

Oral presentations

[IA01] CARING GESTURES AND THOUGHTS FROM THE VOICES OF NURSES

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Background: To improve the quality of nursing care, it is important to understand what is the essence of a good caring relationship. Knowing caring behaviors delivered by nurses in their daily practice allows to identify the essential qualities of caring. While the meaning of caring from the perspective of nurses has been explored by many authors and in many countries, there is a lack of research that exclusively addresses nurses' meaning of caring in the Italian context.

Methods: A qualitative study was conducted during a 5-years period from 2009 to 2014. A purposive sample of 260 staff nurses working in the Italian hospitals was involved. Participants were asked to write narratives on the practice of good caring. Narratives were analyzed according to a phenomenological and grounded approach (Mortari, 2013).

Findings: Caring in nursing is carried out through competent actions and openness towards caring intentionally for the person. The essential structure of a good caring consists of visible and invisible actions. The practical actions and the interpersonal relationship represent the visible dimension of caring, which involves presence, as physically being there with the patient, active listening, as conscious effort to hear and understand what the individual is saying and feeling, purposeful touch as intentional physical contact by the nurse with the purpose of comforting and reassurance, as sustaining the patient and inspiring confidence. Moreover, there is an "invisible" dimension involving thoughts, such as reflecting on the patient's past needs, evaluating the nursing care rendered, and planning for more appropriate future nursing, values and emotions.

Conclusions: To improve the quality of nursing care it is necessary to implement a good caring approach to the patients; only by knowing what the essential features of a good caring are, it is possible to develop a real good caring relationship.

[IA02] HOW RESEARCH IS HELPING OR SHOULD HELP CARING/TAKING OVER NURSES

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There is a growing awareness that caring is a complex phenomenon that lies at the heart of nursing. The conceptual definition reports nurse caring as an 'interactive process that occurs during moments of shared vulnerability between nurse and patient' (Wolf et al., 1994; Beck, 1999). Nurse caring has been defined as acts, conduct and mannerisms carried out by professional nurses that convey concern, safety, and attention to patients (Greenhalgh, Vanhanen, and Kyngas, 1998)

Caring is inherent to the nursing practice and although it is not exclusive, the phenomenon is commonly discussed and intensively studied as a fundamental concept in the profession (Watson, 2008). The sensation patients perceive of being cared for is derived from nurses' caring behaviours. The earliest empirical studies on caring were published in the 1980s and focused on the nature of caring through nurse caring behaviours. Later studies were moved towards a consideration of the relationship between caring and caring outcomes (Papastavrou et al., 2012).

Numerous studies have explored caring from the nurses' point of view, but more and more attention is being given to investigating patients' experiences and perceptions: there is considerable evidence that there is no congruence between the perception of patients and nurses in regards to which behaviours are considered caring. Furthermore intended caring is not always perceived as such by the patient (Papastavrou, Efstathiou and Charalambous, 2011; Papastavrou et al., 2012; Newell et al., 2015) and there are frequent critical reports of citizens dissatisfied with the assistance received, almost always for non-caring behaviours (Canzan et al., 2013).

Caring attitudes are probably the greatest forecast of a positive experience: many studies highlight the impact on patients' and family members' satisfaction, comfort, and perception of safety (Canzan et al., 2013).

Nurses spend considerable time actively caring, so congruency of perspectives between patients and their nurses could give strong scientific and economic bases for influencing policy decisions that have an impact on the nursing workforce and the quality of nursing care (Aiken, 2008).

Patient perceptions of nurse care have been examined with quantitative and qualitative studies. Quantitative studies used a variety of checklists to measure caring actions; this choice has undoubtedly advantages for practicality and for the possibility of comparing different contexts, however, a list of pre-selected behaviours conditions the choice.

The majority of studies conclude with the recommendation to explore patients' experiences through interviews, focus groups and observations with qualitative studies (Tuckett et al., 2009; Papastavrou, Efstathiou and Charalambous, 2011; Papastavrou et al., 2012).

The use of a qualitative approach is consistent with what theorized by Leininger: caring is a universal phenomenon, but caring expressions, processes and models take on meaning within individual cultural contexts (Leininger, 2002).

Further research is also needed to generate more knowledge on the relationship between caring behaviours, patient outcomes and health or nursing costs.

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[IA03] NURSES AND PATIENT NEEDS: THE ROLE OF INSTITUTIONAL FRAMEWORKS, ORGANIZATION DESIGNS AND MANAGERIAL TOOLS

Mario Del Vecchio

[IA04] TREATMENT OF FECAL INCONTINENCE IN CHANGE OF TIME

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With an incidence of 15%, fecal incontinence (FI) is one of the most frequent diseases in the world, affecting eight times more women (mostly because of childbirth in their history) than men. Therapy in the course of time is linked to the evolving diagnostic tools during the last decades.

Conservative therapy starts with solidifying the stool, for instance with Loperamide, regular emptying of the rectum with laxative suppositories and pelvic floor training. The latter is best done under care of a physiotherapist and supported by electrostimulation. Enemas, TAI (TransAnal Irrigation) and sometimes anal tampons may be helpful in desperate cases, especially when the rectal reservoir is reduced as in LARS (Low Anterior Resection Syndrome).

Surgical interventions have gradually undergone changes of paradigm: At first FI in women was explained by mere weakness of the pelvic floor due to postpartal neuropathy. However, the results of Postanal Repair (PAR) were not satisfying. When the introduction of anal ultrasound has allowed to identify postpartal sphincter-defects in the perineum, Anterior Sphincter Repair (SR) has replaced PAR – again with mediocre effects in the long run. As SNM (Sacral Neuro-Modulation) achieves good results, it is at present the method of choice, easier to perform than SR. In cases of rectal prolapse abdominal rectopexy or perineal procedures like Delorme's and Altemeier's operation are indicated.

ABS (Artificial Bowel Sphincter) and Gracilis-plasty have not stood the test of time, whereas the implantation of sphinkkeepers appears to be a promising new method. If everything fails, patients should be offered a colostomy.

[IA05] PAEDIATRIC OSTOMY CARE: GLOBAL BEST PRACTICE GUIDELINES FOR NEONATES, CHILDREN AND ADOLESCENTS

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Paediatric ostomy care nursing is still a relatively undescribed field, and little literature and research are available. Although the principles of ostomy, fistula and pouching are similar across the life span continuum, the reasons for an ostomy and the actual hands-on approach are different when working with children. Body size, developmental stage, and activity level are three such areas that present a challenge when performing stoma care children.

The Global Paediatric Stoma Nurses Advisory Board (GPSNAB), an international group of paediatric ostomy care experts, were brought together to offer their expertise on caring for children with an ostomy. Best practice guidelines were developed based on literature and on the experience of the GPSNAB members. The purpose of these guidelines is to provide healthcare professionals working with the paediatric population a central resource for best practices. There are two sections in the guidelines governing paediatric ostomy care. The first section highlights the actual clinical aspects of paediatric ostomy care. The second section addresses the psychological aspects of care, including ostomy education and the emotional impact of an ostomy on this patient group. The guidelines cover the full spectrum of paediatric age groups, from neonates to adolescents.

This guide is substantiated with a glossary, educational tools, references, and evidence-based information. The GPSNAB seven members collaborated in writing these guidelines with the objective to improve the quality of life for neonates, children, and adolescents with an ostomy, along with their respective families. It would be the expectation to see increased comfort and perhaps competence on the part of the caregivers having standardized guidelines available when working with children with ostomies.

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[OA06] STOMA IN NEONATES - DEMOGRAPHICS AND PERIOPERATIVE OUTCOMME

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Aim: Main outcome was to register complications related to various ostomies in neonates.

Method: Single center retrospective cohort study reviewing medical records of neonates less than 44 weeks gestational age (GA) who had an ostomy placed between January 2012 and December 2016.

Results: 100 neonates (62% boys) were included and received 108 stomas. Indications for ostomy placement was anorectal malformation (43%), necrotizing enterocolitis (NEC) or single intestinal perforation (36%), Hirschsprung's Disease (11%), and volvulus and ileus (8%). Ileostomies (60%) were most common. Median GA was 36 (23-42) weeks and median weight 2.7 (0.4 – 4.3) kg. Initial stoma formation was done at median 3 (0-74) days.

Stoma-related complications occurred in 46%, most of them where minor. 42% experienced skin brake-down close to the stoma. 12% developed wound infection in the laparotomy incision and 9% peristomal skin infections. Placement of the stoma in the laparotomy wound (42%) or in a separate incision (43%) had no effect on the frequency of skin problems. 9% developed a stoma prolapse. Stoma related dressing problems were common (50%), most of them were minor (19%). Eight neonates died of complications related to (NEC) and one due to unknown congenital syndrome. No child died of stoma related complications.

Conclusions: Stoma related complications, infections, skin problems and dressing difficulties were common. Dedicated paediatric stoma nurses are important for optimal stoma dressing and skin care.

[OA07] FREQUENCY AND REASONS FOR USAGE OF CONVEX BASE PLATES

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Aim: “To investigate frequency and reasons for usage of convex base plates in clinical practice of stoma care nurses.”

Method: “A questionnaire comprising 8 questions was sent to 71 stoma care nurses. The questionnaire helped to understand the level of experience of nurses, how often, when, why and what types of convex base plates they use, if they are familiar with a validated tool for peristomal body assessment and product recommendation, and if they need specific clinical training.”

Results: “65 questionnaires were received. Average experience of stoma care nurses is over 10 years. Most of the nurses, 68,4%, use convex base plates sometimes, 13% - often, 18,6% - never. 48,9% of nurses know and use the validated tool for peristomal body assessment and product recommendation.

Highly experienced nurses, 22,2% of all the respondents, use a wide range of convex products.

Most frequently convex products are selected for retracted and flush ostomies (97,8% and 42% of all respondents). The use of convex products for stoma retraction in the early post-op period and for fistulas is less common (57,7% и 40% of all respondents). Only 24,4% of nurses recommend convex for telescopic ostomies.”

Conclusions: “Frequency of usage of convex products doesn’t exceed 13%. Experienced nurses use different types of convex products and indications are broad.

Although nurses are aware of the guidelines for peristomal body assessment and have certain clinical experience, over 75,6% of them lack specific knowledge and training.”

[IA08] INCONTINENCE-ASSOCIATED DERMATITIS: CLASSIFICATION, PREVENTION AND TREATMENT

Dimitri Beeckman

[OA09] WHAT HAPPENS AFTER STOMACLOSURE

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Rationale: Most temporary ostomates are very impatient to benefit from stoma reversal. They have lived through a difficult time with recovery from initial surgery, getting used to their stoma and often the side effects of others therapies. By bowel reconnection, they expect to resume their original lifestyle prior to surgery. After important intestinal reconstruction or rectal surgery, the patients experience changes in bowel functions, including incontinence, fragmentation, unpredictable events with an impact on daily routines. Many patients are not prepared to cope with the symptoms they are going to experience.

Method: Based on this rationale, we have decided to perform a survey on a panel of patients who had undergone stoma reversal using our hospital patient database. Participants were answered 15 questions for assessment of their symptoms, their issues and their needs after surgery.

Results: We will present the data collected from 16 patients. 6 out of them have no signs of bowel dysfunction at all (LARS score=0). For the others, the most frequent symptom is the unpredictability of their bowel movements. They would have appreciated more explanations before surgery, including details on nutrition and management of their bowel movements.

Conclusion: This survey made me aware that we could improve our patient care and follow up. We already have a privileged relationship with them, we help them cope with their stoma but, after closure we could stay at their side a little longer, advise them and try to enhance their return to normal life.

[OA10] ACTIONS TO PREVENT DEHYDRATION IN PATIENTS WITH AN ILEOSTOMY OR A TEMPORARY LOOP-ILEOSTOMY AT A COLORECTAL UNIT

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Aim: Patients operated with an ileostomy or loop-ileostomy are at risk for postoperative dehydration, decreased kidney function and hospital readmissions. The aim of this project was to improve the care of patients with an ileostomy or loop-ileostomy with high faecal output and to prevent or minimize the effect of this complication.

Method: The stoma care nurses and physicians at the colorectal unit organised a team responsible for developing a program on which measures should be taken to improve the care of patients with high output stomas.

Results: A routine document was created building on the latest research regarding preventing and treatment of high output stomas. This included a four-step program to decrease high output postoperatively, routines at discharge of the patient; including prescriptions of Loperamide and dehydration solution, and specific lab tests at follow-up. A special information brochure was designed with information about the physiological effects of high output from the stoma, symptoms of dehydration and what steps to take. Included was a recipe on how to mix an oral rehydration solution and contact information. A medical alert card was created with one side of the card with the steps the patient should take when having high-output and the other side showing what measures the medical staff should take when meeting a patient with high-output. The stoma care nurse educated the patient postoperatively at discharge.

[OA11] IRRIQOL: COLONIC IRRIGATION. STUDY OF THE OSTOMY FEDERATION OF FRANCE

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Aim: The presence of a colostomy has a major impact on the quality of life. This could be improved by performing colonic irrigation (CI). But, although formerly described, there are few studies evaluating this technique.

Method: Patients adhering to the Ostomy Federation of France (FSF) were evaluated by self-questionnaire.

The quality of life by the Stoma-QOL questionnaire was compared between 2 groups of patients with colostomy, one practicing an IC and the other not.

Results: Seven hundred and fifty-two patients were eligible for the study, with a fill rate of the Stoma-QOL score of 96%.

The median age of the population was 75, with 47.26% of men. The median duration of follow-up was 12.3 years.

Forty-one per cent of patients practiced IC.

The median quality of life score was significantly higher in IC patients: (69.20 vs. 56.70, $p < 0.001$).

In multivariate analysis the risk factors for not performing IC were high age, obesity, the presence of a colostomy for less than 6 years and an indication for surgery other than oncological.

Conclusions: CI significantly improves the quality of life of patients with a stoma. This care is fully therapeutic education and should be offered to all these patients. Supervision by enterostomal therapists is recommended especially in patients at risk of failure.

Key words: quality of life, stoma, colonic irrigation, Stoma-QOL

[OA12] INTRODUCING A MOVEMENT AND REHABILITATION PROGRAMME FOCUSED ON ABDOMINAL CORE INTO AN ENHANCED RECOVERY PROGRAMME FOR PATIENTS

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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 initial post-operative phase (Ahmed J et al, 2012).

Working in a District General Hospital the author devised an ERAS programme specific to all colorectal and stoma patients which included a section on movements to strengthen the abdominal core. This was felt to be crucial to the recovery for any patient who had undergone abdominal surgery, particularly those on an enhanced recovery pathway. But equally as important, ASCN UK guidelines state that all stoma patients should be shown appropriate post-surgery movements which are designed to help strengthen the abdominal core muscles, as well as encouraging movement and activity in line with NHS guidelines.

The aim of this presentation is to discuss how the abdominal and core movement programme was built into the ERAS programme for its successful implementation.

By creating an all-inclusive programme which every stoma and colorectal patient on the ward will follow, it was believed that compliance rates and ultimately health benefits would increase considerably.

The author would like to present the results of designing and rolling out this programme to all members of the multi-disciplinary team and show how this has proved to benefit patients' recovery and promote positivity on the ward.

[OA13] REACHING A GLOBAL CONSENSUS ON OSTOMY CARE PRACTICE GUIDELINES AMONG 2000 NURSES WITH EXPERTISE IN OSTOMY CARE THAT ARE EVIDENCE-SUPPORTED AND IMPROVED PATIENT OUTCOMES

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Aim: This project was designed to create a global consensus on clinical practice guidelines to significantly increase the number of stoma patients worldwide who increase their quality of life by increasing the confidence in their stoma security.

Method: This study examined a different way to develop practice guidelines, that involved large numbers of nurses (200) directly in the development and reporting of the guidelines. A Modified Delphi consensus-building approach was utilized combining on-line surveys, virtual discussions and a series of professionally facilitated face-to-face workshops. The results were a set of consensus-based best practice guidelines that have received a high level of acceptance and enthusiasm from nurses across 27 countries.

An advisory board of experts within stoma care from US, UK, Germany and Denmark was formed for guiding the process ensuring the validity.

Results: Global consensus reached among Health Care Professionals with expertise in Stoma Care on the importance of assessing the individual peristomal body profile. To assess Body Profile, a validated body profile assessment tool should be used to improve patient outcome to helping determine the body profile and inform the product decision.

Conclusions: This study provides two important outcomes: a set of evidence-based, best practice guidelines for stoma care nurses to help patients experience the highest quality of life possible; and, offers evidence to support a new way to develop quality evidence-based practice guidelines that achieve rapid penetration across the field of practice and receive high levels of adoption across the system.

[OA14] CARING FOR OSTOMY: THE SURGEON'S DIARY

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Aim: “to explore the surgeon’s professional and emotional experiences during the pathway of care addressed to patients with stoma; to obtain new elements to improve the relationship of care; to experiment the narrative medicine approach.”

Method: “anonymous narratives from surgeons caring for ostomy and representative of 5 Italian Surgical Units were collected. The narrative plot was composed of five items: communication of the diagnosis, surgery, post-surgical phase, relationship with the patient, space for free expression. The texts were analysed using narrative medicine methods.”

Results: “30 surgeons’ narratives were collected. 67% of health care professionals used the term “difficulty” referring about the communication of the diagnosis. The surgery was defined as a technical action and carried out without emotional involvement (64%). In the post-surgical phase, instead, the attention to the person (95%) and the relationship of care (58%) prevailed, with more open to the emotional reflections narratives: “*people, men, women, not clinical cases!!!*”. The experience of reflective writing was considered positive from 75% of the surgeons.”

Conclusions: “the present work represents the first narrative medicine multicentre survey, realized on the initiative of a group of nurses expert in the care for ostomy, investigating the surgeons’ emotional experiences during ostomy care. The obtained participation, together with the emerged elements, allow to integrate this unpublished point of view to the scenario of care for people with stoma. The results can be useful to begin a process of awareness and improving of the relationships of care.”

[OA15] COLORS, EMOTIONS AND NARRATIVES TO UNDERSTAND THE PERSON WITH OSTOMY'S EMOTIONAL EXPERIENCE

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Aim: to understand the emotional experience of patients living with a stoma and to experiment a new method of digital communication between the patient and the stomatherapist, focusing not only on clinical conditions, but on the person as a whole, for the improvement of the relationship of care.

Method: the APP colorE has been created specifically to address patients with stoma, as a means to, express the prevailing emotion felt in a specific moment of their daily activities, through color representation, together with their narrative. The APP stArt has been created to support stomatherapists, to show them, in real time, the patients' emotional states. The APPs have been experimented in 8 Italian ostomy clinics. The obtained data will be analysed and processed anonymously.

Results: The data analysis phase is currently ongoing. Up to now, 160 people with stoma accessed the APP by, mainly women (64%), with an average age of 40 years. From the first data, joy and serenity are the most recurrent emotions felt in the patients' family life, and blue is the most selected color. Gray results associated to visits and complications, combined with the emotions of apprehension and expectation. Thoughtfulness and acceptance are the most frequent emotional states felt at work.

Conclusions: The present work represents the first experimentation of an APP realized to connect the person with stoma and the stomatherapist nurse, investigating the emotional experience through the language of colors, emotions and narratives. The results can be used by stomatherapists during visits to understand the patients' real experiences with ostomy, and improve the relationships.

[OA16] SELF-CARE IN OSTOMY PATIENTS: A MULTICENTER LONGITUDINAL STUDY

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Aim: Self-care is important to improve outcomes in ostomy patients but, to date, no study has described this topic with a psychometrically sound instrument. The aim of this study was to describe self-care in an Italian sample of ostomy patients.

Method: We conducted a multicentre longitudinal descriptive study. Patients were enrolled in seven outpatient clinics, during a period of one year. We measured self-care with the *Ostomy Self-Care Index* (OSCI), a recently developed psychometrically sound instrument that consists of four scales: self-care maintenance, self-care monitoring, self-care management and self-care confidence. Each scale has a standardized score ranging between 0 and 100, with higher scores meaning better self-care.

Results: We enrolled 523 ostomy patients. The mean age of the sample was 69 (SD=12,45); 64% were male, 38.81% had a colostomy, 29.25% had an ileostomy and 29,64% had an urostomy. Generally, patients had adequate self-care maintenance and self-care monitoring, with scores ranging between 76.44 and 77.23. However, some specific self-care management and self-care confidence behaviors were poor. Specifically, patients had lower self-care management both in changing the diet or the stoma management and in speaking with stomatherapist when problems occurred. Moreover, patients had lower self-care confidence scores in evaluating and in doing something to relieve stoma problems.

Conclusions: Self-care is not always performed consistently high by Italian ostomy patients. Specific educational interventions are needed to improve self-care in ostomy patients.

[IA17] "I HOPE THEY DON'T PITY ME BUT THAT THEY ACCEPT ME..." HOW IS LIFE WITH A UROSTOMY?

Giulia Villa

[IA18] CARING FOR OSTOMY PEOPLE: THE SEXUALITY

Maria Russo

La chirurgia radicale pelvica può condurre a problematiche della fusione sessuale in entrambe i sessi, Problematiche, molto spesso peggiorate se previsto il confezionamento di una stomia. Si può parlare di disgusto per la nuova immagine corporea (Black 2004), che si correla con la percezione della perdita del controllo delle funzioni del proprio corpo che suscitano sentimenti di vergogna e umiliazione. (Sprunk, 1999).

Vergogna e l'umiliazione per l'accettazione del corpo, della sessualità e vergogna di manifestare ad altri le proprie richieste di aiuto che possono portare a una difficile ricerca di eventuali soluzioni

La complessità e la delicatezza di tale problematica richiede il coinvolgimento di più figure professionali ma soprattutto dell'infermiere/stomaterapista che dovrà possedere e sviluppare le proprie conoscenze sulla salute sessuale, sui comportamenti in modo da interagire in modo significativo con il paziente.

Radical pelvic surgery can lead to sexual problems in both sexes. Problems often get worse if a stoma is packaged. We can speak of disgust for the new body image (Black 2004), which correlates with the perception of the loss of control of the functions of the body that arouse feelings of shame and humiliation. (Sprunk, 1999).

Shame and humiliation for the acceptance of the body, sexuality and shame to show others their requests for help that can lead to a difficult search for possible solutions

The complexity and the delicacy of this problem requires the involvement of more professionals but especially of the nurse / stomaterapista who must possess and develop their knowledge on sexual health, on behaviors in order to interact significantly with the patient.

[IA19] FROM BLADDER CANCER TO UROSTOMY: A LONG AND HARD TRIP BUT NOT ALONE

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The bladder cancer is the ninth most common cancer in the world and it develops most often in people who live in industrialized countries. Italy is one of the countries with the highest incidence in the European area. Although the cigarette smoking represents the most important risk factor for bladder cancer, the diet can prevent it. It seems that an elevated adherence to the Mediterranean diet reduces bladder cancer risk.

Radical cystectomy is the standard treatment for localized muscle-invasive bladder cancer in most countries.

This procedure represents a real challenge in urologic surgery: it has a very high rate of complications, calculated from 30 to 64%.

In the last years, some clinical protocols have been created in order to reduce postoperative complications and improve clinical outcomes. Enhanced Recovery After Surgery (ERAS) protocol represents a multimodal and multiprofessional program, that summarizes the best evidence from research, promoting the clinical team integration. ERAS pathway is associated with a shorter time to return of bowel function and with a reduction of length of hospital stay in patients undergoing radical cystectomy, as well as a lower rate of postoperative complications, especially paralytic ileus and cardiovascular events.

The creation of urostomy, after radical cystectomy, modifies patient's life with both physical and psychological repercussions, requiring specific educational interventions. In Italy the total number of people with urostomy is over 20'000. Patients with bladder cancer show a high prevalence rate of depression and anxiety across all cancer stages and status, with differences between Caucasians and Asian populations. After the surgical procedure, patients living with urostomy have to adapt themselves to a different lifestyle that requires the development of self-care skills. They have to confront a physical change that determines the consequences in every aspect of their lives with psychological and relational aftereffects. Life can be complex for the patients with bladder cancer: a urostomy brings changes in all possible aspects of daily life, resulting in the need for a psychological and practical support system. Urostomy patients need support and continuing education to foster a high level of self-care, in order to have a better quality of life. Moreover, the presence of urostomy could be a religious barrier for some patients in performing their obligatory prayer rituals.

[OA20] TOWARDS IMPROVING QUALITY OF CARE AMONG OSTOMY PATIENTS: FROM LOSING TO GAINING CONTROL

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Aim: Many patients undergoing ostomy surgery annually. After discharge from hospital, patients face emotional and physical challenges in the absence of appropriate professional follow-up allows for addressing their needs. Herein, a collaboration was established between ostomy nurse and gastro-nutritionist to optimize quality of care, and subsequently improve quality of life and prevent complications and re-hospitalizations.

Method: Recently, an online transfer information system (OTIS) was implemented to allow monitoring hospitalized stoma patients by community ostomy nurse, which updates physician and nurse about the patient's status to provide relevant equipment in advance. After discharged, the OTIS notifies ostomy nurse who contact the patient/caregiver, to introduce the service and to schedule home visit. Concomitantly, the gastro-nutritionist is informed, to evaluate and follow-up the patient's nutrition status. Moreover, the physician is updated, and a monthly clinical discussion takes place in the presence of ostomy nurse and gastro nutritionist, as well as social worker and/or psychologist.

Results: About 200 participating ostomy patients received treatment. This collaborative approach addresses the unmet patient need readily and consistently. The intervention facilitated holistic and professional treatment, and improved hospital-community communication, to enable patients returning faster to routine, and improve quality of life, in terms of preventing gastrointestinal complications and reducing stoma-related leakage and secretions.

Conclusions: This approach proves efficient in preventing stoma complications, reducing re-hospitalizations' rate, decreasing costs of consumable equipment, and improving quality of care in ostomy patients.

The collaboration between the ostomy nurse and gastro-nutritionist is a vital component of ostomy patients care management.

[OA21] LIFE WITH A STOMA - HOW DO PATIENTS COPE PRACTICALLY AND EMOTIONALLY?

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Aim: To have a stoma means a major change in a person`s life. People with a stoma have to adjust to a changed self and body image, concerns of intimacy and changes in daily life. The aim of this study was to explore and describe how patients with a stoma physically and emotionally have coped with different situations that have occurred in their daily life after stoma surgery.

Method: A qualitative explorative study was conducted based on focus group interviews with patients from a University Hospital with 1-3 years experience of living with a stoma. The first focus group was held in December 2018 and the rest will be performed during February-May 2019. Participants are divided into groups of 3-6 to promote homogeneity, regarding, age 18-90+, gender, diagnosis, stoma type, education, work, retirement, since sensitive and intimate subjects are discussed. A qualitative content analysis will be used for analysis and interpretation of data.

Results: The focus-group interview starts with the open question “How have you practically and emotionally mastered situations in life with a stoma?” The interview will cover social life, sport and leisure activities, sexual life, work and education and other areas of their interest and if the follow-up has been helpful in mastering different situations that have arisen.

Conclusions: How patients have reacted and coped practically and emotionally with situations occurring in their new life with a stoma have sparsely been studied. The results will be valuable when developing or improving follow-up programs and care of these patients.

[OA22] FACILITATING THE DEVELOPMENT OF CARE MODELS AS A COLLABORATIVE PARTNERSHIP BETWEEN OSTOMATE AND THEIR HEALTH CARE PROFESSIONAL

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Aim: To facilitate the development of a clinical support tool merging the definition used by ostomates and Stoma Care Nurse (SCN) against nine specific peristomal skin conditions.

Method: Common peristomal skin conditions were identified and defined by a group of SCNs. A pilot study facilitated the capture of the ostomate’s descriptions of the selected peristomal skin conditions, during face to face meetings, where informed consent was gained.

The following questions were asked:

- How would you describe the skin around this stoma?
- What would you do if your skin appeared like this?
- How would you treat this?
- Have you ever experienced this?

Results: As anticipated, some ostomates were more aware of the peristomal conditions than others. The words used to describe the conditions varied between patients, confirming the need for the development of a simple tool that can be used by patients during care discussions with their SCNs. An example of the type of image can be seen here along with the tabulated ostomates responses, detailing the variation of responses.



HOW WOULD YOU DESCRIBE THE SKIN AROUND THE STOMA?
Sore, red, broken and oozing
Red, broken and suspected infection
Red raw at the top
Nasty at the edges, in dip sore (at 4 o'clock position) and skin damage
Sore folds
Lot of granulomas
Needs to be re-done then may settle down with dissolvable stitches
Stoma detaching - stitches
Mushy in the circular bit and body
WHAT WOULD YOU DO IF YOUR SKIN APPEARED LIKE THIS?
Contact the Stoma care nurse
Get professional help
Wash with plain water
Get immediate help
Phone the Stoma care nurse
Seek attention

The limitations of using images in isolation must be acknowledged. As without the collaboration between ostomate and SCN, any peristomal skin management pathway lacks a holistic approach.

Conclusions: The development of this care model demonstrates inclusive partnerships which provides insight into language commonalities across both groups. Recognising that defining terminology is a complex process which will ultimately vary upon the personal experiences of both ostomate and SCN.

[IA23] INCONTINENCE-ASSOCIATED DERMATITIS: ETIOLOGY AND RISK

Jan Kottner

[IA24] NURSING PRACTICE FOR PATIENTS WITH IAD

Gabriele Kroboth

[OA25] IMPROVING PATIENT OUTCOMES THROUGH WORKING IN PARTNERSHIP

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Aim: As qualified specialist stoma care nursing (SCN) resources are stretched to the maximum, a review of how tailored support could be accessed remotely by individuals with a stoma, led to the development of a specialist trained non-qualified team of telehealth advisors.

Method: SCN focus groups identified and categorised the main concerns and issues patients experienced and highlighted despite the wealth of information available via the internet, the need for trusted information, tailored to the individual was required.

Working with a stoma care specialist company, an intensive training program was created in conjunction with development of clear pathways and boundaries. The focus was to provide patients with personalised non-clinical advice over the telephone by non-qualified advisors and escalation back to the SCN when required.

Access to this service has been promoted through multichannel formats, as well as directly by SCN's. All telehealth consultations are recorded and written documentation enables feedback to the local SCN.

Results: Patients are reporting high levels of satisfaction in the advice provided and resolution of their concerns. SCN's identify decreased number of contacts for non-specialist advice providing increased dedicated time in clinics, and reduced patient anxiety due to instant access to support via telehealth. The service has been independently assessed by the regulating body of the UK National Health Service, specifying that the service is safe, caring, effective, responsive and well lead.

Conclusions: The development of a telehealth service has demonstrated significant satisfaction for the patient and SCN, leading to improved patient outcomes and effective use of resources.

[OA26] COLOSTOMY CARE ALGORITHM- DEVELOPMENT AND VALIDATION PROCESS

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Aim: To develop and validate a colostomy care algorithm.

Method: The instrument was developed based on literature review and nurses expertise in care for colostomies, expertise gained in a stoma therapy service that operates both in acute care and palliative care services in the area; the average annual number of consultations for the last 5 years is 307.8 consults annually. At the beginning of validation process, 5 clinical vignettes were prepared. Meetings with groups of registered nurses practicing in acute and palliative care settings were held. Following written consent, respondents answered demographic questions and worked individually or in pairs a plan of stoma care intervention for each of 5 clinical vignettes. A brief algorithm tutorial followed and then the individual care plans designed were reanalyzed using the algorithm.

Results: 13 major sources have identified for the development of the algorithm; 42 nurses attended the meetings from 3 clinical settings; oncology, surgery and palliative care. 100% of participants have acknowledged the need and usefulness of the algorithm and 5 suggestions have been made for improvement of the algorithm

Conclusions: The algorithm purpose is to facilitate a uniform approach to colostomy care, to improve the quality of health care and decrease the use of unnecessary or harmful interventions. It should be used with regard to clinical judgement to determine the plan of care for each patient. More specific result will be presented.

The main source of funding for this study comes from a Bristol-Myers Squibb Foundation's project

[OA27] THE EFFECT OF TRAINING ON PREVENTION AND IMPROVEMENT OF PRESSURE INJURIES ON NURSES' KNOWLEDGE LEVELS: TURKEY CASE

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Aim: "The aim of this study was to determine the effect of training on prevention, treatment and monitoring of pressure injuries (PI) on nurses' knowledge levels."

Method: "Study was carried out with 255 nurses. PI trainings were given in small groups of 6-15 people for 1 hour. The nurses were pre-tested immediately before the training and the post-test was applied immediately after the training. The data were obtained by a knowledge evaluation form. This form, which consists of 20 questions about prevention, staging and maintenance of PI, has been prepared by using the current guidelines and the scope validity has been made. Percentage calculation and Paired Samples T test were used to analyze the data."

Results: "According to the results of the study; of the nurses, 84.3% were undergraduate, 30.2% worked as a nurse for 1-3 years, 28.6% for 10-15 years and 75.7% worked in the same clinic for 1-7 years. When the distribution of the responses before and after the training was examined, it was determined that the nurses most correctly answered the questions about "Prevention of PU caused by medical devices", "Unstageable-PI", "Pain reduction attempts at dressing change" and "Optimal solution for wound cleansing" and it has been determined that the questions related to "Pressure-reducing support surfaces", "Accurate determination of Stage-I", "Proper positioning of patient with special medical condition (total hip replacement)" and "Frequency of risk assessment according to Braden Scale score" were most incorrectly answered. The mean pre-test score of the nurses was 44.47 ± 11.61 , and the post-test mean score was 55.93 ± 7.78 , and the difference was statistically significant ($p < 0.001$)."

Conclusions: "It was determined that the standard training prepared in accordance with the current guidelines increased the knowledge levels and awareness of nurses about PI."

[OA28] NEGATIVE PRESSURE WOUND THERAPY IN NON-HEALING PERISTOMAL WOUNDS: CASE SERIES

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Aim: "This study was carried out to determine the effectiveness of negative pressure wound therapy in peristomal wounds that didn't heal for a long time."

Method: "Two patients, who received stoma care at the Gazi University Stoma Therapy Unit (GUSTU) and developed wound around stoma after targeted treatment (TT), were included."

Results: "Case-1: U.O. is a 75 years old woman. She had hysterectomy and total colectomy (TC) due to ovarian cancer and permanent ileostomy was performed. After the surgery, TT was started, three months later an acne-like wound developed. When leakage increased and wound worsened she came to GUSTU. At the first evaluation, the wound was infected, 2-3 cm wide, 0.5-1 cm depth and surrounding the stoma. Despite all the stoma-wound care products used for about 3 months, the leakage couldn't be controlled and the wound healing remained below the expected level. Because TT was known to suppress angiogenesis was thought to delay wound healing. Therefore, it was decided to apply negative pressure wound therapy (NPWT). With NPWT applied (4 times), leakage was controlled, wound size decreased and epidermis developed in many areas on wound."

Case-2: Z.G. is a 55 years old woman. She had undergone TC due to colon cancer and a permanent ileostomy was performed. TT was started after the surgery and it was determined that the wound developed in the peristomal area 3 months after the start of treatment. The wound was taken under control without worsening and the care is continuing. Because of patient continuing to receive TT, wound healing continuing very slowly."

Conclusions: "As a result of the study although NPWT is not recommended in peristomal area, it can be said that it is highly effective in wound healing when applied by specialists."

[OA29] DEEP AND NARROW WOUNDS: PERFECT MANAGEMENT OF OZONIZED OLIVE OIL

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Aim: An effective wound management goes through an adequate contact between the dressing and the wound bed. Small size wound and undermining tracts management is a challenge for wound care expertise. Thanks to the results coming from a preliminary evaluation of ozonized olive oil medication, we identified a product that can help in this challenge. In addition to the wound healing properties of the ozone, this product guarantees a perfect contact with the wound bed and it is easy to use.

This observation aims at validating the preliminary results with a larger number of patients and assessing the effectiveness in pain and clinical signs of infection reduction.

Method: 47 patient:

- Sternal and thorax fistula
- abdominal dehiscence
- Foot/finger fistula
- peristomal fistula
- Traumatic wounds
- Safenectomy dehiscence
- Pressure ulcer

Prevalent features:

- Little size wounds with undermining tracts
- Local signs of infection
- Difficult use and application of advanced wound technology

Ozonized oil application 2-3 times a week

Results: Disappearance of signs of infection: *wound bed score* increase up to 4 points in 2 weeks

Reduction of fistula depth in 2 weeks: 40%

Absence of fistulas recurrence: follow up from 2 weeks to 2 months

Absence of intolerance episodes: periwound skin dermatitis/ pain

Conclusions: The ozonized oil:

- Guarantees a perfect contact with the wound bed in order to decrease the bacterial load
- Easy to use with the prefilled syringe : removal and application, also at home
- painless dressing change: no residues

[OA30] VALIDITY AND RELIABILITY STUDY OF PIEPER PRESSURE ULCER TEST IN TURKISH NURSES

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Aim: The aim of the cross-sectional and descriptive study was to determine validity and reliability Pieper Pressure Ulcer Knowledge Test (PUKT) in Turkish Nurses.

Methods: The sample consists of Turkish nurses who working in a training and research hospital in the European side of Istanbul. Data were collected using the PUKT. The PUKT was developed by Pieper in 1993 to evaluate pressure ulcer prevention, staging of pressure ulcers, and wound identification of nurses' knowledge. Lawrence et al. validated modified Pieper Pressure Ulcer Information Test in 2015. The test consists of 49 items, a correct answer was scored 1, and an incorrect response was scored 0.

Results: The language validity and cultural adaptation were performed of the PUKT. In the analysis, which was conducted according to expert opinions, the content validity index (CVI=0.918) were determined. The reliability of the scale was examined with time invariance and internal consistency. In the test-retest test, there was no statistically significant difference between the two measurement results ($t = -1.875$, $p = 0.06$), the correlation coefficient was 0.840 and the relationship between them was statistically significant. The Kuder Richardson 20 value, which was calculated for testing internal reliability, was found to be 0.735. The Kappa value was determined to be 0.646; thus, the test had good interrater reliability.

Conclusion: it has been determined that Turkish form of PUKT is appropriate measurement tool in terms of language and content validity to Turkish nursing.

Key Words: Nurses, Pressure Ulcer, Reliability, Validity

[OA31] MAKING THE LARGE WOUND SMALLER

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Aim: Making the large wound smaller

Method: The large abdominal fistula wound is often seen as unmanageable by ward nurses and Specialist wound care nurses. The Specialist Stoma Care nurse (SCN) is usually asked to review an open abdominal wound because of the skills she has in 'bag management'. This role is pertinent for the SCN particularly if the abdominal wound is producing gastrointestinal contents (a fistula) as knowledge and skills will enable adequate care of the surrounding skin and prevent leakage and patient distress.

Results: The author will describe fistula management and show a series of photographic steps which enable the SCN to reduce the size of the wound and make management simpler, thereby enabling ward staff to manage when the SCN is not available. Less frequent dressings/bags also reduce the overall cost and increases dignity for the patient.

Conclusions: A large open abdominal wound should not be viewed as unmanageable; with a little imagination and innovation, patient care can be enhanced and costs reduced.

[OA32] OSTOMY - THE DOOR TO A BETTER FUTURE

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Purpose: Providing an advanced, top-quality, creative solution for ostomy patients in pain, for primary caregivers, and for medical teams in order to prevent unnecessary surgeries and minimize expenses.

Methods: An ostomy patient was injured and was in pain after using several ostomy accessories that could not hold onto the skin. Being in charge of ostomy and wound care at the hospital and given my familiarity with the historical and technological development of ostomy equipment, I undertook to find the adequate solution with the aid of the department staff to help the patient and minimize the hospital's expenses.

Results: The problem was successfully solved. The equipment held onto the skin, there were no leaks, the wound became smaller, surgery or irrigation was no longer required, the pain stopped, the primary caregiver was no longer nervous, ostomy care became less time consuming for the treating staff, and the expenses dropped accordingly.

Conclusions: We believe there is a creative solution for every ostomy-related problem as there is a wide variety of equipment that can resolve almost any medical complication. Familiarity with such equipment and collaboration between teams can improve quality of life for ostomy patients, help primary caregivers and medical teams, and ultimately save money. Understanding the problems that involve the ostomy and the skin and their corresponding etiology and treating them properly can significantly improve the patient's quality of life and assist their primary caregiver.

[OA33] PROJECT FOR PSYCHOEDUCATIONAL GROUPS IN OSTOMY CARE

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Aim: This project is part of the of Portuguese Oncology Institute in Lisbon stomatherapy appointment the aims to continue the care already provided in the care sector, with the creation of psychoeducational groups for the person with an ostomy in their therapeutic project.

Method: Psychoeducation is a therapy of psychosocial approach that enables the clarification of the patients about the different aspects related to their illness and treatments, allows increasing the motivation for change and stimulates the proactive participation of the patient in his recovery.

Group interventions have proved to be effective in promotion of psychological adjustment, quality of life, leading to better strategies to deal with the disease and coping, decreased anxiety, feelings of helplessness-hopelessness, improved self-esteem, self-image and leading to better emotional well-being.

Results: Psychoeducational groups lead to a better understanding of the disease, make contact with people who have the same problems, share experiences and feelings, improve patient adherence to therapy and important progress in social relationships and life.

Studies report patient satisfaction with group interventions and identify specific benefits: improved understanding of the disease, meeting other people with the same problems and sharing experiences and feelings, patients enhanced therapeutic compliance and highly improved relationships and vocational attempts and outcomes.

Conclusions: The group is an opportunity for social support, allows the training of stress reduction, emotion management and problem solving skills. This intervention model also contributes to the reduction of social isolation, the reinforcement of social networks and the reduction of the stigma of the person with ostomy.

[OA34] NURSING INTERVENTIONS TO IMPROVEMENT SELF-CARE IN PATIENTS WITH URINARY STOMA

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Aim: Article Review

Objective: Identify the nursing interventions to improvement self-care in patients with urinary stoma

Results: Preoperative

- Stoma site marking (Tal et al., 2012)
- Teaching about stoma care and replacement the bag using an artificial stoma. Training on replacement bag using one and two-piece devices and recommended replacement at home. Transmission of urostomy information and necessary adaptations in participant's life activities (Jensen, Kiesbye, Soendergaard, Jensen, & Kristensen, 2017).

Postoperative

- Transmission of information about stoma, anatomy and physiology. Multimedia teaching about stoma care using flash animations, 2D, video and images (Lo et al., 2011).
- Structured teaching program (Danielsen, Burcharth, & Rosenberg, 2013).

After discharge

- Stoma care clinic with multidisciplinary team, support group (ostomate/family) and nursing appointment in the hospital and home (Mota et al., 2015).
- Self-care improvement sessions (Krouse et al., 2016).
- Structured teaching program (Danielsen et al., 2013).

Resources

- The urostomy education scale (Jensen, Blok, Kiesbye, & Kristensen, 2013) is a useful tool for assessing independence in stoma care.
- The Bloom's taxonomy of learning related to stoma care (Williams, 2012) is a useful tool to understand the empowerment for self-care at the cognitive, affective and psychomotor levels, at different moments: preoperative, postoperative and after discharge.
- Elements of teaching for the ostomate (preoperative, postoperative and after discharge) (RNAO, 2009).

Conclusions: Nursing interventions to improvement self-care at the preoperative, postoperative and after discharge, requires planning of teaching activities, stoma site marking, multimedia resources, structured teaching program, stoma care clinic and the application of assessment and structuring tools for care.

[OA35] ADDRESSING THE PSYCHOLOGICAL NEEDS OF OSTOMATES THROUGH THE USE OF A DEDICATED STOMA CARE COUNSELLING SERVICE

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Aim: To raise awareness and highlight the importance of specialist psychological support (counselling) for ostomates.

Method: The presentation will identify the potential issues faced by ostomates that may lead to psychological symptoms such as stress, anxiety disorders or depression which are reported to be experienced by as many as 1 in 5 ostomates (Stoma Care Nurses High Impact Action Steering Group, 2010). Although addressing psychosocial concerns is often part of the routine care delivered by stoma care nurses (SCNs), Di Gesaro (2016) identified feelings of unsettlement, uncertainty, stigma and fear of disclosure in ostomates that may limit, delay or prevent psychological adjustment. In these situations, input from qualified counsellors could be invaluable to aid psychological adjustment and thus improve quality of life. The presentation will describe how to identify such issues and suggest when referral into a specialist counselling service exclusively for ostomates may be appropriate. The pathway of referral into such a service will be explained with a brief overview of what the ostomate can expect following referral.

Results: Feedback from service users will be reported to highlight the importance of the work being undertaken and its impact on psychological state and quality of life.

Conclusions: Psychological wellbeing is an important aspect of stoma care that should be addressed routinely by SCNs however this is not always sufficient. The use of a specialist counselling service exclusively for ostomates can help address this shortfall and improve psychological health and quality of life.

[OA36] EVALUATION OF EFFECTIVENESS OF THE TRAINING THAT GIVEN ACCORDING TO SELF CARE DEFICIT THEORY IN PREVENTION OF PERISTOMAL SKIN COMPLICATIONS

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Aim: "This quasi-experimental study was conducted to evaluate the effectiveness of the education given according to the Self-Care Deficiency Theory on peristomal skin complications prevention."

Method: "The study sample consisted of 45 patients who had a newly opened stoma. patients were divided into two groups as experimental and control groups. The data were collected after obtaining permission from the hospital and the ethics commission. Data were collected with "Patient-Related Characteristics Form", "Self-Care Agency Scale(SCAS)", "Stoma Quality of Life Scale(SQOL)", "Peristomal Skin Complications Management Training Booklet", "Patient Results Evaluation Form", and "Patient Opinions Questionnaire for Education Booklet. Patient follow-up was carried out on the basis of Self-Care Deficit Nursing Theory's parameters. The content validity of the training booklet and data collection forms was made."

Results: "It was determined that 54.2% of the experimental group and 95.2% of the control group had complications and this was statistically significant($p < 0.05$). The most common complications were determined as irritant dermatitis(71.42%) and hyperplasia(22.68%). Complication mean recovery time was 21 ± 12.95 days in the experimental group and 44.65 ± 23.56 days in the control group and a significant difference was found between two groups($p < 0.05$). It was determined that there was no significant difference in the mean scores of SCAS, but there was a significant increase in the scores of the total score of SQOL and its Work/Social Life and Sexuality/Body Image sub-dimensions($p < 0.05$)."

Conclusions: "As result, the follow up, education and counseling services provided during the study were found to be effective in reducing the peristomal skin complications and increasing patients self-care and quality of life scores."

[OA37] A PROSPECTIVE, EXPLORATIVE STUDY TO ASSESS ADJUSTMENT 1 YEAR AFTER OSTOMY SURGERY AMONG SWEDISH PATIENTS

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Aim: To undergo ostomy surgery is a major change in a person's life. This study prospectively describes adjustment to life with an ostomy and quality of life (QOL) in patients one year after surgery.

Methods: The study was based on assessment of adjustment to life with an ostomy measured with Ostomy Adjustment scale (OAS) and (QOL) at a University Hospital in Sweden. All elective and emergency patients who had undergone ostomy surgery were included during 30 months.

Results: 150 patients (55% women), median age 70 years (range 21-90), 71% with a colostomy participated. Main diagnoses were cancer (65 %) and inflammatory bowel disease (19%). Median score on OAS was 162, 75% of maximum, with no differences between sexes and diagnoses. The median score for QOL was 76. Patients with cancer and ileostomy had significantly worse adjustment compared to patients with cancer and colostomy. Lowest adjustment scores concerned sexual activities and attractiveness, participating in sports and physical activities, highest scores concerned contact with ET, feeling well informed and knowing correct methods of handling the ostomy.

Conclusion: Regular follow-up by an ET lead to patients feeling confident in managing their ostomy. Ways to discuss sexuality and intimacy needs to be further developed together with patients.

[OA38] SAFE TRANSITION IN STOMA CARE FROM HOSPITAL TO COMMUNITY PORTUGAL ASSOCIATION OF STOMA CARE NURSES- NATIONAL INTERVENTION PROJECT

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Aim: The aim of this project is to guarantee a safe transition to community health care after hospital discharge and Follow the Portugal National Health Service Guidelines, empowering Nurses intervention in stoma care.

Method: This project was divided in two phase. The first phase, 2018, consisted in identify by districts the stoma care nurses appointments and divide country in 3 regions. Meetings were held in the three regions with stoma care nurses and secondly each nurse identified its network of health care in the community and structured the form of articulation between them.

The second phase started 2019, consists of holding formative meetings in each community networks to present the project, provide education and training sessions and strengthen articulation between hospitals and community centers.

Results: For logistical management the meetings will be held from south to north, during 2019. The first education and training day, took place in Faro in February 4. Was conducted by the hospital stoma care nurse and had the nurse representation of 30 primary care and continuous care institutions.

Conclusions: Portuguese stoma care nurses appointments centers are manly located in hospitals. The Portuguese National health Service guidelines recommend for the quality of care, that the community has to be able to receive and perform follow up after hospital discharge.

With the implementation of this project we hope achieve with huge benefits person with ostomy and their families.

[OA39] TEAMWORK - PHARMACEUTICAL SUPPORT IN PATIENTS WITH STOMA

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Aim: A previous survey showed more frequent gaps of knowledge regarding ostomy patients and their special drug therapy from hospital pharmacists to physicians, enterostomal therapists (WOC nurse) and nurses. All professional groups have indicated their wish to receive intensified pharmaceutical support. A survey of people with stoma has revealed that one third feels inadequately advised about their medication. The goal of this study was to create a system to close these gaps.

Method: Implementation of an e-learning for knowledge transfer and refreshment. Analysis of the current care process of ostomy patients during hospitalization. Identification of frequently administered drugs and their analysis regarding pharmacokinetic parameters and appropriateness for ostomy patients. Generation of a summary of important information to evaluate and optimize drug therapy of ostomy patients.

Results: We created a certified e-learning tool for self-training on changes because of reduced intestinal section and consequences for drug absorption. Ostomy patients were marked to be found more easily during daily care. A clinic-wide valid procedural instruction and a pocket card were designed to put relevant information into practice. A brochure informs patients and their families about possible problems with drug absorption and where to get help. For individual problems it is possible to request an expert-consultation done by a hospital pharmacist.

Conclusions: Each ostomy patient and medication is unique. Nevertheless, standard measures are available to optimize their drug therapy. Through interdisciplinary collaboration, drug-related problems can be identified and even prevented. All professional groups involved can benefit from teamworking, particularly the ostomy patient himself!

[OA40] THE CONCEPT OF STOMA CARE IN SERBIA

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Aim: "Association of stoma nurses of Serbia was established in 2005 with the aim to educate nurses to provide health care to the patients with enterostomy. The goal was that patients from different hospitals get the same quality of care, so we created the concept of health care of the patients with enterostomy."

Method: "On a group of patients we applied a new concept of care which consists of psychological preparation for surgery, physical preparation, pre-operative stoma siting and continuing education of patients after being discharged from the hospital."

Results: "Group of patients in which a new concept of care was applied, had less post-operative complications, sooner capable for self-care and more satisfied with quality of life after surgery"

Conclusions: "The goal of health-care team is to provide quality of health-care, anticipate, prevent and minimizes complications, to perform effectively, efficiently and in due time in order to provide minimal stay of the patient in hospital. The task of ostomy - care team is to observe patients state from all aspects and make individually adapted plan for each patient based on their state and needs. Members of the team should, within their competencies and duties, identify patient's needs, needs regarding surgery procedure. They should identify risk factors before, during and after surgery procedure. This is the only way to have a patient who is satisfied with his quality of life"

[OA41] VULNERABILITY AN ACESS TO WOUND MANAGEMENT CARE: ROLE OF WOUND CARE NURSE SPECIALIST

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Aim: The institution where I work, has established protocols of care with different African countries with Portuguese official language. It's common to provide wound care to patients from these countries that are displaced in Portugal and presents vulnerabilities at several levels, for example low literacy in health, linguistic barriers, ethnic and cultural disparities, low economic resources.

I pretend to demonstrate the complexity of wound care nurse specialist in this context.

Method: Will be presented several case studies that demonstrated the complexity in patient wound care facing the different vulnerabilities mentioned.

Results: The wound care treatment in cancer context have a particular complexity due to all resources that patient needs to mobilize, in particular the acquisition of new knowledge, alterations in the diet, aggressive treatments and surgery, different body image, that the specific vulnerabilities of these population can condition nursing care.

In this way the role of the nurse extends beyond physical care to the body, to the psychosocial problems associated to these patients.

The implementation of an individualized health plan enables the nurse to help the patient achieve a state of health that is close to what he or she wishes and / or to adapt and integrate the health / illness situation in himself / herself, promoting a full wound healing when is possible, and facilitating the return process to the country of origin.

Conclusions: It is fundamental that wound care nurse specialist mobilize specific abilities, psychosocial and psychoeducational skills when caring for specific vulnerable groups.

[OA42] A NOVEL TECHNIQUE FOR HIGH OUTPUT ENTERO- ATMOSPHERIC FISTULA MANAGEMENT IN HIGH RISK SURGICAL PATIENTS

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Aim: Establishing a conservative treatment of high output entero-atmospheric fistula in high risk surgical patients

Method: A 26 years old patient suffering from severe injury to the duodenum resulting from bicycle accident, underwent multiple surgeries including pancreatico-duodenectomy (Whipple procedure). In order to control a biliary leak a drain was inserted and due to an ongoing leakage, a high output entero-atmospheric fistula was developed via the laparotomy wound. Due to major risk of repeat surgeries, associated with high morbidity rates, it was decided to treat the wound with a "Fistula and wound management system" which enabled a clear view of the wound, suction and collection of fluid. In addition, the significant advantages of this technique include prevention of skin damage from chemical irritation of the pancreatic and enteric fluid, easy using and low cost.

Results: Under this conservative treatment not only did the fistula ceased to secrete and got closed, the laparotomy wound also managed to heal.

Conclusions: Even though, the acceptable management of high output fistulas is surgical, our experience with this technique of fistula management shows potential of conservative treatment of high output fistulas in high risk surgical patients. Future prospective studies should be done in order to confirm this type of treatment.

[OA43] VACUUM ASSISTED CLOSURE SYSTEM IN THE MANAGEMENT OF COMPLEX ABDOMINAL WOUNDS WITH ENTEROCUTANEOUS FISTULAE

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Aim: To investigate the effectiveness of bridging treatment of enteric fistula by VAC Therapy in patients with open and complex abdomen.

Method: M.F. 63 years old, was Hospitalized with RT. Hemicolectomy and other small-to-large intestinal anastomosis. Additionally, Ileostomy and other lysis of peritoneal adhesions.

Medical history: DM 2, Obesity, Essential hypertension, Chronic ischemic heart disease, Sarcoidosis. Patient undergo imaging studies, IV antibiotics, VAC and stoma equipment.

Results: Lateral surgical approach via the circumference of the abdomen is the method of choice facilitating resection of the involved bowel loop. Patient underwent periodic treatments with VAC, granulation tissue began to arise with a concomitant amelioration.

Conclusion: Intestinal fistulae occurring in approximately 25% of patients, are a challenging situation for surgeons, being associated with a mortality rate as high as 40%.

Open abdomen is a widely accepted therapeutic strategy in circumstances requiring complex surgical intervention.

Sepsis secondary to peritonitis from spillage of intestinal contents is the major complicating factor. The therapeutic strategy is based on specific principles to overcome the septic complications related to the enteroatmospheric communication and to promote healing and fistula closure.

VAC is another promising tool of treating complex abdominal wound and fistulae.

A multidisciplinary team is necessary.

[OA44] PROFESSIONAL KNOWLEDGE AND EDUCATION IN OSTOMY CARE

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Aim: Health professional intervention in a person with intestinal ostomy must improve the quality of life. The objective of the study was to evaluate the knowledge that nurses and doctors of a primary health care institution had about intestinal ostomy.

Method: Methodology of health planning was developed and a quantitative, descriptive and cross-sectional study was made between May 2017 and January 2018. A questionnaire adapted from "Staff Survey on Ostomy Care" from City of Hope National Medical Centre was applied to all nurses and doctors who were working there at the time of the survey.

Results: An online Survey to the Health Professionals of a Community Care unit was sent, and the response rate was 13% (n=27). From the obtained results the deficit of knowledge and training as a priority problem emerges as well as the target of intervention. It was verified that, 78% of the participants had no specific training in intestinal ostomy, 70% of the professionals said that in the place where they exercise there is no expert ostomy care to turn to in case of need.

Conclusions: Being a pioneering study further studies are needed to assess technical-scientific knowledge on stoma care formation needs in primary health care institutions. Telehealth in Enterostomal Therapy between Enterostomal Therapy Unit and primary health care institutions through videoconference is one of the projects to accomplish, in order to promote quick access to an Enterostomal Therapy Nurse in complex situations.

[OA45] OPEN ABDOMEN - DIFFERENT WAYS TO TREAT A FISTULA

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Open abdomen is a burden process in the treatment of peritonitis and sepsis, however, in some cases an entero-atmospheric fistula will occur and fulfills all criteria of difficult treatment.

In the daily therapy of these patients different ways of treatment leading to more or less satisfactory results. The presentation will include the therapy with fistula adaptation in combination with vacuum systems, therapy with using large collector systems or small fistula treatment with ostomy materials.

In summary we will present different strategies and ways for practical support. The advantages and disadvantages will be discussed.

[IA46] SELF-CARE IN OSTOMY PATIENTS AND THEIR CAREGIVERS: FROM THE PATIENT'S EXPERIENCE TO NEW TOOLS FOR MONITORING THE OUTCOME

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Stoma creation is a radical treatment with the loss of an important bodily function and an alteration of one's body image. It causes physical, psychological, and social changes in lifestyle through the acquisition of new skills for the management of the ostomy and the new condition. Ostomy self-care is considered essential to the maintenance of a certain socio-psychological stability, acceptance of the stoma, and adaptation to it. Research in this field may provide additional information about central elements when adapting to life with a stoma, especially on stoma care, stoma problems, and stoma education. There are currently no studies that adequately focus on the self-care of these patients and their caregivers, and despite the availability of a growing number of standardized tools, it seems there are no tools that measure this concept in particular. In addition, aspects related to the impact of self-care on the patient's quality of life, stomal complications, and hospital readmission are worthy of investigation. Riegel's self-care theory is a theory that best represents these patients. In fact, Riegel et al., define it as a naturalistic decision-making process that influences actions that maintain physiological stability, facilitate the perception of symptoms, and direct the management of those symptoms.

The literature showed the state of the art of self-care in a new population composed of ostomy patients and their caregivers. Some qualitative study showed that life can be complex for ostomy patients, since a ostomy brings changes in all aspects of their life, resulting in the need for a psychological and practical support system. For instance, not only are patients' adaptation skills important, but also their reactive skills, the care of their family, and an adequate level of self-care, all of which can play an important role in letting the patient return to pre-surgery work and social activities. Considering this, it is important to provide ostomy patients support and continuing education to foster a high level of self-care, a better quality of life, and respect for their needs. In addition, there should be further research to help ostomy patients to have the best possible level of self-care and help nurses address patients' needs through a personalized education program. One study showed the development and validation of two new indexes as valid and reliable indexes, building on the self-care theory of chronic illness: The Ostomy Self-Care Index (OSCI) and the Caregiver Contribution to Self-Care in Ostomy Patient Index (CC-OSCI). Further studies specifically aimed at predicting the level of self-care are recommended. In addition, it is important to continue developing advanced psychometric tests to study in depth the properties and characteristics of these indexes. Other studies proposed supports the importance of understanding how self-care influences ostomy patients and their caregivers. Self-care behaviours are a convenient way to ensure continuity of care, minimise complications, reduce hospital readmissions, and improve quality of life. Collected data about self-care helps nurses to personalise interventions for patients and their caregivers and prevent complications and readmissions. Caregivers' involvement can support and increase patients' level of self-care.

[OA47] THE EDUCATIONAL ROLE OF THE STOMATHERAPIST NURSE: THE STOMA-CARE AS A THERAPEUTIC AND MOTIVATIONAL TOOLS

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Background: Among the many skills of the stomatherapist nurse, the educational role of the ostomated person plays a fundamental part: the pedagogical function of the stomatherapist is essential to help the person with a stoma to the knowledge, to the awareness and autonomy.

The stomatherapist works to provide tools suitable for the management of change; It offers support to a new understanding of the self, must be able to listen, to observe, to comprehend and to feel empathically the other person.

For this reason it is necessary to plan the educational intervention, to establish times, phases, criteria and objectives: structuring it serves to make it more effective, without altering its essence of caring.

Tools and methods: We have tried to analyse what impact and how effective the stoma-care has been on neo-stomized patients, recently resigned from the Ospedale Fondazione Poliambulanza in Brescia. A questionnaire with 15 questions concerning cognitive and technical aspects, but also more practical concerning the stomia, has been administered. The analyzed feedback allowed to evaluate the effectiveness of the communication.

Results: It is important to reflect on this, so that professionalism is not limited to technical skills and mastery of knowledge, but also takes into account the educational aspect of our role, and because we do not lose sight of what is the main goal of our profession: taking care of the person, helping her in a process of change and autonomy and providing them with useful tools to manage the criticality.

[OA48] NURSING SENSITIVE OUTCOMES (NSO) IN STOMA CARE MANAGEMENT: AN INTRA-PROFESSIONAL PERSPECTIVE

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Aim: “The description of Nursing Sensitive Outcomes (NSOs) is strategic for the success of the health-care systems, being closely related to caring process and quality of care. This study investigated (a) which of the NSOs described in the field of stoma care are perceived by nurses as more sensitive to their caring delivery, and (b) the latent theoretical framework explaining.”

Method: “A monocentric, observational and cross-sectional study was conducted in a hospital of Northern Italy, with a convenience sampling. Data collection involved a questionnaire, which was face and content validity, describing the Ostomy-NSOs (through 42 items). The answer to items (asked to following question: “How much do you think that the outcomes listed below are dependent on nursing care?”) was by a 5-point Likert scale (from 1="outcome not dependent"; to 5=outcome always dependent)”

Results: “A sample of 336 nurses were enrolled (table 1). Table 2 showed the descriptive analysis of Ostomy-NSOs, underlining which Ostomy-NSOs are perceived more or less dependent on nursing care. Using an exploratory factorial analysis, the theoretical structure that best explains the correlations between the outcomes and latent factors is based on 4 domains (explained variance= 63.12%): Adjustment; Coping; Ostomy Self-Management; Overall self-management”

Conclusions: “The domains represent the theoretical base for the implementation of future documentation for outcomes in the Stoma-Care Management, with a bottom-up approach. The results of this study are strategic in order to evaluate the effectiveness of the interventions performed by nurses and their influences on the patients’ outcomes.”

[OA49] ENHANCING RECOVERY USING DIGITAL TECHNOLOGY

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Aim: To assess the potential for digital technology to be used to enhance recovery from stoma forming surgery.

Method: In order to identify the need for post stoma surgery support a multi-faceted research approach was taken. Initially research was undertaken in 2016 in the UK to capture the quality of life of ostomates throughout their stoma care journey. It was recognized that in order to safely meet the needs identified by the ostomates an app should be designed in collaboration with stoma care professionals thus ensuring clinically valid support. This collaboration was carried out via consultation with a group of International Stoma Care Nurses.

Results: Our research combined with literature review revealed that within the UK and across international markets, some ostomates face significant challenges living with their stoma in both the short and long term. International stoma care nurses reported that due to limited resources ostomates could not be routinely followed up beyond the immediate post-op phase. This restricted follow-up care combined with the identified resistance of ostomates to seek support or in many cases recognize the need for help, appears to contribute to a reduced quality of life for some ostomates. The needs of both ostomates and stoma care nurses were incorporated into the design of a stoma specific app.

Conclusions: The research has shown the need for additional pre and post-op support for ostomates and the potential for the app to complement teaching provided by the HCP thereby supporting and encouraging competent self-stoma management.

[IA50] ASSESSMENT IN STOMA MANAGEMENT

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Assessment is a systematic, dynamic process by which the registered nurse collects and analyses data through interaction with patients, families, groups, communities, populations, and healthcare providers. Assessment may include the following dimensions: physical, psychological, socio-cultural, spiritual, cognitive, functional abilities, developmental, economic, and lifestyle. This systematic process requires critical thinking abilities and usage of scientific knowledge. It is crucial that nurses conduct a well-structured and evidence-based assessment for prevention, evaluation of any alterations correctly, early diagnosis of and promptly treat problems, and provide high quality care.

Ostomy and continent diversion surgical procedures are integral to the management of many gastrointestinal and genitourinary tract diseases. Ostomy surgery may affect the individuals in many aspects including physiological, psychological and sociocultural. Therefore, an individualized and comprehensive assessment of stoma and peristomal area is one of the significant responsibilities of wound ostomy continence nurses (WOCN). It is also a key factor of stoma management. Purposes of stoma assessment are the identification of signs and symptoms of complications, the selection of accurate stoma care products and tracking the progress or deterioration of the stoma. Assessment process must be immediate post-op and frequency of re-assessment depends on patients' needs. Stoma assessment is expected to include the stoma characteristics (location, type, construction, appearance, color, shape, size and protrusion, mucocutaneous junction etc.), functional status and peristomal skin (color, integrity, texture, turgor, and peristomal pain etc.).

Peristomal Skin Assessment Tools may serve as a guide to evaluate the peristomal skin conditions. WOCN need to make sure that evidence-based and reliable assessment procedures or tools are utilized to perform wide scoped evaluation. There are several instruments proposed and described in the literature for stoma assessment. They generally focus on the peristomal skin assessment and are limited to comprehensive stoma assessment. In this presentation, the assessment process for stoma management will be discussed in the light of the recent literature and clinical experiences and expertise of the speaker.

[IA51] DET-SCORE

Louise Forest-Lalande

[IA52] LED-SCORE

Bernd Reith

[IA53] SACS-SCORE

Mario Antonini

[IA54] PERISTOMAL LESION SCALE

Michela Cinquanta

[IA55] HOW TO CREATE AN ARTICLE

Renata Batas

[IA56] PUBLISHING A CLINICAL ARTICLE: EASY WAYS TO WRITE ABOUT SPECIALIST NURSING

Benjamin Wakefield

[IA57] GUIDELINES FOR THE NURSING MANAGEMENT OF PEG / PEJ

Mario Antonini

[OA58] EVALUATION AND MONITORING, INTERVENTIONS IN NUTRITIONAL STATUS IN SURGICAL ONCOLOGY USING BIA TOOLS

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Aim: Based on the results presented, we want to continually evaluate and monitor the nutritional status to improve the outcomes of treatment in the surgical oncology of the digestive tract. The intention was to highlight the BIA tool as an available non-invasive additional method for assessing the need for active intervention in nutritional status in these patients.

Method: The team for nutritional support consists of an anesthesiologist, surgeon and enterostomal therapist nurse. The first assessment includes an anamnesis in the first 24 hours of hospitalization, the second one on the day of surgery and the third after the release of a JIL patient. After these estimates, based on the overall results obtained (laboratory analysis, BIA, postoperative gastrointestinal tract, anamnesis), individual outline plans are planned.

Results: In addition to monitoring the intake and tolerance of food intake, laboratory parameters, BIA analysis results, we have obtained better treatment outcomes for our patients in surgical oncology.

Conclusion: Malnutrition due to the underlying disease or the modified digestive tract at 15-60% represents the risk of an increased number of complications, higher mortality, higher costs, longer hospital stay and worse overall treatment outcomes. Inadequate nutritional support in the perioperative period may compromise the surgical outcome of the treatment. In 30% of patients hospitalized due to a surgical oncology diagnosis, it is necessary to provide nutritional support. The BIA tool proved to be a complementary method of assessing nutritional status.

[OA59] LIQUID OUTPUT FROM AN ILEOSTOMY IS MORE DAMAGING TO PERISTOMAL SKIN THAN SKIN STRIPPING - OBJECTIVE MEASUREMENTS

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¹ Coloplast A/S, Humlebaek, Denmark

Aim: Many people living with an ostomy suffer from peristomal skin complications from time to time. The most commonly reported skin complications are either due to peristomal skin exposed to output from the stoma or mechanical trauma caused by e.g. skin stripping. The aim of this study was to characterize the two types of skin damage using objective skin assessments like Trans Epidermal Water Loss (TEWL) and the difference between liquid and firm output.

Method: Twelve people with an ileostomy and 12 people with a colostomy were invited for two visits to have their skin assessed. Visit 1: TEWL was assessed at time 0, 1 hour and 3 hours exposure of own output on their peristomal skin. Visit 2: The peristomal skin was assessed by TEWL at baseline and after repeatedly stripping the skin by adhesive strips removed with a standard peel force. Up to 15 strips were applied at the same spot.

Results: For ileostomist a significant increase in TEWL (damage of the skin) was seen after 1-hour ($p < 0.05$) and 3 hours ($p < 0.001$) exposure of output on the skin compared with baseline. No significant changes were seen for people with a colostomy. Fifteen times of skin stripping was needed to reach the same level of damaged skin as 3 hours exposure of ileostomy output on skin.

Conclusions: Liquid output from an ileostomy is far more aggressive and damaging on peristomal skin than firm output from a colostomy. Skin damage happens faster with output on the skin than skin stripping.

[IA60] OSTOMY PATIENT SAFETY PROMOTION

Assunta Scrocca

[OA61] BURDEN OF ILLNESS IN OSTOMATES: A GERMAN-BASED CLAIMS DATABASE ANALYSIS

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¹ Coloplast A/S, Humlebæk, Denmark

² Wmc Healthcare GmbH, München, Germany

Aim: The aim of the study was, based on a German claims dataset, to examine the consequences of illness associated with having an ostomy, and to quantify the resource utilisation.

Method: German ostomates were identified using real-world claims data from year 2007-2015 of 2.5m beneficiaries and based on a dataset from a subset of statutory health insurance companies. The outcome analysis was for the year 2015 and only included ostomates with a permanent stoma. The control group consisted of a random sample of beneficiaries, matched 1:50 on age and gender.

Results: A total of 1589 ostomates were identified from the claims database. They had a mean age of 71.9 (SD=14.2) and 48.7% were female; 1079 (67.9%) colostomists, 216 (13.6%) ileostomists and 294 (18.5%) urostomists. A high annual prevalence of depression (20.8%) and sleep disorders (11.4%) was detected. Ileostomists exhibited an underreported prevalence of skin complications diagnosed in outpatient care (18.5%) compared to the prevalence of skin complications described in the literature. The annual cost of an ostomate was 15,754€ (SD=21,666€) compared to 5,380€ (SD=11,574€) for the control group, ($p<0.001$). Of the total cost, inpatient costs accounted for 36.0%, outpatient for 9.4%, pharmaceuticals for 23.0% and stoma nursing and products for 18.1%.

Conclusions: The analysis showed that ostomates impose a significantly higher economic burden on the German health care system compared to a matched population in terms of prevalence of comorbidities and costs. Further investigations are warranted to provide additional insights and clarification of the economic burdens linked to persons with an ostomy.

[OA62] ENHANCING CARE USING A 2 PIECE SYSTEM - A SERIES OF CASE STUDIES

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Aim:

- To highlight the quality of life benefits provided by a new 2-piece system.
- To examine the cost effectiveness of using a 2-piece system.
- To present 3 real life case studies which provide evidence of how using an appropriate product can prevent potential stoma problems from occurring and can solve peristomal skin problems.

Method: A new 2-piece system was launched 2 years ago. Nurses who successfully used the product in their practice were asked to submit case studies.

Results: The case studies highlight the benefits of using an appropriate product in stoma care. The benefits included solving real life problems, preventing problems from occurring and ensuring the ostomate uses a cost-effective system to manage their stoma. The case studies show how an awareness of new products is essential to meet the needs of all patients at any point in their journey of learning to live well with a stoma.

Conclusions: Choosing the correct appliance is essential for enhancing a person's quality of life. The journey of living with a stoma is not always straightforward and a person's needs can alter for many reasons. By looking at real life scenarios such as peristomal skin problems and managing a stoma with a long-term health condition, we have seen how a new 2-piece appliance has proven to be the product which prevented potential problems from occurring, or solved problems experienced using an alternative product.

[OA63] BACK TO BASICS - WHY IT IS IMPORTANT TO HAVE STOMA ADHESIVES THAT PERFORM BASIC FUNCTIONS VERY WELL

Duale Mahdi¹, Arash Moavenian¹

¹ Welland Medical, Crawley, United Kingdom

Aim: This study sets out to understand the biophysical performance of 2 leading ostomy adhesives.

Introduction: The primary function of a stoma bag is to collect bodily waste and crucial to this function is healthy peristomal skin. Biophysical measures give an indication of peristomal skin health. Some key biophysical parameters considered in this study are trans-epidermal water-loss (TEWL), hydration, erythema and pH.

Methods: The study recruited 15 healthy volunteers. The upper left volar forearm was used and 2 sites were marked with a skin friendly pen. Baseline measurements were taken of both sites before placing 2 4cm diameter samples (adhesive 1 and 2) for 6 hours. Samples were removed after this period and immediately biophysical measurements were taken in the following order: erythema, hydration, TEWL and pH.

Results: The results showed adhesive 1 had superior performance in terms of maintaining TEWL and hydration levels close to baseline. Overall, mean difference (adhesive 1 – adhesive 2) in TEWL is 6.5 g/m²h and hydration is 7.4 (epsilon). TEWL and hydration difference between adhesive 1 and 2 were highly significant ($p < 0.001$).

Conclusion: This study highlights why it is important for stoma adhesive manufacturers to consider key functions that are important to ostomates such as minimising moisture build up. Failure to do this can affect performance and ultimately have the long-term effect of causing skin maceration, thus, compromising skin barrier function.

[OA64] HOW CAN WE PROTECT PERISTOMAL SKIN LESIONS ?

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Peristomal skin lesions are more common than health care professionals and patients think about. The treatment includes the wound care, changing the ostomy care or using new products. In 2018 the ADVOCAT study demonstrates the better follow up of patients, while using a new ostomy product, in this case the ceraplus system.

Demonstrating different cases of patient care, we follow this new treatment in our daily care with successful results and over all more than 70 % success with better patient condition and a lower rate of peristomal lesions.

The advantages and disadvantages will be discussed.

[OA65] THE OSTOMATE'S PERSPECTIVE OF THE IMPACT OF MANUKA HONEY UPON PERISTOMAL SKIN INTEGRITY

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Aim: To identify whether Ostomates feel that Manuka honey within the flange adhesive supports the improvement of their Peristomal Skin Integrity.

Method: A cohort of ostomates were invited to complete a retrospective survey and compare their skin integrity before and after use of the Manuka honey flange adhesive.

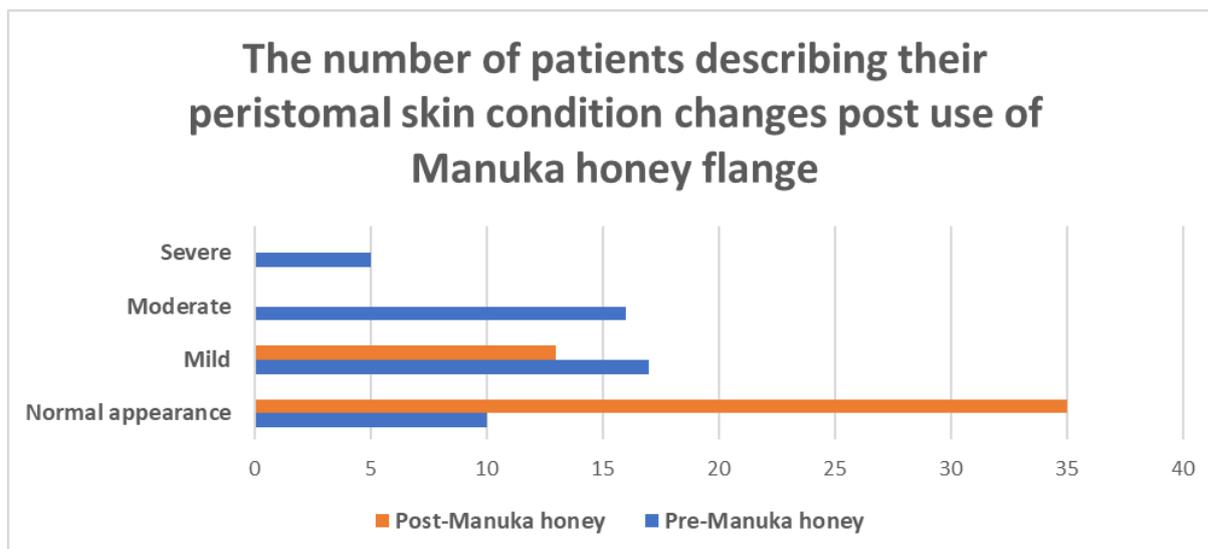
Two outcomes measures were reviewed:

- improvement of peristomal skin health
- previous skin problems resolved.

Results: 48 ostomates participated:

- average age 68 years
- gender ratio 50:50
- pouch type ratio: drainable 48%, closed 34% and urostomy 18%
- Manuka honey pouch usage duration 42% for 2-3 years, 37% for 1-2 years and 21% for under 1 year.
- The peristomal skin classifications are tabulated below.

Normal appearance	Good
Mild	Dry
	Good/dry
	Red
	Dry/red
Moderate	Red/sore
	Sore
Severe	Broken
	Red/sore/broken
	Dry/red/sore/broken
	Red/sore/broken/weeping



The results quantify how peristomal skin integrity improvements have been made across the cohort. Following the use of the Manuka honey flange, there were no self-reported severe or moderate skin classifications, indicating an improvement facilitated by the Manuka honey flange, as the same stoma change practices were used by the ostomate.

Cohort statements include:

- “the flange helps to repair broken/sore skin whilst it is on my skin”
- “leakage much reduced and skin much improved”
- “no soreness, skin is in very good condition”
- “skin around stoma now a good colour, feels more supple and does not dry out”
- “much better as no stinging or soreness around the stoma”

Conclusions: Self-reported ostomate feedback enables us to review the impact that Manuka honey in the flange adhesive has upon the skin’s acid mantle, in supporting and maintaining peristomal skin integrity.

[OA66] EFFECTS OF LAVANDER ESSANTIAL OIL FOR PERMANENT COLOSTOMY PATIENTS ON ELIMINATION OF ODOR, QUALITY OF LIFE AND OSTOMY ADJUSTMENT

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Objectives: To examine the effects of lavender essential oil put into colostomy bag for permanent colostomy patients on elimination of odor, quality of life and ostomy adjustment.

Methods: The sample included 15 patients in the experimental group and 15 patients in the control group. After tested for allergy, data collection forms and scales were applied to experimental group patients, suggestions about gas and odor decreasing measures were given, and they were trained about using lavender essential oil in ostomy bag. Second interview was done by data collection forms and scales to experimental group patients who used lavender essential oil in ostomy bag for a month. Patients in the control group were interviewed via data collection forms and scales, and suggestions about gas and odor decreasing measures were given. Second interview was done by data collection forms and scales after a month.

Results: There were no statistically significant differences between the experimental and control groups in the study according to their demographical characteristics ($p>0.05$). It was determined that experimental group patients who used lavender essential oil in ostomy bag were statistically significantly less experienced odor versus control group patients; had higher quality of life and ostomy adjustment then control group patients ($p<0.05$).

Conclusion: It is considered that this study will contribute to the other studies which will be carried out on the different patient groups.

[IA67] THE NEED FOR AN INTERNATIONAL STANDARDISED BASIC ASSESSMENT

Werner Droste

[OA68] INITIAL EXPERIENCES OF A NEW COMPUTER ASSISTED ROUTINE OUTCOME MEASURE (ROM) AND CLINICAL FEEDBACK SYSTEM (CFS) IN STOMA CARE

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Aim: To explore stoma care nurses (SCN) initial experiences with ROM/CFS that aims to improve adaptation to life with ostomy.

Method: ROM with use of electronically questionnaires is a method to measure the patient's progress in treatment. The patient responds to questionnaires specific for his/her condition, and the answers are discussed in the follow-up consultation. Items with low scores indicate the patient's challenges and these items has high priority in the discussion between the patient and SCN (CFS). The patient evaluates the consultation by answering a questionnaire before he/she leaves hospital. In this presentation, I demonstrate practical use of ROM/CFS and discuss challenges and possibilities with this intervention.

Results: In our study, 110 ostomy patients has used ROM/CFS at one to three consultations. Before each consultation, they respond to the Ostomy Adjustment Scale, Short Form 36, and socio-demographic and clinical items. During implementation, some challenges and questions have arisen. First, not all patients bring with them their Bank ID for secure login in, and some are unfamiliar with electronic equipment. Second, using ROM/CFS sometimes require using more time with some patients than planned. Third, it takes time to learn how to best use the ROM/CFS in a professional manner so that we ensure improved care to the patient.

Conclusions: The initial experiences are positive, although it takes a lot of planning and commitment to ensure the quality of this new intervention. Good teamwork between patients, SCN, Research Department and Information and Communication Technology department has been decisive during the project.

[OA69] HOW TO ASSESS AND IMPLEMENT ASSOCIATION MEMBER FEED-BACK AND MOVE FORWARD

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Aim: To describe the process by which an association elicited member feedback and used the results to revised its strategic plan.

Method: Biennially, association members are invited to suggest questions and to complete an anonymous online survey to evaluate membership benefits and provide guidance to the leadership as to member priorities. The survey is available in 6 languages.

Results: Participants indicated that more association webinars and written materials including the journal need to be available in languages other than English. The association's journal needs to be MEDLINE indexed. Collaboration with other organizations that share the Association's mission and vision on documents/guidelines as well as having a joint congress is valued. Cost and availability of education are barriers for some nurses especially those in developing countries.

Conclusions: Membership survey results have provided data to identify the most important areas to allocate the association's funds and efforts in its strategic plan for the next 2-5 years. The association has collaborated on international pressure injury guidelines and endorsed national country guidelines on ostomy, each scheduled for release in 2019. Work continues on an international ostomy guideline scheduled to be completed in 2020. Starting in 2019, the association's journal will be published in English and Chinese and plans have been implemented to apply for MEDLINE indexing. In 2020, a joint Congress will be held. More multi-language education and resources for nurses worldwide are being developed. Member scholarships to assist with costs to attend the association's congress, and/or to undertake educational programmes have been allocated.

[OA70] DELIVERING A SURGERY SCHOOL TO COLORECTAL PATIENTS- PREPARING PATIENTS FOR THEIR SURGERY AND RECOVERY

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Aim: The concept of Enhanced Recovery after Surgery (ERAS) was introduced in the late 1990's with many traditional approaches focusing mainly on the post-operative period. More recently there has been a focus on developing pre-operative initiatives to help improve patient outcomes known as Prehabilitation.

Method: Working in a large colorectal multidisciplinary team in a university teaching hospital with a robust ERAS protocol in place, our focus is now towards Prehabilitation through the implementation of a Surgery School. The idea is that patients and families should be prepared and knowledgeable about their surgery and hospital aftercare. It is fundamental that they are viewed as partners in their recovery and understand '*their role in their recovery*'. The focus at the Surgery School is on education including preparing for surgery, nutrition, and pain management and understanding recovery expectations such as eating & drinking and early mobilisation. A dedicated core movement programme is also utilised within the session highlighting the importance of muscle strengthening before surgery.

Results: Patient experience was measured for the first 6 months by sending a questionnaire to patients 2 weeks after discharge home. The findings will be discussed in the presentation.

Conclusion: There is limited research to date, with many Prehabilitation randomised controlled trials underway. Many large centres are developing their own versions of Prehabilitation. This presentation will explore our innovative practice of a Surgery School for colorectal/stoma patients from the planning to implementation and monitoring outcomes to share best practice at ECET.

[OA71] COMPLEXITY IN OSTOMY SELF CARE IN THE PRESENCE OF SURGICAL COMPLICATIONS

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Aim: Presentation of case studies with strategies for self-care training when in the presence of complex surgical complications.

Method: To enable and stimulate the person with an ostomy for their autonomy, the first step is the acquisition of strategies that allow the realization of self-care.

Facing surgery that will result in the construction of a stoma is a triggering factor for high levels of anxiety. Preparing to go home with an ostomy and with unexpected surgical complications adds feelings of insecurity and inability to self-care.

In this way we present different case studies in which was possible to establish a care plan with the patient and caregiver that would lead to self-care at home even with the existence of major surgical complications.

Results: Increasing knowledge about ostomy and in some situations about the wound treatment empowers the patient and allows the acquisition of new skills, training the use of different devices and accessories are some of the strategies necessary.

The person's ability to self-care to the ostomy, with surgical complications is possible, within an individualized plan of care, enabling the acquisition of the new competencies necessary to obtain the autonomy and rehabilitation of the person with ostomy.

Conclusions: The therapeutic relationship established between the patient and the nurse in this transition period is the pillar for the success of a therapeutic plan, allowing the patient to reduce his anxiety, feel safe, acquire new skills, recover his daily life activities and recover.

[OA72] INFORMATION ABOUT COLOSTOMY FOR PEOPLE WITH LIMITED HEALTH LITERACY

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Aim: Development of information which helps doctors and nurses to give better explanations to people who are getting a colostomy, but are experiencing difficulty with understanding medical information. For example because they don't speak the language (yet).

Method: Desk research among ostomy-nurses which showed that people with limited health literacy are getting less extensive information.

- Simplifying existing texts in proper consultation with ostomates and ostomy-nurses.
- Providing the texts with simple medical illustrates.
- Submitting the texts and drawings to people with limited health literacy.

Results:

- A set of information-cards 'colostomy after colon cancer' which are presented to ostomy-nurses
- A training for ostomates and ostomy-nurses about health literacy and communication
- Plans and commitment to develop more similar information in 2019:
 - Information-cards about urostomy and ileostomy
 - Animated videos in different languages.

Example:



This is a colostomy:

The doctor removes the sick part of the colon.

This happens during an operation.

The doctor makes an opening in your stomach.

Through this opening, the doctor will take out the last piece of the colon to the outside.

The colon will be attached to the stomach.

This is a colostomy.

Conclusions: For people with limited health literacy it is harder to understand what a doctor or nurse tells them. Ultimately, this results in advices which are not taken properly and problems that continue to exist.

The development of better understandable information will make a positive contribution to follow up care- and living-advices.

[OA73] COMMUNICATIVE AND PEDAGOGICAL STRATEGIES IN NURSES' AND SURGEONS' DISCHARGE CONSULTATIONS WITH PATIENTS UNDERGOING SURGERY FOR COLORECTAL CANCER

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Aim: Patients operated for colorectal cancer have many information needs in connection to discharge from hospital. The quality of communication can make a difference to patient outcome such as understanding, emotional well-being and improve psychological adjustment. The aim of the study was to describe the structure, content and the communicative and pedagogic strategies in discharge consultations between patients and professionals after colorectal cancer surgery.

Method: A quantitative and qualitative design based on analysis of transcriptions of 13 audio-taped discharge-consultations between patients and nurses and patients and surgeons. The structure of each consultation was described in phases, sub-topics and main topics. The proportion of the main topics in relation to the whole conversation was counted in percentages. The text from the consultations was analysed qualitatively with the support from Ricoeur's theory of interpretation.

Results: The language constituted the essence in the consultations regardless of other communicative and pedagogical strategies. The pedagogic strategies used were: explanation model, information transfer, task orientation and dialogue. Topics occurring in the consultations were: Operation, Symptoms, Medication, Thromboprophylaxis, Recovery after surgery, Bowel function, Spreading and Follow-up. The surgeons and nurses used similar topics, but the surgeons used more communicative and pedagogic strategies.

Conclusions: Language was fundamental for communication and independent of the communicative and pedagogical strategies. Using preparedness communication more consistent in discharge consultation can help patients to better understand the recovery process after colorectal cancer surgery and regain control over life. It is important that the consultations build on the patient as an active and learning person.

[IA74] THE PREHABILITATION PROGRAM FOR THE IMPROVEMENT OF FUNCTIONAL OUTCOMES IN CYSTECTOMY PATIENTS

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Patients undergoing radical cystectomy with urinary diversion are at high risk for complications in the perioperative period. In oncological patients there is a relative short window to intervene and proactively optimize the patient before surgery.

Prehabilitation is defined as the process of enhancing an individual's functional capacity before scheduled surgical procedure, permitting to enhance or maintain an individual's condition, skills and physical wellbeing.

Prehabilitation is a program of preoperative multiprofessional interventions including: smoking cessation, physical exercises, recognition and treatment of comorbid conditions and malnutrition, supportive nutritional care with immunonutrition supplementation and carbohydrate loading, and stoma education. These multimodal interventions add to the effort to optimize patients in the perioperative period, helping to improve outcomes and reducing postoperative morbidity and impairments.

Literature shows that a home-based short-term physical prehabilitation is feasible and effective and significantly improves early mobilization, time to perform activities of daily living, self-efficacy and health-related quality of life.

Prehabilitation is specifically associated with an improvement in overall and pulmonary-specific morbidity following major abdominal surgery: inspiratory muscle training, deep breathing exercises and aerobic conditioning, seem to be particularly beneficially in procedures associated with high pulmonary morbidity rates.

The preoperative stoma-education represents another effective element in prehabilitation programs. A standardized short-term stoma-education program consisting of areas recognized necessary to change a stoma appliance. Some studies show that patient education interventions focusing on stoma care improve significantly self-efficacy in regard to independently change of stoma-appliance up to 1 year after surgery.

Prehabilitation programs can be delivered through a number of modalities and settings, but there is the need for intermittent supervision with planned home visits to assess compliance and provide reinforcement. The use of wearable monitoring technologies can provide feedback to patient and to healthcare professional.

The prehabilitation programs in patients undergoing abdominal cancer surgery remain still heterogeneous in their composition, mode of implementation, outcome measures of functional capacity that are used to evaluate their impact.

[OA75] PROMOTING QUALITY LIFE ON DEMAND

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Aim: To describe the sociodemographic, clinical, treatment and coping /self care characteristics of the person who was subjected to construction of an intestinal elimination ostomy on their first month of a “new life”.

Method: Towards this it will be evaluated the independence and autonomy of the person after hospital discharge in a weekly manner until the end of the first month.

Evaluation parameters: gender, age, marital status, educational attainment, employment status, clinical diagnosis, surgery, type of ostomy, prior contact with people with ostomy, participation in nursing stoma therapy consultation in preoperatively, marking of the stoma site, ostomy-related problems and perceived quality of life.

Intervention: Focus attention on the quality of life by promoting "Ostomy kit" output.

Results: We intend to identify individual characteristics that can affect the transition process experienced by the person with ostomy, and also contribute to subsidy future research.

This knowledge allows personalization of care on the nursing stomatherapy hospital follow up and home visitation contributing to an improvement on quality of life by promoting an individual "Ostomy kit" á la carte.

Conclusions: Still ongoing on the field. Final results pending.

Poster presentations

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NUTRITION

[P01] NUTRITION IN ILEOSTOMATES CAN MAKE THE DIFFERENCE

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Aim: The digestive tube is the organ where foods, vitamins, minerals and water are absorbed, allowing nutrients to be used as building blocks and source of energy. Due to the ileostoma, only few nutrients can be absorbed in the large intestine thus increasing risk of deficiencies. Furthermore, some categories of food or beverages irritate the digestive tract and may cause high output or very liquid stool consistency. Accordingly, specific dietary rules must be developed and followed.

Method: In our Clinical Nutrition Unit, we evaluated, for the patients having short bowel syndrome and high outputs, the effects of different nutrients on output volume and evolution of body weight and derived from our findings a set of precise dietary guidelines for adjustment to metabolic needs.

Results: An optimal diet must include starches three times a day. They are used as the main caloric source for the Krebs cycle, thereby preserving proteins from catabolism. Moreover, it is the only food that preserves an optimal intestinal absorption capacity. In order to reduce stoma output volume, it is important to avoid foods or drinks that irritate the mucosa of the small intestine such as milk, dairy products, herbal teas and teas, raw fruits and vegetables and all kinds of sparkling drinks.

Conclusions: A diet based on starches and excluding irritating foods and drinks prevents the risk of undernutrition, enhances the healing process and limits the volume of stomal output. It brings about quick physical recovery and helps the patients on their way of psychological recovery.

[P03] SYSTEMATIC LITERATURE REVIEW AND SURVEY ON BENEFITS AND RISKS OF MUCOUS FISTULA REFEEDING

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Aim: The aim of the study was to identify benefits and risks with mucous fistula refeeding.

Method: A systematic literature search was performed through the PubMed database using words as 'mucous fistula refeeding', 'enterostomal feeding'. A total of n=56 relevant articles were identified and abstracts reviewed for relevance. All relevant studies including pediatric populations were evaluated (n=12).

In addition, a survey was sent to (n=30) physicians. Questions asked were related to refeeding practices today and in future, obstacles to perform, and evidence for its benefits on growth, immune-system development and survival.

Results: Two high quality case-cohort studies were identified. Reported benefits of refeeding included; higher growth, less parenteral nutritional needs, less liver complications, better electrolyte balance and higher success in re-anastomosis. Two studies with a critical assessment of refeeding, reported risks such as intestinal bleeding and infection i.e. sepsis.

Most physicians asked had the opinion that benefits of refeeding outweigh the risks with the procedure, but 10% reported that it depends on the situation. Physicians reported obstacles to prescribe refeeding include; time-demanding for nurses, lack of good stoma appliances, and lack of evidence of its' benefits.

Conclusions: Two case-cohort studies with well-matched populations, reported many benefits and limited risks with refeeding. However, high-level clinical evidence (RCT) of refeeding benefits to infant growth, complications (liver, infection), survival, and immune-system development is still lacking and thus set limitations to practice.

[P03A] POUCH APPLICATION FOR EARLY NUTRITIONAL SUPPORT THROUGH INTESTINES AFTER UPPER GASTROINTESTINAL SURGERIES

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Introduction: According to the guidelines for post-surgical nutritional support announced by ESPEN, it is suggested to provide nutritional support for those who are expected to fast for more than 7 days and those who are not able to consume nutrients more than 60% of the recommended daily intake of calories for more than 10 days without a delay after the surgery.

Malnutrition is a predictable risk factor that indicates the possibility of post-surgical complications. Nutritional support through the intestines is better than the other ways, and early nutritional support through intestines allows patients' epiphylaxis. Thus, nutritional support through intestines should be considered for those who are expected to have malnutrition after the surgery.

Method: I would like to report two cases of stomach cancer surgery which are applied pouch for early nutritional support.

In the case of anastomotic leakage or E-C fistula after the surgery, nutritional support by jejunostomy and reoperation after 4 weeks is suggested. However, using the jejunostomy can cause bile leakage and skin damage through an incision to insert the tube. If bile collection is needed, pouch application can be useful.

Result: Post-surgical complications may cause psychological distress. Therefore, it is essential to minimize patients' discomfort using appropriated material that induces skin damage by excrement while patients are waiting for reoperation.

Conclusion: Accordingly Patients are able to recover through multidisciplinary approaches by surgeons, NST and WOCN.

STOMA CARE

[P04] MEDICAL, SOCIAL AND PERSONAL FACTORS AS CORRELATES OF QUALITY OF LIFE AMONG OLDER CANCER PATIENTS WITH PERMANENT STOMA

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Purpose: The vast majority of cancer patients experience a substantial reduction in their quality of life (QOL) following a stoma procedure. This study assesses the level of QOL of older patients with a permanent stoma; and examines the associations between three categories of variables -personal, medical, and social -and QOL.

Methods: Seventy-five older cancer patients (M = 75.1 SD = 8.6) with permanent stoma participated in the study. Participants were recruited by their physicians from hospitals and clinics in the central region of Israel. All study measures were valid and reliable.

Results: Participants reported a moderate mean level of QOL. Men's QOL scores were higher than those of women. Positive correlations were found between perceived body image, self-care, self-efficacy, social support and QOL. A negative correlation was found between anxiety and QOL. Three variables emerged as significant predictors of QOL: self-efficacy ($\beta = 0.41$, $P < .001$), perceived body image ($\beta = 0.41$, $P < .001$), and gender ($\beta = -0.14$, $P < .05$). The model explained variance was 73.6%.

Conclusions: Self-efficacy, perceived body image, and gender are the most important factors for QOL of older patients with stoma. These three personal variables are more significant to QOL than either the medical or the social variables. The personal variables need to be considered by nurses when developing intervention programs aimed at increasing QOL among older cancer patients with permanent stoma.

[P05] AN ONLINE FORM HELPS STREAMLINE PATIENT DISCHARGE SERVICES AND IMPROVE TREATMENT IN THE COMMUNITY

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Aim: Today, whenever a patient is discharged from the hospital following stoma reversal, instead of filling out a paper form with medical information and send it by fax or by phone, the hospital nurse can simply use an online form to transfer this information in a timely manner, in a way that has proven to improve patient discharge services and streamline communication between the hospital and the community service.

Method: This on line form was developed by the health maintenance organization (HMO) head office to facilitate communication between hospitals and community staff.

On the second or third day after surgery the hospital stoma nurse fills out the report with general detail, detail about the patient and his surgery, stoma care instructions, the discharge date and the date of the scheduled visit by the community coordinator at the hospital before and after the patient is discharged.

The report reaches the stoma coordinator of every district across the country and is used to continue the patient treatment in the community. This was first launched as a pilot program in two hospitals and is used today by every HMO hospital.

Results: The online form facilitate communication between the hospital and the community, ease the work load of the nurses at the hospital and improve the medical services for the stoma patients.

Conclusions: The online transfer of information between the hospital and the community significantly contributes to the patient's continued care.

[P06] COMPLICATIONS IN THE COLOSTOMY PATIENT: ANALYSIS AND ASSESSMENT OF RISK FACTORS

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Aim: The problems related to abdominal ostomy have acquired an increasing importance over the years. The onset and presence of factors predisposing the appearance of stomal complications will be analyzed.

Method: Analysis of the charts of colostomised patients at the General Surgery department of the San Raffaele Hospital of Milan in the three-year period (2015-2018).

Results: 101 folders (43 women and 58 men) were analyzed with a total onset of 211 complications: in men there were 120, in women 91.

The age group with the most complications was between 64 and 82 years with 118 cases. The most common (42%) were the different peristomal skin lesions (classified according to the S.A.C.S scale) followed by edema (25%).

In the interventions planned with preoperative design (28 patients) there were 53 complications, while there were 155 in 73 emergency patients.

Furthermore, in the 90 stomas performed on the bridge the complications were 180. 23% of the complications occurred in patients with heart disease, which then turned out to be related to the onset of most of them.

Conclusions: In the three years studied, colostomised patients were 101, with the onset of 211 complications of the stomal complex. 88 peristomal and 54 edema lesions were presented. 54% of patients presented more than one complication.

23% of the complications occurred in patients suffering from heart disease, showing the greatest risk factor of onset for all the complications analyzed.

[P07] THE SIGNIFICANCE OF PREOPERATIVE EDUCATION FOR PATIENTS AWAITING A STOMA CREATION SURGERY

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Introduction: satisfaction grew and the number of days spent in hospital decreased among those patients who had the opportunity to meet with a stomatherapeutic nurse before surgery. Thus, the procedure of surgeries – so far akin to a production line – was also softened.

Method: our research was carried out in two acclaimed Hungarian institutes. The studied patients were initially surveyed, then revisited in follow-up meetings after their surgeries. Over a one year timespan, we followed the education of 94 patients awaiting a col-ileo stoma surgery.

Results: care time required after surgery decreased by three days, overall satisfaction grew and early postoperative complications decreased among those patients who were provided with preoperative education.

Conclusion: our research provides strong evidence, that preoperative education is a necessary requirement of 21st century healthcare among patients awaiting a stoma surgery. We have concluded that a standard protocol of preoperative education should to be set in Hungary.

[P09] A NEW CAPSULE FOR COLOSTOMATES: WHY DO I PROPOSE IT ?

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Aim: The stoma nurse is a referral person for the ostomates. We assist our patients with the objective that they recover a normal life as far as possible. To facilitate their daily life, they must accept their stoma, their stoma care and their new body image.

Method: The first step is to establish a trust relationship with them. The ostomate can entrust their feelings to the stoma nurse. The patient's empowerment is an important success factor. For colostomates, all available appliances and as well as colostomy irrigation are presented. But some patients refuse the colostomy irrigation because this technique is restrictive. They choose the 1P or 2P systems by default. Now, they have another option: the new capsule*. After 3 weeks post-operative, left colostomate can wear it. In my daily practice, I show them this capsule either preoperatively if they want to see it, or just after the surgery. They are very curious and look for a bag!

Results: 14 patients have used the capsule in my center. The patient's benefits will be described: comfort, feeling of discretion and at the same time the feeling of security during the body movements are the key advantages of the capsule. Additionally, my own experience in terms of education and follow up will be shared.

Conclusions: My experience and the patients' testimonials show that one should not be afraid to propose new devices, because they regenerate patient's confidence. The capsule allows to rediscover serenity and develop a better body image.

*Be1: New capsule

[P10] OSTOMY-CARE CHALLENGES

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Aim: In spite of the progress of modern medicine, ostomy patients still struggle getting used to their ostomy, in particular patients with preexisting mental illnesses such as schizophrenia.

This case study is intended to examine the psycho-social implications for such patients when fitted with new ostomy equipment due to leaks or because their equipment is very old, a process that can be very inconvenient and stressful for them. This is where the ostomy nurse can help with the aid of the primary caregiver and a multidisciplinary team that includes the clinic nurse, a psychiatrist, and a social worker.

Method: In this case study I relied on the latest knowledge and technologies to fit a patient with new ostomy equipment as similar as possible to her old equipment with the help of a multidisciplinary team. I also relied on Carl Rogers' humanistic approach to motivate her to learn how to independently use her new equipment.

Results: The patient was fitted with new equipment, which could have been very stressful and mentally destabilizing for her; instead, with the help of the ostomy nurse and the multidisciplinary team, this was hardly the case, which shows that awareness of the patient's mental problems is just as important as technical considerations. In other words, the involvement of the multidisciplinary team enabled to maintain the patient's comfort and mental stability as much as possible.

Conclusions: The treatment of ostomy patients should not be based merely on technical considerations but rather on a holistic approach.

[P11] STOMA SITE MARKING USING ULTRASOUND IMAGING OF THE ANTERIOR ABDOMINAL WALL

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Aim: “To objectify pre-operative stoma site marking using a developed and patented method of ultrasound imaging of the anterior abdominal wall.”

Method: “57 patients were marked pre-operatively using ultrasound imaging of the anterior abdominal wall.

Before the operation the patients' body profiles were examined visually and by palpation and the stoma site was marked and then ultrasound investigation of the abdominal wall was made to visualize rectal muscle and assess subcutaneous fat thickness and its displacement when the patient moves.

In the period of 3-9 months after the operation 30 patients were checked by the USI.”

Results: “32 (56%) obese (overweight) patients required correction of the stoma site marking after the USI imaging of the anterior abdominal wall.

In the post-op period no parastomal complications were detected by clinical investigation and USI in 22 (73%) of 30 patients, ostomies were located transrectally, diameter of the rectus muscle incision corresponded to the diameter of the bowel where ostomy was created. Subcutaneous prolapse developed in 4 (13%) of 30 patients. Asymptomatic parastomal hernia was revealed in 3 (10%) of 30 patients. One (3%) patient had retraction.”

Conclusions: “Ultrasound imaging of the abdominal wall is an available method for stoma site marking that enables to prevent parastomal complications and detect them on the early stage. This method reveals defects of the abdominal wall and enables to choose the most optimal stoma site even for obese patients.”

[P12] IMPACT OF PERISTOMAL SKIN COMPLICATIONS AND LEAKAGE ON OVERALL WELLBEING

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Aim: To identify the impact on patient wellbeing and if this differs across age groups when developing or resolving parastomal skin complications (PSC) or leakage incidences (L).

Method: Data collected via a support programme across 9 countries were analysed. Every 3 months users filled in an online survey on stoma related complications and overall wellbeing (OW). Only users who completed more than one check were included in the study. We analysed the correlation between changes in complications and changes in OW through a linear regression model controlling for confounders. The statistical analysis was done with and without stratifying by age (above/below 65 years) separately.

Results: 6,762 users were enrolled in the study totally analysing 24,100 responses. Mean age was 69.5yr, the proportion of users reporting complications at first check was 50% and 20% for PSC and L and average OW (1-10 scale) was 7.68. Without stratifying by age, developing complications were associated with changes in OW of -0.197 ($p<.0001$) and -0.351 ($p<.0001$) for PSC and L. Resolving complications was associated with changes in OW of 0.238 ($p<.0001$) and 0.342 ($p<.0001$) for PSC and L. Stratifying by age, the younger population was significantly more impacted by changes in PSC, but not for L.

Conclusions: Development of PSC and L issues were significantly associated with decrease in OW and resolving PSC and L was significantly associated with increase in OW. Changes in OW from changes in PSC was significantly larger for younger users.

[P13] EVALUATION INTO THE USE OF A HYDROCOLLOID CONTAINING MANUKA HONEY IN OSTOMY CARE FOR PATIENTS WITH IRRITATED PERISTOMAL SKIN

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Aim: To evaluate through a series of clinical cases the effectiveness of hydrocolloid flanges containing Manuka honey as part of a treatment plan for patients experiencing irritated peristomal skin.

Method: A series of first-hand case studies were selected in which patients' existing treatment regimes were unable to effectively manage complications and difficulties experienced by the patient, which had resulted in an overall adverse effect on peristomal skin condition. In each of these cases, the nurses utilised a new treatment programme, which included the use of a hydrocolloid containing Manuka honey.

Results: Skin conditions were assessed throughout the new treatment plan and in all cases presented, an improvement in peristomal skin condition was observed. The positive influences of the new stoma care regime resulted in patients reporting additional benefits, which included a reduction in pain and no further problems with leakage.

Conclusion: Hydrocolloid containing Manuka honey has proven to be a favourable and viable option in the care of patients experiencing irritated peristomal skin, which alternative treatments have been unable to address effectively.

[P14] EVALUATION INTO THE PERFORMANCE OF AN OSTOMY POUCH INCORPORATING MANUKA HONEY IN THE HYDROCOLLOID ADHESIVE VERSUS AN OSTOMATE'S CURRENT STOMA CARE SYSTEM

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Aim: To evaluate the performance of a product range incorporating a hydrocolloid adhesive flange containing Manuka honey against alternative stoma care solutions on the market to provide a comparison of the products performance, effect on the patient's peristomal skin health and quality of life.

Method: The evaluation criteria for this year-long study comprising 57 Stoma Therapy Centres called for colostomates, ileostomates and urostomates using one or two-piece ostomy supplies with a flat or convex flange to cease using their existing product for a period of at least 30 days to trial an alternative, comparable pouch incorporating a hydrocolloid adhesive flange containing Manuka honey. Participants document their experience in before and after interviews to allow for comparisons and conclusions to be presented by the evaluation team.

Results: The results of this evaluation will be presented at ECET 2019, but initial data indicates that the product range incorporating a hydrocolloid adhesive flange containing Manuka honey is providing an effective option for the prevention and treatment of peristomal skin damage.

[P15] A NATURAL BASED HYDROCOLLOID ADHESIVE

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Introduction: In Ostomy, the primary use of the adhesive flange is to attach a pouch to the abdomen around the stoma. The challenge is to optimise the formulation of the adhesive and the structure of the flange to give a balance of good skin adhesion, moisture vapour transmission, pouch support and protection without compromising the condition of the skin around the stoma.

Aims: Many adhesives used on the skin are prone to causing skin irritation and damage and this risk is significantly reduced using a Hydrocolloid adhesive containing Manuka honey. The objective of this appraisal is to demonstrate the specific features of the Hydrocolloid adhesive containing Manuka honey that contribute to it being a biocompatible skin friendly adhesive.

Materials: The Hydrocolloid adhesive containing Manuka honey is formulated using five food grade ingredients and manufactured using a process of blending, mixing and forming to create an adhesive that is manufactured in different thicknesses and sizes to handle different effluent types and amount depending on the size and type of pouch.

Conclusion: The Hydrocolloid adhesive containing Manuka honey is a proven and effective gentle solution in providing security and in the maintenance of peristomal skin health.

[P16] ANALYSIS OF THE IMPROVEMENT TO LEAKAGE INCIDENCE, CONFORMABILITY, COMFORT AND OVERALL SECURITY OF A UNIQUE POUCH SOLUTION FOR OSTOMATES WITH A PARASTOMAL HERNIA

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Introduction: Development of a Parastomal Hernia (PH) is a common side effect after ostomy construction.

PH can be both asymptomatic and symptomatic. In symptomatic cases with patients who cannot tolerate surgical repair abdominal discomfort, pain, intermittent cramping, distension, nausea, vomiting, diarrhoea and constipation are common complaints.

In literature “stoma appliance dysfunction and leakage” represents a complication requiring surgical intervention, but if patients have no or mild symptoms surgical repair is avoided, and nonsurgical management is preferred. However due to the complex nature of the PH site, including fatty tissue, uneven or irregular sites an innovative solution is required.

Method: The first version of a product with a soft, mouldable flange, which provides a secure seal around complex body contours and can be inverted for use with PH was introduced over 16 years ago.

An evaluation of a new size (60mm) of the latest generation of this product type, which includes Manuka honey in the flange, was conducted with users.

Results and Conclusions: The results of this evaluation will be presented at ECET 2019, but the initial data shows a reduction in leakage incidence and an increase in conformability, comfort and overall security. An improvement in skin condition has also been observed.

[P19] EVALUATION OF THE EFFICIENCY OF THE TRANSITION BETWEEN HOSPITAL-STOMA NURSE AND THE COMMUNITY

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Aim: The study describes the hospital-community relationship as an instrument for reduction of concern and anxiety related to patient's release from hospital and self-care.

The comprehension of the new situation of leaving with a stoma involves both emotional and technical\ operational difficulties. The emotional aspect comprises of changes in general health and body image, coping with social and employment problems, wardrobe alteration etc. The technical problems with daily stoma handling and skin complications, just increases the stress. In the hospital, some of the burden is relieved by the nurses' assistance and the comforting environment thus the transition to home atmosphere is nerve-wracking.

Method: 30 newly installed stoma patients were enrolled. All patients were trained by the hospital stoma nurse and received contact details for community treatment. Follow-up continued through instructions for methodology and frequency of self-care, a home visit from the community stoma nurse within 48 hours, and a pre-order of appropriate stoma equipment. Patients were contacted by the community nurse within 72 hours after release from hospital and answered a satisfaction questionnaire.

Results: Patients reported high satisfaction from the transition process, good self-care capabilities, improvement of body image and better confidence.

Conclusions: Smooth transition from the hospital to the community in terms of stoma care and patient empowerment, has a positive impact of patient satisfaction and well-being.

[P20] THE NARRATION OF STORIES OF PEOPLE WITH STOMA IN THE LOCAL HEALTH AUTHORITY 11 EMPOLI

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Aim: International literature is poor in articles on Narrative Nursing about ostomy patients.

This research, based on Narrative Nursing, focused the attention of healthcare professionals on patients needs and reactions allowing them to be protagonists, acts and aware of their care plan.

Method: A monocentric quali-quantitative study was conducted in Healthcare Department for Central Tuscany – “San Giuseppe” Hospital – Empoli. To carry out the study we submitted an application and received the authorization from the local Ethics Committee. The study was conducted from 31 January to 31 March 2017.

The main question of the research was: Do a Narrative Nursing project help to understand a patients needs?

The study aimed at achieving the follow objectives:

- Understand emotional, social, relational impact of the stoma
- Trace the care plane to understand the needs of the patients to hypothesize new services

Results: During the study period 13 diaries were distributed to ostomy patients followed by ET Nurse of the Ostomy Outpatients Clinic of “San Giuseppe” Hospital. Ten diaries (77%) returned at the end of the period.

Following narratives analysis “coping”, defined as “conscious effort to solve personal and interpersonal problems, trying to master, minimize and tolerate stress on conflict”, is faster and more aware in patients who see the surgical procedure as a lifesaver.

Conclusions: Due to a lack of literature this study allows us to explore the ostomy patients needs and design personalized care plan.

The short time period, the localization and the characteristics of the study have been a limitation.

[P21] PERISTOMAL SKIN CHANGES: WHAT TREATMENT SHOULD BE ADOPTED? RESULTS OF AN OBSERVATIONAL MULTI-CENTRE STUDY

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Aim: There are only a few scientific contributions available relating to the treatment of peristomal skin lesions.

The aim of this study was to assess whether some topical preparations available on the market have a significant impact on healing time with respect to such lesions.

Method: An observational multi-centre study was conducted in Italy at 5 centres for ostomy patients. The subject of this study was verification of a rigorous therapeutic protocol which included the use of some topical preparations in each (L) according to the SACS 2.0 classification.

Results: 331 patients enrolled were evaluated at the end of the study. 74% of the sample presented more than one lesion in the peristomal area.

P5 treatment was the most commonly utilised, and adopted as the primary choice in 21% of cases (L1). The P3 and P4 treatment, although theoretically indicated for the L2, L4 and LX conditions, did not present significant results due to its cream-based (P3) or ointment-type (P4) formulation.

P6 treatment was used in 37% (L3, L4, L5) of the patients studied, demonstrating a very high level of performance.

Conclusions: The major therapeutic error is probably to consider peristomal lesions as skin lesions which may present a different aetiology and consequently treat them with materials not suitable for the area to be cured.

Our work represents an initial systematic approach, which, in the protocol studied, identifies what may be considered as a solution and what can not resolve the conditions presented.

[P22] A REVISED VERSION OF THE ORIGINAL SACS SCALE FOR PERISTOMAL SKIN DISORDERS CLASSIFICATION

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Aim: Peristomal skin alterations represent a significant problem both for health care providers and for stoma patients themselves in terms of the quality of life following surgery. Thanks to experience gained in this field, the authors of the SACS Classification decided that a review of the SACS instrument should be conducted in order to classify those lesions, which, although rare, have not yet been identified by the instrument.

Method: A multi-centre observational study was conducted in Italy, involving the observation and recording of peristomal skin changes and, in particular, those which, on account of their characteristics, could not be properly categorised according to the SACS Classification. The study was conducted from 1 January 2013 to 31 December 2014. The review of the SACS study aimed at achieving two main objectives:

- Completion of the classification to include an additional level of severity (L5)
- Classification of all types of peristomal skin changes present, eliminating the notion of “most serious lesion”

Results: Four hundred and twenty-six patients were recruited, including 220 males and 206 females. We proposed the inclusion of the condition relating to the detection of a new non-classifiable lesion (L5) and the classification of each lesion present in the peristomal.

Conclusions: The SACS Classification has unquestionably achieved its goal by placing at the disposal of professionals who follow ostomy patients a useful tool in everyday clinical practice, and guiding them towards a holistic approach with respect to peristomal lesions, providing the attention they deserve and defining their main characteristics.

[P23] OSTOMY & ALLERGIC CONTACT DERMATITIS

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Aim: There are many stoma-related skin complications such as allergic contact dermatitis, which is caused by exposure to an allergen within the stoma appliance (the skin barrier/powder/belt extension).

Erythema, swelling, and bleeding can develop on the skin concomitantly with pain and itchiness and the usual topical treatment for this is a steroid cream.

We will present a case of allergic contact dermatitis in which the identification of the cause of the allergic response facilitated successful treatment.

This was a 53-year-old female patient who had undergone anterior pelvic exenteration due to the recurrence of cervical cancer.

Six months after her surgery she developed severe erythema around the stoma, as well as local pain and itchiness.

She reported that her quality of life was poor and that she was unable to attach the skin barrier.

Method: Her examination revealed a severe rash around the stoma and she was diagnosed with allergic contact dermatitis. She was treated with a steroid cream and a modern hydrocolloid dressing. To identify the source of the allergic response, the patient came to regular appointments at the Dermatology Department and underwent a patch test.

Results: The patient was found to be allergic to Benzyl alcohol and a few other adjustable accessories and her product was replaced. Six weeks later, her wound was less painful and she was able to perform her daily activities.

Conclusions: Monitoring the stoma and the surrounding skin enables to identify early signs of skin problems and treat them as soon as possible.

[P24] PERISTOMAL SKIN ISSUES HAVE A SIGNIFICANT IMPACT ON QUALITY OF LIFE (QOL): RESULTS FROM A LARGE GLOBAL SURVEY

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Aim: The Ostomy Life Study is a global online survey including responses from more than 4,000 people living with an ostomy. The survey was conducted to learn more about how ostomy appliances affects the daily life of people living with an ostomy. One of the aims with the survey was to get a better understanding of how peristomal skin complications affects the QoL and work life situation (e.g. full-time or retired).

Method: The survey included background information as well as other topics such as current occupation. Furthermore, QoL was assessed using the validated Ostomy-Q questionnaire. The scale of Ostomy-Q goes from 0-92 (worst to best possible). The analyses were stratified for those 'having' and 'not having' skin complications within a six months period.

Results: 4138 people from eleven countries living with an ostomy responded to the survey and 73% of the respondents had at least one skin issue within a six months period. The overall QoL score was 51 for those reporting skin issues which was significantly lower ($p < 0.05$) than for those without skin issues who had a score of 62. Having skin issues also had a significant impact on the work life situation for respondents between 18-59 years. Significantly less ($p < 0.05$) were working full time compared with those without skin issues, and significantly ($p < 0.05$) more in the age of 50-59 years with skin issues were retired.

Conclusions: Having peristomal skin issues has a statistical significant impact on the QoL and work life situation for people living with an ostomy.

[P25] ASSESSMENT OF KNOWLEDGE OF NURSES IN OSTOMY CARE

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Aim: The study aims at quantification of knowledge of nurses in general surgery wards regarding fecal intestinal ostomies.

Ostomy surgery is considered a life-saving procedure allowing evacuation of body waste through a surgically created stoma into ostomy bag. Ostomy may cause various physical, social and mental disorders in patients, thus specialized and adequate care during hospitalization should be provided. Sufficient knowledge of nurses in dealing with ostomy can affect accountability and proper guidance of patients and reduce the incidence of ostomy related complications. However, not all nurses are properly trained and many nurses have not accepted ostomy care as one of their responsibilities. Nurses' perception of their knowledge and skills influence patient education and satisfaction with care.

Method: a cross sectional study is performed at 4 hospitals in north of Israel. The study population will include all nurses who are working in intestinal ostomy surgery wards. All included nurses have an undergraduate degree in nursing and at least one-year work experience at the surgical ward. The research tool is the of "assessment of knowledge of nurses in ostomy care" questionnaire. Data will be analyzed using SPSS software version 22.

Results and conclusions: the work is in progress, results and conclusions will be presented.

[P26] THE HOLE IN THE MAN IS NOT A WHOLE MAN

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Aim: Describe the essential role of a stoma nurse in exploring a challenging case of adaptation of a patient and finding the specific communication channel by which the patient could be convinced to collaborate.

A 64 years old male had radical cystectomy with ileal conduit for bladder cancer. The patient is single, has no children, very active socially. In spite of the simple stoma installed, the patient was not ready to take care of his stoma even after 12 days. We could not find any physical cause for the specific behavior and had to look deeper into the specific problem.

Method: The intervention of the stoma nurse, gaining the patients' confidence, and multiple support-meetings revealed that the patient is concerned about his sexual capabilities, and the anxiety created a hurdle that prevented him from handling the stoma.

A new treatment program was designed and the patient's release from hospital was postponed until he was ready to deal with his problems. We involved the patient's family to empower him to accept his condition.

Results: Once the stress of leaving hospital and assuming self-care was relieved, the patient gradually started to cooperate with the nursing staff and acquired the skills needed in order to become independent.

Conclusions: I wanted to share my capabilities as a stoma coordinator assisting a patient with an unusual problem. Through collaboration of the hospital staff and the family, we managed to get the patient to undertake self-care and to assume normal lifestyle.

[P27] COMMUNITY STOMA CARE: BETTER EARLY, THAN LATE, THAN NEVER?

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Aim: To compare the experience of patients with newly formed stomas who received specialist community stoma care follow up at varying time intervals following discharge. Community stoma care follow up following new stoma formation appears to vary with regards to the timing of an initial home visit by a specialist stoma care nurse.

Patient's early experiences 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 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: Reviewing patients earlier can often enable the stoma care nurse to prevent potential problems – i.e. monitor template size more closely and introduce soft convexity as post-operative oedema subsides. By actively preventing issues with sore peristomal skin and subsequent leakage, a patient is more likely to have a positive start in the crucial early days and weeks following discharge home.

[P28] A NEW CAPSULE FOR COLOSTOMATES: KEY RESULTS OF AN INTERVENTIONAL PILOT STUDY

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Aim: Ostomates have not only to cope with the practical aspects of their stoma and appliances, but also to adjust psychologically to their new body image. Ongoing research continuously aims to further improve ostomy appliances and to develop innovative devices to regain control over body waste discharge. The aim of this study was to collect efficacy data on a new 2-piece appliance, comprising a flat base plate and a capsule*.

Method: A prospective, multi-center, non-comparative pilot clinical trial recruited patients with a left colostomy after approval by Ethics Committee. All participants used the investigational device for 2 weeks and recorded the circumstances of capsule removal in a diary, with the preferred circumstances (device efficacy) being voluntary capsule removal consecutively to feeling of intestinal pressure due to the arrival of stool +/- gas and no concomitant leakage.

Results: Among 30 patients included, a total of 472 capsules changes were recorded. Almost 75% of these changes occurred with the control of the continence for gas and stool emission. In nearly 30% of capsule removal gained a related stoma output control without leakage. 60% of patients considered that they have good body image. No serious adverse event occurred.

Conclusions: These results demonstrate the efficacy and the tolerance of the new appliance for colostomates. The device improves control over bowel emptying in about one third of the colostomates whilst being easy to use and quiet. Overall, the study outcome suggests that an alternative approach to wearing a traditional bag is achievable.

*Be1: New capsule

[P29] INTERVENTIONS REDUCE DEHYDRATION RELATED TO DYSFUNCTIONING LOOPILEOSTOMY: A PROSPECTIVE COHORT STUDY

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Aim: Dysfunctioning loopileostomy (DLI) in low anterior resection (LAR) in rectal cancer patients reduces the morbidity of anastomotic leakages. According to our previous study 30% of these patients developed dehydration, of which half needed hospitalisation, the majority during the first six weeks. The aim of the present interventional study was to reduce these figures by a surveillance program.

Method: Prospective study of rectal cancer patients operated with LAR and DLI at two teaching hospitals during 2013-2015. All patients received written and oral information on and measures to undertake in case of high stoma output. Blood tests including creatinine and electrolytes were done every second week until eight weeks postoperatively. Patients were also encouraged to weigh themselves if two consecutive days with high stoma output.

Results: Preliminary results show that 123 patients were included aged 62±8.4 years of which 52 were females and 71 males. Mean ASA was 1.8; BMI was 26±5.3 and 58% received neoadjuvant treatment. Nineteen (15%) patients developed dehydration during follow up of which only eight (7%) needed hospitalisation.

Conclusions: Preliminary results indicate that surveillance significantly reduces dehydration resulting in fewer readmissions. However, patients with renal impairment are at risk and should be followed cautiously.

[P30] PH URINARY AND SKIN PROTECTOR: A GUIDE FOR PATIENTS

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The aim of this study is to develop a simple and pragmatic method allowing the patient to regulate the pH of his urine by a method of observation of several parameters without having to measure PH. The observation made shows that the bad behavior of a pocket system is not necessarily due to this material and that it was necessary to balance the urinary pH to have a pocket system that adheres well.

The method of this study was to show the correlation between the pH level of the urine and the degradation of the barriers and pockets of the skin.

Result: Each ph corresponds to an image of degradation of the cutaneous barrier and the pocket, associated with a color of the urine, has an odor or not, has a deterioration or not, of the skin of the patient.

for each level of ph, a dietary advice is given.

Conclusion: This study highlights the correlation between the ph level and the degradation of the pocket system. Thanks to a simple observation method, the patient knows where the pH of his urine is. An information booklet has been developed to allow her to make these observations and to apply some dietary advice to balance the urine.

All this contributes to the education of the patient who can solve the unusual deterioration of his stoma system himself and acquire, through his autonomy, a better quality of life.

[P31] THE USE OF A GENERAL STOMA-TREATMENT PROTOCOL BY STOMA TRUSTEES IN THE SURGICAL DEPARTMENT

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Aim: Describe the treatment methodology for stoma patients in a Israeli primary hospital.

Our hospital performs about 200 stoma surgeries every year. The stoma coordinator is responsible for 12 stoma-trustees from various department including surgery, oncology, pediatrics, and neonatal.

The stoma -trustees accompany the patient through all the critical points during the hospitalization and prepare them before discharge for continuing care from the outpatient clinic in the community.

Method: We have established a general stoma-treatment protocol, with appropriate modifications from the different departments. The protocol covers information, training and follow-up methods for the entire hospitalization period spanning from preparation before surgery until patient's release from hospital.

Results: The protocol allows providing meticulous treatment for all types of patients. Most patients are released from hospital once gaining independence in their stoma care. During the hospitalization the patient acquire the skills needed for self-care of their stoma and the transition to the community clinic is formed. Nursing care is provided by the stoma trustees in collaboration with the stoma coordinator.

Conclusions: The specific protocol assists nursing staff in offering accurate and highly professional care and in providing the patient with the tools needed to regain normal lifestyle once they get home.

[P32] CAN I HELP YOU AND YOUR STOMA WITH AN HYPNOTIC COMMUNICATION?

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Aim: To demonstrate the efficacy of hypnotic communication in stomacare for an improvement of quality of life.

Method: Description of 5 clinical cases.

Results and conclusion: This work doesn't still completed and will be discussed later.

[P34] PREOPERATIVE STOMA MARKING-INDIVIDUAL PROCEDURE IN FOUR QUADRANTS AS A QUALITY CHARACTERISTIC

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Aim: Colorectal cancer and cytoreductive surgery (CRS) with subsequent hyperthermic intraperitoneal chemotherapy (HIPEC) may require the creation of a protective or even permanent stoma. Since it is not always possible to create a stoma in the lower abdominal quadrants, stoma localisation sites both in the lower and upper quadrants must be marked prior to surgery.

Method: A retrospective analysis was conducted to evaluate preoperative stoma marking in hospitalised patients who had received consultation at our hospital. The analysis covered the period between May 2014 and December 2018. Preoperative stoma marking of the abdomen was controlled in standing, seated, lying, and bent-forward patient position. Data collection and analysis were based on findings identified by clinical WOCN, on patient chart information, and on surgery reports.

Results: A total of 686 patients were diagnosed with colorectal cancer, in 374 cases a stoma was created. 536 patient cases were diagnosed with malignant neoplasms, Pseudomyxoma peritonei, ovarian diseases, and peritoneal diseases and must be marked in four quadrants. In 368 cases, CRS and HIPEC were performed and a stoma created. For these patients, the clinical WOCN spent a total time of 969 hours on preoperative stoma marking. Because of intestinal obstructions, in 91 cases it was not possible for the surgeon to create a stoma in the lower abdominal quadrants.

Conclusions: Preoperative stoma marking in four quadrants is a quality characteristic in patient care and forms a basis for educational action in patient care aiming at self-care. Moreover, stoma site identification contributes to the prophylaxis of stoma creation failures, care issues, and complications.

[P35] PILOT STUDY OF A NEW OSTOMY BANDAGE WITHOUT ADHESIVES TO PREVENT LEAKAGE AND SKIN EROSIONS

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Aim: Irritation of skin due to stoma leakage is a frequent problem with great emotional, social and financial impact for patients. A new ostomy bandage can prevent this using an elastic bandage and a tight-fitting adaptor around the ostomy without using adhesives.

Method: The effectiveness of the new ostomy bandage in preventing leakage and parastomal skin problems was tested in this pilot study in both ileostomies and colostomas. Patient reported outcomes were gathered.

Participants wore the bandage continuously during four weeks and reported experiences in a journal. Weekly interviews and biweekly examinations were performed. Outcome measures were occurrence of leakage, parastomal skin erosions and patient reported outcomes.

Results: 23 patients participated in the study. 11 colostomas, 6 ileostomies and 6 ostomies with parastomal hernias were included. Seven participants wore the bandage during the whole period and these participants reported healing of skin erosions and in patients with parastomal hernias a high comfortlevel was reported. Transient edema of the ostomy was reported in six patients. Other participants discontinued early due to leakage or discomfort while wearing the bandage. In nearly all participants readjustment of the bandage was necessary.

Conclusions: The new ostomy bandage was safe in this pilot. Patients with frequent leakages may benefit from use of this bandage as it offers the unique ability to omit adhesives and start inunctive treatment of skin erosions. Application appears to be foremost in parastomal hernias. Research for improvement of comfort is ongoing.

[P36] QUALITY OF LIFE IN ILEOSTOMIZED AND COLOSTOMIZED PATIENTS

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Introduction. The concept of quality of life is not related only to physical wellbeing, but to a whole composed of several domains: values, culture, interests, relationships, social status, psycho-physical wellbeing, relationship with the environment and its characteristics and is defined By the World Health Organization as: "A state of complete physical, psychological and social wellbeing and not the mere absence of sickness". Measuring the quality of life means being able to assess the impact that the assistance provided has on the various important aspects of a person's life (Ronchi, Accardi, & Garofalo, 2015). In the world of stomathertherapy, it means being able to include in the care and rehabilitation processes not only the concern towards the physical well-being of the person being stomced, but also towards the individual perception of good living (Ceccarelli, 2013).

Purpose. The aim of this study is to determine how socio-demographic, clinical, psychic and physical variables influence the quality of life with reference and criterion of inclusion aimed at patients with ileostomy or colostomy.

Method. The quality of life will be assessed by administering the stoma-QOL questionnaire, validated at national level, by processing/analyzing various items concerning the quality of life of the colostomized and ileostomized patient.

Expected results. The aim is to be able to improve and bring benefits concerning the clinical, psychic and physical assistance of the colostomized and ileostomized patient, through a multidimensional vision and to highlight possible criticalities.

[P37] A HUNDRED PERCENT RISK OF PARASTOMAL HERNIA DEVELOPMENT- FACT OR FICTION?

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Title: A Hundred Percent Risk of Parastomal Hernia Development- Fact or Fiction?

Aim: This presentation aims to:

- Exam the inevitability or otherwise of parastomal hernia (PH) development across all types of stomas.
- Present the real life impact / morbidity of parastomal hernia development and examine the pivotal role of Stomal Therapy Nurses (STN) in both their prevention and management.

Method:

- Presentation of the literature review findings focused on current occurrence rates, contributing factors and surgical intervention for parastomal hernias.
- Relating review findings to real life clinical practice as a case study which demonstrates the impact of a parastomal hernia on quality of life and the difference that both informed practice and a new two piece product made.

Results:

- Clear links are established between research findings and new practice.
- The case study demonstrates that the right product choice, in the right situation, for the right patient is imperative to quality of life.

Conclusion:

- Key message is that some parastomal hernias are preventable.
- With up to date knowledge Stomal therapy nurses play a critical role in both the prevention and the management of parastomal hernias.

[P38] OSTOMY CARE EDUCATION AT VISUALLY IMPAIRED PATIENT

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Mrs. S.B., 80 years old and married for 60 years. S.B. underwent an operation for rectal cancer. Since then she must live with an ileostomy and must care for her husband and herself, although she is visually impaired. Her son who lives far away requested stoma care education for his mother after leaving hospital. She has no desire to learn new things because of insufficient feelings. The ostomy care education is planned in several parts as followed: The first step was to show, how to empty the ostomy bag. S.B. was told to sit on the closet reversely, try to raise the lower end of the bag, try to open it, try to empty and clean the bag. When the patient was able to cope the task the first step was completed. In the next step the patient was claimed to touch her oral mucosa firstly and then the mucosa of the ostomy, because of its similar feeling. While doing so the room was bright and the patient had glasses on. Two-part ostomy bag system was used for its easier applicability. In the last step of her education she was demanded to clean and dry the parastomal area and to place the ostomy adapter with its ostomy bag safely. For testing the proper applicability of the ostomy bag, she was asked to pull on it strongly. During the procedures we asked her questions, if she has understand the procedures and motivated the patient constantly. We have given her enough time until she has understand to perform these procedures very well.

[P39] ASSESSING THE VALUE OF A NEW OSTOMY SEAL FOR THE IMPROVEMENT OF PERISTOMAL SKIN HEALTH

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Aim: Product evaluation to observe and assess patient's peristomal skin prior to and following the use of a new ostomy barrier seal. 50% of ostomates report peristomal skin complications, (PSC) a staggering 74% in the post op period. (Richbourg et al, 2007). An astonishing 94% of PSC's are diagnosed and reported as irritant contact dermatitis. PSC's has been shown to have a significant impact on ostomates quality of life when reported as a Health Utility Score, (Nichols, T.R, 2013)

Method: Ostomates were selected by the stoma specialist nurse. The sample group reported a degree of PSC. Each ostomate assessed using a tool to measure the severity of the PSC. This assessment was repeated regularly. Primary aim was to assess improvement of the peristomal skin and ease of use, erosion resistance, prevention of leakage and product residue were captured.

Results:

	Not Satisfied	Satisfied	Very Satisfied
Ease of application			100%
Preventing leaks		27.27%	72.73%
Erosion resistance	9.09%		90.91%
No residue		18.18%	81.82%
Maintaining healthy peristomal skin	9.09%	9.09%	81.82%

Conclusions: Product evaluation demonstrated positive outcomes in Peristomal skin health. 63.64% of ostomate's skin showed significant improvement. This also highlighted additional features and benefits of using the product including: prevention of leakage, ease of use, erosion resistance, no residue.

Innovation and technology of this product demonstrated impressive results with positive clinical outcomes for patients. It is recommended that fellow specialist nurses undertake further evaluation of this product.

[P40] A CASE STUDY OF HOW STOMA COMPLEXITY WAS SUCCESSFULLY MANAGED WITH CONVEXITY

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Aim: To present a patient scenario to demonstrate the positive impacts upon peristomal skin integrity, following the introduction of Manuka honey within the convex flange adhesive.

Method: The patient, an 82-year-old lady with dementia, cared for in her own home by her family, including daily ileostomy care.

The family contacted their Stoma Care Nurse (SCN) following the deterioration of the peristomal skin condition.

The SCN’s initial assessment:

- Contact dermatitis caused by lack of secure flange adhesion to the skin, permitting effluent to seep between the flange and skin
- Causing discomfort, as the patient attempted to physically remove the pouch during the night.

The SCNs utilised the clinical Stoma Scoring Thermometer tool (shown below), to acknowledge and manage cumulative risk factors to enable prioritising and proactivity of care input, as the patient’s score was ranked as 8, a same day visit was arranged.

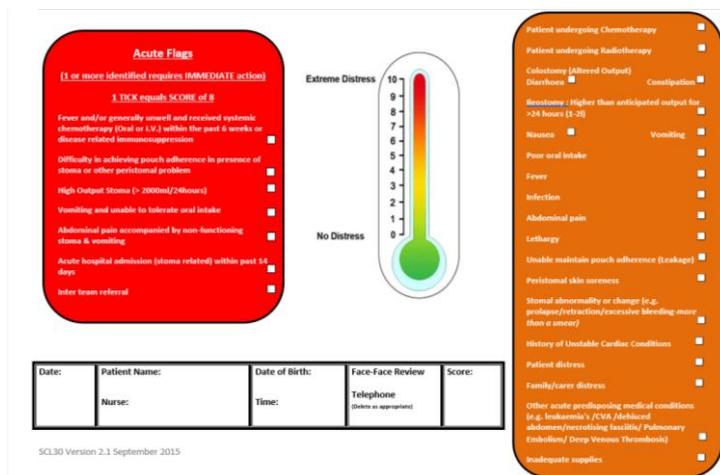


Figure 1 : The Stoma Scoring Thermometer

Results: The SCN’s holistic assessment, prompted a change of pouch adhesive to a Manuka honey convex flange to:

- improve pouch to skin adhesion,
- support the improvement of skin integrity
- provide comfort to the patient during the wear-time

The family photographed the skin at each pouch change and gave informed consent for us to share these.

		
The patient's Moisture Associated Peristomal Skin Damage (MAPSD)	Following the introducing Manuka honey adhesive convex flange	Resolution of the patient's Moisture Associated Peristomal Skin Damage (MAPSD)

Conclusions: The holistic nursing care and the change to a Manuka honey adhesive resolved the patient's problems.

[P42] PROFILE OF ADULT COLORECTAL CANCER PRESENTING WITH STOMAL COMPLICATIONS

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Aim: Characterize ostomised colorectal cancer patients who developed stomal and peristomal skin related complications.

2.-Determine the early and late complications of the ostomies.

Method: Cross-sectional, descriptive, observational study of colorectal cancer patients treated at a university hospital due to stomal complications, during the years 2017-2018.

Results: The patients were mostly male (59%), between 60-80 years (55%), autovalent(80%), married(65%) higher education (50%), with supporting network(75%), affected by associated comorbidities(52%) and overweight (40%). The main diagnosis was rectal cancer (69%). The construction of the stoma was a loop ileostomy in 50% of the cases, and it was most frequently flat (56%). The main early complication was hydroelectrolytic alteration (39%) and skin dermatitis afterwards(75%).

Conclusions: At our institution, patients with stomal complications tended to be overweight males, between 60-80 years old, married, with superior education and a good supporting network.

[P43] PARASTOMAL HERNIA: HOW TO PREVENT?

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Aim:

- Identify risk factors for parastomal hernia;
- Define prevention strategies and an exercise program for prevention of the parastomal hernia;

Method:

- bibliographic research
- descriptive and expositive method

Results: Parastomal hernia is a frequent complication for patients with stomas¹. Studies, although scarce, estimate that the incidence of parastomal hernia in patients with intestinal ostomies is around 50%, there are several factors contributing to the incidence of a parastomal hernia², that include obesity, age, gender, siting of stoma or wrong siting of stoma due to non-marking by stomanurse, and not using abdominal support belts postoperatively.

Conclusions: Parastomal hernia affects body image, self-confidence, and quality of life of patients.

It is important to define strategies for the prevention of parastomal hernia, which include a prevention programme (*Ostomy & Life*) with abdominal exercises to strengthen the abdominal muscles and as well as follow-up by stomanurse with marking site of stoma in the preoperative period, and an information booklet offered to all patients in these circumstances.

We studied 179 individuals with intestinal elimination ostomy, and we conclude that in patients in whom it was possible to apply the programme, the prevalence of hernia was 5,3%, compared to the others whose prevalence of hernia was 17,9%.

The implementation of this programme seem to significantly reduce the incidence of parastomal hernia.

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[P44] PATH OF CARE AND REHABILITATION OF THE OSTOMY PATIENT: A PATH OF PROFESSIONAL AND CULTURAL GROWTH WITHIN THE TUSCANY REGION

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Aim: This document aims to standardize the clinical care pathway of the ostomy patient, at the hospital and territorial level in the Tuscany region, identifying specific areas of intervention and individual care and rehabilitation moments, in order to:

- Defining the responsibilities and level of integration of professionals involved in patient care
- Ensure clinical and organizational appropriateness and patient safety
- Ensure compliance with the standards defined by the best scientific evidence
- Define a process and outcome monitoring system

Method: Establishment of the regional work group for the PDTA (DGRN 1337/2016, with which a special working group was set up to guarantee continuity to the regional project guidelines), a comparative analysis of the "state of the art" was carried out of the organizational modalities of the assistance to people with ostomy in the different territorial contexts of the Tuscany region.

Results: On July 20, 2018, with resolution no. 7, the OTGC, Organismo Toscano Governo Clinico, approves the document "Path of treatment and rehabilitation to the person with enterostomy and urostomy".

Conclusions: The PDTA for the ostomy patients represents the first objective of the growth path as professionals specialized in stomatherapy.

[P45] APPLY - REMOVE - CHECK: ALGORITHM FOR HEALTHY PERISTOMAL SKIN

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Despite the advancement of technology regarding the stoma aids and continuous education, numerous studies still indicate the seriousness of the problem and challenges associated with damaged peristomal skin.

In the case of damage, quality of life is reduced. Coloplast has developed the apply – remove – check algorithm. Using their guidelines, we have conducted a research that included 10 patients with gastrointestinal stoma, regardless of the type of aids they use.

Aim:

1. To emphasize the importance of the individual approach to the change of stoma aid – baseplate,
2. To teach patients how to control the appearance of the baseplate and peristomal skin,
3. and a proper technique of removing and installing baseplates and the care of peristomal skin.

Method: 10 patients with stoma who provided us with signed consents were observed for 6 months. The analysis was carried out together with the patients through telephone communication, and corrective actions were performed immediately. During each change, each deviation was recorded and the underside of the baseplate, the peristomal skin and the appearance of the newly installed aid were photographed.

Results: 9 of 10 patients did not develop any damage to peristomal skin. 1 patient developed damage to peristomal skin due to poor position of ileostomy.

Conclusions: The apply-remove-check algorithm proved to be an excellent tool for the development of an individual plan of changing stoma aid and preventing damage to peristomal skin. The patient compliance and satisfaction due to use of the apply – remove – check algorithm was significant.

[P46] OSTOMY AND CLOTHING: COGNITIVE SURVEY

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Aim: investigating what the physical and psychological discomfort of the person with ostomy related to the alteration of the body image and social image may be. Evaluating how the person is influenced in choosing clothing to accept and relate to others; which strategies are adopted to avoid / overcome the physical and psychological discomfort resulting from the preparation of the stoma. Highlighting the role of the stomatapist nurse, not only as a stomachare specialist, but also, and especially, in the educational field.

Method: research on databases, reading of magazines and specific information brochures for health workers and stomized people; interviews with patients during meetings dedicated to stomachare and therapeutic education

Result: the work is still in progress because it is the topic I have chosen for my Master thesis in stomatherapy and incontinence. The thesis discussion will be in Brescia, during the months of April or May.

Conclusion: I would like to highlight how a topic, often considered trivial (how do I dress today?), faced with a situation of illness, instead may have a considerable weight in the process of acceptance of the ostomy people and bring out the resources and potential that they manage to adopt in dealing with difficult situations.

[P47] THE OSTOMY LIFE STUDY: INVESTIGATING THE LINK BETWEEN LEAKAGE AND SKIN ISSUES

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Aim: One of the goals of the Ostomy Life Study was to get a better understanding of how people with a stoma perceive peristomal skin complications and the association between leakage and skin issues.

Method: The Ostomy Life Study is an online survey including responses from more than 4,000 people living with an ostomy. The survey collected information regarding the frequency of leakage, frequency of skin issues, duration of skin issues and the perceived cause of skin issues. The analyses were stratified for those 'often experiencing' and 'never experiencing' leakage.

Results: 4138 people living with an ostomy responded to the survey. 61% of users, who had experienced at least 1 episode of skin issues within the last 6 months, believed that their skin issues were caused by leakage. The survey showed that 85% of the users who often experienced leakage had skin issues, whereas only 59% of the users who never experienced leakage had skin issues. The duration of the skin issues varied from transient to being ongoing. The duration of skin issues seemed linked to the frequency of leakage as a greater proportion of users who often experienced leakage had ongoing skin issues compared to users who never experienced leakage.

Conclusions: Most users with skin issues believe that their skin issues are caused by leakage. It seems that the more often people experience leakage the higher is the prevalence of skin complications and the duration of the skin complications.

[P49] "THE RELAY OF COURAGE:" CROSS SECTIONAL IMPACT OF OSTOMY IN SPORTS ACTIVITIES

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Background: Ostomy still represents a limit today. There is no reason why you can not physical activity or sport you like best. The beauty of sport is that it can be practiced anywhere. Keep in mind that the most difficult time for any activity, is always the initial one but you should not give up. With the support of the ostomatherapist, the physical characteristics of the person with ostomy are evaluated in relation to the most suitable type of sport.

Among the major concerns of people with ostomy is the fear of leakage of faeces / urine from the collection device and the difficulty of its disposal.

Materials and methods: The aim of study is to investigate the strengths and obstacles that allow or prevent ostomy patients from carrying out sports. The population of the study, observational type, are the ostomy patients indifferently influenced by sex and age. We started from a bibliographic research limiting the articles with publication from 2010 to the present day. The survey tool consists of a questionnaire with open and closed questions built ad hoc. The sample was recruited through social networks and associations of ostomized people. Once the authorizations had been obtained the link for compilation of the survey tool was sent in digital format.

Results: This is an anticipation of the thesis work, the results will then be published with the related tables and analyzes.

WOUND CARE

[P50] FOURNIER'S GANGRENE TREATMENT WITH NEGATIVE PRESSURE WOUND THERAPY: NURSING MANAGEMENT

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Aim: Fournier's Gangrene is a rare necrotizing fasciitis of the perineal, genital or perianal regions. We report a clinical case of a man who developed a Fournier's Gangrene from a pressure ulcer.

Method: A 69 year-old Italian man developed a Fournier's Gangrene from a sacral pressure ulcer. The patient underwent wide surgical debridement. Surgical colostomy was needed in order to limit the possibility of superinfection in anorectal area. Negative Pressure Wound Therapy was applied on the wound to control levels of exudate and infection. In the following days the patient needed a Gastrostomy due to a dysphagia.

Results: The patient underwent 45 days of NPW Therapy (three changes per week). Subsequently the wound was treated with advanced dressings until complete healing.

Conclusions: We suppose that the use of NPWT in the treatment of a Fournier's Gangrene can improve the outcomes, thanks to a reduction of edema, management of exudate and the infection and increase of angiogenesis.

[P51] THERAPY SYSTEM AND V.A.C. THERAPY IN THE TREATMENT OF INFECTED WOUND AFTER SURGERY DUE TO PERFORATION OF THE COLON-CASE REPORT

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Introduction: Negative pressure therapy is the treatment of choice particularly in complicated wound infections. In some cases with large fascia defect ABTHERA therapy system is useful in managing a challenging open abdomen.

Case report: 47-year-old woman was urgently operated on due to intraperitoneal and retroperitoneal abscess caused by perforation of the colon a few cm proximal of the end colostomy. Three years earlier, she was treated for rectal cancer, and Hartmann procedure was performed. Now, medial laparotomy was performed, abdominal abscess was evacuated and pararectal incision was performed to evacuate retroperitoneal abscess.

Method: On the ninth postoperative day we started with Abthera therapy system (Fig.2.) to manage the wound post pararectal incision, applying negative pressure of -25 mmHg. After two weeks when the wound was with adequate hypergranulation (Fig.3.) we continued treatment with V.A.C.® Therapy system, applying negative pressure of -25mmHg next month.

Results: Use of negative pressure therapy led to a clean wound, free of infection and necrosis, with adequate hypergranulation and neovascularization. Patient was discharged from the hospital after two months in good conditions, wound was healed without infections.

[P52] THE CASE REPORT OF THE BULLOUS PEMPHIGOID AROUND THE COLOSTOMY

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We report a case of bullous pemphigoid around the colostomy of a patient, to discuss not only the management of skin disease around colostomy but also the care of the colostomy during the skin treatment.

Case: An 81- year - old female patient with rectal cancer invading the bladder was treated with low anterior resection and bladder resection five years ago. After that, she visited our emergency room because of skin disease and malfunction of colostomy.

To control thin slough and heavy exudate, Manuka honey which has an antibacterial effect and enabling autolytic debridement was applied to the wound. Nonadhesive foam dressing was applied to the entire wound. On the first week of treatment, a blister occurred in the foot, legs, and wound of the patient's abdomen. After history taking, we suspected bullous pemphigoid and diagnosed it with C3 and IgG by dermatologist biopsy. So, we administered Methylon Tab to the patients for the treatment of bullous pemphigoid. Malfunction of colostomy at the time of admission appeared to be caused by the retraction of the colostomy due to surrounding skin elevation. The overall wound of the abdomen gradually be epithelized, and the exudate decreased, so EOD foam dressing was applied to the healing wound.

Result: In this case, history taking was importantly used to detect the cause of the wound, and multidisciplinary intervention of surgery, dermatology, infection medicine and WOCN could provide appropriate and rapid treatment for the patient.

**[P54] MANAGEMENT OF MULTIPLE IRREGULAR VENOUS LE ULCERS WITH NPWT WITH GAUZE DRESSING:
CLINICAL CASES**

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Aim: Venous leg ulcers are present in 1% of the adult population and are associated with disability, deterioration in quality of life, increase in access to specific clinics and increase in health-care costs. Treatment is often difficult, progression to the healing is slow and recurrence is high due to poor wound bed conditions

Method: Three patients with chronic, multiple and irregular venous ulcers were enrolled and treated with NPWT with antimicrobial gauze. Treatment with NPWT was performed for 4 weeks, repeating the dressing change three times per week.

Results: All clinical cases treated with NPWT with antimicrobial gauze had a noticeable increase in granulation tissue. At the end of the treatment the lesions were subjected to skin grafting.

Conclusions: The beneficial effects of NPWT on wound healing include: mechanical drainage, excess moisture management, edema reduction, stimulation of granulation tissue formation, neoangiogenesis and reduction of bacterial contamination. These beneficial effects have allowed the reduction of the size of the lesions and the final treatment with the skin graft.

[P55] THE MANAGEMENT OF A CERVICAL CANCER PATIENT WITH ENTEROCUTANEOUS FISTULA (ECF): A CASE STUDY

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Aims: An enterocutaneous fistula is an abnormal opening between the stomach, small or large intestine, and the skin; this opening allows contents from the gastrointestinal tract to flow out onto the skin. Fistulas are unintended, unpredictable, and unwanted leading to distress for patients. The aim of this case study is intended to share with you this case and nursing management of Enterocutaneous Fistula (ECF).

Method: A 64 year-old Female patient with Cervical Cancer with bladder invasion underwent pelvic exenteration. She had colostomy & ileal conduit. After operation she was performed small bowel segmental resection, right D-J stent insertion d/t small bowel perforation, wound evisceration state. After 1 year, wound dehiscence and Enterocutaneous Fistula occurred. ECF drained heavy exudates. We applied pouching with suction drainage for twice a week.

Result: This method controlled (pouching with suction drainage) the heavy exudation, Also the wound dehiscence was granulated and re-epithelialized. We only just applied pouching system. We educated the patient about the changed pouching for discharge. Finally surgical intervention was undergone again to close ECF. The surgery was successful.

Conclusion: We used pouching system with suction drainage, in order to collect wound discharge and to maintain peripheral skin intact. Our wound management can decrease wound care frequency, decrease wound pain during changing dressing and improve the patient's comfort. This case shows that pouching with suction drainage is effective and can improve the quality of life for patients.

[P56] THE IMPORTANCE AND PREVENTION OF MASTITIS IN MOTHERS

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Aim: This review emphasizes the incidence of mastitis in breastfeeding mothers and what needs to be done to prevent mastitis.

Introduction: Mastitis, inflammation of the breast, refers to the inflammatory disease of the breast. Mastitis is classified as lactating (puerperal), non-lactating and breast abscess. Lactational mastitis is the most common mastitis. Lactational mastitis is seen in 3-33%. It is more common in the first 12 weeks of breastfeeding. Most breast abscess develops as a complication of lactational mastitis. Milk stasis and infection are two main causes. Staphylococcus aureus is the most common causative agent for mastitis. Other organisms include streptococcus and S. epidermidis. Patients with recurrent breast abscess have an increased incidence of mixed flora, including anaerobic organisms.

Breast pain is the primary symptom of mastitis. Other symptoms; vomiting with general flu-like symptoms such as high fever, weakness, muscle pain, sweating, and headache. In addition to physiological problems, such as depression, anxiety, and helplessness develop. This affects daily life activities and causes lifestyle changes. Providing the right breastfeeding milk flow is the main principle of treatment. Breastfeeding is not harmful to the baby, it is also the ideal way to drain the milk. Lack of education on postpartum breast care, reduction of local hygiene conditions, encouraging the mother to breastfeed, and correcting the newborns should be correctly positioned.

Conclusion: The incidence of mastitis can be reduced by informing the mothers and changing their attitudes in a positive way.

Keywords: Lactation, mastitis, mother

[P57] DEVELOPMENT OF FISTULA IN A PATIENT WITH CROHN'S DISEASE: A CASE REPORT

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Introduction: A fistula is an abnormal connection between two epithelized surfaces. 15-25% of the fistulas develop spontaneously and 75-85% develop after surgery. Spontaneous fistulas develop after radiotherapy, diverticulitis, appendicitis, peptic ulcer perforation, pancreatitis, intestinal tuberculosis, inflammatory bowel disease. Malnutrition, sepsis, shock, circulatory failure, corticosteroid treatment, difficulties in surgical anastomosis cause fistula formation. Fistula develops 20% -40% with Crohn's disease. It has psychological, physiological, sociological and economic effects in patients with fistula. Objective: In this study, it was emphasized the importance of nursing care of a patient with Crohn's disease, difficult management, and long-standing fistula.

Case: Mr. ET who has Crohn's disease, is 27 years old, married, graduated from primary school, lived in the village outside of Istanbul. The patient admitted to the emergency department with severe abdominal pain at the time of his visit to his brother. The emergency operation performed due to Ileus and common small intestinal dilatation. Segmenter small intestine resection and ileostomy performed and the patient followed up in the intensive care unit. Because of intraabdominal abscess, a vacuum system is applied. Afterward, two fistulas developed in the abdominal region. The total parenteral and enteral food is used for weight loss. Antibiotic therapy initiated for infection. Three months later, the fistula healed and the patient discharged on his own request.

Conclusion: Complicated nursing care and multidisciplinary care must be provide for the problems that may occur in the patient who is hospitalize for a long time after the fistula.

Keywords: Care, fistula, nursing