



BULLETin

Issue July 2013

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Vice-President's Message

Susan Stelton, Vice-President, WCET



Hello Everyone!

May and June have been busy months for the WCET Board and many members with country and regional meetings. President Louise Forest-Lalande attended the Study Day of the French Speaking members of the Woundcare Society in Switzerland. The WCET Executive Board held its annual meeting in Montreal. During this meeting WCET progress is discussed and plans are made for the year(s) to come. Following the Board meeting, President Louise Forest-Lalande, Vice-President Susan Stelton and Congress and Meeting Coordinator Dee Waugh attended the European Council of Enterostomal Therapists Congress in Paris. Secretary Werner Droste also attended the ECET since he is a member of ECET. WCET Journal Editor Elizabeth Ayello attended and organized the WCET stand at the Wound Ostomy Continence Society Conference in Seattle Washington, USA. Many attendees purchased the Norma N. Gill book and expressed interest in attending the WCET Congress next year in Gothenburg, Sweden.

On a personal note, I have moved from Phoenix, Arizona back to my home in Michigan on July 1 to be closer to our daughter and her family. My email details remain the same: wcetvicepres@aol.com.

WCET International Ostomy Guidelines:

Karen Zulkowski, Publications and Communications Chairperson, Elizabeth Ayello, WCET Journal Editor and Susan Stelton, Vice-President, recently met for a 3-day weekend to begin to draft the WCET International Guidelines. You will be hearing more about this important project as time goes on.

Norma N. Gill Day June 26

The second annual WCET Norma Gill N. Day was June 26, 2013. Members have been asked to send information about how they celebrated the day. The **August BULLETin will feature the celebrations.**

Meet the New Swiss I.D.

Karen Riesen

I have just become the Swiss WCET Delegate. I did my initial RGN nurse training as well as an Accident and Emergency Nursing Certificate in the UK in the 1980's. I moved to Switzerland in 1987 and have since worked in different areas of nursing. In 2011 I obtained a Certificate of Advanced Studies in Woundcare at Geneva University of Applied Sciences



I have been working in wound care for over 10 years, but am relatively new to Stoma Care. After doing a short course on Stoma Care in Lyon, France, I started working at a Stoma Care & Wound Care Unit for Asanté Sana in Montreux, Switzerland in January 2010. I work in tandem with Christine Vurlod, a qualified ET Nurse and WCET member. The majority of our work is in the community in both stoma and wound care. However we are consulted for stoma care at our local hospital, Hopital Riviera, Montreux-Vevey. We aim to see our patients before their operations, and then follow them throughout their stay in hospital. We then continue to see them either in the community or as an outpatient. This provides continual care by the same team. Our office is at our local hospital.

We're both actively involved in regional working committees for both stoma and woundcare. Both these groups are a legacy from the invaluable work that Judith Weller (retired NNGF chairperson and WCET secretary) did in our county and country. I am a member of the educational committee of the French speaking section of the Swiss Woundcare Society (SAfW). I am really looking forward to working with the WCET, promoting the WCET, and meeting other members.

My email is: swisskaz@hotmail.fr

About the cancellation of the ECET Congress in Switzerland:

By Karen Riesen

Following enquiries as to the cause of the cancellation of the ECET Congress in Lucerne, mentioned in the first bulletin in February 2013, I would like to set the record straight and inform WCET members of the circumstances which led to the cancellation.

Due to unforeseen circumstances the ECET decided to transfer the 2013 congress from Switzerland to Paris, France. The Swiss Association of Stoma Therapy Nurses deeply regretted their decision and was understandably very disappointed.

World News

The Philippines

Stoma and Wound Care Training at the Medical City Hospital Philippines with Lions for Stoma Care

by: Rhyan A. Hitalla RN,ET

Enterostomal Therapy Nursing here in the Philippines is such a very interesting field in Nursing, but years had passed and there were only few who have the passion and sincerity of taking care of patients with ostomy, wounds, and problem with incontinence. Plans for an stoma care seminar started with a meeting last August 2012, with Dr. Harikesh Buch, Dr. Manuel Francisco Roxas, Mr. Rhyan Hitalla, Mr. Ronaldo Lora, and Coloplast, Ms. Sherry Claire Atento and Eric Chan, to conduct a one week seminar here in the Philippines with the aid from Lions for Stoma Care. The training for nurses was held December 3 to 7, 2012 at The Medical City Hospital where Dr. Roxas (Colorectal Surgeon) & Mr. Rhyan Hitalla (ET Nurse) work.



The 30 participants of the Stoma & Wound Care Training program December 3-7, 2012 together with Dr. Carlo Pezzcoller (Middle), Ms. Louise Forest Lalande RN,ET(WCET President), Dr. Harikesh Buch(India), and Mr. Rhyan Hitalla RN,ET(The Medical City).

It was a very wonderful event for the nurses who came from different hospitals from all over the whole archipelago of the Philippines. For the first time different institutions meet and set aside their differences to share their experiences and most importantly to learn from the experts when it comes to stoma and wound care. International and local speakers came to join this event in its aim to promote stoma and wound care nursing here in the Philippines. Among the topics discussed were fecal and urinary stoma creation, stoma planning, psychosocial & psychosexual aspects in ostomy care, stoma complications and management, pediatric stoma care, and also sharing of life experiences from an ostomate.



Above: The team with a cause (from Left to Right) Dr. Carlo Pezzcoller, Dr. Manuel Roxas, Ms. Louise Forest-Lalande, Dr. Harikesh Buch, and Mr. Rhyan Hitalla



Lecture at The Medical City Conference Room

NNGF Scholarship Recipient Reports

Stoma Care development in Western Kenya post 22nd WCET Biennial Congress

By Peter G. Kamau RN/RM/DHP.

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15th May 2012

I convened a meeting to give feedback from the Conference to key hospital staff members and discuss how stoma care could be improved in our hospital.

In attendance, was the head of the adult surgical ward, the hospital Chief Deputy, Chief Nurse, pediatric Surgeon in Charge, the Chairman of adult surgery, Nurse In Charge of male surgical ward and Nurse In Charge of female and pediatric surgical ward.

A brief report of stoma care knowledge obtained from the conference was given and all the attendees were amazed to hear how stoma care is provided in developed countries. The following resolutions were made to:

- Assign a nurse who will lead stoma care in the hospital.
- Identify a lockable cupboard in the ward where stoma appliances will be kept.
- Have the nurse review and counsel all pre and post operative stoma patients.
- Have the nurse will keep data and ask for help as necessary,
- Form a support group for ostomates.
- Start a monthly stoma clinic.

3rd Sept 2012

A Colo-rectal cancer survivor's support group meeting was held and attended by 15 survivors. A colorectal cancer survivor's support group was formed and elections held. The first stoma clinic was started the same day.



Ostomates and staff members in a support group meeting

30th October 2012

A shipment of donated stoma appliances was received from Colostomy Association of Southern Adelaide. I met the president during the conference and shared our ostomate's needs. He promised to help and he has consistently done it.

29th October 2012

A joint meeting was held between Nairobi and our hospital stoma association.

It was resolved that we form one National Association for the country named stoma word Kenya. The name of our Association will therefore be Stoma World Kenya – North Rift Branch.

9th December 2012

A nurse with interest in stoma care and one of our ostomates were sent to Aga Khan Hospital for a one week volunteers' training in stoma care. Since then they have been very good resources for the ostomates' group.

13th March 2013

A second shipment of stoma appliances was received from Colostomy Association of Southern Adelaide.

Summary:

Before I attended the 22nd WCET Biennial conference our hospital stoma patients in Kenya used polyurethane paper bags and rags to manage their stomas.

Attending the 2012 WCET Congress enabled me to gain basic knowledge on provision of care to stoma patients. The NNGF Congress Travel Scholarship enabled me to meet the Chairman of the Colostomy Association of Southern Adelaide from whom our ostomates in this region have continued to receive stoma appliances.

Profile of an Indonesian ETNEP Student Ahmad Hasyim Wibisono

Dear fellow WCET members, my name is Ahmad Hasyim Wibisono. Right now I am working as a junior lecturer at school of nursing in Brawijaya University, East Java, Indonesia. July the 1st 1986 is my birthday. Currently I am a resident of Malang, the city where I was born and spend most of my time. During my spare time I usually do some sports, such as badminton and swimming, and I also like to do a lot of readings. As a black coffee fan, I never missed a cup of coffee during my activities.

I completed my bachelor of nursing science degree at School of Nursing in Brawijaya University in 2009. After one year of working as lecturer assistant, I continued my study at the Faculty of Nursing, University of Indonesia and graduated in 2012. During my study at University of Indonesia, I had been awarded an Australian Development Scholarship (ADS) by the Australian Government. Therefore in this time I am studying at Flinders University in Adelaide.

I attended the Indonesian ETNEP in 2012, supported by the Norma N Gill Foundation (NNGF) scholarship. During this program, I found a whole lot of new knowledge and insight in the area of ET nurse practice. Through the ETNEP program I began to gain better understanding of the essential meaning of "caring" principle in nurses' day to day activities. Overall I really feel that the ETNEP program is really exciting and challenging, and also demonstrates the very important role of nurses in this area.

For the future, after completing my study I wish to finish my ETNEP course and have my own private nursing practice in Indonesia, so that I will be able to apply my knowledge and skills intensively. I will also be actively involved in research, and refining standard operational procedures (SOP) back in my country.

Finally, during my study in Australia wish to avail my time to get in touch with Australian ET nurses and local ET nurse associations.



Acknowledgements

I would especially like to thank the Norma N Gill Foundation and the chairperson, Ms Carmen George for the generosity and support that enabled me to undertake the Indonesian ETNEP. It's a great honour for me and other Indonesia nurses to be able to enroll in the program

My sincere thanks also goes to Ms Widasari Sri Gitarja as the nurse in charge of Indonesian ETNEP who provided me with a highly supportive team of Indonesian ostomy nurses, from whom I got priceless knowledge and insight in the practice of ostomy nurse

Ahmad Hasyim Wibisono Indonesian ETNEP XI

<p>Clinical Case Paper :</p> <p>Paediatric Colostomy Bag Customization, Clinical Effectiveness</p>	<p>January 12012</p>
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Case description

The Client, a 7 months old female baby with temporary loop colostomy presented to the clinic with her mother for a routine stoma check up. Ostomy nurse performed routine procedure for stoma care (cleaning and drying peristomal skin, measuring stoma size, and applying colostomy bag). The colostomy bag used was an adult size, one piece drainable bag. This bag type was chosen as an alternative because of the scarcity of paediatric size colostomy bag.

After ten days, client came to the clinic for another check up and consultation. The mother said that the one piece bag was not appropriately fit to her baby. She was continuously grab and pull the ostomy bag so that the bag was taken away inadvertently. As a solution, the mother used a hand made double-taped plastic bag to replace the stoma bag. After several days a peristomal skin irritation was occurred, and appeared as a reddened and stretched area around the stoma.



Peristomal skin irritation

On the examination, based on Studio Alterazioni Cutanee Stomali (SACS) scale, the skin problem category was LI,TV.

Since it is not easy to find a paediatric sized colostomy bag, the ostomy nurse has a solution to create a modified colostomy bag using a soft plastic bag. Firstly the plastic bag were cut to half, to make an appropriate size. Secondly, a hole were made in one side of the bag. Make sure that the hole's size fit properly to the stoma and is made based on proper stoma measurement.



Customised plastic bags

To protect the peristomal skin, the skin barrier was applied. In addition to that, a rope-shaped gauze was put circumferentially around the stoma tightly but not too tight to absorb stoma effluent. The plastic bag was then placed to cover the stoma and peristomal area. A proper plastic bag placement will put the gauze inside the bag and the bag is in contact with peristomal skin. Finally, the plastic bag's aperture is sealed using a non-allergenic tape in a medial-upward position.



Application of lotion skin barrier and rope-shaped gauze



Final bag placement

Since gauze is unable to provide long term protection to the peristomal skin, the mother was then told to replace the plastic bag, cleanse peristomal skin, and dry it up everytime the effluent reaches 25% of the bag volume.

To promote parent's active involvement in stoma care, the mother was then taught the technique used to prepare such ostomy bag. Using an ostomy puppet, the mother, along with the ostomy nurse re-perform the procedure from materials preparation until ostomy bag fixation.



Patient Learning aids



Mother and sibling were actively involved to promote independency and confidence when treating the baby

Evaluation

Seven days after the previous meeting, parents were phone called for evaluation. During anamnesis, the mother stated that she was able to do stoma care routinely. She changed the plastic bag around four to six times a day. No difficulties were reported. The baby seemed feel quite comfortable with the soft plastic bag. She was no longer scratching or grabbing the stoma bag as she previously did.

On physical examination, the peristomal irritation was significantly reduced, with the SACS scale score T1 L II. The reddish area only appeared slightly at one quadrant (upper right quadrant) of the peristomal skin.

In terms of cost effectiveness, the mother stated that this method is really helps her to save money. All the materials are very cheap, and the lotion skin barrier were provided with a very cheap price by WOCARE clinic, supported by the SOS (StomaNurse Ostomate SupportGroup).



Significantly reduced peristomal skin irritation

Discussion

Up to recently, in Indonesia, a paediatric colostomy bag scarcity remains an unresolved issue. Despite the availability, the price is also become a burden for most patients. In the case above, peristomal irritation occurs because of the inadequate pouching system using double taped plastic bag with inappropriate bag opening's size. Parents do not understand the importance of the appropriateness of colostomy bag aperture size. Furthermore, double taped plastic is unable to give peristomal skin protection towards gastrointestinal fluids.

Peristomal skin irritation will occur if there is a continuous contact between gastrointestinal effluent and peristomal skin. The gastrointestinal effluent tends to be corrosive since it has an alkaline pH, and also contains unabsorbed waste product and digestive enzymes which break down protein. As protein is the major constituent of the outer layer of the skin, any contact with gastrointestinal effluent will lead to skin disruption (Vujnovic 2006, p. 2). If not treated in a proper and timely manner, skin irritation may cause ulceration, which then may leads to further complications such as infection and mucocutaneous separation (Butler 2009, pp. 2-3). Since peristomal complications may affect patient's quality of life, early prevention and treatment will be very beneficial.

The ability to accurately identify and make judgment of the stoma and peristomal area condition is essential for ET nurses. To assist to do so, there are several measurement tools that can be used to both identify and classify stoma conditions based on its clinical appearance. One of the established measurement tools is the Studio Alterazioni Cutanee Stomali (SACS) scale. This scale classifies stomal and peristomal complications based on its location and the degree of tissue damage (Beitz, et al 2010, p. 3). This scale has been validated and therefore is used widely among Indonesian ostomy nurses.

In this case, there are five points that were used by the ostomy nurse to deal with skin irritation problem and also provide affordable solution for the parents. These five points are:

- Application of lotion skin barrier
- Utilization of rope shaped gauze to temporarily absorb effluent
- Utilization of soft plastic bag as a temporary container (with appropriate aperture size and proper placement)
- Frequent bag and gauze changing
- Parent education and training

The real life situation in developing countries is often make it difficult for ostomy nurses to provide a complete guideline-based ostomy care. Therefore, ostomy nurses need to be creative to use any available resources yet still aware on the principles of ostomy care. The same condition also applies on patient education. Where a factory made education tools are unavailable, nurses may use any available resources to create an effective education tools. All of the education tools shown above (named puppy stoma bag) were created by the members of Indonesian StomaNurse Ostomy SupportGroup (SOS).

Reference List

- Beitz J, et al 2010, 'Content Validation of a Standardized Algorithm for Ostomy Care', *Ostomy Wound Management*, vol. 56, no. 10
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- Vujnovich, A 2006, 'The Management of Stoma-Related Skin Complications', *Wounds UK*, vol. 2, no. 3

Upcoming Meetings:

WCET

20th WCET Biennial Congress, 15-19 June, 2014, Gothenburg, Sweden

The World Council of Enterostomal Therapists 20th Biennial Congress



APETNA



The 5th Congress of APETNA

The 5th Congress APETNA

Asia Pacific Enterostomal Therapy Nurses Association

Communication, Coordination, Collaboration of ET Nurses

September 6[Fri]-7[Sat], 2013
Convention Center, Sejong University, Seoul, Korea



SOBEST

10^o CONGRESSO BRASILEIRO DE ESTOMATERAPIA
Brazilian Congress of Wound, Ostomy and Continence Care
Congresso Brasileiro de Estomaterapia
13 a 17 de OUTUBRO de 2013
October 13th to 17th 2013 / 13 al 17 Outubro de 2013
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