Program / Abstracts

Sunday 23 June 2013

Plenary Session ..... Grand Amphitheatre

16.45 - 17.45 Simultaneous translation

16.45. Restoring the Facial Image After Disfigurement Simultaneous translation

B. DEVAUCHELLE (AMIENS, FR)

The story of disfigurement of faces, avoiding its exhibition, the willingness to hide it behind a mask and also the willingness to repair it. This opposition is relative because the epithetic is usually based on the limits of the surgical procedures. In fact, the elaboration of techniques in both sciences did not share them but contribute to reinforce them for their benefits. The allotransplantation of composite tissue on the facial level, the "facial graft" is nothing else than, in concept, a good challenge between the artificial prosthesis and the reconstructive microsurgery which allows not only to fill the whole hole (stomos in Greek language) of disfigurement but to give, more than a simple face, but a new life to the disfigured patient.

17.15. 35 years of Stomatherapy in France Simultaneous translation

M. GUYOT-POMATHIOS (LYON, FR)

Stoma care expertise was launched in France in 1976 by Suzanne MONTANDON, a graduate of the Cleveland School (Ohio – USA). The setting up of the course entitled Clinical Certificate in Stoma Care made it possible to gradually set up a network of nurses with expertise all over mainland France, and in French territories abroad. This lecture provides an overview of stoma care in France: • history and the beginnings of stoma care in France • implementation of quality assurance governing care to improve the autonomy of the patients treated and that of the caregivers. • the scope of stoma care • the patient's care program • what's the reality on the ground in 2013? **Conclusion:** vision of the future.

Monday 24 June 2013

Plenary Session ..... Grand Amphitheatre
09.15 - 10.30 Simultaneous translation

09.30. Intestinal Failure and Short Bowel Syndrome Simultaneous translation

G. CARLSON (SALFORD, UK)

Intestinal failure is defined as a condition in which there is a reduction in the amount of functioning gut below the minimum required for the adequate digestion & absorption of nutrients and/or fluids and electrolytes. Intestinal failure may be acute (reversible, types 1 and 2) or chronic (permanent, or type 3). Type 3 intestinal failure is usually related to massive resection of the small intestine (short bowel syndrome). Acute intestinal failure can be further subdivided into type 1 (mild/moderate), which is usually spontaneously reversible within 28 days and severe (type 2), which may take many months and extensive surgical treatment to correct. Type 1 intestinal failure is extremely common and frequently complicates critical illness or abdominal surgery. It may take the form of postoperative ileus, or acute postoperative bowel obstruction and a short period of parenteral nutrition may be all that is required until it resolves. In contrast, type 2 intestinal failure is relatively rare. It is almost always associated with a surgical catastrophe including an intestinal fistula, abdominal sepsis, an open abdomen, a proximal small intestinal stoma, or a combination of all of these. Over 40% of cases of severe acute intestinal failure are attributable to complications of surgery and approximately half of the remainder to complications of Crohn's disease. Mortality from severe acute intestinal failure remains more than 10%. Principles of treatment include management of sepsis, stoma and wound care, provision of complication-free nutritional support, assessment of intestinal anatomy and, where appropriate, surgical procedures designed to reconstruct the gastrointestinal tract and abdominal wall. These are frequently undertaken in stages over a period of many months until nutritional autonomy is restored. Management requires a multidisciplinary team approach with surgeons, physicians, nurses, enterostomal therapists, dieticians, pharmacists and even clinical psychologists. The complex, expensive and multidisciplinary nature of the care required for patients with acute severe intestinal failure has resulted in establishment of specialized centres in the UK and elsewhere.

10.00. New Concept of Temporary Abdominal Closure Including Stoma on the Abdominal Negative Pressure Therapy Dressing. Report of Three Cases Simultaneous translation

O. CHAPUIS (PARIS, FR)

We report 3 cases of non-traumatic abdominal emergencies treated using an "open abdomen" and "temporary abdominal closure" with negative pressure therapy dressing, and requiring stoma creation. There were 2 acute lower intestinal bleeding and 1 intestinal ischemia (ileum and colon) following acute occlusion of the colon. The aim of using stoma was to allow an endoscopic screening of the remaining intestinal tract and to allow a visual monitoring of the intestinal mucosa. Sewing the stoma on the negative pressure therapy abdominal dressing avoided trauma of the abdominal wall and facilitated reexploration of the abdominal cavity. Stoma duration was between 2 and 4 days. Patients' condition allows to restore the intestinal continuity in all cases. In selected cases, this new concept allows the use of a temporary stoma while preserving the abdominal wall, particularly when the intestinal continuity is restored at the end of the procedure.

Parallel Session 1 • *Stoma Management* ..... Bleu Amphitheatre
11.00 - 12.30

11.00. Skin Disorders

G. CANESE (LA SPEZIA, IT)

Introduction: Disorders regarding peristomal skin have been investigated more and more in order to establish the impact on quality of life of ostomy patients. The aim of this classification is to provide an objective, standardized tool for the assessment of peristomal skin disorders specifically designed on the description and localization of the lesion. Problems related to abdominal stoma bought over the years become increasingly important. The factor contributing to this is the widespread use of these severe ""impairments"" that the increasing interest in looking quality and quantity of life. The peristomal skin is the area where it is made to adhere to the collection device. If the skin is irritated, it becomes more difficult to adhere the barrier to the skin. Prior to application of the device, it is important to make sure that the skin is intact and dry. This will ensure that the garrison remains *in situ* between an exchange and the other minimizing the risk of detachment. It is also important to remember that living with peristomal skin altered could affect the safety and quality of life. So prevention is the key to maintaining the good condition of the

peristomal skin. The peristomal skin integrity is a fundamental condition for the health and quality of life of the ostomate persona. The manifestations of an alteration ranging from peristomal skin redness, papules and vesicles through, to erosions and ulcerations. Itching, burning and pain are the most common symptoms and if these are added to the impossibility of proper equipment, the condition of the patient becomes intolerant, sometimes the symptoms can be reversed but it establishes a chronic eczema resistant to therapy. The goals of care management include: 1. The resolution of the complication. 2. The comfort and well-being of the assisted. 3. Good adhesion of the garrison applied until it is replaced. Evaluation and Classification of peristomal skin disorders. The literature shows several indications for the classification of peristomal skin disorders, the most common are based: 1. Etiology of the lesion: chemical, mechanical, immunological, infectious, related to the underlying disease. 2. At the clinical manifestations of the lesion. 3. The characteristics and the topography of the lesion. The latter is a grading scale proposed by a group of Italian nurses as a result of a research study (SACS) offering healthcare industry a simple tool that allows a correct diagnosis and objective of the lesion. GRADING SCALE S.A.C.S.: Classification of injury: L1 - Adverse hyperemia (redness peristomal without loss of substance); L2 - erosive lesion with loss of substance until no later than the dermis; L3 - ulcerative lesion over the dermis; L4 - ulcerative lesion fibrinous / necrotic; LX - proliferative lesions (granulomas, deposits of oxalates, tumors). Topography of the lesion: T I = right upper quadrant; T II = left upper quadrant; T III = lower left quadrant; T IV = right lower quadrant; TV = total. Management of the complications of peristomal skin care: The type of ostomy is not a factor that assumes variations of treatment or alteration - lesion observed. Estimating clinical variables and classifying alteration is essential to define and plan the actions for the care of the complication. Evaluating the conformation of the complex stomal to examine any changes to the change of posture is important for the choice of plaque flat or convex of the collection device. Following are the criteria for the nursing management of peristomal skin lesions, divided according to the nature of the alteration in accordance with the scale classification SACS.

11.30. Investigation Experiences of Individuals with Stoma

H. DORUM (İZMIR, TR), F. VURAL

Stoma effects physical, emotional, sexual, and social lives significantly and lead to significant changes in the life-style of individuals. These research results facilitate the understanding of all detailed experiences and also contribute to the pre-postopereative nursing care and counselling for stoma. The objective of this descriptive qualitative study is to examine the experiences of individuals who has stoma, in the period after opening stoma. **Method:** Descriptive study carried by using a phenomological design was conducted in the General Surgery and Urology Policlinic, Wound and Stomatherapy Unit of Dokuz Eylül University. After taking the institution permission and ethics committee approval, 19 individuals who have stoma minimum 3-month selected via purposeful sampling method constituted the research sample. Data were collected with in-depth interview method by using the semi-structured interview form. All interviews were recorded with tape recorder after informed content was taken from the individuals with stoma. Data were analyzed through the content analysis method. **Results:** Five themes were determined in the study that effects of the stoma on the individuals with stoma that, adaptation to live with stoma, changes in the lifestyle with the stoma, emotional changes, changes in sexual life, taking support (social, professional) and physical problems. **Discussion:** According to individuals with stoma expressions to adapt to stoma; ostomates have to be given professional support as from preoperative period also recommended that for the social support individuals with stoma should be together in the supportive groups with adapted and had positive/negative experiences about stoma in postoperative period.

11.45. Stoma Reversal: A Devastating Sequalae

P. BLACK (HILLINGDON, UK), K. FOSKETT

This patient case study will describe the devastating sequalae to stoma reversal. It is most probable that this sequalae is a first and nothing like this has been recorded before. The case study will describe the care of a patient from her first operation resulting in a stoma and the second operation for reversal which had the most devastating outcome for the patient and her family and the lifelong consequences. The problems post-reversal will be illustrated in graphic detail, and her care once she recovered and her ongoing rehabilitation.

12.15. The Simone Delmaere Health Centre in Coudekerque-Branche (North of France): A Singular Experience

E. MICHALAK (COUDEKERQUE-BRANCHE, FR)

The stomatherapist is not the stomatherapy: the interdisciplinarity makes the nature of the stomatherapeutic approach satisfactory. This approach exists thanks to the understanding of each party. The knowledge of the correct practice, to avoid leaks in a holistic support, belongs certainly to the stomatherapist; even though the transfer of the technical knowledge is obvious, the physical presence of the stomatherapist to solve any potential problem or difficulty is necessary. This is the reason why it is very important, to my point of view, to share my expertise from the Simone Delmaere Health Centre with the other institutes in Dunkerque and in the surrounding areas.

12.30. Investigating the Stoma Leakage Experiences of Patients with Stoma

S. KARAVELI (İZMIR, TR), T. ÖZBAYIR, A. KAHRAMAN

Objectives: The objective of this study was to evaluate and examine the experiences of patients with stoma leakage. **Introduction:** In order

to understand patients, understanding their experiences is considered a « gold standard. » Patients undergoing stoma formation encounter many challenges including psychosocial issues, relationship concerns and fear of leakage. **Method:** The sample of the research consisted of 20 patients who have stoma in a university hospital. Data were collected between the dates of 15 January and 15 March 2013. The study data were collected by in-depth interviews which is one of the qualitative research method types. Written permission was taken from the patients by explaining the purpose of the study and that the interviews were recorded. The researchers have focused on reflection of the meaning of the patients' expressions. The data for this research was collected by a socio-demographic characteristics questionnaire and semi-structured interview forms. The socio-demographic data were analysed and the number and percentage distribution were calculated. **Results:** It was determined that the patients assigned to research were between the 36 and 85 years old (mean 52.12ffl17.97), 10 of them (50%) were male and 10 of them (50%) were married. At the end of this study it was determined that the patients who experienced leakage through the stoma, had « shame, dependency, fear and stress » feelings. **Conclusions:** Nurses need to understand what their patient perceives as a good quality of life and how to alter any negative factors that may inhibit a patient's ability to care for and accept their stoma. **Keywords:** Stoma; Leakage Experience; In-depth Interview.

Parallel Session 2 • *Wound Management* ..... Maillot Room
11.00 - 12.30

11.00. Are Temporary Stomas Helpful in the Management of Complex Abdominal Wounds?

R. VAN DEN BULCK (BRUSSELS, BE)

Despite mini invasive surgery and improvements in post-operative care, the rate of surgical wound dehiscence has not decreased. The international literature reports that 1% - 2.6% of patients experience wound dehiscence (Waqar et al., 2005) but today we face a much higher percentage of wound complications. Some factors such as massive obesity, diabetes, malnutrition, age and the use of steroids medications predispose the patient to wound complications. Optimal management of complex open wounds remains controversial. Several of the abdominal wound complications are: high intra abdominal pressure, wound infection, Fournier's Gangrene etc, involve not only the superficial skin layers but also the deeper layers as fascia or bowels. When the zone of tissue destruction is close to the anus or involves the perineum area, a temporary stoma is required to allow the wound to heal and to decrease the risk of secondary infection by fecal contact. One of the important factors in the management of those wound complications is the patient and the wound assessment in order to select the appropriate treatment options to achieve fast healing. Delayed primary closure is an accepted method in the management of complex abdominal wounds involving deep layers or bowels. To improve the healing process of complex abdominal wounds there are many options for local treatment but looking back on our experience we have noticed that even if a stoma is a surgical procedure it is in most cases an advantage to divert the faeces especially when the wound surface is close to the perineum.

11.30. Dynamic Fascial Wound Closing in VAC Patients

P. KOHEK (GRAZ, AT), M. RIGLER, T. AUER, H. J. MISCHINGER

Negative pressure wound therapy has been used in the management of the open abdomen in order to assess its morbidity, and in the outcome of abdominal wall integrity. The dynamic closure suture technique in vacuum assisted (VAC) therapy showed a high fascial closure rate in the open abdomen in patients with peritonitis, where fascial closure cannot be accomplished within the first days. In a retrospective study, we reviewed the outcome of 49 patients with open abdomen for more than a week due to secondary peritonitis who underwent VAC therapy with dynamic fascial suturing. Fascial closure could be accomplished in 42 patients. We lost 4 patients due to morbitity reasons. In 6 patients a biologic graft was used as bridging interponent to achieve midline closure of the abdomen. Epicutaneous negative pressure therapy was needed in 3 patients in order to treat subcutaneous seroma fistulas. In most of the peritonitis patients, fascial closure cannot be accomplished within the first days. Dynamic fascial closure sutures can aprove fascial approximation even when VAC therapy is needed longer than a week.

11.45. Breast Tumor Wounds: Break the Isolation

J.-M. LLABRÈS (THONON LES BAINS, FR)

Breast tumor wounds are chronic wounds different from other chronic wounds, most often for the patients who are in palliative care. In these cases, the healthcare professionals aim for the patient's comfort rather than wound healing. These wounds are often impressive and some patients are reluctant to nursing care and dressing changes, and seek refuge in isolation. It is essential and necessary to establish a relationship based on trust, to take the time to listen to the patients so they can express their fears, their doubts and their feelings, and to identify their problems and expectations. The evolution of the wound depends on the response to the cancer treatment. The management however is multidisciplinary and the ET should not miss its goal. It is possible to contribute to better management by preventing infection and bleeding risks, by controlling odor of the exudates and of the necrosis, and by controlling pain with the appropriate dressings. With simple care based on hy-

giene, we must allow patients to regain their body, to become actors of the management plan and not suffer their pathology. The presentation of clinical cases bears witness that it is possible to achieve the management objectives if they are clearly defined. It is possible to accompany these patients by providing them with comfort care, thus ensuring a better quality of life.

12.00. National Observatory Performed in General and Digestive Surgery: Algostéril® in Drainage of Cavity Wounds

D. CHAUMIER (PARIS, FR), M. GUYOT-POMATHIOS, V. BACHELET, C. FORESTIER, C. LAUGIER, M. PAGES

Objectives: In this study, epidemiological data was gathered on cavity wounds and the benefits of Algostéril were evaluated. The study meets the requirements laid out in Directive 2007/47/EC regarding the surveillance of medical devices after commercialisation. **Methods:** Prospective, non-interventional study carried out with 53 stomatherapists. Inclusion of patients with exudative cavity wounds treated with Algostéril. Weekly clinical evaluations during 3 weeks. **Results:** 381 patients included. The reason of consultation was the complexity of the wounds. The wounds were mainly located in the abdominal and sacral areas. The most frequent wounds were abscesses and wound dehiscence. Results after 3 weeks of treatment with Algostéril: 1. Significant decrease in exudate. Wounds with high levels of exudates: D0: 45% - D21: 5%. 2. Significant increase in granulation. Wounds with a granulation percentage between 70% and 100%: D0: 16% - D21: 69%. 3. Significant decrease in wounds with local clinical signs of infection. Wounds presenting local clinical signs of infection: D0: 33% - D21: 1.5%. Pain upon removal of Algostéril evaluated by the patients themselves from 0 (no pain) to 10 (extreme pain) was less than 1 throughout the study. Application and removal of Algostéril were assessed to be easy or very easy by 89% and 99% of stomatherapists, respectively. No undesirable events were reported. **Conclusions:** These results confirm the efficacy and tolerance of Algostéril. With its ability to drain exudate and trap bacteria in its fibers, Algostéril promotes debridement and granulation of wounds. Algostéril's removal is virtually painless due to its gelified fibres. This observatory shows the importance of stomatherapists in treating complex wounds.

12.15. The Prevalence of Skin Tears in the Acute Care Setting in Singapore

Y.Y. CHANG (SINGAPORE, SG), K. CARVILLE

Introduction: Skin tears are a hidden and extensive problem in the healthcare setting despite an increased focus in the literature on the skin tear epidemiology, prevention strategies and management modalities. Until now, there has been no report of skin tear epidemiology and prevalence published in Singapore. **Aim:** To determine the prevalance and nursing management of skin tears, within two acute medical wards in a Singaporean tertiary hospital. **Method:** A point prevalent survey was conducted within two medical wards in a Singaporean tertiary hospital. Six registered nurses acted as the surveyors and underwent pre-survey education, validation testing for classfiying skin tears using the STAR Classification tool. Surveyors were paired and performed a skin examination on the consenting patients. Data were collected on age, gender, anatomical locations, the STAR categories, presence of any dressing products on the skin tear and related documentation. **Results:** A total of 144 (98%) in-patients were consented to skin inspections. Findings demonstrated a skin tear prevalance of 6.9% and all to be hospital-acquired. Seventy percent of the skin tears occurred predominantly amongst older female patients, and all located on the extremities. Skin tear prevalence according to the medical speciality ranged from 6% for the internal medicine team's patients to 17% for patients under the renal specialists. **Conclusion:** Comparisons with international data shows that the skin tear prevalence was lower than the WoundWest state-wide survey project, which was 8-11% during 2007 to 2009; 10.69% in South Australia respectively. This finding could be assumed to reflect the smaller population of patients. Overall findings demonstrated that skin tears do exist and have been a 'hidden' problem that needs to be adequately addressed. The survey found no universal skin tear classification being utilised to facilitate effective communication amongst health practitioners, and no specific staff education program available in regards to skin tears. **Recommendations arise:** the need for implementation of a validated skin tear classification tool; standardised protocols for skin tear prevention and management; the roll-out of a comprehensive skin tear educational program for hospital care staff and an annual hospital-wide skin tear prevalence survey, which will faciliate benchmarking.

12.30. A Normal Life for Ostomates in Europe

R. SMEIJERS (RIJSSEN, NL)

Ria Smeijers, President of EOA will tell her audience about the European Ostomy Association, the objectives and aims and the crucial parts of the Enterostomal Therapists in the health care situation for ostomates. 1. Introduction: President EOA • Past President Dutch Ostomy • Association. 2. Short information about EOA • History of IOA/EOA • our EOA members • objectives • website • contact address. 3. The National Ostomy Associations • Purpose • Activities • the Dutch Ostomy Association. 4. EOA activities • Twinning programme • World Ostomy Day • Advocacy. 5. Charter of Ostomy Rights • The crucial part of the ET's herein. 6. EOA in the future • Start new associations • Lion's Stoma care project • Next EOA congress in Krakow, Poland • 8 – 11 May 2014. 7. Working together • We need each other.

Parallel Session 3 • *Continence* ..... Room 242A

Fecal and urinary continence: Counselling and education

11.00 - 12.30

11.00. Special Cases Need Special Care

G. KROBOTH (GRAZ, AT)

Since 20 years I am working in the field of incontinence. In this workshop I want to work with interested colleagues. • I want to guide you through the practical work with incontinence, starting with the first step: an accurate initial assessment. – The use of: a standardised questionnaire, pad test and continence chart. • Planning the nursing process – find the right nursing diagnosis (we give you an short overview from the German expert standard), a patient-oriented goal and • How to manage incontinence: – Bladder training – Toilet assistance • The use of continence products: – Absorbent incontinence products – Collecting incontinence products for men – Collecting incontinence products for women – a special new product will be represented • Intermittent catheterisation and MS - selection of the catheter, patient education • Fecal incontinence and special products to manage it.

11.15. Constipation Prevalence and Associated Factors in Adults Living in Londrina, Paraná, Brazil

V. LÚCIA CONCEIÇÃO DE GOUVEIA SANTOS (SÃO PAULO, BR), R. DE CÁSSIA DOMANSKY, F. MATEUS QUEIROZ SCHMIDT

This is a population-based study that aimed to estimate the prevalence of constipation in adults from the general population at Londrina city, Paraná State, Brazil, and also to identify the clinical and demographic factors associated to constipation in this population. It is a secondary analysis from the epidemiological population-based study about bowel habit, that was cross-sectional and performed in 2008. Two thousand one hundred and sixty two individuals living on the selected streets were interviewed through cluster sampling. Two instruments were used for data collection: social-demographic data, and the adapted and validated version of Bowel Function in the Community for Brazil. In the current study the original database variables were used to calculate the prevalence of constipation, according to the Rome Criteria III, and also to determine the associated factors. The data were analyzed using chi-square test (X^2) and multivariate logistic regression. The prevalence of constipation was estimated with a 95% confidence interval. The adjusted odds ratio was used to measure associations. The total prevalence of constipation was 14.6% higher among women, growing with age, and inverse proportion to the family income. The variables of low social economic status, stroke, anal fissure history and anus-rectal surgery were statistically significant in all three tested statistical models. This study shows the epidemiology of constipation in the general Brazilian population, and it is one of the very few national based-population studies on the subject. It also shows associations between constipation and factors that have not often been analyzed in based-population studies about constipation.

11.30. Nursing Care to Patients with Neurogenic Bladder with Intestinal Complications in the Rehabilitation Process

K. B. CARPI (RIBEIRÃO PRETO, BR), B. M. JORGE, R. GUIMARÃES DOS SANTOS ALMEIDA

Objective: To characterize the patients with neurogenic bladder with intestinal dysfunction in the rehabilitation process. **Introduction:** This study is part of the ambulatory of patients with neurogenic bladder with intestinal dysfunction in the rehabilitation process. **Material/Methods:** Descriptive study performed in a University Hospital in Brazil. Following the ethical precepts, the data were collected through interviews with the help of a questionnaire. All patients (67 = 100%) with neurogenic bladder and intestinal dysfunction in rehabilitation process at the Clinic of Urology at the Rehabilitation Center were interviewed from November 2011 to February 2012. **Results:** Of the 67 (100%) patients, 34 (50.7%) have bowel function once per week, and 34 (50.7%) need help from to care bowel. Regarding bowel out care performed, 14 (20.9%) patients do nutritional control, 12 (17.9%) perform abdominal massage, 7 (10.4%) patients use an enema, 6 (8.9%) perform digital touch, 4 (6.0%) perform manual extraction, 3 (4.5%) patients use the fleet enema and 1 (1.5%) uses a suppository, and there was more than one response per patients. Of all the patients, 51 (76.1%) had previously had intestinal complications and 16 (23.9%) have current intestinal complications. Regarding intestinal complications, 15 (22.4%) reported fecal impaction just prior or current; 8 (12.0%) reported fecal incontinence; 4 (6.0%) reported bleeding and 2 (3.0%) reported hemorrhoid just prior or current. **Conclusions:** About half of patients have unsatisfactory practices, and large numbers of intestinal complications. Accordingly, for the rehabilitation process of patients with neurogenic bladder to be effective, nurses should be aware of the intestine practices.

11.45. Psychosocial Functioning in Stoma Patients: Accounts of Patients Using the Pouch and Those Who Use the Vitala Continence Control Device

K. SIMMONS (HATFIELD, UK), R. SLATER, L. LILES, T. MADDEN

Objectives: To examine social and psychological experiences of stoma patients who use the Pouch and those who use the Vitala Continence Control Device (Vitala). **Introduction:** The very close relationship between stoma surgery and quality of life leads to a continuing search for innovations able to minimise the problems associated with impairment of the anal sphincter. Vitala is the most recent product of thire search. However, although it is now used in many countries, not much is known empirically about its impact on patients'social and psychological well-being or how it compares with the pouching system. **Method:** In a phenomenological study, 6 patients who used the Pouch and 7 who used the Vitala Continence Control Device participated in one-to-one semi-structured interviews and completed a 10-day diary designed to explore social and psychological experiences. After transcription the data were analysed with the aid of MAXQDA 10. **Results:** From the extracts relating to Psychological Function, three themes emerged 1) Personal Control 2) Confidence in Public Settings 3) Fear of Embarrassment. In each of these, the experiences of users of the Vitala Continence Control Device were considerably better. From the extracts relating to Social Functioning, two themes emerged 1) Avoidance 2) Social Outings. Again, Vitala users reported more favourable experiences. Analysis of the diary shows Vitala users are more socially active, experience less embarrassment and are less anxious about the stoma. **Conclusion:** Compared to the pouch, Vitala users are more confident, perceive more control and are more likely to mix socially with less fear of embarrassment.

12.00. Development of Fecal Disimpaction Bag for Serious Constipation Patients

A. MAEKAWA (NAGOYA, JP), K. YOSHIDA

Introduction: "Fecal Disimpaction" is a medical treatment that nurses carry out with instructions of a doctor for the patient having difficulty with discharge of the stool by oneself, and it is performed daily for patients with serious constipation. Excretion care is accompanied with a problem of the risk of anal haemorrhage and a burden of a sense of shame, but it is essential for bowel control. The conventional method of fecal disimpaction is fitting disposable gloves, and we inserted a finger to untie the scybalum, then scraped it out. In this method we wiped the feces onto a diaper. The problem of that is offensive odor and infection potentialities. Therefore this led us to the development of the "Disimpaction Bag" and we devised technology free from the problem of a bad smell by security. The development of the New Product and Sensitivity Test: The "Disimpaction Bag" is provided with a bag-shaped main body, an adhesive part, and at least one finger insertion part. We conducted the Sensitivity Test on one hundred (100) expert nurses. **Results:** 1) Frequency of practice of Fecal Disimpaction ware 15-20 cases/month = 72%, 5-10 cases/month = 20%, 1-5 cases/month = 8%. 2) Shape of the "Disimpaction Bag": Good = 76%, Passable = 24%, 3) Material (Rubber): Good = 53%, Passable = 39%, Poor = 8%, 4) Adhesive: Good = 61%, Passable = 33%, Poor = 6%, 5) Manipulation: Good = 59%, Passable = 25%, Poor = 16%, **Discussion:** The idea of this Disimpaction Bag will contribute to the elderly, bowel dysfunction patient care and infection control, but cost-saving of production and selection of material are the next issues for us. The Disimpaction Bag PATENT: PCT/JP2012/065133. Supported by Japan Science and Technology Agency, A-step Grant 2011-2013.

12.15. The Impact of Use of Low-Fidelity Simulators in the Self-confidence of Patients Using Intermittent Urinary Catheterization: Preliminary Results

A. MAZZO (RIBEIRÃO PRETO, BR)

Objective: to evaluate the impact of use of low-fidelity simulators in the self-confidence of patients with neurogenic bladder for the realization of intermittent urinary catheterization. **Introduction:** the use of simulators have been shown to be effective in increasing resource of self-confidence, motivation and technical skills of the learners. **Materials/Methods:** following ethical precepts that study was carried out among patients with neurogenic bladder and users of urological ambulatory, over 18 years, users of intermittent urinary catheters, treated by a multidisciplinary team in rehabilitation center at a University Hospital, public large scale of Brazil. Data were collected by the researchers during the nursing consultations via questionnaires administered before and after training with the use of low-fidelity simulator. To conduct the training was used pre-prepared script. **Results:** out the 82 (100%) interviewed most are adult, single, literate and receive about 300 euros/month to support their family. Perform the procedure irregularly. All proved to be motivated for the learning process with the help of simulators. The greatest difficulties were related training prior to the techniques of hand hygiene and the perineum and the choice of the catheter. All patients showed increased confidence to perform the procedure after training with simulators. **Conclusions:** The use of low-fidelity simulators proved to be an effective resource in the teaching and learning process of patients and/or carers for intermittent urinary catheterization.

12.30. Improving Quality of Life with Vitala, an Innovative System for Colostomates: the Results of a Clinical Experience

D. MACULOTTI (BRESCIA, IT)

Objectives: to evaluate the performance and the acceptance level of Vitala, a new pouchless device for colostomates. To demonstrate that this innovative ostomy device can improve ostomy patients' quality of life. **Introduction:** Using the traditional ostomy systems, waste is stored

in a pouch hanging outside the body. Vitala is a pouchless and non-invasive ostomy device that seals against the stoma retaining stool (up to 12 hours daily) while allowing flatus to be released through a waterproof filter. Vitala has the shape of a disc, it is single-use and it is intended to be coupled with an appropriate wafer. **Materials/Methods:** Fifteen ostomates were recruited in 8 Ostomy Centers in Italy. The ET nurses recorded patients'experience with the use of Vitala for a period of 3 months. Patients were provided with detailed educational materials, samples and a daily diary. Evaluation forms were used to collect data at regular scheduled stages of the trial. **Results:** Ostomates stated they had regained a sense of freedom and got their lives back; they felt safe and comfortable with the use of the device. The most appreciated benefits are the control of odors and noises and the fact that patients can avoid to wear a pouch for an extended period of time during the day. **Conclusions:** Patients' feedback is very positive, especially for those who were strongly motivated to try the device. Patients became comfortable with Vitala and it had a positive impact to come back to life as it was before the surgery. The selection of patients and an appropriate training and support from the ET nurse are fundamental aspects to get an optimal experience with the new device. **Declaration of conflicts of interest:** The author, Danila Maculotti, herewith certifies that she has no commercial, proprietary, or financial interest in the products or companies described in the manuscript. The author did not receive grants or a consultant honorarium to conduct the study, write the manuscript, or otherwise assist in the development of the above-mentioned manuscript.

Parallel Session 4 • *Workshop* ..... Room 242B

Coaching our Staff to Deliver High Quality Healthcare to Stoma Patients

11.00 - 12.30 *(Places limited. Pre-registration required)*

11.00. Coaching Our Staff to Deliver High Quality Healthcare to Stoma Patients

R. LEAHY (BRUSSELS, BE)

This workshop is about helping you to encourage and develop other nurses' capabilities to provide high quality care and support stoma patients, as well as other patients. We will approach this objective by looking at Coaching as a method to achieve these outcomes. We will look at how you use this method, when you can use it, and what it requires from your side. The workshop will be interactive where participants will be exposed to the concept of Coaching as an approach that can be effective. We will explore what coaching is and is not, what are some pre-requisites for effective coaching, and the need to adapt your style depending on who you are coaching. The concept of coachability will be addressed and whether it is possible to coach everyone. We will use different methods to convey the learning through a process of presentation, individual and group reflections, and actively trying out; the concepts will be introduced, discussed and then practised directly by the participants in small groups.

Parallel Session 5 • *Workshop* ..... Maillot Room

What is the Place of the Stoma in Visceral Paediatric Surgery: Indications, Appliance and Management of Their Complications?

14.00 - 16.00

14.00. Does the ET Nurse Have a Place in a Pediatric Surgery Unit?

F. FIEVET (BRUSSELS, BE)

Introduction: When the newborn or premature child is an ostomate, some aspects can make the care and the appliance very difficult. **Methods:** I propose to illustrate several complications that can occur and the possible solutions to provide comfort and security to these little patients. **Discussion:** The ET nurse gives specific care in collaboration with all the team who takes care of the ostomate child. But she has an important pedagogical role too. Colleagues, the parents who will provide stoma care to their child and all the people who will take the baby in their arms can have need of specific information. **Conclusions:** The nurse in a neonatology and pediatric surgery unit can have a place in a pluridisciplinary team, to take care of the children and give support to the parents.

15.00. What Is the Place of the Stoma in Visceral Paediatric Surgery?

M. DASSONVILLE (BRUSSELS, BE)

The management of stoma in paediatric surgery needs a pluridisciplinary approach: surgeon, paediatrician, dietetitian, psychologist and stomatherapeute are concerned. Different kind on stomas exist in paediatric surgery: ileostomy, colostomy, gastrostomy and caecostomy. Their indications, of course, depend on the age of infant and the involved pathologies; these may be congenital or acquired. Surgical operation may lead to stoma in emergency or during scheduled surgery. Stomas may be temporary or, rarely, definitive. Indications for stoma will be described. Their complications (local or metabolic) and their management will be presented.

Parallel Session 6 • *Abdominal Wounds and Difficult Stomas* … Room 242B
14.00 - 16.00

14.00. Negative Pressure Therapy and Mesh Mediated Fascial Traction Result in Very High Closure Rates After Open Abdomen Treatment

A. VANLANDER (GENT, BE), C. THIELEMANS, J. DE WAELE, E. HOSTE, F. BERREVOET

Introduction: Open abdomen (OA) creates bacterial colonization, loss of abdominal musculature, fascial retraction and giant hernias. We prospectively evaluated the percentage of fascial closure achieved with intra-abdominal Negative Pressure Therapy (NPT) and mesh-mediated fascial traction (MMFT). **Methods:** From March 2010 to February 2012, all eligible patients were treated using intra-abdominal NPT (Abthera®) and MMFT (small pore-polypropylene mesh). Patients' characteristics, indication for OA, duration of treatment, percentage of fascial closure and complications were analyzed. **Results:** 22 patients, mean age of 63 years, had the intra-abdominal NPT combined with MMFT. 5 patients, mean age of 41.6 years, received MMFT only. Reasons for OA: 10 abdominal compartment syndromes, 10 inabilities for fascial closure, 2 evisceratations. 7 patients died before closure was achieved (technique unrelated). The other 15 patients had a closed abdominal wall after 13 days (3-45) and 3 dressing changes (1-17). OA was present for 10 days (0-46 days) and skin closure was achieved after 14 days (0-84 days). One patient developed an entero-atmospheric fistula, one an intra-abdominal bleeding and one an intra-abdominal abscess. One subcutaneous hematoma occurred after closure. All MMFT-patients were closed after three shortenings of the mesh. One patient developed an incisional hernia treated by Component Separation Technique. **Conclusion:** No guidelines are available for OA. This technique is reproducible and easy. The secondary closure rate is 75%. The MMFT technique alone achieves a 100% closing rate. NPT-related complications are low and not to be considered a contraindication.

14.30. Pyoderma Gandrenosum

C. E. ONG (SINGAPORE, SG)

Crohn's Disease is not very common in Singapore, however we have a small percentage of patients with Inflammatory Bowel Disease. During my 10 years of clinical practice as a stoma care nurse, I do have a few cases of Crohn's patient with stoma. I have not come across any patient of mine developing Pyoderma Gangrenosum at the stoma site. I would like to share my experience with my first case of pyoderma gandrenosum at peristoma site. The patient was referred to the Gastrœnterologist; a steroid was prescribed to control the condition. The dermatologist used Protopic 0.1% ointment for the skin. With a multi-disciplinary approach the condition was controlled and caring of the stoma and pouching was made possible. Initially I thought this was just a normal ulcer to treat with powder and paste, but the ulcer got worse. After one month, a wound nurse was consulted and we suspected PG. The patient was referred to the Dermatology Unit for further management. The patient had a series of investigations done, including skin biopsy. While waiting for the results, the patient was started with hydrocortisone amd tetracycline ointment. The wound showed slight improvement. Lesion of epithelialization was achieved; however the patient was having a lot of pain. A dermatologist was consulted and increased her prednisolone to 40mg and started Protopic cream 0.1%. The wound subsequently improved with time and pain control was achieved. Pain sore was at 7 initially and reduced to 2 upon dressing change.

14.45. To Be or Not To Be: Pelvic Exenteration - Life Without Excretion Organs

R. ZIPERSTEIN (TEL AVIV, IL)

Introduction: Total pelvic exenteration is a worthy palliative surgery with 5-year survival rate of 40%. The surgical process carries with it high mortality (8%-49%) and significant morbidity, requiring watchful multi-disciplinary post-operative treatment(s). The psychological state of the patient is a crucial factor in the success of the surgery. This paper presents a case study demonstrating the importance of the synergy between the meticulous physical care and the cognitive and behavioral approach that led to the patient's recovery and return to normal activity. **Methods:** A 59-year-old male, an actor, has total pelvic exenteration after an adenocarcinoma of the colon metastasized to his prostate and bladder. Surgical recovery was long (3.5 months) during which the patient also suffered a myocardial infarct. When starting the rehabilitation process the patient was depressed with very low body image perception and self-esteem. **Results:** In parallel to attentive medical care, the patient was encouraged to reaching a response shift: the patient learned gradually to give a lower priority to physical abilities, body image, and inferiority feelings compared to the pre-surgical life. In parallel, his special virtues were encouraged and allowed him to increase self-support. The surgery became an opportunity rather than a tragedy, which led to independence and resuming everyday activities. **Conclusion:** If the care team undertakes the challenge of intensifying the strong mental and behavioral virtues of the patient, a success of the surgical process can be achieved, in spite of the multiple obstacles.

15.00. The Use of Botulinum Toxin A to Lengthen Leaking Stomas

C. LYON (YORK, UK), V. SMITH

Introduction: In our stoma dermatology clinics we have attended a number of patients with dermatitis from recurrent leaks who have not responded to appliance modifications. In some cases this is due to a contractile stoma which rhythmically shortened and ejected sideways

so that effluent degraded the adhesive of the stoma bag. **Method:** We have observed that Botulinum toxin A (BoNTA), placed in skin adjacent to the stoma in order to abolish sweating, can paralyse the intestinal muscle resulting in reduced peristalsic shortening of the stoma. Patients with bag adhesive failures felt to be secondary to spasmodic shortening of their stoma were therefore offered BoNTA injection. **Results:** Ten patients were treated (ages 24 to 80 years; 3 male, 7 female; 7 ileostomies, 3 urostomies). The first patient was treated cautiously with 15 units of BoNTA injected into the muscularis layer with further 25 units one month later. Subsequent patients have received doses from 50 to 75 units. Ongoing treatments ranged 50 to 75 units every 3-6 months. No adverse side effects were reported. A useful reduction in leakage and bag failures was observed in eight cases. Typically, bag changes were reduced from 2-3 time per day to 2-3 times per week. **Discussion:** BoNTA is licensed for a number of conditions resulting from muscle spasm. BoNTA, a protein neurotoxin which blocks particularly cholinergic neurotransmission, has been shown to abolish contractions of longitudinal ileal muscle in the laboratory. This would account for why it appeared to prevent the rhythmic shortening of the stoma in our patients.

15.30. The Story of the Admirable Trombone Player

S. NOVÁKOVÁ (USTI NAD LABEM, CZ)

Objectives: The quality of life of ostomy patients isn't always adequate to the quality of stoma care. It depends on the patient's personality too. **Methods:** Interview, observation. **Introduction:** A 73-year-old trombone player has been coping with carcinoma of colon. **Type of research:** Case report. **Professional Biography:** The patient started learning trombone at the age of seventeen in his father band. In the fifties he studied Glen Miller's style of playing trombone. The band « Jazz Combo » became a milestone in his career – it was one of the leading amateur protagonists of mainstream jazz in our country. His participation in Gerry Mulligan's Big Band in San Remo in 1987 and regular invitations to international big bands organized by European Broadcasting Union have become highlights in his career. He has been a long-serving member of the Prague Radio Big Band. He has taught trombone at the Jaroslav Ježek Jazz Academy in Prague. **Medical History:** July 2003: He underwent surgery because of carcinoma of colon; the stoma was created. He underwent the first series of chemotherapy (of many others). June 2005: The solitary metastasis of liver was removed. March 2010: The second solitary metastasis of liver was removed. Despite all the troubles he has tirelessly continued playing trombone. He has only taken inevitable short brakes (due to therapy). He has travelled a lot. He plays with his orchestra in Japan every year. January 2011: He slipped and fell down on the ground. Osteosynthesis metalica was done. Fracture diaphysis of right humerus proved to be pathological. Histology of it: metastasis of adenocarcinoma of rectum. He underwent chemotherapy. He said, « They gave me an immobilizer and then something scraped out at the same time. I remembered that I had felt a strain at the right arm before that too. » He started playing the trombone three weeks after the last surgery, but he still felt the strain and pains. The upper arm crumbled from the immobilizer and the screws. The verdict of a surgeon was cruel: an exarticulation in shoulder joint. May 2012: Exarticulation in shoulder joint was performed. **Result:** First he accepted the fact he will never play trombone again. Fortunately everything changed very soon. One of his colleagues had an idea, he could play a valve trombone instead of a slide one. It didn't work. The other colleague constructed a special frame for the trombone, but practically it was very difficult to use. In the end some handy man made a special bracket (support) with a stirrup for a leg. He can play trombone in a sitting position. He was amazed he was able to play with his left hand instead of the right one immediately. **Conclusions:** A lifelong hobby, the family and the friends can help to cope with a demanding stressful situation.

Parallel Session 7 • *Stoma Care* ..... Room 242A
14.00 - 16.00

14.00. Feeding Stomas

G. LANGLOIS (PARIS, FR)

Feeding stomas have an increasingly important position in the daily work of the stomatherapist and it is not uncommon to follow patients with this type of stoma for several years. Therapists are confronted with difficulties in management, monitoring and complications. Of course it is important to update its own knowledge in this field and as with any care, to have written procedures validated by the authorities of the institution to find out: Who does what on feeding stomas? What is the regulation in France? What happens in the daily reality and what are the consequences?

14.15. Nutrition and Probiotics After Reversal Temporary Ileostomy Surgery

L. VAN DRIEL (ROTTERDAM, NL)

Introduction: After undergoing a Low Anterior Resection most patients have a temporary loop ileostomy. We always give them information on what to eat and drink and what to avoid during the time they have the temporary ileostomy. **Methods:** After reversal surgery of the ileostomy 25%-80% of the patients suffer from a variety of symptoms, including faecal urgency, frequent bowel movements, bowel fragmentation and incontinence — referred to as the Low Anterior Resection Syndrome (LARS). Although the patients are informed about these defecation problems after the reversal, they still want to take the chance of reversing their ileostomy. Why some patients have more problems than others

is not clear. LARS is multifactorial and we know there is a relation with radiation therapy. Yet, still some patients have more problems than others despite having had the same pre-operative radiation therapy. These bowel problems have an impact on the quality of life and the energy level, partly because of the loss of sleep. **Results:** With pelvic floor exercises, medication, and advice about what to drink and what not to eat we can help the patients. However, for some people there is no solution, they still have high frequency and urgent defecation. Some then make the decision for a permanent colostomy or bowel irrigation. **Discussion:** In this presentation I especially focus on the possible positive effect of nutrition advice and that of pre- and probiotics on bowel movements.

14.30. Multidisciplinary Approach to Treatment of Acute Intestinal Failure

Y. H. LUTGENS (AMSTERDAM, NL), C. F. JONKERS, M. A. BOERMEESTER, M. J. SERLIE

Introduction: Patients with acute intestinal failure who are dependent on total parenteral nutrition (TPN) often spend several months in the hospital. This is costly and results in a poor Quality of Life (QOL). The AMC started an outpatient TPN & acute intestinal failure clinic in 2011. This team comprises a gastro-intestinal surgeon, internist, dietician, and nurses specialized in wound, ostomy and nutrition. The team is supported by a plastic surgeon, hospital pharmacy and collaborates with homecare specialist nurses. **Methods:** Patients (usually still hospitalized) are referred via an interactive website. The team contacts the referring specialist and establishes an initial plan of bridging and treatment. At consultation a complete treatment plan is made and communicated. The team supervises patient management, while admitted elsewhere or in out-patient setting. **Results:** Fifty-four patients were referred from January 2011 to December 2012 (50% female; 27-83 years of age). Forty were from external hospitals. Causes of intestinal failure were as follows: 37 high-output enterocutaneous fistulae, 5 mesenteric ischemia, 2 radiation enteritis, 11 other diagnosis. Eighty-nine per cent of patients could be treated at home with TPN and complex wound care. Twenty-two patients had reversal surgery after an average time of 8.5 months. Thirteen patients are still in the transitional period prior to surgery. After surgery complications: 1 leakage of small intestine and 4 abscesses requiring percutaneous drainage. No fistula recurrence. After 3 months, 77% of the operated patients were no longer dependent on parenteral nutrition. Four patients died during the transitional period to reversal surgery due to underlying primary disease. **Conclusions:** A multidisciplinary approach enables complicated patients to recover at home. With proper management of TPN and complex wound, fistula, and ostomy care, it is possible to support patients safely at home.

14.45. Telemedicine in Stoma Care

S. GREEN (SILKEBORG, DK)

We are working with telemedicine in the patient journals in the Stoma Clinic. The journal is used for registration, data organizing, and communication in and across different sectors in text and photos. The patients can follow their own care planning, and they also have the possibility of interacting. It is shown how the journal is created. There will be examples on collaborators and why we find this to be a useful instrument in the daily work in the Stoma Care Clinic. I will also show an example on communication in the journal in texts and pictures.

15.00. The Prevalence of Stoma-Related Complications One Year After Stoma Surgery

E. CARLSSON (PARTILLE, SE), J. FINGREN, A.-M. HALLÉN, C. PETERSÉN, E. LINDHOLM

Introduction: Stoma-related complications are reported to occur in 21-70% of patients (Shabbir & Britton, 2010). They can cause social restrictions and suffering for the patient. The aim of the study was to describe the prevalence of stoma-related complications one year after stoma surgery. **Methods:** All patients followed up regularly at a stoma care out-patient clinic by an enterostomal therapist (5 times) during the first year were included prospectively. Excluded were re-operated patients, those with a urostomy and double stomas. Evaluation of stoma complications were performed one year after stoma surgery at follow-up according to protocol. Peristomal skin complications were evaluated according to « Classification of peristomal skin » (CPS). **Results:** The study included 207 patients, median age 70 (range 19-94), 47% men. BMI was 25.3 (SD 4.11). Seventy-four percent underwent elective surgery. The most common diagnoses were colorectal cancer (61.8%), IBD (19.3%) and diverticulitis (6.7%). The distribution between stoma types were: colostomy 70.5%, ileostomy 26.1% and loop-ileostomy 3.4%. Stoma siting was performed in 88% of patients, and 88.4% were self-sufficient in stoma care. Seventy-four patients had one or more complications. Parastomal hernia was most common in patients with colostomy at 20%, compared to 5.6% in ileostomy. Peristomal skin complications were most common in patients with an ileostomy at 24%, compared to 7% in colostomy. No patient had problems with leakage. Other stoma complications were granuloma (n = 13), retraction (n = 5), stenosis (n = 4) and prolapse (n = 2). **Discussion:** Continuous follow-up by an enterostomal therapist regularly during the first year following stoma surgery, reduces the prevalence of peristomal skin complications compared to earlier studies. No conflict of interest.

15.15. Adjustment to Life with an Ostomy One Year After Surgery

J. FINGREN (GÖTEBORG, SE), C. PETERSÉN, E. CARLSSON, A.-M. HALLÉN, E. LINDHOLM

Introduction: A stoma operation involves major life changes for a person and daily life may be affected in many areas. **Objectives:** The aim of the study was to describe adjustment to life with an ostomy one year after ostomy surgery in persons with an ileostomy or colostomy. A further aim was to evaluate how people experienced their quality of life. **Methods:** One hundred and fifty-three patients with a colostomy or ileostomy (85 women/68 men), with a median age of 70 years at Sahlgrenska University hospital participated. The patients were evaluated one year

after ostomy surgery regarding adjustment to life with an ostomy, using the ostomy adjustment scale (OAS) and defined good quality of life. **Results:** Most people considered themselves able to live a fairly normal life in spite of the ostomy. One third of patients unnecessarily restricted the range of activities they took part in. Twenty-three percent lack self-confidence and 43% felt less sexually attractive. Twenty percent felt embarrassed and also thought other people would be uncomfortable around them if they knew about the ostomy. Almost everyone felt well-informed and knew the proper methods for managing their ostomy. Patients evaluated their Quality of life at a median of 75 on a visual analogue scale of 1-100mm. **Conclusion:** A well-educated and counselled patient is of great importance to be able to return to a normal life. As an enterostomal therapist, one must provide follow-ups and guidance to achieve good quality of life for the patient. No conflict of interest.

15.30. Tele-Stoma: New Technology to Improve Quality and Continuity of Stoma Treatment

H. MORAG (YAVNE, IL), S. ELINSON, D. GOLDMAN

Introduction: The use of telemedicine has increased dramatically in the last decade. It is used for medical information transfer as well as for remote diagnosis, monitoring, triage, and consultation for patients. Telemedicine is associated with high-level care and has also been proven as an effective reducer in medical budget, saving manpower and hospitalization. Maccabi Health Services, the second largest Israeli healthcare provider, has incorporated several telemedicine programs in different models. We report a pilot study incorporating of telemedicine into stoma patients' care. **Methods:** Maccabi Health Care treats about 1000 stoma patients/year. The pilot study included 12 patients that were selected to receive tele-stoma care. Patient selection was mainly based on computer skills and availability of a suitable infrastructure to establish telemedicine communication. All participants were screened for suitability and signed an informed consent form. Patients had a video camera installed at their computer system and received comprehensive training. Patients were still offered personal visits of the stoma nurse, and had to report on their experience. **Results:** All patients graded the treatment as « super » care. They acknowledged the high accessibility of support, the excellent patient-nurse bonding, the feeling of high confidence, and the fast assumption of everyday activity. **Discussion:** The supplementary tele-stoma service, added to regular stoma nurse activities, provided high-level care to stoma patients, with improved attention to both physical problems and to patient and caregiver anxiety, and resulted in faster recovery to normal life. **Conclusion:** Tele-stoma was proved to be an efficient tool in treatment of stoma patients.

15.45. Multi-Centre Product Evaluation of Flair Active® Xtra, a Flushable Biodegradable Colostomy Pouch by AIOSS, the Italian Association of Stomal Therapists

P. CRAPA (GALLARATE (VA), IT)

Objectives: The objective of this study was to investigate and evaluate the specific features of the Flair Active® Xtra pouch, in patients with a colostomy compared to their current pouch and its contribution to their quality of life. **Introduction:** Currently, disposal of colostomy pouches remains a challenge and can affect the quality of life of patients. Flair Active® Xtra colostomy pouches are designed to be flushed and are biodegradable and the aim of this product evaluation was to determine the effectiveness of this pouch in improving the quality of life of patients. **Materials/Methods:** The evaluation was conducted with a sample of 124 patients across 17 Ostomy Rehabilitation Centres, from 1 September 2011 to 30 June 2012. Patients participating ranged from having a colostomy for less than a month to patients with a colostomy for over 5 years, with an average patient evaluation period of 12 days. Patients evaluated the pouch as part of their normal stoma care routine and completed a questionnaire at the end of the evaluation covering the key elements of the pouch in relation to quality of life. **Results:** The data was collected and processed by AIOSS, the Italian Association of Stomal Therapists. 85% of the patients agreed or totally agreed that Flair Active® Xtra improved their quality of life, 98% agreed it was more environmentally friendly than non-flushable pouches and therefore AIOSS would recommend Flair Active® Xtra. **Conclusions:** A flushable pouch dœs contribute to the improvement in the quality of life of colostomy patients who view disposability as a specific issue.

Parallel Session 8 • *Workshop* ..... Bleu Amphitheatre

Peritonitis - Diagnosis, Treatment and Complications

14.00 - 16.00

14.00. Open Abdomen – Why?!?

M. BJÖRCK (UPPSALA, SE)

There are four clinical scenarios in which the patients' survival depend on treatment with open abdomen (OA): the septic contaminated abdomen that cannot be closed because of infection, or when a second-look laparotomy is mandatory; the patient with a tense abdomen after massive resuscitation, or a prolonged major surgical procedure, at risk of developing the abdominal compartment syndrome (ACS); a ''damage control situation where the patient remains inadequately resuscitated and needing intensive care therapy prior to definitive surgery; finally,

the patient with ACS, requiring lifesaving decompressive laparotomy. A classification system to describe patients with OA allows more detailed and standardized description of the patients' clinical course, to develop clinical guidelines for improving OA management, and improved reporting of OA status, enabling comparisons between studies and different patient populations. The previously published classification system (Bjorck M. World J Surg 2009) was recently amended. The revised classification system (Intra-abdominal hypertension and the abdominal compartment syndrome: updated consensus Definitions and Clinical Practice Guidelines from the World Society of the Abdominal Compartment Syndrome Intensive Care Med 2013, In Press) will be presented at the meeting. One of the most important changes in the recently revised Definitions and Clinical practice Guidelines (Reference, see above) is the fact that prevention of lateralization of the abdominal wall, and of adhesions between the intestines and the abdominal wall are recognized as important strategies to permit timely closure of the open abdomen, thus preventing complications. One method to achieve this is presented, the vacuum and mesh-mediated fascial traction method.

15.00. Our Experience Treating Patients with Open Abdomen

U. HOLST (ODENSE, DK)

Introduction: The treatment of the critically ill surgical patient (severe peritonitis) has always been a challenge. We found that by treating this kind of patient with open abdomen we gained shorter hospital stay and faster recovery. We use the V.A.C system as temporary abdominal closure, and found a high closing rate and low fistula rate. The treatment with open abdomen demands attention all the way. There must be a continually progression in the treatment. We applied the V.A.C. system without mesh, but use the vacuum to prevent lateralization of the abdominal wall, and therefore try to make the laparastoma as short as possible from the beginning. We act as a team around the patient being aware that the critically ill patient needs attention from many specialists. **Results:** For a 5 year period we treated 115 patients with open abdomen. The reasons for treating the patients with open abdomen were peritonitis (64 patients), wound dehiscense (19 patients), second look (22 patients) and abdominal compartment syndrome (10 patients). The overall mortality rate was 17%, and we managed to close 92% of the patients. In 3,5 % of the cases the patients developed a fistula during the treatment. **Conclusion:** We believe that treating patients with open abdomen can be managed in most departments but needs special attention. The V.A.C. system is easy to apply and we found high closure rates combined with low fistula rates.

Tuesday 25 June 2013

Plenary Session ..... Grand Amphitheatre

09.00 - 11.00 Simultaneous translation

09.00. Impact of Laparoscopy in Colorectal Surgery Simultaneous translation

G.-B. CADIÈRE (BRUSSELS, BE)

Laparoscopy has improved outcomes for colorectal surgery. Thanks to this approach, blood loss, infection, postoperative pain, hospital stay and the duration of the intervention all improved. In addition, immunity, pulmonary compliance, transit issues and postoperative outcomes are better. In the long term, adhesions are diminished and incisional hernias sharply decreased. In case of acute abdomen, the laparoscopic approach provides correct diagnosis in case of perforated diverticulitis and helps avoiding a Hartmann procedure even if peritonitis is significant. In case of benign disease, such as constipation or diverticulitis, surgical indications have changed according to the new balance invasivity/effectiveness. In case of colorectal cancer with hepatic metastasis, it is possible to realize synchronous procedures. It is also possible to safely realize iterative resections on the liver or second looks thanks to the absence of adhesions. In case of carcinomatosis a simple laparoscopy avoids a "white" laparotomy. Due to the loss of tactile sensation the operative strategy changes in laparoscopy and is essentially based on the knowledge of the anatomy, especially the peritoneal sheets, allowing to find convenient planes of cleavage. In rectal cancer, the discovery of the "Holy Plane" for total mesorectal excision is more straightforward by laparoscopy. Thanks to the optical system the view is enhanced and reaches deeper in the pelvis allowing for a better intersphincteric dissection and a better lymphadenectomy. The postoperative follow-up is different and facilitates a fast-track protocol leading to a median hospital stay of around 3 days for left hemicolectomy. On a cosmetic point of view, scars are limited to the extraction laparotomy (Pfannenstiel) that is limited in size. In case of colostomy, positioning does not need to take into account the boundaries of a laparotomy. Provided with adequate teaching, this approach can be performed everywhere in the world. In colorectal surgery laparoscopy, it helps avoid laparotomy and its consequences linked with the surgical aggression in 90 % of the cases.

09.45. Enterocutaneous Fistula Simultaneous translation

J. NICHOLLS (MIDDLESEX, UK)

Enterocutaneous fistula is defined as an abnormal communication between the small intestine and the skin. It is serious and can be spontaneous or iatrogenic. The commonest cause of the former is Crohn's disease but other pathology of the intestine may be responsible. Most other cases follow abdominal surgery, for example through collateral damage to the small intestine when performing a colorectal procedure or following early emergency re-operation in the presence of inflammatory adhesions or leakage of an anastomosis involving the small intestine. 75% of fistulae are associated with sepsis and in 50% of patients the pathology is inflammatory bowel disease. The mortality is around 10-15%. The typical clinical presentation in Crohn's disease is usually preceded by abscess formation, which on drainage of pus is followed by the discharge of intestinal contents. After intestinal surgery, leakage of faeces may not be associated with abscess formation where the anastomosis is near the anterior abdominal wall, for example an ileostomy closure. Alternatively it may form as part of a deep abscess within the peritoneal cavity, in which case the presentation is one of intra-abdominal sepsis. Fistulation may result in intestinal failure, defined as the need for external water, electrolyte and nutritional support. Management is divided into the following elements: 1) Sepsis. This is treated by antibiotics and drainage of any abscess. Laparostomy may be needed to allow adequate drainage of enteric content away from the peritoneal cavity. Septicaemia may result in organ failure and intensive care will be necessary. 2) Assessment. The site of the fistula is determined by clinical assessment and imaging. The volume of output must be determined. 3) Water and electrolyte balance. Losses will depend on the level of the fistula. Monitoring is essential to allow the balanced replacement by intravenous infusion. Sodium is the most important electrolyte. 4) Nutrition. This may have to be given parenterally. 5) Wound management. Great skill is required to protect the wound from contact with enteric content. This involves use of wound manager appliances. VAC management is controversial. Spontaneous closure occurs in about 20% of patients. When this does not happen, surgery will be necessary. This should be delayed by several months to allow the acute inflammatory reaction to subside. During this time, intensive ward care is needed, but once the patient can manage the total parenteral nutrition (TPN) protocol, it may be possible for him or her to be discharged home until the planned date for surgery. Surgical closure has a mortality of under 5% and successful closure of the fistula is achieved in about 80%. Management of enterocutaneous fistula is multidisciplinary and should be concentrated into specialist centres.

10.30. Palliative Care in Children with Stomas Simultaneous translation

G. CIPRANDI (ROME, IT)

Children affected by Inflammatory Bowel Diseases (IBD) become symptomatic early during the life (18mos-3yrs) and 60% of them have to be treated all allong the pediatric age with hymmunosuppressive drugs as well as with the help of a digestive permanent or transient stoma (Tab.I). Ideally, a stoma is brought through the rectus muscle in a position that allows placement of a stoma appliance. Considering that IBD

are true systemic disease, complicated skin and peristomal deep tissues are frequently observed. The spectrum of these undesirable and long-lasting side-effects includes ulcers, fistulas, dehiscence, infections, chemical burns, the so-called peristomal disease, stoma "instability" with protrusion and reaction and also multiple localisations of pyoderma gangrenosum. In these children, palliative wound care should include at first a psychological support and then a technical one, able to reduce the pain and the severity of the above reported complications. Local therapies such as advanced dressing (3rd level of critical care) and Negative Pressure Wound Therapy (NPWT – 4th level of critical care) togheter with limited surgical procedures (dermal matrices and grafting) are mandatory but only palliative, because of a re-do procedure is often required (73.5% of the cases) due to a relapse of the preexisting situation. In 58% of the cases we reported an intraabdominal fistula and/or multiple abscesses and that's why the skin-peristomal complications may be palliated without missing an holistic approach of the disease. Palliation includes the pain's control and all the 3 components of pain (mechanical surgery, chemical drugs and psychogenic-psychologist) have to be contemporaneously approached. The palliative surgical protocol includes surgical revision, necrotic area curettage, haemostasis, wound edges apposition, stoma extrusion, advanced dressing technology, peristomal skin care and NPWT. We should use dermal matrices or grafting procedures only when an immunological stability has been achieved for at least 6 mos and there's a 50% reduction in the drug's dose administration. In conclusion, both plastic and general pediatric surgeons agree that there is no better care than that given by a well-educated and experienced team who considers all aspects of a child's problems. 1.RN Baldassano, P Mamula, JE Markowitz. Paediatric Inflammatory Bowel Diseases Springer-Verlag, 2008. 2.G Ciprandi. Paediatric Wound Care. NPWT for complex-wound management in Paediatric Patients. European Symposium on Negative Pressure Wound Therapy. Berlin, 14-15 March, 2008. 3. G Ciprandi, M Romanelli, CM Durante, M Baharestani, M Meuli. Both skill and sensitivity are needed for paediatric patients. Editorial. Wounds International, 2012. Vol.3, issue 1:5. 4.E Ceriati, F De Peppo, G Ciprandi et al. Surgery for ulcerative colitis in paediatric patients: functional results of 10-year follow-up with straight endorectal pull-through. Pediatr Surg Int, 2004, 20(8):573-8. Table 1: **Temporary Stoma:** • anorectal malformations (ARM) • congenital megacolon • necrotising anterocolitis • IBD. **Definitive Stoma *(failure of management, severe complications):*** • ARM • IBD • MMC • *Unresectable abdominal tumours*

Parallel Session 9 • *Research* ..... Maillot Room
11.30 - 13.30

11.30. Survey of Experiences Amongst Ostomists Living with a Parastomal Hernia

C. REDMOND (BIRMINGHAM, UK)

Introduction: Salts Healthcare undertook a major research study in the UK amongst patients with a parastomal hernia. This complication affects patients' body image and self-confidence (Thompson 2008). Incidence varies according to stoma type: end colostomies 4-48.1%; loop colostomies 0-30.8%; end ileostomies 1.8-28.3%; loop ileostomies 0-6.2% (Carne *et al* 2003). The incidence across all stomas types is 10.0-50% of patients (Raymond and Abulafi 2002; Williams 2003). A parastomal hernia is defined as a bulging of peristomal skin indicating the passage of one or more loops of bowel through a fascial defect around the stoma and into the subcutaneous tissues (Rolstad and Boarini 1996). **Objectives:** To improve understanding of patients living with a parastomal hernia and ways in which it affects their lifestyle. **Methodology:** 1,876 patients using a support garment were sent a letter of invitation to take part in the study which was voluntary and the patients were assured of anonymity. They received a self-completion questionnaire. 322 questionnaires were returned (17%). All had diagnosed hernias. **Results:** • 66% of patients with a hernia leak under the adhesive of their pouch • 86% leak during the day and 83% at night • 54% have skin problems since their parastomal hernia • 59% of the patients never/rarely seek help. **Conclusions:** A parastomal hernia clearly affects various aspects of a patient's lifestyle; 47% stating that it has made placing of the pouch more difficult and 63% that it makes them more self-conscious. This study reveals a patients perspective on living with this complication. Note: No product brands are referenced.

12.00. Ostomy and Complications: National Multicenter Survey

G. CANESE (LA SPEZIA, IT)

Introduction: The development of stomal complications, often characterized by difficult interpretation and resolution, can be seen as a problem of increasing relevance, both in terms of morbidity and social costs. The non-healing lesions, often the result of factors related and aggravating, can result in severe pain and adjustment disorders, for an Ostomate Person, and the therapeutic approach and welfare must be based on clearly defined multifactorial criteria. Today, unfortunately, the number of complicated ostomies is very high, and has a negative impact on the social life of the patient, as a complication of stomal makes him feel even more restricted in the life of every day and insecure to deal with many problems in the management of stoma. Stomal complications, so, are due to a lack of managerial autonomy, which involves the regression of people who tend to withdraw and isolate themselves, rejecting the social life. **Objectives:** To test and to evaluate all of the National Territory in the incidence of new ostomy surgery, the complications of digestive ostomy and to identify what were the causes and the types with the highest incidence. **Materials and Methods:** This survey was carried out by me during the period between January and November 2012, required the collaboration of other colleagues from 40 enterostomal rehabilitation clinics on National Territory, located in the north, center and south. The instrument used was a questionnaire sent to Stoma care Nurses operating in patient out enterostomal rehabilitation. The essential body of the questionnaire consists of questions designed to gather data that could determine the type and cause of

major complications and consists of three modules: • First Module - Data, intends to obtain general information on the number and type of stoma patients who come to the centers; • Second Module - The Complications, aims to investigate the percentage of complications and causes the main determining the onset; • Third Module - Ostomies not Manageable, you can identify on how many ostomy malposizionate which are treated as out patients with conservation work and how many surgically. **Results:** The received data of the sample under consideration, I can say that, have been very significant. The completed questionnaires were 95% because I sent 40 questionnaires, one for each rehabilitation center and the feedback was 38. **Conclusions:** The study showed that the stomal complications are more and more numerous, although the first packaging of a stoma dates back to 1776 to the work of William Cheselden and medical science has made great strides in this area. The study carried out shows that the main cause of complications is due to malposition, even if it is not considered a real complication but the E.T. Nurses, is considered the father of all the complications.

12.30. Survey of Experiences with Pancaking - Quantitative Research Amongst Colostomists

A. PERRIN (BIRMINGHAM, UK), C. REDMOND, C. COWIN, N. WILTSHIRE, A. SMITH, P. CARLSON

Objectives: To measure the proportion of colostomists likely to experience pancaking: the frequency, severity, stomal characteristics, diet, demographic and management techniques. **Introduction:** Anecdotally, pancaking is recognised as troublesome within stoma care, leaving many ostomists feeling exasperated whilst trying to deal with this difficult problem. As stoma care nurses we offer strategies to help alleviate this problem, however when strategies fail and appliances continue to leak or require changing due to risk of leaking, individuals often feel helpless, demoralised and quality of life can be negatively affected. As a consequence of pancaking, the health economy is affected as each ostomist suffering with pancaking uses an increased number of appliances, resulting in an increased cost to a country's economy or individuals' finances. **Methods:** 4900 self-completion questionnaires were sent randomly to selected colostomists from Salts Medilink/Colostomy Association databases. Response rate of 31%. **Results:** 82% of colostomists likely to experience some degree of pancaking • 57% had the problem day and night • 50% push faeces down the bag all the time/usually • Only 18% perceived that medicines affected faeces • 52% of those experiencing pancaking identified Type 4 faeces on the Bristol stool chart as causing pancaking • Food/drink not perceived to cause pancaking • 58% changed their pouch more often as a management technique. **Conclusions:** Pancaking is a common problem affecting the quality of life for colostomists, with cost implications for healthcare systems. Increased frequency of pouch changing correlates with severity of pancaking. No published research exists regarding pancaking, an integrated approach to find solutions is needed.

12.45. The Dutch Health Care System and the Reimbursement of Stoma Care Products: Times are Changing!

N. VAN DEN BROEK (AMERSFOORT, NL)

Introduction: The Dutch health care system has undergone radical changes in the last few years. It is now mandatory for everyone to purchase at least a base level of insurance or you run the risk of a warning and fines. The health insurance companies have an obligation to accept everyone for the standard insurance package, irrespective of gender, age and health. It is possible to take out additional health insurance, but unlike the base level of insurance the companies are not obliged to accept you for this additional insurance. **Methods:** In the last few years the premium has gone up substantially. The Dutch health care has become too expensive. Like many countries in Europe, the Netherlands is in recession and huge cut backs need to be made. Unfortunately this means that less is being reimbursed and that includes ostomy products. This means that the Dutch ET nurses need to be aware of the cut backs and the specific reimbursement rules for stoma care. There is a new system called « function-based prescribing » on which I conducted research through my own clinical practice, by reading articles and using internet information. **Results:** In my presentation I hope to shed light on this problem and give the international delegation of ET nurses insight in the way the health care system works in the Netherlands and the reimbursement of stoma care products. **Discussion:** Dœs this mean another way of thinking, and do you need to change the type of treatment for your stoma patients? What can our ET nurses association do to make sure that our patients do not suffer too much because of the cut backs in the reimbursement policy?

13.00. The Impact of Social and Emotional Support on a Younger Ostomate Population

M. MENIER (LIBERTYVILLE, US), T. R. NICHOLS

Objectives: To investigate changes in quality of life issues as a function of social and emotional support. **Introduction:** The relationship between social and emotional support is not well documented in younger ostomates (those less than 50 years of age). There is little data to provide insight into the life impact on younger ostomates from the perspective of social and emotional challenges. This study investigates changes in quality of life issues as a function of social and emotional support. **Materials/Methods:** The data for this study comes from the Ostomy Comprehensive Health and Life Assessment, a valid and reliable survey, and includes 728 adults ostomates from North America, the UK, and Italy. **Results:** The study finds that as emotional support decreases, the likelihood that satisfaction with life domains such as satisfaction with a spouse/partner, satisfaction with family life, satisfaction with leisure time, satisfaction with employment/vocational life, satisfaction with fi-

nancial status, and overall contentment, will also decrease. To compound this, ostomates without social support networks or those with minimal support (those with low levels of social connectivity or those socially isolated) will experience even greater decreases. **Conclusions:** Younger ostomy populations are challenged by social and emotional issues. Those experiencing a lack of support will also experience a greater likelihood of overall dissatisfaction in many of the life domains that make up the complexity of human life.

13.15. First Evidence-Based Guideline for Stoma Care in Europe

J. J. G. SMELT (EXLOO, NL)

Introduction: In this presentation we present the Dutch Evidence-based Guideline for Stoma Care. The purpose of this guideline is to increase the quality of stoma care. We want to tell other stoma care nurses in Europe about this guideline and how they can use it. **Methods:** At request of the Professional Association of stoma care nurses in the Netherlands, eleven stoma care nurses worked from 2009 until November 2012 to develop an Evidence-based Guideline. We used the official method (Evidence-based Guideline Development) developed by CBO, the Dutch institute for improving quality of healthcare. The group was supported by Mrs. G. Bours, PhD, MSc and assistant professor of the University of Maastricht. A panel of medical disciplines and the Dutch patient organization did also read and comment on the guideline at different times during the development process. **Results:** We assessed 323 publications. After assessment, we used 112. In this guideline there are 60 recommendations, divided into patient education, preoperative, clinical and postoperative care. The members of the Dutch Professional Association of Stoma Care Nurses accepted this guideline in November 2012. The Dutch version is a free download on the Dutch website. **Discussion:** When we performed the literature search, we only discovered guidelines from Canada and the USA, and a European guideline for urostomy. Therefore we think it is important to tell our European colleagues about this. With the use of this Evidence-based Guideline for Stoma Care, it is possible to perform stoma care with the highest level of evidence available.

Parallel Session 10 • *Workshop* ..... Room 242A
ECET E-learning *(Places limited. Pre-registration required)*
11.30 - 13.30

11.30. An E-learning Basic Course in Stoma Care

J. PRESTON (NEW CASTLE, UK), K. BACH (BILLUND, DK)

It is an academic work designed as an educational tool for nurses and healthcare professionals. The broad aim of this project is to develop and enhance the level of knowledge and skills of those involved in the care of stoma patients and their relatives. The programme is designed on a modular system, each module is a building block connecting to the next and encompassing all clinical and theoretical aspects of stoma care. It is possible for the student to progress through the modules at their own pace, this may be done over a period of days or weeks. On completion of all 10 modules at the end of the programme there is a test designed to measure the level of knowledge and understanding attained by the student. Attaining a score of 80% or more will be considered a pass. The student is then able to print a certificate verifying that they have successfully completed the course. The student can work through the programme independently or be supported by an E.T. Nurse. This workshop is an opportunity to experience and assess the programme.

Parallel Session 11 • *Quality of Life, Body Image* ..... Bleu Amphitheatre
11.30 - 13.30

11.30. Sexual Function and Self Image

S. BELEY (PARIS, FR)

12.00. Investigation of Problems Related to Sexuality and Expectations of Patients with Stoma from Nurses

D. HARPUTLU (İZMIR, TR), F. VURAL, Ö. KARAYURT, G. SÜLER, A. DURMAZ EDEER, C. ÜÇER, D. CENAN ONAY

Background: Stoma might negatively influence the sexual life in the long-term and cause sexual dysfunction in ostomy patients. In Turkey, there is no qualitative study that examines the sexual problems of patients with stoma. **Objective:** The objective of this study is to explain the sexual problems of patients with stoma, and the expectations from nurses regarding this issue. **Method:** It is a phenomenological and qualitative study. Rather than being configured with the method of profound interview, the data were collected by using the interview form. The interviews

were conducted in a stoma and wound care unit of a university hospital. A permission was obtained from the ethical committee of the university hospital. Informed content was also obtained from patients. A total of 14 patients were interviewed. The data were analysed with the method of content analysis. **Findings:** Five themes were determined, such as changes in sexual life, changes in body image, fear and anxiety experienced during sexual intercourse, psychological effects of sexual problems because of stoma, expectations about sexual consultancy from stoma care nurses. The « changes in sexual life » theme contains five subthemes. These are as follows: challenges caused by stoma during sexual intercourse, changes in the relationship with the partner, physiological problems, sexual satisfaction, sexual desire/reluctance. **Conclusion and Interpretation:** The study results show that patients with stoma have changes to their body image, therefore their sexual attraction decreases, they avoid sexual intercourse, do not sleep with their partners, male patients experience erectile dysfunction and female patients experience pain during sexual intercourse. The patients stated that they were not informed about their problems and they wished to receive information and support from nurses regarding this subject. Accordingly, it is suggested that the stoma care patients should be provided sexual consultancy by the stoma care nurses before and after operation.

12.15. Disability and Autonomy, the Role of the ET

J.-M. LLABRÈS (THONON LES BAINS, FR)

Becoming a patient with a stoma causes a great upheaval in one's life. What is the best way to help these patients to regain their independence, to resume the course of their personal, professional and social lives? For some, it might be even more difficult because of advanced age or disability. The ET, aided by healthcare professionals, plays the main role. They should begin by establishing confidence, then accompany, listen, explain and support each patient. This goes through various degrees of information and patient education, preoperative consultation during hospitalization and then at discharge from the hospital. The results sometimes exceed expectations. Here we report a patient of 88 years, partially-sighted with an urostomy, who had no projects for future. Once she regained autonomy, she made previously unthinkable travel plans. A 90-year-old patient was confined to her home by fears of not being able to manage a possible leakage. Undergoing three consultations and advice on irrigation, she regained a social life. The presentation of several other clinical cases is a testimony of those who have felt respected, listened to, supported and thus were able to regain their independence, happiness and dignity.

12.30. Adaptation of a Scale of Body Image in Individuals with Stoma into Turkish: A Study on its Validity and Reliability

F. VURAL (İZMIR, TR), Ö. KARAYURT, A. DURMAZ EDEER, G. SÜLER, H. DORUM, D. HARPUTLU, C. ÜÇER

Introduction: It has been shown that body image is affected in individuals with stoma. There has not been a valid and reliable scale for evaluation of body image in individuals with stoma in Turkey. **Purpose:** To investigate validity and reliability of a Body Image Scale in individuals with stoma for Turkish population. **Methods:** This is a methodological study. The study sample included 100 individuals with stoma lasting for at least three months. Data were collected with Body Image Scale. **Results:** The item- and scale-based content validity index was 0.94. Confirmatory factor analysis showed quality of fit indexes were acceptable. Cronbach alpha value of the scale was 0.94. Item-to-total score correlation cœfficients ranged from 0.75 to 0.91. The correlation cœfficient for test-retest was 0.85. **Discussion:** The item- and scale-based content validity index of over 0.90 showed that the experts' comments about the scale were consistent. Factor loads revealed by the confirmatory factor analysis showed that items of the scale were strongly related to each other. The acceptable adaptation indices revealed that the factor structure of the scale was similar to that of the original scale. The Cronbach alpha value and item-to-total correlation cœfficients of the scale were indicators of high reliability of the scale. The high test-retest reliability cœfficient indicated that the scale was stable and did not have to be modified in time. **Conclusion:** The Turkish version of the Body Image Scale is a valid and reliable tool to evaluate body image in Turkish people with stoma.

12.45. The Effect Of Group Psychotherapy On Quality Of Life And Social Adjustment In Individuals With Colostomy

A. KARADAĞ (ANKARA, TR), A. SAYIN, Z. BAYKARA GOCMEN, H. KARABULUT, R. CIHAN, A. HIN OREN, S. LEVENTOGLU

Introduction: Individuals with stoma undergo many physiological, psychological, and social problems. The problems the individuals with stoma undergo affect their life qualities and psychological adjustments negatively. **Objectives:** The purpose of this study is to determine the effect of group therapy, on recognition of psychosocial problems by patients with colostomy and on their coping with these problems. **Method:** The universe of the study comprises 34 patients with permanent colostomy who were being followed in the stomatherapy unit of a university hospital. The study was carried out with 8 individuals. Group psychotherapy was administered weekly for 10 week. Ostomy Adjustment Inventory-23, Hospital Anxiety- Depression Scale, and Stoma Quality of Life Scale were administered before and after therapy. **Results:** It was established that mean scores of adjustment to stoma and stoma-related quality of life increased after therapy while mean scores of anxiety and depressions subscales subdimensions decreased after therapy. The analysis of the letters written by patients to their stoma revealed the reactions such as denial, anger, acceptance and problems of uncontrollable gas output and foul smelling. It was also established that negative statements of individuals regarding their stoma at the onset of group therapy changed in positive direction after therapy. **Conclusion:** In

conclusion, group psychotherapy may contribute to the decrease in the anxiety levels of patients with colostomy, increase in their adjustment to stoma and to improvement in their quality of life. It can be suggested that the group therapy process was of clinical benefit for individuals with stoma. **Keywords:** Group psychotherapy, Ostomy patients, Quality of life, Stoma care.

13.00. Quality of Life Pre- and Postostomy Comparison Between Elective and Emergency

H. SAPIR (JERUSALEM, IL), O. COHEN, S. BARABIK, J. BENBENISTY

Published data found patients after colostomy/ileostomy endure physical, psychological changes, decline in daily activities, and changes in body image influencing their perception of quality of life (QOL). The same issues affect primary care giver. Our nursing staff believes stoma surgery impacts patients and families. We studied patients, families and QOL differences between emergency or elective surgeries. The purpose of our study is to develop an EBN nursing care plan for patients and families undergoing stoma surgery. **Methods:** After Helsinki approval, patients and closest relatives consented and completed QOL questionnaire at baseline and 6 weeks post-discharge. City of Hope Stoma QOL instrument was used as a questionnaire focusing on Physical, Emotional, Social & Spiritual welfare. **Results:** Emergency 48, Elective 52. Patient's physical wellbeing before surgery averaged 6.4 and after 4.3 ($p < 0.04$), hope was pre- 9.1 and post- 8.3 ($p < 0.02$), interferes with social activities pre- 3.4 and post- 4.3 ($p < 0.07$). Anxiety decreased after surgery ($p = 0.09$). Financial burden caused by the disease or the treatment was pre- 5.3 and post- 6.6 ($p < 0.07$). Patients reported decreased levels of hope. Family members increase levels of happiness, pre- 6.1 post- 7.1 ($p < 0.08$). There were differences between elective versus emergency patients in adjusting to the stoma, more difficult in emergency ($p = 0.09$). Elective patients' feelings of depression after the surgery ($p = 0.06$), stoma interfered more in interpersonal relationships elective patients ($p = 0.07$). **Conclusion:** We now have developed a personalized care plan to increase QOL of stoma patients and their families.

13.15. Ostomy Patients Swimming Together Towards a Better Quality of Life

G.-J. VELDINK (AMSTERDAM, NL)

Objectives: To improve the quality of life of ostomy patients through swimming with fellow-sufferers. **Introduction:** Having an ostomy is difficult for patients, particularly in the beginning. An important step is to regain the courage to partake in social activities. **Methods:** The Amsterdam enterostomal therapists contribute to various studies and initiatives to improve the quality of life of stoma patients. One initiative is inviting their patients for an afternoon of swimming together in order to regain trust in their bodies, despite the stoma. This took place on November 15, 2012. The therapists also contribute to the ongoing Dutch multicenter ISI-trial and i-AID study. **Results:** The patients' first challenge was to show up in their bathing suits. Former Olympic swimming laureate and chairlady of the Netherlands Olympic Committee & Netherlands Sports Confederations, Mrs. Erica Terpstra, attended this happening to cheer them into the water. At the end, ostomy patients were delighted with this initiative and had gained confidence in their bodies and to engage in social activities. The whole happening was filmed (with sound) and this video will be shown to inspire other ostomy patients and enterostomal therapists to take over this initiative. The progress of the ongoing trials to improve the quality of life and care for ostomy patients will be briefly illustrated. **Conclusions:** With united forces and creativity much more it is possible to regain and enhance the quality of life of ostomy patients. This swimming initiative added another dimension to the quality of stoma care for patients and enterostomal therapists.

Parallel Session 12 • *Workshop* ..... Room 242B

Coaching Our Staff to Deliver High Quality Healthcare to Stoma Patients

11.30 - 13.30 *(Places limited. Pre-registration required)*

11.30. Coaching Our Staff to Deliver High Quality Healthcare to Stoma Patients

R. LEAHY (BRUSSELS, BE)

This workshop is about helping you to encourage and develop other nurses' capabilities to provide high quality care and support stoma patients, as well as other patients. We will approach this objective by looking at Coaching as a method to achieve these outcomes. We will look at how you use this method, when you can use it, and what it requires from your side. The workshop will be interactive where participants will be exposed to the concept of Coaching as an approach that can be effective. We will explore what coaching is and is not, what are some prerequisites for effective coaching, and the need to adapt your style depending on who you are coaching. The concept of coachability will be addressed and whether it is possible to coach everyone. We will use different methods to convey the learning through a process of presentation, individual and group reflections, and actively trying out; the concepts will be introduced, discussed and then practised directly by the participants in small groups.

Parallel Session 13 • *Stoma Management* ..... Room 242B
15.00 - 17.00

15.00. Temporary or Permanent Stoma After Colorectal Surgery: What to Suggest to Patients?

L. MAGGIORI (PARIS, FR)

Stomas are frequently required during surgical management of inflammatory bowel diseases (IBD), although most of them are only temporary. After ileo-colonic resection for Crohn's disease (CD) of the terminal ileum, the most frequent disease location, a temporary ileocolic stoma is fashioned for approximately 2 months as an alternative to the ileocolic anastomosis in case of high risk of leakage (if two or three following risk factors are present in the same patient: denutrition, recent steroid therapy, or perforative CD phenotype). For colorectal IBD surgery, an ileo-sigmoidostomy is fashioned after subtotal colectomy in the emergent setting of acute or severe colitis, as it will allow a low risk of post-operative morbidity. In most of the CD patients, the subsequent intestinal continuity restoration will be performed subsequently as an ileorectal anastomosis. In UC patients, as well as selected cases of CD, an ileal-pouch-anal anastomosis (IPAA) with diverting ileostomy is performed as a three-step (subtotal colectomy, completion proctectomy with IPAA and diverting ileostomy, and ileostomy take-down) or a two-step (coloproctectomy with diverting ileostomy, and ileostomy take-down) strategy. Finally, permanent ileostomy is performed in case of severe CD coloproctitis with severe ano-perineal disease (it represents approximately 15 to 25% of patients with anoperineal CD) or in very limited cases of UC, after failure of a previous IPAA.

15.30. High Output Stomas NPT and Feeding: Scenes from life, Perspective of Spouse and Patient

V. HANNESTAD (FREDENSBORG, DK)

The role we play as Stoma Care Nurse Specialists is manifold and we deal with many challenges in our daily work. We are always in the front line of patient care and are therefore very important people for both the patient and their relatives, that being a spouse, children or other family members. But what happens when the roles are turned upside down? If suddenly you find yourself on the other side of the table, being the relative – in this setting, the spouse – a person in need of caring, information, open communication and feedback? And what about the person facing life with a high output stoma, complex treatment options, numerous surgical procedures, acute crisis, in need of NPT and feeding, a person that is not falling into a standard set/protocol of care, but on the contrary challenges our knowledge and possible treatment options? This presentation will discuss this complex scenario on both a practical and psychological level.

15.45. Case Study: Ostomy Patient with Short Bowel Syndrome (S.B.S)

A. RIBAL (PESSAC, FR)

The major issues in the management of ostomy patients affected with SBS are mainly based on nutritional and ostomy care. As the effluents from their stomas could reach up to 10L during the immediate post-operative period, these patients usually suffer from malnutrition. But also they have a problem in order to maintain in place their appliances around their stomas. The restoration of the intestinal continuity could take place only when the nutritional status is satisfactory so that after 6 to 12 months. Since 2003, when the first high output pouch was launched in France, different models have emerged, and it's through 5 case studies that I propose to you to discover them. Hoping that this will be just a transition until a progress on intestinal transplantation is done.

16.00. Quality of Life with a Colostomy Stenosis in a Terminal Stage

J. G. H. M. CORNELISSEN (NIJMEGEN, NL)

Introduction: During this presentation we will look at a case study of a 51-year old woman with a subileus. This had occurred due to stenosis behind her colostomy which was the result of extensive metastases from her original sigmoid tumour. It was impossible to perform surgery since her prognosis was not good. Due to this she was suffering also the mental stress that this causes which meant that the treatment we offered had to meet different requirements. The stoma materials used, also had to meet different requirements. All of these requirements are discussed. **Methods:** The patient informed us that she wanted to have some extra time to live and wished to pass away with dignity. We took a multi-disciplined decision to implant a Wall stent into the stoma. This was experimental treatment, the outcome of which we could not predict, but neither could we foresee any possible problems with it. **Results:** Following the implantation of the stent, the subileus was removed. We adjusted the stoma material in order to create as much comfort as possible for the patient. Unfortunately a further covered stent had to be implanted two months later, as she developed a new subileus, but she passed away two months after that. **Discussion:** Implantation of a stent into the stoma may benefit the patient.

16.15. Case Study: Using Stoma Equipment for Drainage

A. KATALAN (AFULA, IL), R. COHEN

Introduction: Surgical departments treat patients with various levels of complexity, leading to the need for creative solutions. We are presenting a case of cholecysto-drainage treated using stoma equipment. **Methods:** The patient, a 46 year-old male, presented following acute abdominal pains for 3 days. Ultrasonography showed an enlarged gallbladder with thickened walls and a large stone. Ducts appeared normal. The patient was diagnosed with cholecystisis and possible sepsis and treated with IV antibiotics. Suggested treatment after discharge, consisted of cholecysto-drainage with continued oral antibiotics. The plan to discharge the patient with a drain raised common stoma-like problems of body image, mobility, contamination, drain detachment etc. A stoma set that was attached to the drain was recommended, the patient was trained to be self-dependent and was discharged from the hospital. Cholecystectomy was scheduled for 3-6 weeks, after the infection was resolved. **Results:** Patient was discharged and successfully continued treatment at home, assuming regular daily activities. Surgery was performed as planned with no sequelae. **Conclusion:** Stoma equipment can be adapted as support in maintenance of drains and provides a good solution for both the patient and the medical team.

16.30. The HOT (High Output Team) Project

J. HOEFLOK (TORONTO, CA), C. GANDOLFI, B. JUREWITSCH, C. MEECHAN, Y. WAH, J. PARK, A. PATEL, F. PRESS

Introduction: Patients with high fecal outputs can be challenging to treat. At present, there is no definitive approach for managing high stool output either in the literature or at St. Michael's Hospital. This leads to a lack of a consistent approach by clinicians (pharmacy, dietary, medical) in treating this patient population. Lack of clarity and consistency results in a multitude of concerns: clinician frustration and confusion, difficulty in transitioning patient care between services and community partners, delayed discharges and extended length of stay, subsequent readmissions and poor patient satisfaction and quality of life. The objective of this project is to develop a consistent, standardized approach to managing high stool output that can be used by health care providers. **Process:** Utilizing a variety of approaches, including internal and external scans, a comprehensive literature review, and targeted physician/multi-disciplinary team surveys, information was gathered on approaches to the management of high fecal outputs. Information was consolidated into simultaneous pharmaceutical and nutritional approaches. **Findings:** We will report on the progress that the multidisciplinary team (physicians, nurses, pharmacists and dietitians) has made towards establishing a consolidated and evidence-based approach to management of the patient with high fecal outputs.

Parallel Session 14 • *Skin Disorders* ..... Bleu Amphitheatre
15.00 - 17.00

15.00. Differences in Skin Management from Infancy to Old Age

G. CIPRANDI (ROME, IT), S. MEAUME (PARIS, FR)

Frailty is a syndrome characterized by a reduced resistance to stress. It is caused by a decline in multiple system/organs, and is responsible for vulnerability to adverse events. The Skin Frailty is more often observed at the two end of the life when all seven qualities of this "coat" could be impaired: protection, immunological, secretion, thermoregulation, sensory, absorption, metabolic. The paediatric is an heterogeneous age and prematures differ from the neonates: the epidermis is thinner, the stratum corneum has a single chain of cells, the TEWL is higher than in newborn (50g/m^2/h vs 6.8g/m^2/h), the fluid and electrolyte balance is altered, the skin is more prone to be infected and there is an increased absorption of topical agents. From another point of view, the skin of the newborn vs adult, shows a reduced number of collagen fibers, a reduced elastic network, a larger amount of subcutaneous brown fat (2-6% of body weight) and the skin surface is not fully acidified (elevated pH values). Finally, the epidermis of prematures is composed by 3.0 to 3.5 cell layers, in neonates is composed by 3.3 to 4.5 cell layers and in adults 15 to 17 cell layers. The infant skin is different from adult skin and it undergoes a maturation process through the first 3 years of life. During this period, the amount of sebum produced and the natural moisturizing factor concentration rapidly increased. These anatomical factors are responsible for a less active skin barrier function observed in newborn and infants: bacteria and toxins would have access to epidermal keratinocytes and could induce defensive immune responses. That's why cleansing is vital to avoid skin breakdown, critical colonization, dermatitis, ulcers and complex wound lesions in a short time (Tab. I). The skin in the early steps of the life should be carefully treated, thus avoiding undue sharing and friction forces, long lasting immobilization, and bad surveillance of skin breakdown events. Table 1: **Cleansing:** • Avoiding irritants (saliva, nasal secretions, urine, feces, lythic enzymes) • Keep hands clean (caregivers) • Avoiding dangerous devices (materials, glue, adhesives, hard and sharp devices) • Preserving a neutral pH • Use of amphoteric, nonionic, and ethoxylated anionic.

16.00. Aging with a Stoma

D. CHAUMIER (PARIS, FR)

Some of our former patients, having a stoma for several years and autonomous in their care, consult their entero-stomal therapist by com-

plaining of device difficulties and leakages. After many trials of other devices, we note that problems persist at home but that curiously, they never occur when the equipment was made by the stomatherapist. The elderly patient is faced with 3 aging levels: • the skin aging with loss of elasticity of the skin and skin fragility inherent to the age • the aging of the stoma which can change its appearance • the physiological aging of the person with a loss of visual acuity, a decrease of manual dexterity, a slowness to perform gestures... All of these factors will contribute to a loss of autonomy in the implementation of care while the patient is conscious of the cause. Sometimes, the only solution is to use a third party to care but it is necessary to follow these patients psychologically. It is indeed very difficult to accept to lose its own autonomy that we had for years. The patient must be slowly prepared for this eventuality and repeated enterostomal therapy consultations are often necessary to make him accept this proposal. In conclusion, we can say that the specialised care with ET is a key factor in the overall acceptance of the stoma and also in the acceptance of all the changes for the ostomates.

16.15. Self-Care Capabilities of Elderly Patients with Ostomy

R. BATAS (LJUBLJANA, SI)

Introduction: The proportion of elderly people over 65 years is growing and it is indicated the growing need for organized care for older people, especially those who are helpless and sick. Normal changes appearing in old age are described. These are: changes of senses, mobility and the influence on possibility for selfcare of elderly patients with ostomy. Special emphasis is put on teaching and training of old people with ostomy for selfcare in home environment with appropriate nursing approach. **Methods:** The descriptive research method with review of literature and internal documentation was used. Self-care capabilities of elderly are represented also by case reports of elderly ostomy patients. **Results:** The aging of body is resulting in number of anatomical and functional changes of all organs and tissues, most notably expressed in the cardiovascular, musculoskeletal, nervous, digestive and endocrine system. Somatic, mental and social problems are also occuring in old age. Occurence of cancer of the small and large intestine is increasing. This results in more elderly patients with ostomy. Because of normal changes of aging, ostomy represents heavier challenge for their optimal self-care. With age, the possibility of ostomy complications is increasing. After discharge from hospital, most of complications are because of parastomal skin irritation. The main cause is in leaking appliances. More patients with ileostomy and urostomy have skin problems. The second most frequently complication is parastomal hernia. Elderly patients with ostomy need more intensive nursing care and more time to become independent. In cases when they are not capable for their self-care we have to teach family, friends, relatives about ostomy care. It is important that we use appropriate appliances for ostomy care which will enable ostomy patients to become independent as much as it is possible. Elderly patients with ostomy need specific nursing approach. **Discussion and conclusion:** The proportion of older people aged over 65 is increasing in Europe like all over the world and consequently also the number of chronic degenerative diseases and cancer. Treatment of colon cancer is often followed by surgery with the final outcome – ostomy. On that way elderly patients are faced with normal aging phenomenom and a new altered body image, mental and physical stress. Skin health is essential to the well-being of older people. Age-related changes in the skin mean older people are at increased risk of skin breakdown. It is necessary to take into account the selection of appropriate devices for stoma care. Ostomy appliances should be easy to handle with them. They should give elderly ostomy patients a sense of security and allow them maximum independence. In cases when elderly are not in condition to take care of their ostomy, we have to include family and relatives into learning of ostomy care.

16.30. Prevention and Management of Peristomal Skin Complications in Children

L. FOREST-LALANDE (MONTRÉAL, CA)

As for the adult with an ostomy, a healthy peristomal skin facilitates the adhesion of collecting devices in babies and children. In these young patients with fragile skin, the loss of cutaneous integrity is a source of major discomfort that can lead to a weakened adhesion of appliances and therefore have a major impact on the quality of life of the child and his family. Working with the pediatric population represents an amazing challenge, mostly due to the skin characteristics and morphology on babies and children, especially the premature neonates. It is not unusual to have to pouch one to two ostomies in a very limited space, close to the umbilicus. Fortunately since the past decades, the industry is aware of the specific needs of the pediatric clientele and smaller pouching systems are available. This presentation will give an overview of the major peristomal skin complications observed in babies and children, from skin irritation to skin erosion, fungal infection, pyoderma gangrenosum. Complications'etiology and manifestations will be described and finally prevention and management strategies will be suggested. **Conclusion:** Caregivers working with the pediatric clientele must adjust their practice to the little ones. A better understanding of this population's skin particularities can prevent undesirable practices, such as just not pouching the ostomy as it was done decades ago and ultimately to maximize the quality of care to this population.

16.45. Management of Complex Entero-Cutaneous Fistulae in Specific Location

C. LESAGE (LILLE, FR)

Care and equipment of entero-cutaneous fistulae require a good knowledge of the physiology of the digestive system and/or the urinary tract • the healing process • mechanisms of action of dressings • characteristics of the collecting bags. The most common problems are skin and metabolic disorders. They are of varying importance depending on the location of the fistula on the digestive or urinary tract. In the case of a skin lesion, the use of a single dressing is not sufficient in some cases, leading to the use of FISTULA® collecting system to preserve skin integrity and the patient's quality of life. FISTULA® bag is reliable, comfortable and waterproof. In addition, it allows the quantification of

effluent. Consequences of skin injuries may also have a psychological impact on the patient. In fact, treatments are distressing and binding. The team must have patience and know-how and be able to develop a clinical approach and to educate the patient for a better autonomy.

Parallel Session 15 • *Workshop* ..... Room 242A
Written and Oral Communications, Use of Media
15.00 - 17.00

15.00. Written and Oral Communications, Use of Media

G. JONES (LONDON, UK)

In this workshop, you will discover how to ensure your written and oral communication works to maximum effect. The workshop will look at the essential components of good communication, which are empathy, caring and focusing on the needs of the specific audience. Whether you need to write a memo, a research paper or give a presentation, this workshop will provide you with clear guidelines on how to ensure you to succeed. You will learn how to get your message across, how to plan your written or oral communications and how to structure things well. Furthermore, this session will look at the growing use of the Internet and the special requirements for communicating online. Other media will also be included in the discussions. The workshop will include some interactive exercises as well as a list of useful resources to help you back in your office.

Parallel Session 16 • *Education and Professional Practice* .... Maillot Room
15.00 - 17.00

15.00. "Lions For Stoma Care" (LFSC): A Project to Help Advance "Stoma Care" in Developing Countries

C. PEZCOLLER (BOLOGNA, IT)

What is "Lions For Stoma Care" (LFSC)? It is a service of Lions District 108Tb – Italy, established to help ostomates worldwide find an acceptable quality of life. Why involve the Lions? «WE SERVE» is the LIONS' motto and the underlying mission of the association, the biggest lay organization in the world. Foremost among the aims of Lionism we find "Create and stimulate a spirit of understanding among the world's countries". LFSC means "Lions for Stoma Care", i.e., a commitment to giving ostomates the same medical assistance all over the world, as well as the same help on the part of Governments. This implies that Lions devote themselves to making people aware of this worldwide problem and to stimulating surgeons' and Governments' interest in ostomates. The «LIONS FOR STOMA CARE» project was born in Lions Club "Modena Wiligelmo" in 1999, on the initiative of Dr. Carlo Pezcoller. L.C.I.F. (Lions Club International Foundation) supported the following LFSC Projects: 2006: 10.000 US$ to develop the Project in INDIA. 2007: 10.000 US$ to develop the Project in SOUTH AMERICA. Aims of the humanitarian project LFSC: to inform Lions all over the world about the existence of this silent suffering and what can be done to reduce it thanks to this project developed by Lions • To collaborate with the WCET, ECET, APETNA and the IOA (and Regional organizations) to develop stoma care • To organize 5-day training courses for "Doctors and Nurses" in countries in need throughout the world • To involve Lions in sustaining and reinforcing LFSC service • To raise the sensibility of surgeons and nurses in those countries where assistance for ostomates is non-existent, so that they become interested in the problem • To render the individual health entities in autonomous organizations capable of managing and administrating matters locally • To encourage the development of ostomate associations or groups whose members may be ready to reveal their own problems and to support their own needs • To create stoma clinics in the various healthcare facilities • To involve the press and the media in making this serious handicap known • To ask National Health Authorities to facilitate the professional training of practitioners and nurses devoted to stoma care by means of specialized courses and specific schools • To make different Governments aware of this problem so that they can deal with it and provide ostomates with monetary help to buy the bags which are indispensable to improving their quality of life • To inspire companies that produce ostomy products to invest in countries in need. HOW TO START? We must start by involving the surgeons: it is fundamental to change the surgeon's mentality and to build empathy between doctor and patient because treatment is not over once the patient leaves hospital. Recovery continues while the patient undergoes rehabilitation and regains his own balance by reintegrating himself within his family and his social context. The LFSC Project in summary: to select countries in need in accordance to the IOA • To select 1-2 motivated surgeons (or practitioners) to attend the basic 5-day training course in Modena (Italy) • The surgeons trained in Modena will return to their countries to start spreading the new message to political-administrative authorities, hospitals, surgeons, practitioners, nurses, local Lions, volunteer associations, ostomates • An "International Traveling Teaching Team" (ITTT) will help surgeons trained in Modena to organize in their own countries an initial course for other practitioners and nurses, thus stimulating growing development in "stoma care" • Sometimes, depending on the needs of the countries, we do not do the initial training in Modena; the ITTT goes directly to the country in need to do the training course. COMPOSITION OF "I.T.T.T." • AFSHIN HEYDARY (Italy) • AUGUSTINE

IROTULAM (Nigeria) • CARLO PEZCOLLER (Italy) • DIELWEN BRACKEN (Canada) • ELSA BEATRIZ REYNOSO (Argentina) • FERNANDO JOSE' SORIA (Argentina) • HARIKESH BUCH (India) • HUGO HEREDIA (Bolivia) • JORGE MEDINA GUTIERREZ (Paraguay) • LOUISE FOREST LALANDE (Canada) • RAVATHY RAMAMURTHY (Malaysia) • ROSINE VAN DEN BULCK (Belgium) • SILVIA EBALGINELLI (Italy) • LFSC PROJECT NEEDS COLLABORATION WITH: W.C.E.T., E.C.E.T., A.P.E.T.N.A • I.O.A. (and Regional associations) • LIONS OF DIFFERENT COUNTRIES • LOCAL OSTOMY ASSOCIATIONS • LOCAL HEALTH AUTHORITIES • OTHER VOLUNTEER ASSOCIATIONS • COMPANIES THAT PRODUCE OSTOMY PRODUCTS • COUNTRIES TRAINED IN MODENA: Argentina, Bangladesh, Bolivia, El Salvador, India, Indonesia, Iran, Laos, Mongolia, Myanmar, Nepal, Pakistan, Paraguay, Philippines, Romania, Sri Lanka, Vietnam • COUNTRIES TRAINED LOCALLY BY "I.T.T.T.": Argentina, Bolivia, India, Indonesia, Iran, Kenya, Mongolia, Paraguay, Philippines, Uganda, Tanzania, Vietnam.

15.30. Creative Funding to Support Enterostomal Therapy Nursing Practice

J. HOEFLOK (TORONTO, CA)

Introduction: A challenging economic environment can make resourcing for Enterostomal Therapy related projects difficult. Establishing a Trust Fund within an institution can be a viable option for protecting funds. The Enterostomal Therapy Trust Fund (ETTF) at SMH has been a fruitful reservoir, supporting a wide variety of initiatives related to a general surgery practice. **Process:** The ETTF has been in existence for 8 years. It is a designated and isolated fund within the hospital with specific terms of use as agreed upon by the user, management and the finance department. Revenues for the ETTF are primarily from participant fees for SMH-ETN course offerings. Others sources include targeted patient donations, honorariums and contract reimbursements. Expenditures can generally be categorized into the following groups: supporting ET Practice, supporting Patient Education and supporting Staff Development (on the GI/GS unit). Conference attendance, (including medical media support for poster development) and/or guest speakers are funded, enhancing professional development. Patient education materials are developed with the expertise of graphic designers, and are distributed through traditional print media or via designated teaching sessions with an IPAD. Staff interest in ET Nursing is fostered through ETTF sponsored Lunch & Learns, and innovative projects such as USB bracelets pre-loaded with GI/GS information, and the creation of a unit specific library. **Conclusion:** Limited funding options for ETN and related care can make participation in all domains of difficult practice. A Trust Fund allows for creative funding of ETN practice and the associated team of professionals, ultimately influencing patient care.

15.45. Does Preoperative Stoma Care Teaching Enhance Stoma Patients' Postoperative Self-Care to Promote Early Discharge Following Enhanced Recovery Program ?

L. LILES (WATFORD, UK)

Aim of Research: To determine if preoperative stoma-care teaching enhances patients'independence with postoperative stoma care to promote early discharge. **Rationale:** With the current financial climate of cost constraints in the NHS, the Enhanced Recovery Programme (ERP) is an innovative care pathway where patients are having preoperative assessment, minimal invasive surgery, pain control, early feeding and mobilisation. Research highlighted better post operative recovery and early discharge promoting cost effectiveness. Stoma care teaching was traditionally performed postoperatively, but with ERP, preoperative stoma care teaching prepares patients to enhance stoma care competence postoperatively. **Methodology:** Using a satisfaction tool, a pre-op and post-op questionnaire measured patients'experience with stoma care within the research selection criteria. Following pre-op stoma care teaching, a pre-op questionnaire was given to determine if pre-op teaching had prepared them for stoma surgery and care. On discharge, a post-op questionnaire elicited if pre-op stoma care teaching had enhanced stoma care to promote competence and early discharge. **Results Analysis:** The results reflected their feedback whereby preoperative stoma practice has enabled them to be competent, feeling confident and did not require assistance from family with stoma care on discharge. The average length of stay was comparative similar to published research articles. **Conclusion:** This research elicited their experience on their journey from pre- to postoperative stoma care. The aim of the project has achieved the cost effective benefits of ERP. However with early discharge, the patients will require regular support in the community to facilitate the physical and psychological adjustment to the stoma.

16.00. Experience Report: Implementation of Protocol of Injury Prevention of Skin

M. T. F. COSTA (SÃO PAOLO, BR), A. C. D. S. DE OLIVEIRA, S. SCOTA, M. S. MORAES

Introduction: Pressure ulcers are a social and health problem, representing one of the biggest challenges for nursing, requiring from these professionals specific scientific knowledge, great sensitivity and sense of observation to maintain integrity of skin of patients. It is necessary to recognize the importance of treating wounds and to have qualified professionals and guide treatment protocols by institutional authorities, whereas the standardization of products is a decisive factor in reducing costs. Incontinence Associated Dermatitis is a form of irritant dermatitis which develops from chronic exposure to urine or liquid feces. **Method:** The study aims to report experience with involvement of nurses in preparation and implementation of Protocol for Prevention of Skin Lesions in reference to the State Infectology Hospital in Brazil. The Protocol was drawn from Six Sigma method, IAD and UP Consensus. Once developed and approved, nursing team training was conducted to implement the protocol. **Results:** After training teams, a data collection system was implemented to track patients at risk for developing IAD and PU or injuries acquired during hospital stay, through spreadsheets updated daily by nurses. These data are collected monthly and feed spreadsheet

Quality Indicators, forming an overview of Institution Assistance results. **Discussion:** Implementation of Protocol with systematic collection of data resulted in greater awareness of the importance of vigilance over the integrity of the patient's skin, and consequently a better quality of care, because data collection requires a daily inspection of skin. These interventions led to a significant drop in the incidence of skin lesions and a greater involvement of employees in actions to Prevent Injury.

16.15. Stoma Treatment Training Program

Y. GUTMAN-PERLMAN (KFAR-SABA, IL)

Introduction: Stoma surgery is a traumatic procedure, most often unexpected, with a radical transition of the patient from full health to disability. This change requires adjustment to new hygienic habits, as well as emotional and self-image problems. The stoma nurses play a crucial role in the adaptation process of the patient and his family, and it is highly important to provide them with continuing education. The training program was aimed at enhancement of advanced methodologies for the treatment of stoma: establishing techniques to help the patient's independence, to learn about early detection of complications and their resolution, and to maximize tailoring of stoma equipment to the patient, considering anatomic and occupational needs. The group training is also used for creating personal/professional contacts between different care providers. This paper describes the training course designed for RNs and home-care nurses in our group. **Methods:** The training covered numerous subjects including: stoma nursing, social and emotional aspects, urologic and gastrœnterological surgery, physical therapy, nutrition, oncology, pain management, skin care maintenance, in-depth acquaintance with stoma equipment, and methodology for treatment continuity. Trainees submitted essays on the course subjects and passed a final test. A special internet portal was established, including all training material and students' essays to be used by the stoma team on the Meuhedet Health Care site. **Results:** Average final test grade was 91/100, with high-quality essays submitted. Participants graded the quality of training presentations as 94/100 and the skills acquired as 92/100. **Conclusion:** Dedicated stoma training can enrich skills and knowledge of the participants.

16.30. The Effect of Frequent Pouch-Related Concerns on an Ostomy Population

M. MENIER (LIBERTYVILLE, US), T. R. NICHOLS

Objectives: To identify social challenges in an ostomy population resulting from pouching-system concerns. **Introduction:** Pouch-related concerns are thought to effect quality of life issues in ostomates. Such concerns may affect the ability to regain levels of social connectivity enjoyed prior to surgery. Social connectivity, associated with social capital, is theorized to have a protective affect on health. **Materials/Methods:** This study investigates ostomy pouching system concerns, and associated quality of life issues of ostomates. Quality of life issues include social isolation, body image, and life satisfaction. Data for this study comes from the Ostomy Comprehensive Health and Life Assessment, a valid and reliable survey, and includes 1906 adult ostomates from North America, the UK, and Italy. **Results:** When asked how often they worried about pouch-related concerns, ostomates reported they 'more than occasionally' or 'always' worried about pouch leakage (55.6%), pouch odor (43.8%), pouch fall-off (35.3%), pouch noise (29.1%), people noticing they are wearing a pouch (27.4%), and people noticing the pouch under clothing (28.8%). The study finds ostomates with two or fewer pouch-related concerns more likely to be socially connected and to report a positive body image than those with three or more concerns. Additionally, ostomates with fewer concerns were more likely to have higher life satisfaction scores. **Conclusions:** Pouch-related concerns are a challenge for many ostomates. By assessing which concerns the ostomate has and how frequently they occur, caregivers can guide patients toward product alternatives which can directly and positively impact quality of life.

16.45. Hot Clinics: Right Time, Right Place

P. BLACK (HILLINGDON, UK)

Introduction: There are many changes afoot in the National Health Service UK being instituted by the Coalition Government. Many hospitals in the UK are facing a reduction in bed base through clinical, financial and political imperatives. One of the major plans is for the GPs not to have to pay for a patient's re-admission if it is within 28 days of the original surgery. This therefore becomes a paradigm as there is a push for patients to be discharged much earlier than previously expected due to the implementation of Enhanced Recovery Programs. Method The function of the Hot Clinic is to assess and address the patient's needs rapidly within the MDT structure. The aim is to link with community teams to ensure that appropriate care provision is in place. **Results:** The strategic intention of Hot Clinics is to support GPs and patients and for patients to receive the Right Treatment at the Right Time in the Right Place. This is a new service delivery model and avoids the use of A & E and unnecessary, unpaid for overnight admissions. **Discussion:** For all patients attending a Hot Clinic, the patient experience outcome measurement has proved to be good and the patients have the knowledge that they are being seen by a Consultant in Colorectal Surgery who fully understands the patient's disease and current worries.

Wednesday 26 June 2013

Parallel Session 17 • Restorative Surgery and Continent Stomas ..... Bleu Amphitheatre

09.00 - 10.00

09.00. Do We Need to Go Back to Go Forward?

A. CRAWSHAW (EDINBURGH, UK)

Introduction: From 1952 the standard surgical procedure for patients with Ulcerative Colitis was Panproctocolectomy with a Brooke Ileostomy1. There have been many developments since then, and this presentation plans to describe the options now available to this patient group and to present the results to date of an audit of Kock Pouch Patients undertaken by the Ileostomy and Internal Pouch Support Group UK. **Developments:** The Continent Ileostomy or Kock Pouch was first described by Nils Kock from Sweden in 1969 as an alternative for patients undergoing Panproctocolectomy2. The late Dr. William O. Barnett began making modifications to the Kock pouch in 19793 and this procedure is called a Barnett Continent Intestinal Reservoir (BCIR). Another development was Proctocolectomy and the ileal pouch-anal anastomosis (IAP) which was first performed by Sir Alan Parks at St Marks Hospital, London in 19784. This is currently the operation of choice for patients with ulcerative colitis and familial adenomatous polyposis. **Background to questionnaire:** Many Kock Pouch procedures were undertaken in the 1970s and 1980s and the surgeons and specialist nurses who have built up experience and knowledge to support and assist these patients are now retiring. We wished to ascertain how many Kock Pouch Patients there are in the UK, what problems they have encountered and which centres have the expertise to deal with these problems? **Results of questionnaire:** Responses are being analysed and these will be presented at conference. **What next:** This is dependent on results of questionnaire, but we hope to compile a generic booklet for health care professionals. REFERENCES: 1. Brooke, BN. The Management of an ileostomy including its complications. Lancet. 1952 2: 102. 2. Kock, NG. Intra-abdominal "reservoir" in patients with permanent ileostomy. Arch Surgery. 1969 99: 223-231. 3. Barnett, WO. Modified techniques for improving the continent ileostomy. Am Surgery. 1984 50: 66-69. 4. Parks, AG. Nicholls, RJ. Proctocolectomy without ileostomy for ulcerative colitis. British Medical Journal. 1978 2(6130):85-88.

09.45. Ostomy Psychosocial and Quality of Life Aspects: OSTOMY or BAG?

G. CANESE (LA SPEZIA, IT)

Introduction: What psychosocial dilemma in different cultures and ethnicities... In the 90's and 2000's our planet has experienced difficult moments between people and a multiple passage of people from one country to another in different parts of the earth. Europe has been the object of this invasion of distant peoples and of different ethnic backgrounds that led to adapt to new needs and the health needs of different. Especially in the last decade it has been observed in Italy a great influx of people from several foreign countries and their cultural and religious habits that led to the nursing profession, and traders to understand its meaning, for us a whole new fact that has forced us to adapt to their way of thinking and lifestyle. It is important to consider the foreign person as a whole: mental, physical, social, having respect for culture, dignity, religious belief, considering the cultural parameters relating to the concept of health / disease, hygiene and nutrition. Some religions require precise rules, which may relate to all aspects of daily life, while others dictate beliefs and precepts. The aim of this paper is to check how the packaging of a stoma can affect the behavior and lifestyle of a person with a different culture and religious beliefs. For this I have undertaken a literature search starting from the breakdown of my question using the PICO: • P. Patients of different cultures and religions • I. Evaluation of the problems related to psychosocial garrison collection • C. Evaluation of the psychosocial problems related to ostomy • O. Ostomate. **Keywords:** Ostomy, Urinary diversion, Religion, Population, Costume and Culture, Sociology, Islam, Taoism and Buddhism. **Websites consulted:** New Zealand Guidelines, Group Joanna Briggs Institute, AIURO Association of Urology Nurses of Hospital, EUROPEAN ASSOCIATION OF UROLOGY NURSES (EAUN), National Guideline CI Scottish Intercollegiate, Guidelines Network earing house, CDC Guidelines Bandolier, Evidence-Based Nursing – magazine and CMA (Canadian Medical Association). **Biomedical databases bibliographic:** Medline, PubMed interrogated using official access to the National Library of Medicine in the United States. CINAHL - Cumulative Index to Nursing and Allied Health Literature, through access to CINAHL Plus with Full-Text. **Culture and Support:** It is important that the client before a medical procedure or nursing, understands and expresses their consent and awareness of the risks, actions and expected results. The validity of informed consent may be influenced by cultural phenomena such as ethics, language, religion and customs, but also the therapeutic and pharmacological aspects. It is therefore essential to know the habits and customs of a foreign country and its people to be able to understand the culture. Madeleine Leininger and the Transcultural Nursing: Madeleine Leininger identified as the evolutionary phases of nursing transcultural. Phase I: The nurse acquires awareness and sensitivity to cultural differences and similarities assistance. Phase II: The nurse deepens the theory of nursing and research results with the skills acquired in cultural assistance. Phase III: The nurse uses creative and practical research results with documented evidence for culturally appropriate care practices, and assesses the results. Madeleine Leininger made the following points: • Nurse responds to an essential human need; • Nurse is the soul and body care; • The nursing knowledge is power; • The Nursing Process is the distinctiveness that makes the nursing discipline. • The nursing care is the maintenance, rehabilitation, and health promotion, so it is defined as an intervention to all human responses to actual or potential problems, related to the field of health disease. Requests, attitudes, practices with which man is to interface in this delicate area, are multiple and multi-purpose and often have nothing to do with the terminology and aseptic net typical medical categories; times to diagnosis and treatment of the pathology.

Parallel Session 18 • *Workshop* ..... Maillot Room
Management of fistulas
09.00 - 10.00

09.00. Management of fistulas
G. KROBOTH (GRAZ, AT)

A fistula is an abnormal passageway in the body. A gastrointestinal fistula is a pathological communication that connects the gastrointestinal tract with the skin (external fistula) or with another internal organ (internal fistula). The management of a patient with a fistula requires considerable expertise. Creative pouching techniques, often incorporating wound dressing, ostomy pouches, skin barrier sheets, washers, powders and pastes, among another, have been used in order to create an effective pouching solution. In this workshop we will discuss different methods in some cases.

Parallel Session 19 • *Workshop* ..... Room 242A
Colon Irrigation and Cultural Perspectives
09.00 - 10.00

09.00. Colon Irrigation and Cultural Perspectives
A. KARADAG (ANKARA, TR)

This presentation aims to show the importance of the colostomy irrigation for muslim patients. Surgery requiring the formation of a stoma can have a great impact on the quality of life of the patient. It has been shown that colostomy irrigation is effective in resolving problems of colostomy patients such as changes in physical appearance, greater social isolation, in performing social and everyday life activities, and in reducing skin complications plus gas and smell problems. Today, although colostomy irrigation has wide range of positive indications and few side effects it is not a popular choice. Studies showed that only 1- 4.7% of colostomy patients used irrigation. One of our ethic responsibilities as a nurse is to pay attention to our patient's beliefs, values and cultures while giving nursing care. One of the five pillars of Islam is to pray five times a day. Flatus discharge and feces excretion invalidates the ablution necessary before prayer thus preventing worship. Furthermore, some patients complained that noisy flatus discharge at Friday prayer caused unwanted attention and made them feel unable to attend the mosque again. The presence of a stoma has particularly negative effects on participation in religious rituals which last for a considerable time with fasting and pilgrimage being notable cases in point. In these cases as well as that of attending the mosque, colostomy irrigation appears to be the best solution. In summary, colostomy irrigation is a safe and effective means of enabling colostomy patients to regain their bowel control which has a significant positive impact on daily living activity. Therefore colostomy irrigation should be offered to all suitable patients as an alternative self-management option.

09.30. Bowel Management: Colonic Irrigation - Antegrade and Retrograde
K. BACH (BILLUND, DK)

Overview: • Definitions • History • The irrigation procedure – video presentation • A look at the evidence • Barriers to irrigation • Recommendations for practice • Discussion • Conclusions. Irrigation – when? • Bowel control • Incontinence control • Constipation therapy • Preparation for bowel surgery/investigative procedure. Bowel control – objectives. To teach the patient to effectively control the fecal output so that feces are passed, only when the colon is stimulated by the installation of water. (McPhail 2003). To induce a reflex, which brings about a peristaltic wave and evacuates feces from the distal colon. (Mullen & McGinn 1992). Discussion • Will the economy crisis and lower budgets for appliances make a difference for irrigation? • Will ACE routinely be offered colostomy pt's who wants to irrigate? • How is nursing practice according to information and pt. training? • National/European guidelines on irrigation? • More research and documented practice in general is needed. **Conclusion:** Colostomy irrigation can be an important step in the rehabilitation process for colostomy patients • The ACE procedure can make a positive difference of selected pt's QOL • Continence and bowel control is related to QOL and well-being to everyone.

Parallel Session 20 • *Stoma Care* ..... Room 242B
09.00 - 10.00

09.00. Fifty Shades of Stoma Care - Resource for Supporting Care in the Community
W. SANSOM (MELBOURNE, AU)

Objectives: To provide information and resources for stoma care continuity and support in the community. **Introduction:** Ongoing access to stoma support in the community can be varied, unpredictable, inconsistent, uninformed and at times non-existent, depending on where

you live in Australia. There are also variations in the level of post-discharge support depending on whether surgery has been performed in the public or private sector. It is apparent that there is greater demand on expertise follow-up then availability of stomal therapy nurses. This has highlighted the need to develop a resource that can be used in a range of clinical situations to assist with guiding interventions. **Method:** Stomal therapy Nurses and Community Care providers were surveyed to identify areas of knowledge deficit and ways to provide relevant useful information. **Results:** Of significant concern are care facilities such as Nursing Homes, Hostels and Rehabilitation Centres as these care providers often lack support as staff are not trained nor have knowledge related to stoma care and associated stoma problems. As a result, resources in the form of flowcharts and pictorial written have been developed to assist clients, staff and carers in this area of deficit knowledge and can be used effectively across all settings. **Conclusion:** Community Care providers will now have access to a tool that facilitates identification of problems and implementation of strategies to prevent escalation. The benefits of this are immense and provide reassurance and support to stoma clients, education and development of staff whilst preventing unnecessary admission to acute hospitals.

09.20. Interest and Evaluation of the Immediate Postoperative Education of Colostomy Irrigation

N. MOUTARDIER (PARIS, FR), A. TRIPON, E. VIOT

The practice of the colostomy irrigation contributes to a better quality of life. In our hospital, the procedure is taught systematically on medical prescription to patients carrying a left colostomy after abdominoperineal resection or a Hartmann surgery, and starts from the 6th day after surgery and then every 2 days, which allows three irrigations to be issued in the hospital. If the patient adheres to this care, he can then continue when he leaves the hospital and quickly stop the pouches for oburators' plugs or small pouches. This learning allows him to be aware of this possibility as an alternative to the pouch, to start irrigation later, and if necessary to get in touch with his stomatherapist for further information.

09.40. Maximizing the Continuum of Care for Ostomies

J. HOEFLOK (TORONTO, CA), P. ARCHAMBAULT, C. FLEWELLING, M. KINACH

Background: Undergoing ostomy surgery and the subsequent adaptation to the stoma is as well documented as stressful for patients. In 2011, the first Canadian data demonstrating stoma complications were reported: peristomal skin disorders were 77% with concurrent low rates of recognition of any disorders and of seeking assistance (12%) (7). Complications can result in discomfort, frequent leakage of the ostomy appliance and increased cost of care. At St. Michael's Hospital, 20-40% of patients requiring ostomy surgery live outside of Toronto. Patients report frustration with commuting to downtown Toronto for follow-up care. Phone calls are inadequate to assess and treat complications, and emails are limited by a lack of secure servers and privacy law limitations. While Homecare services are available, there is a lack of ostomy skill and knowledge amongst community nurses. The multitude of system-related limitations requires the development of creative means by which to serve this patient population. **Methodology & Approach:** St. Michael's Hospital approached the OTN to develop TeleStoma: asynchronous evaluation of patients with an ostomy from rural settings by an ET. Using Store Forward as the platform, patient guidelines were developed, and workflows and guidelines for photographic assessment. Pilot centres included family health teams, rural surgeons and ET. **Findings & Results:** The program was launched in 2011. Satisfaction by users is high. Determining best linkages to ensure patient access continue to be reviewed. Inclusion of surgeons offers the traditional reactive approach to stomal and peristomal concerns. Ongoing evaluations of the program and the linkages are maintained.

Plenary Session ..... Bleu Amphitheatre
10.30 - 12.00 Simultaneous translation

10.30. Continent Catheterizable Vesicostomy For the Management of Neurogenic Bladder in Adults: Indications and Technique Simultaneous translation

L. PEYRAT (PARIS, FR)

First line management of neurogenic bladder with impaired bladder emptying and/or detrusor overactivity is based on conservative procedures, such as clean intermittent catheterization (CIC), oral drug treatment and onabotuloninum toxin A injections in the bladder wall. These techniques all aim at preserving the renal function, preventing complications (such as infection), and optimizing urinary continence. However, in some cases, because of adverse events or lack of efficacy, a surgical urinary diversion is indicated. Augmentation cystoplasty is the preferred treatment in patients who can easily perform CIC. The standard technique uses a detubularised patch of ileum (ileocystoplasty), most often associated with supratrigonal cystectomy. For the subset of patients unable to perform CIC through the native urethra, continent catheterizable vesicostomy (CCV) can be offered. CCV requires a mandatory preoperative assessment, including the ability to practice ca-

theterization through an abdominal orifice. For instance, quadriplegic patients sometimes need orthopedic surgery of upper limb before the procedure. The two most popular surgical techniques for CCV are the Mitrofanoff procedure (cutaneous appendicovesicostomy with a flap-valve continence mechanism) and the Monti procedure (using a small piece of ileum to create cutaneous ileovesicostomy). Continence rate achieved after these procedures is usually around 80-90%. The rate of urinary tract infections, stones, renal impairment are reduced, and the bladder capacity is improved in the long term. However, these favorable results are obtained at high costs. Complications include ureterointestinal stenosis, stoma stenosis, bladder perforation, and shunt infection and obstruction. Surgical revision is required in around one third of patients. Careful life-long follow-up of these patients is necessary, as some of these complications can occur lately after the initial surgical procedure. Stohrer M, Castro-Diaz D, Chartier-Kastler E, et al. (2003) Guidelines on neurogenic lower urinary tract dysfunction. Prog Urol 2007, 17: 703-55. Bladder augmentation and urinary diversion in patients with neurogenic bladder: surgical considerations. Stein R, Schröder A, Thüroff JW. Division of Paediatric Urology, Department of Urology, University Medical Center, Johannes Gutenberg University, Langenbeckstrasse 1, 55131 Mainz, Germany. J Pediatr Urol. 2012 Apr; 8(2): 153-61. doi: 10.1016/j. jpurol.2011.11.014. Epub 2012 Jan 20. Comparative study of the yang-Monti channel and appendix for continent diversion in the Mitrofanoff and Malone principles. LemelleJL, Simo AK, Schmitt M. J Urol. 2004 Nov; 172 (5 Pt): 1907-10. Chartier-Kastler EJ, Mongiat-Artus P, Bitker MO, et al. (2000) Long-term results of augmentation cystoplasty in spinal cord injury patients. Spinal Cord 38(8): 490-4.

11.00. Inflammatory Bowel Disease in Children and Adolescents

Simultaneous translation

W. HYER (MIDDLESEX, UK)

This session will focus on: 1) Inflammatory bowel disease in adolescents carries significant major health implications. 2) The disease is often more aggressive than adult IBD with a higher chance of requiring immunosuppressive therapies early. 3) IBD in teenagers has growth implications, delayed puberty, impaired quality of life, and detrimentally affects bone mineral density. This impacts on the choice of therapies and often results immune suppression to avoid corticosteroids. 4) Whilst growth is such a significant issue in IBD in teenagers, patients may require surgery for indications other than aggressive or fulminant disease. Children may require surgery for failed medical management, steroid dependency or growth failure. Surgical options in teenagers include: a. right hemicolectomy (caecectomy and resection of terminal ileum) for Crohn's disease. b. total colectomy and ileal pouch anal anastomosis (pouch) for ulcerative colitis. c. small bowel resections for Crohn's disease. d. gastrostomy for Crohn's disease. e. colostomy to divert faecal flow in Crohn's disease. 5) The risk of surgery in teenagers has reduced over the decade with increased use of biological agents and early immunosuppressants. Despite this, many children will still require significant surgery in teenage years with a stoma which will often remain in place until their growth is completed with associated impact on quality of life, self-esteem and health issues with electrolyte loss. There is a high probability that those children requiring a stoma for Crohn's disease will not have this reversed. Additional reading and guidelines: https://www.ecco-ibd.eu/publications/ecco-guidelines-science/published-ecco-guidelines.html http://www.bspghan.org.uk/documents/IBDGuidelines.pdf Update of the management of inflammatory bowel disease Arch Dis Child 2012;97:78-83 J M E Fell.

11.30. Genetics in Colon Cancer

Simultaneous translation

M. ABRAMOWICZ (BRUSSELS, BE)

Cancer develops after genetic, or epigenetic mutations alter genes involved in cell proliferation, either by promoting cell division, reducing apoptosis, enhancing nutrition, adjusting to tissular conditions, or escaping immune response. Colon cancer has been an invaluable model to dissect mechanisms because of the histo-molecular correlation observed in the adenoma to carcinoma progression. High throughput genetic sequencing recently allowed insights into the mutational landscape of tumors, revealing molecular differences in various foci from heterogeneous tumors, as well as in metastases, with evidence of convergence of mutations in different genes involved in the same biological pathway. High throughput sequencing has proven able to analyse tumor DNA circulating in patients' plasma, opening the way for non invasive liquid biopsies. High throughput DNA sequencing is also changing medical care in the 5% colon cancers that result from a major inherited susceptibility, like Lynch syndrome. Related to this issue, genome-wide analyses (exome analysis) for unrelated conditions will show incidental findings of genetic cancer predisposition in a sizable proportion of patients, challenging genetic counseling. It is likely that the coming years will allow better classification of cancer patients based on their genetic findings (cancer mutations, host mutations, and pharmacogenetics), more personalized care, and some cancer risk profiling in asymptomatic patients beyond the 5% of currently known cases.