



Association of Stoma Care Nurses UK



Association of Stoma Care Nurses UK  
Annual Conference 2017

1st October – 3rd October 2017  
Scottish Event Campus (SEC), Glasgow



**‘Continuum of Change, Take Control’**

Things are changing on the outside,  
to reflect who we are on the inside

"Most sons rebel against their parents.  
Mine is teaching me to play drums in a  
rock'n'roll band."

**Michelle**

Part-time drummer and  
Customer Liaison Assistant

A close-up photograph of a person's hands playing a drum. The hands are positioned to strike the drum head with two wooden drumsticks. The background is blurred, showing other parts of the drum set.

Check out our new look  
at the ConvaTec Stand (06)

For the joy of individuality



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## Conference Organisers

**in conference**

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## Introduction for ASCN UK Programme 2017

Welcome to our 2017 conference at the SEC Glasgow. The ASCN UK committee and I hope you will enjoy sharing ideas, networking and establishing professional links over the next 3 days. The programme offers stimulating and exciting topics to whet your appetite!

Our theme this year is to meet the challenge of change. It is especially pertinent as we move towards 2018 when the Eucomed guidelines will be implemented. You will no doubt have many questions regarding this and we hope to offer you guidance and a way forward to smooth the transition for next year during the conference.

We all face change on a daily basis. The committee will change once again next year when we fill the impending vacancy of secretary post at the end of the year. Stoma products develop and change to reflect the needs of the patients and we ourselves change as we learn new skills and gain new knowledge.

I look forward to meeting as many of you as possible this year and hope that together we can make the 2017 conference as engaging and enjoyable as we can.

**Maddie White**

*Chair of ASCN UK*

## ASCN UK Committee

Maddie White, *Chair*

Angie Perrin, *Vice Chair*

Gill Little, *Treasurer*

Wendy Osborne, *Education Officer*

Simon Turley, *Secretary*





# General Information

## Awards

The winner of the following awards will be announced on Monday 2nd October in the Lomond Auditorium from 17.20:

- **Winner of New Presenter Award 2017** (*COLOPLAST*)
- **Winner of the Urostomy Research Awards 2017** (*UA*)
- **Winner of Nurse of the Year Award 2017** (*SALTS*)

The winners of the following awards will be announced in the last session of the conference on Tuesday 3rd October in the Lomond Auditorium at 14.30:

- **ASCN UK Overall Conference Presentation Awards**
- **ASCN UK Poster Presentation Awards**

## Certificate of Attendance

A Certificate of Attendance along with Oral and Poster Presentation Certificate will be emailed to all participants at the end of the conference.

The conference has been awarded CPD Points from the CPD Certification Service.

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

Please ensure you wear your badge at all times as staff will be monitoring and scanning your badges while delegates enter and exit sessions for CPD point purposes.

## Cloakroom

There will be a cloakroom available free of charge located after the entrance to the Loch Suite Foyer.

## Conference Etiquette

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

## Conference App

The conference app is an easy way to look up sessions, plan your event schedule and participate in live voting. Search for ASCNUK in the App Store or Google Play Store and download for iOS and Android devices.

## Exhibition

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

### The exhibition will be open during the following times:

<b>Sunday 1st October</b>	<b>18.00 – 19.30</b>
<b>Monday 2nd October</b>	<b>09:30 – 17.00</b>
<b>Tuesday 3rd October</b>	<b>09:30 – 14.00</b>

Please note that the exhibition hall will be closed to all delegates during the AGM on Monday 2nd October from 13.15 - 13.55 and we would ask all delegates to attend the AGM.

## Insurance

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

## Message Board

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



## Photographer

Hollister are kindly providing a photographer who will be taking pictures throughout the conference including photos of all the speakers. These will be available following the conference via the ASCN UK website.

## Posters

The Posters will be available for viewing throughout the conference.

These will be located within the exhibition hall and have been grouped in the following themes:

<b>Audit</b>	<b>P1 – P2</b>	<b>Patient Experience</b>	<b>P14 – P16</b>
<b>Case Studies</b>	<b>P3 – P4</b>	<b>Product Development</b>	<b>P17 – P23</b>
<b>Clinical Practice</b>	<b>P5 – P6</b>	<b>Research</b>	<b>P24 – P26</b>
<b>Education</b>	<b>P7 – P10</b>	<b>Service Development</b>	<b>P27 – P31</b>
<b>Paediatrics</b>	<b>P12 – P13</b>	<b>Other</b>	<b>P11</b>

In addition to poster judging by the ASCN UK Area Representatives and Committee, delegate poster voting will be available via the ASCN UK 2017 mobile app.

## Raffle

This year's raffle proceeds will be donated to 'A Bear Name Buttony' from the Breakaway Foundation and tickets will be on sale throughout the conference and conference dinner. For more information on 'A Bear Name Buttony', please refer to the flyer inside your delegate bags.

There will be some fantastic prizes from our industry partners and the winning numbers will be displayed on the message board beside the registration desk from the morning tea/coffee break on Tuesday 3rd October. If prizes are not claimed by the end of lunchtime then the reserve winning tickets will be eligible for the prizes, whose numbers will be displayed on the board.

## Registration Desk

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

**The Registration will be open at the following times:**

<b>Sunday 1st October</b>	<b>14.00 – 19.30</b>
<b>Monday 2nd October</b>	<b>07.00 – 17.30</b>
<b>Tuesday 3rd October</b>	<b>07.00 – 15.00</b>

## Speaker Preview Room

This is located in the Etive Room within the Loch Suite. All presenters are required to check in their presentation a minimum of 4 hours prior to their talk.

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

<b>Sunday 1st October</b>	<b>14.00 – 18.00</b>
<b>Monday 2nd October</b>	<b>07.00 – 17.30</b>
<b>Tuesday 3rd October</b>	<b>07.00 – 13.30</b>

## Tea/Coffee Breaks and Lunch Arrangements

Catering points will be located in the exhibition hall. If you have any special dietary requirements please advise a member of the catering staff who will be able to assist you.

## WiFi

There is a dedicated WiFi connection for all ASCN UK attendees. Select to connect to the SEC network and use the following login details:

**Username:** [ascnuk2017](#)

**Password:** [ascnuk2017](#)

## Tweeting

We welcome you to join the discussion at ASCN UK 2017 on Twitter. Please use  [#ASCNUK2017](#)



<b>Sunday 1<sup>st</sup> October</b>		<b>Location</b>
<b>14.00 – 19.30</b>	Registration	Loch Suite Foyer
<b>14.00 – 18.00</b>	Speaker Preview Open	Etive
<b>15.30 – 16.30</b>	<b>ASCN UK Workshop</b> <i>Nutritional Management of Stomas</i>	Alsh 1
	<b>ASCN UK Workshop</b> <i>Parastomal Hernia: the need for consistency in prevention and</i>	Alsh 2
<b>16.45 – 17.45</b>	<b>ASCN UK Workshop</b> <i>Nutritional Management of Stomas</i>	Alsh 1
	<b>ASCN UK Workshop</b> <i>Parastomal Hernia: the need for consistency in prevention and management</i>	Alsh 2
<b>18.00 – 19.30</b>	Welcome Reception and Official Opening of the Exhibition Welcome from the Scottish Stoma Care Nurses	Hall 1 & 2

<b>Monday 2<sup>nd</sup> October</b>		<b>Location</b>
<b>07.00 – 17.30</b>	Registration	Loch Suite Foyer
<b>07.00 – 17.30</b>	Speaker Preview Open	Etive
<b>07.30 – 08.30</b>	<b>11 Health Workshop</b> <i>Half Empty or Half Full? Does it Matter?</i>	Alsh 1 & 2
<b>08.45 – 10.20</b>	<b>Continuum of Change, Take Control..... Challenging Service Provision</b> <i>Chair: Maddie White</i>	Lomond Auditorium
<b>08.45 – 08.50</b>	Welcome to Glasgow Deputy Lord Provost, Bailie Philip Braat	

# Monday 2<sup>nd</sup> October

08.50 – 09.00	<b>Introduction to ASCN UK Conference</b> <i>Maddie White, Chair of ASCN UK</i>	Lomond Auditorium
09.00 – 09.10	<b>O-1</b> Collaboration is the key to expanding the evidence base to support our practice.	Natasha Rolls
09.10 – 09.20	<b>O-2</b> Changing practise. Implementing a programme of abdominal/core exercises into clinical practise with stoma patients. A nurse case study.	Melanie Claxton and Gill Skipper
09.20 – 09.30	<b>O-3</b> Reducing Clinic Non Attendance Through the Development of a Text Reminder Service.	Maxine Santana
09.30 – 09.40	<b>O-4</b> Collaborating to improve outcomes in patients undergoing Cytoreductive surgery.	Emma Maltby
09.40 – 09.50	<b>O-5</b> Colorectal Cancer Nursing – Time for the Patients View?	Jacquette Masterman and Carolyn Linton
09.50 – 10.05	<b>New Regulation and Codes: Understanding the way they will affect Health Care Professionals and Industry working</b> <i>Kevin Hodges - British Healthcare Trades Association</i>	
10.05 – 10.10	<b>Q &amp; A</b>	
10.10 – 11.00	<b>Tea / Coffee / Exhibition / Posters</b>	Hall 1 & 2
11.00 – 12.35	<b>Meeting Needs Through Education</b> <i>Chair: Wendy Osborne</i>	Lomond Auditorium
11.00 – 11.15	<b>Stoma Care Education for Specialist Nurses: Working Together to Advance Practice</b> <i>Gabby Thorpe – University of East Anglia</i>	
11.15 – 11.25	<b>O-6</b> Signposting and Self Care for Patients: The role of the SCN	Liz Harris
11.25 – 11.35	<b>O-7</b> Teaching students how it can really feel.	Megan O'Connor and Catherine Goode
11.35 – 11.45	<b>O-8</b> Are You Too Busy To Take Note?	Gillian Tomsett
11.45 – 11.55	<b>O-9</b> Recovering from Surgery and Living with a Stoma in Vietnam - The Challenges	Joy Notter
11.55 – 12.05	<b>O-10</b> Overcoming Overseas Obstacles - Caring for a patient returning home abroad.	Lisa Hall
12.05 – 12.15	<b>O-11</b> What are the benefits of specialist counselling support, in addition to specialist stoma care nursing support? A patient case study.	Rachel Green
12.15 – 12.25	<b>O-12</b> Permission to Speak - Opening the Door to Intimacy and Sexuality	Leisa McParland and Annie Jowett
12.25 – 12.35	<b>Q &amp; A</b>	
12.35 – 13.15	<b>Lunch / Exhibition / Posters</b>	Hall 1 & 2

# Monday 2<sup>nd</sup> October

<b>13.15 – 14.45</b>	<b>AGM &amp; Award Presentations</b> <i>Chair: Maddie White and Simon Turley</i>	Lomond Auditorium
<b>13.15 – 13.55</b>	<b>ASCN UK – AGM stronger together to raise the profile of stoma care</b>	
<b>New Presenters Award (Supported by Coloplast)</b>		
<b>13.55 - 14.05</b>	<b>O-13</b> The Meaning Behind a Name - Friend of Foe?	Julie Powell
<b>14.05 - 14.15</b>	<b>O-14</b> Have we 'bin' there done that? - How green is stoma care?	Michelle Scicluna
<b>14.15 - 14.25</b>	<b>O-15</b> Pills, Pregnancy and Pouches....	Leanne Fielding
<b>14.25 - 14.35</b>	<b>O-16</b> Patient Satisfaction: The SCN's Journey	Kim Walker
<b>14.35 - 14.40</b>	<b>Q &amp; A</b>	
<b>14.40 - 14.45</b>	<b>Opus Research Bursary Award 2016</b> ( <i>Supported by Opus</i> )	Gail Fitzpatrick
<b>14.45 – 15.20</b>	<b>Patient Experience</b> <i>Chair: Simon Turley</i>	Lomond Auditorium
<b>14.45 – 14.55</b>	<b>O-17</b> Raising awareness of confidence and self-esteem issues after IBD and stoma surgery- The vision of Purple Wings Charity.	Lauren Henderson
<b>14.55 – 15.05</b>	<b>O-18</b> More Than Just a Patient Association	Libby Herbert and Sarah Squire
<b>15.05 – 15.15</b>	<b>O-19</b> Creative Arts Workshops for people with stomas focusing on the issues of coping with the resulting changes to body image.	Madeleine Grant
<b>15.15 – 15.20</b>	<b>Q &amp; A</b>	
<b>15.20 – 15.55</b>	<b>Tea / Coffee / Exhibition / Posters</b>	Hall 1 & 2

# Monday 2<sup>nd</sup> October

<b>15.55 – 17.30</b>	<b>Continuum of Change - Advancing Surgical and Clinical Practice</b> <i>Chair: Angie Perrin</i>	Lomond Auditorium
<b>15.55 – 16.15</b>	<b>A collaborative approach to improve colorectal surgical outcomes</b> <i>John Anderson and John Telfer – NHS Greater Glasgow and Clyde</i>	
<b>16.15 – 16.20</b>	<b>Q &amp; A</b>	
<b>16.20 – 16.30</b>	<b>O-21</b> Actinomyces - the rare anaerobic bacterium that led to stoma formation in two female patients, over a 4 week period.	Elaine Cronin
<b>16.30 – 16.40</b>	<b>O-22</b> Delays in reversal of a temporary stoma – at what cost?	Jenny Williams
<b>16.40 – 16.50</b>	<b>O-23</b> Hydration best practise for ileostomy patients. Presenting expert opinion and a scientific comparison of oral rehydration solutions and recommended drinks – which is best? What should nurses advise?	Sarah Russell
<b>16.50 – 17.00</b>	<b>O-25</b> Please 'Mind' the Gaps?	Michaela Parker and Carolyn Swash
<b>17.00 – 17.10</b>	<b>O-26</b> Mind over Matter: Understanding the implications for nursing Ostomists with Dementia.	Marie Waller
<b>17.10 – 17.20</b>	<b>Q &amp; A</b>	
<b>17.20 – 17.30</b>	<b>2017 AWARD PRESENTATIONS</b> Announcement of Winner of New Presenter Award 2017 ( <b>COLOPLAST</b> ) Announcement of the Urostomy Research Awards 2017 ( <b>UA</b> ) Announcement of Winner of Nurse of the Year Award 2017 ( <b>SALTS</b> )	
<b>19.30 - midnight</b>	<b>Pre-dinner Drinks Reception followed by ASCN UK Conference Dinner</b>	Hilton Glasgow

<b>Tuesday 3<sup>rd</sup> October</b>		<b>Location</b>
<b>07.00 – 15.00</b>	Registration	Loch Suite Foyer
<b>07.00 – 13.30</b>	Speaker Preview Open	Etive
<b>07.30 – 08.30</b>	<b>Dansac Workshop</b> <i>The Secret to Peristomal Skin Health: Importance of pH Balance.</i>	Alsh 1 & 2
<b>08.45 – 10.10</b>	<b>Collaborative Working to Improve Cost Efficiencies</b> <i>Chair: Gill Little</i>	Lomond Auditorium
<b>08.45 – 08.50</b>	<b>Welcome to ASCN UK Conference Day 2 - Maddie White</b>	
<b>08.50 – 09.05</b>	<b>How do we identify and manage unwarranted variation in clinical product use?</b> <i>Alice Macleod – National Procurement NHS National Services</i>	
<b>09.05 – 09.10</b>	<b>Q &amp; A</b>	
<b>09.10 – 09.20</b>	<b>O-26</b> Primary Care review for stoma care – who is the real winner?	Kathryn Sewell
<b>09.20 – 09.30</b>	<b>O-27</b> Promoting our Community Stoma Care Service to our Local Clinical Commissioning Group (CCG)	Hyacinth Thompson
<b>09.30 – 09.40</b>	<b>O-28</b> Broadening collaborative partnerships In stoma care service provision to enhance patient experience and service development.	Jacqui Irving and Lisa York
<b>09.40 – 09.50</b>	<b>O-29</b> Making Independent Non Medical Prescribing the norm in Stoma Care Nursing	Colette O'Brien
<b>09.50 – 10.00</b>	<b>O-30</b> Parastomal hernia. Why is it such a big problem? Presenting research data from a large study in 2016. Exploring and sharing the literature and ASCN guidelines for prevention.	Sarah Russell
<b>10.00 – 10.10</b>	<b>Q &amp; A</b>	
<b>10.10– 11.00</b>	<b>Tea / Coffee / Exhibition / Posters</b>	Hall 1 & 2
<b>11.00 – 12.45</b>	<b>Specialist Practice</b> <i>Chair: Wendy Osborne</i>	Lomond Auditorium
<b>11.00 – 11.15</b>	<b>Transition - demystifying the process</b> <i>Vikki Garrick – Royal Hospital for Children, Glasgow</i>	
<b>11.15 – 11.20</b>	<b>Q &amp; A</b>	
<b>11.20 – 11.30</b>	<b>O-31</b> Ostokidz - for children who want to be more grown up!	Debbie Smith
<b>11.30 – 11.40</b>	<b>O-32</b> Case Study: A 12 year old's turbulent journey with her bowel and the psychological effect on the child.	Claire Murphy
<b>11.40 – 11.50</b>	<b>O-33</b> Raised urinary pH in Urostomy patients as a pre-disposing factor in peristomal skin damage	Liz Davis

## Tuesday 3<sup>rd</sup> October

11.50 – 12.00	<b>O-34</b> Time to upgrade from the old rubber latex bag? A case study to highlight the challenges of keeping a disabled ostomate independent with stoma care following pressure damage caused by existing stoma regime	Jenny Bayliss
12.00 – 12.10	<b>O-35</b> Prune Belly Syndrome ( <i>Eagle- Barrett Syndrome</i> ) - a Case Study	Judy Pullen
12.10 – 12.20	<b>O-36</b> The Hidden Patient- a reflection of caring for a stoma patient in a prison setting.	Tina Maddams
12.20 – 12.30	<b>O-37</b> Tough decisions ahead - Can the patient decide? Evaluating mental capacity in practice.	Kevin Hayles
12.30 – 12.35	<b>Q &amp; A</b>	
12.35 – 13.30	<b>Lunch / Coffee / Exhibition / Posters</b>	Hall 1 & 2
13.30 – 15.00	<b>Skin Integrity – The Essential Foundation for Stoma Care</b> <i>Chair: Maddie White</i>	Lomond Auditorium
13.30 – 13.40	<b>O-38</b> Examining the role of extrinsic and intrinsic factors in patients with peristomal skin complication.	Carolyn Swash
13.40 – 13.50	<b>O-39</b> Maintaining skin health in stoma care: How dermatological classification may assist with diagnosis and treatment of peristomal skin conditions.	Rebecca Davenport
13.50 – 14.00	<b>O-40</b> The Challenges of Managing Systemic Skin Conditions and their Impact on Peristomal Skin	Louise Foulds
14.00 – 14.10	<b>O-41</b> The Challenges in the Management of a Stoma Patient with Dermatitis Artefacta	Mireille Hamson
14.10 – 14.20	<b>O-42</b> “Caput Medusae” What is it?	Gillian Harker
14.20 – 14.30	<b>Q &amp; A</b>	
14.30 – 14.45	<b>ASCN Award Presentations</b> <i>ASCN UK Overall Conference Presentation Awards</i> <i>ASCN UK Poster Presentation Awards</i>	Lomond Auditorium
14.45 - 15.00	<b>Close of Conference</b> Maddie White <i>Chair to ASCN UK</i>	Lomond Auditorium



## Mairéad Keegan

Mairéad is the dietetic team lead in Hairmyres Hospital, NHS Lanarkshire. She has a specialist interest in the dietetic management of patients with high output stomas (HOS) and has worked in this speciality for 5 years. Mairéad and her MDT have developed a protocol for the management of HOS resulting in improved patient care and will be discussing this today.



## Tracy Russell

I qualified in 1993 with BSc Nutrition and Dietetics at Queen Margaret University, Edinburgh.

I currently work as a Specialist Dietitian at the Western General Hospital, Edinburgh. My specialist areas include Colorectal surgery and HIV/Infectious diseases. I am working with the MDT in Colorectal surgery on initiatives to improve patient care.



## Kevin Hodges

Kevin has over 20 years experience working in the UK Healthcare sector, the majority of this time within the Stoma and continence device segment. He worked for one of the leading Stoma Care companies, set up SureCalm Healthcare and is now supporting the BHTA Stoma Manufacturers & DACs sections interfacing with key stakeholders such as NHSE, DH and the devolved nations.



## Gabby Thorpe

Gabby is a Lecturer in Nursing at UEA, Norwich, with teaching and research interests in qualitative research and colorectal surgical care. Gabby has been a stoma care specialist nurse for over 20 years and is a trustee of the Bowel Disease Research Foundation. She is East Anglian Chapter Nurse Representative for the Association of Coloproctology of GB & Ireland.



## John Anderson

Having graduated from Dundee University's Medical School in 1983, John Anderson trained in General Surgery in the West of Scotland, spending a year as Visiting Lecturer in Hong Kong. He was appointed Consultant Colorectal Surgeon at Glasgow Royal Infirmary in 1996 and collaborates with Mr John Telfer, Consultant Plastic Surgeon



## John Telfer

Mr John Telfer is Consultant Plastic Surgeon at the Canniesburn Plastic Surgery Unit, Glasgow Royal infirmary. He graduated from Edinburgh University in 1985. He trained in Edinburgh, Glasgow and London before taking up a substantive post in Glasgow in 2001.



He has considerable experience in many areas of cosmetic and reconstructive surgery, but particularly in Gynaecological and Perineal Reconstruction. He has worked closely with the Gynaecologists and Colorectal Surgeons, in particular Mr John Anderson, for the last 16 years managing patients with cancer and a wide variety of other conditions.

## Alice Mcleod

Nurse Advisor National Procurement NHS National Services Scotland

### *Background*

NHS Scotland National Procurement works in collaboration with Health Boards in Scotland to provide a wide range of goods and services via a series of best value National Contracts and Distribution Services.



Prior to this post, I was a colorectal Advanced Nurse Practitioner and have 25 years experience in a variety of Clinical Nurse Specialist posts within oncology and haematology

## Vikki Garrick

Vikki became a Sick Children's nurse in 1995 after working as an adult nurse for 4 years. She was a staff nurse in the paediatric Burns unit for 5 years then took her first nurse specialist post in 2001. She set up the Tissue Viability Nursing service in the Royal Hospital for Sick Children, Glasgow and continued to run it for another 5 years.



She became the IBD nurse specialist in 2006 where she set up, delivered and managed the specialist nursing service in the Royal hospital for Sick Children in Glasgow. She has since designed and implemented several care pathways and has published her experience of teaching self administration of Methotrexate at home using one of these pathways. She is a keen proponent of MDT working and has worked closely with dietetic colleagues to design and implement an Exclusive Enteral Nutrition Care pathway; this co-ordinated approach has been shown to be of great benefit to the paediatric patient group. More recently she has completed her thesis on the 'Practical Management of Perianal Crohn's disease' and has also published a review on this subject.

Vikki is an advocate for the importance of effective MDT working in the delivery of high quality patient care and is keen to raise the profile of IBD Nurses particularly. She is currently on a working group with Crohn's & Colitis UK and the Scottish Government looking specifically at this role and is enthusiastic about the outcomes from this project.



## Welcome Reception

**Sunday 1st October – 18.00 - 19.30**

*Hall 1 & 2, Scottish Events Campus (SEC), Glasgow*

This year's Welcome Reception will be held in Hall 1 & 2 at the Scottish Event Campus, where you can visit the exhibition stands and meet with friends and colleagues.

## Conference Dinner

**Monday 2nd October – 19.30 - midnight**

*Ballroom 1, 2 & 3, Hilton Glasgow, 1 William Street, Glasgow*

The pre-dinner drinks will be held in Ballroom 1, 2 & 3, at the Hilton Glasgow, followed by a 3 course dinner in the venue. The dress code for this year's dinner is Black Tie.

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

Photographs will be available for download following the conference at Andrew Fleming Photography [www.andrewflemingphoto.com](http://www.andrewflemingphoto.com)





## ASCN UK Area Representatives

<b>A1</b>	Scotland	Anne Haston	anne.haston@nhslothian.scot.nhs.uk
<b>A2</b>	North East	Liz Davis	liz.davis1@nhs.net elizabeth.davis@hollister.com
<b>A3</b>	Yorkshire and Humberside	Sarah Ashworth – nee Hannam	sarah.ashworth@salts.co.uk
<b>A4</b>	South Yorkshire and Trent	Katy Timms	gbkti@coloplast.com
<b>A5</b>	Merseyside (Chester, Southport, Warrington) and North Wales	Caroline Swash	carolyn1231@live.com
<b>A6</b>	Mid / South Wales Pip	Pip Chandler Iris Williams	gbpca@coloplast.com iris.williams@wales.nhs.uk
<b>A7</b>	Manchester and North West	Nichola Ellis Benjamin McDermott	stomacare@srft.nhs.uk benjamin.mcdermott@srft.nhs.uk
<b>A8</b>	East Midlands and Lincolnshire	Michaela Parker	michaela.parker@salts.co.uk
<b>A9</b>	Oxfordshire, Berkshire, Bucks & Herts	Jo Pragnell	gbjpn@coloplast.com
<b>A10</b>	London and Middlesex	Gabriella Boland	gabriela.boland@uclh.nhs.uk
<b>A11</b>	Sussex and Surrey	Carol Katté	carolkatté@hotmail.com
<b>A12</b>	Essex and Kent	Jacqui North	jacqui.north@hollister.com
<b>A13</b>	East Anglia	Gill Skipper	gill.skipper@qehkl.nhs.uk
<b>A14</b>	Avon, Devon, Cornwall	Vicky Preece	vicky.preece@glos.nhs.uk
<b>A15</b>	Hants, Wilts, Wessex, C.I	Emma Maltby	emma.maltby@hhft.nhs.uk
<b>A16</b>	Northern Ireland	Mary Kane	mary.kane@northerntrust.hscni.net
<b>A17</b>	South Birmingham and West Midlands	Nicola Payton	nicola.payton@nhs.net
<b>A18</b>	Commercial	Jo Sica	jo.sica@hollister.com
<b>A19</b>	Republic of Ireland	Mary Quigley Aine Kennedy	mary.quigley@hse.ie aine.kennedy@hse.ie
<b>A20</b>	Paediatrics	Claire Bohr	claire.bohr@uhbristol.nhs.uk

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

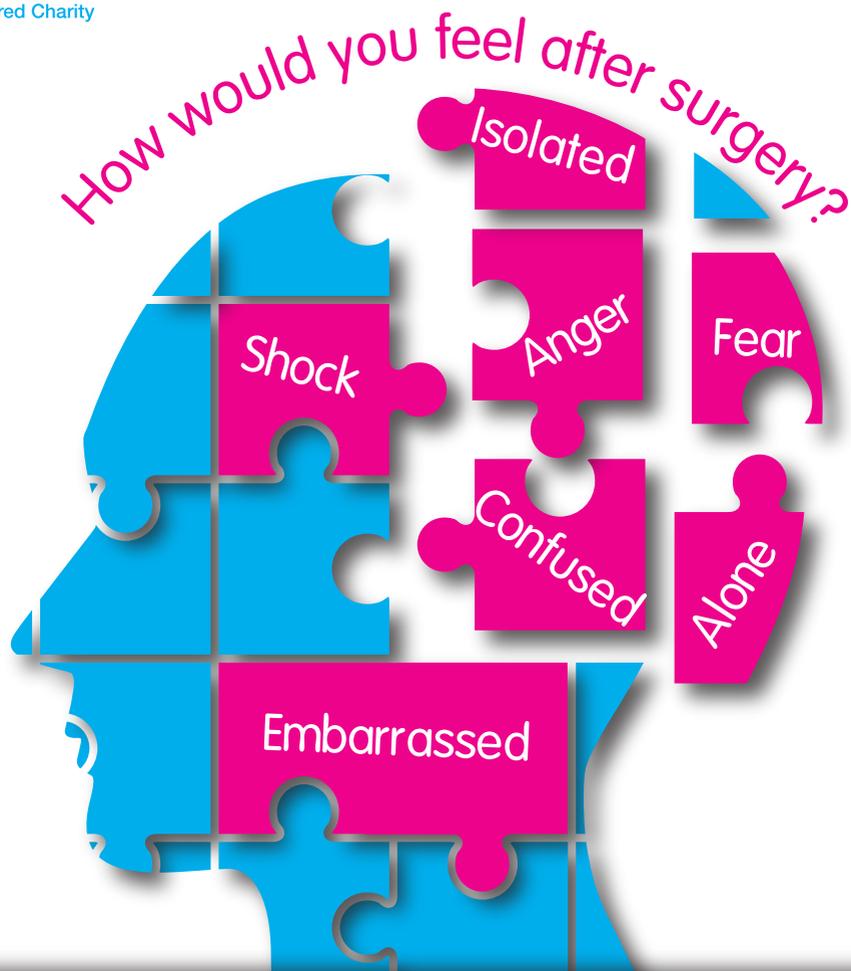


The ileostomy & internal pouch  
**Support Group**

Registered Charity



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www.iasupport.org  
0800 0184 724



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- Closely matching visitor to patient (age, gender and lifestyle)
- Visitors live with an ileostomy or internal pouch



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

## 11 HEALTH AND TECHNOLOGIES LIMITED

Kinetic Business Centre, Theobald Street, Borehamwood, Hertfordshire, WD6 4PJ



**Contact Person:** Harrison Posner  
**Email:** harrison@11health.com

**Tel:** 0208 387 1305  
**Website:** www.11health.com

11 Health and Technologies Limited is a connected medical device company, where all of our patented devices use Bluetooth® wireless technology to send secure real-time data to most mobile devices, including smartphones, tablets and watches. Data is stored on a HIPAA compliant cloud server and then shared with physicians, clinicians, nurses and family members who care for you.

The ostom-i™ Alert Sensor is a discrete connected medical device alerting patients in real time when their ostomy pouch is at a point where it should be emptied, helping to prevent any unpleasant surprises.

## ADAM, ROUILLY LIMITED

Castle Road Eurolink Business Park, Kent, ME10 3AG



**Contact Person:** Daniel Mogentale  
**Email:** daniel.mogentale@adam-rouilly.co.uk

**Tel:** +44 (0)1795 411 069  
**Website:** www.adam-rouilly.co.uk

Established in 1918 Adam, Rouilly supplies and manufactures a range of Clinical Skills Simulators, Anatomical Models and Charts to Hospitals, Universities and Medical Schools around the world. Constant evaluation of our range, in close co-operation with healthcare professionals, ensures our products stay in keeping with advancing medical practices.

Our Stoma Care Torso has been improved to be larger and closer in size to an adult. Our continuing investment in the latest materials and production techniques has allowed us to create our most realistic stomas – in both look and feel. It has been designed to train healthcare professionals involved in caring for patients and is also an invaluable tool for patient self-training.

## ALLIANCE PHARMACEUTICALS LTD

Avonbridge House, Bath Road, Chippenham, SN15 2BB



**Contact Person:** Stephen Leonard  
**Email:** info@alliancepharma.co.uk

**Tel:** 01249 466 966  
**Website:** www.opus-healthcare.co.uk

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

## AMI MEDICAL LTD

Unit 4, Central Court, Finch Close, Nottingham, NG7 2NN



**Contact Person:** Altaf Makani  
**Email:** [altaf@amimedical.co.uk](mailto:altaf@amimedical.co.uk)

**Tel:** 0115 986 1888  
**Website:** [www.suportx.co.uk](http://www.suportx.co.uk)

Suportx The UK's leading company for Hernia support devices. Please come and view our New Breathable EASY PEEL range of support belts. We look forward to seeing you on our stand at ASCN 2017.

## AQUAFLUSH

Glacier Building, Brunswick Business Park, Liverpool, L3 4BH



**Contact Person:** Emily Moss  
**Email:** [emily@aquafush.co.uk](mailto:emily@aquafush.co.uk)

**Tel:** 07860 806 288  
**Website:** [www.aquafushathome.co.uk](http://www.aquafushathome.co.uk)

Aquaflush at Home is a dedicated Home Delivery Service that will provide people with all of their continence products, including rectal irrigation supplies. The service delivers all of peoples products efficiently and discreetly to their door.

For more information about the service you can contact us on 0800 031 5409 or visit the website [www.Aquafushathome.co.uk](http://www.Aquafushathome.co.uk)

Come and see Emily and John on stand 3C

## ASCN UK – ASSOCIATION OF STOMA CARE NURSES UK

Unit 1, Q Court, Quality Street, Edinburgh, EH4 5BP



**Contact Person:** In Conference  
**Email:** [ascnuk@in-conference.org.uk](mailto:ascnuk@in-conference.org.uk)

**Tel:** 0131 336 4203  
**Website:** [www.ascnuk.com](http://www.ascnuk.com)

The Association of Stoma Care Nurses (ASCN) is UK-based registered Charity Trust (formally known as World Council of Enterostomal Therapist UK (WCET UK).

As a group of specialist practitioners, we are primarily focused on developing and advancing the specialist knowledge required to deliver expert healthcare to individuals with a stoma. The Association is perceived as a vehicle for the sharing of information and common interest, therefore facilitating the opportunity for SCNs to develop within their chosen specialty.

## B. BRAUN MEDICAL LTD

Unit 8, Brookdale Road, Sheffield, S35 2PW



**Contact Person:** Sarah Wood  
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**Tel:** 01142 259 139  
**Website:** [www.suportx.co.uk](http://www.suportx.co.uk)

The B. Braun Group is one of the world's leading health care companies and, as such, offer healthcare professionals and hospitals an outstanding range of products, including an impressive portfolio available for you to view today.

Please visit us for more information about Irypump® irrigation system and Softima® appliances.

## BEATING BOWEL CANCER

Harlequin House, 7 High Street, Teddington, TW11 8EE

**Contact Person:** Jo Garnham  
**Tel:** 02089 730 007

**Email:** jo.garnham@beatingbowelcancer.org  
**Website:** www.beatingbowelcancer.org



Beating Bowel Cancer is the support and campaigning charity for everyone affected by bowel cancer. We provide practical and emotional help – digitally, by phone and email, and through patient days. We host a lively, online community of people living with and beyond bowel cancer and we publish Information Standard accredited patient information in print and on our website.

**Main website:** www.beatingbowelcancer.org

**Patient and relative forum:** community.beatingbowelcancer.org/forum

## THE BREAKAWAY FOUNDATION

PO Box 7982, Swadlincote, DE11 1FB



**Contact Person:** Sue Blackwell  
**Tel:** 01283 240 253

**Email:** sue@breakawayfoundation.org.uk  
**Website:** www.breakawayfoundation.org.uk

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

## THE BRITISH JOURNAL OF NURSING (BJN)

MA Healthcare, St Jude's Church, Dulwich Road, Herne Hill, London, SE24 0PB



**Contact Person:** Andrew Iafrati  
**Tel:** 0207 501 6732

**Email:** andrew.iafrati@markallengroup.com  
**Website:** www.magonlinelibrary.com/journal/bjn

The British Journal of Nursing (BJN) is a leading peer-reviewed fortnightly journal of high quality clinical research for nurses, by nurses. At BJN, our goal is to provide the nursing community with a prestigious academic platform for cutting edge research and to present it in a clear, accessible style that is enjoyable to read and easily applicable to daily practice.

Given the breadth and reach of the BJN, and in line with our close ties with the ASCN, the BJN also publishes a regular dedicated clinical 'ASCN Stoma Care Supplement' three times per year. Each of these special issues contain focussed clinical and evidence-based Stoma Care related papers, which provide practical recommendations based on sound and up-to-date theoretical knowledge. All articles are written by nurses and are subject to peer review by leading authorities in the profession, ensuring that only the best clinical papers and original research appear in the journal.

## CD MEDICAL

Unit 2002 Elland close, Wingates Industrial Estate, Westhoughton, Bolton, BL5 3XE

**Contact Person:** Sophie Phillips  
**Email:** sophie@cdmedical.co.uk

**Tel:** 01942 816 184  
**Website:** www.cdmedical.co.uk



Our philosophy is to take medical devices that are good, then innovate and make them more cost effective for the NHS.

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## CLINIMED LTD

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**Contact Person:** Jennifer Pagan  
**Email:** jennifer.pagan@clinimed.co.uk

**Tel:** 01628 850 100 / 07471 033 553  
**Website:** www.clinimed.co.uk



This year we combined comfort with security and launched two brand new pouch ranges, for two very different needs.

Aura Convex with Manuka honey offers one easy solution for convexity needs and Aura Profile with Manuka honey provides extra support for parastomal hernias.

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To find out more about our complete Aura range, come and join us on stand 20.

## CLINISUPPLIES LTD

Qualitas House, 100 Elmgrove Road, London, HA1 2RW

**Contact Person:** Kristina Uzunova  
**Tel:** 0288 634 168

**Email:** kristina.uzunova@clinisupplies.co.uk  
**Website:** www.clinisupplies.co.uk/productlist/3/ostomy



Clinisupplies Ltd is a UK based medical company, offering Ostomy, Urology and Woundcare product solutions to both the Primary and Secondary sectors. Over the last 13 years we have established a reputation for providing high quality medical devices that are fully compliant with strict UK specifications. Our dedicated and experienced sales team, along with nurse advisors, are always on hand to provide our customers with continuous product training and support.

## COLOPLAST LIMITED

First Floor, Nene Hall Peterborough Business Park, Peterborough, PE2 6EX

**Contact Person:** Rhian Thorburn  
**Email:** gbrth@coloplast.com

**Tel:** 01733 392 000  
**Website:** www.coloplast.co.uk



Our mission is to make life easier

Coloplast develops products and services that make life easier for people with personal and private medical conditions. Working closely with the people who use our products, we create ostomy care solutions that are sensitive to their individual needs. We call this intimate healthcare.

## COLOSTOMY UK

Enterprise House, 95 London Street, Reading, RG1 4QA



**Contact Person:** Jo McKenzie  
**Email:** [info@colostomyuk.org](mailto:info@colostomyuk.org)

**Tel:** 0118 939 1537  
**Website:** [www.colostomyuk.org](http://www.colostomyuk.org)

We are Colostomy UK. Here if you have questions, need support or just want to talk to someone who lives with a stoma.

Your voice on the bigger issues: advocates for your rights and campaigning to raise awareness of what matters to you; running projects to empower you; building communities to support you.

## CONVATEC LTD

ConvaTec GDC, First Avenue, Deeside Industrial Park, Deeside, Flintshire CH5 2NU



**Contact Person:** Emma Deakin  
**Email:** [emma.deakin@convatec.com](mailto:emma.deakin@convatec.com)

**Tel:** 0800 834 822 / 1800 721 721  
**Website:** [www.convatec.co.uk](http://www.convatec.co.uk)

ConvaTec are leading innovators in Stoma Care. We believe we exist to 'improve the lives of the people we touch'. We are passionate about improving people's lives and put people at the centre of everything we do. We earn trust by delivering quality products and services customers can rely on.

## CUI WEAR

31 St John Street, Leicester, LA1 3WL



**Contact Person:** Lisa Tate  
**Email:** [lisa.tate@cuiwear.com](mailto:lisa.tate@cuiwear.com)

**Tel:** 01162 624 333  
**Website:** [www.cuiwear.com](http://www.cuiwear.com)

CUI wear is a UK leading supplier & manufacturer of support garments & ostomy underwear. We specialise in a bespoke range of garments and offer a free nationwide assessment/fitting service. We are an ethical & compassionate company working alongside clinicians to help improve the patients journey. Please visit us on stand 17.

## DANSAC

Rectory Court, 42 Broad Street, Wokingham, RG40 1AB



**Contact Person:** Lindsay Fleming  
**Email:** [lindsay.fleming@hollister.com](mailto:lindsay.fleming@hollister.com)

**Tel:** 07841 292 758  
**Website:** [www.dansac.co.uk](http://www.dansac.co.uk)

Dansac is a global company that develops, manufactures and distributes stoma care products in over 30 countries. Dansac was founded in 1971 in Fredensborg, Denmark.

Dansac has been providing innovative solutions for people with a stoma, clinicians, and caregivers for more than four decades. Our focus is to create secure and functional stoma care products that enhance and improve the quality of life of people living with a stoma. In addition Dansac takes pride in the wide range of innovative educational tools and patient information materials.

## FITTLEWORTH

Hawthorn Road, Littlehampton, BN17 7LT

**Contact Person:** Suzanne Bridger  
**Email:** [suzanne.bridger@fittleworth.com](mailto:suzanne.bridger@fittleworth.com)

**Tel:** 01903 738003  
**Website:** [www.fittleworth.net](http://www.fittleworth.net)



Fittleworth is a trusted and dedicated NHS dispenser for ostomy products that caters for the individual needs of patients at a local level. Clinical Respect is central to our health provider promise to deliver excellence in patient care and helping achieve best value in prescribing whilst respecting the health care professional decision.

## OAKMED GOLDCARE

Unit B, The I O Centre, Barn Way, Lodge Farm Industrial Estate, Northampton, NN5 7UW

**Contact Person:** Maureen Joseph  
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**Tel:** 01604 586 529  
**Website:** [www.goldcare.healthcare](http://www.goldcare.healthcare)



Goldcare Healthcare is the Home delivery service provided by Oakmed Ltd.

## HOLLISTER

42 Broad Street, Wokingham, Berkshire, RG40 1AB

**Contact Person:** Lindsay Fleming  
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**Tel:** 07841 292 758  
**Website:** [www.hollister.co.uk](http://www.hollister.co.uk)



At Hollister an important part of what we do is to raise the awareness of skin health. We understand peristomal skin health is essential to the overall quality of life of people living with a stoma, and we are committed to raising awareness amongst healthcare professionals and patients alike.

We do this via patient education, clinical education and through the products and services we offer.

In addition, our research and development teams are focussed on developing products such as CeraPlus and CeraRings which offer proven benefits in improving peristomal skin health.

## IA (THE ILEOSTOMY AND INTERNAL POUCH SUPPORT GROUP)

c/o IA National Office, Danehurst Court, 35-37 West Street, Rochford, SS4 1BE

**Contact Person:** Jackie King (*IA National Secretary*)  
**Tel:** 0800 0184 724 / 01702 549859

**Email:** [info@iasupport.org](mailto:info@iasupport.org)  
**Website:** [www.iasupport.org](http://www.iasupport.org)



IA (The ileostomy & internal pouch Support Group) is a registered charity which specialises in supporting people who have undergone bowel surgery and are living with an ileostomy or an internal pouch. IA works very closely with the surgical and nursing communities to provide independent support in the form of patient-focussed literature, quarterly magazine, IA's patient visiting service – putting patient and visitor in touch – and a network of local support throughout the UK and Ireland. IA's volunteers have themselves undergone surgery so guidance and support comes from personal experience.

## KINGSTON TRUST

PO Box 6457, Basingstoke, RG24 8LG



**Contact Person:** Babs Foster  
**Email:** [secretary@kingstontrust.org.uk](mailto:secretary@kingstontrust.org.uk)

**Tel:** 01256 352 320  
**Website:** [www.kingstontrust.org.uk](http://www.kingstontrust.org.uk)

The relief of those in need, particularly those over the age of 16, who have undergone surgical intervention as a result of Ulcerative Colitis, Crohn's, Cancer, inflammation, injury or any other condition resulting in ileostomy or ileo-anal pouch procedures. Trustees will consider provision of financial assistance in the form of grants towards the purchase of home items such as washingmachines to those who comply with the above conditions

## MARLEN HEALTHCARE LTD

Myco Falcon Limited, 3 Avalon Road, Bromsgrove, Worcester, B60 2RJ



**Contact Person:** Aden Murcutt  
**Email:** [sales@marlenhealthcare.co.uk](mailto:sales@marlenhealthcare.co.uk)

**Tel:** 0330 555 1250  
**Website:** [www.marlen.co.uk](http://www.marlen.co.uk)

Marlen Healthcare will, once again, show some of the World's most flexible, skin friendly hydrocolloid products delivering astounding comfort, security and value to Ostomists, whatever their product need. Also this year Marlen will show the amazing petal base which is the first convex product to also be used as a concave base.

## MEDICAREPLUS

Chemilines House, Alperton Lane, Wembley, HA0 1DX



**Contact Person:** Esha Radha Poojara  
**Email:** [info@medicareplus.co.uk](mailto:info@medicareplus.co.uk)

**Tel:** 02088 108 811  
**Website:** [www.medicareplus.co.uk](http://www.medicareplus.co.uk)

Medicareplus International strives to be your specialist in skin care and wound care through the manufacture and development of innovative products. We collaborate with clinicians to support professional education and training programs to provide cost effective solutions and improve clinical outcomes that improve quality of life for their patients.

## OAKMED LTD

Unit B, The I O Centre, Barn Way, Lodge Farm Industrial Estate, Northampton, NN5 7UW



**Contact Person:** Maureen Joseph  
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**Tel:** 01604 586 529  
**Website:** [www.oakmed.co.uk](http://www.oakmed.co.uk)

Oakmed Specialises in the provision of innovative, premium class products and services in Ostomy, Wound and Continence Care.

## PAEDIATRIC STOMA NURSE GROUP



**Contact Person:** Gail Fitzpatrick  
**Email:** [gail.fitzpatrick@bch.nhs.uk](mailto:gail.fitzpatrick@bch.nhs.uk)

**Tel:** 07557 001 653  
**Website:** [www.psng.co.uk](http://www.psng.co.uk)

A collection of nurses spread all over the country, caring for neonates or children with stomas. Based in hospitals and community we provide support for children and families before, during and after stoma formation. Many continue to provide support for these children even when their stomas have been closed managing childhood continence.

## PURPLE WINGS CHARITY

26 Gladstone Place, Blakedown, Worcestershire DY10 3LE



**Contact Person:** Lauren Henderson  
**Email:** [lauren@purplewingscharity.com](mailto:lauren@purplewingscharity.com)

**Tel:** 07443 629 729  
**Website:** [www.purplewingscharity.com](http://www.purplewingscharity.com)

Our charity helps sufferers of IBD with ostomies regain confidence and self-esteem through our 'Time for me grants' and events.

Our grants pay for sufferers, their families and loved ones to get together and do something as simple as a day out, romantic break, family mini holiday etc all in the name of building confidence as so many shut themselves away after stoma surgery. Once they have had their grant they feel empowered to be able to do the small things – like going to the park with their children or going out for a date night. We need to start counting all the wonderful things we can do rather than focusing on negatives.

PW strives to help sufferers to have this mantra. We also hold events where IBD ostomates can get together to have a great time whether it be on our annual spa break, summer ball, karting events etc. The bi-product is that these people inevitably talk about their experiences and feel less alone. This is a huge confidence boost in itself. In particular, I remember at the spa break and 10 ladies with bags got together and we were discussing swim wear and we all decided to wear low rise bikinis and giggled at the thought of so many of us being together and standing tall with our ostomies. PW is a positive charity and is helping people daily.

## RESPOND

Greypoint, Cardiff Business Park, Hanishen, Cardiff, CF14 5WF



**Contact Person:** Nicola Ingledew  
**Email:** [Nicola.ingledew@eakinhealthcare.com](mailto:Nicola.ingledew@eakinhealthcare.com)

**Tel:** 07774161810  
**Website:** [www.respond.co.uk](http://www.respond.co.uk)

We offer a reliable home delivery service providing patients with access to all products on the Drug Tariff part IX. This means patients can choose products from any manufacturer and rely on us to deliver.

We are part of the family owned Eakin Group – specialists since 1974. We champion quality of life for people living with a stoma and continence issues, putting patients care at the heart of what we do.

## RHODES PHARMA

Office 7, Newlands House, 60 Chainhouse Lane, Whitestake, Preston, PR4 4LG



**Contact Person:** Allison Moosa  
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**Tel:** 01772 620 014  
**Website:** [www.stocare.co.uk](http://www.stocare.co.uk)

Rhodes Pharma is a UK based healthcare company. We specialise in providing a range of quality, cost effective products that meet the challenges of modern day healthcare delivery. Through innovation and dedication we continue to develop medical products which help improve the lives of patients and fulfil the needs of healthcare professionals.

## SALTS HEALTHCARE

Richard Street, Aston, Birmingham, B7 4AA



**Contact Person:** Gurminder Tiwana  
**Email:** [gurminder.tiwana@salts.co.uk](mailto:gurminder.tiwana@salts.co.uk)

**Tel:** 0121 333 2014  
**Website:** [www.salts.co.uk](http://www.salts.co.uk)

The only ostomy products manufacturer to receive recognition by the British Skin Foundation and to receive the "Dermatologically Accredited" mark from the Skin Health Alliance for research into skin-friendly hydrocolloids. Our unique Flexifit® five-sided wafer, with extracts of aloe vera, is available on flat and convex Confidence® Natural.

## SIACA

Z15 Westpark, Chelston, Wellington, TA21 9AD



**Contact Person:** Neil Basil  
**Email:** [neil.basil@siaca.co.uk](mailto:neil.basil@siaca.co.uk)

**Tel:** 01823 246 800  
**Website:** [www.siaca.co.uk](http://www.siaca.co.uk)

Our members are independent Dispensing Appliance Contractors, and not linked nor owned by appliance manufacturers.

We believe in freedom of choice; this is underpinned by our independence which we protect by maintaining a strong voice within the healthcare community, and whilst ensuring the choices made between HCPs and patients are respected.

## TRIO HEALTHCARE

Missenden Abbey, London Road, Great Missenden, Bucks, HP16 0BD



**Contact Person:** Reena Patel  
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**Tel:** 07956 834 667  
**Website:** [www.trioostomycare.com](http://www.trioostomycare.com)

Trio Healthcare are committed to providing advanced solutions to ostomates that are cost effective to the CCGs to help manage costs. Trio's silicone based range of products prevent skin breakdown by protecting it from irritation, providing the skin with a fighting chance to heal by itself.

Visit us on stand 7 for your samples bags and find out how Trio products could help your patients and your budget.

Visit us in [www.TrioOstomyCare.com](http://www.TrioOstomyCare.com) or call us on 0800 531 6280 (uk) or 1800 937 139 (ROI)

Like us on FB and Twitter (@TrioOstomyCare)

## UROSTOMY ASSOCIATION

4 Demontfort Way, Uttoxeter, Staffordshire, ST14 8XY



**Contact Person:** Hazel Pixley  
**Tel:** 01889 563191

**Email:** [secretary@urostomyassociation.org.uk](mailto:secretary@urostomyassociation.org.uk)  
**Website:** [www.urostomyassociation.org.uk](http://www.urostomyassociation.org.uk)

The Urostomy Association is a national charity which provides information and support for people who have, or are about to have a urinary diversion of any kind, including urostomy, continent diversion and bladder reconstruction. We have information leaflets available on many of the issues which will affect patients before and after surgery, along with a DVD and regular magazine. Our trained volunteers can give one-to-one support before or after surgery. We are pleased to sponsor two research awards for stoma care nurses, awarded at ASCN conference.

## VANILLA BLUSH

43 Dalmarnock Road, Glasgow, G40 4LA



**Contact Person:**  
**Email:** [sales@vblush.com](mailto:sales@vblush.com)

**Tel:** 01417630991  
**Website:** [www.vblush.com](http://www.vblush.com)

Vanilla Blush is the Glasgow-based global-brand which revolutionised the Ostomy Underwear and Hernia Supportwear world with its 2008 live launch on ITV's 'This Morning Show'.

Combining physical and psychological health needs, Vanilla Blush developed and integrated cutting edge fashion products with cutting edge medical products – giving a holistic health approach to people with Stomas.

## WORLD COUNCIL OF ENTEROSTOMAL THERAPISTS

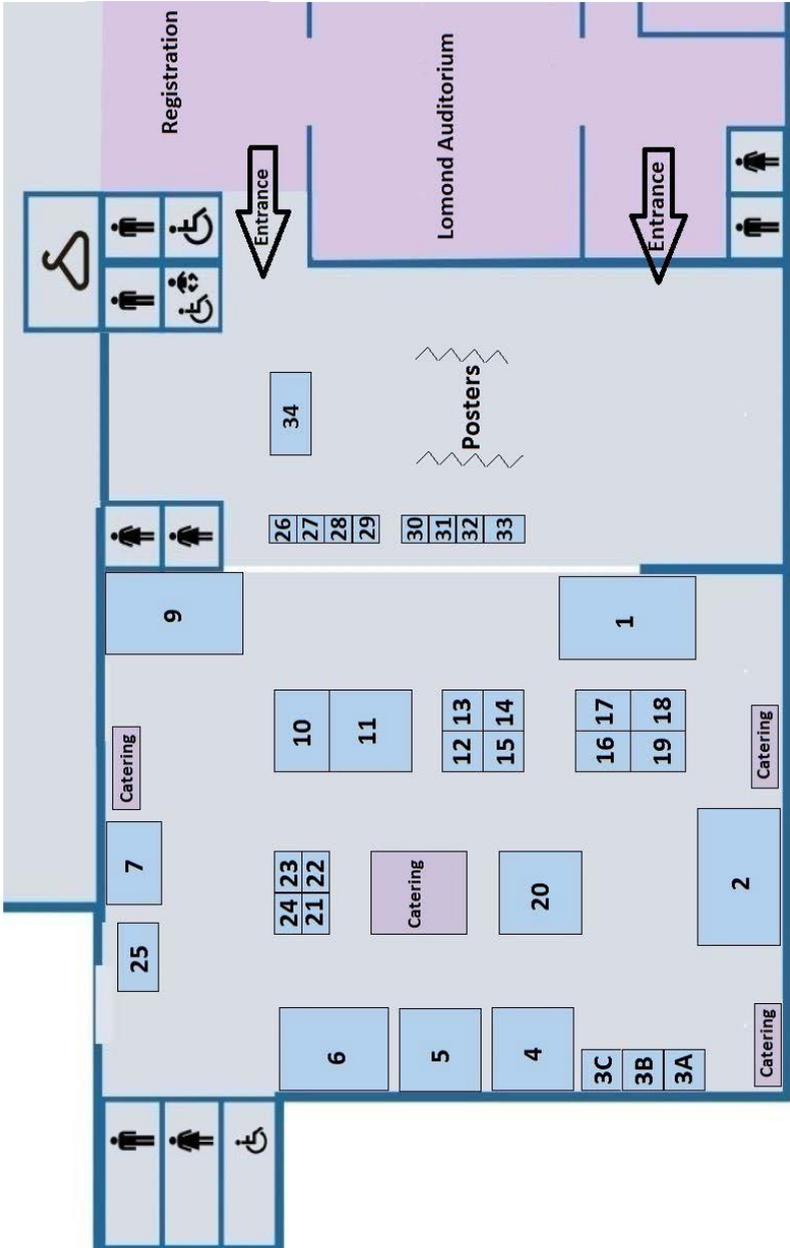
Hauck & Associates Inc, 1000 Potomac Street, NW – Suite 108, Washington DC, 20007 USA



**Contact Person:** Jennifer Bank  
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**Tel:** 1.202.567.3030 **Fax:** 1.202.833.3636  
**Website:** [www.wcetn.org](http://www.wcetn.org)

Established in 1978, The World Council of Enterostomal Therapists (WCET) is the international professional nursing organisation for nurses involved in the care of persons with ostomies, wounds or continence needs. With members in over 60 countries, the WCET is a culturally diverse group whose mission is to ensure that specialty trained nurses are available worldwide to provide technically and culturally competent care for persons with ostomy, wound or continence needs.





## *Organisation*

## *Stand*

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11 Health	18
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CliniMed	20
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## K-1 - New Regulation and Codes: Understanding the way they will affect Health Care Professionals and Industry working

**Mr Kevin Hodges**

*British Healthcare Trades Association*

British Healthcare Trades Association overview with specific focus on the new NHS England Conflicts of Interest guidance and the revised MedTech Europe

Code of Ethical business Practice which will have impacts on the interaction between commercial \ organisations and individual Healthcare Professionals.

Scope

The presentation will be split into three parts over 15 minutes with a question and answer session at the end. The first part will give details of who the British Healthcare Trades Association are, the different sections of industry that are members and examples of who are the key stakeholders. There will also be a focus on the DAC, Stoma and Continence Manufacturers sections with specific detail on who are the members and how much of the Stoma market they represent and more detail on who they work with across England and the Devolved nations.

The second part will give detail of the new NHS England Conflicts of Interest guidance published in June 2017 particularly in relation to NHS Sponsored Posts, other recent publications and how industry and ASCN are working together to support the implementation.

The final part will be an in depth review of the revised MedTech Europe Code of Ethical business Practice which takes effect from 1st January 2018 following a transitional year in 2017. The content will describe the new processes that will need to be followed by both sponsored and non sponsored nurses.

There will be time for clarification questions at the end of the presentation as well as a handout which summarises the new ways of working with regards the MedTech Europe Code of Ethical business Practice.

## K-2 - Stoma Care Education for Specialist Nurses: Working Together to Advance Practice

**Gabby Thorpe**

*University of East Anglia*

The provision of specialist education for Stoma Care Specialist Nurses in the UK over the past decade has been driven and funded largely by companies manufacturing stoma care products. Stoma Care Specialist Nurses have benefitted from this support and investment in their continuing professional development, but there is a recognition and demand across the profession for independently developed and delivered advanced stoma care education. With the increasing challenges faced in undertaking CPD, Stoma Care Specialist Nurses require flexibility and accessibility in the development of the specialist knowledge and skills needed to practise effectively. ASCN UK is ideally placed to facilitate the development of accessible and robust advanced education for Stoma Care Specialist Nurses that is designed and delivered by Stoma Care Specialist Nurses.

This presentation will provide insight into the collaborative process adopted over the past 18 months to develop a proposal for an online level 7 module in advanced stoma care between ASCN UK and the University of East Anglia. This module is intended to be offered as part of a newly-developed Post-Graduate (PG) Certificate, PG Diploma or MSc in Advanced Professional Practice programme. An overview will be provided of the preliminary proposed framework and content, novel teaching and learning methods and how ASCN members might contribute. Please approach Gabby informally across the day on Monday to discuss any thoughts and ideas you have on this topic and/or if you would like to get involved.

## K-3 - Multidisciplinary treatment with Colorectal and Plastic Surgery

**John Telfer and John Anderson**  
*NHS Greater Glasgow and Clyde*

A number of colorectal diseases may require relatively extensive dissection and resection of the perineum. These conditions include advanced ano-rectal cancer, intra-epithelial neoplasia, fistulae, hidradenitis suppuritiva, pilonidal sinus, perineal hernia and ano-genital warts. Plastic Surgery can contribute to the care of these patients through reconstruction following extensive skin resection, closure of pelvic floor defects or buttressing repairs with native tissue. Operative techniques employed include local or pedicled flaps which may comprise skin, subcutaneous fat, fascia and muscle. On occasion, split skin grafts may be helpful. The indications and technique of gluteal V-Y, vertical rectus abdominus, rhomboid and lotus petal flaps, gracilis muscle interposition and split skin flaps will be described. A significant proportion of these patients will require a temporary, defunctioning or permanent stoma because their anus has been resected or it is necessary to divert the faecal stream whilst perineal wounds heal. The presentation outlines the contributions of Stoma Care, Colorectal Surgery and Plastic Surgery to the multi-disciplinary care of these patients who may be complex and challenging.

## K-4 - How do we identify and manage unwarranted variation in clinical product use?

**Mrs Alice Macleod**  
*National Procurement NHS National Services Scotland*

It is recognised that there is considerable variation in Healthcare which can impact on quality and outcomes. Such variation can be linked to demographics, deprivation and patient –preference; however 'unwarranted variation' refers to the over-use or under use of different aspects of healthcare products and services.

Unwarranted variation refers to the differences that cannot be explained by medical need or the dictates of evidenced based practice. This can have a clinical impact affecting patient outcomes and a financial impact associated with waste and over use of resources.

Reducing variation and waste is therefore an overarching theme from recent key NHS policy documents across the UK.

The Carter Review identified savings of £5 billion by reducing unwarranted variation

In NHS Scotland, strategies to manage unwarranted variation have focussed on health care delivery and medicine management.

This presentation will discuss how NHS Scotland aims to utilise this approach to manage unwarranted variation within clinical product use such as stoma care..

## K-5 - Transition - demystifying the process

**Mrs Vikki Garrick**  
*Royal Hospital for Children, Glasgow*

Transition is well reported in the literature but rarely from a practical perspective. This presentation will look at the evidence surrounding the process and identify why 'Transition' is superior to 'Transfer' when dealing with adolescent patients. It will also explore the basic principles of Transition and illustrate the application of these in the Royal hospital for Children. The main focus of the presentation will be to demystify the process by using a 'how to' approach – both for Transition and for managing adolescent patients



## Sunday 1st October

### **W-1 - ASCN UK Workshop**

Nutritional Management of Stomas

*Mairead Keegan and Tracy Russell*

#### **Background:**

The nutritional management of patients with a stoma can be a minefield for clinicians to negotiate through. Many resources and media networks advocate various diets to follow to improve the nutritional management of this patient cohort. This can be challenging especially when one reads conflicting information which can fortunately impact of the care and advice we give our patients. Ultimately we want to empower our patients to follow the correct nutritional advice and improve their quality of life.

#### **Aim:**

The aim of this interactive workshop is to enhance your knowledge as clinicians on the dietary management of patients with a stoma. We will cover a variety of topics to ensure you as stoma nurses feel equipped to deal with the many questions posed by patients. The following topics will be covered:

- Dietary advice related to stomas
- Review of some of the specialist resources available to use in conjunction with your patient and where to get these from
- Nutritional screening and identifying the need for further nutritional support
- Discuss initiatives we have brought to our own hospital settings to improve patient outcomes
- Discuss the management of high output stomas and how to go about the development of your own local \\ protocol for the management of this complex and challenging group

#### **Outcome:**

We anticipate you will leave this workshop with new ideas and knowledge to implement back at your workplace.

## W-2 - ASCN UK Workshop

### Parastomal hernia: the need for consistency in prevention and management

Wendy Osborne and Jacqui North

#### Abstract:

The prevalence of parastomal herniation is consistently documented as a common complication for individuals undergoing stoma formation (1,2,3,4,). For the individual, distressing physical, psychological and management challenges are experienced as a consequence of having and living with a parastomal hernia(5). For Stoma Care Nurses (SCN's), the compounding issues related to parastomal hernia's are encountered daily; however, there is disparity in the provision of information in relation to prevention and management of parastomal herniation.

In response to this, ASCN (UK) have developed evidenced based guidelines with the intention of improving patient outcomes, but ultimately identify practice that would reduce the development of parastomal hernia's.

This workshop will provide the opportunity to highlight the current evidence, focus on the risks attributed to development of parastomal herniation; but also challenge the effectiveness and plethora of support garments currently available in the UK. A risk assessment tool and support garment categorisation will be proposed to support the clinical rationale for practice, along with a discussion around shaping the ASCN research proposal to develop evidence to demonstrate validity and reliability of clinical practice

Your involvement in developing the evidence to influence practice and improve patient outcomes is paramount. Working together as a group of specialists to achieve this will make a difference and ultimately provide the evidence necessary to demonstrate reduction of parastomal hernia formation.

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- 3) Pilgrim C.H; McIntyre R; Bailey M; (2010) Prospective audit of parastomal hernia: prevalence and associated comorbidities. *Dis Colon Rectum.* 53 (1): 71-78
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## Monday 2nd October

O-1

### **Collaboration is the key to expanding the evidence base to support our practice**

**Mrs Natasha Rolls, Mrs Julie Meadows**

*Pennine Acute, Oldham, United Kingdom*

#### ***Aims/Objectives***

This work explores the importance of being able to demonstrate that specialist practice is evidence based, cost efficient and cost effective, when there is limited published research data on the efficacy of clinical management strategies.

#### ***Content***

There are approximately 600 stoma care nurses (SCN's) in the UK. One of the key documents informing our clinical and professional practice is the ASCN Stoma Care National Guidelines. Using this document as a foundation our work explores the feasibility of large group collaboration to expand the body of evidence to support our practice.

As a group, we attended clinical masterclasses focusing on the theory and evidence to support management of high output stoma's and certain skin conditions. During the course of these events it became evident that despite guidelines from the ASCN on these topics, SCN's felt isolated when faced with complex clinical situations which did not respond to their initial practice solution.

Our discussions identified that it was rare that we objectively quantify a skin condition pre and post treatment and do not always suggest differential diagnoses.

#### ***Results/Discussion***

Group work discussion has enabled SCN's to become confident and familiar with the DET skin tool and we have developed a number of hands on clinical solutions 'top tips' to add to the armory of solutions that we have to draw on.

#### ***Conclusion/Summary***

The group has identified that without quantifiable measures (such as the DET skin tool) we are unable to demonstrate the efficacy of management regimes. We suggest there is a need to build on ASCN guidelines & standardize language to document what we do. This will enable meta analysis and outcome measures to be generated to inform practice. Let's collaborate together

## O-2

### **Changing practise. Implementing a programme of abdominal/core exercises into clinical practise with stoma patients. A nurse case study.**

**Mrs Gill Skipper, Mrs Melanie Claxton**

*Queen Elizabeth Hospital, Kings Lynn, United Kingdom*

#### ***Aims/Objectives***

This presentation will share the experiences of a stoma care nursing team in changing practise and implementing a new programme of abdominal/core exercises with patients in hospital and in the community. The presentation will explore the benefits, issues faced and will share best practise.

#### ***Content***

ASCN clinical guidelines (2016) [1] state that all patients should be encouraged to do abdominal/core exercises after surgery, commencing at 3-5 days post surgery. Yet it has been found that 82% of patients do not recall being given this information by their nurse and 87% of patients did not do any abdominal exercises [2]. Most nurses are not aware of this guideline. Nurses don't know how to advise patients and don't know which exercises are safe for patients to do.

#### ***Method/Results***

This case study which demonstrate how an experienced SCN and her team learned a programme of appropriate abdominal exercises for stoma patients and implemented a significant change to practise. They will share their experience and concerns prior to starting this new intervention, how they went about learning the right exercises and then how they have implemented it into practise.

They will share the issues the team has faced in implementing the programme and how they have worked to find solutions.

#### ***Conclusion/Outcomes***

This case study will highlight the many benefits of appropriate core/abdominal rehabilitation exercises for stoma patients, and how they can easily be learned and implemented by a stoma nurse. Challenges, such as not having enough time and lack of knowledge, can be overcome with the right support and training. As the incidence of parastomal hernia increases, nurses need to make more time for such an intervention in their clinical practise.

## O-3

### **Reducing Clinic Non Attendance Through the Development of a Text Reminder Service**

**Ms Maxine Santana**

*Securicare(Medical) Ltd, High Wycombe, Buckinghamshire, United Kingdom*

A recent Department of Health study suggested that each year in the UK, one in ten hospital appointments are missed (DOH, 2016). This can result in squandered NHS resources such as wasted time of the stoma care nurse (SCN) which in turn impacts on waiting times for specialist appointments. Overall, this can have a negative impact on patient care.

The project evaluated the concept of reminding patients to attend their stoma care appointment utilising simple and readily accessible technology with the view to reducing forgotten appointments. A baseline audit was carried out to measure and identify clinic non-attendance, which demonstrated a trend in patients simply forgetting their appointment.

In order to address this trend, the team implemented a simple standard text message which was sent to booked clinic attendees two days prior to their appointment. The reminder included the date and location of the appointment. The message did not require any action from the patient unless they needed to cancel or rearrange.

The results from this pilot were audited quarterly against the baseline data. Trends and local clinic variations were identified, discussed and analysed regularly with the team manager as well as the rest of the team.

The presentation will discuss the project from the concept of setting up a text reminder service, to the challenges of engaging both patients and colleagues along with the ongoing implementation of this project. Additionally, the baseline and ongoing clinic attendance data will be presented to clearly demonstrate and identify the effectiveness of implementing a simple change in daily practice which can positively impact outcomes in patient care and support the efficient use of resources.

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## O-4

### **Collaborating to improve outcomes in patients undergoing Cytoreductive surgery**

**Mrs Emma Maltby**

*Basingstoke Hospital, Basingstoke, United Kingdom*

#### **Content**

Since the introduction of NICE guidance, (April 2004) funding for complete cytoreductive surgery and HIPEC should only be carried out in centres receiving funding from the National Specialist Commissioning Advisory Group. This centralised method of care has improved patient outcomes in relation to survival rates and appropriate disease management, but can prove challenging for local clinicians who care for patients with possible little experience of the care required in this specialised group.

## Method

Responding to feedback from stoma nurses nationally, it was recognised, that due to the extent of surgery involved in Cytoreduction and HIPEC, this group of stoma patients are a challenge to manage locally once discharged. Further information and education is required, to enable local teams to feel confident in providing on-going support and treatment to improve patients' outcomes. Therefore, an education event was created to provide an in-depth understanding of the disease, with presentations covered by the MDT. It included sessions such as peritoneal malignancy and radiology, rehabilitation after cytoreductive surgery and a live feed to theatre where an operation was in progress.

It became apparent nurses may benefit from additional information to care for these patients, to enable information learnt on the day to be utilised back at work. Therefore, nursing guidance was produced to provide a nurse with all the information required to care for a patient with a ileostomy after cytoreductive surgery and HIPEC.

## Conclusion/Outcomes

Caring for patients with rare diseases who are referred out of area can be challenging. Collaboration between surgery centre and local clinical care is paramount. By increasing the knowledge of the clinical nurse specialist with the introduction of a specialist study day, and follow up nursing guidance, we can improve patient outcomes overall.

The guidance has been written and peer reviewed, and will be available at conference.

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## O-5

### Colorectal Cancer Nursing – Time for the Patients View?

**Ms Jacquette Masterman, Ms Carolyn Linton**

*SecuriCare (Medical) Ltd, High Wycombe, Buckinghamshire, United Kingdom*

Colorectal specialist nursing services are delivered differently within areas of the UK, some services offer dual services along with stoma care colleagues, other services deliver the care as two separate yet integrated groups of professionals. What is clear is the Government's mandate to NHS England which sets out an ambition to make England one of the most successful countries in Europe at preventing premature deaths from all cancers.

Nationally, the Cancer Patient Experience Survey is designed to monitor national progress on cancer care, providing information to drive local quality and service improvements; this provides a quantitative perspective on cancer services. The aim of the project was to review our service delivery from a specifically qualitative perspective, to find out what our service delivers in terms of our colorectal patient experience. This in turn would enable us to identify clearly what we can improve upon and what we do well – supporting the requirement for Practice Related Feedback for Nursing and Midwifery registered practitioners.

## Signposting and Self Care for Patients: The role of the SCN

**Mrs Liz Harris<sup>1,2</sup>, Mrs Laura Newman<sup>1</sup>**

<sup>1</sup>Hollister, Wokingham, United Kingdom, <sup>2</sup>Wexham Park Hospital, Slough, United Kingdom

### **Aims**

- Provide an overview of the benefits of structured follow up.
- Discuss the 'lost ostomate' and why patients may not seek help.
- To provide an overview of signposting and self-care from a National Perspective
- To introduce an information leaflet and assessment tool used within our practice and share evaluation results.

### **Content**

All patients with a stoma have access and support from a stoma nurse throughout the lifetime of their stoma. A structured pathway for follow up care can have a positive impact on QoL and reduction of healthcare costs, however follow up continues to differ within services. There are also patients who become lost to the system, not making contact when they require help or advice. Research has shown a variety of reasons why patients may not contact healthcare professionals when they need help. In addition, many patients with stoma complications do not realise they are treatable, instead accepting these as part of having a stoma. The Department of Health has also published the importance of signposting and self-care if the NHS is to reduce cost for patients with long term conditions.

### **Method**

The department has introduced an information leaflet that describes what patients should and should not expect when living with a stoma, and where to seek advice and treatment. Patients are encouraged to examine their stoma regularly to identify what is normal and what is not.

### **Results**

The leaflet has been given to each patient with a newly formed stoma and is being sent to existing patients. We will provide results of its effectiveness within both groups.

### **Conclusion**

Patients know that we are always at the end of the telephone if they need us, however, we need to provide patients with the knowledge so that they know when and how to get in touch.

## O-7

### Teaching students how it can really feel.

**Mrs Catherine Goode, Mrs Megan O'Connor**

*Jersey General Hospital, Gloucester Street, St Helier, Jersey*

The aim of this presentation is to consider the importance of teaching stoma care skills to pre-registration nursing students throughout their training.

The Nursing and Midwifery Council (NMC) are making changes to the pre-registration nursing curriculum that will be implemented in September 2018. Furthermore, there are suggestions that simulation and clinical skills content will be increased significantly within the new curriculum. This may include additional time dedicated to teaching simulation scenarios of patient care. With this in mind, consideration should be given for comprehensive stoma care to be included within the skills set throughout the pre-registration programme.

Pike and O'Donnell (2009) studied the impact of clinical simulation and self-efficacy amongst pre-registration nursing students. Their work identified how this enhanced students' ability to manage situations. It is therefore essential to embrace the teaching and learning strategies that enhance learners' self-efficacy.

The NMC (2015) state that practitioners should be safe and competent. It is therefore imperative that we assist in the development of nurses who can deliver a holistic approach to pre, peri and post-operative care for patients undergoing stoma formation.

This presentation will reveal how delivering interactive stoma care teaching to student nurses has had an impact on their learning. Students' feedback has highlighted how this style of teaching has been beneficial for their understanding for even a moment in a stoma patient's life.

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## O-8

### Are You Too Busy To Take Note?

**Mrs Gillian Tomsett**

*Royal Berkshire NHS Trust, Reading, United Kingdom*

#### *Aim*

To highlight the importance of Nursing documentation which may be required as evidence to support an investigation should the quality of care be called into question

#### *Objectives*

1. To highlight the approximate (and escalating) cost of settling legal claims by the NHS
2. To remind Nursing colleagues of the significance of record keeping as part of providing safe and effective healthcare, and
3. That quality record keeping due diligence provides a factual record with which to support any investigation, claim or court proceeding as to the provision of care provided

## **Method**

A brief Patient history will be used to demonstrate the Nurse's personal experience of where documentation recorded seven years ago was used during the investigation of a clinical negligence claim in 2017. This centres around pre-operative information given to a patient with indeterminate Crohns / Colitis.

The experience serves to emphasise the importance of the available documentation which was relied upon by the legal team, serving to remind us that poor quality or discrepancies in the documentation could impede the nurse involved in any proceedings by highlighting the nurse's vulnerability if cross-examined, especially given the elapsed time between the events being recorded and the instigation of court proceedings and further compounded with obvious anxieties due to the limited support from both the Hospital Trust and the Nurse's Union.

## **Conclusion**

Sharing this experience should provide a clearer understanding of how much detail should be written in our Nursing documentation, in order to demonstrate our professional actions and support with our factual recall or assist Nursing colleagues, if called upon in the future. This experience also stresses the impact this experience has on the local Stoma Nurse Team, raising their awareness that there has been a general change in the Patient-Nurse relationship.

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## **O-9**

### **Recovering from Surgery and Living with a Stoma in Vietnam - The Challenges**

**Professor Joy Notter, Mrs Pat Black, Doctor Khanh Pham, Doctor Dzung Phan**  
*Birmingham City University, Birmingham, United Kingdom*

Vietnam is becoming one of the best performing developing economies in the world. In the last decade there have been major advances in all areas, but especially in health care. However, it has had to be accepted that the government cannot now fund all health care provision and patients need to pay towards treatment. This is problematic as the majority of the almost 90 million population still live below or very near the poverty line, particularly in rural areas. Stoma formation following traumatic injury, (usually from RTAs) and from colorectal cancer are increasing. However, while the surgical procedures are possible, the cost of surgery is high, and there are virtually no fully trained stoma nurses to support patients following surgery. Thus following treatment they are discharged into a community where there is limited medical support, as the community services in Vietnam are very limited, and little relevant expertise.

In addition many cannot afford to purchase the stoma care appliances seen as standard in the UK and have to use a metal ring and plastic bag, which impacts on skin, continence and their ability to work and support their families.

Using case study examples, this presentation will describe the patient journey in Vietnam, and the challenges that patient and family face, both initially and after discharge from hospital, with what is described in Vietnam as a 'burden on the family'.

It will also reflect on the outcomes of the first short stoma nurse programme, run by the authors in 2014 and the impact this has had on nurses, and on the overall care of patients in Viet Duc Hospital.

## O-10

### **Overcoming Overseas Obstacles - Caring for a patient returning home abroad.**

**Mrs Lisa Hall**

*Salts Healthcare Ltd, Cleckheaton, United Kingdom*

The author aims to explain the difficulties encountered when caring short term for a patient undergoing radical robotic cystoprostatectomy who travelled from Malaysia for surgery and planned to travel home after a short recovery period.

The author will explain the challenges that she encountered when choosing an appropriate stoma appliance for a patient who lives in a country with limited choices in this area. She will discuss how she was able to liaise with stoma nurses in Malaysia through the WCET, which demonstrates how the stoma nursing network is supportive world wide. This situation is not commonly experienced and therefore will be of interest to stoma nurses new in the field or working in areas without many international privately funding patients.

This will be presented as an oral presentation by way of a case study.

The author was able to support the patient and family through a difficult journey whilst offering care, information and advice. The difficulties we encountered were finding suitable appliances that the patient would be able to access easily and as cheaply as possible in a country that doesn't have the choice of free/prescription products that we have access to in the UK. We were also able to collaborate with stoma nurses in their country for information and advice.

The patient was able to return home with a choice of products and the contact details of 2 nurses who were going to continue to support and assist in any ongoing problems. The patient and his wife felt reassured that they had access to this support once home and that they could also access my ongoing support via email if required.

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## O-11

### **What are the benefits of specialist counselling support, in addition to specialist stoma care nursing support? A patient case study.**

**Mrs Helen Bracey, Ms Rachel Green**

*Convatec, Farnham, United Kingdom*

Rachel Green had surgery in 2016 to create an ileostomy following years of illness with ulcerative colitis. She was relieved to find she could speak to a counsellor and says the experience saved her from 'becoming an angry little nut'. Her decision to access counselling was made in collaboration with her stoma care nurse and being able to select the right counsellor and have free sessions with them allowed her to centre herself and articulate things that she felt unable to express to her family, friends, and even her medical teams. In this case study she looks at the process by which she accessed the counselling, why it was so valuable to her and how it fits in to her recovery and adjustment to life with a stoma, alongside the support available from other professionals. Rachel talks openly about the elements of her experience of having stoma surgery which she found traumatic and how counselling helped her work through those elements to gain a life which her stoma fits into, rather than dominates. Rachel also articulates the importance of being heard as a patient and service user and having her individual needs met in the most appropriate way.

## O-12

### Permission to Speak - Opening the Door to Intimacy and Sexuality

**Mrs Leisa McParland, Mrs Annie Jowett**

*Securicare Medical Limited, Buckinghamshire, United Kingdom*

A quality service Indicator for the NHS states the need to address patients' sexual health and provide appropriate referrals to specialists within this field. This project identified a need to ensure patients felt comfortable and confident to discuss intimacy or sexual health concerns pre and/or post stoma surgery. The question was how we could make it easier for the patient to broach this subject and ask for the help.

A presentation around sexual health was developed and presented at a number of stoma support group meetings. The audience was asked to complete a simple questionnaire on this topic, in particular their own experiences. The results demonstrated the need for a simple and sensitive piece of literature to open dialogue between the patient and the Health Care Professional (HCP). This approach addresses the first stages of the PLISSIT model; Permission and Limited Information, (Annon, J. 1976.)

A working party was set up to develop a booklet. The challenge was to ensure it was sensitive to the needs of the patients and their partners, in a format that patients would feel comfortable reading and was easily understood.

Patients are given this booklet with their discharge information, offering an open door policy. The booklet provides legacy information which can be retained allowing the patient permission to broach this subject at any point in their journey, with their designated Stoma Care Nurse or relevant HCP. The plan is to audit the patient's views on the effectiveness of this booklet in opening dialogue on this sometimes sensitive subject.

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## O-13

### The meaning behind a name - Friend of Foe?

**Miss Julie Powell**

*Shrewsbury and Telford NHS Trust, Shrewsbury, United Kingdom*

#### **Aim**

The paper explores what motivates ostomists to name their stoma and examines the nature of the language they use to describe their reasoning behind the name.

Having a deeper understanding of the rationale and implication behind the chosen name will enable stoma nurses to achieve a more meaningful perception on how patients are coping and their psychological wellbeing.

#### **Method**

Review of the literature confirmed very limited evidence based research around the subject. Evidence was applied from other areas of clinical practice.

## Results

Four case study findings will be presented. These identified that stoma formation necessitates ostomists to examine how it fits into their social world, how they interact with it, define what it can do for them and whether it can help or harm them.

The presentation presents the key coping behaviours associated with the naming of a stoma and discusses the positive and negative connotations of the name. Also, identifies ways the SCN can discuss and explore the rationale for naming the stoma and connection with the psychological wellbeing of the patient. Using a combination of positive and negative coping mechanisms, the naming of the stoma can lead to positive acceptance and adaption.

## Conclusion

Giving a stoma a name can help patient's cope, develop an identity and more importantly exert control over their stoma. Turkel (1999), expressed that the naming of "things" as a component of a cognitive system that evolved to meet demands of social interaction.

Understanding that the name given to a stoma is not just a name, but can have many different connotations (contrary to Mills 1842, who suggested that proper names connote nothing and have "strictly speaking, no meaning"), it is an essential insight and knowledge if the SCN is to facilitate the patient's rehabilitation and adaption to life with a stoma.

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## O-14

### Have we 'bin' there done that? - How green is stoma care?

#### Mrs Michelle Scicluna

*Royal Berkshire NHS Hospital, Reading, United Kingdom*

#### Aim

This presentation explores the environmental and green issues in stoma care and how these impact on the NHS and our society.

Environmental issues impact widely on society's behaviour and this presentation identifies the key issues within our stoma care practice. As SCN's our daily practice needs to be environmentally responsible and this paper raises knowledge and awareness of the challenges within our practice.

#### Methodology

An extensive literature review was undertaken, although little data was found relating directly to stoma care, however there is significant evidence which can be applied to our practice.

#### Content

This presentation will focus on 4 key areas: Landfill, the Ozone layer, Biodegradability and Recycling. According to the Environmental Health Agency around 30 million tonnes of household waste is generated in the UK every year, of which 5.9 million tonnes is packaging and is sent to land fill.

## Results

All health care organisations should provide regular reports on waste issues, including the amounts, types and costs of waste generated, so that improvement can be made over time (RCN, 2014). Information to inform responsible environmental practice for stoma care nurses will be explored.

## Conclusion

As stoma care nurses our practice should reflect professional best practice guidance but also societal changes. There are many areas in which we can make changes within our services which will have a positive impact on our environment. Everyday manufacturers are finding new ways to create items that are recyclable, are we as stoma care nurses doing our bit to encourage our suppliers to take care of our planet.

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## O-15

### Pills, Pregnancy and Pouches....

#### Mrs Leanne Fielding

*University Hospital Aintree, Liverpool, United Kingdom*

#### Aims and Objectives

To understand the specific pregnancy care and information needs of a young woman with ileo-anal pouch.

As a stoma care nurse embarking on a new adventure in another NHS Trust Hospital, I had not looked after people undergoing ileo-anal pouch surgery and had no insights into the impact on the care needs during pregnancy. One of my first patients was a young woman who had recently had closure of ileostomy following pouch formation and she unexpectedly found to be pregnant.

#### Method

Case Study

Following a review of the literature a care strategy was developed.

It is essential for SCN's to demonstrate knowledge and evidence within their care planning process.

The case study identifies the specific care needs required to support the care of an unplanned pregnancy during ileostomy reversal.

The case study will be used to explicate key learning points throughout the pregnancy pathway.

#### Results

Gp would not prescribe loperimide for the patient, had on-going prescriptions from Colorectal Consultant. Pouch function erratic with combination of pelvic engorgement and the compression of the pouch by the enlarged uterus. Safe delivery of baby boy born by cessarian section at thirty eight weeks pregnant.

#### Conclusion

There are significant considerations for the practice arising from this case study review. These areas need further exploration but show clearly the need for an agreed clinical management for pregnant ostomists and ileo-anal pouch owners!

## O-16

### **Patient Satisfaction: The SCN's Journey**

**Miss Kim Walker**

*Great Western Hospitals NHS Foundation Trust, Swindon, United Kingdom*

#### **Aim**

To evaluate a new Audit Tool to measure patient satisfaction in a Stoma Care Department.

#### **Content**

A review of the audit process and resulting data identified significant differences in perceptions between patients and Nurse Specialists, and these will be discussed and explored in more detail.

#### **Method**

The SCN utilised the ASCN Patient Satisfaction Audit Tool which is a qualitative and retrospective questionnaire. Over a 6 months' period, a total of 60 questionnaires were given out to consecutive patients whilst attending their nine-week post discharge review in the stoma clinic. This provided a representative sample of 30% of the total annual stoma formations undertaken at our centre. To maintain anonymity, questionnaires were returned to the Audit Department for data analysis.

#### **Results**

Of the 60 questionnaires given out, 43 were returned (71%). The audit results identified some disparity when compared against Department statistics. Results especially demonstrated poor compliance preoperatively which was lower than anticipated, and these will be discussed further.

#### **Conclusion**

Patient Satisfaction Audits are only cost-effective and an efficient use of time if they are reviewed, analysed and used if identified, to develop service initiatives.

However, audit results may not concur with Department statistics and as such, highlights the importance of clarity when developing a questionnaire, to ensure all respondents who answer the question not only interpret its meaning in the same way, but also only answer questions specific to them.

#### **Recommendations**

The questionnaire will need to be amended before re-audit, to reflect our service more effectively, and to reduce misinterpretation. The questionnaire will also be handed out to patients over 2 stages – 1) preoperative stage and 2) following surgery/ after discharge, to allow real-time reporting and to provide a more accurate account of the service we provide.

## O-17

### **Raising awareness of confidence and self-esteem issues after IBD and stoma surgery - The vision of Purple Wings Charity.**

**Mrs Lauren Henderson**

*Purple Wings Charity, Worcestershire, United Kingdom*

Emotional health is just as important as physical health. PW help sufferers of IBD with ostomies regain confidence and self-esteem. We organise 'grants' whereby patients have confidence-boosting experiences such as hair treatments, spa days, romantic breaks paid for. The aim is that the grantee will start to count the things they can do rather than focusing on the negatives.

We speak to people daily who have had surgery and had great support from their nurses and surgeons however, these people feel that something has changed - they have changed. They can sometimes recluse or lead a more closed life. That's where I realised something needed to be done. I speak with the patients - we talk. Talking is an understated tool where technology has taken over. We talk about how they are feeling and the worries and concerns they may have. Sometimes going through similar issues is a huge help in itself - to not feel alone.

Some grants are a surprise and I visit people in hospital to help with their confidence; sometimes with an ostomy lingerie voucher. These small acts of kindness give the patients a sense of power and strength - not to mention a new pair of elegant knickers!

So why do I want to talk to you about emotional well-fare after surgery? Why do we need this platform? Stoma nurses across the UK are doing a fantastic job of helping their patients. I want to highlight the REAL issue of confidence after a stoma and hope to form links with the stoma nurses to help patients who are struggling.

Our ostomies do not define us - lets talk about this now and the best people can work shoulder-to-shoulder, together, helping those who need it most to recover, adapt and overcome.

## More Than Just a Patient Association

**Mrs Clare Matthews, Libby Herbert, Sarah Squire**

*The Colostomy Association, Reading, United Kingdom*

### **Aim**

Our presentation and/or poster will outline new developments at our charity, using them to show that we are more than just a patient support association.

### **Content**

While briefly outlining our core services, our focus will be on our projects and campaigns.

### **Core Services**

Free and 24/7 helpline.

Volunteers.

Website and closed Facebook support. group (4500+ members).

Free Literature.

Quarterly Magazine.

### **Projects**

#### **Active Ostomates**

Many ostomates struggle to stay active, partly because they are unsure what exercise is safe for them. With this in mind we launched 'Active Ostomates'. Following a successful pilot we have started exercise sessions at support groups across the UK. Our booklet (authored with healthcare professionals): 'Active Ostomates:', includes exercises people can do at home. We plan to produce an exercise DVD.

#### **Caring for Ostomates**

Research we conducted revealed a gap in the skills and knowledge of people who care for ostomates. This provided the impetus for our Caring for Ostomates project. In 2016 we piloted a series of one-day training sessions. Delivered by stoma care nurses, these provided up-to-date advice and information and were attended by the friends and family of ostomates, care home staff etc. We started a broader roll-out this year. The sessions are supported by our booklet: 'Caring for Ostomates'.

#### **Campaigns and Advocacy**

We are campaigning to ensure that facilities meet the needs of ostomates. This includes: working with businesses and public bodies to improve their toilet facilities; educating airport staff on the challenges that ostomates face at airport security; dealing with local government on issues of toilet closures and changes to waste collections.

We are also raising public awareness. By promoting positive stories from the ostomate community and through running our annual colostomy day, we hope to change public perceptions about what it means to live with a stoma.

## O-19

### **Creative Arts Workshops for people with stomas focusing on the issues of coping with the resulting changes to body image.**

#### **Ms Madeleine Grant**

*Stoma Care Advisory Service, Dublin, Ireland*

Following stoma surgery elimination becomes a highly managed act and people may feel disgust at having to manage their stoma (Smith et al, 2007). Disgust is a visceral emotion as is lust. This can lead to contraindications for those who must reconcile sexuality and their stoma (Miller,1997, Haidt et al., 1994).

People struggle with how to incorporate their stomas into their sense of self, specifically in relation to intimacy (Popek et al, 2010).

The purpose of these workshops is to create a safe, non-judgemental environment in which people can explore these issues.

The creative arts allow for the expression of inner experiences that are beyond words (Thompson & Neimeyer,2014). Clay was the creative medium of choice. Through touching and creating images with the clay, participants felt safe talking about the emotions that were attached to these creations. (Souter-Anderson 2010).

The content of the workshop was planned but was also flexible, in response to the needs of each particular group. The sessions included music, small group discussion, large group discussion, creative visualisations, experiencing the clay, representation of stoma using clay, general feedback and evaluation forms, tea/coffee break and lunch.

Feelings of loss/grief relating to the surgery and its effects were discussed. Participants were asked to complete evaluation forms at the end of the workshop. Some comments from the evaluation forms completed:

“Shared experience, safe space, working with clay, feeling of being ‘minded”

“The work with clay was liberating and gave me the courage to talk”

#### **Conclusion**

Eighteen participants have attended the two workshops to date. Although it is not possible to draw any definitive conclusions, information has been gathered that may have the potential to improve patient care. The workshops are also about giving support and building relationships within the group. The challenge is making them accessible and generating future funding.

## O-21

### **Actinomycosis - the rare anaerobic bacterium that led to stoma formation in two female patients, over a 4 week period.**

#### **Mrs Elaine Cronin**

*Whittington Hospital, London, United Kingdom*

Two female patients, in their late 40's, were independently diagnosed with a condition called Actinomycosis (a group of bacteria called actinomycetaceae). Both were admitted and diagnosed within 4 weeks of each other and both had to fight for their lives.

This rare bacterium - normally harmless to the human body, caused multiple post operative complications for each patient. Recovery was slow and laboured.

The bacterium which is normally found in the mouth, the gastrointestinal tract, the vagina and the womb, can live in perfect harmony (within the body) and within the confines of the mucous membrane (which contain it). However, if the bacterium manages to break through the mucous membrane, then infection quickly ensues, abscess formation can develop, sinus tracts may develop, and the body becomes grossly septic.

One patient required a colostomy(Hartmann's) and the second a loop ileostomy. Both had gross abdominal and pelvic inflammation and resection was difficult, in each case. Each abdomen was described as hostile.

In addition to immediate, emergency surgery, a 6 months course of IV and oral antibiotics were/are required. The infection is slow to resolve.

In all my years of surgical nursing and stoma care, I've never heard of / nor encountered Actinomycosis. It was a new phenomenon.

The plight of these 2 patients and their fight to survive has been so incredible and so interesting that I wanted to share it with others. I may never encounter this condition ever again.

Perhaps the most surprising, and even the most scary part of this infection (for these 2 patients) was that their IUD (COIL) initiated the infection.

## O-22

### **Delays in reversal of a temporary stoma – at what cost?**

**Ms Jenny Williams<sup>1,2</sup>, Dr Saad Rehman<sup>1</sup>, Dr Kofi Asante<sup>1</sup>, Mrs Kate Evans<sup>1</sup>**

<sup>1</sup>*Brighton & Sussex University Hospitals NHS Trust, Brighton, United Kingdom,*

<sup>2</sup>*Brighton & Hove CCG, Brighton, United Kingdom*

Nationally, the length of time patients wait for reversal of a temporary stoma varies considerably (National Bowel Cancer Audit 2016). Delays in reversal can have significant psychosocial impact on patients and has considerable cost implications for the NHS. This presentation focuses on the findings of a retrospective audit carried out at a District General Teaching Hospital to establish length of time on the reversal list, impact on patients and cost implications for the NHS.

The audit established that 76 patients were on the waiting list with average length of time 24.8 months (range 4 to 90 months). Over half of the patients (54%) were experiencing stoma related complications. Greater understanding of individual experiences and expenditure on stoma care products was obtained by analysing five patients' records in depth. The average expenditure on stoma care products for these 5 patients was £2,168 (range £802-£5184). It is estimated that reversing all patients on the Trust's waiting list will achieve savings of £67,781 to £164,768 per year on stoma care products alone. This does not include additional NHS expense of health professionals' consultations.

Whilst it is not known if other Trusts have similar delays, it is essential that length of stoma reversal waiting times are considered. The data highlights the importance of timely reversal to significantly improve patient outcomes with financial benefits for the NHS. Locally, escalating these findings led to an increase in the number of patients having their stomas reversed; it not yet known if a sustainable approach to timely reversal of stoma will be introduced.

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## O-23

### **Hydration best practise for ileostomy patients. Presenting expert opinion and a scientific comparison of oral rehydration solutions and recommended drinks – which is best? What should nurses advise?**

**Mrs Sarah Russell**

*Convatec, Tidebrook, United Kingdom*

This presentation explores the research and scientific evidence about hydration and aims to provide a framework for best practise for ALL ileostomy patients, not just those with high output or short bowel.

Research has shown that the majority of ileostomy patients show some signs of dehydration. Common dehydration symptoms include fatigue, nausea and headaches etc. reducing quality of life and in more severe cases requiring hospital admission for IV fluids.

This presentation explores the science and current research about hydration. It includes key recommendations from a leading gastroenterologist and a scientific comparison of the various drinks often recommended to ileostomy patients.

Patients are often advised to drink Lucozade sport, or have salty crisps and coke to cure dehydration. However, neither of these solutions are ideal nor are they healthy options. And ideally, patients should aim to avoid dehydration in the first place. What then, should patients be advised to drink on a daily basis? And how do they stay optimally hydrated? Enabling them to feel well, energised and have a better quality of life.

'Sports drinks' are often recommended for patients and are widely available, but vary significantly in terms of electrolyte and sodium content. Water is the healthy choice, but is it right for ileostomy patients? Advice varies and patients are left confused.

This presentation will provide a detailed examination and direct comparison of drinks such as Dioralyte, St Marks Solution, Coconut water, Lucozade sport and other sports drinks. It will provide a greater understanding of the concept of osmolarity, the differences in sodium, potassium and glucose content between drinks, how to help patients choose the right drink and how to maintain optimal hydration status.

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## O-24

### Please 'Mind' the Gaps

**Mrs Michaela Parker<sup>1</sup>, Mrs Carolyn Swash<sup>2</sup>**

<sup>1</sup>*Salts Healthcare Limited, Nottingham, United Kingdom*, <sup>2</sup>*Hollister*

Dementia is a broad term used to describe a range of progressive neurological disorders. Approximately 850,000 people live with this condition in the UK, with numbers predicted to rise to over 1 million by 2025 and 2 million by 2051 (Dementia UK). Even though public awareness and involvement is increasing, there are significant misunderstandings within society that may affect management of this group of patients.

Stoma care nurses (SCN's) are in a key position to influence how the provision of stoma care services can be delivered in the future, in order to enhance the quality of life for this patient group, family and carers.

'The Challenge on Dementia 2020', was introduced in March 2016. As a result of this national initiative, stoma care nurses should consider their existing skills and knowledge in an attempt to strengthening their support of ostomists with dementia.

This session will explore two case studies involving ostomists effected by dementia- highlighting specific needs and challenges.

Following attendance at a national conference entitled Dementia 2017: Implementing Better Care, funded by an education grant from ASCN, the presenters also intend to share the key points from this event for the audience to consider

In an attempt to incorporate the potential effects of dementia in developing future care to successfully manage the impact of memory loss, cognitive impairment and miscommunication, the presenters propose that a working group join to start to formulate key standards for collaborative use by SCN's Ostomists with dementia will require diverse and creative support. SCN's should proactively seek to form key partnerships with specialists in dementia to enhance care provision and consider the impact of this patient group on future services. Training, development and any planning of care is critical and should influence clear strategies that reflect best practice.

**O-25**

**Mind over Matter: Understanding the implications for nursing Ostomists with Dementia.**

**Ms Marie Waller**

*Fittleworth Medical Limited, Littlehampton, United Kingdom*

The “Leading Change and Adding Value Framework” (NHS England, 2016) highlights the increasing ageing population and the need to manage the challenges this poses for future health and social care.

Dementia can affect not only the psychological care for Ostomists, but their physical and social care needs as well. This can have implications for Carers, the multi-disciplinary and multi-agency teams, and the involvement of the Stoma Care Nurse Specialist (CNS).

There can appear to be a plethora of legislation, agencies, pathways, and terminology around care of the patient with Dementia, which is increasingly important for the Stoma Care CNS to be more than just aware of. In respect to care needs, statements may be required from the CNS as a Specialist in Stoma Care, which may have a bearing on the Ostomist’s future care plan and social care.

This presentation aims to use different methods to illustrate why and how Stoma Care CNSs need to understand the implications for nursing Ostomists with Dementia, in order to promote patient safety and improve the standards of stoma care nursing for this ever-increasing client group.

Some baseline definitions and background to the topic are followed by a situation the author encountered, illustrating the differing perspectives of agencies involved. This situation prompted identification of learning needs, with an associated action plan. This presentation will demonstrate this, together with the intention of developing localised Best Practice guidelines.

By using differing approaches of information, it is hoped that Stoma Care CNSs are stimulated to reflect upon their own client group needs, what local support networks and guidelines are available and their own professional development. Essentially, this presentation provides some backdrop to encouraging Stoma Care CNSs to be proactive in the holistic care of Ostomists with Dementia.

## Tuesday 3rd October

**O-26**

### **Primary Care review for stoma care – who is the real winner?**

**Miss Kathryn Sewell**

*SecuriCare (Medical) Ltd, Loudwater, High Wycombe, United Kingdom*

The government's mandate to NHS England sets a direction for the NHS which needs to save money, and reduce the spending deficit by £30 billion by 2020/2021 (NHS England, 2014).

Cost reduction is the focus within much of the literature published in the stoma care arena, the aims of this presentation seeks to extend further beyond this and encompass the overall stakeholders taking consideration of the Patient, GP and the Nurse perspective, whilst remaining mindful of cost.

The presentation will feedback the results of an audit. The data was collated following review of patients who attended stoma clinics, focussing upon quality of life, whilst addressing the NHS mandate. This will benefit both the patient and the NHS in terms of education on appropriate stoma product use and cost savings. By having an accessible stoma care service it enables patients to access a specialist which may prevent the need for GP appointments which may otherwise have been used for this purpose.

The cost of prescriptions attributed to stoma appliances and accessories in England in 2013 has been reported as being £248 million (Skipper & Fake, 2014). Given the cost associated with this patient group there is an obvious focus within Clinical Commissioning Groups (CCGs) seeking to make cost savings where possible and ensure the appropriate use of stoma care pouches and associated products.

Everyone is a winner – the GP, the NHS and most importantly the patient. Regular review of patients, whilst working alongside Medicines Managers and NHS stakeholders, ensures that ostomates continue to access appropriate, cost effective products and improved Quality of Life.

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**O-27**

### **Promoting our Community Stoma Care Service to our Local Clinical Commissioning Group (CCG)**

**Mrs Hyacinth Thompson**

*Queens Hospital, Essex, United Kingdom*

#### ***Aim***

This abstract will show how the stoma care nurse teams across both hospital sites, QUEENS covering Barking, Dagenham and Havering. KING GEORGES covering Redbridge. We worked collaboratively together as a team to proactively engage with our local CCG to promote the services we offer within the community.

## Method

- NHS Barking Dagenham Havering and Redbridge (BHR CCG) Medicine Management working party has a work plan to:
- Provide strategic overview –developing a strategy for optimising the use and management of medicines within the local health economy.
- Optimise the use of medicines – improving patient outcomes and increasing productivity in primary and secondary care and across the interface.
- Establish effective partnerships – Linking in with local, regional and national partner organisations to ensure a coordinated approach to medicines usage across health and social care.

We had established connections into the Protected Teaching Initiative (PTI) with the General Practitioner's Practice Nurses, Community District Nurses and Practice Managers.

As a team in February 2017 we had a face to face meeting with the Chief Pharmacist and Deputy Chief pharmacist from the Redbridge CCG. We demonstrated the pathway of care we offer, the cost savings we make by Annual reviews.

Patient education in stoma supply usage. Review of high cost usage patients. The evidence has shown cost savings at Queens from information compiled from clinic reviews

## Results

The CCG are going to produce time graphs over the last few years to help determine changes in spend. From the information we presented they wish for us to continue to review the high cost patients, they will continue to monitor the data over the next few months to then establish a QIPP scheme.

## Conclusion

Arrangements have been made for us to present as a team to the local BHR CCG General Practitioner's PTI session.

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## O-28

### **Broadening collaborative partnerships In stoma care service provision to enhance patient experience and service development.**

**Mrs Jacqui Irving, Mrs Lisa York**

*East Kent NHS Foundation Trust, Herne Bay, United Kingdom*

## Aim

In collaboration with CCG medicines management teams (MMT) we aim to provide evidence that collaborative working in our annual user review (AUR) clinics can enhance patient experience. We will also demonstrate financial awareness, management of prescriptions, waste reduction, cost saving for many GP practices, and improving AUR timeframes..

## Content

Excellent patient centred care and experience are at the heart of our stoma service in East Kent. The purpose is to illustrate how collaborative working in AUR clinics in a more open minded but policy led way has improved the experience and outcomes of our service.

### **Method**

This is an experiential, comparative observation of the benefits that collaborative working can bring. We as nurses were approaching our GP teams, however there were a number of barriers to doing this and it became obvious we were not managing in an effective time frame. In order to make the process more efficient, MMT in two of our four CCG's developed a standard operational policy (SOP) for AUR in the GP setting. We embraced this process which has proven to build collaborative, positive and beneficial working relationships.

### **Results**

We can demonstrate that with this SOP in place we are accessing more practices in a time efficient way and seeing more patients with improved outcomes. We would have further information to demonstrate this at the time of conference.

### **Conclusions**

This AUR helps to fill the gap in patient's care where problems can develop and assists us in re connecting with "invisible" patients. We will use this collaborative experience alongside our MMT to demonstrate our value as a specialist service so that we can provide a more proactive approach to both the management and care of our patients whilst supporting GP's.

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## **O-29**

### **Making Independent Non Medical Prescribing the norm in Stoma Care Nursing**

#### **Mrs Colette O'Brien**

*Luton And Dunstable University Hospital, Aylesbury, United Kingdom*

The SCN role encompasses working autonomously, diagnosing a range of stoma related problems. The SCN role needs to constantly change and adapt to the needs of their patients. SCN roles are evolving into Advanced Nurse Practitioners, which includes performing full patient assessments, requesting the necessary investigations and prescribing any treatment required.

The first stage in adapting my role was to complete 'Advanced History Taking and Assessment Skills (Level 7)' module, as all prescribers need to be able to assess a patient's clinical condition (NMC 2006). This gave me a good basis to complete the Non-Medical Prescribing V300 module.

The course itself can create barriers due to the cost of training to the Trust and it additionally requires a large personal commitment. This commitment does not stop once the module has been successfully completed as I need to attend regular NMP meetings, annual updates and it is also addressed as part of the re-validation process. This commitment should not make a nurse shy away from taking on this role and it should be encouraged to be the norm within the SCN role.

After the initial settling in period and once your confidence has been developed, the benefit to the patient is immense. It reduces treatment delays and I am able to manage stoma care issues such as prescribing Betnovate for skin irritations, Loperamide for high output, antibiotics for cellulitis and laxatives for constipation. I have found it useful in prescribing hernia support belts for the patient in a timely manner.

I feel I have only just touched the edge of where I can take my prescribing for the benefit of the stoma patient. With the current squeeze on the NHS budget, I believe the way forward is to utilise the expertise of the SCN in managing the stoma product budgets.

## O-30

### **Parastomal hernia. Why is it such a big problem? Presenting research data from a large study in 2016. Exploring and sharing the literature and ASCN guidelines for prevention.**

**Mrs Sarah Russell**

*Convatec, Tidebrook, United Kingdom*

Parastomal hernia is major concern for all stoma patients, nurses and surgeons.

This presentation will present a research study which investigated the incidence of medically diagnosed hernias, the effect on the patient and their subsequent quality of life. The study also looked at advice given about abdominal/core exercises by HCP's, attitudes towards them and compliance.

ASCN guidelines state that patients should engage in appropriate abdominal/core exercises to reduce their risk of parastomal hernia, commencing at 3-5 days post operatively. However most nurse are unaware of this guideline, and most do not know how to advise their patients or how to demonstrate an appropriate exercise.

This research study found that 83% of patients were not given advice about doing abdominal exercises by their nurse or surgeon. Unsurprisingly, 87% of patients did not do any abdominal rehabilitation exercises. When asked 'why not?' 69% reported that they didn't realise it was important. There is much confusion from patients and nurses about what is safe and what is appropriate when it comes to hernia risk reduction.

The study shows that knowledge about appropriate exercises and parastomal hernia prevention is varied and limited in both patients and medical professionals. Advice is often vague and doesn't appear to be a priority, despite published guidelines. 94% of patients surveyed reported that they would welcome being given advice. With regards to support garments, the study found that only 42% of prescribed garments are actually worn, with compliance being poor due to discomfort.

Healthcare professionals urgently need to develop the skills to advise patients about appropriate abdominal/core exercises along with a holistic approach to weight management and general health and wellbeing. This presentation will also present a unique 'parastomal hernia matrix' of risk v's mitigation and will demonstrate appropriate core exercises and highlight unsafe options.

## O-31

### **Ostokidz - for children who want to be more grown up!**

**Mrs Debbie Smith**

*Salts Healthcare, Birmingham, United Kingdom*

#### ***Aims/Objectives***

The presentation will aim to explore the rationale behind the development of an information booklet designed specifically for children of Primary school age undergoing ileostomy formation.

#### ***Content***

Whilst undertaking a review of the literature available it identified a distinct lack of literature specifically designed for children of Key-Stage 2 Primary School age. There are booklets available for parents of a child with a stoma, but very little for the child ostomist. Bray (2007) acknowledges that in many instances, education has been primarily geared towards the parents. However, Fitzpatrick (1996) believes that children by the age of seven should be at a stage where they can change their own appliance. It is important for children to be encouraged to assist in their stoma care to enable eventual independence (Bohr, 2010) and help them to accept their stoma. The booklet is aimed predominantly at 7-11-year-old child undergoing ileostomy formation.

#### ***Results/Discussion***

Following a literature review and discussion amongst peers, it became apparent that there are numerous differences in how stoma care is taught in the Adult field compared to the Paediatric. Such differences are acknowledged within the presentation. The subsequent booklet has been reviewed by members of the Paediatric Stoma Nurse Group (PSNG) and Adult Stoma Nurse colleagues with positive feedback.

#### ***Conclusion/Summary***

Feedback from colleagues working within the specialist sphere of Paediatrics was that the Ostokidz booklet will be a valuable aide, supporting their input in the management and education of children undergoing stoma formation. It is sincerely hoped that the booklet will empower children and go some way to encourage, educate and support independence and acceptance of their ileostomy.

The booklet will be available at ASCN and a subsequent evaluation is planned to ascertain how users of the booklet would rate its benefit and what further educational aides would be helpful.

## O-32

### **Case Study: A 12 year old's turbulent journey with her bowel and the psychological effect on the child.**

#### **Mrs Claire Murphy**

*Respond Healthcare Ltd, Aldershot, United Kingdom*

My patient is currently 12 years old. At the age of 7 she had a colostomy formed due to an acquired form of Hirsprungs Disease and her descending colon was removed. She has also been diagnosed with numerous medical conditions including Hidradentitis Suppurativa, Asthma, reactive arthritis and eczema.

She had a difficult time adjusting to life with a colostomy, she had to try to overcome lots of body image challenges, all whilst at school trying to enjoy life with her friends.

She has had to attend various medical appointments and a further 20 surgeries over the years, thus in-turn making her fall behind at school and impacting on her psychological and academic performance.

Children with stomas often feel different from their peers and puberty was fast approaching. Along with her secondary condition of Hidradentitis Suppurativa adding to her discomfort and distress after discussion It was therefore decided that she should proceed with an ACE procedure which would give her some control again over her bowel, a deciding factor was that she had little support from her school environment including a private place where she could change her colostomy pouch. This affected her immensely.

In July 2016 she had her colostomy reversed and had an ACE procedure, this failed due to complications following this surgery. In November 2016 She went into septic shock and was plunged into a coma following multiple and cardiac organ failure within a day. She has now at present become incontinent of faeces and has to wear pads.

It is not yet known if she can have her colostomy put back in place. She is currently trying irrigation to try to regain some control of her bowels.

## O-33

# Raised urinary pH in Urostomy patients as a pre-disposing factor in peristomal skin damage

**Mrs Liz Davis**

*Hollister UK, Newcastle Upon Tyne, United Kingdom*

### **Background**

It is widely accepted that raised pH levels in faecal matter and plays a significant role in causing and contributing to peristomal skin damage.

Urinary pH is affected by complex metabolic processes and enzyme interactions in patients with urosotmies and patients with alkaline urine are equally at risk of experiencing peristomal skin damage.

As stoma care nurses we need to be able to holistically assess and identify both the causative and indicative factors in raised urinary pH.

### **Aim**

To outline the metabolic processes and chemical interactions that cause raised urinary pH and its effect on peristomal skin and urostomy management.

### **Method**

This presentation will briefly demonstrate the mechanisms involved through a case study and outline the effects of urinary pH

### **Conclusion**

Urinary pH plays an important factor in managing urostomy patients, from skin barrier selection to general health and well being. It is important to be able to recognize the signs and symptoms of potential illness in this patient group and proactively manage outcomes.

### **Learning objectives**

Gain a better understanding of the predisposing factors that influence urinary pH  
Recognize warning signs that may lead to ill health.

## O-34

### **Time to upgrade from the old rubber latex bag? A case study to highlight the challenges of keeping a disabled ostomate independent with stoma care following pressure damage caused by existing stoma regime**

**Ms Jenny Bayliss**

*Coloplast, Peterborough, United Kingdom*

#### **Introduction**

Historically being contacted by a member of the MDT to assess a lost ostomate and older stoma appliance is usually straight forward. Upgrading an old appliance usually improves QOL and is more comfortable to wear. But what happens when the new appliance achieves a long wear time, stops leakage issues...but removes independence.

#### **Case Study**

- 62 year old disabled female with severe curvature and twisted spine, wheel chair bound
- PMH Spina Bifida, cystectomy and Ileal conduit formation in early childhood for urinary incontinence
- Current appliance is a rubber latex bag attached to a latex rubber flange/coupling mechanism.
- A round latex belt has caused severe pressure damage to the abdomen
- The ostomate has been referred for stoma appliance change to more modern stoma products

#### **Method**

- Review of all stoma products being used and full abdominal/torso assessment completed
- Joint review with the district nursing team determined initial level independence of the ostomate and how to maintain this
- New stoma bag reluctantly trialled

#### **Results**

- A new stoma appliance achieved an exceptional wear time – however independence could not be maintained with emptying or changing the bag
- Extreme low mood correlated to changing an established routine and the belt was identified as the only part of the original routine that needed to be changed
- Reassessment with the district nurse and a specialist support garment fitter has taken place to create a solution

#### **Conclusion**

- Currently a bespoke belt is being created for the ostomate. Highlighting an holistic approach to care demonstrating creative thinking and determination to support the ostomates wishes.
- To highlight that changing a stoma care routine can be detrimental, specialist SCN advocate creating a solution which does not always mean changing a stoma bag from old to new.

## Prune Belly Syndrome (Eagle- Barrett Syndrome) - a Case Study

### **Mrs Judy Pullen**

*Great Western Hospitals NHS Foundation Trust, Swindon, United Kingdom*

Prune Belly Syndrome (Eagle Barrett Syndrome) is a rare genetic birth defect affecting 1:40,000 births.

It predominantly affects males rather than females (97%) and manifests as a congenital disorder of the urinary tract.

The aetiology of Prune Belly Syndrome (PBS) is unknown, although there are several theories. It is characterized by a triad of symptoms and is so named due to the mass of wrinkled skin that is often present abdominally.

The main clinical features are:

1. Failed abdominal wall development.
2. Bilateral undescended testes.
3. Multiple urinary tract abnormalities.

Whilst others may also be present.

PBS can be diagnosed using in-utero ultrasound.

This case study will further describe clinical features, complications and treatments, whilst referring to a specific patient who is under our care.

JP is now 22 years old and is the youngest of 4 children. There are no other siblings with PBS.

Mum informed me at our first meeting that she was offered a termination at 30 weeks as JP was not expected to survive.

JP has a complex urological past medical history as well as other life long challenges. All of which will be presented.

**O-36**

**The Hidden Patient - a reflection of caring for a stoma patient in a prison setting.**

**Mrs Tina Maddams**

*Amcare Nursing Group, Yeovil, United Kingdom*

The aim of this case study is to understand and share the authors experience of looking after a patient with a stoma in a prison environment, what limitations she found and the conflict this presented as stoma care nurse.

The author recently encountered the need to visit a stoma patient in a prison. She came across some

limitations which challenged routine aspects of looking after a patient with a stoma. The obstacles encountered were regarding establishment processes rather than patient focused but were debilitating for the patient.

She will report her reflections and accounts during her consultations and how the holistic assessment of the the patient resulted in being challenged to provide care within the four structured themes of the NMC code of conduct.

She will highlight how a challenged approach can demonstrate how she prioritised the patient and ensure that he received safe and effective care despite being in a limited environment. She will also highlight how access to a unique patient focused lifestyle programme provided by Industry can contribute to enhancing quality of life.

Looking after a stoma patient in a prison environment can be daunting. An understanding of the processes can help us as Registered practitioners to continue to work within our own professional guidelines, in providing holistic, patient focused care and compassion to stoma patients. Having an understanding of the restrictions and obstacles can assist us to make or request any reasonable adjustments to the patient to improve quality of life. It is also equally important to ensure that all patients can have access to resources from Industry to help make that difference to patients.

## **Tough decisions ahead - Can the patient decide? Evaluating mental capacity in practice.**

**Mrs Bernadette Ambrose<sup>1</sup>, Mr Kevin Hayles<sup>2</sup>**

<sup>1</sup>West Suffolk Community, Sudbury, United Kingdom, <sup>2</sup>Queens Hospital, Romford, United Kingdom

### ***Aims/ Objectives***

The Mental Capacity Act 2005 (MCA) provides a statutory framework to empower and protect vulnerable people who are not able to make their own decisions, in which situations, and how they should go about this.

A person's age, appearance, condition or behaviour does not by itself establish a lack of mental capacity. If a patient does not have capacity, care must be provided under "best interests" provision of the Mental Capacity Act.

### ***Method***

An overview of the 5 key principles of the act and how they relate to the assessment of capacity, how these were utilised, following both a formal and non-formal approach will be explored through the use of case studies.

The Department of Health (DoH, 2009) strategy "valuing people now" was also adopted to ensure independence continued to be encouraged whilst addressing mental capacity.

The authors will share case studies which demonstrate how working in collaboration with the patient, family, social worker, and GP, a mental capacity assessment was completed following safeguarding concerns.

### ***Results***

This resulted in one patient being admitted to a Nursing home as it was deemed in the patient's long term "best interest". Another patient became independent of her stoma safely, with improved outcomes and independence. How becoming a "Decision-Maker" proved easier than the author expected.

### ***Conclusion***

The Mental Capacity Act exists to provide a legal starting point that all adults should be presumed to have mental capacity. Removing this ability to make decisions from your patient is to deprive them of their autonomy at that time. Effective communication and working in collaboration with other members of the multidisciplinary team and the patients family resulted in a positive outcome for these patients.

## **Examining the role of extrinsic and intrinsic factors in patients with peristomal skin complication.**

**Mrs Carolyn Swash**

*Hollister Limited, Wokingham, United Kingdom*

### **Background**

Often unrecognised by the patient or accepted as part of having a stoma, peristomal skin complications have both a mental and physical impact on quality of life (Herlufsen 2006). The peristomal skin should be clean, dry, intact and visually, there should be no difference between the peristomal skin and the rest of the abdomen (Williams et al 2010). However, in practice peristomal skin complications alter the natural skin integrity and affect many ostomists with those having an ileostomy and urostomy being more at risk (Whiteley et al 2013). Advances in all aspects of stoma care have had little effect on the incidence of peristomal skin complications experienced by ostomists which introduces the question of the role of extrinsic and intrinsic factors affecting the peristomal skin integrity

### **Aim**

The aim of this review is to establish whether there are common factors that may assist the stoma care nurse in identifying those ostomists who are at risk of developing peristomal skin complications.

### **Method**

Through a comprehensive assessment of the patient, extrinsic and intrinsic factors which could have potentially affected peristomal skin will be identified.

### **Results**

At this current time the completed results are not available. Following completion of the review, mid-September, it is hoped that key intrinsic and extrinsic factors that affect the peristomal skin will be identified

This will then enable more proactive approach to peristomal skin care.

### **Implications for practice**

Peristomal skin complications have a devastating effect on the ostomist. Peristomal skin management is a crucial aspect of stoma care. Having increased awareness of those at risk, could be improved if the extrinsic and intrinsic factors that predispose the ostomist of developing peristomal skin complications are known. This, then would allow those at risk to be more proactively managed.

## O-39

### **Maintaining skin health in stoma care: How dermatological classification may assist with diagnosis and treatment of peristomal skin conditions.**

**Mrs Rebecca Davenport**

*Hollister Ltd, Carshalton Beeches, United Kingdom*

#### **Aims**

To provide an overview of the prevalence of peristomal skin conditions.

To consider how we as SCN currently assess, treat and document skin conditions,

To understand the terminology used within dermatology, and how this can be applied within stoma care.

To introduce risk assessment and educational tools that assist with the diagnosis and prevention of Peristomal skin conditions.

#### **Content**

A fundamental role of the stoma nurse is to provide advice and treatment for patients with stoma complications. It is relatively simple to diagnose complications of the stoma – prolapse, retraction, necrosis – all of which are easy to describe and subsequently treat.

Complications of the Peristomal skin are also common within this patient group, in fact it is reported that between 50% - 70% of patients will experience such a complication during their time with a stoma. However these skin complications can be more difficult to diagnose and often referred to within nursing notes in generic terms such as sore, red and even excoriation ++.

Within the speciality of dermatology, the cause of skin complications is more clearly defined using the following terminology:

Medical Adhesive Related Skin Injury (MARSi)

Moisture Associated Skin Damage (MASD)

Identifying the cause of skin damage can assist with the treatment and perhaps subsequent prevention of peristomal skin conditions. Adopting the use of the above terminology also assists SCNs to communicate effectively with other healthcare professionals who may be involved in the care and treatment.

#### **Result**

The presentation will include case studies to demonstrate how peristomal skin conditions were previously described and how they may be classified using the above definitions. In addition a risk assessment tool will be introduced that assists to identify patients who may be at risk of MARSi and MASD together with an educational flowchart that assists with diagnosis.

## O-40

### **The Challenges of Managing Systemic Skin Conditions and their Impact on Peristomal Skin**

**Miss Louise Foulds**

*Hollister, London, United Kingdom*

The role of the Stoma Nurse is to provide specialist advice and support for people living with a stoma. A major part of this involves assessing, diagnosing and treating sore skin.

Audit has shown us that at least 77% of patients, who experience sore skin, have done so as a result of topical contamination, causing damage to the stratum corneum. This results in damage to only the superficial dermal layer of the skin and can be resolved in 24-48 hours with the correct fit of the appropriate appliance (Boyles and Hunt, 2016).

However, there are a smaller group of patients who have an associated, systemic skin condition that can affect stoma care and can be much more challenging.

This presentation will look at a case study of a patient with Psoriasis. It will reflect on the 28 day cycle of skin repair, the skins response to disease, and how this knowledge impacts the level of assessment and intervention required for successful treatment of peristomal skin conditions as opposed to peristomal skin soreness.

Psoriasis is a common chronic skin disease which presents as scaly pink patches on various parts of the body. It is possible, therefore, that ostomists who already suffered from psoriasis prior to their stoma formation might suffer from peristomal psoriasis. Eczema and psoriasis are common causes of skin rashes (Lyon et al, 1999).

This presentation will also show a short video of a patient's account of their experience of living with a stoma and Psoriasis.

## The Challenges in the Management of a Stoma Patient with Dermatitis Artefacta

Mrs Mireille Hamson<sup>2</sup>, Miss Krystina Slade<sup>1</sup>

<sup>1</sup>East Kent Hospitals University NHS Foundation Trust, Margate, United Kingdom,

<sup>2</sup>Salts Healthcare, Birmingham, United Kingdom

### Aims

Skin integrity is crucial for good quality stoma care and patients quality of life. In reality skin complications are common and will effect up to 60% of stoma patients (Burch & Sica 2008). The need for high quality assessments in stoma care and treatment plan is vital in presence of a skin complication.

### Method

The purpose of this study is to discuss the challenges of Dermatitis Artefacta (DA). DA is a condition where lesion appear on the skin, caused by the patient, but the patient denies self-harmed. It is a rare dermatological disorder, but it can often be difficult to diagnose and poorly understood by health professionals. We will demonstrate how a stoma patient with DA was managed in our stoma department and how this experienced has increased our knowledge and understanding of this disorder.

### Result

A case study will highlight the patient's journey through the stoma care pathway and the delivery of care. It will demonstrate both physical and psychological challenges experienced by the hospital and community teams, when caring for an individual with DA - indicating the importance of a team approach and collaboration in stoma management.

### Conclusions

The management of a patient with DA is extremely challenging and multifaceted. There is very little evidence of DA in relation to stoma care and treatment is varied. These patients can have significant impact on the stoma care service, due to their need for attention and complicated stoma issues. A clear strategy of stoma management is required to supervise and support both the patient's physical and emotional issues.

## O-42

### “Caput Medusae” What is it?

**Mrs Gillian Harker**

*Securicare Medical, High Wycombe, Buckinghamshire, United Kingdom*

Variceal bleeding of the stoma is most commonly seen in ostomates with underlying sclerosing cholangitis. However, portal hypertension induced by any aetiology can result in parastomal variceal development, known as Caput Medusae. Parastomal varices were first described in the literature by Resnick in 1968 and then by Eade in 1969 who mentioned them in association with an ileostomy.

There appears to be little information documented around the incidence of this condition, specifically within stoma care. As a Stoma Care Nurse (SCN) with over 12 years' experience and working with an experienced stoma care team, neither myself nor my colleagues had encountered this disorder before. An opportunity arose to take this case to a larger stoma care group meeting for discussion, one of the SCN's had nursed a patient with this disorder and therefore recognised this as Caput Medusae. This set us on the right path to explore further and take this patient through to a confirmed diagnosis and treatment plan.

I hope to share this patient's journey in the form of a case study; describe the condition of Caput Medusae and the relationship in stoma care, exploring the causes. Concluding with how a diagnosis was made in this complex case, and share the treatment option used in the care planning for this patient.

As specialist nurses we are occasionally presented with an obscure and often complex case to challenge us. Communication with stoma care colleagues and the multidisciplinary team enables us to share the knowledge and expertise of other Health Care Professionals to ensure the best outcome for our patients. This presentation is the opportunity to share this interesting case in the UK stoma care arena.

**P-1****Consolidating the successful outcomes of setting up and running an Ileal anal Nurse Led Pouch Clinic**

**Mrs Anne Haston, Miss Isla Ramsay**  
*NHS Lothian, Edinburgh, United Kingdom*

**Content**

Our Colorectal unit is one of the busiest units in Europe. We now have 4 colorectal surgeons who routinely perform Ileo-anal pouch surgery. It is thought that the introduction of nurse led clinics are very effective and provide a much more positive approach to managing patient follow up. Our service found that patients who had undergone Ileo-anal pouch surgery had not been routinely followed up and were being seen by the colorectal surgeons on an ad hoc basis. This was due to re structuring of the colorectal department. Our nurse led pouch clinic was initially set up to review all previous patients who had not been followed up. We review these patients using a post operative follow up Proforma developed by our colorectal consultant. At present we review these patients annually. We thought this would be a good opportunity to evaluate all data collected over the last 2 years and review the follow up clinic we provide at present.

**Method**

We will review all Data collected, over the last two years, from the patient Proforma and evaluate these results to showcase our work load. Develop a questionnaire for patients to evaluate their follow up in a Nurse Led Clinic.

**Results**

Available at conference

**Conclusion/Outcomes**

The results will allow us reflect on our nurse led service and allow us to make improvements guided by the service needs and the patients.

**P-2****An Evaluation of the Northern Ireland Stoma Care Nursing Services**

**Mrs Sarah Haughe**  
*TG Eakin Ltd, Comber, United Kingdom*

**Aims/Objectives**

To evaluate the Stoma Care Nursing Service in Northern Ireland  
To provide regional evidence of Stoma Care Nurse numbers, activity and effectiveness  
To provide direct feedback to individual nurses and their managers to show the local impacts of the stoma care nursing service in Northern Ireland.

**Content**

The Northern Ireland Stoma Care Nursing Service is made up of 28 nurses divided between 5 Health and Social Care Trusts with 4 nurses directly employed by manufacturing or delivery service companies. Each team of nurses manage their case load of patients differently whilst adhering to a standardised review protocol. Nurses are in post due to direct funding from DHSS, sponsorship or are employed directly by manufacturing or delivery companies. This review provides preliminary data about the activity and the variety of roles of Northern Ireland Stoma Care Nurses.

## **Method**

The audit questionnaire was adapted from the questionnaire previously created and published by a group of UK IBD Nurses

## **Results**

Are pending but will be available at the time of the ASCN conference.

## **Conclusion**

The results from this audit will demonstrate the significant activity of this group of stoma care nurses in Northern Ireland. It will provide evidence of the variety of roles covered and identify gaps in funding of posts. The audit will provide an insight into current patient numbers who access these services, the activity of this group of nurses which should help to inform providers, commissioners and nursing management teams when planning and developing high quality stoma care nurse services.

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## **P-3**

### **Managing a person with an ileostomy and burns on the adjacent skin**

**Mrs Jacqueline McPhail<sup>1</sup>, Mr Malik Fleet<sup>2</sup>**

<sup>1</sup>Hollister Limited, Wokingham, United Kingdom, <sup>2</sup>Chelsea and Westminster Hospital, London, United Kingdom

The presentation will discuss a situation which recently occurred to a stoma patient who was admitted to a burns unit. The lady is a 53 year old who had her stoma surgery in 2016 at a different location, leading to formation of an ileostomy. One issue that concerned her was odour when she was changing the bag. It was suggested to her that striking a match could assist in getting rid of the odour.

## **Result**

Unfortunately for this lady, the result in doing this at home caused her to have 2% burns (area of one hand equates to 1% burn). The area involved was under her right breast where the burn is mid/deep dermal, and the abdomen and skin around and near the stoma which is partial/superficial. The photographs of this lady's injuries will highlight to the audience the detrimental impact that the action of striking a match after using an adhesive remover.

## **Discussion**

The presentation will detail consequences to the patient and her care. The presentation will also discuss the cost of treating the patient and the psychological effect. It will also include details on how the stoma was managed with the compromised area for adhesion. In addition the products used in modern day stoma care which are flammable such as adhesive removers and skin preparation sprays.

Key points that have been learnt from this situation to enhance nursing competence will be covered.

## **Conclusion**

This presentation is a chance to reflect and impart the impact on the stoma care. It is relevant to the NMC Code from the perspective of Preserve Safety and Practice Effectively.

## P-4

### **Reducing the incidence of Acute Kidney Injury (AKI) amongst ileostomy patients**

**Mrs Elaine Cronin**

*Whittington Hospital, London, United Kingdom*

I have been caught out a number of times, when caring for new ileostomy patients, particularly so when caring for them in the community. You think they're ok, when in reality they are not.

Last year I had a couple of near misses, when 3 patients became really sick, very quickly. 2 could have died. It made me think of service improvement and what I could do to reduce similar episodes.

I asked myself - How could I improve the service, the safety of my patients and reduce the risk of AKI's?

New patients, who are overwhelmed by a barrage of post operative information, keen to get home, don't always understand the relevance, nor notice, when their stoma output increases. The process doesn't take very long.

They often give little thought to a reduction in micturition (concentrated urine) or an unquenchable thirst (signs of dehydration).

They sometimes mention these facts as an end note. "Oh by the way"..... Dehydration is one of those things, that can be missed.

Since the 3 incidents, I have become so vigil of my ileostomy patients. I now take measures to ensure that dehydration and AKI's rarely happen. Simple, but effective measures:-

- 1) I ensure that all patients are discharged with Imodium
- 2) I ensure that all patients are discharged with Dioralyte sachets
- 3) I ensure that bloods are taken 1 - 2 weekly for the first 8 weeks post discharge
- 4) I ensure that all patients are reviewed weekly (clinic or the community)

Having developed a patient leaflet, which is discussed prior to discharge and reiterated repeatedly - I feel patients are generally more aware of the consequences of a high output and what they need to do if suspected.

I thought it useful to share my experience with colleagues.

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## P-5

### **20 minutes of Stoma Nurse time = 1 stress free weekend for the patient**

**Miss Jackie Holloway**

*Salts Healthcare, Portsmouth, United Kingdom*

The purpose of this poster is to illustrate how an effective team with open channels of communication can promote the psychological well-being of a patient in the vital post-operative stages following discharge home from hospital.

Mr A is a 72 year old gentleman who underwent a Robotic assisted cystoprostatectomy for bladder cancer. He was discharged home on day 6 with his wound drain and ureteric stents in situ, this was agreed in hospital with the urology surgeon, Mr A and myself.

I saw Mr A at home on day 7 and removed his ureteric stents as previously agreed, the output from the wound drain remained above 300mls and was left in situ, Mr A was reassured I would return the following day to assess the drain and output. At this stage he was self-caring with his stomacare. I returned the following day (Friday) and had a student nurse with me who was there to observe. I spoke with the patients wife to ensure all was well with her and that she had adequate support and then went on to assess Mr A. He had had a good night and already renewed his urostomy pouch, his drain output had reduced to 220mls. As the weekend was approaching he was concerned and anxious about the drain, I reassured him I would speak to the urologist, I phoned the urologist directly and he asked for the drain to remain and be removed the following Monday. Having the benefit of access to the urologist greatly relieved Mr A's anxiety. We work well together as a team and have mutual respect. I am the teams eyes and ears in the community and able to liaise with the hospital team directly. 20 minutes of my time contributed to Mr A having a stress free weekend.

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## P-6

### The stomal peristomal skin junction - what level of support is needed?

**Mrs Moira Evans**

*CliniMed Ltd, Middlewich, United Kingdom*

#### **Aim**

This study explores whether flange selection to support the stomal peristomal skin junction, enables the ostomate to achieve their goal of good peristomal skin health.

#### **Content**

This study has reviewed the three main stomal peristomal skin junction considerations

- post-operative complications, Williams et al (2010)
- changes to the proximal stoma skin, Burch (2013)
- peristomal skin conditions, Boyles and Hunt (2016)
- The clinical relevance of the study has been defined by Woo et al (2009)  
"who offered that of those ostomists diagnosed with a peristomal skin disorder, 77% could be related to contact with their stoma output" cited by Boyles and Hunt (2016).

#### **Method**

The cohort completed a mixed method research questionnaire, independently of the author.

#### **Results**

- The study results have been analysed by the flange type used along with the types of stomal peristomal skin junction problems faced by the cohort. The collated results will provide details for peristomal skin integrity, security, leakage and comfort and whether the goal of good skin health has been achieved.
- The final study phase is underway and the results will be available for conference.

#### **Conclusion**

- Ostomates strive to achieve good skin health, Boyles and Hunt (2016) and this study demonstrates how differing flange types support differing stomal peristomal skin junction problems faced by the ostomate, in order to meet their individual needs and manage their stomal peristomal skin junction requirements.
- This study provides patient experiential evidence, to support appropriate product selection for ostomates facing similar issues.

## **P-7** **ERAS & GO**

**Mrs Catherine Goode**

*Jersey General Hospital, Gloucester Street, St Helier, Jersey*

The aim of this poster presentation is to demonstrate the importance of the pre and post operative phases of the Enhanced Recovery After Surgery (ERAS) programme for patients undergoing colorectal surgery and who require stoma formation. The poster will also act as an educational aide for ward staff.

The ethos of the ERAS programme is that surgical outcome is improved by the multimodal approach to perioperative care for patients undergoing major colorectal surgery and who require stoma formation (Kehlet, 2009). One of the key principles of ERAS is preoperative counselling and education. The provision of preoperative information and counselling is not a new phenomenon; the benefits were highlighted over 50 years ago (Egbert et al., 1964). This can have a positive effect on nursing time, resources, as well as reducing the length of hospital stay, increasing patient satisfaction and compliance (Bryan & Dukes, 2010).

However, stoma formation is renowned for delaying discharge following surgery (Forsmo et al., 2016). Historically stoma care teaching was initiated in the post-operative phase of recovery (Burch & Slater, 2012). The emergence of ERAS has enabled a comprehensive preoperative stoma education programme where postoperative goals and promoting independence of stoma care management is discussed. It is therefore imperative that ward staff has a greater understanding of the key principles of ERAS and the need for them to be fully involved with implementing and supporting patients with their stoma care teaching in the absence of the Clinical Nurse Specialist post operatively.

This poster will demonstrate the need for collaborative working with all members of the multidisciplinary team and offer support to ward staff on their roles and responsibilities. This should allow for the continual successful outcomes of the ERAS programme and enhance the postoperative recovery of patients.

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## **P-8** **Understanding Stoma Reversal :Patient Information Booklet**

**Ms Rita Marren**

*Letterkenny University Hospital, Donegal, Ireland*

### ***Aim***

To assist patients making an informed decision about stoma reversal surgery This booklet explains about stoma reversal and is based on best practice taking into consideration the experiences of patients. It provides information on types of stoma reversal, how you can prepare for surgery, what to expect after surgery. It also explains some of the problems and complications that can occur.

### ***Methodology***

The information compiled in the booklet was as result of qualitative survey on twenty patients who were interviewed by the CNS through a structured and agreed questionnaire . The selection criteria included the average age of the patient in the study (N-20) was 60 years, and had stoma reversal within four years

25% of patients stated they were not prepared for the impact on their life style from the changes in bowel pattern and wanted the reversal and did not acknowledge the complications. Patients who had radiotherapy had more issues with incomplete emptying and urgency with 80% of patients said bowel control influences their life style. A support group for stoma reversal clients was held and the booklet was reviewed, and clients indicated the information in the booklet would empower them before and after reversal of their stoma

### **Conclusion**

The vast majority of people who have their stoma reversed look forward to getting on with their lives without the stoma and they return to normal life. It is important to note for other people their bowel pattern may never be the same as it was before the initial surgery but should improve to a pattern that is a new normal. Other people may have more significant bowel function problems and require more support from health care professionals. This booklet gives an understanding of stoma reversal and should improve patient outcomes.

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## **P-9 Building Confidence Through Competence: Assessing Nurse Competencies in Enterostomal Therapy Nursing Roles**

**Miss Mary Grace Anne Batalla<sup>1</sup>, Mr Jemaeco Manibo<sup>2</sup>, Miss Rosielyn Apellido<sup>3</sup>**

<sup>1</sup>Kingston Hospital NHS Foundation Trust, Kingston-Upon-Thames, United Kingdom,

<sup>2</sup>Cardinal Santos Medical Center,, Philippines, <sup>3</sup>Philippine General Hospital, Philippines

### **Background**

Enterostomal therapists perform a wide variety of roles including being a skilled clinician, professional practitioner, researcher and educator. However, few studies have examined the factors that affect the performance of such roles and how stoma nurses perceive their level of competencies in relation to the functions of enterostomal therapy nursing.

### **Objectives**

The study aimed to (1) measure the level of competencies of nurses on specific enterostomal therapy nursing roles, (2) and identify factors that affect the level of nurse competencies.

### **Methods**

The study utilized a descriptive correlational design. Nurses (n = 49) who participated in an annual convention of a national association of enterostomal therapists answered a 60-item self-rating questionnaire that measured perceived level of competencies on areas of fecal ostomy care based on the World Council of Enterostomal Therapists (WCET) Checklist for Stoma and Wound Care Recognized Educational Program (REP) Content.

### **Results**

Participants had the highest self-rating on competencies under the Professional Practice Role followed by competencies under the Nurse Educator Role and lastly by competencies under the Clinical Practice Role ( $p = 0.000$ ). No significant differences were found on the level of nurse competencies based on educational attainment or stoma nurse course preparation. Also, no significant relationships were found between the self-rated level of competencies of nurses and the length of practice as a registered nurse.

### **Conclusions**

Significant differences in self-rated scores on competencies under different enterostomal

therapy nursing roles present supporting data on the necessity to enhance nurse skills and knowledge especially in areas where improvement is perceived to be required. Future research is needed to examine other competencies that will allow nurses to be better equipped in providing quality nursing care.

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## **P-10**

### **The value of education**

**Mrs Sheena Leslie, Mrs Louise Hoolighan, Mrs Anne Haston, Miss Isla Ramsay**  
*NHS Lothian, Edinburgh, United Kingdom*

The aim of this poster is to demonstrate - the importance of both patient and staff education in reducing the length of time to independence with stoma care.

Our service developed a patient held diary to try to empower the patient to become more independent with their own stoma care. We found this to reduce the length of hospital stay in elective patients, and the patient was pro-active in guiding their own education. However, we wished to expand on this success by utilising this tool with all patients, and focus on the time taken to become independent with stoma care, as other issues can influence length of hospital stay.

The plan is to provide instruction on the use of the diary at preoperative counselling; and to ensure that staff are made aware of its significance as an aid to their patients' recovery. It also provides structure and standardisation in the approach to stoma care and education  
Results available for conference.

Research has shown that the earlier the educational input and encouragement of stoma management skills, the sooner a patient will adjust to a stoma post surgery. Enabling a patient to become independent with their stoma care, may allow them to regain some control of their situation. Providing care for the patient instead of teaching them to care for it themselves', could hinder their recovery and prevent them from gaining self-control of their stoma. Supportive nursing care is required from both ward based and specialist nurses.

Preoperative education allows the patient to prepare for what is going to happen. Patients can be more receptive to information in the period leading up to their surgery, and this was why the diary was introduced preoperatively where possible.

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## **P-11**

### **Transporting Stoma supplies from hospital to community visits / clinics - Identifying Manual handling risks to SCN's and exploring safer, more efficient ways to transport supplies.**

**Mrs Julie Bell**  
*East Kent Hospitals University NHS Foundation Trust., Hythe, United Kingdom*

This presentation aims to raise the awareness of Stoma SCN's potential Manual handling risks and injuries to themselves when transporting stoma supplies to patients at home or to community clinics.

Manual handling injuries in the workplace environment can result in long term sick leave related to musculoskeletal disorders, back injuries and associated financial and personal costs. It can result in long term disability for the individual affected and litigation.

Working across hospital and community boundaries puts Stoma SCN's at further risk when transporting supplies. Winter weather conditions; slip and trip hazards in patient's homes ; poor access to property; stretching into car boots and long distances to walk to properties due to restricted parking are all influencing factors in increasing the risks.

### **Background**

The author sustained a slipped lumbar intervertebral disc on a community visit 2016, which resulted in her being off sick for eight weeks, followed by phased return to work only hospital based, with restricted physical duties. The injury sustained has weakened her back now and she has chronic back ache.

She volunteered to be the Manual handling stoma department link assessor, and chose to do 'Transporting Stoma Supplies into the Community' as her Risk assessment for her course work.

### **Learning Objectives**

1. Identifying manual handling risks to SCN's transporting supplies.
2. Identifying the risks to SCN's and increasing their knowledge of Legislation and Regulations.

### **Method**

The author informally discussed with county colleagues what their current practices were in transporting supplies to community and identified many variances in practice which indicated there was no Stoma specialty standardisation on this task.

### **Conclusion/Outcome**

Development in progress of a Risk assessment tool 'Transporting Stoma supplies into community home visits and clinics.

Discussion with stoma industry partners to design standard portable trolley case to support best practice.

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## **P-12**

### **Topical use of Beclomethasone steroid inhaler in a child with peristomal skin inflammation.**

#### **Ms Cheryl Hamilton**

*Cambridge University Hospital, Cambridge, United Kingdom*

Skin complications are common place in stoma care, with approximately one third of people reporting some kind of peristomal soreness, which can range from mild irritation to full thickness ulceration. Preventive measures can reduce the risk, but this does not always resolve the problem and topical treatments such as steroids may be needed. Peristomal skin disorders present unique problems for ointments and creams; this can prevent adhesion of the stoma bag and lead to leaks.

I will use a case study to illustrate the above outlined issues and share my experiences. The study is based on a child with complex needs, who with a newly formed stoma experienced peristomal skin inflammation resulting in pain, leaks and the inability to adhere a bag for several weeks.

His management plan consisted of multi-professional working, with different ideas being considered and failing. The use of beclomethasone inhaler was considered and used. The steroid reduced the skin inflammation, helped the skin to start healing, but it was the dry powder aerosol inhaler which allowed the skin to dry out and aid adhesion of the stoma bag. Within 4 days of using the beclomethasone inhaler it was possible to get a bag to adhere for 24 hours resulting in complete healing of the skin

The use of a beclomethasone inhaler was used off-formulary; therefore a Chairs Action was needed with consultant and pharmacy commitment.

As a Clinical Nurse Specialist we are often challenged when traditional methods fail, meaning we have to be more creative in the treatments we choose. It is hoped this case study will inform CNS's about alternative management practices.

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## P-13

### **Sharing expert clinical practice from child to adult services.**

**Mrs Paula Pickersgill<sup>1</sup>, Mrs Nicola Ball<sup>2</sup>**

*<sup>1</sup>Huddersfield Royal Infirmary, Huddersfield, United Kingdom,*

*<sup>2</sup>Leeds Teaching Hospital, Leeds, United Kingdom*

The hand over of paediatric patients to adult services can be very stressful for the patient and their families.

Equally continuing the essential level of care is important in maintaining patient safety and ensuring quality of care and communication continues.

One such 18 year old who had been born with imperforate anus and who had been through a number of procedures including a colonic pull through, resection of prolapse and Ladd's procedure for mal-rotation.

Having suffered faecal incontinence he under went a ACE procedure and currently has a caecostomy button in the left iliac fossa for which is used for colonic washouts..

Joint up working between the paediatric and adult stoma care nurse ensured a safe transition to adult services .

The Young gentleman and his mother were very apprehensive and worried about the level of care they would continue to have . This young gentleman was also heading to university.

Moving from a large teaching hospital to the local district general was also felt to be a worry and concern. There had not been a good relationship with the community nurses and Mum was keen to maintain links with the hospital.

There is a 20 mile distance between hospitals. Both myself and the paediatric nurse met up with the patient and his mother.

This was good as it allowed face to face meeting and increase level of communication and understanding of the service provided within the new hospital and clear channels of communication involving the patient ensuring excellent quality care and patient safety and compliance.

## P-14

### **Increasing public awareness and reducing the stigma of surgery through the power of the patient experience and theatre.**

**Tara Robinson<sup>2</sup>, Liz Richardson<sup>2</sup>, Scott Clifford<sup>1</sup>**

*<sup>1</sup>IA, Rochford, United Kingdom, <sup>2</sup>The Conker Group, London, United Kingdom*

How do you get across the pain and suffering that living with inflammatory bowel disease has on someone? How do you dispel the myth that living with an ileostomy or an internal pouch limits life? With literature, social media, internet, blogs and the media, how can we shake this up?

How can we reach large numbers of people to educate them in a unique way? In a way that stirs emotion, makes people experience it more, raises awareness but above all makes them realise, it's OK. It's OK to leave the shame and embarrassment behind you?

#GuttedTheShow raises awareness of IBD, stoma and pouch. It talks about these things in an open way and encourages laughter, laughter helps. #GuttedTheShow brings solo performer Liz to the stage and shares her real life experience as a twenty something having surgery following IBD.

The audience sees the reality of it all, as if they have a window into Liz's life and no stone is left unturned. Turned in a way that gets people thinking, dispelling the rumours, removing the secrecy and the shame. But above all, it challenges and educates. Challenges the audience to change their view and educates them to think differently.

#GuttedTheShow enjoyed a 3-night run in a theatre environment in Manchester in 2016 followed by an 8-day tour, late 2016, in community settings. In July 2017 the show is due to commence a 4-night tour in Manchester before a 2-week run at Edinburgh Fringe opening it up to an international stage.

"It may seem a contradiction to describe a solo performance as a dialogue but Gutted is precisely that: an invitation to talk... it is to be applauded for promoting this particular conversation in a life-affirming way" The Lancet

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## P-16

### **The Great British Ostomy Check. A survey to understand ostomates experiences of both issues and sources of help as part of their life with a stoma**

**Mr Adrian Summerson**

*Coloplast Ltd, Peterborough, United Kingdom*

Coloplast Care is a support programme designed for everyone living with a stoma. Together with a group of UK Stoma care nurses and patient associations we surveyed a group of 700 ostomates to ask them about their life with a stoma.

The focus of this was looking at a combination of health seeking information behaviour, access to healthcare and prevalence of stoma issues.

Ostomates were approached using a standard template, either posted from NHS Trusts or in person at patient meetings. This has allowed us to look at both responses where ostomates are encouraged to complete face to face, or respond independently.

The study found 73% of people were living with common stoma issues. Including sore skin, adhesion problems and leakage.

The survey showed that 66% of Ostomates still see their Stoma Nurse as a key source of help when facing issues and rate this support as valuable– but also that there were a high proportion who did not actively seek help from any source (including the internet/GP/Patient association), and are living with common stoma issues.

One hypothesis that has been conjectured for the high incident of issues is that only those with issues were likely to respond to the postal survey, however when we benchmarked these results against surveys completed in a controlled environment did not fully support this hypothesis,

As a conclusion the Author suggests that there is a need for further studies into the extent of issues in those living with a stoma, as well as an exploration into the impact this has on peoples lives. There is also need for accessible tools for patients to identify when and where they need to access help for these common issues.

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## P-17

### **Vitamin E- effective against contact dermatitis? A case study**

**Mrs Lynette Robson Rose**

*Respond Healthcare Ltd, Lincoln, United Kingdom*

#### ***What is contact dermatitis?***

Contact Dermatitis can cause skin to become red, inflamed (irritated), blistered, dry, thickened and cracked. Symptoms caused by an allergen, such as make-up or metal jewellery, often take several days to develop.

If you can avoid being re-exposed to the substance responsible for the reaction, your skin will usually clear up within a few days or weeks.

However, some people experience severe long- lasting symptoms, which may affect their quality of life. [http://www.nhs.uk/Conditions/Eczema-\(contact-dermatitis\)/Pages/Symptoms.aspx](http://www.nhs.uk/Conditions/Eczema-(contact-dermatitis)/Pages/Symptoms.aspx)

In this poster presentation, the use of an appliance with added Vitamin E will be explored.

Using a case study, the introduction of the appliance to a patient suffering with contact dermatitis will show how effective it is on the challenging, complex skin condition.

The case study will show the impact of contact dermatitis on the stoma patient and how Vitamin E can make a huge benefit to the patient's stoma care management and quality of life. It will highlight the holistic care needs of patients and challenges that stoma care nurses help patients to overcome.

This treatment has most definitely been a success for this patient. It has improved her quality of life by healing her contact dermatitis and, therefore, positively impacting on her mental health wellbeing. It has restored her faith in Stoma Care and her ability to live life as normally as possible with a stoma.

'Thanks for the new pouch it feels absolutely fantastic, I've not had a single itch at all so far and it's so comfortable on my skin. Let's hope this is a permanent feel.

## P-18

### **A cost utility model estimating potential treatment costs and impact on quality of life for a ceramide infused ostomy skin barrier**

**Ms Rebecca Leece<sup>1</sup>, Mr Gary Inglese<sup>2</sup>**

<sup>1</sup>Hollister Europe Ltd, Wokingham, United Kingdom, <sup>2</sup>Hollister Incorporated, Libertyville, United States

#### **Aim**

The aim of this study was to conduct a cost utility analysis to understand the implications of using ceramide infused ostomy skin barriers in the National Healthcare Service in England and Wales (NHS)

#### **Method**

We used a cost utility model to impute clinical assumptions derived from expert opinion of practicing stoma care nurses in England. These assumptions included incidence of peristomal skin complications (PSCs), frequency of barrier change, accessory usage, treatment regimens, and direct medical costs. Additionally, assumptions for duration of the PSC events, severity and time to healing were made. The model also considered the quality of life (QoL) impact from PSCs on the patient cohorts. The perspective taken was that of the payer (NHS). Cost assumptions for product and services were derived from published NHS documents

The model compared two hypothetical cohorts; individuals using the ceramide infused ostomy skin barrier and individuals using a commonly used product reimbursed on the Drug Tariff (standard of care (SOC) cohort) over a one year time horizon

#### **Results**

The model estimated a 7.0% reduction in overall costs in the ceramide cohort compared to the SOC cohort. The lower number of PSCs in the ceramide cohort predicted an increase of 214 Quality Adjusted Life Days (QALDs) compared to the QALDs for the SOC cohort

#### **Conclusions**

This analysis showed an estimated reduction in ostomy treatment costs for the cohort using the ceramide infused barriers as well as an increase in QALDs compared to standard of care

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## P-19

### **Using a validated Ostomy Skin Score to provide clinical evidence in support of one piece pouches with an infused skin barrier; to enable evidence based practice.**

**Mrs Jacqueline McPhail<sup>1</sup>, Mr Thom Nichols<sup>2</sup>**

<sup>1</sup>Hollister Limited, Wokingham, United Kingdom, <sup>2</sup>Hollister Incorporated, Chicago, USA

Data presents the findings from 71 UK SCNs who evaluated one piece pouches with an infused skin barrier on 167 stoma patients.

#### **Method**

SCNs were provided with the pouches and asked to select patients for evaluation as a matter of standard care. The patients were on a range of brands prior to the evaluation.

Evaluation forms were given to the nurses to complete prior to and after the use of the infused skin barrier pouch. Specific to this was the condition of the peristomal skin, as assessed by the Ostomy Skin tool (Jemec et al 2011), (Martins et al 2008) for Discolouration,

Erosion and Tissue Overgrowth (DET) prior to using these pouches and afterwards.

### **Results**

- Significant improvements in DET scores were noted; peristomal skin condition improved in 106 (70.67%) of patients evaluated.
- The data indicates that for those using skin preps prior to the use of the infused barrier pouches, there was an 81.8% decrease during use of these pouches.
- More than once a day pouch changes decreased by 38.71%
- Once a day pouch changes decreased by 11.48%
- Every 2 day pouch changes increased by 80%.
- 86% satisfaction with ease of application and use

### **Conclusion**

The results show an improvement in peristomal skin condition when the pouches with infused barrier is used as part of an overall care plan.

The data indicates that a potential economic benefit exists due to decreased frequency of short duration pouch use and increased frequency of longer duration pouch use.

The reduction in skin preparation accessories could indicate further potential economic benefits.

The data indicates that the evaluated one piece pouch with infused skin barrier, as part of an overall stoma management plan, was of benefit to the patients sampled in this product evaluation.

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## **P-20**

### **A novel wireless device can accurately measure output in ostomy patients**

**Dr Swathi Rajagopal, Dr Robert Fearn**

*Gastroenterology Department, Homerton University Hospital, London, United Kingdom*

#### **Aims**

This study aimed to assess whether a wireless device can monitor the fullness of an Ostomy bag in order to aid self-management for ostomates and potentially reduce complications.

#### **Background**

Stoma patients are prone to a number of complications, causing a significant burden both to the patient, in terms of morbidity, and to the broader healthcare economy in terms of cost. Common complications include acute kidney injury, hospital readmissions, skin complications and a reduced quality of life (Villafranca).

#### **Methods**

The Ostom-i alert sensor (11Health Technologies Ltd.) is a CE marked and FDA approved medical device that uses a flexible sensor which attaches to the lower part of a stoma bag and measures deformation of the bag whilst filling. It is able to relay volume data back to the patient and clinical team in real time via a Bluetooth connection to a smartphone or tablet.

20 ostomates (14 ileostomy, 6 colostomy) within 12 months of surgery were recruited via social media. Devices were attached to pre-filled stoma bags and output recorded while patients performed a set of standardised activities. The ability of the device to accurately detect the correct volume was measured for increments of filling up to 100%.

### **Results**

All 20 users were able to attach and connect the Ostom-i alert sensor. The device was able to correctly detect volume at all 10% increments (from 0-100%) whilst volunteers were prone, supine, reclining, climbing stairs, lying flat, bending, driving and turning. Accuracy was reduced in a seated position. All devices failed when immersed in water.

### **Conclusion**

The Ostom-i alert device is easy to attach and connect for ostomates. The Ostom-i sensor can accurately detect volumes of fluid within a stoma bag during most activities of daily living.

## **P-21**

### **Vitamin E To Ease**

#### **Mrs Karen Hawke**

*Respond Healthcare, Aldershot, United Kingdom,*

#### **Aim**

To explain the use of Vitamin E Adhesive within stoma pouches to promote healthy skin and aid the healing of the peristomal area.

#### **Method**

Vitamin E is preferable for the maintenance of healthy skin. Topical application can provide skin with specific Vitamin E forms that are not available from diet and permeate the epidermis and dermis.

This presentation will be in the form of two case studies that will show peristomal skin in two patients with chemical dermatitis caused by effluent leakage.

It shows how the use of Vitamin E based hydrocolloid flanges incorporated into the stoma appliance helped relieve, improve and finally heal the patients' skin.

The financial cost and savings are explored and shown.

Photographic evidence will demonstrate the before and after conditions and results.

#### **Results**

The case studies have demonstrated the efficiency of the product for both patients.

It provided healed peristomal skin resulting in ease and comfort, improved confidence regaining independence and restored reliability.

Whilst all proving cost effective.

## P-22

### Assessing The Value of a New Seal for the Improvement of Peristomal Skin Complications

**Ms Sue Pridham**

*Manchester Royal Infirmary, Manchester, United Kingdom*

The aim of this patient product evaluation was to observe and assess the use of a new Ostomy barrier seal. Peristomal skin complication (PSC) are reported by over 50% of Ostomists, a staggering 74% in the immediate post op period. (Rcihbourg et al, 2007). An astonishing 94% pf PSCs are diagnosed and reported as irritant contact dermatitis. PSC has been shown to have significant impact on Ostomists quality of life when reported as a health utility score.(Nichols, T.R, 2013). Leakage from ill fitting pouches, poorly fashioned stomas and body habitas all play a part in pouch failure and PSC.

Participating patients were selected by their Stoma Specialist Nurse. All had reported some degree of PSC. An assessment tool was used to describe normal to damaged peristomal skin. Patients were assessed within an agreed timeline recording any improvements and the products used. A persitomal skin assessment was the primary aim of the study, however it also evaluated features such as ease of use, erosion resistance, prevention of leakage and product residue.

The overall result demonstrated improvement in peristomal skin health. There was complete satisfaction in the ease of application and in all of the other categories such as erosion resistance and maintaining healthy peristomal skin patients were either satisfied or very satisfied. The results also demonstrated that in most cases the PSC resolved quickly, within days of using the seal.

The product evaluation clearly demonstrated positive patient outcomes in the area of peristomal skin health, ease of use, erosion resistance, prevention of leakage and residue on the skin. High levels of satisfaction were demonstrated and in light of these preliminary findings and the incredible results demonstrated I recommend further evaluation.

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## P-24

### Factors associated with the frequency of nursing diagnoses in people with digestive stoma. Pilot study

**Dr Concepción Capilla<sup>1</sup>, Miss Noelia Moya<sup>1</sup>, Miss Judith Gálvez<sup>2</sup>, Miss Marta Labella<sup>3</sup>, Miss Inmaculada Sánchez<sup>2</sup>, Dr César Hueso<sup>1</sup>**

*<sup>1</sup>University Of Granada, Ceuta, Spain, <sup>2</sup>Andalusian Health System, Spain, <sup>3</sup>Leicester Royal Infirmary, University Hospitals of Leicester, Leicester, United Kingdom*

#### **Objective**

To identify prevalent nursing diagnoses in the care of patients with digestive stoma.

#### **Method**

An observational, descriptive and cross-sectional study was carried out on 50 patients. The nursing diagnoses present in the sample were studied and their frequency was compared according to sociodemographic and clinical variables. This was done with bivariate and multivariate statistical procedures.

## Results

The included patients had a mean age of 63.98 years. The distribution of the sample by sex was homogeneous. Based on the pathology for surgery, 39 (78%) cases were due to oncological pathology, compared to 11 (22%) with a different diagnosis. The care plan contained 23 possible nursing diagnoses identified by previous studies (Labella Rodríguez et al., 2016). In 100% of the cases there were the diagnoses of "Readiness for enhanced health management" and "Deficient Knowledge". The results adjusted for age and sex, showed that "Anxiety" (OR = 9.53, p = 0.014), "Imbalance nutrition: less than body requirements" (OR = 9.82, p = 0.017) are likelihood in the surgical period than in the period of continuity of care. The occurrence of the "Impaired of social interaction" (OR = 0.03, p = 0.005) and "Disturber body image" (OR = 0.25, p = 0.029) are likelihood in the continuity of care.

## Conclusions

The diagnoses with the highest frequency in people with digestive stomas are: "Deficient Knowledge"(lack of cognitive information in relation to stoma care) and "Readiness for enhanced health management" (willingness to integrate a therapeutic regimen for the care of the stoma and its possible complications). There is a high frequency in diagnoses such as "Risk for impaired resilience" or "Ineffective coping", which suggests that capacity and coping are situations that are compromised by the presence of digestive stomas. "Sexual dysfunction" and "Disturbed body image", are problems with a heterogeneous frequency in the sample analyzed in this study.

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## P-25

### Living with a digestive stoma: Meta-synthesis

**Dr Concepción Capilla<sup>1</sup>, Dr Rafael Montoya<sup>1</sup>, Dr Candela Bonill de las Nieves<sup>2</sup>,  
Mss Liliana Reina<sup>3</sup>, Miss María Gálvez<sup>2</sup>, Dr César Hueso<sup>1</sup>**

<sup>1</sup>University Of Granada, Ceuta, Spain, <sup>2</sup>Andalusian Health System, Spain,

<sup>3</sup>University Foundation of Health Sciences, Colombia

### Objective

To provide a systematic review of qualitative research based on the experiences of people with digestive stoma.

### Method

A search was made in different health sciences databases between 2002-2015. Meta-synthesis was employed using the procedures described by Sandelowsky (2007). Concretely, a metasummary was done and completed by calculating the effect size (ES) in each statement. It was based on a categorical scheme as a result of a preliminary investigation (Bonill de las Nieves, 2011). Statements were obtained from each thematic category. The result of ES was obtained by dividing the number of articles in which the statement appeared among the total articles included in the review.

### Results

A total of 1982 participants participated in the 95 selected studies. These took place in Australia, Brazil, China, Denmark, Iran, Portugal, Spain, Sweden, UK, Uruguay and the USA. Data was grouped into nine categories: "Description of the disease process and creation of the stoma", "Factors that affect coping of the news of the ostomy", "Meaning and experience of the new body reality", "Evaluate other aspects of life after change", "Strategies developed to deal with the situation", "Social and occupational impairment", "Family involvement and participation in the process", "Assistance received" and "Relationship with health professionals".

## Conclusions

On the one hand, the analysis allowed identifying common elements present in the analyzed studies, reinforcing the international relevance of the work. On the other hand, this review updates the findings already generated in previous works of similar characteristics. The number of papers analyzed and the representation of countries is more significant than the previous ones (Tao et al., 2014; Thorpe et al., 2009). The results reinforced with slight discrepancies the explanatory “Triple A model: Acceptance, Adaptation, Selfcare (“Autonomía” in Spanish)”. It sustains the three main categories that define the progression of people having a digestive stoma.

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## P-26

### Dimensions that define the experience of people with digestive stoma: expert review.

**Dr Concepción Capilla<sup>1</sup>, Dr Sandra Hernández<sup>2</sup>, Miss Begoña Martín<sup>3</sup>, Miss Concepción Rivas<sup>3</sup>, Dr Nieves Pérez<sup>1</sup>, Dr. César Hueso<sup>1</sup>**

<sup>1</sup>University Of Granada, Ceuta, Spain, <sup>2</sup>University Foundation of Health Sciences, Colombia, <sup>3</sup>Andalusian Health System, Spain

## Objective

To analyze the relevance in clinical practice of the nine dimensions reviewed in Bonill de las Nieves’s study (2011) that defines the experience of people having a digestive stoma through the opinion of stoma care nurses.

## Method

Categories and thematic statements were reviewed by stoma care nurses care through modified DELPHI (Yañez Gallardo & Cuadra Olmos, 2008). Their task was to assess the clinical relevance of the previously identified issues for which each expert assessed the intensity of the described situations present in their practice.

## Results

The results show that social affection was the most prominent issue. It emerged in almost half of the studies analyzed. It coincided with a high level of intensity based on the judgment of the experts. The category “Description of disease” and its corresponding thematic statements appeared with high relevance based on the experts’ opinion. Other relevant aspects were interaction with mutual-help groups, health education and consultation with professionals to improve self-care. Concern about changes in body image and sexual relations also appeared as prevalent aspects. In view of these results, an explanatory model was proposed whose central category is the “need for education of people with digestive stoma”, assuming that if mediated by nurses experts on stoma care this will have a positive impact on the promotion of self care. Also, this intervention, in combination with others (mutual help groups, etc.), would reduce the consequences derived from this process affecting the psychosocial sphere of the patient (Tao et al., 2014).

## Conclusions

The social dimension is the most outstanding area in the care of patients with digestive stoma. Patients are afraid of social relationships, triggering situations of isolation and limiting unknown environments. If precautions related to stoma care are maintained, this allows them to live a life without limitations.

## **P-27**

### **“PATCH” Patient And Therapist Choosing in Harmony**

**Mrs Rachel Lovegrove, Mrs Louise Jeffery, Mrs Susan Kennedy, Mrs Rebecca Sacco, Mrs Hazel Brooks**

*Ruh Foundation Trust, Bath, United Kingdom*

The idea behind the poster is to show the approach our team takes in working with the patient when skin complications may arise. Collaboration with the patient involving them in assessing effectiveness of each product and reporting back so we make a joint decision in the next step forward in achieving the right pouch for the right patient.

PATCH testing allows us to use clinical decision making along side patient participation.

The poster is designed to provoke thoughts and allow sharing of ideas with our peers to promote good clinical practice.

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## **P-28**

### **My average day in a not so average role – A day in the life of a Band 3 within stoma care**

**Mrs Liz Bloore**

*Gmc Nottingham University Hospital, Nottingham, United Kingdom*

#### ***Aims/Objectives***

The aim of my poster is to describe my role as a Stoma Healthcare Assistant working alongside a team of Specialist Stoma Care Nurses within the hospital environment and how I fit into, and add value to, the specialist team.

#### ***Content***

When my colleagues and I network with other Stoma Care teams my role generates interest and others are always intrigued as to what I do and how my position works within our team. The poster will explain how my post was created and what I have done over the two years in the role to turn the creation of an entirely new post within our Trust into the most rewarding yet challenging job I have ever had.

#### ***Discussion***

The poster will identify my key duties and demonstrate the need of a Stoma Healthcare Assistant within a service striving to deliver outstanding care. It will also show the value of such a role by presenting feedback received from my colleagues within and outside of the team and the patients within my care.

#### ***Conclusion***

The role of a Stoma Healthcare Assistant is a rewarding yet challenging one and would add value to any Stoma Care service.

## **P-29**

### **If it's not recorded it didn't happen!!**

**Mrs Jane Brill**

*Convatec, Cheshire, United Kingdom*

Anyone who oversees the governance of patient records will appreciate the enormous ongoing task of ensuring that everything possible is done to manage the risk to the patient, the health care professional and the organisation that they work in. And yet, the system is required to be easy to navigate, capture all the relevant permissions and documentation whilst providing accurate records of patient interactions and treatments.

How confident are you about your patient records?

Key areas for consideration and governance will be discussed and include:

- Information Governance
- Privacy impact assessment
- Accurate data inputting – getting the most out of the data
- Auditing
- Staff training – information governance is not only the managers domain
- Sharing information
- Patient outcomes
- How this underpins the survival of a Specialist Nursing service

This piece of work looks at the 18 month project undertaken to develop a secure, online patient record system that was specifically designed to manage the stoma care speciality and then, its ongoing governance and continual improvement.

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## **P-30**

### **Promoting Physical Activity in Patient's with a Stoma**

**Mrs Louise Harrison**

*Sheffield Teaching Hospitals, Sheffield, United Kingdom*

The aim of the poster will aim to explore reasons why patients with stomas may not undertake physical activity and how we as health care professionals can work towards helping them achieve healthier lifestyles.

This needs to start pre operatively where we can give patients information about physical activity and its importance.

A hospital in Nottingham has incorporated a 'pyjama paralysis' initiative which will be mentioned.

The health promotion starts straight away after patients have had their surgery through the enhanced recovery programme where patients are encouraged to mobilise early to prevent such complications as DVTS, chest infections etc. My background as a critical care nurse allows me to have a very good insight into how important this early mobilisation is.

Following on as after care from leaving the hospital there has been research undertaken to suggest that physical activity has many benefits such as better physical health, better mental health and one could suggest that better physical health may prevent complications

such as parastomal hernias. Although there is no research to link the two together at present. Physical activity can also lead to a reduction in the risk of recurrence of a colorectal cancer by roughly 30-50%.

With rising levels of obesity in the general population, I believe we as health care professionals have a duty to promote a healthier lifestyle. Patients may feel scared to commence physical activity for fear of doing any damage and this is an opportunity where we can give them simple exercises to do and signpost to various initiatives and organisations to help them within their local communities.

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## **P-31**

### **How good is the stoma care service we provide?**

**Mrs Christine Metcalf**

*London North West Healthcare NHS Trust, Harrow, United Kingdom*

#### **Introduction**

Nurse specialists in stoma care are in a strong position to identify and initiate research. However, many feel daunted by the prospect despite it being an essential descriptor for the role (Royal College of Nursing, 2009). To build confidence in this area, an audit of service provision can be a good starting point and in addition results can be included in an annual report.

#### **Aim**

An audit was undertaken using the Association of Stoma Care Nursing Standards (ASCN) (2015) to allow the stoma care team to benchmark their current service.

#### **Method**

Patients were contacted one month after discharge from hospital and a telephone interview conducted using the ASCN (2015) audit questionnaire. The data was analysed and presented to the team and an action plan agreed.

#### **Results**

Results highlighted that although there were many areas of good practice there were also some areas that needed improving upon. These are that all patients should be offered the opportunity to meet another stoma patient pre-operatively, that they need to be aware of having an individualised care plan and of potential stoma complications prior to discharge home. In addition, patients need to be given sufficient time to discuss how they feel emotionally about having a stoma and provided with information about relevant support groups and information regarding any changes to their prescription.

#### **Conclusion**

The audit demonstrated that although we are providing a good quality service in many areas there are several areas that could be improved upon. Using the results the team have been able to agree an action as to how these areas will be improved upon over the next year. Although the device is at the prototype stage, the design brings together some advanced technology to address a pressing need. The microneedle design provides safe implementation and can be applied to conventional stoma appliances through thumb pressure. The microneedles with the array are disposable and sufficiently short to prevent accidental injury. The system is conductive and detects emerging leaks prior to the failure of the adhesive and provides the patient with a discrete, user configurable vibration alert.

The design issues with regard to manufacture and the patient – user – experience are presented. The main outcome has been the development of a flexible device that requires minimal user interaction and which could ultimately help patients overcome the initial trepidation associated with stoma management. The ability to provide an early warning alert as to the possibility of a leak allows the wearer to change the appliance before the flange fails and ultimately help improve the quality of life of the patient.



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