



Association of Stoma Care Nurses UK

9th September – 11th September 2018

ICC, Birmingham

BREAKING BARRIERS AND ENHANCING RELATIONSHIPS

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Conference Organisers



*** Association Management Company and Professional Conference Organisers
Established 1989

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ASCN UK Conference Website: <http://ascnuk.com/conference/>
ASCN UK Association Website: <http://ascnuk.com/>

Welcome

Welcome to the ICC in Birmingham, my home town! I know the impact of the changes in the MedTech guidelines has made the arrangements to get to conference this year much more convoluted for many of you; but we are delighted so many of you can join us for what I am sure will be another successful conference this year. We have an exciting programme lined up which I hope will inspire you to continue with the excellent work you all do.

A huge thank you goes to each and every one of you who submitted your exceptionally high standard of abstracts this year. ASCN UK committee are indebted to your contribution, it was a really tough job to short list and fit as many of them as possible into the programme. It is the essence of sharing your innovative and evolving practices which we believe makes the ASCN UK conference so unique, a "Specialist conference for you, determined by you as the specialists".

I hope that as we all constantly aim to improve patient outcomes and raise the profile of Stoma Care within these ever challenging times, the sharing of ideas, networking and establishing professional links over the next 3 days will deliver the message of our theme this year 'Breaking barriers and Enhancing Relationships'.

Our key speakers have been invited specifically to share their expertise and experience which will add to our existing knowledge so that we are able to inform our local practice to improve patients' experiences. Enhanced relationships lead to stronger bonds which have a positive impact upon outcomes.

I look forward to meeting as many of you as possible again this year and hope that together we can make the 2018 conference as engaging and enjoyable as we can.

Maddie White

Chair, ASCN UK



ASCK UK Committee

Maddie White

Angie Perrin

Gill Little

Wendy Osborne

Jackie McPhail

Chair

Vice Chair

Treasurer

Education Officer

Secretary



General Information

Awards

The winner of the following awards will be announced on Monday 10th September in Hall 1 from 16:55:

- **New Presenters Award 2018** (supported by Coloplast)
- **Stoma Care Nurse of the Year Award 2018** (Supported by SALTS)
- **Urostomy Research Awards 2018** (Supported by Urostomy Association)

The winners of the following awards will be announced in the last session of the conference on Tuesday 11th September in Hall 1 from 14:40:

- **ASCN UK Best Overall Oral Presentation Award**
- **ASCN UK Poster Award**
- **ASCN UK Highly Commended Oral Presentation Award**
- **ASCN UK Highly Commended Poster Presentation Award**

Certificate of Attendance

A Certificate of Attendance will be emailed upon the completion of the Conference Feedback Survey which will be sent to all participants after the end of the conference. Oral and Poster Presentation certificates will be sent upon request.

CPD Certified

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.

Cloakroom

There will be a cloak room available free of charge for delegate's use. If entering via the main entrance on Centenary Square, this is located at the right-hand side of the entrance. If entering from the back entrance from the Canal, this is located at the end of the mall, to the left.

Conference Etiquette

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

Conference App

The conference app is a quick and easy way to find out information about the programme, view abstracts and further information about exhibiting companies. Via the app you may also contact fellow delegates directly, plan your event schedule and participate in live voting. Search for EventsAir in App Store or Google Play Store and download for IOS and Android Devices. The Event App Code is: **ascnuk2018**.

Each individual will then be prompted to enter their own individual pin code to personalise the app. Your individual app pin can be located on the back bottom left corner of your delegate badge and has also been sent with your Joining Instructions.

If you have problems logging in, please make your way to the [Membership & Mobile App Help Desk](#) in Level 4 Foyer.

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 each of the stands in the exhibition hall and find out more about their involvement in Stoma Care.

The exhibition will be open during the following times:

Sunday 9 th September	18.00 – 19.30
Monday 10 th September	10:00 – 17.00
Thursday 11 th September	10:00 – 14.00

Please note the exhibition hall will be closed to all delegates during the AGM on Monday 10th September 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.

Location Maps

Please see the inside back cover for a map of all levels of the ICC.

Message Board

There will be a notice board next to the registration desk for those wishing to leave messages or notifications during the conference. The Mobile App also has a messaging functionality which you can directly contact other delegates who have given permission.

Photographer

An independent photographer will be taking pictures throughout the conference including photos of all the speakers and social events. These will be available following the conference. Should you not wish to be included in any of the photographs, please advise the Registration Desk of this.

Posters

Posters will be available for viewing throughout the conference. Time has also been allocated prior to sessions, between 07:30 and 08:30.

Posters have been allocated reference numbers based on their themes as per below:

Applying the Evidence	P-1	to	P-6
Clinical	P-7	to	P-16
Education	P17	to	P-21
Improving Lives	P-22	to	P-28
Paediatrics	P-29	to	P-30
Service Development	P-30	to	P-40

Dedicated Poster Viewing & Discussion

A Dedicated Poster Session will take place in Hall 3 from 13:00 to 13:30 on Tuesday 11th whereby authors have been encouraged to stand next to their posters for discussions with other delegates.

We invite all delegates to go visit the poster area to discuss poster presentations with authors and to vote on your favorite poster via the ASCN UK 2018 Mobile App.

Raffle

This year's raffle proceeds will be donated to Purple Wings Charity and tickets will be on sale throughout the conference and conference dinner.

A range of fantastic prizes will once again be donated by our Industry Partners and the winning numbers will be displayed on the message board beside the registration desk during the morning tea/coffee break on Tuesday 10th September. If prizes are not claimed by the end of lunchtime on Tuesday 10th, then the prize will be redrawn and the revised winning ticket number will be updated on the Message Board.

Registration Desk

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

The Registration Desks will be open at the following times:

Sunday 9 th September	14.00 – 19.30
Monday 10 th September	07.00 – 17.30
Tuesday 11 th September	07.00 – 16.00

Delegates are requested to wear their badges at all times.

An ASCN UK Membership and Mobile App Help Desk will be located next to the Registration Desks for any queries.

Speaker Preview Room

This is located in the Media Suite, which is located a short walk from the Registration Desk on the far left-hand side of the Level 4 Foyer. All presenters are required to check in their presentation a minimum of 4 hours prior to their talk or ideally, the day prior if possible.

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

Sunday 9 th September	14.00 – 18.00
Monday 10 th September	07.00 – 17.30
Tuesday 11 th September	07.00 – 13.30

Tea/Coffee Breaks and Lunch Arrangements

Catering points will be located in Hall 3, Level 4. If you have requested a special diet at the time of registering, please advise a member of the catering team who will direct you to the Special Diets section. Vegetarian diets will be accommodated on the main buffet stations.

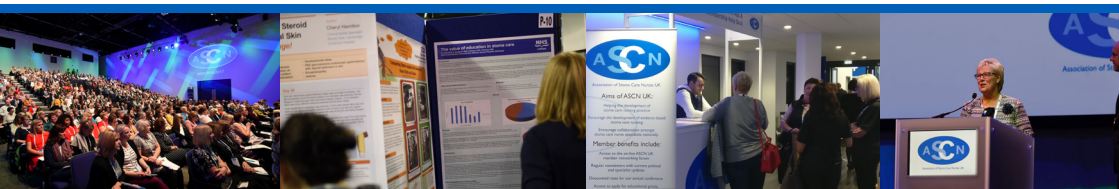
Tweeting

We invite you to join in with the conversations taking place during ASCN UK on Twitter. Please use #ASCNUK2018

Wi-Fi

There is a dedicated Wi-Fi connection for all ASCN UK attendees. Please select the following to join the ICC network:

1. Open your Wi-Fi search window
2. Select network 'The ICC Free-Wifi'
3. This will open a browser web page. Complete the general information requested, confirming the terms and conditions. Select 'Connect'
4. Your connection is complete



Conference Programme

Sunday 9 th September		Location
14.00 – 19.30	Registration	Level 4 Foyer
15.30 – 16.30	ASCN UK Dementia Workshop - Bridging the Dementia Gap in Stoma Care <i>Justine Tomlinson & Pam Kehoe, Dementia UK</i> <i>(Supported by Michaela Parker & Carolyn Swash, ASCN UK Area Reps)</i>	Hall 10, Level 2
16.45 – 17.45	ASCN UK Sexual Intimacy Seminar <i>Lorraine Grover, Psychosexual Nurse Specialist, London Clinic, London</i>	Hall 9, Level 2
	ASCN UK Dementia Workshop - Bridging the Dementia Gap in Stoma Care <i>Repeat of the 15.30 – 16.30 Workshop</i>	Hall 10, Level 2
18.00 – 19.30	Welcome Reception and Official Opening of the Exhibition	Hall 3, Level 4

Monday 10 th September		Location
07.00 – 17.30	Registration	Level 4 Foyer
07.30 – 08.15	Open Mic Clinical Case Studies by ASCN UK	Hall 10, Level 2
07.30 – 08.30	Poster Viewing	Hall 3, Level 4
08.30 – 10.00	Session One: Breaking Barriers and Enhancing Relationships <i>Chair: Maddie White</i>	Hall 1, Level 4
08.30 – 08.40	Introduction to ASCN UK Conference <i>Maddie White, Chair of ASCN UK</i>	
08.40 – 08.45	Role of ASCN UK and Area Rep Role <i>Gill Skipper, ASCN UK Area Representative</i>	
08.45 – 08.55	Invited Speaker: Importance of Specialism of SCNs <i>Joy Notter, Birmingham City University</i>	
08.55 – 09.15	Keynote Speaker: Sexual Function and Colorectal Patients: How Can Stoma Care Nurses Help Their Patients Overcome Sexual Function Issues During and After Treatment? <i>Lorraine Grover, Psychosexual Nurse Specialist, London Clinic, London</i>	
09.15 – 09.20	Q & A	
09.20 – 09.30	O-1: Talking About Sexuality – The Silent Scream. A Personal Journey to Comfortably Discussing the Unmentionable	Andrew Bird
09.30 – 09.45	O-2: Sex and Sex-Ability – After Stoma Surgery	Susan Lennon & Christopher Browne
09.45 – 09.55	O-3: The Challenge of Raising Public Awareness About Stomas	Richard Biddle
09.55 – 10.00	Q & A	
10.00 – 11.00	Tea / Coffee / Exhibition / Poster Viewing	Hall 3, Level 4

11.00 – 12.00	Session Two: Challenging the Status Quo of Service Delivery <i>Chair: Angie Perrin</i>	Hall 1, Level 4
11.00 – 11.15	Invited Speaker: Leading Leading Change, Adding Value: positioning nursing, midwifery and care staff as leaders to design the future, whilst using their influence to manage the challenges of today through the use of technology and data <i>Corinne Power, Lead Nurse, NHS England</i>	
11.15 – 11.20	Q & A	
11.20 – 11.30	O-4: London Procurement Partnership (LPP) and NHS Cost Saving Agencies – Friends or Foe?	Zarah Perry-Woodford
11.30 – 11.40	O-5: Setting Up, Running and Developing an Enterostomal Therapy Nursing Clinic	Supun Prageeth Samarakoon
11.40 – 11.50	O-6: How Does the Band 3 Health Care Assistant (HCA) Role Enhance Patient Experience and Support the Stoma Care Nurse in Delivering a High Standard of Timely and Holistic Patient Centred Care	Jacqui Irving, Debbie Hobson & Lisa Hanson
11.50 – 11.55	Q & A	
11.55 – 12.00	Opus Research Bursary Award 2016 Update from Gail Fitzpatrick (<i>Supported by Opus</i>) & Urostomy Association Award 2017 Update from Sam Bhogal	Maddie White
12.00 – 13.00	Lunch / Exhibition / Poster Viewing	Hall 3, Level 4
13.00 – 14.55	Session Three: ASCN UK AGM & Award Presentations <i>Chair: Maddie White</i>	Hall 1, Level 4
13.00 – 13.10	Invited Speaker: BHTA Update <i>Mandie Lavin, British Healthcare Trades Association</i>	
13.10 – 13.15	Q&A	
13.15 – 13.45	ASCN UK – AGM - Stronger Together to Raise the Profile of Stoma Care (<i>Exhibition Closed</i>)	
13.45 – 13.55	Invited speaker: ASCN Stoma Care Course - A Specialist Course Available to Everyone; Designed by Us the Specialists <i>Gabby Thorpe, University of East Anglia</i>	
13.55 – 14.00	Q&A	
	New Presenters Award (<i>Supported by Coloplast</i>)	
14.00 – 14.10	O-7: Loose the Lbs Save the £	Verna Henderson
14.10 – 14.20	O-8: Are You Up for the Ride? The Rollercoaster from Expert to Novice and Back Again.	Kerry Sobanski
14.20 – 14.30	O-9: 'Left Side Knees Up' - On the Receiving End	Emma Morris
14.30 – 14.40	O-10: Never Walk Past a Sunset - The Impact of the Nurse/Patient Relationship	Nicola Cheale
14.40 – 14.50	O-11: Can the Stoma Care Nurse (SCN) Rise to the Challenges Faced by People with Dementia and a Stoma?	Rebecca Fossett
14.50 – 14.55	Q & A	
14.55 – 15.40	Tea / Coffee / Exhibition / Poster Viewing	Hall 3, Level 4

15.40 – 17.15	Session Four: Adding a Spotlight onto Specialist Practice <i>Chair: Wendy Osborne</i>	Hall 1, Level 4
15.40 – 15.50	O-12: Formation of Ureterostomy in a Patient with Crohns Disease	Liz Davis
15.50 – 16.00	O-13: Complexities of Management of a Urostomy in Ehlers-Danlos Syndrome	Julie Oxenham
16.00 – 16.10	O-14: The Urostomy: The Poor Relation?	Rachel Jury
16.10 – 16.20	O-15: Gut Feeling – Supporting the Challenges Faced by Paediatric Stoma Patients and Their Families	Michelle Hill & Felicity Nutting
16.20 – 16.30	O-16: The Complex Care of Conjoined Twins Who Share a Stoma - The Role of The Stoma Care Nurse	Lisa Leamon
16.30 - 16.35	Q & A	
16.35 – 16.50	Invited Speaker: <i>Breaking Down Barriers in Gender Expression</i> <i>Sharon Fillingham, Clinical Practice Facilitator Urinary Diversion / Psychosexual and Gender Therapist (UCLH)</i>	
16.50 - 16.55	Q & A	
16.55 – 17.15	2018 AWARD PRESENTATIONS Announcement of Winner of New Presenters Award 2018 (<i>COLOPLAST</i>) Announcement of the Urostomy Research Awards 2018 (<i>UA</i>) Announcement of Winner of Nurse of the Year Award 2018 (<i>SALTS</i>) Announcement of Suportx Travel Bursary Award 2018 (<i>Suportx</i>)	
19.30 – 23.59	Pre-dinner Drinks Reception followed by ASCN UK Conference Dinner	Hall 4, Level 5, ICC Birmingham

Tuesday 11 th September		Location
07.00 – 16.00	Registration	Level 4 Foyer
07.30 – 08.45	Poster Viewing	Hall 3, Level 4
08.45 – 10.10	Session Five: Breaking Down the Barriers When Caring for Ostomates <i>Chair: Gill Little</i>	Hall 1, Level 4
08.45 – 09.00	Keynote Speaker: <i>Bridging the Dementia Gap in Stoma Care</i> <i>Justine Tomlinson & Pam Kehoe, Dementia UK</i>	
09.00 – 09.05	Q & A	
09.05 – 09.15	O-17: Dementia and the Ostomate: Working Together to Help Patients and Their Carers	Richard Biddle
09.15 – 09.25	O-18: Mental Capacity - An Ethical Dilemma. Reflections on a Very Challenging Case	Jo Sica & Louisa Heliard
09.25 – 09.35	O-19: How Confident are We in Addressing and Meeting the Spiritual, Religious and Cultural Needs of our Patients?	Catherine Atkinson
09.35 – 09.45	O-20: Psychiatric Illness and the Ostomist – How Well Prepared are We to Support our Patients	Melanie Harding
09.45 – 09.55	O-21: Addressing Health Inequalities in Patients with Hearing Loss	Michelle Hill & Dawn Buswell
09.55 - 10.00	Q & A	
10.00–11.00	Tea / Coffee / Exhibition / Poster Viewing	Hall 3, Level 4

11.00 – 12.25	Session Six: Advancing Surgical and Collaborative Practice <i>Chair: Wendy Osborne</i>	Hall 1, Level 4
11.00 – 11.25	Keynote Speaker: Genito-urinary Considerations in Patients Undergoing Total Pelvic Exenteration <i>Mr Pardeep Kumar, Consultant Urological Surgeon</i>	
11.25 – 11.30	Q & A	
11.30 – 11.40	O-22: Pre-Operative Preparation of Patients Undergoing Total Pelvic Exenteration (TPE)	Katy Hardy & Jackie McPhail
11.40 – 11.50	O-23: Anterior Resection Syndrome: A Well-managed or Neglected Condition	Katherine Wilkinson
11.50 – 12.00	O-24: Parastomal Hernia Repair: A Lost Cause or Not?	Karishma Parmar
12.00 – 12.10	O-25: The Positive Impact of Stoma Care Nurse Involvement in the CIPHER Study	Amanda Gunning & Neil Smart
12.10 – 12.20	O-26: Using Sport and Exercise to Break Down Barriers	Peter Martin & Giovanni Cinque
12.20 – 12.25	Q & A	
12.25 – 13.30	Lunch / Exhibition / Dedicated Poster Viewing & Discussion	Hall 3, Level 4
13.30 – 15.15	Session Seven: Impact on Clinical Practice <i>Chair: Jackie McPhail</i>	Hall 1, Level 4
13.30 – 13.45	Keynote Speaker: Stomas in Inflammatory Bowel Disease <i>Lesley Dibley, Reader in Nursing Research and Education, University of Greenwich & Bart's Health NHS Trust</i>	
13.45 – 13.55	Q&A	
13.55 – 14.05	O-27: Nephrostomies and Their Management in the Community	Liz Davis
14.05 – 14.15	O-28: The Experience of Caring for Patients Undergoing Stoma Formation Due to Development of Lymphoproliferative Disorder Following Organ Transplant	Juliette Fulham
14.15 – 14.25	O-29: Peristomal medical adhesive-related skin injury – development of international consensus	Rebecca Davenport & Amanda Gunning
14.25 – 14.35	O-30: When Does Nurse Choice Stop and Patient Choice Start - How Can We Help Patients to Make Choices When It Comes to Marketing?	Helen Bracey
14.35 – 14.40	Q & A	
14.40 – 14.55	ASCN UK Award Presentations by Maddie White ASCN UK Overall Conference Presentation Awards ASCN UK Poster Presentation Awards	
14.55 – 15.15	Close of Conference Maddie White Chair to ASCN UK	

Keynote & Invited Speakers



Lesley Dibley

Lesley Dibley is a qualitative researcher who primarily explores patients' experiences of living with chronic illness. Her PhD addressed patients' experiences of stigma in IBD, and generated follow-on research, including decision-making about, and adjustment to, an intestinal stoma. Lesley has achieved over 30 publications and several national and international conference presentations.



Sharon Fillingham

Sharon has been working in the field of Urology since 1978. Whilst a ward sister, Sharon qualified as a stoma care nurse and now works as a Urinary Diversion CPF (Clinical Practice Facilitator) and Psychosexual and Gender therapist at University College London Hospitals (UCLH). Her NHS role involves teaching nurses who are caring for individuals having bladder reconstructive surgery.

As a ward sister she became concerned that patients who were undergoing surgical procedures for gender issues, fertility and sexual function, received little or no counselling. This led her to train as a counselling therapist. She studied for her MSc in Human Sexuality. Sharon also works part time as a Gender and Psychosexual therapist in the NHS and the private sector. Sharon is nurse advisor for the Urostomy Association and the Mitrofanoff Support. She is also the Co-editor of Urological Nursing: 2nd and 3rd Editions.



Lorraine Grover

Lorraine helps men and women overcome difficulties with sexual function. Patients undergoing stoma formation frequently experience psychosexual issues. How do we address these concerns or initiate the discussion during busy clinics? Do you know who to refer your patients on to if they are experiencing difficulties with their sexual function?



Pardeep Kumar

Mr Pardeep Kumar is a Consultant Urological Surgeon at The Royal Marsden Hospital. His practice encompasses pelvic oncology; he treats urological, colorectal, pelvic sarcoma and gynaecological malignancy. He utilises minimally invasive techniques (including robotics) as well as open surgery to remove cancers and reconstruct the urinary tract. He was trained in London with fellowship experience in the US and Egypt.



Pam Kehoe

Pam joined the Dementia UK team as the Lead Admiral Nurse for Clinics and Awareness Raising in November 2017.

She has been a Mental Health Nurse for over twenty nine years, and has had a special interest in working with people with Dementia and their family carers since 1992.

She has held specialist posts within the field of Dementia since 1995, and as an Admiral Nurse in both a community setting, and more recently in an acute hospital where she was the Consultant Admiral Nurse.

She enjoys teaching, training and mentoring, and has had the opportunity to teach and train both locally and nationally, including The University of Manchester on their pre-registration and post registration nursing programmes, and in the statutory, voluntary and private sector.

She has been fortunate to have received a number of National awards, and was a finalist in the 2016 Nursing Times Nurse of the year awards.

Pam has a real understanding for supporting people with Dementia and their loved ones in a meaningful way, and has a real passion for person centred and relationship centred care. She feels very privileged to be able to work with people with Dementia and their loved ones, and to be welcomed into their lives when they are most vulnerable.



Mandie Lavin

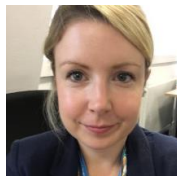
Mandie is a Registered Nurse and Practising Barrister, she qualified at Guys Hospital in 1987. She is a member of Middle Temple, having been called to the Bar in 1993. As a nurse she worked in Greenwich and after qualifying as a Barrister she worked in medico-legal roles in Peterborough and in the Anglia and Oxford Region. At the UKCC, now the NMC, she was in charge of fitness to practise and then progressed to a range of standards and regulatory roles across pharmacy, law and optics. She has contributed to a range of public enquiries, including the Shipman Enquiry. She is an experienced CEO and has recently joined the BHTA as the Director General, where she is at the helm of one of the oldest and most widely respected trades associations in the healthcare and assistive technology sector.



Joy Notter

Professor Joy Notter is Professor of Community Health Care at Birmingham City University, where she has worked for the last 25 years. Her clinical background is nursing and Joy has worked as a charge nurse on a cardiology ward before moving on to training as a health visitor.

Her research is based in nursing research and education research/development projects in the field of capacity building in nurse education and training. She is a fellow of the Royal Society of Medicine, UK, and was a member of their Council for the palliative care forum, she is a Past President of the Eu Sigma Theta Tau International Honor Society of Nursing (Sigma), and in 2012, she was awarded a campaign medal for services to health by the Vietnamese Government, and in December 2017 she became an honorary professor at Hanoi Medical University. She has been a member of the Royal College of Nursing UK for over 40 years.



Corrine Power

Corinne was previously Acting Head of Nursing at Manchester Health and Care Commissioning which is a partnership between Manchester City Council and NHS Manchester Clinical Commissioning Group. She commenced in her national role as Lead Nurse – Strategic Programmes and Business at NHS England in June 2018. Her portfolio includes being the operational lead for the national framework for nursing, midwifery and care staff – Leading Change, Adding Value.



Gabby Thorpe

Gabby is Lecturer in Colorectal and Stoma Care Nursing at UEA in Norwich. She is a Trustee of the Bowel Disease Research Foundation, Vice-Chair of the Association of Coloproctology Nurses' Group and ACPGBI R&A Committee Nurse Representative.



Justine Tomlinson

Justine's career commenced in the NHS in 1986, where she started work in the stroke rehabilitation team at Nottingham City Hospital, this lead into cardiac / thoracic arena and eventually working alongside the lead for pacemakers implants and cardiac rehabilitation. Whilst in cardiology she trained to become a cardiographer with a pivotal role in the resuscitation team.

Justine's nursing career developed across multiple areas of specialism leading her to RMN training, which enabled her to work in various community and hospital roles across Leicestershire and Nottinghamshire, predominately on the complex care of the elderly, which sparked Justine's interest in cognitive disorders/ dementia.

Many years followed in the Dementia field where Justine decided to specialise and it was a natural progression to become an Admiral Nurse in April 2013.

Currently Justine works alongside two colleagues who collectively raise awareness and facilitate specialist one to one Admiral nurse clinics across the UK to meet the complexities of caring for someone with Dementia.

Social Programme

Welcome Reception

Sunday 9th September – 18.00 - 19.30
Hall 3, Level 4, ICC Birmingham

Let us welcome you to the City of Birmingham by joining us at this year's Welcome Reception, which will be held in Hall 3 at the ICC Birmingham, during the official opening of the exhibition. Visit our 2018 exhibitors whilst re-acquainting with friends and colleagues in a relaxed environment. A hot food buffet and drinks will be available. Attendance is included within your delegate registration fee.

Conference Dinner

Monday 11th September – 19.30 - midnight
Hall 4, Level 5, ICC Birmingham

The ASCN UK Annual Conference Dinner is a highlight of the Conference, offering an evening of opportunity to engage with peers and friends alike, whilst enjoying spectacular entertainment. The Dinner will be held in Hall 4 at the ICC Birmingham, and feature the finest local produce, with guests invited to participate in an evening of networking and dancing.

Tickets are available at £15 each (subject to availability), and include:

- Drinks Reception
- Live music and entertainment
- ½ bottle wine per person
- 3-Course dinner

This year's entertainment is the international show band, iPop; a dazzling spectacle of a show, featuring artists who have performed all over the world with leading artists such as Rod Stewart, Kylie, Ed Sheeran and Robbie Williams, to name a few. The dress code for dinner is smart casual. Please ensure you bring your dinner ticket (*which you will find within your delegate badge holder*), to gain access on the night.

Photographs will be available for download from the ASCN UK website following the conference. To view these visit: <http://ascnuk.com/conference-photographs/>



Area Representatives

ASCN UK Area Representatives			
Area 1	Scotland	Anne Haston	Anne.Haston@nhslothian.scot.nhs.uk
Area 2	North East	Liz Davis	liz.davis1@nhs.net elizabeth.davis@Hollister.com
Area 3	Yorkshire and Humberside	Sarah Ashworth – nee Hannam	sarah.ashworth@salts.co.uk
Area 4	South Yorkshire and Trent	Katy Timms	gbkti@coloplast.com
Area 5	Merseyside (<i>Chester, Southport, Warrington</i>) and North Wales	Carolyn Swash	Carolyn1231@live.com
Area 6	Mid / South Wales	Pip Chandler Iris Williams	gbpca@coloplast.com iris.williams@wales.nhs.uk
Area 7	Manchester and North West	Benjamin McDermott	Benjamin.McDermott@srft.nhs.uk
Area 8	East Midlands and Lincolnshire	Michaela Parker	michaela.parker@salts.co.uk
Area 9	Oxfordshire, Bucks & Herts Middlesex and Berkshire	Jo Pragnell	joanna.pragnell@ouh.nhs.uk
Area 10	London	Gabriella Boland	gabriela.boland@nhs.net
Area 11	Sussex and Surrey	Position vacant.	
Area 12	Essex and Kent	Kevin Hayles	kevin.hayles@hollister.com
Area 13	East Anglia	Gill Skipper	gill.skipper@qehkl.nhs.uk
Area 14	Avon, Devon, Cornwall	Vicky Preece	vicky.preece@glos.nhs.uk
Area 15	Hants, Wilts, Wessex, C.I	Emma Maltby Emma Vernon	emma.maltby@hhft.nhs.uk emma.vernon@securicaremedical.co.uk
Area 16	Northern and Southern Ireland	Position vacant.	
Area 17	South Birmingham and West Midlands	Nicola Payton	nicola.payton@nhs.net
Area 18	Commercial	Jo Sica	jo.sica@hollister.com
Area 19	Republic of Ireland	Mary Quigley	mary.quigley@hse.ie
Area 20	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 Jackie McPhail at Jackie.McPhail@ascnuk.com and please consider putting yourself forward for this position or nominate someone in your area.

Exhibitors and Sponsors

We sincerely thank and acknowledge the support of all our sponsors and exhibitors of the ASCN UK 2018 Conference.



11 HEALTH AND TECHNOLOGIES

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

Contact Person: Harrison Posner

Tel: 02083871309

Email: harrison@11health.com

Website: www.11.health

11 Health and Technologies Limited is an integrated sensor platform for long term patients who manage chronic conditions whilst connected to medical bags. Each year millions of patients are attached to billions of medical bags. Our vision is to connect those bags to the 11 Health Sensor Network to improve outcomes for patients, deliver relevant real-time data to clinicians and lower costs.

3M

Charnwood Campus, 10 Bakewell Road, Loughborough, Leicestershire, LE11 5RB

Contact Person: Ian Kent

Tel: 07721 578670

Email: iwkent@mmm.com

Website: www.Cavilon.co.uk

Featuring 3M's revolutionary polymer-cyanoacrylate technology, Cavilon Advanced Skin Protectant treats moderate to severe skin damage and protects at-risk skin with only twice weekly application. The ultra-thin, highly durable barrier attaches to wet, weepy surfaces and repels irritants. This is particularly effective in managing peristomal/perifistular skin damage.

AMI MEDICAL LTD | SUPORTX

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

Contact Person: Altaf Makani

Tel: 0115 986 1888

Email: admin@amimedical.co.uk

Website: www.suportx.co.uk

Suportx is the leading supplier of Hernia support belts and devices in the UK. We provide a full hernia support fitting service throughout the UK conducted by trained and certified support garment fitters. To learn more and experience the fitting service for yourself, visit our stand.

ASCN UK – Association of Stoma Care Nurses UK

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

Tel: 0131 336 4203

Email: ascnuk@in-conference.org.uk

Website: www.ascnuk.com



The Association of Stoma Care Nurses (ASCN) is UK-based registered CharityTrust (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.

THE BREAKAWAY FOUNDATION

PO Box 7982, Swadlincote, DE11 1FB

Contact Person: Sue Blackwell

Tel: 01283 240253

Email: info@breakawayfoundation.org.uk



Website: www.breakawayfoundation.org.uk

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

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.

Buttony Bear

Contact Person: Jenny Gow

Tel: 07813720963

Email: buttony@breakawayfoundation.org.uk



Buttony is a special bear for children having surgery to create a stoma. Buttony is provided free of charge to children having surgery, either through their clinical nurse specialist, or directly to a family. Buttony is part of the Breakaway Foundation, the only UK wide charity for children with stomas.

CD MEDICAL

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

Contact Person: Sophie Phillips

Tel: 01942 816 184

Email: sophie@cdmedical.co.uk



CD Medical

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. PEEL EASY and CLINIFILM sprays and wipes all offer significant cost savings to the NHS without compromising quality. CLINIFILM concentrated Barrier Cream, specially formulated for fast absorption and durability, is available in 28grm and 100grm tubes and also offers significant cost savings.

CLINIMED LTD

Cavell House, Knaves Beech Industrial Estate,
Loudwater, High Wycombe, Bucks, HP10 9QY

Contact Person: Billy McLintock

Tel: 01628 850 100

Email: Billy.McLintock@securicaremedical.co.uk

CliniMed®

Website: www.clinimed.co.uk

This year we are proud to have launched a new generation of flange extenders. UltraFrame® is a revolutionary film alternative to current hydrocolloid-based flange extenders and is the thinnest flange extender in the world, 142 times thinner than the leading hydrocolloid brand.

Our Aura range with medical grade Manuka honey offers solutions for a variety of needs such as providing additional support for managing parastomal hernias and resolving convexity needs. The Aura range also includes the only flushable colostomy pouches in the world.

To see UltraFrame® for yourself and to find out more information about our complete Aura range, join us on stand 6.

COLOPLAST LIMITED

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

Contact Person: Natalie Lipscombe

Tel: 01733 392037 / 07983545585

Email: gbnli@coloplast.com

 **Coloplast**

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

Telephone: 0118 939 1537

Email: info@colostomyuk.org

 **Colostomy**
UK

Website: www.colostomyassociation.org.uk

We are Colostomy UK – here if you have questions, need support or just want to talk to someone who lives with a stoma. We are your voice on bigger issues: advocates for your rights; campaigning to raise awareness of what matters to you; running projects to empower you; and building communities to support you.

CUI WEAR

31 St John Street, Leicester, LE1 3WL

Contact Person: Lisa Tate

Tel: 01162 624 333

Email: lisa.tate@cuiwear.com

 **CUI WEAR®**

Website: www.cuiwear.com

CUI is a leading manufacturer and supplier of Support Garments and Ostomy underwear/swimwear. We are a valued partner of the NHS and trusted by Customers and Healthcare Professionals to meet their individual needs.

CUI provide quality garments offering comfort, support and complete reassurance along with value to the NHS. Our dedicated DBS certified support specialists offer consultations in the comfort of the patients home or at a clinic. Every patient is treated with care, dignity and respect. We offer the best support garment to make a positive difference to the patient's healthcare.

Please visit us on stand 15 for more information!

DANSAC

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

Contact Person: Damian Cope

Tel: 07712 672788

Email: Damian.cope@dansac.com



Website: 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.

DEMENTIA UK

Contact Person: Justine Tomlinson

Tel: 07557553917

Email: justine.tomlinson@dementiauk.org



Website: www.dementiauk.org

Dementia UK provides specialist dementia support for families through our Admiral Nurse service.

FITTLEWORTH

2 Henry Lock Way, Littlehampton, BN17 7FB

Contact Person: Suzanne Bridger

Tel: 01903 738003

Email: suzanne.bridger@fittleworth.com



Website: www.fittleworth.com

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.

GOLDCARE HEALTHCARE

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

Contact Person: Maureen Joseph

Tel: 01604 586 529

Email: maureenjoseph@oakmed.co.uk



Website: www.goldcare.healthcare

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

HOLLISTER LIMITED

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

Contact Person: Peter Royle

Tel: 07515 187094

Email: Peter.royle@hollister.com



Website: 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.

A (ILEOSTOMY AND INTERNAL POUCH SUPPORT GROUP)

IA National Office, Danehurst Court, 35-37 West Street,
Rochford, Essex, SS4 1BE

Tel: 0800 0184 724 or 01702 549859

Email: info@iasupport.org



Website: www.iasupport.org

IA supports people living with an ileostomy or an internal pouch, their family, friends and carers.

Our local groups are run by volunteers who are themselves living life after surgery, so we can support others with personal experience.

As an independent patient support group, we can offer a listening ear, a helping hand or be your patient's voice for the issues that concern them.

KINGSTON TRUST CIO.

PO Box 6457, Basingstoke, RG24 8LG

Contact Person: Babs Foster

Tel: 01256 352 320

Email: secretary@kingstontrust.org.uk



Website: www.kingstontrust.org.uk

The Kingston Trust CIO's aim is to provide financial assistance, through the provision of grants, to those in need. To qualify, applicants must be aged 16 years or over, have undergone surgical intervention as a result of Ulcerative Colitis, Crohn's, Cancer, inflammation, injury or any other condition resulting in an ileostomy or ileo-anal pouch procedure and be a resident of the United Kingdom or Republic of Ireland for at least six months. The Kingston Trust CIO Trustees will consider all qualifying grant applications.

MARLEN INTERNATIONAL HEALTHCARE

De Prinsenhof 1.04 - 4004 LN Tiel, Netherlands

Contact Person: Simeon Aalvink

Tel: +31 6 36 30 15 67

Email: sales@marlenhealthcare.eu



Website: <http://www.marlenhealthcare.eu/en/>

Since 1952, Marlen has been a leading innovator in ostomy care. Offering an extensive line of one-piece and two-piece systems for Ileostomies (drainable), Colostomies (closed end), and Urostomies, Marlen has always strived to provide the highest quality products while meeting the comfort and security needs of our customers. Products are available in flat, shallow, and deep convexity in cut-to-fit and pre-cut sizes. All convex surfaces are extremely FLEXIBLE providing the utmost in COMFORT for your patients.

OAKMED LTD

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

Contact Person: Maureen Joseph

Tel: 01604 586 529

Email: maureenjoseph@oakmed.co.uk



Website: 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

Southampton Children's Hospital, Tremona Road, Southampton

Contact Person: Karen Dick

Tel: 07769234248

Email: karen.dick@uhs.nhs.uk



Website: 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.

PEAK MEDICAL

Unit 4 Manor Farm Barns, Cornbury Park, Finstock, Oxfordshire, OX7 3DG

Contact Person: Mark Denham

Tel: 01608 813024

Email: mark.denham@peakmedical.co.uk



Website: www.peakmedical.co.uk

Peak Medical Ltd, Exclusive UK Distributor for EuroTec ostomy products, including the innovative Ileomate, Colomate and Uromate Soft Convex Pouches, invites you to visit us on Stand 8. We look forward to seeing you, have a great conference.

PELICAN HEALTHCARE

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

Tel: 0800 318 212

Email: contactus@pelicanhealthcare.co.uk

Website: <http://www.pelicanhealthcare.co.uk/>



Pelican Healthcare Ltd is a leading manufacturer of high quality and innovative stoma products. Our aim is to deliver the very best solutions to make life with a stoma as easy as possible.

PURPLE WINGS CHARITY

26 Gladstone Place, Blakedown, Worcestershire DY10 3LE

Contact Person: Lauren Henderson

Tel: 07443629729

Email: lauren@purplewingscharity.com



Website: 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 particularly, 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.

RAPID CARE | WHITE ROSE

Grattons Court, 74 Grattons Drive, Crawley, Sussex RH10 3AG

Contact Person: Ellen Constable

Tel: 01293 229092

Email: Ellen@rapidcare.co.uk



white rose
COLLECTION

Website: www.rapidcare.co.uk

Rapidcare is a family-run company and one of the few Independent Dispensing Appliance Contractors in the UK. This allows us to provide a friendly professional service with a little extra care and no product bias: the kind of service we'd be happy for our own friends and family to receive.

White Rose Collection is the only specialist underwear company that has no products on prescription so you can recommend without worrying about your GP's budgets.

For more information call Ellen on 01293 229092.

RESPOND HEALTHCARE

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

Tel: 0800 220 300

Email: hello@respond.co.uk



Website: www.respond.co.uk

Respond Healthcare Ltd is a leading home delivery service provider covering the UK and Northern Ireland. We also offer a wide range of stoma and continence care products and have a wealth of knowledge and lifestyle literature available for patients and nurses alike.

RHODES PHARMA

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

Contact Person: Allison Moosa

Tel: 01772 647440/620014

Email: info@rhodespharma.co.uk



Website: www.stocare.co.uk

We are a British company aiming to provide a range of quality, cost effective products which meet the challenges of modern day healthcare delivery. StoCare Remove and StoCare Protect are our ranges of UK manufactured, high quality stoma care supporting products, our sprays and wipes are gentle, easy to use, effective and offer significant cost savings.

SALTS HEALTHCARE

Richard Street, Aston, Birmingham, B7 4AA

Contact Person: Rob Simons

Telephone: 07760172117

Email: rob.simons@salts.co.uk



Website: www.salts.co.uk

We are Salts Healthcare. We are creators of Confidence Be. We are changing patient perspectives. Stand. Sit. Stimulate your mind.

They say art is in the eye of the beholder. What will you see?

Join us at stand 20 and be a part of changing lives.

www.salts.co.uk | @saltshhealthcare

SIACA

Z15 Westpark, Chelston, Wellington, TA21 9AD

Contact Person: Neil Basil

Tel: 01823 246 800

Email: neil.basil@siaca.co.uk



Website: www.siac.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.

STOMAWISE

Po Box 2297, Wrexham

Contact Person: John Walsh

Tel: 0843 849 7459

Email: john@stomawise.co.uk



Website: www.stomawise.co.uk

Stomawise is an internet-based support network for people who have undergone any of the following Surgical Procedures: Ileostomy, Colostomy or Urostomy surgery, and have a bag attached to their abdomen used to collect waste from the body.

The web site provides a central point where Ostomates can resource information on their condition and find answers to their questions and problems found in day to day living with an Ostomy.

The web site also contains a large amount of related information on the condition, together with other information and links that proved useful when living with a stoma, such as "Radar Keys", "Prescription Charge information", "Clinical waste services" and travel.

We are also the registered hidden disability partner with the CAA and in this role provide airport security staff training and the Ostomy Friendly Airport award giving ostomates the confidence to travel and in such provide a better quality of life.

TRIO HEALTHCARE

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

Contact Person: Reena Patel

Tel: 07956 834 667

Email: reena.patel@triohealthcare.co.uk



Website: 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 19 for your samples bags and find out how Trio products could help your patients and your budget.

Visit us in 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

2 Tyne Place, Mickleton, Chipping Campden, Gloucestershire,

Contact Person: Hazel Pixley GL55 6UG

Tel: 01368 430140

Email: secretary@urostomyassociation.org.uk

Website: www.urostomyassociation.org.uk



The Association provides peer support to people undergoing urinary diversion surgery of any kind. We publish a regular magazine and leaflets on many topics. Our trained volunteers are available to speak to people on a more personal level and our Branches provide regional support. We look forward to meeting you on our stand.

VANILLA BLUSH

43 Dalmarnock Road, Glasgow, G40 4LA

Contact: TBC

Tel: 01417630991

Email: <mailto:sales@vblush.com>

VANILLA BLUSH

Website: www.vblush.com

Vanilla Blush is the inclusive award-winning specialised Hernia Supportwear and Stoma Underwear medical device company.

Having launched live on ITV, 2008, Vanilla Blush is celebrating its 10-year birthday with the launch of SportVB.

Supplying NHS needs since 2011 and fashion desires since 2008, Vanilla Blush's CEO Nicola Dames is now breaking new ground in the world of academia and industry innovation.

WORLD COUNCIL OF ENTEROSTOMAL THERAPISTS

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

Contact Person: Jennifer Bank

Tel: 1.202.567.3030

Email: admin@wcetn.org

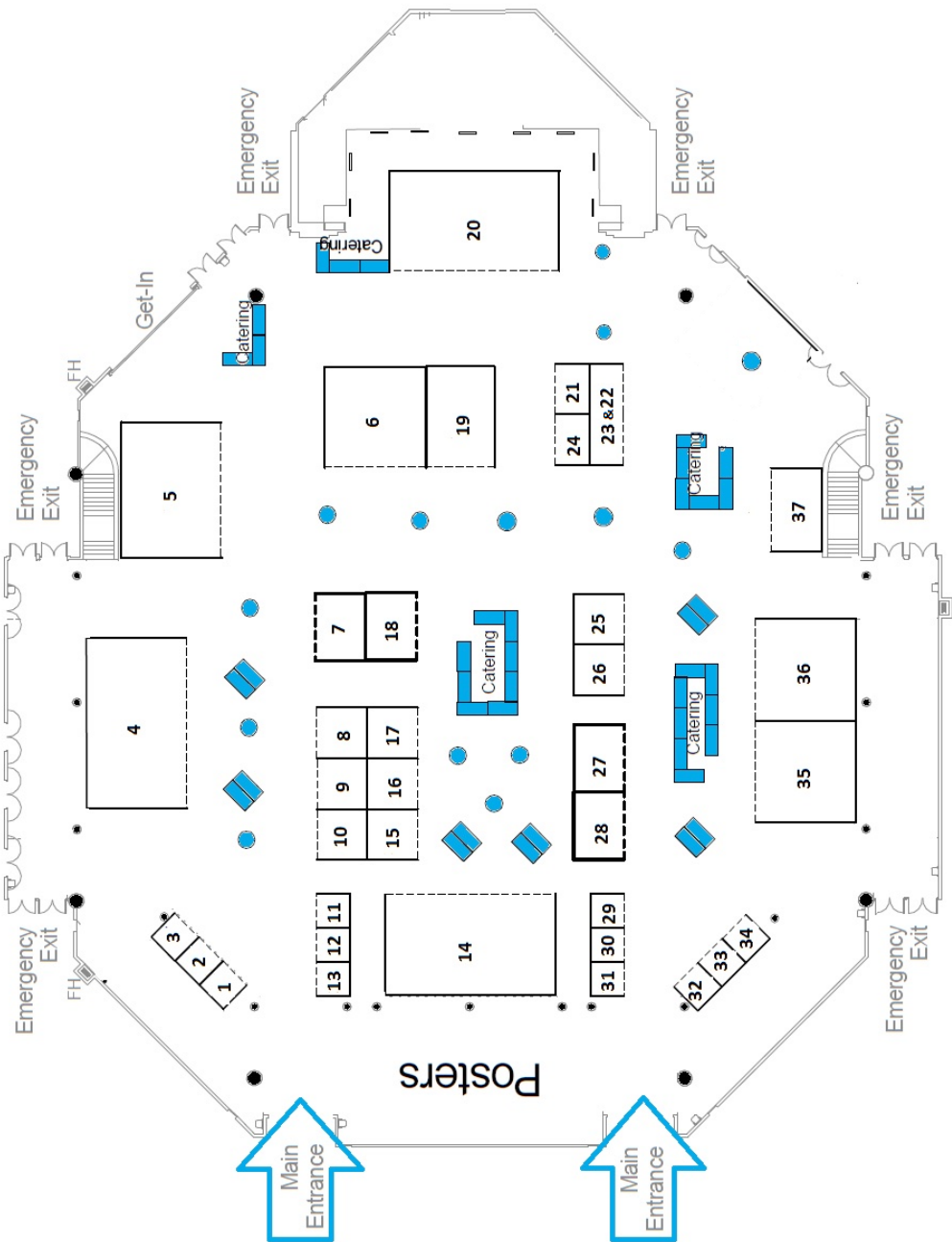


Fax: 1.202.833.3636

Website: www.wcetn.org

Established in 1978, The World Council of Enterostomal Therapists (WCET) is the international professional nursing organisation for nurses involved in the care of persons with ostomies, wounds or continence needs. With members in over 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.

Exhibition Floorplan



Exhibition Floorplan Key

Organisation	Stand Number
MA Healthcare / The British Journal of Nursing	1
PSNG	2
StomaWise	3
Respond Healthcare	4a
Pelican Healthcare	4b
AMI Medical Suportx	5
CliniMed	6
Oakmed	7 & 18
Peak Medical	8
Rhodes Pharma	10
Breakaway Foundation	11
Buttony Bear	12
ASCN UK	13
Coloplast	15
CUI Wear	16
3M	17
Vanilla Blush	18
Trio Healthcare	19
Salts Healthcare	20
Dementia UK	21
Marlen International Healthcare	22 & 23
11 Health and Technologies	24
RapidCare White Rose	25
CD Medical	26
Fittleworth	27
Goldcare Healthcare	28
Colostomy UK	29
Urostomy Association	30
Purple Wings Charity	31
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WCET	33
IA Support	34
Dansac	35
Hollister	36
SIACA	37

Sunday 9th September

ASCN UK Dementia Workshop – Bridging the Dementia Gap in Stoma Care

Justine Tomlinson & Pam Kehoe, Dementia UK

(Supported by Michaela Parker & Carolyn Swash, ASCN UK Area Reps)

- Hear the results of the dementia survey carried out after conference last year
- Have an opportunity to contribute to the new guidelines written to aid SCNs caring for ostomists with dementia
- Listen to a key speaker from the dementia specialism share their thoughts and ideas for Collaborative working
- Share your experiences of caring for ostomists with dementia

ASCN UK Sexual Intimacy Seminar – Sexual function and colorectal patients: How can stoma care nurses help their patients overcome sexual function issues during and after treatment?

Lorraine Grover, Psychosexual Nurse Specialist, London Clinic, London

The identification of potential sexual function issues following stoma formation and the ways in which we can assess sexual function with patients and their partners will be discussed. Treatment options available for men and women will be highlighted.

Keynote & Invited Speaker Abstracts

K-1

Sexual function and colorectal patients: How can stoma care nurses help their patients overcome sexual function issues during and after treatment?

Mrs Lorraine Grover

The London Clinic

Stomas are formed for a variety of reasons and not all are permanent. They are life changing irrespective of gender, age and relationship status and can have a significant impact on an individual and affect interpersonal relationships. As well as the known organic causes that bring about change with sexual function in formation of a stoma, there is also the psychological impact. Our brain is fundamental in arousal and therefore how our body reacts! There have been changing attitudes regarding mental health awareness and removing the stigma around it. It is important that as healthcare professionals we are able to recognise and discuss changes in sexual function with our patients to help alleviate potential mental health issues that may develop. Improving quality of life should include addressing sexual function as this area can be neglected due to embarrassment by either the patient, healthcare professional or both. This should be done in a positive and supportive way to encourage conversation. Normalising this discussion can help to ease this as often the effect of sexual difficulties can be underestimated. There are a variety of ways in which we can recognise and identify issues which include being aware of the treatment and management options that are available so that we can confidently advise and if necessary refer our patients.

Key Elements

The identification of potential sexual function issues following stoma formation and the ways in which we can assess sexual function with patients and their partners will be discussed. Treatment options available for men and women will be highlighted.

K-2

Leading Change, Adding Value: positioning nursing, midwifery and care staff as leaders to design the future, whilst using their influence to manage the challenges of today through the use of technology and data.

Ms Corinne Power

NHS England

The presentation will outline the unique leadership role that nursing, midwifery and care staff have in driving change and improving outcomes. It will outline 'Leading Change, Adding Value: a framework for nursing, midwifery and care staff' that was launched in May 2016 by Professor Jane Cummings, Chief Nursing Officer for England.

The framework, positions nursing, midwifery and care staff as leaders, in designing the future of health and care and managing the challenges of today. It explains how staff can demonstrate leadership in reducing the gaps of health and wellbeing, care and quality, and funding and efficiency, whatever their role wherever they work.

The framework highlights the need to focus on quality and measurement, which aligns to the national priorities in England's Five Year Forward View – showing why change is needed and what it will look like.

The focus is on reducing unwarranted variation, and delivering the 'Triple Aim' of improved outcomes, experience and better use of resources; the benchmarks for quality of services. Unwarranted variation is defined as differences that cannot be justified by geography, demography or infrastructure.

The presentation will also focus on the use of technology and data; a core theme within the framework. The interim report of The Topol review: Preparing the healthcare workforce to deliver the digital future highlights how technologies are transforming nursing practice, such as enabling individuals to participate and lead their own care, and to personalise the management of conditions.

There will be an emphasis on good communication; enabling and empowering patients to manage their own conditions as technology is progressing and enabling new ways of working. For example, Colorectal and stoma care clinical nurse specialist teams have recently piloted a telecare service for stoma patients, using skype. Telehealth was an efficient and cost-effective way to follow up patients discharged after the enhanced recovery after surgery pathway.

BHTA Update

Miss Mandie Lanvin

British Healthcare Trades Association

Mandie will introduce the work of the BHTA and its members, especially in the DAC and Stoma Section, the presentation will set out the scope of our work, areas of current interest and topical debate and how the ASCN and the BHTA can work together towards our collective, shared aims of better serving patients, enabling them to be informed about their care and ensuring better access to information and resources that enhance their understanding of their conditions and how they can be managed. The presentation will focus on the importance of ethics and acting in patients best interests as well as the importance of the NHS England Guidance on Conflicts of Interest. There will be time for questions and answers and also for identifying emerging issues and trends.

ASCN Stoma Care Course - A Specialist Course Available to Everyone; Designed by Us the Specialists

Dr Gabby Thorpe

University of East Anglia

Following her presentation about the conception of the ASCN (UK)-endorsed Advanced Stoma Care module in Glasgow last year, Gabby will present a progress report on module development, including an outline of module content, online teaching and assessment methods and information about how to apply. The module is due to launch in January 2019 as part of the MSc Advanced Professional Practice at the University of East Anglia (UEA), where it can be used towards a Post-Graduate Certificate or Diploma in Advanced Professional Practice, as well as the full MSc, or as a stand-alone CPD module.

Breaking Down Barriers in Gender Expression

Ms Sharon Fillingham

University College London Hospitals

Gender Identity is the personal sense of one's own gender. This may correlate with the stated gender at birth or in some cases differ from it. Studies show that there is a steady increase in the number of individuals presenting who wish to express a different gender, typically through their appearance in dress and behaviour in ways that oppose their natal assignment. They may also require medical, surgical and legal procedures to facilitate this. Altering one's natal gender is a complex process and Transition usually occurs over a long period of time requiring self-management and support from professionals, friends, family and colleagues.

Terminology used to describe various aspects of gender expression is evolving. Gender non-conforming is a term used to describe people whose gender expression is different from conventional expectations of masculinity and femininity. Non-binary is used by some people who experience their gender identity and expression as falling outside the distinct categories of man or woman.

A recent survey (Crossland Employment Solicitors, 2018) reports that there is a strong prejudice towards transgendered individuals, with one in three employers admitting that they are less likely to hire a transgendered person. General ignorance of the law (Equality Act 2010) needs to be challenged. Education and the introduction of robust policies are required to break down barriers and provide an improved quality of life within society and the workplace for those who experience an alternative Gender Expression.

Bridging the Dementia Gap in Stoma Care

Mrs Justine Tomlinson, Mrs Pam Kehoe

Dementia UK

The presentation will give an overview of how Dementia UK and the Admiral Nurses can make a meaningful difference to the person affected by Dementia, their families, friends, and others involved in supporting them.

Admiral Nurses provide the specialist dementia support that families need. When things get Challenging or difficult, the Admiral Nurses work alongside people with dementia, their families and carers: giving the one-to-one support, expert guidance and practical solutions people need, and that can be hard to find elsewhere.

Admiral Nurses are continually trained, developed and supported by Dementia UK. Families that have their support have someone truly expert and caring by their side—helping them to live more positively with dementia in the present, and to face the challenges of tomorrow with more confidence and less fear

Genito-urinary considerations in patients undergoing Total Pelvic Exenteration

Mr Pardeep Kumar

The Royal Marsden Hospital

Total Pelvic Exenteration is a morbid operation with profound effects on both psychological and physiological wellbeing. It remains a key intervention in patients with pelvic malignancy with locally advanced disease involving multiple pelvic compartments. This talk will aim to highlight several areas including pre-operative counselling, modification of surgical technique dependent on cancer type and reconstruction, as well as post-operative management and long-term survivorship issues.

Patients' anticipations and realities of living with a stoma for IBD

Dr Lesley Dibley

University of Greenwich & Barts Health NHS Trust

Background

Many IBD patients worry about needing a stoma and may endure poor quality of life (QoL) and difficult bowel symptoms to avoid one. This study explored patients' and clinicians' views of stoma-forming surgery and how pre-operative concerns compare to outcomes.

Methods

Following purposive sampling amongst people with IBD and clinicians in the UK, four focus groups and 29 semi-structured interviews with people with IBD and either: a current temporary, recently-reversed or permanent stoma, or stoma naïve and worried about the prospect, and individual interviews with 18 IBD clinicians were conducted. Interview data were transcribed and analysed thematically.

Results

Four themes emerged: Pre-operative concerns and expectations; Decision-making; Surgery and recovery; and Long-term outcomes. Most patients' pre-operative concerns prove unfounded, with outcomes often better than expected. Decision-making is complex. Acceptance of a stoma may be influenced by duration and quality of information, preparation and support. The immediate post-operative period is the most challenging for patients.

Conclusion

Patients need balanced information on all treatment options including surgery, from an early stage. Multi-disciplinary team dialogue about stoma surgery should begin as soon as the prospect becomes likely. Patients and clinicians agree that support from others with a stomas highly effective for reducing patient concerns. For most, life with a stoma is better than anticipated, improving QoL and control. Ongoing IBD and stoma nurse support aids recovery and adjustment.

Oral Abstracts

O-1

Talking About Sexuality – The Silent Scream. A Personal Journey to Comfortably Discussing the Unmentionable

Mr Andrew Bird

Nottingham University Hospitals NHS Trust

Aims/Objective

To highlight the importance of broaching the subject of sexuality with ostomates, barriers to achieving this and strategies for overcoming those barriers. Also, some commonly encountered sexually related difficulties will be discussed along with potential solutions or strategies for signposting when a solution isn't apparent.

Content

Sexuality is a fundamental aspect of life involving the physical, emotional, psychological, social and cultural domains of a person's identity. The formation of a stoma can have a profound impact on sexuality and therefore influence the quality of life experienced. However, discussing sexuality and sexual issues with patients is difficult and evidence suggests it is an aspect of health care that is neglected by nurses with up to 80% of nurses not taking the time to discuss sexuality and 60% not feeling comfortable about doing so (Saunamäki, Andersson and Engström, 2010).

However, these difficulties can be overcome with determination and appropriate strategies and have a positive impact on quality of life.

Method/Results

The presentation will describe the personal journey towards discussing sexuality and learning gained along the way.

Conclusion/Outcomes

Lessons learned along the journey towards comfortably discussing sexuality with ostomates could prove useful for fellow stoma care nurses and increase the quality of life for ostomates under their care.

Learning Objectives

1. To highlight the importance of discussing sexuality with ostomates.
2. How to overcome barriers to the above.

References

Saunamäki, N., Andersson, M. and Engström, M. (2010) Discussing sexuality with patients: nurses' attitudes and beliefs. *Journal of Advanced Nursing* 66(6), 1308–1316.

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O-2

Sex and Sex-Ability – After Stoma Surgery

Mrs Sue Lennon, Christopher Browne

Aim

The sexual impact of illness and injury is not a new subject, yet some patients (and their partners) continue to find it difficult to discuss these hidden side-effects with each other and with their health care team.

Method

Utilising a creative delivery method you will witness a CNS and ostomate discussing a real life scenario. Through use of appropriate questioning and prompts you will see the patient's view of his 'sexual self after stoma surgery' unfold. This will be supported by an interactive visual back-drop displaying individual personalities and thought processes as the consultation unfolds (as we all know that what people think and what they say are often rather different).

Result

Throughout the presentation the nurse will demonstrate use of excellent communication skills and enquiry, maintaining curiosity to promote trust and to 'be alongside' the patient while he tells his story. Stoma Care Nurses often have a plethora of support materials contained within their tool box, knowing when, where and how best to utilise these items may lead to open dialogue or in some circumstances lead to communication failure. By the end of this presentation it will be evident that through person centred care and a strong therapeutic relationship between nurse and patient, very positive and truly holistic care outcomes can be achieved.

Conclusion

Inclusive and equitable care must offer all patients the opportunity to discuss the sexual impact of stoma surgery, regardless of 'difference'. The use of excellent relationship building, communication skills and written 'patient education' makes for rewarding outcomes for all.

Learning Objectives

The aim of this presentation is to help the audience to reflect on their own practice through exploring the thoughts and experiences of both clinicians and patient when confronted with difficult and sometimes awkward conversations about the impact of stoma surgery on the 'sexual self'.

References

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Conflict of Interest

Sue Lennon is a nurse, therapist, speaker and coach, who works independently with Dansac, Salts Healthcare and Birmingham University. Chris Browne, her 'patient' is looked after by a DANSAC employed SCN.

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O-3

The Challenge of Raising Public Awareness About Stomas

Ian Jackson, Sarah Squire

Colostomy UK

The world isn't organised with ostomates in mind. Finding and accessing suitably equipped 'stoma-friendly' public toilets is just one of the many problems they face. They encounter the same in sporting and entertainment venues and at other cultural attractions. The hidden nature of a stoma means that ostomates experience abuse when using accessible toilets too. They also encounter problems navigating airport security, including a lack of awareness about stomas on the part of customer-facing staff. The issues are similar at major public arenas and conference centres, where body searches are increasingly becoming the norm. For many ostomates the problems of being 'out in public' are a source of anxiety; in extreme cases they function as a form of social exclusion. Media portrayals rarely help either. Reflecting public ignorance more generally, these tend to reinforce stereotypes about people with 'bags', as being old, difficult and smelly.

Our presentation profiles our campaign and advocacy work aimed at tackling the aforementioned. The rationale behind our approach is explained, along with our future plans and the tangible results we have seen. We also outline how we use social and mainstream media to support our work.

When it comes to raising public awareness about stomas and improving the day-to-day 'lived' experience for ostomates there are no easy solutions. We hope that our presentation will encourage listeners to support what we are doing. You can do this by signposting patients to us that have faced discrimination. Sharing our campaign news is also a great help. Ultimately we are trying to bring about societal change. It can be done, but as the campaign to raise awareness about mental health has shown, it takes time and perseverance.

Learning Objectives

To explain our charity's current campaigning and advocacy work.

References

- Biddle, R (2017), 'Is it society or people that are disabled? Raising awareness of invisible conditions', Huffington Post
- Biddle, R (2017), 'Last Night the BBC's Holby City got it wrong', Huffington Post
- Biddle, R (2017), 'Tired of being made 'aware'? Why you shouldn't be', Huffington Post
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O-4

London Procurement Partnership (LPP) and NHS Cost Saving Agencies – Friends or Foe?

Mrs Zarah Perry-Woodford^{1,2}

¹St Mark's Hospital, ²London Procurement Partnership

Aims/Objective

Breaking barriers and enhancing the relationship between stoma care nurses and NHS cost saving agencies.

Content

In October 2017, a questionnaire was sent to London stoma care nurses by LPP requesting information on stoma care reporting systems, nurse post bandings, funding arrangements, sponsorships, product use and product selection methods, in a bid to reduce the £23.3 million spend on stoma products in 2015/16.

Method

The questionnaire was sent to 30 NHS Trusts. These were mainly received by Chief Nurses who redirected the questionnaires to the lead stoma care nurse for completion.

Results

33% (n=11/30) of Trusts replied - one questionnaire was partially completed.

- 10/11 stoma care nursing teams were directly employed by their respective Trusts. 1 was employed by the supplier on an honorary contract with the Trust
- All respondents provided stoma care to both acute and community services
- 9/11 Trusts received some form of sponsorship and free products from suppliers. The 2 Trusts that did not were Foundation Trusts
- 1/11 confirmed an obligation to recommend or use the sponsor's product

Conclusion

LPP concluded that stoma sponsorship is widespread and a necessity to fund services but despite little evidence of contractual commitments, suppliers recognise this as an opportunity to grow prescription spend.

LPP also independently reviewed the use of stoma accessories, namely remover sprays and wipes and suggested (where appropriate) the use of specific brands of adhesive removers, both which coincidentally were the cheapest on the market.

Outcomes

Stoma care nurses and patient groups need to be directly involved in decision making surrounding cost savings, to fully understand where savings can be made without compromising quality or patient care. This presentation details a novel working relationship between LPP and the stoma nurse.

Learning Objectives

1. Improving communication and collaborative working skills.
2. Improving patient outcomes without compromising quality or care.
3. Uniting stoma care nurses to be able to address the issue of high spend within the speciality.

Conflict of Interest:

Author employed by London Procurement Partnership (LPP).

O-5

Setting Up, Running and Developing an Enterostomal Therapy Nursing Clinic

Mr Supun Prageeth Samarakoon

National Cancer Institute, Sri Lanka

Background

Enterostomal therapy nursing clinic was newest thing for my hospital. After I graduated from Malaysian enterostomal therapy nursing education programme in 2015, I was a idea with initiation of stoma and wound care clinic to my hospital. At that time only two enterostomal therapy nurses were in my hospital but I was only foreign training world council certified stoma nurse at that time. Before starting a clinic there were a lot of complicated and excoriated stoma patient were seen and nobody implemented specific care for them. then I knew about the importance of starting a stoma clinic. therefore, I proposed starting an enterostomal clinic.

Purpose

main aim was provide optimal care for my stoma patient and prevent them from peristomal stoma complication. moreover establish stoma patient registry and give them a card for follow up clinic visit. moreover, this will be a centre for training stoma nurses in my hospital.

Method

first of all I presented my proposal to my nurse manager and he recommended a proposal to head of my hospital. This was a tough time as a lot of pros and cons were infiltrate from my senior mentor as well as hospital staff. But I overcome from some of the barriers and show them patient suffering. Initially I randomly select 10 stoma patient and 5 of them care with our optimum stoma care knowledge. We instruct them how handle their stoma initially and introduce them some of the accessories, ring, spray, adhesive removers. ...). rest of the patient kept nothing and did similar management without a special care. Within given timeframe significant changes were seen in two groups. hence, I clearly suggested the importance of enterostomal therapy nursing clinic and finally gave me an approval of a clinic establishment.

Conclusion

Starting a new clinic is a challenge and running a clinic is a service.

Learning Objectives

Multidisciplinary approach is a key in a setting, running and advancement of a clinic.

References

Wcet journal
Fow newsletters

O-6

How Does the Band 3 Health Care Assistant (HCA) Role Enhance Patient Experience and Support the Stoma Care Nurse in Delivering a High Standard of Timely and Holistic Patient Centred Care

Mrs Jacqui Irving, Miss Lisa Hanson, Mrs Deborah Hobson

East Kent Hospitals University NHS Foundation Trust

Aim

Our aim is to show the value of the band 3 health care assistance role (HCA) within stoma care. To show they provide invaluable support to the stoma care nurse (SCN), ensuring a high standard of holistic patient centred care, experience, and outcome are achieved.

Approach

This will be a qualitative review. Information will be taken from a band 3 HCA and SCN perspective. Results from a ward staff and surgical team questionnaire will be discussed. Direct patient comments and benefits will be shared.

Content

A brief overview of the geographic area we cover, demographics of annual stoma formation within our service, and an outline of our stoma care team.

An account will be given from a band 3 HCA in regards to the range of care and support she provides within the service. This will be counterbalanced with a SCN's explanation of how this support impacts on improving the efficacy of her role. Helping to keep timely patient outcomes at the heart of care planning, care giving and discharge planning.

We will show results from a hospital based questionnaire taking into account opinions of nursing staff and surgical teams alike. This will be looking at how the band 3 HCA role is perceived in visibility, support, effectiveness and patient experience.

We will share direct patient experiences in regards to the band 3 HCA role.

Conclusion

We will have shown that a band 3 HCA role provides invaluable support to the SCN. That this support has a direct impact in quality of care, outcome and experience that is passed on to the patient.

Learning Objectives

1. How band 3 HCA,s help to improve overall patient experience and outcomes
2. How the efficacy of the SCN role can be improved by the HCA role.
3. To identify benefits gained by ward staff and surgical teams in maintaining high standards of informed patient care.

References

- Stoma care and the role of the healthcare assistant.
- J Burch - British Nursing Journal of Healthcare Assistants.2008 - magonlinelibrary.com
- Cavendish Review gets close to the heart of the HCA/AP role.
- R Hughes - British Journal of Healthcare Assistants, 2013- madonlinelibrary.com

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O-7

Loose the Lbs Save the £

Mrs Verna Henderson

NHS Borders

Background

Obesity now affects one in four adults in Britain. The World Health Organisation describes it as one of the greatest public health challenges this century, with colorectal cancer and recurrence more prevalent in obese patients.

Technical, mechanical, psychological and physiological stoma problems increase by 60% in obese patients; having implications on daily quality of life and prescribing costs.

Content

There is a plethora of advice and information on diet modifications following stoma surgery, emphasising obstruction prevention, improving output and function. Often a misconception amongst ostomates is increasing weight is not possible following stoma formation. Obesity increasingly challenges the ostomate and Stoma Care Nurse.

Aim

Provide information to ostomates, facilitating healthy weight loss and then maintenance of a healthy weight.

Methods

A literature review found limited conflicting information for overweight /obese ostomates to achieve realistic, gradual but sustained weight loss in partnership with regular exercise. As health professionals providing consistent advice is challenging. Local and national ostomy forums demonstrate confusion with increasing demand for knowledge on weight loss with a stoma.

Results

From the literature reviewed and with the assistance of dietetic services a need for concise weight loss information booklet was identified.

The information booklet will be presented during the presentation. The booklet provides holistic support and education tailored for ostomates weight loss/maintenance needs and improving patient experience.

Conclusion

Nurse specialists can enhance healthy lifestyle choices with ostomates, supporting them to achieve their full potential. Using this resource on weight loss supports the improvement of both physical / psychological wellbeing, enables self-management and health benefits.

Learning Objectives

1. Understand difficulties the obese/ overweight ostomate experiences accessing accurate and concise information to enable weight loss with a stoma.
2. The specialist nurse will be aware of a weight loss advice booklet available as a resource supporting psychological and physical benefits to the ostomate on weight loss with a stoma.

References

- Journal of Wound Ostomy & Continence Nursing: November-December 2005 - Volume 32 - Issue 6 - p 378-383
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O-8

Are You Up for the Ride? The Rollercoaster from Expert to Novice and Back Again.

Miss Kerry Sobanski

Hampshire Hospitals NHS Foundation Trust

Aim

The purpose of this presentation is to explore the journey undertaken by the new stoma care nurse on their road from novice to expert.

The author will also question how, within stoma care as a specialty, the novice to expert journey is supported.

Content

The presentation will highlight the authors' journey, and question how prepared new stoma nurses are in becoming competent clinical nurse specialists, who have the ability to face the daily challenges, and meet the demands their role requires in order to provide high quality care for their patients.

Method

This presentation will take the form of a reflection, drawing on the authors experience of their transition from an experienced ward based specialist surgical nurse, to embarking on the role of becoming a stoma nurse.

A review of available literature/standards from professional bodies regarding the required support and competencies for the new clinical nurse specialist has been carried out.

Conclusion

Stoma nurses at all levels of experience are fortunate to have a plethora of opportunities for keeping updated and meeting their requirements for continual professional development. In addition to this, is there a place for collaborative team working within ASCN regional groups to provide a structured pathway of support for the novice stoma care nurse in becoming an expert?

Learning Objectives

1. Identify stages of the novice to expert journey.
2. Gain insight into the journey through shared experience.

References

- Association of Stoma Care Nurses UK (2016) National Clinical Guidelines. ASCN UK.
- Benner, P. (1984) From Novice to Expert. California: Addison-Wesley Publishing Company.
- Royal College of Nursing (2009) Clinical nurse specialists stoma care. London: Royal College of Nursing.

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O-9

'Left Side Knees Up' - On the Receiving End

Miss Emma Morris

Univeristy Hospitals Birmingham

Background

How many of you personally know someone that was diagnosed with Bowel Cancer? A family member? A close friend or even a patient? How many of you know of a Colorectal Nurse that was diagnosed with Bowel Cancer?

Content

In this presentation I will share my story on the other side of the fence from being a service deliverer to a patient.

The importance of our role and continuation of support is a key element in my day to day life. The experience and knowledge which I have already gained in 5 years as a Colorectal Nurse Specialist, did not prepare me for the whirlwind of treatments and gruelling side effects in my forthcoming year.

Aim

To provide you with an insight of my journey through cancer as a Colorectal Nurse Specialist. I would also like to highlight how communication from health professionals whilst on treatment can provide a supportive nature and ease to the patient's experience.

Method

In this reflective personal case study; the importance for health professionals to trust the skills they already know and utilise what we already have.

Effective communication within our role is a key skill and I would like to share how this skill along my cancer journey has enhanced and changed my practice.

Conclusion

The most simplistic ways such as a phone call or a chat with a health professional whilst on their treatment pathway can resolve issues of 'isolation' and 'loneliness'. I have used my experience to acknowledge the gaps in which we could prevent this from occurring and ensure patients feel that they can talk to us.

On reflection I have developed a realisation of how well colorectal services run, the key communication support to prevent or reduce isolation and the value of our 'specialist' role to service users.

Learning Objectives

To provide you with an insight of my journey through cancer as a Colorectal Nurse Specialist. I would also like to highlight how communication from health professionals whilst on treatment can provide a supportive nature and ease to the patient's experience.

References

- Perry, K and Burgess, M. Communication in Cancer Care (2002) Malden, Mass.; Oxford: British Psychological Society and Blackwell Publishers.
- Thorne Et Al (2013) Poor Communication in Cancer Care: Patient Perspectives on What It Is and What to Do About It. Cancer Nursing.36(6). pp. 445-453.

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O-10

Never Walk Past a Sunset - The Impact of the Nurse/Patient Relationship

Mrs Nicola Cheale

Cambridge University NHS Foundation Trust

Background

As specialist nurses we are aware of the importance of developing a therapeutic relationship with our patients, and are in an unrivalled position to empower the patient to achieve their best possible outcome from treatment. In our clinical reality sometimes patient relationships can be challenging, patient expectations may not be met and patients may be perceived as difficult or demanding.

Introduction

Whilst preparing for revalidation, the author decided to reflect on the case of 'Mark', a 42 year old patient who had been known to the urology department for many years, undergoing treatment for bladder cancer. This process was a beneficial learning experience for the individual nurse but also the clinical team.

Method/ Content

A reflective case study to explore the care of a patient with a long history of urological cancers culminating in pelvic exenteration, the therapeutic relationship that developed, and the benefits to the nurse as well as the patient.

The NMC Code of Conduct (2015) is discussed in relation to the nurse/patient relationship, and the definition of a therapeutic relationship will be explored. The boundaries and limits of the professional relationship will be explicated and applied to the case study example.

Conclusion

Therapeutic relationships are the foundation on which we deliver our expert practice. We develop these relationships on a daily basis but there is little support given to boundary setting in relation to the need to empower and promote patient independence not dependence. This reflective case studies identifies strategies to ensure we get the right balance between support and ensuring independence.

Learning Objectives

1. To define and understand the term and boundaries of 'therapeutic relationship' as applied to stoma care nurse specialist practice.
2. Explore the benefits and professional challenges of the nurse/patient relationship and understand the NMC guidance on this.
3. Explore a case study reflection which challenged conventional nurse/patient boundaries.

References

- Nursing and Midwifery Council (2015) Code of Conduct, NMC, London
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O-11

Can the Stoma Care Nurse (SCN) Rise to the Challenges Faced by People with Dementia and a Stoma?

Mrs Rebecca Fossett

Royal Wolverhampton Hospital Trust

Background

An aging population in the UK will inevitably lead to an increase in the prevalence of dementia. Many of those people will be living with multiple co-morbidities, which may include bowel surgery resulting in stoma formation.

Content

This presentation will explore the impact of memory loss, language and communication difficulties, deficits in attention and concentration and the difficulty performing familiar tasks and problems learning and retaining new skills. These all add to the challenges of managing a stoma.

The presentation will identify the impact of stoma formation and management for those people who have dementia and go on to have a stoma. It will also look at the problems faced by those established ostomists who go on to develop dementia and the impact this has on maintaining independence with stoma management.

Method

A holistic, person-centred review of the evidence to identify a better understanding of supporting an ostomist living with dementia and areas for potential service improvement.

A step-by-step guide designed to promote and maintain a realistic and achievable level of independence in managing their stoma will be shared and applied to practice.

Conclusion

The issues associated with stoma care are not limited to the person living with a stoma and dementia. The presentation aims to raise awareness for the whole care team, including family members and formal carers. As SCN's insight into the behavioural symptoms which may impact on the management of a stoma and practical solutions can only benefit the SCN, the patient and their family.

Learning Objectives

1. To identify best practice for dementia care to the ostomist.
2. Promote awareness and raise the profile of stoma care nursing and dementia.
3. Understand the relevance and impact on dementia and ostomy care.

References

- Black, P. (2011) Caring for a patient with a stoma and dementia. *Gastrointestinal Nursing*, 9(7), p.p. 19-24.
- Coleman, L. (2017) Improving the care management for ostomists living with dementia URL: <http://fabnhsstuff.net/2017/10/30/improving-care-ostomates-living-dementia/>
- Colostomy UK (2017) Caring for a person with a stoma and dementia. URL: www.ColostomyUK.org
- Powell, C. (2013) Using reflection to treat stoma patients with dementia. *Gastrointestinal Nursing*, 11(7), p.p. 52-60.

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O-12

Formation of Ureterostomy in a Patient with Crohns Disease

Mrs Liz Davis

Hollister UK

Background

Urothelial (UCC) or Transitional Cell (TCC) cancer can affect all parts of the urinary tract from the kidneys to the urethra.

Patients with high grade muscle invasive disease often require extensive resections to manage their cancer and during the course of investigations other, previously undiagnosed conditions, can be detected which requires the patient to undergo different surgical management.

Ureterostomies are rare in adults and usually considered a temporary procedure and in scholarly literature they are mostly described in children.

Aim

To discuss the pre and post operative management of a bladder cancer patient found to have Crohn's disease within his terminal ileum as well as a non functioning right kidney that required the formation of a left sided ureterostomy as a conventional urostomy was not possible.

Method

A presentation outlining pre and post op care and precautions to manage this patient.

Conclusion

Occasionally patients present with an unusual combination of conditions that require a different approach to their management.

Robotic assisted radical cystectomy (RARC) and nephrectomies are now considered commonplace but have necessitated adaptations to stoma siting to accommodate changing surgical techniques and reduce and prevent long term complications such as electrolyte and vitamin malabsorption and parastomal hernia formation.

Ureterostomies are uncommon and therefore require a flexible approach to their long term management.

Learning Objectives

1. To highlight the need to adapt and challenge perceived practice in stoma siting in the light of the robotic revolution.
2. Demonstrate an interesting and unusual urological case study providing a management plan should anyone come across the same situation.

References

- Crohn's Disease- NHS UK <https://www.nhs.uk/conditions/crohns-disease/>
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- <https://www.baus.org.uk/userfile/pages/files/Patients/Leaflets/Radcysmaleconduit.pdf>.
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Conflict of Interest:

Company Nurse employed by Hollister UK.

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O-13

Complexities of Management of a Urostomy in Ehlers-Danlos Syndrome

Mrs Julie Oxenham

Hollister Ltd

Aims/Objectives

A Case study to illustrate the complications and the complex stoma management of urostomy formation in an individual with Ehlers Danlos Syndrome (EDS).

Content

Ehlers-Danlos syndrome (EDS) is an inherited connective tissue disorder that stems from abnormal collagen synthesis (Barabas, 2000). The case study will explore what EDS is and how it can prove problematic when surgery is performed on such individuals because of the friable nature of the skin. Hypermobility of the joints and skin extensibility/fragility are classic symptoms of EDS (Beighton et al, 1997). The patient has Fowlers Syndrome also and their medical history will be explored. This case study was written up in the BJN 2 years ago but multiple complications have happened since which the author will explore in further depth.

Method

The case study becomes a reflective account as the use of a convexity appliance may have attributed to stoma mucocutaneous separation and stenosis. The author has a series of pictures with the patient's consent that illustrate the stoma complications that ensue. Because surgery has a high rate of complications in an individual with EDS the author will advocate that a multidisciplinary approach should be employed with input of all appropriate specialists.

Results

An action plan is discussed of how to approach the care of prospective stoma patient with EDS. With recommendations of caution in convexity use and good peristomal skin care. Surgical considerations such of what suture material and closure should be employed is also presented.

Conclusion/Outcomes:

EDS is a rare and misunderstood condition and patients' symptoms are complex, especially when surgery is performed. It is imperative that when nurses are presented with a patient with EDS, especially in the field of stoma care, they should familiarise themselves with this often disabling syndrome, so that the most appropriate care is offered.

Learning Objectives

The learning objectives are to understand what EDS and caution in convexity use. Since my article I have been approached by stoma care nurses for advice when they have encountered an EDS patient and would like to broadcast my experience to a wider audience.

References

- Barabas AP (2000) Ehlers-Danlos syndrome type IV. New England Journal of Medicine 343(5): 366
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- Ehlers-Danlos syndromes: revised nosology, Villefranche, 1997. Ehlers-Danlos National Foundation (USA) and Ehlers-Danlos Support Group (UK). Am J Med Genet 77(1): 31-7.

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O-14

The Urostomy: The Poor Relation?

Miss Rachel Jury¹, Dr Richard Biddle²

¹Rocking2stomas, ²Colostomy UK

Aims/ Objective

To demonstrate the knowledge gap amongst healthcare professionals (HCPs) in caring for urostomy patients and the implications this has for those needing essential care.

Background

It is estimated that 10,000 people in the UK have a urostomy, compared to between 110,000 and 120,000 with colostomies/ileostomies.

I had an Ileostomy in 2012 and a urostomy in 2015. In my experience, HCPs are conversant in caring for patients with faecal stomas, but not so with urostomies. One of my first insights into this lack of knowledge was when I had to provide a urine sample. Some HCPs could not tell me how to collect a specimen of uncontaminated urine. This led to treatment delays and left me feeling concerned and anxious about overall knowledge of the clinical and psychological needs of this patient group.

Method and findings

Working with a researcher from a UK-based stoma charity, we conducted a small qualitative survey of urostomates via a Facebook support group. This asked the question: "How knowledgeable have you found Healthcare Professionals about urostomies?" 52 patients responded. Of these 50 indicated that lack of knowledge was normal in encounters with HCPs. While in some clinical settings this is understandable, it was notable that some respondents recorded instances where staff on urological wards seemed to confuse a nephrostomy with a urostomy.

Conclusion

Urostomies are rare. HCPs encounter few during their career. Finding a way to embed knowledge and keep it up-to-date is therefore central to the problem. We are currently assessing a number of ways forward, including: producing a 'urostomy aide memoir' for relevant medical departments; a card that urostomy patients can carry, which explains their condition and signposts further information (e.g. collection of urine samples) and supporting stoma care nurses with resources to educate and empower other HCPs.

Learning Objectives

1. To demonstrate the knowledge gap amongst Healthcare Professionals in caring for urostomy patients.
2. To address how to move forward in regards to education and awareness amongst healthcare professionals.
3. To support Stoma Care Nurses with resources to educate and empower Healthcare Professionals.

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O-15

Gut Feeling – Supporting the Challenges Faced by Paediatric Stoma Patients and Their Families

Mrs Michelle Hill, Mrs Felicity Nutting

SecuriCare (Medical) Ltd

Aims/objectives

Identify the challenges adult trained Stoma Care Nurses (SCN's) encounter caring for paediatric stoma patients. Explore and provide relevant support for the diversity of this group of patients while addressing the needs of the families.

Share the benefit this project brings to the adolescent transition into adult stoma care services.

Paediatric care covers birth to 18 year olds; not forgetting the parents and other family members. Within this Trust an adult SCN cares for paediatric patients both in the hospital and community setting. Within our locality the need for support; namely a patient/parent support group was identified; it appears such groups, specifically for paediatric stoma patients, at a local level are uncommon.

It is well evidenced in literature the benefits support groups can bring, such as, realising you are not alone, sharing information and making connections, learning from peers, and the opportunity to share frustrations (Birch, 2014, Jordon, 2015). Furthermore the Association of Stoma Care Nurses (ASCN) Nursing Standards refers to the ongoing support needed for people with a stoma.

The needs of a parent and child stoma care support group differ greatly from that of an adult group due to the wide variation of the attendees and their requirements. Owing to the myriad of variables to be considered and the needs to be met it was decided to book a venue and just go ahead and hold the meeting. Starting the group in this way allowed an organic, patient/parent led format. Through discussion, suggestions and questionnaires the meeting format continue to evolve and grow. One significant benefit seen within the group has been the streamlined transition from child to adult services as relationships are already established with SCNs in the adult service and developed further within these meetings.

Learning Objectives

1. Identify challenges facing an adult trained SCN's in providing care for paediatric stoma patients.
2. List considerations in setting up a paediatric & family stoma support group, and the benefit this can have when supporting the patient transitioning into adult stoma care services.

References

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O-16

The Complex Care of Conjoined Twins Who Share a Stoma - The Role of The Stoma Care Nurse

Mrs Lisa Leamon

Coloplast Care Nurse, Cardiff and Vale University Health Board and Coloplast Ltd

Background

Four scans' and no indication of what's ahead until the delivery of conjoined twin girls in Senegal, Gambia. A father's desperate taxi ride to save his daughters from nature being allowed to take its course and the submission to the "will of God". A single father who gives everything up, family, job, country to seek asylum with his daughters so they can both live. In the process, medical intervention that affords one child to grow stronger whilst the other becomes weaker; a shared emergency colostomy.

Method

A reflective case study discussing the challenge of impartiality within complex medical decision making. An introspective review of the role of the community SCN within the MDT faced with a multifaceted case which challenges language, cultural and religious beliefs.

Content

Nurse's face ethical issues daily but some situations have a level of intricacy which is truly unique and leads us to question our practice. This presentation will compel the audience to reflect on their own beliefs and support mechanisms, as it examines a case study where advancement of medicine conflicts with the rights and wishes of a parent.

Conclusion

For this father care of a stoma, has been the simplest challenge to date but there are continuing more difficult daily decisions regarding the twin's future. For the SCN involved within MDT's which are forced to consider consent to life, peer support networks and the chance to share complex cases is vital for the nurse's own emotional well-being.

Learning Objectives

To draw the audience's attention to the role of the SCN in ethical decision making and the need for peer support and team working.

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Tuesday 11th September

O-17

Dementia and the Ostomate: Working Together to Help Patients and Their Carers

Dr Richard Biddle

Colostomy UK

Estimates suggest that the number of people with dementia in the UK will have reached over 1 million by 2025 before soaring to 2 million by 2051. Hence, the incidence of ostomy patients who go on to develop dementia or already have dementia when stoma surgery is performed, is set to increase significantly.

Recent research has identified the serious implications that memory loss and the development of neuropsychiatric symptoms can have for stoma care. Calls to our helpline support these findings. In addition they have brought to our attention the current lack of support and guidance available to the carers (professional and friends/family) of such patients.

Recognition of the above provided the impetus behind the work that our presentation describes. It explains how, in partnership with a dementia charity and through engagement with healthcare professionals from a range of disciplines, we have developed a teaching and information resource for carers. It also outlines our plans for care workshops.

Awareness of the healthcare needs associated with an ageing population continues to grow. As we show, this demographic development holds some very specific challenges for those involved in stoma care. We contend these cannot be dealt with discreetly, but require a collaborative approach. Our aim is to encourage such work; make those present at ACSN aware of our work; and urge them to signpost carers in need of support to us.

Learning Objectives

We have two objectives. Firstly to showcase the initial output from our recently established relationship with a dementia charity. Secondly, to argue that broader collaborations of this nature not only positively affect patient care, but are essential in addressing the needs of patients who have stomas and other long-term conditions.

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O-18

Mental Capacity - An Ethical Dilemma. Reflections on a Very Challenging Case

Miss Jo Sica¹, Ms Louisa Heliard²

¹Your Healthcare, Kingston CCG, ²Kingston Hospital

The aim of this presentation is to provoke the audience to think about the practical impact of The Mental Capacity Act (MCA) 2005 by presenting a real case scenario. The MCA provides a legal framework to guide everyone involved in the care, treatment and support of adults living in England and Wales who are unable to make all or some decisions for themselves. It is designed to protect and empower those vulnerable people who lack capacity and as health care professionals we have a responsibility to ensure best practice under the MCA Code.

This presentation includes a case study of Adam, a 62 year old man with extreme learning difficulties who required a loop colostomy following a diagnosis of bowel cancer.

The presenters will discuss the MCA and the implications it had on their patient's treatment plan as well as discussing an on-going ethical issue.

Working with the adult learning disabilities nurse, the community stoma care nurse was able to find a system that enabled Adam to change his pouch with supervision.

Unfortunately, he developed a significant prolapse. Plans were set for operative reversal of his stoma but many issues arose that prevented this happening which had a huge impact on the patient, his carers, the hospital and community stoma care team as they sought to find a solution to enable Adam to go ahead with a reversal of his stoma. At the time of submitting this abstract he has still not had his reversal.

The importance of liaison and close working between acute and community teams is highlighted in this unfortunate case.

Learning Objectives

1. To allow the audience to gain an understanding of the Mental Capacity Act and consider how it may impact their own practice.
2. To consider and reflect on both the patient and the professionals feelings and actions.

References

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O-19

How Confident are We in Addressing and Meeting the Spiritual, Religious and Cultural Needs of our Patients?

Mrs Catherine Atkinson

SecuriCare (Medical) LTD

The need to address and realise the value of elements such as faith, hope and compassion in the healing process is not new, first being addressed by World Health Organisation (WHO) in 1948.

Aims and objectives

As we live in an increasingly diverse and multicultural society it was decided to explore and reflect on our understanding of cultural, religious and spiritual sensitivity for a stoma patient. The goal was to gain a greater understanding of the values, beliefs and practices of patients to enable confidence when offering support in this element of care.

The strength of religious beliefs differs, however in times of need, religious and spiritual support can be what a patient turns to. People who practice their faith or religion as part of their regular life and as part of their identity have a right to continue to express this while undergoing healthcare.

The method adopted, as a result of our findings, was to develop a workshop. The format was interactive, offering opportunities to share beliefs ask questions and dispel myths with a number of faith leaders from a local chaplaincy team. The session evaluated well, both from the nurses and the chaplaincy members who were keen to share their outlooks.

Outcomes/Conclusion

The workshop generated many questions but also a desire to explore this topic further and its place within the care pathway. Plans are in process to meet and forge stronger working relationships with local chaplaincies to provide a network of support for the nurses and their patients. Questions from the sessions were collated; from this a resource was developed as a point of reference. Considering patients and their families' cultural, spiritual and religious values, and not merely "ticking the box", can have a huge impact on patients caring for and accepting stoma formation.

Learning Objectives

1. Demonstrate an understanding of the importance religious, cultural and spiritual needs play in a stoma care pathway.
2. Identify steps for implementation to enhance the clinicians understanding of religious and cultural practices.

References

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Conflict of Interest:

Author employed by SecuriCare (Medical) Ltd.

O-20

Psychiatric Illness and the Ostomist – How Well Prepared are We to Support our Patients

Mrs Melanie Harding

Queen Elizabeth Hospital, Kings Lynn Norfolk

Aim

To identify the characteristics of Dependant personality disorder.

To understand the challenges faced by the SCN when providing care to a patient with this disorder and the impact it can have on the team and the service provided to others patients.

Reflection on the importance of collaborative working within the multidisciplinary team.

To help improve the SCNs understanding of psychiatric disorders.

Method

A case study of a 52 year old female with a history of indeterminate crohns/colitis.

Previously had an ileo anal pouch now has a permanent ileostomy. Long term refusal to care for her stoma.

Known to the stoma team for the last three years. Aware of mental health issues including previous self harm, obsessive compulsive disorder, anxiety and depression but unaware of Dependant personality disorder.

Results

Clarify the characteristics of dependant personality disorder?

Using the 6c's of nursing demonstrate how Care provided needed to be right for the individual.

When the patient presented in a state of crisis which had resulted in self mutilation courage was needed to support the patient along with commitment and compassion to provide care with dignity and respect.

Illustrate how Communication and competence is essential to effective team working amongst the multidisciplinary team in order to provide expert, evidence based care.

Conclusions

This has helped raise awareness of the complexities of mental health and psychiatric conditions. Highlighted a lack of knowledge but has emphasized the potential for learning and development.

The value of personal and professional reflection is demonstrated emphasizing the importance of team work and support from colleagues.

Collaborative working within the multidisciplinary team resulted in enhanced relationships, safeguarding the patient which resulted in a better outcome.

Learning Objectives

1. Reflection has highlighted the importance of collaborative working within the multidisciplinary team.
2. Highlighted a lack of knowledge but has emphasized the potential for learning and development.

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- <https://www.psychiatry.org/patients-families/personality-disorders/what-are-personality-disorders>

O-21

Addressing Health Inequalities in Patients with Hearing Loss

Michelle Hill, Dawn Buswell
SecuriCare (Medical) Ltd

There are two types of 'deafness', those that acquire deafness through age or trauma and those who are born with a profound hearing loss. Approximately 9 million people are known to have a hearing loss, which accounts for 1 in 7 people – 19% of population. Approximately 1 in every 1000 children is born with severe or profound hearing loss, with 90% born to hearing parents. British Sign Language (BSL) is used by around 50,000 deaf people in the UK as their primary/preferred language (Deaf Aware, 2018).

Recently our team have had several deaf patients utilising our service, which has highlighted the general lack of awareness amongst our nursing team in understanding the needs and adjustments required in providing care for patients within the deaf community. There are many aspects of our service which provide challenges, by the nature of the patient pathway and the locations of clinical interventions.

This has raised some questions which we would like to highlight in our presentation:

- How aware are we as Healthcare Professionals to the needs of the deaf patient?
- How conscious are we in being able to access BSL services?
- How do we ensure patients have nurse advocates and awareness of their rights to access resources?
- Why do some non-hearing patients not access general healthcare services?
- How can we adapt our stoma care services to meet individual non-hearing patient needs?

Equality is a fundamental right in Western society; with identified Government concerns around health inequality. Ensuring that all deaf patients receive the same level of care, access and information to reduce and address such inequalities is a necessary requirement as set out within The Equality Act 2010. (Equality Act 2010, British Deaf Association 2015). This identified need could be the catalyst for service development.

Learning Objectives

1. Identify service requirements to address health inequalities in patients with hearing loss.
2. Outline support mechanisms to ensure equal access and improved pathways for the ostomy patient with hearing loss.

References

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O-22

Pre-Operative Preparation of Patients Undergoing Total Pelvic Exenteration (TPE)

Miss Katy Hardy¹, Mrs Jackie McPhail²

¹Royal Marsden Hospital, ²Hollister Ltd

Aims/Objectives

To understand the pre-operative preparation for the group of patients who undergo TPE.

Content

Patients who undergo TPE for cancer require specific and detailed pre-operative preparation prior to surgery (Cox et al 2006, Jenkins et al 2001, Rutten et al 2005) to enable them to make decisions on choice of operation (Burch and Taylor 2016) and to prepare them for life with either two stomas or a double barrelled wet colostomy (Carters procedure). This presentation discusses the considerations in their pre-operative period. There is a paucity of literature on the pre-operative preparation of patients undergoing TPE.

Method

Patients may be given a choice between two stomas; a colostomy and urostomy or a Carters. To assist this, one consideration is to ensure that their pre-operative preparation can include specialists from Colorectal, Urology, Gynaecology and Plastics. Siting requires specific consideration (Leyk et al 2018) to allow enough space to accommodate two pouches on either side of the abdomen. This presentation discusses all the pre-op preparation they will require and the benefits of meeting other patients (Metcalf 2017).

Results

This hospital has performed 27 number of TPE in the last year with 23 having two stomas and 4 having the Carters procedure. Most of the patients will also have a form of flap.

Conclusion

Pre-op preparation for this group of patients is really important to allow informed consent and to prepare for life after surgery. People who have undergone TPE will state how they arrived at their decision and what they felt was useful pre-operatively.

Learning Objectives

1. To understand the specific pre-operative preparation of patients undergoing TPE.
2. Create awareness of the value of patients meeting others who have undergone TPE in the pre-operative period.

References

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Conflict of Interest:

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O-23

Anterior Resection Syndrome: A Well-managed or Neglected Condition

Mrs Katherine Wilkinson

Coloplast Ltd

Aims and objectives

To give an overview of Anterior Resection Syndrome (ARS), and share a case study review to exemplify the misery that this condition causes. To raise awareness among Specialist Nurses of current best practice treatment guidelines.

To challenge Health Care Professionals and encourage them to be more proactive in delivering high quality care for this group of patients.

Context

A diagnosis of rectal cancer, the subsequent surgery and treatment can be a harrowing journey. When the stoma is reversed, over 50% of patients have altered bowel function. ARS can pose a huge restriction on daily activities. For some, the symptoms are so incapacitating that life with a stoma can seem preferable. Patient education, assessment, appropriate management strategies and follow up care can greatly improve quality of life. An overview of the recommended stepped approach when offering treatment is detailed in a best practice consensus guideline. In practice, many patients present after suffering in silence for a long time, unaware that their symptoms are a recognised syndrome and that effective treatment options are available.

Method

A reflective case study which gives insight in to the lived experience of ARS, and the psychosocial impact on the individual and their family. Review of the best practice guidelines and how these were used within the case study scenario.

Results

The case study review demonstrates the impact on the individual of coping with ARS and the difference that specialist nursing intervention can make.

Conclusion / Outcomes

ARS is a syndrome which can affect up to 50% of people post anterior resection and is therefore an area which requires significant specialist nursing input. A proactive approach is required, in line with best practice guidelines to identify those patients needing intervention. Timely specialist nurse intervention can significantly improve the quality of life and patient outcomes.

Learning Objectives

1. Increased knowledge of the condition Anterior Resection Syndrome, patient education and available treatments.
2. Awareness of the need for Specialist Nurses to proactively identify and treat this condition when reviewing patients post rectal surgery.

References

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Conflict of Interest:

The presenter works as a Coloplast Care Nurse.

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O-24

Parastomal Hernia Repair: A Lost Cause or Not?

Miss Karishma Parmar, Mrs Melissa Oliveira-Cunha, Mr Sanjay Chaudhri

University Hospitals of Leicester, NHS trust

Background

Parastomal hernia (PSH) is a common problem for patients with a stoma and can adversely impact on a patient's quality of life. Patients are often advised to cope with their hernias as surgery for PSH is considered to have poor outcomes and not without complications. The choice of technique is a matter of debate. We undertook an audit of our outcomes after PSH repair.

Methods

A retrospective study was conducted of all patients who underwent mesh repair for PSH following a colostomy or ileostomy, at Leicester General Hospital, between 1 March 2011 and 31 October 2017. Outcomes studied were postoperative complications, length of stay and recurrence rates.

Results

16 patients underwent 18 hernia repairs (1 onlay, 3 open key-hole, 2 open Sugarbaker, 2 laparoscopic keyhole and the 10 laparoscopic Sugarbaker). Post-operative complications were noted in 39% (Clavien Dindo 1 (11,1%), 2 (27,7%), 3 (0%)); with a 16,7% incidence for laparoscopic techniques repair. The overall median post op stay was 4 days (range 1-11) and 2 days (range 1-5) for laparoscopic technique. Altogether, median follow up with either a CT scan or outpatient clinic was 5 months (range 0-28). The overall recurrence rate was 39% (open and onlay 71,4% versus laparoscopic 28,6%).

Conclusion

Results after PSH repair have wide variation in the outcomes which are difficult to explain. However laparoscopic PSH repair appears to have the best safety profile and outcomes and should be offered to symptomatic patients.

Learning Objectives

1. Evaluate different surgical approaches and techniques for parastomal hernia repair, in its effectiveness and safety.
2. Assess post operative complications, length of stay and recurrence rate post parastomal hernia repair.

References

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O-25

The Positive Impact of Stoma Care Nurse Involvement in the CIPHER Study

Mrs Amanda Gunning, Professor Neil Smart

Royal Devon & Exeter NHS Foundation Trust

Parastomal hernias (PSH) are noted in the literature as 'a common problem' (Osborne, W. et al 2018) with incidences ranging from 40% up to 78% (Aquino, CT. et al 2014). The CIPHER study (Cohort study to investigate the prevention of parastomal hernias) intends to evaluate the factors leading to PSH. As stoma care nurses (SCNs), we are at the heart of hernia management. To prevent, recognise and manage hernias is integral to our practice; however, to be involved in a study that aims to understand the factors that lead to hernias, with the hope of prevention in the future is unique and significant.

The joint presentation with the Chief Investigator of the CIPHER study will outline how SCNs were significant in leading the pilot work and set up. The nurse specialists on the study steering committee were pivotal to guiding the design of the case report forms and influencing the structure of the patient pathway, emphasising the importance of embedding the process into the quality patient care pathway already provided.

The SCN has been highlighted as being central in the screening, recruitment, consent and follow up of the patients and collaborative working is at the heart of the process.

The presentation will give an overview of the CIPHER study, the recruitment process, data collection and how the SCNs incorporated the research process into the established pathway of care.

Learning Objectives

1. Integrating research into SCN practice.
2. Highlighting collaborative and progressive working.
3. Raising the SCN profile.
4. Reaching beyond the traditional scope of practice within the SCN role.

References

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O-26

Using Sport and Exercise to Break Down Barriers

Peter Martin, Giovanni Cinque

Colostomy UK

The link between exercise and health are well established. This applies to everyone, ostomates included. With the latter, being active and keeping weight in check has the additional benefit of preventing parastomal hernias. Despite this, embedding exercise as a part of everyday life is another matter. Our Lifestyle survey (2016) revealed ostomates often fear physical activity and are unsure what exercise is safe for them. In addition, the embarrassment of the 'public gaze' and concerns about leakage lead them to shun activities like swimming.

Our presentation focuses on our work with support groups. It describes the many activities we have arranged through these (chair yoga, archery, swimming) and outlines how, rather than being delivered as 'one-off' sessions, they form part of a long-term, sustainable plan. It explains how involvement is not dependent on membership to a support group. Likewise, sessions are not prescriptive, but responsive to the needs of those taking part. Anecdotal evidence from attendees is used to demonstrate the many benefits and illustrate the sense of empowerment that ostomates can derive from participation.

Our work suggests that the 'safe' environment of a support group is conducive to getting ostomates active. However, we know that for those who run such groups the cost (time and money) of organising activities is a significant barrier. We therefore hope that after hearing about what we are doing, listeners with support group involvement will have the confidence to suggest to group organisers that they contact us to discuss how we can work with them.

Learning Objectives

By profiling the success that our charity has had encouraging ostomates to be active, our objectives are to demonstrate that in addition to physical benefits, exercise provides a mechanism through which the barriers to social integration following surgery can be broken down and patients' sense of isolation overcome.

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O-27

Nephrostomies and Their Management in the Community

Mrs Liz Davis

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Background

Increasingly in the last few years a significant number of patient are being discharged home with permanent nephrostomies in situ. Previously many of these patients would probably have probably died of acute renal failure secondary to obstructive uropathy.

This patient group are often considered end of life or palliative so careful management to reduce unnecessary readmissions is paramount.

Similarly patients found to have poor glomerular filtration rates (eGFR) who require chemotherapy also have nephrostomies inserted to improve their overall renal function.

Aim

To outline the rationale for nephrostomy insertion and common medical conditions.

To demonstrate how urostomy equipment can be used to manage long term nephrostomies to facilitate normal daily activities.

To also demonstrate how using nephrostomy equipment also serves to protect the skin around the exit site which is often subject to dermatitis secondary to urine seepage around the nephrostomy tube.

Method

A presentation outlining the clinical indications for nephrostomies and the equipment used for their management.

Conclusion

Developing a step by step pictorial care plan provides an easy to use guide for community nurse teams and family carers in the home. As long term nephrostomies become more common and specialist nurse resources and equipment available on FP10 are limited the onus will fall on community nurses and families to educate themselves to care for patients.

Learning Objectives

1. Demonstrate how to manage nephrostomies' safely in the community with appropriate equipment.
2. To highlight the need for specialist services manage this patient group.
3. To enhance knowledge in this specialised but growing area of patient care.
4. To demonstrate that the use of urostomy products promotes skin health.

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Conflict of Interest:

Company Nurse employed by Hollister UK.

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O-28

The Experience of Caring for Patients Undergoing Stoma Formation Due to Development of Lymphoproliferative Disorder Following Organ Transplant

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Post-transplant lymphoproliferative disorders (PTLD) refer to lymphomas which may arise in people who have undergone an organ, bone marrow or stem cell transplant who are taking immunosuppressive drugs to prevent rejection of the transplant. The likelihood of developing PTLD varies according to the type of transplant, being most common amongst people who have undergone a small bowel transplant (Lymphoma Action, 2016). PTLD is often associated with infection from the Epstein-Barr virus, which is carried by the majority of adults and is not problematic in healthy people (Jiménez, 2015). However, this can cause uncontrolled proliferation of B-cells and development of B-cell lymphoma in immunosuppressed individuals (Nikolopoulou & Mason, 2012). PTLD represents a potentially severe complication of post-transplant treatment, with an uncertain prognosis.

This presentation will discuss the experience of caring for three patients who developed PTLD, whose lymphomas led to acute bowel obstruction and emergency stoma formation. The emotional and physical impact of surgery upon these patients (who have already experienced a protracted treatment journey before and after their transplants) and their families will be discussed. Implications for practice for stoma nurse specialists involved in the care of these patients will also be explored.

Learning Objectives

1. To gain a greater awareness of the complex care needs of this group of patients.
2. To improve knowledge of this condition amongst Stoma Nurse Specialists, who may be involved in caring for people with PTLD.

References

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O-29

Peristomal Medical Adhesive-Related Skin Injury – Development of International Consensus

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Introduction

There is a growing awareness of skin injury related to the use of medical adhesives within our specialty as stoma care nurses. Skin tears, blisters, and skin infections such as folliculitis can result affecting the peristomal skin and making this an important issue.¹ There is a demand for better education about the identification and prevention of medical adhesive-related skin injury.² Because there are so few studies to guide practice, an international panel of stoma care nurses was convened to discuss peristomal medical adhesive-related skin injury (PMARSI) and document areas of agreement about preventing and managing this condition.

Aims

Reach consensus on a group of statements about PMARSI:

- Identify best practices in assessment, prevention and management
- Identify gaps in research about PMARSI

Methods

A literature search was conducted prior to the meeting and the panelists reviewed the results and conducted additional searches of relevant literature. These results were used by panel leaders to generate a list of consensus statements for discussion at the meeting. An anonymous electronic response system was used to report level of agreement. A process of moderated discussion was used to achieve consensus; defined as 80% agreement on each item. Agreement was attained on 21 statements on the topic of PMARSI.

Conclusions

Peristomal medical adhesive-related skin injury is an important problem.. Consensus on prevention and management strategies for PMARSI provides guidance to SCNs. Finding a common language to describe PMARSI will become best practice to ensure consistency within our specialty and potentially facilitate collection of data in this area

Learning Objectives

Reach consensus on a group of statements about PMARSI:

1. Identify best practices in assessment, prevention and management.
2. Identify gaps in research about PMARSI.

References

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O-30

When Does Nurse Choice Stop and Patient Choice Start - How Can We Help Patients to Make Choices When It Comes to Marketing?

Mrs Helen Bracey

Convatec

The aim of this presentation is to explore the roles of nurse and patient as decision makers in ostomy product selection, and how to work effectively to ensure patients have appropriate autonomy to make good choices when responding to marketing activities.

With many patients never considered to be discharged from stoma services, there is an implication that stoma nurse specialists continue to be a necessary influence in that patient's experience. At what point should the weight of product choice transfer wholly, or mostly, to the patient, if at all? This presentation will explore that question and consider possible answers.

Marketing of ostomy products is ubiquitous, presented to patients in printed format, online and in person. It is becoming ever more sophisticated and increasingly speaks directly to the patient, often without involving the nurse specialist. It may be assumed that the nurse specialist will not always be able to be involved when patients respond to these activities. Are patients ready to make these choices for themselves, appropriately and safely? The NHS Outcomes Framework and NMC Code emphasise the practitioner's responsibility to promote patient independence, and this presentation will look at ways to do this.

The presentation will take a balanced view to the various questions it raises and consider the ethical considerations and implications for practice.

Learning Objectives

1. Greater understanding of how to promote patient autonomy in product selection.
2. Increased reflective practice with regard to preparation of patients for exposure to marketing activities.

References

NMC - The Code, NHS Outcomes Framework

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Poster Abstracts

P-1

Comparative Laboratory Testing of Ostomy Seal Products

Dr Michael Taylor¹, Dr Joel Shutt¹, Mr George Skountrianos¹

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Laboratory testing using well defined standard test methods allows the comparison of performance attributes across different products independent of the identities of the different manufacturers. An unbiased understanding of basic performance properties is useful for clinicians in selecting different products to trial with their patients.

This presentation will provide awareness of standard laboratory testing methods used to evaluate performance properties related to the fluid handling characteristics of ostomy seal products. We describe test methods developed as ISO Standard test methods for fluid absorption capacity and surface pH. We also describe a modification of the ISO methods that enables the comparison of pH buffering capacity for different seal formulations.

Testing was performed at a certified, independent testing laboratory using three separate lots of each of several commercially available ostomy seal products. The ISO test method uses normal saline solution (0.9% sodium chloride in water) as the test fluid. This solution is a reasonable model for the perspiration that contacts the ostomy seal in use. We also report pH properties for seals exposed to a buffered alkaline (pH 7.4) solution which is a better model for intestinal stoma fluid.

We found a broad range of fluid absorption capacities for the different products. In fact, the absorption capacities varied by a factor of more than three times across the range of current commercial products. We also observed a wide range for surface pH measurements for seals exposed to normal saline with results ranging from about pH 3.2 up to 6.1 at the high end. The modified test method using a buffered saline solution demonstrates differences in pH buffering capacities for the different products.

The use of well defined, standard test methods provides clinicians with unbiased comparisons of the fundamental performance characteristics of different commercial products.

Learning Objectives

1. Identify standard laboratory tests relevant to stoma seals.
2. Discuss the implications of laboratory test results on selection of seals for clinical use.

References

ISO 12505-1:2014 Skin barrier for ostomy aids -Test methods - Part 1: Size, surface pH and water-absorbency

P-2

Using a validated Ostomy Skin Score Within a UK Multi Centre Evaluation of an Adhesive Ostomy Seal with Unique pH Buffer: To Enable Evidence Based Practice.

Mrs Jacqueline McPhail¹, Mr George Skountrianos², Mr Mark Meyer³

¹Hollister Ltd, ²Hollister Incorporated, ³Dansac Limited

Background

Maintaining peristomal skin integrity is a concern for ostomy patients, however up to 70% of people with an ostomy will develop a peristomal skin complication (Colwell et al 2018). To support reduction of peristomal skin complications new barrier formulations have been introduced to help maintain intact healthy peristomal skin, these can be considered in proactive decision-making.

Objective

Observe and assess patients' peristomal skin health using barrier technology designed to buffer stoma output pH to minimize irritation and enable nurses with evidence based practice in the use of an ostomy seal.

Content

UK Clinicians evaluated 225 patients from 91 sites utilising a skin barrier (seal) with pH buffering properties.

Methods

Clinicians selected patients for evaluation as a matter of standard care. Peristomal skin was assessed pre and post product use using the Ostomy Skin tool (Martins et al 2010, Jemec et al 2011), a validated skin assessment. Evaluations also collected information on accessory use, topical medications, skin barrier changes, and satisfaction.

Results

Significant overall improvement in peristomal skin health as reflected by a reduction in mean DET score of 3.09 ($p < 0.001$) was observed post-use of the barrier with pH buffering properties. Out of 205 patients, 161 (78.5%) indicated a decrease in DET scores (only 6 (2.9%) indicated increased DET scores). Observed reductions in accessory use of 47.5% and topical medication use of 40.5%. Increased wear times were observed in 95 out of 225 (42.2%) with 17 (7.6%) indicated an increase in skin barrier changes. Overall positive clinician satisfaction with this technology was reported at 86.7%.

Conclusions

The results show an improvement in peristomal skin condition when the new ostomy seal is used as part of an overall care plan. The data indicates a potential economic benefit exists due to decreases in topical medications and accessory usage, and fewer pouch changes.

Learning Objectives

1. To understand how the DET Score can be used to quantify the peristomal skin condition.
2. Enable nurses to have evidence based practice in the use of an ostomy seal.

References

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P-3

Literature Search for Randomised Controlled Trials of Ostomy Skin Barriers Within last 10 years; To Support Evidence Based Practice with High Level Evidence

Mrs Jacqueline McPhail

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Background

The author was interested to know what current high level evidence exists to support evidence based practice in the area of stoma care. I would like to acknowledge the assistance of the hospital librarian with this literature search.

Method

Three research databases were reviewed, these included CINAHL, Medline and EMBASE. These were recommended by the librarian at the hospital. The evidence required was high level randomised controlled trials.

Results

The Research Databases identified the following;

CINAHL 14

Medline 25

EMBASE 3

However, of these only 5 were Randomised Controlled Trials pertaining to stoma care products (Colwell et al 2018, Walker et al 2016, Moller Kruse and Storling 2015, Berg and Seidler 2005, Kelly et al 2000).

Of these there was only one which was Double Blinded Randomised Controlled Trials (Colwell et al 2018).

Of the 5 identified, only 3 were within the last 10 years.

Conclusion

There is a paucity of high level randomised controlled trial evidence published within the last 10 years to support stoma care products and only one Double Blind RCT exists for ostomy products. Stoma Care Nurses need high level evidence to support evidence based practice. More high level evidence is required.

Learning Objectives

1. To identify which current high level randomised controlled trial evidence exists to support the use of ostomy skin barriers.
2. To create awareness of these for SCNs to use evidence based practice.

References

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P-4

An Evidence Based Introduction to the Benefits Offered by Manuka Honey Supporting Peristomal Skin Integrity.

Mrs Moira Evans

CliniMed

Aims/Objective

- To discuss the scientific explanation of how Manuka honey can support and maintain peristomal skin integrity.
- To provide evidence to support clinical decision making supportive of the use of Manuka honey containing products within stoma care.

Content

The presentation will cover two aspects:

- The benefits of Manuka honey on skin are well established and widely reported, this presentation will discuss how the use of Manuka honey has been transitioned into the technology used within stoma care.
- Patient outcomes from a collective study of 1,123 patients will be presented to discuss the application benefits of Manuka honey for the ostomate.

Method

Through scientific investigation into medical grade Manuka honey; establishing a discussion into the potential benefits that this could bring to stoma care.

The patient study focused on

1. The peristomal skin condition, before and during use of the Manuka honey containing hydrocolloid flange.
2. The use of varying flange types according to individual needs.
3. Other considerations related to Moisture Associated Skin Damage prevention.

Results

The presentation will explain the benefits of using Manuka honey to the peristomal skin through the integration into flange adhesive technology.

The study presents the findings from multiple studies supporting the:

1. Benefits of using the Manuka honey flange by discussing the improvement to peristomal skin conditions.
2. Selection of various flange types that support peristomal skin integrity by minimising Moisture Associated Skin Damage.
3. Varying product selection usage patterns across the ostomate groups.

Conclusion/Outcomes

Two outcomes have been provided demonstrating the potential benefits that Manuka honey within the flange can contribute to supporting and maintaining the peristomal skin integrity of ostomates. Whilst providing patient evidence to detail how the differing needs of ostomates have been supported with Manuka honey stoma products.

Learning Objectives

1. To understand the peristomal skin clinical benefits behind the use of Manuka honey within stoma care.
2. To review the potential benefits that Manuka honey stoma products could bring to ostomates.

References

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- Evans, M. et al. Meeting the patient challenges of sore peristomal skin; through patient assessment, discussion and the appropriate use of accessories. Poster presented at ASCN Conference 2014, England.

P-5

Using the Critical Appraisal Skills Programme (CASP) to Review a Randomised Controlled Trial (RCT); To Understand Study Results.

Mrs Jacqueline McPhail

Hollister Limited

Content

This data is laid out in the format of the CASP for RCTs (CASP 2018). It covers three sections;

Section A: Are the results of the trial valid?

Section B: What are the results?

Section C: Will the results help locally?

Method

Using the CASP for Randomised Controlled Trials (CASP 2018), an RCT paper previously published was reviewed. This enabled the reader to critically review the evidence using the sections above.

Results

- The Trial addressed clearly focused issues.
- The patients were randomised, and double blinded.
- The groups were similar at the start of the trial.
- The groups were treated equally.
- The treatment effect was statistically significant for the primary objective, $p=0.017$.
In addition there were three areas in the tertiary objective which was significant.
- The results can be applied to other ostomy patient populations.
- All clinically important outcomes were considered.

Conclusion

This is one of few RCT with double blinding and adaptive design. It compares the effect of two skin barriers for cost of care and peristomal skin health. It is important for Stoma Care Nurses to be able to manage costs with Stoma Care Patients, whilst also managing peristomal skin health, enabling a SCN to demonstrate evidence based practice as set out in the Nursing and Midwifery Council (NMC) The Code (NMC 2015).

Learning Objectives

1. To understand the results of a Randomised Controlled Trial using CASP (CASP 2018).
2. To provide evidence based practice for SCN.

References

- Colwell JC, Pittman J, Raizman R, Salvadalena G 2018, A Randomised Controlled Trial Determining Variances in Ostomy Skin Conditions and the Economic Impact (ADVOCATE Trial). Journal of Wound, Ostomy and Continence Nursing 45 (1); 37-42.
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P-6

Clinical Evidence: Does It Exist in Stoma Care practice? Do We Need It?

Mrs Rebecca Davenport, Mr Kevin Hayles

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Within nursing there is an obligation to provide a high standard of care and practice at all times. Clinical Governance requires that care delivered is based on the best evidence available at the time. Unfortunately, within the speciality of stoma care, strong evidence of care delivered and products used to deliver care does not always exist and often interventions are often based upon anecdotal evidence, expert opinion, nurses' own individual experiences and patient choice

This presentation provides an overview of the hierarchy of evidence and will explain the different levels of data in relation to validity and bias. The amount of data available within our speciality and within other areas of nursing will be explored and ways in which they may assist us to demonstrate our awareness of evidence based practice and evidence based care will be identified. The following questions will be raised and discussed:

1. Is there a need for evidence?
2. Is all evidence created equal?
3. What is evidence based practice?
4. What are the implications for stoma care nursing?

Learning Objectives

1. Understand the hierarchy of evidence.
2. Identify the different levels of evidence available within stoma care.
3. Understand the relationship between clinical governance and evidence.
4. How stoma nurses can practice as specialist level in the absence of evidence.

References

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P-7

Management of High Output Stomas- Why Patients Should Drink Less Not More

Mrs Azam Shamsi

St Mark's Hospital

Aim and Objective

The aim of this work is to highlight that in patients with intestinal failure and a high output stoma, the excess consumption of hypotonic liquids can increase stoma output and worsen dehydration. Management strategies for a high output stoma are highlighted, with the aim of educating clinical staff so that they are aware of the strategies for the treatment of high output stomas.

Content

Stoma formation is occasionally required in patients with complicated bowel diseases requiring bowel resection. A possible complication of bowel resection is a high output stoma and intestinal failure. Intestinal failure refers to the inability of the intestine to absorb sufficient nutrition, water and electrolytes to maintain health. A high output stoma is defined as stoma output >1.5 L/day, and for a fistula an output of >500mls/day. A high output stoma can present as dehydration, malnutrition and depletion of essential salts such as sodium, magnesium and potassium. If untreated, it can lead to renal failure, weight loss and death.

This work highlights why patients with high output stomas should not drink excessive hypotonic fluids. Usually, initial management involves the restriction of the amount of hypertonic fluids to 1L/day, and introduction of isotonic fluids such as an electrolyte mix at 1L/daily, increasing oral salt intake and reducing dietary fibre. If these steps do not reduce stoma output then intravenous hydration and medication may be necessary.

Conclusions

High output stomas are a significant complication of stoma formation following bowel surgery. Clinical staff should maintain a consistent message to patients; usually this is to drink less hypotonic fluids to prevent electrolyte depletion and dehydration. Adequate management of high output stomas may help to prevent severe morbidity and mortality, and contribute to patient's quality of life.

Learning Objectives

1. The management of high output stomas.
2. The importance of restricting hypotonic fluids and replacing these with isotonic fluids, such as electrolyte mix, in patients with high output stomas.

References

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P-8

Rectal Discharge Following Stoma Formation Surgery - How to Correctly Signpost Patients.

Mrs Melanie Harding, Mrs Gill Skipper

Queen Elizabeth Hospital, Kings Lynn Norfolk

Aim

The development of an algorithm to ensure an accurate, safe and consistent approach is adopted in our assessment of patients experiencing rectal discharge following stoma formation surgery. To ensure that patients are signposted correctly within our multidisciplinary team in a timely manner.

Background

Often patients will present with troublesome rectal discharge, they may be at varying stages in their pathway following stoma formation surgery and there are different treatment options depending on the type, severity and content of the discharge. It is important to make a full assessment from the patient in order to give appropriate advice.

There is very little literature available to assist stoma care nurses provide support and advise for patients.

Results

An algorithm has been developed resulting in a step by step approach which is used to determine the type, severity, content and course of treatment for the patient. This has led to a collaborative approach within the team, an improvement in service delivery and an integrated method of patient assessment and signposting.

Learning Objectives

1. Identify the importance of correct patient assessment and signposting to the most appropriate department.
2. Understand the importance of a consistent approach to patient care.

References

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P-9

Enhancing Quality of Life for Patients with an Ileal Conduit by Using a Leg Bag; Two Case Studies

Mrs Jacqueline McPhail^{1,2}

¹Hollister Limited, ²Royal Marsden Hospital

Leg bags, which are available on prescription (National Health Service Business Service Authority (NHSBSA) 2018), can increase urostomy pouch capacity and ensure that urine is not stored in a pouch near the abdomen. Two patients in the authors care found using a leg bag useful following formation of ileal conduit.

Method

Two case studies are presented of two patients and how the leg bags enhanced their ability to socialise and work.

Results

One patient found using a leg bag increased his pouch capacity considerably to allow him to visit the cinema and socialise without worrying his pouch was too full.

The other patient found that by using a leg bag whilst working as a farrier the urine was not near his abdomen and helped to reduce the potential risk of leakage when a horse may rub up against him during the course of his work.

Conclusion

Leg bags could be offered to patients with an ileal conduit with the aim of enhancing their quality of life and to fit in with their lifestyles. Whilst not all may find this useful, for some it ensures that they can carry on their daily lives.

Learning Objectives

1. To create awareness amongst SCNs of the use of leg bags to address Quality of Life issues for people with a urostomy.
2. To understand the types of quality of life issues which can arise for people with a urostomy.

References

NHSBSA 2018 Leg Bags, Incontinence Appliances, Drug Tariff April 2018, page 503-511. ISSN 0962 3582.

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P-10

Peristomal Skin Health and Improved Quality of Life

Mr Kevin Hayles

Queens Hospital

Statement of Clinical Problem

Peristomal skin complications (PSC's) are a problem for up to 74% of people (Richbourg L, Thorpe JM & Rapp CG, 2007). Quality of life (QOL) scores are greatly reduced in the presence of PSCs. (Rosenbaum, 2012). It is widely understood that a PSC is associated with an increase in health care costs. In the United Kingdom accessory usage costs up to £74 Million, some of which are used to manage PSCs. (Health & Social Care Information Centre, 2016).

Hydrocolloid barriers were introduced in the 1970's and are expected to adhere to the skin, absorb moisture and resist erosion while protecting the peristomal skin. Today, we have a selection of infused skin barriers aimed at maintaining skin health and include Manuka Honey, Aloe Vera and Ceramide.

Method

Three case studies will be presented involving PSCs: two PMASD and one MARS. These are common type of complications seen in our practice and diagnosed during the current pathway of hospital review three months post-surgery. Peristomal skin was assessed using the DET scoring tool and QOL was assessed using the GAD7 (Generalized Anxiety Disorder) and PHQ9 (Patient Health Questionnaire) validated scoring tools. At time of first review a ceramide infused barrier became part of the overall care. Each person was followed up at one week and again at three weeks and consisted of a peristomal skin assessment, QOL assessment and photographs.

Results

We found that as skin health improved there was an associated improvement in quality of life.

Conclusion

All health care professionals should have a greater understanding of the relationship between peristomal skin health and quality of life. Such information may impact how clinicians can be more proactive in their practice to prevent and maintain skin health, including barrier choice.

Learning Objectives

1. To create an awareness of the many hydrocolloid barriers available with an infused additive and the benefits offered by these barriers to patients with a stoma.
2. To create an awareness of the relationship between healthy peristomal skin and improved quality of life.

References

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P-11

Case Study – Treatment of Muco-Cutaneous Separation in the Community Setting.

Mrs Vicky Wilson

Coloplast

The aim of the poster is to share an experience of treating muco-cutaneous separation of an ileostomy in the community.

Muco-Cutaneous separation is a common post-operative complication which for many stoma patients can find distressing. Treating muco-cutaneous separation can also be challenging for any specialist nurse. Many patients experience leakage with this condition at a time when they are also susceptible to the psychological concerns of having a new stoma. This poster will demonstrate one way of treating this problem successfully and can be used at all levels. Patients are also seen by community nurses and the case study in this poster can be used to help community staff support their patients at home.

This case study shows in pictures how I observed my patient's stoma two weeks following discharge when I first noticed the separation around the stoma. I show how I treat the stoma and then the follow up outcomes, via a photograph of the effects of the treatment two weeks later.

This poster will give observers an understanding of Muco-cutaneous separation as a post-operative complication of stoma formation. It's successful treatment and suggestions around how we can support the patient's psychological concerns at this critical time in their post-operative journey.

Learning Objectives

1. Management of muco cutaneous separation.
2. Definition of muco cutaneous separation.

References

Boyd-Carson W, Thompson M, Trainor B and Boyd K (2004) Muco-cutaneous separation Nursing Standard 18 (17) p41-43

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P-12

Stoma Bleeding - When Does Normal Become Abnormal?

Mrs Lisa Coleman

James Paget University Hospital / Coloplast Care Nursing Service

This poster aims to highlight the prevalence of Caput Medusae in the younger ostomist. Over the last year I have seen two patients under the age of 30 with extensive caput medusae. These patients became haemodynamically unwell and attended accident and emergency with extensive blood loss. On assessment Caput Medusae was diagnosed this was not expected due to age of patients. On reviewing past medical history it was evident that in both cases the liver was compromised causing portal hypertension.

From a professional viewpoint we have always reassured patients to expect a certain amount of bleeding around the stoma. These cases highlight the need to educate patients on their underlying condition and ensure medical notes are aware of the complications of Caput Medusae.

Learning Objectives

1. Raise awareness of the younger patient with peristomal varices
2. Look at implementing a planned approach/alert card for patients suffering with Caput Medusae

References

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P-13

Stoma Care Patient's Views on Attending A Nurse Led Granuloma Clinic Which Uses Curette and Cautery to Treat Their Granuloma: Progress So Far

Ms Anita Ryan, Mrs Gilly Tomsett

Royal Berkshire NHS Foundation Trust

A granuloma is a tender, friable papule which often occurs at the muco-cutaneous junction of an abdominal stoma. It tends to bleed easily which can lead to the non-adherence of stoma appliances (Dukes et al, 2013). As well as the physical and emotional distress caused to the patient, treatment of granulomas can result in the increased use of accessory products such as mouldable rings, powder and barrier wipes. Currently the Association of Stoma Care Nurses UK has advised to treat granulomas according to the guidelines published in 2016. The guidelines restrict nurse applied treatment to the use of silver nitrate and topical steroids. The use of silver nitrate in treating granulomas can take up to 4weeks before having an effect and may not be successful. After this it is advised that the patient is referred to a dermatologist or surgeon for removal of the granuloma(s) unless the stoma care nurse is qualified to carry out further treatment.

In 2017 my manager Gilly Tomsett and I attended a study day run by Dr Calum Lyon consultant dermatologist. He demonstrated how granulomas can be treated in one clinic with the use of curette and cautery, reducing the need for prolonged silver nitrate treatment and accessory products. For this reason the stoma nurse department in my local trust has set up a nurse led granuloma clinic. In December 2018 Gilly and I began training with the dermatology CNS team. Competencies were completed and our final sign off was done in May 2018. The clinic will be set up in Townlands Memorial hospital Henley-on-Thames and commence in July.

The purpose of our poster is to demonstrate the steps taken so far in setting up the clinic and provide the questionnaire that will be used to measure patient satisfaction in the new service.

Learning Objectives

1. Changing current practice.
2. Sharing practice with others.

References

- Association of Stoma Care Nurses UK (2016) National Clinical Guidelines. United Kingdom.
- Dukes, S., Lowther, C., Martin, T., & Osborne, D, (2013) guidelines for standardizing the treatment of stoma granulomas at the mucocutaneous junction. WCET Journal 33 (1) 12-14

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P-14

A Clinical Practice Focus; A Case Study Involving Peristomal Skin Breakdown and Product Choice Dilemma

Mrs Jan Beard

Royal Cornwall Hospital Trust

Aim

To support our patient by providing an appropriate care plan to aid healing of peristomal skin ulceration using an evidence based approach to product choice.

To ensure patient was empowered to maintain her independence throughout.

To collaborate with other members of the multidisciplinary team to improve patient outcome.

Content

Our patient presented with complex stoma care needs; a large inoperable Parastomal hernia and widespread deep, bleeding, troublesome, painful, peristomal skin ulcers, affecting pouch adherence, wear time and patient's quality of life.

Method

A case study with photographs to illustrate progress, both positive and negative, whilst moving through the patient's journey over the last year.

Results

This patient's skin condition is not, at this time fully concluded and may still be ongoing at time of conference.

Conclusion

This case study helps to demonstrate product choice decision making, offering rationale for their use based on efficacy in wound healing, in order to provide patient confidence, security and an improvement in quality of life.

Learning Objectives

1. To be able to develop a strategy to best support our patient throughout her challenges.
2. To gain a greater depth of specialist knowledge and application of new skin care range products.

References

- Sarkut et al (2015) skin related complications are the most common type of stoma complications and these complications "Considerably disrupt quality of life".
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P-15

Quantity Vs Quality - A Comparative Case Study into Wet Colostomies

Mrs Helen Cox¹, Mrs Sharon Colman²

¹Coloplast Care Nursing Service, ²Hollister Nursing Service

Having a stoma can be a traumatic journey for any patient. However having to make a decision to have one or two stomas can be even more harrowing. This comparative case study will compare the journey of two patients:- one offered the choice of two separate stomas or one wet colostomy the other only being offered a wet colostomy.

It will look at informed consent and pre-operative information giving. Quality of life for both patients will be discussed as will peer support and offering support throughout the patients journey. It was also focus on collaborative working through out the acute and community setting and developing cross-company relationships to improve patient outcome and support professional development.

Learning Objectives

1. Showcase importance of informed consent and information giving.
2. Revisit importance of being patient advocate.
3. Highlight how cross-company working can be achieved.

References

- RCN Consent guidelines
- ASCN National Clinical guidelines
- Pavlov 2014

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P-16

Supporting the Care of a Nephrostomy Patient.

Mrs Jenny Marsden

York Hospital

Many nephrostomy patients often find themselves without adequate support post-procedure and following discharge, particularly if the procedure has been completed on a day unit. These patients do not come under the care of stoma nurses, but may use our products, ward and community nurses are often unsure of best practice, GPs unsure what to prescribe. Following a literature search I found patient and nursing literature I was lacking. I compiled an information leaflet, and worked with Fittleworth to provide a discharge pack of supplies and prescription guidelines for prescribers. This resulted in safer and appropriate transition of care from the hospital to community setting of our patients.

Learning Objectives

1. Improve knowledge of nephrostomy care for patients and staff.
2. Provide details of necessary product prescription items.
3. Evaluate preferred patient product choice and usability.

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P-17

Enhancing Relationships- Your Sexual Self. Developing an Easy to Navigate Patient Information Booklet

Mr Kevin Hayles, Mrs Carolyn Swash
Hollister Limited

1. Provide a resource to discuss how sex, sexuality and sexual expression can be affected by stoma formation for utilization by both patients and health care professionals.
2. Provide a platform for patients to discuss how they are affected by sexual changes following surgery.

Patient's perspective of their own body image and sexuality can alter following creation of a stoma (Williams 2012). It has been found that the discussion of sex and sexuality is one that is often avoided by SCN (Ayaz, 2009). To aid discussion a booklet was developed to provide a platform that the SCN and patient could utilise at all stages of recovery process to allow for such sensitive conversations.

A working group of six clinicians was established including a psychosexual-therapist. Eight key areas were identified when discussing sexuality with patients. These areas were researched and patient views and experiences were sought. The booklet was formatted to allow for ease of use through signposting. A key concept of the booklet was the inclusion of a 'permission giving card' which allows the patient to raise the subject with a HCP.

An easy to navigate booklet has been developed which addresses the issues surrounding intimacy and sexuality following stoma forming surgery. This is a toolkit for both patients and clinicians. This has been developed as an aide to raising what can often be a difficult conversation for some people. The booklet is easy to navigate with a colour coded signposting system and a permission to discuss tear off card for patients and clinicians to use in difficult situations.

A Toolkit (patient/clinician information booklet) has been developed which may assist patient's and clinicians to discuss freely all aspects of intimacy and to help achieve normality within relationships as part of the 'recovery process' whilst accepting that everyone's normal is different/ unique/ individual'.

Learning Objectives

1. Enhanced knowledge for the clinician whatever their knowledge level is.
2. Enables a two way conversation to be initiated.
3. Enables clinician's to address spirituality and sexuality thus promoting holistic care.
4. Taboo subjects can be raised and addressed at all levels of practice.

References

- Ayaz S (2009) Approach to Sexual Problems of Patients with a Stoma by PLISSIT Model: An Alternative. *Sexuality and Disability*. 27: 71-81
- Williams J (2012) Stoma Care: Intimacy and body image issues. *Practice Nursing*. 23(2) 91-93

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P-18

Uptake of a Peer Support Program for Stoma Patients

Dr Robert Fearn

Homerton University Hospital

Aims/ Objectives

Colorectal surgery for benign and malignant conditions commonly results in the formation of an excretory stoma with population prevalence rates as high as 2-4 per thousand. Ostomates are prone to complications, hospital readmissions, peristomal skin complaints and impaired quality of life, particularly in the early postoperative period. Whilst stoma care nurses provide a great deal of formal and informal patient support, peer support from other patients can be vital to aid in the adjustment. We aimed to evaluate a novel remote peer support programme for new ostomates.

Methods

As part of a remote quality improvement programme for new stoma patients, consecutive new patients from multiple centres in the United States were recommended by their usual clinical team to a support service. Patients were paired with a 'patient champion' (a stoma patient) who contacted them weekly by telephone, email or messaging app to offer support and assistance.

Results

37 ostomates (23 male) were recruited into the peer support programme. All engaged with the service when introduced. During the first full week, 86% of patients engaged. In weeks two and three this fell to 65% and 62% respectively. In week 4 uptake was 38% and 41% in week 5. In weeks 6-8 uptake was 14%, 35% and 19% respectively.

Conclusions

The findings suggest that uptake of a peer support programme is very high in the first three weeks following surgery and falls significantly thereafter. This may be because patients are becoming more self-dependent, but it is important to acknowledge that this may reflect dissatisfaction with the level of support being offered. Future studies will analyse acceptability of the service and reasons for disengagement in more detail.

Learning Objectives

1. Stoma patients are prone to complications, hospital readmissions, peristomal skin complaints and impaired quality of life, particularly in the early postoperative period.
2. Uptake of a peer support programme is very high in the first three weeks following surgery and falls significantly thereafter.

References

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P-19

Post-Operative Stoma Colour Assessment Guidelines

Mrs Zoe Haverley

Hinchingbrooke Hospital

I attended the Advanced approach to stoma management course and passed successfully. Part of the learning outcome was to do reflection and discussion on a topic of my own choice and to present and develop a poster.

Part of my learning was looking at necrosis post formation of a stoma, my knowledge and management as a stoma nurse was limited, it is a rare complication. I felt I needed to have more information for myself and ward staff, there are no local or Government guidelines, the ASCN of Stoma Care Nurses do not discuss necrosis. I felt ward staff would think it is not too much of a concern once a surgeon or stoma nurse has been informed, however the consequences of managing such necrosis can be devastating for the patient, can be left with a small opening a stricture that requires dilation, and eventually more major surgery if fit for surgery. My idea of a poster would be to have as a learning tool for nurses and to have as a local guideline, even publish for guidelines in the ASCN guidelines.

Learning Objectives

Visual guideline for ward staff with guidelines, and for staff to identify what is normal and abnormal post formation of a stoma and what to do if problems occur.

References

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P-20

Carers Easy Guide to Stoma Care

Ms Bo Yeung

Central London Community Health Care Trust

Whilst on the level 6 Stoma Course, I identified via a patient case story a skills gap, unmet learning need of carers and nurses in a rehabilitation ward who had none or rare exposure to patients with stomas.

On reflection to support training needs I designed a simple easy step reminder guide/poster of the process of stoma care to cover carer safety, patient safety, preparation, assessment and record keeping.

I wanted to keep it simple, make it visual and easy to follow.

I had a target audience which was carers, nurses and students with none or little stoma care experience.

I had the poster reviewed by 1 qualified nurse, 2 health care assistants and a student nurse who gave positive feedback on ease to read and visually pleasing.

I was successful in passing the Level 6 Stoma Care Module at a personal satisfying %.

Learning Objectives

1. Safety-Carer safety, personal protective equipment.
2. Patient safety, skin assessment and care.
3. Education-The poster is used to provide supported education of patients and carers as part of stoma care and training.

References

- <https://www.nice.org.uk/guidance/cg161/chapter/patient-centred-care>.
- <https://www.england.nhs.uk/intergrated-care-pioneers/resources/patient-care/>.
- <http://www.oneviewhealthcare.com/the-eight-principles-of-patient-centred-care/>.

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P-21

Get it Right First Time. A Guide to Improve Ward Led Problem Solving for Stoma Care.

Mrs Jenny Buckle

Coloplast

Aims/Objectives

The objective of this study is to develop the ability of ward staff to identify and resolve stoma care issues first time through the introduction of a self-directed poster guide. This leads the clinician through a process resulting in improved patient outcomes and increased confidence from ward staff.

Content

A stoma care nurse (SCN) is not available 24 hours a day to provide specialist knowledge and support to ostomates. Ward staff are an extension of care and teaching and should be able to identify and resolve stoma related problems as they arise. The level of care by ward staff varies greatly depending upon skill and experience which ultimately can arise to appliance leakage issues, associated skin problems and psychological anxieties.

Method

Across four hospital sites an audit will be carried out to identify unresolved stoma related issues that occur when the SCN is not on duty. The self-directed guide will then be introduced to ward staff. A follow up audit will then be conducted by the SCN to assess if issues are resolved and if the experience of the patient and clinician has improved.

Results

All results will be collated by the time of presentation and will identify the following:
Types and volume of stoma related incidence occurring in the absence of the SCN
Trend and QOL in stoma related issues pre, and post poster introduction

Conclusion

Has the poster guide positively impacted and improved patient care, patient QOL and staff confidence in stoma care – this will be determined.
If proven successful, the poster could be used nationally as a quality standard for ward led problem solving and training aid to prevent poor patient outcomes with stoma related issues.

Learning Objectives

This study and subsequent poster development is aimed to improve patient care on any ward that has an ostomate. Some acute stoma services do not run 7/7 therefore ward staff need to have the ability to troubleshoot stoma related issues when the SCN is not on duty and resolve them.

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P-22

The Use of the Ex-PLISSIT Model to Address Sexuality and Sexual Health Within Stoma Care

Mr Andrew Bird

Nottingham University Hospitals NHS Trust

Aims/Objective

To demonstrate the use of the Ex-PLISSIT model as a tool for discussing sex and sexuality with ostomates.

Content

The Ex-PLISSIT model (Davis and Taylor 2006) is an extension of the frequently used PLISSIT model (Annon, 1976) that can be used to help healthcare professionals meet the sexuality and sexual health needs of their patients. The model identifies four levels of intervention: Permission-giving, Limited Information, Specific Suggestions and Intensive Therapy with Permission-giving central to the other levels and reflection and review key elements of its successful use.

The poster will demonstrate how this model can be successfully applied to clinical practice within the field of stoma care offering ideas on how to give Permission and Limited Information, possible Specific Suggestions for some common sexual health and sexuality problems and where or how to refer on to more skilled and knowledgeable practitioners for Intensive Therapy.

Method/Results

The Ex-PLISSIT model was studied and interpreted for use within stoma care.

Conclusion/Outcomes

The Ex-PLISSIT model can be used as a valuable tool to aid discussions surrounding sex and sexuality with ostomates.

Learning Objectives

1. Understanding the EX-PLISSIT model and its use within stoma care.
2. Solutions for common sexuality and sexual health problems following stoma surgery and where to refer to if you don't have the solutions.

References

- Annon J (1976) The PLISSIT model: a proposed conceptual scheme for the behavioural treatment of sexual problems. *Journal of Sex Education Therapy*. 2, 1, 1-15.
- Davis S, Taylor B (2006) From PLISSIT to Ex-PLISSIT. In Davis S (Ed) *Rehabilitation: The Use of Theories and Models in Practice*. Elsevier, Edinburgh, 101-129

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P-23

Language Barriers – A New Perspective. Review of Strategies to Support Ostomates From the Perspective of an International Nurse.

Miss Ambra Bertinara

QMC NUH NHS

Aims/Objective

Identify strategies to overcome the language barrier and how to develop a positive therapeutic relationship with the ostomate with an alternative first language.

Content

Language barriers, like any other barrier to communication, can be frustrating. They require patience, understanding, and conscientiousness. Without the opportunity to discuss the stoma formation and possible impact of this in the pre-operative assessment, the patient will be unable to share any concerns or understand the planned surgery and its outcome. The same issues will be encountered by the healthcare professional in the post-operative setting where the ostomate needs to accept and learn how to care for the stoma.

Method

The language barriers have been analysed from the perspective of an International Nurse. Educational information has been collected from the appropriate market, evaluated, selected and categorised.

Results

The poster presentation will direct the healthcare professional towards reliable resources to utilise in the stoma care education setting.

Conclusion/Outcomes

Possible solutions will be provided to develop a line of communication between the healthcare professional and the ostomate and thus break down the language barrier.

Learning Objectives

1. Identify reliable resources to utilise when communicate with a patient, family members or carers with language barrier.
2. Identify and utilise the optimal strategy to communicate with a patient, family members or carers with language barriers.

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P-25

Our Lives

Mrs Mireille Hamson
Salts Healthcare

What is a typical day for people living with a stoma? How does it affect their everyday lives? These questions are not always easy to answer and the responses can vary considerably, depending on a myriad of variables such as personalities, lifestyle and environment and many other social situations that we all face throughout daily life.

This day in the life study was able to give us an insight into what is really happening and helped us gain a more detailed understanding of what experiences an individual living with a stoma encounters. The study unearths how a stoma can impact on an individuals' physical, psychological and social wellbeing, demonstrating how they adapted to new challenges and environment.

Aims

The purpose of this small research study was to identify any concurrent themes that occur with people living with a stoma and how having a stoma can impact on their everyday life.

Method

Semi structured interviews with 12 individuals living with a stoma.

Conclusion

This small research study identified some concurrent themes people living with a stoma experience and highlights how investing time discussing day to day aspects with patients enriches our knowledge as stoma care nurses thus improving care for our patients.

Learning Objectives

1. How would a stoma impact on your life? Please list
2. Do you have a good understanding of how a stoma can affect people's lives and how can you can support patients in your care?

References

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P-26

Dementia Friendly Stoma Care: Putting the Pieces Together

Mrs Rebecca Ward

Sheffield Teaching Hospitals

It is estimated that 850,000 people are living with dementia in the United Kingdom, with 1 in 14 people receiving a diagnosis. This indicates that incidence rates are increasing. Most people with a stoma are receiving treatment for colorectal and bladder cancer. There are 40,000 new cases of colorectal cancer each year, of which 9 out of 10 people are over the age of 60. Furthermore, there are 10,000 new cases of bladder cancer each year, of which the highest incidence occurs in people aged 85-89 years. This data suggests that the likelihood of people having a diagnosis of dementia and a stoma could increase in the future. Cognitive symptoms (problems with memory or thinking) are commonly associated with dementia. Therefore people with the condition can have difficulty learning new skills and retaining information. The Prime Minister's Challenge on Dementia plan aspires for all NHS staff to receive dementia training as appropriate to their role by the year 2020. It is vital that stoma nurses understand the symptoms associated with dementia, so that they can adapt their teaching methods as required. Dementia is a progressive disease meaning symptoms will worsen over time, however progression rates vary from person to person. Stoma care nurses should encourage patients with dementia to self-care whenever possible, resisting the temptation to complete stoma care for them, giving them the opportunity to demonstrate their individual capabilities. Promoting self-care with a stoma maintains a patient's dignity and promotes the highest possible quality of life.

Learning Objectives

Explore the challenges that stoma nurses face when teaching patients with dementia to self-care and identify potential solutions to promote independence.

References

- Black P (2011) Caring for the patient with a stoma and dementia *Gastrointestinal Nursing* 9 (7) 19-24
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- www.cancerresearchuk.org/health-professional/cancer-statistics/statistics-by-cancer-type/bowel-cancer/incidence#heading-One
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- www.alzheimers.org.uk

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P-27

Have Stoma Will Travel

Ms Jennifer Arlow, Mrs Helen Coulter

Respond Healthcare Ltd

The aim of this poster is to help ostomates have a smooth and positive experience when going through airport security.

We recognised that ostomates were concerned about airport security and what supplies they could take as hand luggage. Other concerns were that they would have to 'show their bag' in public or that their pouch would show up on the body scanner, and most patients were concerned that security staff did not know what a stoma was.

In light of this we carried out numerous training days with security staff at Belfast International Airport. The participants were long term and new staff. The training consisted of explaining what a stoma is, the different types of stomas and showing the various accessories an ostomate may be carrying. Ostomates feelings and fears were discussed. We were accompanied by a member of the UA, who was quite happy to show the participants what her pouch looked like and share her personal positive and negative experiences of travel.

The training was a great success, and gained a lot of publicity in the media. Belfast International Airport now operates a lanyard for life system for individuals with a hidden disability along with other airports in the UK. This lanyard is available at the Special Assistance desk and is instantly recognised by security staff. We have also placed a teddy bear at the Special Assistance desk. It is wearing a stoma trained t-shirt to advertise the fact that staff have undergone training.

This training has enabled us to empower ostomates to have the confidence to go on holiday and it is hoped that we can carry out further training in Belfast International and in other airports.

Learning Objectives

To educate Airport Staff and to empower ostomates.

References

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P-28

Helping Ostomates to Remove Barriers That May Prevent Them Returning to an Active Life; A Series of Case Studies.

Mrs Moira Evans¹, Mrs Sally Chester², Mrs Cassie Quigley², Mrs Claire Bruschiuk²

¹Clinimed, ²SecuriCare

Aims/Objective

To reduce the frequency of unplanned pouch changes and thereby enhancing the ostomate's quality of life through the use of a flange extender, as discussed by Black (2016).

Content

Cronin (2016) discusses the use of accessories to support the ostomate to gain independence rather than living with a continued problem; leakage is the most likely cause of unplanned pouch changes.

Pouch leakage may impact upon:

1. the peristomal skin condition as frequent removal of pouches may lead to a Medical Adhesive Related Skin Injury.
2. the ostomate's daily lifestyle, in order to facilitate an unplanned pouch change.
3. their quality of life may decrease if the change is as a result of an embarrassing leak.

Method

Six patients participated; three female and three male with an average age of 62 years old; two colostomates, two ileostomates and two urostomates. All had uneven abdominal contours proximal to the stoma and flange lifting or leakage were common denominators, resulting in unplanned pouch changes.

Results

Patient feedback (to be presented as individual case studies):-

- Skin integrity - improved as no episodes of maceration or skin irritation reported.
- Security - Where leakage is reported from the appliance by the ostomate, it is essential to ensure that the abdominal contours are reassessed, as this may be a contributing factor.
- Quality of life - the invisibility of the flange extender felt that it was "less like a medical device" and that "there was nothing there".

Conclusion/Outcomes

The need for continual re-assessment of abdominal contours as patients may gain weight or return to active lifestyles, potentially causing management problems. The nurses experienced the positive impact on the patients' lives following the additional security offered by the low profile flange extender.

Learning Objectives

1. If the ostomate reports leakage from the appliance to ensure that the abdominal contours are re-assessed as this may be a contributing factor.
2. The value of flange extenders may enable the ostomate to continue to use their preferred pouching system in the presence of leakages.

References

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P-29

Transition into Adult Care, A Guide for Teenagers with a Stoma

Helen Cox, Mrs Sharon Knight

Coloplast Ltd

Within my current area of practice the Children's Hospital has no SCN so the nurse practitioner and community paediatric nurses take responsibility for paediatric stoma care services in the acute hospital.

There is no clear pathway for the transition period from child to adult services, resulting in the possibility of young adults becoming 'lost' once transferred to adult healthcare.

A successful transition programme should promote continuity of care, improve treatment adherence, knowledge and build confidence for children with complex health needs transferring to adult services. Transition needs to be flexible, individualised and factors such as developmental maturity and pubertal changes must play an integral part for young adults to become independent adults.

Method

- The current paediatric and adults' stoma care service was mapped.
- Meetings with HCP involved in associated specialities with established transition services.
- Establish if there is clinical need for a stoma care within the Colorectal transitional service.

Results

- Established transitional pathways differed, some with no guidelines, others had keyworkers yet no standard pathway.
- Identified a gap in transitional stoma care provision.
- A poster was developed for use in paediatric clinic/ward areas highlighting the transition process and signposting for further information.

Conclusion

- Evidence shows that with a succinct transition service, young adults are more likely to have better health outcomes.
- A gap in service was identified and a solution to improve patient care and outcomes found.
- SCN now attend the local IBD transition clinic to improve outcomes for patients who are likely to require colorectal surgery with the possibility of a stoma in the future.

Next steps

- Set up a permanent stoma care paediatric transition service clinic in collaboration with the established paediatric service.

Learning Objectives

1. Understand the need for transitional care within Stoma services.
2. To develop a poster for paediatric clinics/ward areas, designed specifically for teenagers with a stoma to help guide them through the transition process into adult healthcare services.

References

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P-30

Stoma Care in School. How to Ensure a Smooth Transition

Mrs Emma Gosheron

Royal Bournemouth Hospital

Aim

To provide an information leaflet to facilitate children with a stoma transition back to school or to a new school. The leaflet seeks to ensure that all of a child's needs are adequately considered and that delays in commencing school are prevented. Further it aims to break down barriers and enhance relationships between healthcare and education through promoting effective communication, raising awareness and dispelling misconceptions.

Content

In practice I have found a deficit in schools' knowledge of the holistic needs of a child with a stoma and a lack of awareness of potential adjustments needed to ensure that the child receives inclusive education. Early referral and good communication are essential for reducing potential problems and for the development of an inclusive care plan.

Method

The leaflets content was based on a review of pertinent literature and policies. The leaflet was presented to my peers and distributed to the parents of children with a stoma and to the associated schools.

Results

According to my peers, the leaflet comprehensively and holistically identified the child's needs. The leaflet was tested on schools that currently have children with a stoma attending and the parents of those children. Feedback was positive with the leaflet described as professional and the content both comprehensive and easy to understand.

Conclusion

The leaflet is an eye catching and informative tool that facilitates the schools' understanding of the practicalities of a stoma and how to meet the child's specific needs. The roles and responsibilities of all professionals involved in ensuring that a child with a stoma is not excluded from education are clearly defined. Overall the leaflet strives to improve communication between education and health care and provide families with the confidence that support channels would be in place to ensure that the child fully engages in school life.

Learning Objectives

1. To develop an educational leaflet for schools highlighting the holistic needs of the child and practical recommendations in order to ensure that reasonable adjustments are made to accommodate a child's needs and prevent delays in transition to school.
2. To improve communication between education and healthcare professionals.

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Are We Still Enhancing Recovery?

Mrs Sandra Bryan, Mrs Suzie Dukes, Mrs Michelle Boucher

Salisbury District Hospital

Aims/Objectives

The aim of this clinical audit is to demonstrate whether we continue to meet the Enhanced Recovery Programme (ERP) objective of patients returning to full health as soon as possible, as measured by time to stoma competency and length of stay (LOS) in hospital.

Content

ERP is a multimodal approach described by Professor H. Kehlet, and implemented in this hospital trust department since 2007. Conventional practice for the management of patients undergoing stoma formation was changed to include more intensive stoma teaching pre- and post-operatively. An audit in 2009 showed a decrease in time to stoma competency from 12.1 to 4.9 days, and a decrease in LOS from 19.8 to 6 days. Enhanced recovery continues to be practised as standard, and we wanted to ensure we were still meeting ERP objectives by re-auditing LOS and time to stoma competency.

Method

An audit was performed on all patients who underwent uncomplicated elective stoma formation in 2017 to establish time to stoma competency and LOS, and this was compared to results of a similar audit performed in 2009.

Results

There was no significant difference between time to competency and LOS for the 2 time periods.

Conclusion/Outcome

Time to stoma competency and LOS continue to be satisfactorily low. This demonstrates enhanced recovery is still working well in this hospital trust.

Learning Objectives

Service audit and sharing of good practice.

References

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P-32

Enhancing Recovery Through Being Active

Ms Sam Prescott

Weston General Hospital

Enhanced Recovery programmes are well evidenced to create the best possible care pathway for people undergoing surgery, including stoma formation (Burch, 2016). However, it is well documented that compliance to the ERAS programme is variable and is poorest during the post-operative phase (Ahmed J et al, 2012).

Working in a District General Hospital the author devised a programme which was all inclusive for all colorectal patients following surgery, including those with stoma formation. It was believed that by creating an all-inclusive programme, compliance rates and ultimately health benefits would increase considerably.

The aim of this presentation is to share the additional elements which were included in the general ERAS programme and how this was implemented through collaborative working within the colorectal department.

Two of these elements, ICOUGH which reduces the risk of chest complications following surgery – Incentive Spirometry, Coughing, Oral hygiene, Understanding ICOUGH, Getting out of bed, Head of bed elevation and secondly being active following surgery both encourage patients to take responsibility and an active role in their own recovery.

By following ASCN guidelines all patients were shown appropriate post surgery movements which were designed to help strengthen the abdominal core muscles, as well as encouraging movement and activity in line with NHS guidelines.

To improve compliance all staff, including nurses, consultants, physios, OT's, HCA's, Director of Nursing and the 'tea-lady' were provided with training on the ERAS pathway and post-surgery movements. Creating a programme which was all inclusive for both staff and patients has resulted in great enthusiasm, since patients and staff all encourage each other to undertake the movements together.

The author wishes to share her experience in designing and rolling out this programme as the results have proved to be extremely beneficial and the ward atmosphere promotes positivity.

Learning Objectives

1. How to develop and promote an effective Enhanced Recovery programme specific to your area of work.
2. Promoting movement and recovery post surgery following NHS and ASCN guidelines.

References

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P-33

Can a Collaborative Approach Between NHS and a Commercial Organisation Reduce Financial and Service Level Burdens on a Stoma Care Service?

Miss Geraldine Gartland

Coloplast

Aims/Objectives

- Understand the health-care constraints of the NHS (NI).
- Understand the process of tendering for a Stoma Care Service.
- Identify the Structured Service Pathway from the Acute NHS Trust to the Community Stoma Nurse.
- Demonstrate value of cost savings to the NHS that Coloplast Nursing Services' offer.
- Demonstrate a Service Evaluation from the NHS partner account.

Background

The purpose of the collaboration between the Acute Trust and Coloplast Care Nursing service was to provide a stoma care service to patients discharged from the Acute Trust into community, as this was not being provided by the Trust. This would enable a structured integrated stoma care patient follow-up pathway to be developed.

Method

A review of the literature for best practice integrated care supported the Stoma Departments request for a Stoma Nurse in Community.

A sponsorship agreement was already in place with the Acute Trust, who invited the sponsoring company to deliver the community follow-up service.

Result

The discharge pathway to the Coloplast Care Nurse from the Acute Trust will be demonstrated at time of presentation. Key quality targets and standards will be identified

Cost efficiency and effectiveness data will be shared to demonstrate cost savings to NHS
Data from a 360-degree service evaluation from both patients and NHS colleagues will be presented

Conclusion

Financial constraints in the NHS are an ever-growing worry for specialist services. As Stoma Care Nurses' we need to demonstrate the value of our services and how working in collaboration we can help meet the demands on services.

It is important to highlight benefits to patients and the cost savings that our service provides to NHS Trusts. This needs to be discussed so our NHS colleagues/managers/leaders are aware of how working in collaboration with a commercial nurse helps service stoma patients and reduce costs for the HSC

Learning Objectives

1. As Stoma Care Nurses' we need to demonstrate the value of our services and how working in collaboration with NHS Partnership Accounts can help meet the demands on services.
2. The development of a structured integrated stoma care patient follow up pathway promotes best practice.

References

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- A proven pathway for Stoma Care: the value of stoma care services. British Journal of Nursing, 2014, Vol23, No22.
- A review of Health and Social Care Northern Ireland: Transforming Your Care, Dec2011, HSCB, Northern Ireland.

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P-34

Bowel Awareness Month the Next Generation

Mrs Ginny Hill, Ms Kirsi Cutler

Walsall Manor Hospital

Our aims and objectives are to try to move forward with patient and staff engagement and education. To involve all staff in bowel awareness month and to encourage multidisciplinary working.

We achieved this by organising an open day with an educational aspect incorporated. The open day involved patients, ward staff and companies, meeting together to gain knowledge.

Once a venue had been arranged, we promoted the day to patients and staff, booked speakers and arranged equipment. Stoma companies were asked to attend, so patients and staff could view the latest products. The morning session was patient orientated and the afternoon was primarily for staff education. Both sessions were attended by all consultants and educational sessions were arranged for both patients and staff. The patients were also able to speak to their consultants during the morning session.

The day was very successful with patient attendance of approximately 80-100 and staff attendance at approximately 20-30 although this was mainly student nurses. We achieved good feedback and evaluations from all attendees.

In the future we would like to achieve greater attendance from the ward staff, for the afternoon sessions. Ensuring the overall aim of improving the knowledge base of stoma care and colorectal cancer. We will continue to host an annual open day, with a similar format, to promote patient engagement and staff education.

Learning Objectives

Our learning objectives are to improve knowledge, whilst sharing best practice with our peers. Also to share ideas to encourage patient engagement.

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P-35

Working as a Community Healthcare Assistant for Delivery Company.

Mrs Christine Grimley

Respond Healthcare

I retired from my role as a Colorectal/Stoma Nurse Specialist of 23 years and 43 years of full-time nursing 2 years ago.

The opportunity arose to for me to work as a Community Stoma Healthcare Assistant supporting the Lead Stoma nurse for the West Midlands.

My passion caring for stoma patients has always been providing high quality holistic care, compassion and empathy as I would wish for my own loved ones to be cared for.

Working in the community has allowed me to continue delivering excellence of my stoma care skills post discharge from hospital, supporting and forging links with patients and care partners, and facing challenges in the community that we do not see when working in a hospital environment, striving to deliver excellence of care because our patients and partners deserve nothing less.

My role as a Community Stoma Healthcare Assistant also allows me to communicate with my colleagues in the hospital when issues and concerns are raised in the community, and to continue to be part of the multi-disciplinary team in patient care.

Working in the community has certainly been an eye opener for me, to see a patient in his or her home beginning their journey of recovery, returning to their daily activities and lifestyle, has been a privilege to continue supporting our patients.

Learning Objectives

1. Supporting my Lead Stoma Nurse with patients requiring on going stoma support post discharge.
2. Communication with hospital colleagues, identifying issues and concerns raised in the community.
3. Part of the multi-disciplinary team in patient care.
4. Providing high quality holistic care, compassion and empathy.

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P-36

Adapting a Straight to Test Pathway Through Audit and Collaboration with the Multidisciplinary Team.

Miss Rachel Henbrey

University Hospitals Birmingham NHS Trust

The Straight to Test (STT) pathway is an initiative that was introduced at our Trust twelve months ago. It involves the triage of all patients with a colorectal two week wait referral from their GP. If appropriate, according to the protocol, patients are then referred straight to colonoscopy. This is a nurse led initiative, managed by the Colorectal CNS team.

In order to assess the effectiveness of the pathway, data was collected and audited by the CNS team. This was over a three month period initially, and focussed on specific areas such as number of patients being sent STT, reasons why patients were not deemed suitable for STT, number of inappropriate referrals etc. Data analysis enabled the team to identify areas that required improvement. This data has proven to be particularly useful when discussing development of the STT pathway with stakeholders such as Trust management, Consultants and Cancer Services. It has also allowed comparison of the performance of our pathway with other local Trusts.

As a result goals have been identified and action planning has taken place in order to increase efficiency and improve patient experience.

Learning Objectives

1. Use of audit to improve working practise.
2. Service development through communication with stakeholders and other Trusts.

References

Hamer S. and Collinson G. (2014) Achieving Evidence-based Practice. A Handbook for Practitioners. Second Edition. Balliere Tindall. London.

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P-37

Service Re-design in West Essex

Miss Carly Cheshire

Coloplast Ltd

My poster will highlight the West Essex Ostomy service redesign which was initially implemented in May 2015. Our Nurse lead service has demonstrated considerable savings to the West Essex NHS Clinical Commissioning Group and the acute NHS Trust. Our robust patient pathway consisting of 3 Clinical Nurse Specialists in Stoma care has provided increased support for our patients and has decreased hospital readmissions, A&E attendances and lengths of inpatient stay.

This has been achieved primarily through increased CNS involvement within the acute setting and centralised nurse lead ostomy prescribing in the community, with regular clinics held and patient support through support groups and the Coloplast Care Programme. The benefits of the service redesign are that the patient has access to expert advice and a Clinical Nurse Specialist. They are reviewed regularly throughout their first year post-operatively and annually thereafter. The amount of nurse involvement from one year onwards can be tailored to individual need, as necessary. There are regular clinics operating within close locality to the patient and home visits offered to housebound patients. Ostomy prescribing is now based on clinical need and this has saved time for the GP's and reduced cost and inappropriate prescribing. The increased CNS involvement has also increased holistic care, providing psychological and emotional support to patients. All of these holistic and clinical interventions are captured in data via our software package which demonstrates transparency and measures and audits our service for our NHS partners.

In summary, I intend to illustrate how patient experience is improving whilst cost to the NHS is decreasing.

Learning Objectives

1. Transparency of industry working in partnership with the NHS.
2. Improving patient experiences and outcomes.
3. Reducing costs to the NHS.

References

Data collected from MiME reporting, an N3 hosted, web based patient record database.

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P-38

The Development of a Nursing Pathway to Enhance the Long-Term Care of Ostomates in the United Kingdom National Health Service.

Ms Joy Notter¹, Mrs Elaine Swan², Mrs Frances Chalmers³

¹Birmingham City University, ²Walsall Healthcare NHS Trust, ³Clinimed Ltd

Aim

To enhance nursing care through the development of a nursing pathway for ostomy patients.

Background

Changes in UK policy have resulted in less specialist nurses having to support patients as well as increasing numbers of nurses with limited expertise in stoma care. It was therefore seen as essential to explore how these changes impact on the patients' journey through care, and their resultant quality of life.

Method

Qualitative research was seen as appropriate to gather the rich, in-depth data necessary to gain insight into, patients' perceptions of their care. Modified grounded theory, was used to carry out and analyse focus groups with patients as this supported discussion and enabled key points raised on one focus group to be added into those that followed (Charmaz 2014).

Results

Differences were reported in expertise received by elective and emergency admissions some of the latter not seeing a specialist nurse for some days. Patients described the importance of expert support at the time of surgery to reduce anxieties, help them to transition to life with a stoma, and maintain quality of life stressing the need for ongoing professional support. The focus groups also revealed the challenges faced through permanently altered body functions, the time it took to learn to anticipate and plan for practical issues and for some the fear of recurrence of cancer.

Conclusions

The wants and needs of these patients were clearly articulated and highlighted key areas where improvements need to be considered. Those who had had good specialist support reported less problems, and better coping strategies. Thus, it is essential that a nursing pathway be developed integrating the differing levels of nursing knowledge and expertise to deliver seamless high-quality expert care. Only then will patients receive care that enables them to achieve the best quality of life possible.

Learning Objectives

1. To gain an understanding of the changing needs of ostomy patients.
2. To understand how a nursing pathway for ostomy patients can enhance nursing care.

References

Charmaz K (2014) Constructing Grounded Theory, Sage CA

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P-39

Community Stoma Care; Better Early, Than Late, Than Never?

Mrs Sarah Duke-Burns

Hollister

Aims/Objectives

To compare the experience of patients with newly formed stomas who received specialist community stoma care follow up at varying time intervals following discharge.

Content

Community stoma care follow up following new stoma formation appears to vary nationally with regards to the timing of an initial home visit by a specialist stoma care nurse.

Patient's early experiences with regards to their stoma care can have a lasting effect on how they adapt to, and accept life with a stoma.

Can something as simple as a well-timed initial home visit from a stoma care nurse contribute to new ostomists having the most positive start possible?

Method

Three case studies documenting the first home visit by a stoma care nurse to a patient reviewed early (three to five days post discharge); late (seven to ten days post discharge), and never (patient seen ten months post hospital discharge).

Results

The patient assessments shown in the case studies suggest that later community stoma care follow up can be detrimental to the condition of a patient's peristomal skin; can increase the likelihood of pouch leakage and consequently hinder a patient's acceptance of the new stoma.

Conclusion/Outcomes

Reviewing patients earlier following discharge from hospital can often enable the stoma care nurse to prevent potential problems before they happen – i.e. monitor template size more closely and introduce soft convexity if required as post-operative oedema subsides. By actively preventing issues with sore peristomal skin and subsequent leakage in this way, a patient is more likely to have a positive start in the crucial early days and weeks following discharge home from hospital with a new stoma.

Learning Objectives

1. To identify how an early home visit can promote peristomal skin integrity and limit problems with pouch leakage in early days/weeks following discharge.
2. To generate discussion regarding timing of initial home visit within existing stoma care services and identify whether adapting visiting pathway may be beneficial to patient care.

References

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The Lost Ostomist - Unresolved Issues Resulting in Acceptance of a Substandard QOL (Importance of Face to Face Follow Up and Development of Sample Scoring Tool)

Mrs Laura Newman

Wexham Park Hospital

The importance of reviewing "The Lost Ostomist" has been talked about often in the stoma care nurse community. This case study highlighted to me how important the above is.

This patient was a ref from GP as he had not been seen for many years and moved into our area. Unfortunately in order to previously solve his own stoma related issues he sought help himself by attending an Open day. His Stoma issues were Leakage and terrible odour which was affecting his sexuality and quality of life.

After having put up with these issues for best part of 20 years, we worked together to solve his issues once and for all, in doing so my patient designed a tool in the form of a spread sheet to aid others trialling products.

The aim of this case study is to support face to face reviews of the lost ostomist. In these current times where there is a push for cost reductions by script switching, Threat of formularies and financial restraints we must not forget the patient. After all often by resolving issues we can reduce wastages and in turn cost. This also can improve quality and wellbeing of the person.

Learning Objectives

1. To provide tool for patients sampling products to reduce confusion during patient follow up.
2. To provide rationale for patient face to face reviews and demonstrate how this can reduce cost.

References

- Thom R Nichols, Gary W Inglese Jan 2018 Value in Health: vol21, Issue 1
- Williams J 2008 BJN 17.sup1
- Fake J , Skipper G 2014 BJN Vol.23, Issue supp17: pgs17-2

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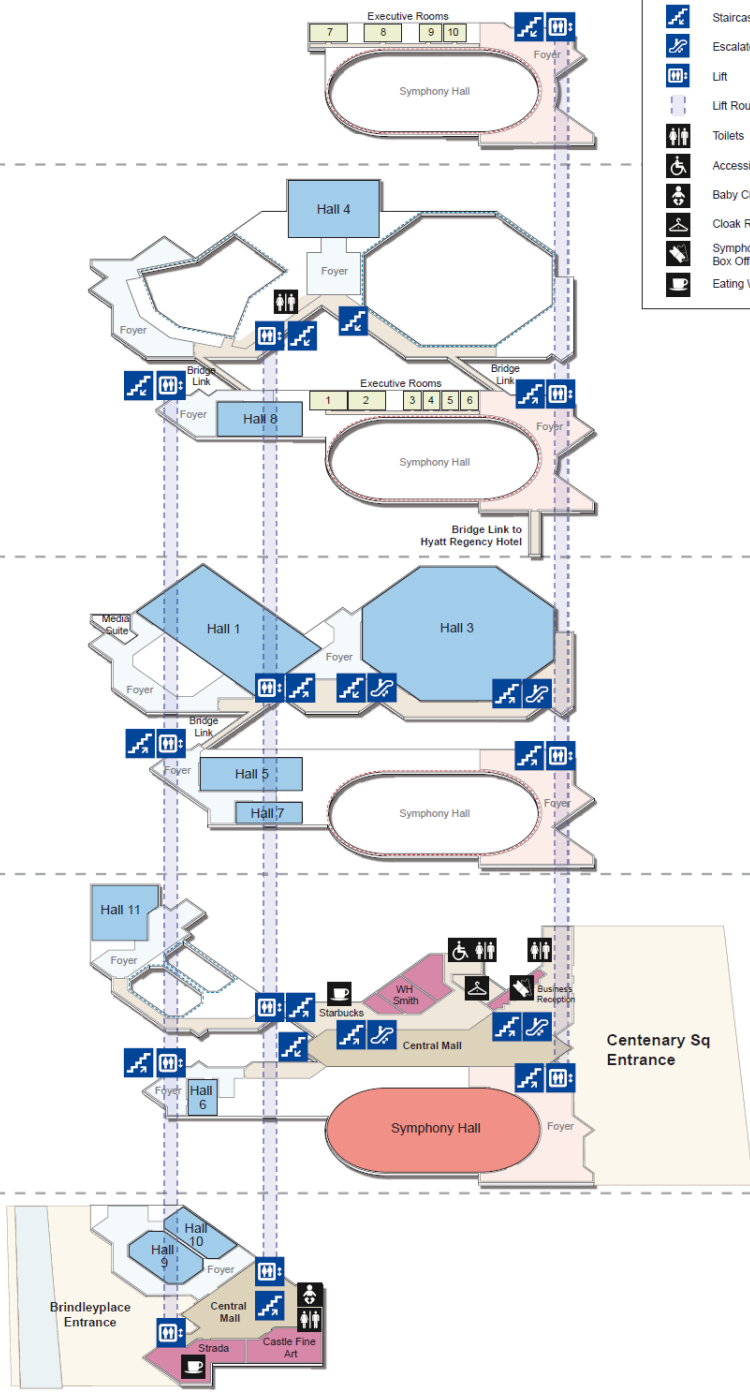
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