches needs to be patient sensitive, but above all safety should be paramount with a consistent approach to waste disposal.
- ④ Responsibility falls on all healthcare professionals to educate patients about the legal, social and environmental issues, empowering them to take control of their lives.

References:

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A preferred alternative to hernia compression belts - summary of a randomised open crossover clinical investigation

Doebler, Helga; RN, Stomed GmbH, Meinekenhop 72, 21339 Lüneburg, Germany

Aim:

The aim was to demonstrate that compression device A is a method of addressing problems related to peristomal bulges which is comfortable, improves the freedom of movement and is preferred among users of a compression belt (device B).

Design:

The investigation included 37 subjects. Inclusion criteria were: Being at least 18 years old, suffering from a peristomal bulge, currently using the device B and being able to put on the device A themselves. Exclusion criteria were having a loop-ostomy, using a convex ostomy appliance, receiving chemo or radiation therapy or being pregnant or breastfeeding. Device A and B were used for 14 days each.

Results:

95% of the subjects included had a hernia at the diameter of 14 cm. or smaller. Device A was found significant better regarding: Comfort (while active and sitting), influence on the figure, discretion, hygiene, feeling of well-being, freedom of movement, irritation (while active and sitting), feeling of being squeezed and general discomfort. The device A was worn significant more hours than device B and preferred by the significant majority (76%).

Conclusion:

The clinical results demonstrate that the device A is a comfortable and preferred alternative to the device B.

A Coloplast, Corsinel®
B Basko® StomaCare bandage

A “new life” with a stoma and perception of quality of care among patients and their partners

Eva Persson

Colorectal Unit, Sahlgrenska University Hospital/Östra, Göteborg, Sweden

Aim:

To describe patients' and their spouses' perception of their life situation after stoma surgery and also how they perceived the quality of the care.

Methods:

Patients were interviewed about their feelings and life experiences after ostomy surgery and focus-group interviews consisting of spouses to patients after stoma surgery were conducted. Qualitative methods were used to analyze the data. To assess the quality of care from patients and their relatives' perspective the identity-oriented dimension of the questionnaire “Quality of Care from the Patients' Perspective” was used.

Results:

The altered body image influenced the life adversely for both patients and their spouses. Social life and leisure activities were also influenced and the couples had to adapt to their new life style. The topics covered by the questionnaire were considered important to both patients and their relatives. Information given on results from medical examinations and laboratory tests and their possibility to participate in the decision-making process was judged to be unsatisfactory for a great deal of both patients and their relatives.

Conclusion:

An ostomy does influence daily life for both patients and their spouses. A great discrepancy regarding the quality of care exists between what is offered and what is actually received. A more accommodating attitude encouraging the relatives to take part in consultations might facilitate the ostomy patient's long term adjustment to living with an ostomy.

Stoma care nurses' role of stoma patients and their changed sexuality and body image

van der Zon, A.J.W

Surgery department of Oncology and Gastroenterology, Leiden University Medical Center

Aim:

Stoma surgery changes sexuality and body image and patients find it difficult to discuss these topics.

A study in the Leiden University Medical Center describes the communication of patients in the outpatient and clinical period.

Methods:

Observations showed that there is no adaptation amongst the various disciplines. For example: moment of communication, type of communication and who communicates with the patient.

At the same time a pilot study observed patients who had their own communication file in the outpatient and clinical period. The file stayed with the patient. The pilot study showed there was a complete view of the total communication.

Conclusion:

complete and adapted communication is possible with a communication file. The stoma care nurses are in contact with the stoma patients the most; from the period before surgery to their continuing care in the society. They have the opportunity to build a relationship in which changed sexuality and body image can be discussed. The stoma care nurses should develop a file for complete and adapted communication.

Mrs. L's story: A positive way of live

Conny de Buck

Zeeuw-Vlaanderen hospital, location The Honte, Terneuzen, the Netherlands

Aim:

Presentation of a middle aged woman, who after several operations due to a slow transit of the intestines, ends up with an ileostomy.

Methods:

Besides the slow transit of the intestines a rare skin disease is diagnosed (acquired epidermolysis bullosa). She frequently develops an ileus, leakages of the appliances, irritation of the skin, pain and problems with her food as a result of the slow transit and the skin disease.

With great effort of Mrs. L herself and all the persons who are concerned about her health, a solution is found for the skin problems and the leakages at that moment.

In spite of all the troubles Mrs. L has, and all the energy it costs, she still can cope with them by being inventive and by having a lot of patience.

For a while she worked in healthcare, making herself useful for others was a way of dealing with her own problems. Unfortunately she had to quit her job due to new problems ileostomy. Still she found new challenges.

Conclusion:

In spite of all the misadventures and the fact that her problems still aren't solved Mrs. L remains a woman who is very positive, due to her willpower.

A Global Comparative Trial of the Usefulness of Two Different Stoma Seals

Donaldson Susan, Crawshaw A, Dahl K, McErlean D, Nilsson L, Thompson MJ, Trainor B, Young J.

Stoma Care Department, Raigmore Hospital, Inverness, UK

Aims:

To compare the properties and benefits of two market leading Stoma Seals amongst Stoma Care Specialists and patients to determine their effectiveness.

Methods:

The comparative trials were conducted in the UK, Sweden and Australia. Studies were conducted by 7 Stoma Care Nurses, and completed by 60 patients (20 in Sweden, 10 in Australia and 30 in the UK.)

The patients were asked to use seal 'y' for 2 weeks, record their results on a self completion questionnaire, then switch to the other seal, seal 'x', for a further 2 week period and record their results.

The Stoma Care Nurses were also asked to complete a questionnaire about the features of the two products.

Results:

Findings indicated that both products perform adequately. There were differences in the ability of the seals to prevent leakage, increase wear time and protect the peristomal skin.

Conclusions:

Stoma Seals are used to solve a variety of problems including the major issue of leakage, it is important that each patient is assessed individually and prescribed the correct seal for their situation.

Eakin Cohesive Seals* prevent peri-ostomal inflammation in critically ill patients

Plantefève G MD, Conan I, Lebris I, Eyssautier L.
Surgical Intensive Care Unit, Bichat Hospital, Paris, France

Aims:

Efficacy evaluation of Eakin Cohesive Seals* to prevent peri-ostomal inflammation (POI) in Intensive Care Unit (ICU) patients.

Methods:

Between March 03 and July 04, adult patients with at least one ostomy performed in ICU or 24 hours before the admission were included in this prospective control study. Pregnant women, patients with dermatological diseases or severe immune disorders were excluded. Each stoma was fitted with either a standard pouch alone (classic group) or with the same pouch plus an Eakin Cohesive Seal* (Eakin* group). The nurses observed and recorded the position of the stoma, the condition of the skin, the leakage of digestive liquid and the number of pouch changes. Successive photographs of skin were made and analyzed with the blind group. Statistical analysis used non-parametric tests.

Results:

23 ostomies (17 patients) were studied in the Eakin* group and 33 (25 patients) in the Classic group. Demographic data between groups were comparable. The main stoma type was colostomy. There were no difference of leakage around the stoma, number and times of pouch changes. POI was noted in 4 ostomies (17%) of the Eakin* group and 16 (48%) of classic group ($p=.03$). Conclusions: In ICU patients suffering from digestive disease, Eakin Cohesive Seals* appear to be effective for the prevention of peri-stomal inflammation and skin lesions.

Management of Acute Skin Reaction with Radiotherapy for Patients with ostomy

Tanak Shivani Shrikant , Patwardhan A., Chakroborty N.
Department of Enterostomal Therapy, Tata Memorial Hospital, India

Aims:

Management of acute skin reaction with radiotherapy for patients with Ostomy.

Methods:

Treatment for skin reaction - Hydrocolloid dressing, Drainable pouch with Skin barrier, Nutritional guidance & Psychological support.

Result:

With appropriate management, guidance and education, patient can cope up well with R. T. Skin Excoriation.

Conclusion:

With the Neoadjuvant therapy, the effect of radiation on skin is unavoidable in the cases of patient having Stoma. An appropriate pouching system is very essential which will give comfort to the patient, will be beneficial for skin improvement and also help to maintain skin integrity. Nutrition plays an important role in wound healing. Psychological & family support is very much essential.

Wound and Skin Issues in the Bariatric Patient

Susan Stelton

Department of Nursing, Memorial Hospital, South Bend, Indiana, USA

Aims:

The purpose of this presentation is to acquaint the attendee with the wound and skin conditions prevalent in the bariatric population.

Introduction:

In many countries, the United States of America in particular, the percentage of people who are categorised as obese and extremely obese has been increasing significantly. A term used in reference to the extremely obese patient is “bariatric.” Numerous studies have shown that persons who are obese are at risk for a variety of physical conditions, including, but not limited to: hypertension, respiratory diseases, cardiac diseases, diabetes and numerous orthopaedic conditions. Care of the bariatric patient poses numerous challenges for the caregiver. Among these challenges are wound and skin care.

Content:

This presentation will highlight some of the wound and skin problems prevalent in the bariatric patient. Prevention and management strategies will be discussed.

We keep caring but... will the sun set when we can't heal?

Anke Boeter- Teeuw

Ruwaard van Putten hospital, the Netherlands

Introduction:

Skin disorders around the stoma can cause a lot of inconvenience for the patient.

Pain or a smelly leakage of wound fluid can result in complete isolation for the patient.

Patients, but also stoma nurses would prefer to see skin without any disorder.

Problem:

Factors which we cannot control, like an inoperable parastomal hernia with thin and stretched skin, may severely impede the healing of a wound. Also the disorder can be the result of incorrect handling of the stoma material or use of non-suitable material for the patient.

Solution:

The choosing of the most suitable material for the patient, giving instructions to handle the material and the use of maximum absorbing wound cover, can provide very satisfactory results. Of course a follow-up is necessary.

Conclusion:

When, despite our interventions, we are unable to heal the skin. When the patient is without pain and is not inconvenienced by wound fluid. When the patient indicates to have an acceptable quality of life and can resume a normal social life. Under these circumstances as stoma nurses we can accept that if we cannot heal, we can keep caring.

Body image among long term survivor with ostomy by ostomates's self adjustment scale

Atsuko MAEKAWA, Rumi TAKEI, Noriko MENJU*, Akira MENJU, Midori KAMIZATO, Shoko ANDO Nagoya University., *International Buddhist University. JAPAN

Aim:

To clarify the status of body image, self adjustment and related factors among long term survivor by Ostomates Self Adjustment Scale (OSAS ver. 2).

Method:

Prepare OSAS ver.2, which consisted of 30 items, scores 1-5. Postal survey using self rated questionnaire under informed consent.

Result:

There were 182 cases., male was 110(60.4%), female was 72(39.6%), average age was 67.2 (SD 11.3, 34-90) y/o There were 146(80.2%) had colostomy, 18(9.9%) had ileostomy, 6(3.3%) had urinary stoma, 6(3.3%) had both., 6 were N.A. Average span after stoma operation was 12.2 (SD 9.7) years. 81.3% of those could manage stoma themselves, but others needed some assistance. Life satisfaction of present (VAS 0-10) showed average 6.5(SD2.2).

Reliability of OSAS 2 was cronbach's $\alpha=0.89$. OSAS 2 average score showed 95.2(SD 16.8, 50-133) Correlation of OSAS 2 total score and life satisfaction showed strong relation ($r=.55$, $P<.001^{***}$). 30 items of OSAS 2 separated 6 factors by factor analysis. We named Body Image to factor 1, Fullness of Life to factor 2, Self Care to factor 3, Positive View of Life to factor 4, Denial of Reality to factor 5, and Health and Illness to factor 6. Body image was related with health condition, satisfaction of equipment and peri-stomal skin condition.

Validation of the Ostomates' Self-Adjustment Scale in British Ostomists

Simmons, K. MSc. BSc. (Hons); Smith, J. MA and Maekawa, A. PhD

Background and Aim

The scale most commonly used to assess psychosocial adjustment in patients with stoma (The Ostomy Adjustment Scale, Olbrisch 1983) is methodologically flawed. The Ostomate's Self-Adjustment Scale (Maekawa 2000), validated in Japan, is reported to be reliable but it is not widely used in Europe, probably because of differences in culture and approaches to care. This study aimed to validate that scale in British ostomists.

Method

Participants (N=460) randomly drawn from the British Ostomy Associations national databases, completed the OSAS and the Acceptance of Illness Scale (Fenton et al 1984). A subgroup of participants also completed the OSAS on a second occasion (two weeks interval).

Results

Three of the 30 items recorded low item-to-total correlation ($r \leq 0.2$). These were removed from the questionnaire. Reliability tests results are as follows: alpha = 0.90; split-half, $r = 0.88$; test-retest, $r = 0.78$. Factor Analysis extracted seven factors (a ranges from 0.82 to 0.44) which account for 60% of the variance. The scale correlates positively with the Acceptance of Illness Scale ($r = 0.75$, $p = 0.001$).

Conclusion

The revised (European version) scale is a 27-item, multidimensional valid and reliable measure of psychosocial adjustment in people with stomas, irrespective of their culture and the setting in which they receive care.

Quality of Life Survey of Ostomized Persons and Caregivers

Isabel Morais¹, A. Seiça¹, A Ferreira¹, J. Moreira¹, R Athayde², G. Marques³

¹Regional Oncology Center of Coimbra, ²São José, ³Infante D.Pedro Hospital, Portugal

Introduction:

The following research is part of the EPICO study, a national epidemiological study on ostomized persons.

Aims:

The purpose of the presenting research is to identify the information needs that, when resolved, could improve the quality of life of ostomized patients.

Methods:

The project group developed questionnaires for both ostomized persons and their caregivers. The questionnaires centred on the information needs and actual information received by the two groups. International QoL questionnaires; The Ostomy Adjustment Scale, EQ-5D QoL and the Caregivers' Burden Scale, were used to evaluate the quality of life of the two groups. The questionnaires were through the Portuguese Association of Ostomates sent to its members.

Results:

The results are based on the answers from 232 ostomates and 107 caregivers. Ostomates receive information on how to recognise stoma changes, care and management of the stoma and practical aspects of daily living. Most of the ostomates consider themselves to be adequately informed. Though the results suggest that the ostomized persons have a poor adjustment to their ostomy. The results of the caregivers' burden also showed that a large portion of caregivers had high levels of subjective stress burden.

Quality of Life in Patients with Stomas: UK Results from The Montreux Study

Bart Tappe¹, Sarah Daniels²

¹Royal Hallamshire Hospital, Sheffield, UK, ²ConvaTec UK

Aims:

To determine the effect of stoma surgery on ostomy patients' quality of life (QoL) over time and to compare the results of a UK and European population.

Methods:

The adapted and validated Stoma Quality of Life (SQLI) instrument was used in 16 European countries including the UK. The self-completed questionnaire was administered at hospital discharge and then at 3, 6 and 12 months.

Results:

A total of 1,864 patients were enrolled in the UK (28% of the European study population). The results for the UK population compare favourably to the European population. Scores for all domains were maintained or improved over time, with the most dramatic improvements between hospital discharge and 3 months. From 3 months QoL scores remained static for all domains. Patients with a higher self-efficacy and confidence in changing their stoma appliance had a higher QLI than patients lacking in confidence (Kruskal-Wallis test, $p<0.01$).

Conclusions:

A stoma can have a negative impact on patient quality of life. Stoma patients' QoL can be quantitatively assessed over time using appropriate QOL instruments. Future QoL instruments should include additional domains to measure the impact of other factors, such as restored continence, on the long-term QoL of stoma patients.

Stress coping: the variety of ways in which a patient can react to his disease

Smelt, Jolanda J.G.

St. Antonius Hospital, Nieuwegein The Netherlands

Aim:

The aim of this presentation is to give explanation about different coping strategies. Knowledge about these coping strategies of patients is very useful for every stoma care nurse to understand your patient and to support him.

Methods:

Stress-coping is the way someone reacts in case of a stressful event such as having an ostomy. The coping efforts are aimed at controlling, ending, alleviating or generating tolerance to the stressful situation. In order to support a patient, it is necessary to have knowledge about which coping strategies are effective. Adequate coping also depends on the situation (duration, context, persons etc.) so you can't tell beforehand which is the most effective strategy. Using the stress coping theory of Lazarus and Folkman the different coping strategies are explained.

Conclusion:

By having insight in different coping strategies you can find the answer to why your patient acts the way he does.

Editorial work based on the EBN in Stoma Care, Coloproctology and Incontinence

Roveron Gabriele, Battilana D, Giorato E, Tiraterra MF, Rovere M, Rastelli G. AIOSS - Associazione Italiana Operatori Sanitari Stomaterapia

Aims:

Defining assistance paths based on the EBN to give quality assistance as for stoma care, coloproctology and in case of faecal and urinary incontinence.

Methods:

Specific training on the research methodology for 140 Italian Nurses who offer direct assistance to the stoma patient with coloproctologic dysfunctions and incontinence. Following critical revision of the existing literature and comparison of the critical aspects of specific assistance that need to be formalised.

Selection of co-operation problems and nursing diagnosis according to the NANDA 2003-2004 classification.

Identification of specific assistance paths by using the method of Problem Solving.

Results:

15 assistance paths with the relevant specific and transversal procedures (that can be used in other contexts) have been established.

Conclusion:

Implementation of assistance paths and publication of an Editorial Work that is unique of its kind and is an essential tool for the professional growth..

NANDA-NOC-NIC: a Method for Stomacare Management

Vaquer Gloria, Yrurzun R., Villalba E., Del Pino C. , Centellas M., Ortiz de Urbina AM.
Josep Trueta Hosp, Clínico from Barcelona Hosp, Cruz Roja from Hospital de la Santa Creu i Sant Pau, Parc Taulí Hosp, San Joan de Deu from Martorell Hosp, Vall d' Hebron Hosp (Spain) .

Aims:

NANDA-NOC-NIC are three taxonomies linked and related each other which can be a useful tool to control and measure the nursing process. More and more nurses need to define, follow up, evaluate and quantify the care process. This is what is called nursing management and allows to know exactly what we do, why, how and how much it costs. A Spanish group of nurses has studied these taxonomies and we want to show the meaning and benefits of using this common language for stomacare.

Methods:

Nanda are the diagnostics, Noc the outcomes and Nic the interventions. Before selecting the Nanda, it is vital to make a specific description of the patient status according to a method, for instance the 11 functional patterns of M. Gordon, which cover the different areas of the person. To focus on these areas will allow us to select the correct diagnosis and therefore to choose the correct outcomes and interventions.

Result & Conclusion:

This is a method that allows to have a common language for the stomacare management. To start working with it, we have to change our mentality and be open for a new approach.

Note:

In this communication we will explain the meaning of the 3 taxonomies and its connections. In a poster, we will show the chart with the specific N-N-N chosen for the ostomy patient.

Multicultural Workshops

Stuchfield B, Black P.

The Stoma Care Department, The Royal London Hospital and The Hillingdon Hospital NHS Trust, UK.

Ethnic diversity has become an important policy objective for the current government in the UK, particularly since the Macpherson Report (1999). It is projected as a potential means of improving service provision within the National Health Service, which is committed to equality and diversity.

Empirical studies on diversity suggest that healthcare organisations have been slow to embrace diversity management. Diversity is about the recognition and the valuing of 'difference' in its broadest sense. It is about creating a working culture and practices that recognise, respect, value and harness difference for the benefit of the organisation and the individual, including patients. The collective failure of an organisation to provide appropriate and professional service to people because of their colour, culture or ethnic origin is discriminatory and is often done through ignorance and thoughtlessness.

To this end the Peer Group Multicultural Workshops were set up to help stoma care nurses understand the needs of various ethnic minorities who undergo stoma surgery.

Project for Development of a New Tool for Support and Education of the Ostomate Patient

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Rationale:

The ostomate patient need to receive, after the surgery, a complete health education, further to the Stoma Care, with clear recommendations, to allow him adopting a positive attitude in front of his new situation, and therefore to maintain his independence and quality of life.

Aims:

The aim of the project has been the development of new supporting guides to the health education that ostomate patient needs to receive within the process of adaptation to the ostomy.

Methods:

It was formed a group of 11 Stoma Therapists, belonging to the Spanish Society of Stoma Therapy, and with wide experience on ostomate problematic. Objectives to be covered and subjects to be treated were established, being the work coordinated by 3 of the authors. Following the first edition, it is foreseen to undertake a satisfaction survey, in order to identify future issues for improvement.

Results:

With the edition of the guides, an efficient contribution to the health education of the ostomate patient is given.

Conclusions:

Providing tools for support of the ostomate patient is key, specially in those cases when lack of specialization in the Hospitals impedes a closer and wider contact with the patient.

Is it possible to increase resources in the Department of Gastroenterology?

Herlufsen, Per, RN, ET
Department of Gastroenterology, Hvidovre University Hospital,
Copenhagen Hospital Corporation, Denmark

Aims:

The aims of this paper is to describe the results of a systematic and patientfocused part of a trainingprogramme for ostomypatients in Gastroenheden, H:S Hvidovre Hospital, DK

Methods:

In Denmark a lot of surgical colorectal departments use a careplan to help patients to manage their new life with a stoma. These standardprogrammes run in 10 days or more. They often go through a weekend, and the wardnurses can't follow the programme in weekends, because they are reduced in number in weekends.

This project was a pilotstudy of 30 patients, with different kind of interventions.

Results:

The results derived from the study will be presented. If the patients had training in the weekends from competent nurses they could have an earlier discharge, and were more satisfied with the trainingprogram. The administration in the hospital then increased the number of nurses in the ward. Conclusions: It's possible to increase the number of nurses in the ward, if you use arguments that the managers do understand.

A National Programme for Rectal Cancer Management in England

Allison Sharpe, Jill Dean

Colorectal Units, Royal Victoria Infirmary, Newcastle upon Tyne & Sheffield Teaching Hospitals, England

Aims:

To share the nursing component of a National programme to educate multidisciplinary teams and improve rectal cancer management.

Methods:

The English National Bowel Cancer Programme has instituted an education programme for multidisciplinary teams dealing with rectal cancer. Teams, including surgeons, oncologists, radiologists, pathologists and nurses attend two-day workshops. All aspects of cancer treatment are debated with live operating and debate. The nursing faculty present the nursing role and a separate session examines current issues and practice. Mentoring sessions including nurse-led cancer follow-up and advanced stoma care are organised throughout the year.

Results:

Initial experience indicates improvements in multidisciplinary working and standardising patient care. The important role of nurse specialists is given a higher profile.

Conclusions:

Dedicated teamwork promoted by this initiative can help deliver the best treatment for rectal cancer.

The Impact of Pouch Disposal on the Ostomate and the Environment

Buckland S-J MBA BSc (Hons)

In the UK, there are over **36? million stoma pouches thrown away in landfill sites each year** from 150,000 existing ostomates. Reasons that can be attributed to the increase in prevalence of colorectal cancer include improved rates of detection, diagnosis, earlier intervention and treatment of the disease and a better understanding of genetics. With the increasing number of people surviving colorectal cancer, the number of pouches thrown away in landfill sites is only set to rise. With some plastics taking 450 years to biodegrade, this has massive consequences for the environment.

With sophisticated product developments, an ostomate's quality of life has increased dramatically compared to early 20th Century when faecal collection was in tin boxes. Nevertheless, even with these technological advances, there is still one area that has been grossly neglected: the complex issues surrounding pouch disposability.

Until now, ostomates have been taught to dispose of their stoma pouch in 3 ways. Recent evidence from the British Colostomy Association (2004) and Swan (2001) concur that over 60% of nurses are recommending cutting the stoma pouch and squeezing the contents down the toilet. Many ostomates are over 60 years of age, with dexterity problems or failing eyesight. This can contribute to health risk consequences and psychological well being.

One way to overcome both the environmental and the disposal technique dilemma is for CNS to routinely offer a flushable pouch as an alternative method for disposability.

Five years analysis of the patients cared in a stomatherapy unit: Patients' satisfaction and complications' follow -up.

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Introduction: the accomplishment of ostomy adds an emotional impact to the patient and alters his corporal image, with a decrease of his capacity of autocontrol and self-esteem. In Spain, between 35,000 and 38,000 people are carrying ostomies . **Objectives:** to analyze the patients followed in a stomatherapy unit, to describe the satisfaction of the patients and to identify the main complications that might appear. **Method:** Descriptive cross - sectional prospective study from the stoma control unit at Vic General Hospital (a community hospital in Catalonia Midlands) . Between February 1999 and January 2004 we included patients carrying a digestive or urologic stoma and collected data from age, sex, surgical procedure, types of stoma, availability of familiar support, disability or alteration s in their work environment, complications and reoperations. **Results:** Data coming from 142 patients included. The 66 .9% were men. The patient' age average was 66.36 years old (CI 0.95: 64.22-68.50). No significant differences with age, sex and stoma types had been identified. The 96 .6% of the patients used a collector system and 3 .4% of the patients used a continent system. The family support was present in 58 .2% of the patients and social disabilities were present in 18 .7%. No complications were reported in the 72.2% of cases studied . The main complication observed was intussusceptions (13.5%). We observed a high level of overall care satisfaction. **Conclusion:** It is necessary to be very careful in the treatment and care of patients during both the preoperative and postoperative time. The immediate objective must be modification of our nursery research register sheet in order to use it under health caring objectives .

Handling of a problem stoma

Janssen-Wessel M
Ostomy-Oncology nurse, Maaslandziekenhuis Sittard, The Netherlands

Aims:

To show how to handle a problem stoma next to a belly wound.

Methods:

Laparotomy: obstructing irresectable rectal carcinoma at 8 cm, stuck on the sacrum. Creation of a sigmoid colostomy with a mucus fistula conform the Hartmann's procedure. Because of fixation of the tumour and the multiple glands that gives the patient a higher chance on a recidive, the decision was made to treat her with a high dose of radiation in combination with oral chemotherapy. Postoperative the belly wound was opened because of an infection; faeces came out of the wound. The colostomy was situated on skin level and canted. There were regular leakages and a smell problem, which caused social isolation. Purpose of the care and treatment was to protect the wound and prevent leakage of faeces out of the colostomy. The Post-Op surgery set from Coloplast Assura Sense (100 mm) was the final solution.

Results:

The treatment and care therefore were labour-intensive for medical care facilities and the patient. The costs of the visits of the district nurses and the changing contacts were also a problem. It took a while and a lot of efforts to find the right treatment in this situation. When Post-Op was applied, the leakages became less, the smell problem was solved and the wound healed fast.

Conclusions:

Co-operation with other disciplines (woundcare and dermatologist) are important. Wound- and stomacare is a matter of measure work. There are no standard solutions.

When semi convexity is the solution

Marie-Christine Youf-Hazera
Clinique Mutualiste, Pessac, France

Aims:

Mrs. P. 66 years old, is carrying a left iliac colostomy after a Hartmann surgical operation done with a median incision for a peritonitis with colic fistula. The stoma is flat and not very hemmed. The peristomial area is irritated by the presence of faeces under the baseplate which holds in position less than 24 hours, and the skin is very sensitive.

1. To increase the relief of the stoma
2. To improve the holding in position of the baseplate
3. To obtain a healing of the lesions, to obtain an easy installation and fitting of the appliance.

Methods:

Application of a 2 semi-convex-parted appliance with transparent bags ; use of a healing powder on the peristomial area training of the patient so that he/she regularly can empty the bag, teach the stomy cares and the technique of installing and fitting the appliance.

Results:

The stomial relief has been satisfying and efficient within 8 days. The peristomial skin is healed and healthy. The appliance holds in position up to 4 days ; its use and the comfort gained satisfied the patient.

Conclusions :

In case of fragilized skins and/or flat stomies, semi convex stands allow to throw back the stomy to relief and to hold up the stand without any risk of ulceration along with giving the patient an easiness for the installation and fitting of the appliance and comfort as far as this/her movements are concerned.

Factors that influence the ostomy patient education

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Gregorio Marañón University Hosp. (units 2200 and 2100). Madrid. Spain.

Aims:

The education of the ostomy patient is a priority in our hospitalisation units. We follow a care plan, designed 5 years ago, with the objective of teaching the patients to be independent in the stoma self care. Nevertheless there are patients who are discharged from the hospital without learning to change the appliance properly.

With this study we want to analyze the characteristics of our ostomy patients, their level of autonomy in the product handling and the problems caused by not having the adequate practical skills.

Methods:

We made an statistical analysis of the discharge reports from ostomy patients of our units.

Results:

The results of the study show that young patients and those with a shorter hospital stay learn better than those who are older or have a longer stay.

In this poster we will present the main findings of this study.

Clinical evaluation of a new compression garment

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La Candelaria Hosp, La Princesa Hosp., General Yagüe Hosp., Rio Hortega Hosp., Ntra Sra de Sonsoles Hosp., Valme Hosp. (Spain).

Aims:

A new range of compression underwear for ostomy patients is commercialized in Spain from June 04. The objective of this study was to evaluate the efficiency of these garments. Primary parameters were the support and confort whereas the secondary were referred to the adaptation and impact in the quality of life.

Methods:

This was a multicentrical, prospective, open and non comparative study where patients evaluated the garments. The inclusion criteria were: ostomists, older than 18 years, with an abdominal hernia. We excluded patients under chemi/radiotherapy.

Results:

78 ostomists were included (45 men and 33 women). Corsinel was used during an average of 11,6 hours per day. 77,6 % put the garment lying down and wash them after an average of 2,8 days. For some patients the legs were to tight. 94,7 % of the patients considered very good or good the support and 92,1 % very good or good the confort. 85,5 % considered that the garment had a positive influence on their figure. 36,8 % confirmed to have less leakages with the garment. Quality of life parameters improve with the garment but without statistical significance. Primary parameters improve significantly with the garment. 92,1 % of the patients will continue using the garment.

Conclusion:

This product is a good therapeutical alternative for ostomists with hernia. The compression in the legs has to be improved, for instance with boxer models.

Stoma skin complications in patients in colorectal department

Zivka Madzic, Goran Barisic, Jelena Petrovic
Institute for Digestive Diseases, First Surgical Clinic, Belgrade University, Belgrade

Aims:

The purpose of this study was to analyze stoma skin complications in patients operated due to colorectal carcinoma.

Methods:

In the period 1990-2002, 1677 patients were operated on third colorectal department due to colorectal carcinoma. In 1264 (75,5%) cases, resection of rectum was performed due to rectal carcinoma. In 457 patients Abdominoperineal resection or Hartmann procedure with creation of terminal sigmoid colostomy was performed. In 275 patients out of 807 in whom sphincter saving procedure was performed, protective loop ileostomy was created. We analyzed stoma skin complications in 457 patients with colostomy and 275 patients with loop ileostomy.

Results:

Overall incidence of skin complications in colostomy group was 4%. In the ileostomy group, skin complications were more frequent, up to 13%.

Conclusions:

Stoma skin complications are frequent in ileostomy patients. They are almost inevitable in cases of improperly created ileostomies, but can also occur in properly created but poorly managed stomas. Colostomy complications are infrequent and almost always due to improperly fashioned stomas. Proper treatment, with use of current stoma appliances, can reduce frequency and severity of skin stoma complications. Most of these complications can be successfully managed by well educated stoma nurses.

Convexity helping stomatherapy

Dominique Godet
Martizay, France

Aims:

what can be done in case of an invaginated stoma, a constant leakage or a chronic impossibility of maintaining an appliance in position ?.

Methods: an existing possibility is to use convex systems.

Results:

this solution will allow you to obtain a safe and comfortable fitting of the appliance.

- peristomial scrubs,
- mucous lesion...

Conclusions :

Make sure that this utilisation will be done under the monitoring of a stoma therapist who will be able to evaluate the relevance of the treatment and, if necessary, the relevance of stopping it.

Satisfaction study of the PACE program

A. Aclocer, Coloplast Productos Médicos (Spain)

Aim:

PACE is a discharge program, designed to help the ostomy patients by including informative elements for the different stages of the rehabilitation process. After one year of having this program we wanted to make a satisfaction study. The objective was to know the patients satisfaction with the program in order to evaluate how useful it is and improve it if possible.

Method:

This study was made by an external company. It was made through a telephone interview of 13 items. This interview was made always by a doctor.

Results:

859 patients were contacted by phone and included in the statistics. 75,3 % of them evaluated as good or very good the hospital kit mainly due to the information included. 50 % of the patients have watched the video and for all of them it was positive and constructive. For 85 % the home kit was very helpful because its manuals were interesting and helped them to clarify some doubts. Out of all the accessories included, the scissors were the most helpful thing.

For most of the patients the information and support regarding the ostomy was given by the nurse in the hospital and this program completed that information. 80 % manifested to be very satisfied with the information included. 20 % suggested different improvements.

Conclusion:

This program is effective to complement the nursing education to the ostomy patients.

Colostomy Irrigation A quality assurance project

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Stoma Care Clinic, Horsens Sygehus, Sundvej 32, 8700 Horsens, Denmark

Aims:

- to work out a local/national standard/guidelines for colostomy irrigation
- to implement the result into local/national stoma care practice
- to carry out audit in local and national practice
- to work out written information materials for patients
- to present results of the work for colleagues in stoma care

Methods:

Research literature
Discuss and analyze practice

Results:

Literature is updated
Standard for irrigation is ready for implementation
Written information for patients is worked out
The work continues...

A difficult appliance of an ileostomy

Marie-Laure Basire
Department of Surgery, Clinique Le Petit Colmoulin, Harlfeur, France

Aims:

To present a method that can be used by other stoma therapists.

Methods:

Because of continuous emission of liquid faeces, I put a sucking system on a stoma during the whole time of the washing and cleaning of the patient. This system was installed on a retracted stoma with a peristomial burnt skin spreading from the navel to the right side lumbar pit, nearby the bone projection, in a fold. I used water and soap for the patient's toilet and a hair drier for drying. I put Orahesive powder around the stoma ; and I put a 20 diameter Comfeel opaque plate on the right side and a 10 diameter appliance with a paste seal once the baseplate was installed.

Results:

There was a clear improvement after 3 days having 2 whole changes a day. The patient went back home with no damage to his skin integrity.

Conclusions :

The appliance of an ileostomy can be very complicated, and it might have disastrous consequences on the moral and physical level for the patient, if the cares are not carried out strictly by the whole staff. It is of the utmost importance to have a stoma therapist present in the hospital to support and help the patient and the staff.

Assuming the normal term newborns and premature infants carrying a double

Sylvie Beucher

Department of Gastroenterology, Paris, Trousseau Hospital, France

Aims:

To adapt the equipment which will allow keeping the trophicity of the digestive track while taking into account the growth child's height and weight.

Methods:

10 out of 26 normal term of premature newborns that were observed on a one year period, were carrying a double terminal temporary enterostomy with a cutaneous bridge. 7 amongst them had had local cares that aimed to give the (removed) digestive track nutrition and motor control/dexterity (stomal irrigation + rectal enema). The initial pathology was either malformative organic occlusions or a necrotizing enterocolitis of the premature infant.

Results:

Due to the children growth and the morphological modifications it involved, the equipment had to be adapted to each child all along the evolution until the digestive continuity was restored.

Conclusions :

A direct access to the 2 stoma which allowing daily local cares, requires readjustments of the equipment which are inescapable when a child is concerned. These cares must be adapted to each child and the parents' education and training must be revalued each time the equipment is changed.

Guide for paediatric ostomy care

Rivera Sebastián, Durán M C.

Virgen del Rocío Hospital. Sevilla. Spain.

Aim:

We have developed a guide addressed to the parents of children with ostomies. This guide is included in the paediatric PACE program (Programa de Ayuda en el Cuidado del Estoma) and its objective is to give information to the families of these children, that could help them to assume the ostomy and go back to the daily life.

Method:

In this guide we include the following chapters:

- Basic concepts
- Children ostomy care
- Diets
- Daily life
- Parents psychological state
- What to do after hospital discharge
- Answers to frequent questions.

In this poster we present this guide with detail.

Nursing care and assessment needs for people with gastrostomies

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* Stomacare nurse, Hospital Universitario de Bellvitge, Barcelona, Spain

** Stomacare nurse, Hospital de la Santa Creu i Sant Pau, Barcelona, Spain

*** R.N. Hospital Universitario de Bellvitge, Barcelona, Spain

Aims:

The Bellvitge Hospital detected the necessity to provide specific nursing care for these gastrostomy patients in front of their need for special care. For this reason extending the Stoma care nurses' activities was considered (currently addressed to caring for and attending to digestive and urological ostomies). Thus an assessment and study of the current situation was realized

- To give integral attention to people with gastrostomies and to their families, under a programme of nursing assistance based on a scientific methodology which is developed while the process lasts (monitoring the patient & family) within a quality programme.
- Coordination with all health care professionals implicated in the process in order to prevent possible complications and guarantee continuation of quality care.

Methods :

Realize a retrospective study:

- Identify the candidate population (services implicated).
- Ascertain the number of gastrostomies (nutrition ostomies) established in the Hospital de Bellvitge in 2004, both percutaneous and surgical.
- Ascertain the current problems related to gastrostomies. For this a questionnaire with open questions is elaborated.

Results:

Pending tabulation

Conclusions:

Pending

Management of a high output stoma following perforation of the colon

Sica Jo Clinical Trials and Research. Stoma Care.

This presentation aims to demonstrate how a 50-year-old lady independently manages her own high-output ileostomy and her parenteral feed.

This lady has a high output ileostomy as result of her colon perforating following irrigation of her colostomy – the surgeon feels the two are linked. The underlying need for a stoma was due to Crohns disease.

Despite this, she has led an independent life. Her main problems include admissions to hospital for nutritional defects. She manages her stoma remarkably well, but suffers with frequent leakages and subsequently sore skin.

High output stomas can be distressing for many patients due to the very liquid and explosive output. Appliances can leak more easily and this can contribute to a feeling of isolation.

Given the very nature of high output stomas, regular nutritional assessments are often necessary.

During this presentation I will show how this lady participated and helped develop a new Two Piece stoma appliance that gave her a much stronger feeling of security as it did not leak.

With an increasing number of high output stomas being cared for in the community, the CNS is key in teaching both the patient and the healthcare professionals. The CNS can also play an important part in the Multi-Disciplinary Team in helping to maintain an independent patient.

References:

Holistic Stoma Care. Patricia K Black, Balleire Tindall 2000
Inflammatory Bowel Disease pages 54-57

Stoma Care Nursing. A Patient-Centred Approach Arnold 1996
Irrigation technique Karen Davis Page 136-145

The educational process in the global assistance of children with an ostomy

Tani Giovanna

Surgical clinic – Local Health Agency of Forlì – Italy

Aims:

The aim of this work is to define an educational tailored program to make parents become autonomous in managing a child with a paediatric ostomy.

Methods:

The educational process and the help relationship according to Rogers are used.

Results:

Rehabilitation of a child with an ostomy by the parent. The parent acquires autonomy through an effective educational process.

Conclusions:

Establishment of a “therapeutic alliance” between Nurse, Parent and Child that allows to give tailored, suitable and good-quality assistance.

Resolution of a post-surgical complication through stoma care

Paoletti E, Niebel T, Albertario S, Dini S, Tinozzi S, Italy

Aims:

Reducing the healing times of a peristomal complication by using advanced medications.

Methods:

Use of medications based on calcium alginate and hydrogel in a mucocutaneous amotio. The medication is replaced every day. The ostomy is covered with protective paste and collecting device with convex baseplate.

Results:

Cleansing of the asexual cavity after approx. 7 days from the beginning of the treatment.

Conclusion:

After approx. 30 days of treatment, the ostomy is such that it allows the patient to self-manage it. The treatment with advanced medications has improved the life quality of the patient, thus reducing the number of visits to the clinic.

Managing a post-surgical complication through stoma care

Casoni Lina

Rehabilitation Centre for Stomates – Surgical Department I - Arcispedale S.Maria Nuova – Reggio Emilia

Aims:

Reducing the healing times of a stomal necrosis by using advanced medications.

Methods:

For a case of stomal necrosis with serious damage of the peristomal skin, the following medications have been used:

- Hydrocolloid dust
- Intracavity medication based on Alginate and Carboxymethylcellulose
- Protective paste
- Hydrocolloid baseplate.

The interval time between medications amounted to 72 hours and the ostomy was equipped with a two-piece system. The medication was replaced by the home-nurse who was duly trained by the stoma care therapist.

Results:

The peristomal complications were solved in 34 days of treatment with advanced medications and collecting devices.

Conclusions:

The contemporary use of advanced medications and devices for ostomy has reduced the healing times of the peristomal complications and improved the patient's quality of life. The integrated management between the hospital and the local agency has guaranteed the prosecution of the treatment at home, too.

Cares for an abdominal wound with a fistula in the Elhers Danlos disease

Lamia Sieger

Department of digestive surgery, Clinique Lamartine, Thonon-les-Bains, France

Aims:

have a secure appliance that Mr X can regain autonomy in his daily life.

Methods:

Cleansing and drying of the flanges of the wound (15 to 17cm height, 10cm width). Use of an hydrocolloïdal dressing on the old scar of the colostomy on the left of the fistula that the appliance for the wound can be put on a plane area. Use of a skin respective dressing around the fistula (1 to 2 cm). Add paste to protect the normal skin on the flange of the wound. Use of a drainage bag with window that will guarantee leakproofness between bag and dressing. Use of a one piece ileostomy bag on the right of the fistula.

Results:

7 to 8 days of leakproofness when changing daily the paste between the bag and the plate.

Conclusions :

One hour and a half of work per week to obtain a functionnal and leakproof appliance.

Advanced medications and devices for ostomy in the management of peristomal complications; which integration?

Guidi Alberto
Rehabilitation Clinic for Ostomates - Perugia

Aims:

Introducing the treatment methods of two cases of peristomal complications; fistulas and dehiscence of surgical wound with advanced medications and devices for ostomy.

Methods:

In both cases, advanced medications like calcium alginate and PU foam were used. From literature it is well known that, by creating an ideal environment for the tissue repair process, advanced medications stimulate the second-intention healing of the wounds that are difficult to manage, too. Together with advanced medications, two-piece devices for ostomy were also used to reduce the risks of trauma to the peristomal skin.

Results:

The resolution of the peristomal complications took place in approx. 20 days of treatment with advanced medications and collecting devices.

Conclusions:

The contemporary use of advanced medications and devices for ostomy has reduced the healing times of the peristomal complications and improved the life quality of these patients.

Equipment of an entero-cutaneous fistula

Rodinger Véronique
Department of Gastroenterology, Hôpital Claude Huriez, France

Aims:

Case study: Adhesiolysis with fistula.

Methods:

Find out special ostomy equipment for the fistula: alginate, paste, hydrocolloïde, cone. (Many pictures).

Results:

Adhesiolysis solved. Fistula operated.

Conclusions:

Take advantage of all available techniques. Analyse carefully the problem.

The effect of skin protectants on the rate of fluid absorption into incontinence pads

Hoggarth A, Waring M - Convatec Wound Therapeutics, UK

Aim:

Incontinence pads are often used in combination with skin barrier products to absorb fluid and protect the skin. Modern incontinence pads are able to manage fluid for extended periods. The advantage of long wear times for absorbent incontinence products may be negated if the total absorbency is reduced by skin barrier products. Skin integrity may be compromised if incontinence products are affected in this way.

Methodology:

10 healthy volunteers had 6 test materials applied to their volar forearms. Sections of incontinence pads (known weight) were then applied over these test areas and gently compressed for 10 minutes. The section of pad material was then removed from each test site (re-weighed) and the time taken to absorb 5ml of water was recorded. Each test site on the forearm was insulted with a dye solution & visually assessed, to establish the effectiveness of any remaining product on the skin.

Results:

Product formulation demonstrated varying affects on the fluid absorption, product transfer and skin protection. The spray product was the only product that did not significantly affect fluid absorption and still maintained effective skin protection.

Conclusions:

This study showed that the total fluid absorbency of the pads was unaffected. The critical performance parameter however, was the rate at which fluid was absorbed. The rate of absorption was seen to be controlled by product formulation and quantity transferred.

Anal incontinence after anterior resection of the rectum

Izabella Nagy Szabó

Department of Surgery University of Pécs, Hungary

Aims:

Low anterior resection of the rectum after neoadjuvant treatment is performed with a deviating ileostomy. Quite a lot of patients complain of anal incontinence after closure of the stoma.

Methods:

Our patients were interviewed in a questionnaire to evaluate possible reasons for this problem of postoperative incontinence.

Results:

The sphincter training suggested by the doctors did not make a difference in the patients complains.

Conclusions:

Patients can control continence problems first of all by changing their diet and avoid eating before leaving their homes.

Faecal incontinence: case report

Laurence Lataillade – ET Polyclinique de chirurgie – Hôpital Cantonal Universitaire – Geneva – Switzerland

Introduction:

After a painful and heavy treatment, whom vital issue was improbable, how do we finally accept to leave along with a faecal incontinence due to secondary effects of the treatment ?

Aims:

This presentation describe the case of a 48 years old female patient who suffers of faecal incontinence after a long treatment for rectum cancer. This person has gradually reduced social life, up to total isolation so to avoid confrontation with painful daily situations that became hard to assume. The faecal incontinence is taken by the patient as a humiliating pathology, assorted with a sense of shame. After trying several types of treatment, we have found the appropriate one in order to restitute her the control of faces excretion: regular rectal injections every 72 hours. This therapy has allowed this woman to recover a decent quality of life. This report has several aims in describing the following matters: the differents steps of surgery and oncologic treatment, the negative effects due to surgery and radiothérapie, the different attempts of faecal incontinence treatment, the specific technic of the rectal injection with "Irrimatic" pump, today's achievements in this field.

Conclusion:

The faecal incontinence has led the patient to a major discomfort with important psychological and social negative effects. Thanks to a multidisciplinary and regular assistance, she has found an additional and alternative way in coping with her faecal incontinence.

Immersion and stomie

MICHALAK Eric

IDE Stomathérapeute, F-59210 Coudekerque-Branche, France

Aim:

The immersion of the human body induces disturbances in the respiratory functions, cardio circulatory, renal, and endocrine.

The important density of water, unequal distribution of the hydrostatic pressure on the body, the strong thermal conductance of the medium involving an important thermoregulation form parts of the intervening external factors to take into account in the analysis of compatibility between diving and stomy.

Method:

Indeed, digestive or urinary stomized being, being provided with a pocket of Kock is synonym of temporary or final counter-indications with the SCUBA diving (Self-Contained Underwater Breathing Apparatus) and/or the breath hold diving (Apnea)?

Results:

After some developments on the immersed man and the mechanisms of the diuresis of immersion in order to draw up the recommendations which are essential, it is through testimonies of stomized people practicing the diving that I propose to you some precious comments of individuals who could not give up their passion which enables them to still be part of this third kind of men as PLATON said it: "Those who leave in the sea".

Conclusion:

There are three kinds of men: the alive ones, the deaths and those who leave in the sea – PLATON. Therefore, what about the life quality of the stomized being divers?

Is marking the stoma site necessary and does this decrease complications?

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Aims:

To avoid posterior complications and to maximize the ostomy patient's comfort, it is essential to select the appropriate site for the stoma and to carry out a thorough process of examination before and after the surgical intervention. Bad positioning of the stoma is a complication which is not habitually mentioned in health literature. The traditional coloproctology treatments indicated that the stoma site be chosen during the surgery, after finishing the surgical intervention and before closing the laparotomy. The parietal orifice was carried out upon an imaginary line which joined the navel with the iliac spine. Thus, a higher proportion of post-operative complications existed, derived from an inadequate stoma site. Various studies have shown that situating the stoma site should be established before surgery.

Situating the stoma site is marking a point on a flat area of the abdomen so that during surgery the intestinal extremity will be placed at this point to permit flow of faeces or urine.

Therefore, it should be taken into account that marking the stoma site should be done both in programmed and emergency and emergency surgery.

- Encourage marking of the stoma site.

- Decrease the problems related with ostomy, favouring the quality of life of the ostomate.

Methods:

Presentation of a clinical case of non stoma siting in elective laparoscopy surgery (photos and evolution).

Conclusions:

No patient should go to the operating theatre without previously having had their stoma site marked as this is an important favourable element for their posterior integration.

The marking of a stoma in a programmed or emergency surgery is an engagement for a comfort and quality of life for the patient.

Régine Nicolas

Nice University Hospital, France

Aims:

any stomized person has got the right of having an optimal quality of life.

Methods:

- . Complementarity between the surgeon and the stomatherapist nurse.
- . To highlight the benefits of marking a stoma as well in a programmed or in an emergency surgery operation.
- . To highlight the heavy complications as the result of the realization of a stoma.

Results:

each person being a peculiar case, one should not forget to evaluate the results. An informal evaluation showed : the benefits of marking when making a stoma, the acknowledgement of each one's skills and job and the benefits of coherent and individualised cares. As well-made stoma is easy to equip ; an equipment that holds in position is easier to forget.

Conclusions :

treating and nursing is a complete act only if it is done in a multidisciplinary context. This means that each person has to bring his/her own specificity to the care given, from the stoma marking off to the realization of the stoma, to the post-operation cares, to the teaching and training of the patients. This process is a warrant of quality, comfort and autonomy for the stomized patient. In fact, it's beginning of an another part of his/her life.

Quality of Life in Patients with Stomas: Germany Results from The Montreux Study

Kirsten Berg¹, Friedhelm Bartels²
 1Hospital Of Wismar, 2 ConvaTec Germany

Aims:

To determine the effect of stoma surgery on ostomy patients' quality of life (QoL) over time and to compare the results of a German and European population.

Methods:

The adapted and validated Stoma Quality of Life (SQLI) instrument was used in 16 European countries including Germany. The self-completed questionnaire was administered at hospital discharge and then at 3, 6 and 12 months.

Results:

A total of 282 patients were enrolled in Germany. This accounts for only 4.3% of the European study population, compared to the UK accounting for 28%. The results for German population are similar to that of the European population, although the Germany scores were lower for several domains including some associated with satisfaction with medical care received. Scores for all domains were maintained or improved over time, with the most dramatic improvements between hospital discharge and 3 months. Patients with a higher self-efficacy and confidence in changing their stoma appliance had a higher QLI than patients lacking in confidence (Kruskal-Wallis test, $p<0.01$).

Conclusions:

Some aspects of the QoL of German patients may benefit from increased attention. QoL instruments should include additional domains to measure the impact of other factors, such as restored continence, on the long-term QoL of stoma patients.

The frequency of stoma complications and quality of life after stoma surgery in Northern Finland

Marja Niskasaari, Jyrki Mäkelä, Oulu University Hospital, Oulu, Finland

Aims:

Stoma complications, their frequency and types were evaluated in a patient cohort operated on in Oulu University Hospital.

Methods:

The patients were identified using a computer generated database. A detailed questionnaire was mailed to 170 stoma patients operated on during the years from 1995 to 2001 in Oulu University Hospital. One hundred thirty (76%) of the patients answered and 119 (92%) of the questionnaires were filled adequately.

Results:

Fifty-six patients (47%) had stoma complications, parastomal hernias (N=35) being most frequent complication. Patients with an ileostomy had more often difficulties with stoma handling ($p=0.001$). Seventy-eight patients (66%) were well adapted to stoma, 49 (72%) of the patients with a colostomy and 25 (56%) of the patients with an ileostomy being satisfied. Of the 41 non-adapted patients, ten had problems in social life. Men had more often problems postoperatively ($p=0.05$), and especially sexual problems ($p=0.011$). Patients with a colostomy had better physical condition, mental health and social functioning than patients with an ileostomy

Conclusions:

Two-thirds of the patients are adapted to stoma. Men have more problems postoperatively and patients with an ileostomy have more often difficulties in stoma handling and experience their physical, mental and social well-being to be reduced.

Pleasure with discretion guaranteed

Odile Francelli

Department of Surgery, Clinique, Claude Bernard, Metz, France

Aims:

For ostomates who want to hide their stoma during a love relationship. To allow them enjoying completely this moment of their life.

Methods:

Mr D. is a go-ahead forty-year old man. His job, involving a lot of professional contacts, gives him the opportunity of often travelling and meeting people. This epicurean bachelor likes to enjoy life. One day, he has take a medical advice because of urinary problems he's suffering of. The diagnostic reveals a cancer of the urinary bladder and thus the necessity of removing it (Bricker). After his convalescence Mr D. willing to maintain a good quality of life, reacts with combativeness. The same dynamism than the one he had before the operation. As he likes enjoying life and still has a very active sexual life, he sets up a new strategy of seduction. This stoma must not stand in the way of his personal bloom. So, how will he be sure of himself and keep on being attractive ? He gets the answer when he sees the picture of a toreador, the symbol of courage, combativeness and manhood. Why wouldn't he use this large abdominal belt, which is part of bullfighter's costume, in his love games ?

Results:

This forty-year old man has regained his self-confidence and goes on enjoying life.

Conclusions:

Our young seducer never goes anywhere without this belt which permits him to take the first step.

Influence of stomaplug on stoma patient's quality of life

Annechien A

Stoma care nurse, Ziekenhuis Amstelveen, Netherlands.

Aims:

The aim of this poster is to make stomacare nurses more aware of the positive effect of the stomaplug on the stoma patient's quality of life provided it is offered on the right time and the patient receives the right instructions.

Methods:

The poster will contain the following information:

First the explanation what a stomaplug is (photo) and how this is being used (general instruction).

Then I will explain why and how I present the plug to the patient, followed by my personal tips.

Results:

Description of the experiences of three stoma patients (interviews) about the use of the stomaplug (with photos of the patients).

Conclusions:

The poster ends with the conclusion that in most cases using the stomaplug results in a better quality of life.

With regard to sexuality, intimacy, self-image and the freedom to live an active life, this product can be of great importance to the life of stoma patients.

It is important to know which moment the patient is most open to discuss this product. Giving information and advice about this product is therefore an important task of stomacare nurses.

Efficiency of the group therapy for ostomized women: Pilot workshop for the treatment of the corporal image alterations, the self-esteem and relations of couple / sexuality

*Natalia Avellaneda, **Juana Campo, **M^a Rosario Caparrós.

*Psicóloga en Prácticas. (Nº Col. M- 18157)

**Enfermera Estomaterapeutas. H. Universitario Clínico San Carlos de Madrid

Objective:

Group therapy is increasingly used with oncological patients. The aim of this paper is to study the positive effects that will contribute the group therapy to our ostomised women sample. For the pilot workshop there was asked a sample of 7 patients (N = 7), staying the final sample in a N = 5.

Method:

The therapy of group (psycho-educational type) was constructed in 5 modules along 13 meetings: state of mind, information about the disease, corporal image, self-esteem and relations of couple and sexuality. An anonymous questionnaire was in use, Likert's type scale, along with the HADS Scale from Zigmund A.S. and Snaith R.P.

Results:

The results indicate the ostomised patients which take part in the pilot workshop, experience a decrease of the anxiety and the stress, improving her corporal perception and her self-esteem. Also they improves, though not so significantly, the relations of couple and sexuality.

Conclusions:

We conclude this type of psychological intervention, in group, proves to be effective to improve the alterations mentioned of women ostomised.

Key words:

group therapy, women ostomised, corporal image, self-esteem, relations of couple and sexuality.

The story of an autonomy

Pascale Prax

Clinique Montréal, Carcassonne, France

Aims:

to give self-confidence to the patients who are going to undergo a surgical operation and will be carrying a colostomy. To prove to them that they'll have the possibility of getting their autonomy back and have a normal life again.

Methods:

thanks to visual communication and to the impact of a picture, the patient must find – on a poster – the proofs of an effective support on behalf of the medical and paramedical staff, and also find the proofs that the colostomy won't be a handicap. Key words, impact-full sentences and attractive pictures are the components of this project.

Results:

the patients will be reassured and will feel less isolated. They will find out that it is possible for them to gain their autonomy back and that the colostomy is not a taboo and/or a hidden handicap.

Conclusions :

I hope that this project will meet a positive echo amongst the stoma therapists attending this congress and that it will be useful for the daily care brought to the patients.

Validation and Crosscultural Adaptation of the “Bowel Function in the Community” Tool to the Portuguese Culture

Domansky RC, Santos VLCG
Nursing College of the University of São Paulo/ Brazil

Aims:

To develop the crosscultural adaptation of the “Bowel Function in the Community” tool to the Portuguese language, and to evaluate the measuring properties of the adapted version.

Methods:

The original instrument (Reilly et al, 2000), has 70 questions in the following groups: general bowel habits, fecal incontinence, urinary symptoms, anorectal disease and surgical history, medical care utilization and patient contributing medical disorders. The crosscultural adaptation was based on Beaton et al. (2002), and involved two phases: translation of the instrument to the Portuguese language, and the evaluation of content validity, inter-rater and test-retest reliability properties. A convenience sample of 356 healthy subjects, aged over 18, were interviewed by the researchers, using the adapted version. Those individuals composed two sub samples: for the inter-rater reliability (120 subjects), and for the test-retest reliability (120 subjects) evaluations.

Results:

The adapted version resulted from the first phase, included mainly some semantic and idiomatic changes and confirmed the tool’s content validity. Inter-rater reliability was validated at a 94% level of agreement (good to excellent) between researchers. Test-retest reliability was validated at a 60% level of agreement (moderate to excellent) between the two interviews (a week interval).

Conclusion:

Results from the study have shown that the adapted instrument can be made available for new applications to get more information on the intestinal habits Brazilian population.

Stoma care counselling network - beyond organizational boundaries

João Moreira, A Seiça, A Ferreira, D Neves, M Araujo, I Morais
Regional Oncology Center of Coimbra, Portugal

Aims:

The nursing care needed to attend the complex situation of ostomised person and family requires specific interventions to meet their needs. Aware of this a group of nurses from C.R.O.C., SA set up in September 1999 the Stoma Care Unit (GE) with the purpose to provide general care to the person who underwent an ostomy.

Methods:

The attendance of both, patient and family, begins at the moment of diagnosis, goes on throughout hospital discharge and as outpatient. After a year of working we found that the majority of patients attended by GE came from geographical distant places and have a low social-economical background. To guarantee the equity to care access, the GE developed a project for a “care network” aiming to:

- establish care continuity after discharge
- prevent, promote and care early complications
- improve the return to social and labour environment
- maintain efficient channels of communication what means “care” in its full meaning.

Results:

To implement the network 80 nurses from primary health care working within the area of CROC, SA attended a training course done by nurses from GE. This project is still functioning and accessed every year (2002-2004) by their peers. The GE works as the pillar of the project as it provides at the same time care for patients and education for nurses. This network increased the quality of care since makes easier the relation between primary health care and hospital, bringing benefits for both, patient and health system.

Prescribing for Stoma Care: A systematic review process

Taylor, Penny
Stoma Care Service, South Birmingham PCT. Birmingham, U.K.

Aims:

To develop an holistic review system for all people with a stoma, for use in a community setting.

Methods:

The cost of prescriptions to the NHS for people requiring stoma pouches is great. Coming in the top ten most expensive items. In the UK there is now a system whereby patients requiring a prescription has an annual review, however this is not the case for stoma pouch prescriptions. It was therefore decided that a system should be sort. The stoma care nurse specialist and the Prescribing advisor worked together to devise such a system.

Results:

A review questionnaire has been produced and has been used at 35% of General Practitioners surgeries. In this sample it has shown that there are a significant number of patients living with stoma related problems and not seeking advise both physical and psychological. It did not show that there was an over use of prescription items but that some surgeries had a large number of ostomists.

Conclusions:

This work needs to be further developed, with a programme of education to other healthcare professionals so they can carry out the systematic reviews. The system needs also to be developed into a computerised programme for use in GP surgeries at present it is a paper system.

Natural disaster preparedness of Japanese-Ostomy Club members

Noriko MENJU 1, Akira MENJU2, Rumi TAKEI2, Atsuko MAEKAWA2,
Midori KAMIZATO2, Shoko ANDO2,
1 International Buddhist University,
2 Nagoya University School of Health Sciences,

Aim:

The purpose of this study is to evaluate natural disaster preparedness by the members of K-Ostomy Club.

Method:

Samples were selected from K-Ostomy Club members, and a postal semi-structured survey was conducted under the ethical agreement. Data were collected anonymously, and return of the questionnaire served as consent to participate.

Result:

A total of 211 samples out of 302 responded (response rate:69.9%). Average age was 68.5 (SD 11.2, range 34~91) years old, and average years after surgery was 12.7 (SD 10.1, range 0.4~66.8) years. One hundred fifty (71.1%) respondents prepared for natural disaster, and among them, forty three respondents prepared their stoma equipments and its specifications and a memorandum written their disabled identification card number, emergency contact information and hospital information. Sixteen respondents used only irrigation method. As other preparations, "emergency stock bag", "stoma equipment stocks for 2 weeks or more", "storage in various places", "storage beside bed" were stated.

Conclusion:

It is important to recommend that ostomates have plans for natural disaster. We should take actions to educate and built up a network of ostomates with the patient support group "K-Ostomy Club".

Sfera Project - A Preliminary Investigation on Therapeutical Education

CarlaSaracco, Marzia Beltrame,Roberta Brazzale,Gabriele Roveron,Ivano Nigra(et al.)
A.I.O.S.S. EducationalCommittee (Italian Organization of ET Nurses, WCETrecognized)

Aims:

This project is designed to assess the autonomy of ostomates at discharge aftersurgery, in order to evaluate the need for methods and tools in therapeuticaleducation.

Methods:

From Jan 26 to March 31, 2004, 500 questionnaires were distributed all aroundthe country.

The questionnaire was tobe submitted by the ET/Nurse to patient and/or relatives, in order to assessthe degree of autonomy reached at discharge from hospital, in conjunction withdetails on the educational methods and tools which have been used duringimmediate post operative period to train in basic stomacare.

Results:

About than 350 questionnaires have been handed back, of which 85% validated.

The main finding wasonly 1,6% patients out of validated panel were autonomous in stoma care.Besides, current therapeutical education was proven uneven as per methods, toolsand timing.

Conclusions:

To significantly improve Therapeutical Education, training program and toolsneed to be developed and tested in a major multicentric study, to achievescientific evidence and be successfully implemented.

Working as an ET-nurse in the educational field of nursing – a personal report

Meister, Brigitte
RN, ET, nursing teacher, maxQ – Unternehmen fuer Bildung, Frankfurt/Main, Germany

Aims:

Showing possibilities and working places for ET-nurses inside and outside the hospital setting with their pros and cons

Methods:

Analysis of the different places and institutions (home care, hospital, medical-supply shop, manufacturer, nursing school and educational institution) the author worked in for more than 20 years.

Results:

Changing working places is a sometimes interesting and challenging thing but you need to be flexible and interested in increasing your knowledge constantly as nursing in general is changing.

Accepting that your social contacts can get lost and rebuilding them isn't always that easy – you need to have the familiar background.

Conclusions:

Working as an ET-nurse in the educational field is as eventful as a worldwide journey. You meet lots of people with lots of interests not only once but several times in your life.

You can discuss and share your knowledge with everybody interested in and give probably some new ideas.

Do Danish Stoma Care Nurses use the Stoma Care Board Game 1+2?

Herlufsen, Per, RN, ET

Department of Gastroenterology, Hvidovre University Hospital, Copenhagen Hospital Corporation, Denmark

Aims:

The aims of this paper is to describe the use of the Stoma Care Board game 1+2 as an educational tool among Danish ET's. Second which advantages Danish ET's thinks the Stoma Care Board game 1+2 are in possession of.

Methods:

The Stoma Care Board game 1+2 was made in the 90's as a learning strategy for the ET. Developed further in the last years. But do Danish ET's know it, and do they use it?

This study is made in 2005 with questionnaire to Danish ET's. This paper will describe which experiences Danish ET's have made using the Stoma Care Board game i their daily work as an expert in clinical practice and educator.

Results:

Results from the study will be presented. Some statements about advantages/disadvantages, in which situations the ET's use the Stoma Care Board game will be shown.

Conclusions:

Danish ET's know about the Stoma Care Board game, they use it as a supplement to more traditional educational tools, and are fun with it.

What are the benefits, for an ET, by participating in a research project?

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Dept. of Gastroenterology, Roskilde University Hospital, Hvidovre University Hospital, Copenhagen Hospital Corporation, Denmark

Aims:

This paper aims to describe the benefits that an ET can achieve by being involved in a research project.

Methods:

The planning of a research project entitled "A study of skin lesions in ostomates from Roskilde Amt, DK" was started in 2002. The project involved 200 people from Roskilde Amt in Denmark, all having a permanent stoma. 3 stoma care nurses were involved in the interdisciplinary project group. The work of designing the project, the role of the ET during the project and participation in a multidisciplinary project group resulted in immense experience for the three ETs. The present paper describes the experience made by the ETs during the above work.

Results:

The results derived from the research project are not presented. All the benefits for an ET involved in a research project are described, including the wide experience gained by working with various methods, such as questionnaire, interviews, examination and discussions.

Conclusions:

It is very important for ETs to be involved in research projects, which is a great opportunity for them to evaluate the quality of the care that they give, and the ET's role as a researcher is rewarding. His/her experience with the wide range of stoma equipment and the needs of patients on an individual basis is invaluable. The chance to explore and develop a multidisciplinary work is of great importance.

Retrospective study on the nursing accreditation in Spain and ET nurses in the WCET

Fernández M^a A; Casanova Beatriz; Barbero F; Sole P; Ruiz M^a D; Fuertes C; Petri M SEDE

Aims:

To be a framework of thought on the accreditation of nurses with interest in stomacare in Spain.

Methods:

Systematic review on the nursing accreditation in bibliography as well as in the different scientific societies.

Results:

The obtained information allows setting down a model memory to join the criteria of the different nursing scientific societies.

Conclusions:

It can be argued that the nursing accreditation ensures competence and gives answers to government initiatives to auditing quality of the national health system.

The Stomacare plan according to NANDA - NOC - NIC

Marcos Rosa, Rodríguez B, Juan C., Cantarino I., Salvador F., Vivancos H. Gomez Ulla Hosp., Clínico San Cecilio Hosp., Clínico from Valencia Hosp., Sagunto Hosp., Arnau de Vilanova Hosp., Parc Taulí Hosp. (Spain)

Aims:

NANDA-NOC-NIC can be a useful tool to control and measure the nursing process. Our objective is to show the most common diagnostics, outcomes and interventions for the “standard” ostomy patient.

Method:

We have evaluated de ostomy patient according to the 11 Gordon areas and have selected the following diagnostics (we also present the Noc and Nic related to them):

- Infection risk
- Ineffective management of the therapeutic model
- Cutaneous integrity damage risk
- Faecal incontinence
- Selfcare deficiency
- Sleep pattern disorder
- Acute pain
- Body image alteration
- Fear
- Sexuality pattern disorder
- Ineffective coping
- Spiritual suffering risk

Result:

with this method we can define clearly the activities performed for ostomy care and the outcome we want to reach, measuring it individually.

Theoretical validation of the intervention 'Ostomy care' in the actual sanitary context: NIPE Project, Phase II

Fernández M^a A; Casanova B

Aims:

To validate the intervention 0480 'Ostomy care'.

Methods:

A validation system is developed for the intervention 0480 'Ostomy care' and their activities. The theoretical validation includes:

(i) the validation carried out by the experts through two questionnaires (DELPHI panel), who perform a conceptual and terminological analysis of the name, the definition, and each activity included in the intervention; and

(ii) the scientific validation carried out by the monitor group, who develops a bibliographical search giving scientific support to the theoretical proposal of terminology for the label, the definition and the activities of such intervention.

Results:

The main results of the DELPHI panel, and a new proposal of name, definition and activities in the intervention.

Conclusions:

The establishment of the Standard and its application to the control of costs let us realize the significance of the nursing activity in the sanitary system.

Experiences with long distance education

Kundal, Jette

Department of Gastroenterology, Odense University hospital, Denmark

Aims:

to tell about my experiences carrying through a long distance education.

Methods:

This paper is about the author's deliberations, arrangements and discussions with the management. It also describes how it is possible to have an educational experience far from the classroom.

Results:

It can be an advantage by carry through a long distance education.

Conclusions:

It has been a great personal gratification to obtain permission to soak oneself in ones profession and become an Enterostomal.

Randomized Cross-over Comparison of Adhesive-Coupled Colostomy Pouching Systems

Berg, Kirsten, Enterostomal Therapist, Triwalk, Germany. Seidler, H.

Aims:

Few controlled trials compare the effectiveness of ostomy pouching systems.

Methods:

A prospective, randomized open-label, cross-over study compared clinical performance and patient preferences for 2 adhesive-coupled pouching systems during normal use: a gelatin/pectin-based skin barrier sealed to the pouch with Adhesive Coupling Technology™ (System E*) or a grooved base-plate wafer adhesive pouch coupling system (System A**). Consenting participants were randomly assigned to use 1 system for 5 skin barrier/wafer changes or up to 15 days, then the alternative system for a similar period. Participants rated each ostomy system's performance on standardized scales after each use and at usage period end, reporting comparative preferences at study end.

Results:

39 participants used a total of 1645 pouches and 342 skin barriers reporting similar safety for both systems. Usage-period-end ratings significantly favored System E on 10 of 17 attributes ($p < 0.04$); System A on none. More participants preferred System E on all 7 study-end measures, 5 significantly: comfort, flexibility, wear time, ease of removal and overall performance ($p < 0.02$).

Conclusions:

These participant-reported outcomes support selection of products to help enhance ostomy-related well-being and quality of life. Product Notations: *Esteem synergy® Adhesive Coupling Technology™ ostomy system, Convatec, Princeton, NJ, USA. Esteem synergy and Adhesive Coupling Technology are registered trademarks of E. R. Squibb & Sons, L. L. C.

**Assura® AC ostomy system, also called EasiFlex® in some countries, are both registered trademarks of Coloplast Corporation.

Managing Diarrhea and Fecal Incontinence: Results Of A Prospective Clinical Study In The ICU

Padmanabhan, Anantha, Colorectal Surgery, Columbus, OH., Stern, M., Williams, J., Mangino, M.

Aims:

Managing fecal incontinence and diarrhea challenges intensive care unit (ICU) staff. An innovative fecal management system (F*) uses an inflated balloon to retain a tube within the rectum. An external pouch collects fecal material for patients with uncontrolled diarrhea.

Methods:

This prospective study evaluated safety and performance of F in 10 subjects with diarrhea and incontinence in two ICUs. Rectal Endoscopies assessed anorectal mucosal condition pre-insertion and post-removal. Investigators reported on ease of F insertion and removal, device retention and leakage, patient comfort, perineal skin condition and odor during use.

Results:

F performed well on all subjects during 1 to 13 days' use with no safety issues. Two deaths occurred from non-product-related illnesses. F was deemed easy-to-insert /remove with easy-to-follow instructions. All subjects retained F without difficulty or external securing devices, except one with a weakened internal sphincter, who expelled it after 8 hours. During 65 daily assessments, nurses reported F time efficient and effective, with no odor or discomfort and limited leakage. Perineal and buttock skin condition were maintained/improved on all but one patient who developed patchy redness of the buttocks.

Conclusions:

F was well accepted and safe on all patients, helping reduce risk of perineal/buttock skin breakdown. Product notation: *Flexi-Seal® Fecal Management System, Convatec, Princeton, NJ, USA. Flexi-Seal is a registered trademark of E. R. Squibb & Sons, L. L. C.

Evaluation of skin with new 1pc Assura uro multichamber with Erosion Barrier Adhesive

Rita Frøyen

Department of Surgical Urology, Radiumhospitalet, Norway

Aims:

The performance of the product in regard to influence on the peristomal skin, wear time, leakage and general performance of the product will be evaluated. The new product is CE-marked.

The aim of this evaluation is to ensure that the 1pc Multichamber with barrier ring is suitable for users of 1-piece urostomy bags with regard to influence on the peristomal skin, wear time, leakage and general performance of the products.

The Primary objective is to evaluate the adhesive with regard to peristomal skin safety.

The Secondary objectives include evaluating the performance of the product in terms of wear time and demonstrating the efficacy of the adhesive and of the overall appliance.

Methods:

Newly operated will have 5 consecutive changes of the bag in the hospital assisted by a nurse and evaluated by Frøyen. Results will be graded on a scale from 1-5 (1=best) – both on adhesive and skin.

A questionnaire is filled out for each patient regarding peri-stomal skin, appearance of the adhesive, wear time, leakage, security, general performance, overall impression, discretion, comfort and product preference.

Results:

Evaluation will be completed by 1 April.

Results of a multi -centred clinical trial of a new ergonomic 2 piece system.

Richard Finn BSc (Hons)

Sarah-Jane Buckland MBA

Two Piece ostomy appliances are recognised and used extensively worldwide. Until quite recently these were based on either a Tupperware system or a double ring system secured by a lock ring.

Problems associated with the 'Tupperware' system is the pressure required on the abdomen to secure it leading to leakage when not secured correctly. The lock -ring systems are bulky and often difficult to use for patients with limited dexterity. Both can be uncomfortable to wear.

More recently, 'stick on' adhesive systems have appeared, that rely on contact adhesive between a flange and pouch. Whilst flexibility and comfort are important factors in an appliance, security is paramount. The new 'stick on' adhesive system offers comfort, but careful and accurate positioning of the pouch is necessary as leakage may occur.

This new advanced Two Piece attachment and pouch has unparalleled dual security as it combines traditional clipping methods with an adhesive that creates a strong seal.

An international multi centred trial was conducted encompassing many difficult stoma case histories that are being seen by Stoma Care Specialists in Europe on a daily basis. Trialists included those established on 'traditional' and 'stick on' Two Piece systems. The results of the trial highlighted the expected benefits of the product in terms of unparalleled security and comfort.

Evaluation in Spain of a new system, Esteem Synergy®: Results on 591 ostomates patients

Estela Muñoz Malagarriga Hospital Santa Creu I Sant Pau, Barcelona, Spain

Aims:

The Esteem Synergy® stoma device was evaluated in randomised controlled trials. However, they limit the population that is being studied. It's the reason why Esteem Synergy® evaluation programme was designed to generate data in the "real life" in Spain.

The objective of this trial was to assess the performances of a new flangeless technology Esteem Synergy® stoma system, in terms of efficacy, safety, easiness to use, and impact on quality of life.

Methods:

Esteem Synergy® system combines the advantages of both one and two-piece stoma appliances, using a new Adhesive Coupling Technology for adhering the pouch to the skin barrier. The product could be proposed both in hospital and in community. The patient and the stoma nurse filled in an initial evaluation form with patients' demographic details and physical status. The study period was a maximum of 3 weeks. After patients have worn Esteem Synergy®, they were asked to complete a final questionnaire.

The evaluated parameters were wear time, easiness to use, and quality of life's parameters such as comfort, discretion and security.

Results:

114 nurses have participated to this trial and they have included 591 patients. All data have been analysed and the results will be presented and discussed.

Conclusions:

A large majority of patients (83%) had a good or really good opinion of Esteem Synergy® and 71% of the patients said that they will continue using Esteem Synergy® after the evaluation period.

Clinical evaluation of a new adhesive coupling

Menéndez Isabel, Martínez Castillo J., De Mena C., Ruiz R., Iborra L., Mateos L.

Reina Sofia Hosp., Virgen de la Arrixaca Hosp., San Juan Hosp., Orihuela Hosp., Torrecárdenas Hosp., General de Alicante Hosp. (Spain).

Aims:

To evaluate the efficiency of the new adhesive coupling called Easiflex (recently launched in Spain).

Methods:

It was a multicentrical, non comparative, open trial in which we included 200 patients. The patients made at least 3 visits to the investigators: at the begining, after using 3 base plates and after one month of use. The inclusion criteria were: patients with a colo or ileostomy, older than 18 years, being able to give the informed consent, starting to use the product before leaving the hospital. The exclusion were peristomal complications, pregnancy and the need of convex.

Results:

200 patients were included in the study. We present the following results:

- Peristomal skin evaluation before and after the study.
- Base plate: Average wear time, initial adaptation, erosion resistance, flexibility, removal, skin protection.
- Adhesive coupling: security, flexibility, hygiene and handling.
- Hide-away outlet: handling and confort.
- Filter: efficiency to neutralize the odour.
- General evaluation after one month.

Conclusion:

This new system is effective for stomacare, having a good security and flexibility. It combines the benefits of the 1p and 2p appliances.

Pilot study of a new compression garment

Lerín Pilar

A.D.O Aragón (Ostomists Association from Aragón). Spain

Aims:

Corsinel is a new range of compression underwear designed for patients who have developed an hernia after the stoma surgery.

After some years of development, Spain has been one of the two countries where this product has been launched as Test Marketing. We, in our association, have tried the product with different type of ostomy patients in order to evaluate the degree of compression and confort given by the garment. The objective of this study was to evaluate both compression and confort as well as to evaluate the adaptation of the male and female models.

Methods:

This was an observational, open, non comparative study were 35 patients were included. In the poster we will present photos and comments of the most significant cases regarding the abdominal compression, body image improvement, adaptation, confort, and comments for product improvement.

A New Ileostomy Pouch Closure Designed For Comfort, Ease Of Cleaning And Security

Dr Rory Smith

Traditionally Ileostomy pouches have relied on rolling up either wire reinforced strips, or plastic clips to achieve a seal. These can be uncomfortable due to rigid closure mechanisms and the outlet can be difficult to open for cleaning since the pouch is normally constructed from two layers of thin film.

Recently, drainable outlets have been enormously improved by integral closure mechanisms. These are generally less rigid, and more comfortable for wearers. However, rigid plastic strips on each edge of the outlet can still compromise comfort, and can even be difficult to open for drainage, especially where dexterity is a problem. They can also become easily soiled.

A new drainable closure has been designed which combines all of the comfort and convenience of an integrated system, but for the first time, offers a combination of a assistant tab on one edge of the outlet. This enables the spout to be positively opened every time even for ostomates with limited dexterity. Other considerations include making the spout longer and wider to assist emptying and cleaning. It also has no ledges thus minimising the number of surfaces the user needs to clean.

The design will be described, with the results of a user trial- 40 plus users of existing integral and non-integral outlet pouches/brands, including postop patients. It will demonstrate the benefit of the design in terms of comfort, security, ease of emptying and cleaning.

Multicentre Study on the application of a Continence Device for Stomates

Pallotti Marcello

Operating Unit of Oncohematology and Stomacare. Stomacare and Rehabilitation Centres for Patients with Incontinence and Coloproctologic dysfunction

Aims:

Evaluation of a new device to ease the continence in patients with low digestive ostomies.

Methods:

Various patients with colostomies and ileostomies from different centres from central Italy have been included in order to evaluate the effectiveness of this new device, Conseal, that aims at extending the contention period. The patients were instructed to use the device for 28 consecutive days and to visit the stoma care nurse for the follow-up after 7 days.

The device was replaced at every irrigation and, as for ileostomies, it was kept until the maximum tolerability.

Results:

The study included 50 patients, 45 colostomates and 5 ileostomates. 36 patients have practiced irrigation during the testing period with an interval of 48 hours in 66.5% of cases and of 72 hours in 34.5% of them. All the patients have used Conseal, during the evaluation.

Conclusion:

80% of the patients, that were followed also after the end of the study, have continued to normally use Conseal, to increase their continence between an irrigation and the other.

Advances in filter technology: Results of a 'Real Life' Evaluation

Naughton Sue¹, Skipper G2

1 Glan Clwyd Hospital, Sarn Lane, Bodelwyddan LL15 5UJ 2Stoma Care Dept, Queen Elizabeth Hospital, Gayton Rd, Norfolk PE30 4ET

Introduction:

The Natura[®] drainable pouch has been a favourite of ileostomates and some colostomates for many years. Recently, the integral filter was upgraded with a new activated charcoal filter that vents automatically. The filter includes an advanced membrane that lets gases through, but repels fluids. Bench tests found it released a high airflow compared to other products.

Aims:

In order to establish whether or not the bench test results translate into real improvements for ostomates, we conducted a 'real life' evaluation in each of our stomacare practices respectively.

Methods:

An evaluation form was designed to investigate the effect of the new filter. Areas covered include the control of ballooning, pancaking & odour. The form was administered to ostomates trialing the new product.

Results:

Data collected from over 30 ostomates from both centres will be presented and a qualitative analysis performed. A more detailed case study from one ostomate from each centre will be described.

Conclusions:

Conclusions based on the analysis above will be presented.

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