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<tr>
<td>10h00 – 20h00</td>
<td>Registration</td>
<td>Strelitzia Restaurant</td>
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<tr>
<td>08h30 – 12h00</td>
<td>WCET Committee Meetings</td>
<td>Meeting Room 2.44</td>
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<tr>
<td>08h30 - 10h00</td>
<td>WCET Education Committee Meeting</td>
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<td>WCET NNGF Committee Meeting</td>
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<td>13h00 – 14h30</td>
<td>Pre-congress Workshops</td>
<td>Meeting Room 1.43-4</td>
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<tr>
<td>15h00 - 16h30</td>
<td>International Delegates Meeting</td>
<td>Backstage green room, Auditorium 1</td>
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<tr>
<td>17h00 for 17h30 - 19h30</td>
<td>Opening of Congress and Parade of Nations</td>
<td>Auditorium 1</td>
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<tr>
<td>19h30 - 22h00</td>
<td>Opening of the Exhibition &amp; Welcome and Cultural Evening</td>
<td>Hall 2</td>
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**Workshop 1 Ostomy:**
Convexity - addressing the controversies surrounding the use of convex stoma appliances.
Session Chair: TBC

*Jo Hoeflok*
Nurse Practitioner/Enterostomal Therapy Nurse
St Michael’s Hospital (Canada)

**Workshop 2 Wound:**
Infrared thermometry. A cost effective tool for every wound care practitioner & their patients.
Session Chair: Anne Berzen (South Africa)

*Dr Gary Sibbald* & *Hiske Smart*
1. Wound Pedia (Canada), 2. Registered Nurse & Wound Care Specialist (Bahrain)

**Workshop 3 Education:**
Train the trainer – Critical Appraisal
Session Chair: Annali Fichardt (South Africa)

*Prof Damon Bizos*
Surgical Gastroenterologist, The Wits Donald Gordon Medical Centre (South Africa)

**Workshop 4: Infection Control:**
No second chances with Infection Prevention in ET – 10 Ways to Clean Up Your Act
Session Chair: Monica Franck (South Africa)

*Helen Loudon*
Independent Infection Prevention and Quality Mx Specialist
Healthcare Risk Consultancy (South Africa)
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<td>Registration and Help Desk</td>
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<td>07h00 – 08h15</td>
<td>Industry Symposium: Coloplast</td>
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<td>08h30 – 10h30</td>
<td>Opening Plenary Session. Session Chair: Dee Waugh (South Africa)</td>
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<tr>
<td>08h30 – 08h40</td>
<td>Welcome</td>
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<td><em>Dee Waugh</em></td>
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<td>WCET Congress &amp; Meeting Coordinator (South Africa)</td>
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<td></td>
<td><em>Monica Franck</em></td>
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<td>WCET 2016 Congress Convenor (South Africa)</td>
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<td>08h40 – 08h50</td>
<td><em>Susan Stelton</em></td>
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<td>WCET President (USA)</td>
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<td>08h50 – 09h00</td>
<td><em>Barry Maughan</em></td>
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<td>IOA President (New Zealand)</td>
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<tr>
<td>09h00 – 09h40</td>
<td>Norma N Gill Memorial Lecture</td>
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<td><em>Acknowledging the old and embracing the new... A review of fifty years of diversity and change.</em></td>
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<td><em>Keynote Speaker: Prilli Stevens</em></td>
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<td>WCET Life Member (South Africa)</td>
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<tr>
<td>09h40 – 10h20</td>
<td>Advances in the Management of Colorectal Cancers</td>
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<td><em>Keynote Speaker: Prof Bob Baigrie</em></td>
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<td>Dept of Colorectal Surgery, University of Cape Town (UCT) &amp; Private (South Africa)</td>
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<td>10h20 – 10h30</td>
<td>Q &amp; A</td>
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<td>10h30 – 11h30</td>
<td>Refreshment Break</td>
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<td>Session Chair: Prilli Stevens (South Africa)</td>
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<td>11h30 – 12h20</td>
<td>The Ebola Outbreak</td>
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<td><em>Keynote Speaker: Prof. Adriano Duse</em></td>
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<td>Head of Clinical Microbiology and Infectious Diseases, WITS University (South Africa)</td>
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<td>12h20 – 12h30</td>
<td>Stipulating Quality for our Patients- Working Together To Set The Standards &amp; The Bench Marks</td>
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<td><em>Wendy Osborne</em> (United Kingdom)</td>
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<td>12h30 – 12h45</td>
<td>Wound Care In Disaster Situations: The Haiti Experience</td>
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<td><em>Invited Speaker: Susan Stelton</em></td>
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<td>WCET President (USA)</td>
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<tr>
<td>12h45 – 12h55</td>
<td>Countermeasures Against Natural Disasters By Japanese SSCR</td>
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<td><em>Yuko Omura</em> (Japan)</td>
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<tr>
<td>12h55 – 13h10</td>
<td>The Quest for a Sustainable Wound Management Solution for Rural Areas of Tropical Developing Countries</td>
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<td><em>Invited Speaker: Dr Linda Benskin</em></td>
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<td>Registered Nurse (USA)</td>
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<td>13h10 – 13h15</td>
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<td>11h30 – 11h40</td>
<td>Stoma Related Complications &amp; Challenges</td>
<td>Carmen George (Australia)</td>
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<td>11h30 – 11h40</td>
<td>I Want To Know &amp; I Don’t Want To Know: Creating Atmosphere For Compliance</td>
<td>Riva Ziperstein (Israel)</td>
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<td>11h40 – 11h50</td>
<td>The Effect Of Stoma Site Marking On Stomal and Peristomal Complications: A Multicenter Prospective Study</td>
<td>Ayise Karadag (Turkey)</td>
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<tr>
<td>11h50 – 12h00</td>
<td>Stoma Complications &amp; Q of L of Patients: Cross Sectional Study</td>
<td>Paulo Alves (Portugal)</td>
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<tr>
<td>12h00 – 12h10</td>
<td>How A Transdisciplinary Approach Can Help in The Management Of High Output Ostomies/Fistulae &amp; Short Gut Syndrome(10)</td>
<td>Laurent Chabal (Switzerland)</td>
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<td>12h10 – 12h20</td>
<td>Management of Complicated Wound Secondary to Retracted Stoma</td>
<td>Sercan Karadag (Turkey)</td>
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<tr>
<td>12h20 - 13h15</td>
<td>Panel Discussion</td>
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<tr>
<td>11h30 – 13h15</td>
<td>Improving Patient Outcomes: Nurse Led Projects</td>
<td>Vashti Livingston (USA)</td>
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<td>11h30 – 11h40</td>
<td>Collaborative Working Between Stoma Nurses in the Acute and Community Setting</td>
<td>Lisa Hall (England)</td>
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<tr>
<td>11h40 – 11h50</td>
<td>Effect of Out of Hospital Health Guidance in Improving the Life Quality of Patients having undergone Colostomy</td>
<td>Aihua Chen (China)</td>
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<tr>
<td>11h50 – 12h00</td>
<td>A Mobile Internet Application To Enhance Accessibility to Enterostomal Nurses in China</td>
<td>Xiaorong Huo presented by Lei Shi (China)</td>
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<td>12h00 – 12h10</td>
<td>A Non-randomized Controlled Study Investigating The Effects Of Routine Outcome Monitoring With A Clinical Feedback System On The Adjustment To Life With An Ostomy: A Study Protocol</td>
<td>Kirsten Indrebø (Norway)</td>
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<td>Panel Discussion</td>
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<td>13h15 – 14h30</td>
<td>Lunch</td>
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<td>14h30 – 16h15</td>
<td>Burns &amp; Trauma in Paediatrics</td>
<td>Louise Forest-Lalande (Canada)</td>
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<td>14h30 – 14h50</td>
<td>Overview on Burns</td>
<td>Dr. Andre Loubser</td>
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<td>Invited Speaker: Dr. Andre Loubser</td>
<td>Christiaan Barnard Memorial Hospital (South Africa)</td>
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<td>14h50 – 15h10</td>
<td>Toxic Syndrome in Burns</td>
<td>Dr. Roux Martinez</td>
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<td>Invited Speaker: Dr. Roux Martinez</td>
<td>Burns Unit, Red Cross War Memorial Children’s Hospital (South Africa)</td>
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<tr>
<td>15h10 – 15h40</td>
<td>Trauma In Paediatrics</td>
<td>Prof. Sebastian Van As</td>
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<td>Invited Speaker: Prof. Sebastian Van As</td>
<td>Head of the Trauma Unit, Red Cross War Memorial Children’s Hospital (South Africa)</td>
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<tr>
<td>15h40 – 15h50</td>
<td>Special Considerations with Neonatal Stomaltherapy Nursing</td>
<td>Carol Stott (Australia)</td>
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<td>15h50 – 16h00</td>
<td>The Psychological Impact of Surgery On Paediatric Ostomy Patients &amp; The Need For Continued Aftercare For Children &amp; Their Families</td>
<td>Judith Spurling &amp; John White (United Kingdom)</td>
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<tr>
<td>16h00 – 16h15</td>
<td>Q &amp; A</td>
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### Programme

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<tr>
<td>14h30 – 14h55</td>
<td>“Diamonds in the Dust”&lt;br&gt;HNPCC – Hereditary Non-Polyptotic Colon Cancer</td>
<td>Invited Speaker: Prof. Paul Goldberg&lt;br&gt;Dept of Colorectal Surgery (South Africa)</td>
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<td>14h55 – 15h15</td>
<td>A Case Study on a HNPPC Child</td>
<td>Invited Speaker: Ursula Algar (South Africa)</td>
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<td>15h15 – 15h40</td>
<td>Negotiating the Mine Field of Colorectal surgery&lt;br&gt;Invited Speaker: Dr. Emile Coetzee&lt;br&gt;Colorectal Surgeon (South Africa)</td>
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<td>15h40 – 15h50</td>
<td>Challenging the Norms of Stoma Formation&lt;br&gt;Rebecca Foot-Connolly (Australia)</td>
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<td>15h50 – 16h00</td>
<td>Stoma Bridges &amp; Their Effect On Patient Outcomes&lt;br&gt;Antoinette McTigue (USA)</td>
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<tr>
<td>16h00 – 16h10</td>
<td>The effect of Pre operative site marking on Quality of Life &amp; Incidence of early Stoma Complications&lt;br&gt;Selda Karaveli (Turkey)</td>
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<td>16h10 – 16h15</td>
<td>Q &amp; A</td>
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<th>Wound Ostomy Continence Education Around the World</th>
<th>Meeting Room 1.6</th>
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<td>14h30 – 14h45</td>
<td>Update on WCET ETNEP &amp; REP Programmes&lt;br&gt;Invited Speaker: Vera Santos&lt;br&gt;WCET Education Chairperson (Brazil)</td>
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<tr>
<td>14h45 – 14h55</td>
<td>Initiation of Wound And Continence Services in Kenyatta National Hospital&lt;br&gt;Jane Ndungu (Kenya)</td>
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<td>14h55 – 15h05</td>
<td>Kenya Is Awakening&lt;br&gt;Elizabeth English (Australia)</td>
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<td>15h05 – 15h15</td>
<td>The Romanian Ostomy Patients Support Foundation. Giving something back and rising to the challenge!&lt;br&gt;Jo Sica (United Kingdom)</td>
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<tr>
<td>15h15 – 15h25</td>
<td>Enterostomaltherapy Nursing in Malaysia: Our Journey &amp; Direction&lt;br&gt;Mariam Mohd Nasir (Malaysia)</td>
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<td>15h25 – 15h35</td>
<td>Project Ilco Sweden Ostomy Association – Ilco Zimbabwe Trust&lt;br&gt;Marie Šten (Sweden)</td>
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<td>15h35 – 15h45</td>
<td>Enterostomaltherapy In Brazil – 25 years of History&lt;br&gt;Maria Angela Boccara De Paula (Brazil)</td>
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<td>15h45 – 15h55</td>
<td>Collaboration Between WCET, CAET and ET Department at UMMC – KL Malaysia&lt;br&gt;Mariam Mohd Nasir (Malaysia)</td>
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<td>15h55 – 16h15</td>
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<td>14h30 – 16h15</td>
<td>Invited Speakers: Dr Karen Zulkowski (USA), WCET Journal Editor &amp; Greg Paull (Australia), WCET Publisher</td>
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<th>Refreshment Break</th>
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<tr>
<td>16h45 – 18h00</td>
<td>Industry Symposium: Convatec</td>
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Free evening
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<td>07h00 - 08h15</td>
<td>Industry Symposium: B. Braun</td>
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<tr>
<td>08h30 - 10h15</td>
<td>General Parallel Session</td>
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<td>08h30 – 09h00</td>
<td>Considering Prevention in Peristomal Skin Care</td>
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<td><em>Keynote Speaker:</em> Jo Hoeflok</td>
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<td>ET Nurse, St. Michael’s Hospital (Canada)</td>
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<td>09h00 – 09h10</td>
<td>Stoma Related Complications &amp; Stoma Height One Year After Surgery</td>
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<td><em>Eva Carlsson (Sweden)</em></td>
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<td>09h10 – 09h40</td>
<td>Addressing the Issues of Cultural Competency</td>
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<td><em>Keynote Speaker:</em> Prof. Larry Purnell</td>
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<td>Creator of the Purnell Model for Cultural Competence (USA)</td>
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<td>09h40 – 09h50</td>
<td>Balinese Nurses Spirituality And Beliefs – A Support System in Stoma Care</td>
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<td><em>Made Sukuma Wijaya (Indonesia)</em></td>
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<td>09h50 – 10h15</td>
<td>Q &amp; A</td>
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<td>08h30 - 10h15</td>
<td>Managing Infection in the 21st Century</td>
<td>Meeting Room 1.4</td>
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<td>08h30 – 08h50</td>
<td>The Problems with Antibiotic Stewardship in the 21st Century</td>
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<td><em>Keynote Speaker:</em> Prof. Adriano Duse</td>
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<td>Head of Clinical Microbiology and Infectious Diseases, Wits University (South Africa)</td>
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<td>08h50 – 09h20</td>
<td>Clostridium Difficile: a ticking time bomb!</td>
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<td><em>Invited Speaker:</em> Helen Loudon</td>
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<td>Independent Infection Prevention and Quality Mx Specialist (South Africa)</td>
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<td>09h20 – 09h30</td>
<td>Video</td>
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<td>“Faecal Bacteriotherapy for Clostridium difficile”</td>
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<td>09h30 – 09h40</td>
<td>Necrotising Fascitis</td>
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<td><em>Flesh Eating Bugs - SciFi Or a Reason Why?</em></td>
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<td>Maddie White (United Kingdom)</td>
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<td>09h40 – 09h50</td>
<td>Symmetrical Peripheral Gangrene: A Rare Phenomenon.</td>
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<td><em>Deidre Widdall (Australia)</em></td>
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<td>08h30 - 10h15</td>
<td>Continence Care</td>
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<td>08h30 – 09h00</td>
<td>Female Urinary Stress Incontinence.</td>
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<td><em>Invited Speaker, Dr. Gary Groenewald</em></td>
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<td>Obstetrician &amp; Gynaecologist (South Africa)</td>
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<td>09h00 – 09h10</td>
<td>Efficacy of 3 Steps of Hypnosis to Control Bedwetting: A Case Study</td>
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<td><em>Lelik Adiyanto (Indonesia)</em></td>
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<td>09h10 – 09h20</td>
<td>Development &amp; Validation of an Assessment Tool to CIC Catheters By The User</td>
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<td><em>Gisele Azevedo (Brazil)</em></td>
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<td>09h20 – 09h30</td>
<td>Incontinent Teenage Girls: An Ugly Duckling Who Dreams of Being a Swan</td>
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<td><em>Sandra Guerrero–Gamboa (Columbia)</em></td>
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| 09h30 – 09h40 | Traditional Massage & Vaginal Spa Treatment for Manage Continence Problems in Adult Women: A Case Series  
Widasari Sri Gitarja (Indonesia) |
| 09h40 – 10h15 | Q & A                                                                 |
| 08h30 - 10h15 | Wound Care: IIWCC                                                        |
|             | Session Chair: Mariëtte Swart (South Africa)                            |
|             | Keynote Speaker: Hiske Smart  
Registered Nurse & Wound Care Specialist (Bahrain) |
|             | The IIWCC – Global Outcomes Knowledge Transfer from Africa and around the World  
Invited Speaker: Dr. Gary Sibbald (Canada)  
Invited Speaker: Dr. Elizabeth Ayello (USA) & the students from the IIWCC |
| 10h15 – 11h15 | Refreshment Break and Poster Session                                    |
| 11h15 – 13h00 | General Parallel Session                                                 |
|             | Session Chair: Elizabeth Ayello (USA)                                   |
| 11h15 – 11h45 | Initiating Change in Environments Resistant to change                   |
|             | Keynote Speaker: Hiske Smart  
Registered Nurse & Wound Care Specialist (Bahrain) |
| 11h45 – 12h15 | Pressure Ulcers: The Risk Factors Contributing to Pressure Ulcers After Surgery  
Invited Speaker: Dr. Keryln Carville  
Prof Primary Health & Community Nursing, Silver Chain & Curtin University (Australia) |
| 12h15 – 12h25 | Analysis of Pressure Ulcer Prevelance In A Public Hospital              |
|             | Sandra Marina Gonçalves Bezerra (Brazil)                                |
| 12h25 – 12h35 | Incidence of Pressure Ulcers & Skin Tears in A Cardiopneumologic Intensive Care Unit  
Ticiane Campanili (Brazil) |
| 12h35 -12h45 | Pressure Ulcer Incidence In Intensive Care Unit.                        |
|             | Kelly Strazzieri Pulido – presented by Vera Santos (Brazil)            |
| 12h45 – 12h55 | Development National Consensus Document of Wound Care Clinic Standard: Delphi Study  
Saldy Yusuf (Indonesia) |
| 12h55 – 13h00 | Q & A                                                                   |
| 11h15 – 13h00 | General Parallel Session                                                 |
|             | Session Chair: Ursula Algar (South Africa)                              |
| 11h15 – 11h35 | Enteroclysis                                                            |
|             | Invited Speaker: Anna-Lena Du Toit  
Chief Dietitian, Department of Health, Western Cape Government (South Africa) |
| 11h35 -11h55 | Intestinal Failure                                                      |
|             | Invited Speaker: Dr. Adam Boutall  
Colorectal Surgeon Groote Schuur Hospital & UCT Private (South Africa) |
| 11h55 – 12h15 | The Psycho –Social Impact on Patients with Intestinal Failure           |
|             | Invited Speaker: Dr. Carla Freeman  
Psychiatrist, University of Cape Town, (South Africa)                   |
| 12h15 – 12h25 | Refeeding A Complex Fistula: My First Time!                             |
|             | Margie Reid (Australia)                                                 |
| 12h25 – 12h45 | Advances in the Management of IBD.                                      |
|             | Invited Speaker: Dr. John Wright  
Gastroenterologist (South Africa)                                      |
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<td>Invited Speaker: Dr. Claire Warden</td>
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<td>Sacral Nerve Stimulation</td>
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<td>Biofeedback</td>
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<td>12h25 – 12h35</td>
<td>Faecal Incontinence in a Healthy Young Man – What Sort of Investigations?</td>
<td>Sithabiso Cotton (Switzerland)</td>
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<td>Continence Care: Way Forward</td>
<td>Invited Speaker: Mariam Mohd Nasir (Malaysia)</td>
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<td>Eva Carlsson (Sweden)</td>
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<td>The Nursing Role Managing Satisfactory Elimination After Low Anterior Resection</td>
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<td>11h35– 11h45</td>
<td>Colostomy Irrigation In 2015 &amp; Future Perspectives</td>
<td>Martin Ghislaine (France)</td>
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<td>A Qualitative Study On Living Quality of Patients With Rectal Carcinoma &amp; Permanent Colostomy</td>
<td>Invited Speaker: Yanhua Xu (China)</td>
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<td>Capacity &amp; Functional Dependence of People With Intestinal Elimination Stomas</td>
<td>Invited Speaker: Paulo Alves (Portugal)</td>
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<td>Collaborative Working To Improve Stoma Care Follow Up For Ostomates</td>
<td>Invited Speaker: Elaine Swan (United Kingdom)</td>
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<td>Patients Experience of Reversal of A Temporary Loop Ileostomy After Rectal Cancer Treatment</td>
<td>Invited Speaker: Maria Reinwalds (Sweden)</td>
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<td>Psychometric Evaluation Of The Stoma Q of L In Chinese Cancer Patients With Colostomies</td>
<td>Invited Speaker: Jun E Zhang (China)</td>
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13h00 – 14h00 Lunch

13h00 – 14h00 Education Meeting

14h00 – 16h00 Sexuality & Body Image
Session Chair: Elizabeth English (Australia)

14h00 – 14h40 Traditional Circumcision & Penile Transplants
Invited Speaker: Prof. Frank Graewe
Plastic & Reconstructive Surgeon: Tygerberg Hospital (South Africa)

14h40 -14h50 Addressing Body Image In A Trans Gender Male With An Extensive Mental Health History Including Chimerism
Kevin Hayles (United Kingdom)

14h50 – 15h00 Body Image & Intimacy Are Patients Informed?
Susan Peckham (United Kingdom)

15h00 – 15h05 Q & A

WOUND CARE:

15h05 – 15h30 Spreading The Revolutionary Message of Modern Wound Management Principles: Facilitating Change Among Surgeons in the Developing World
Invited Speaker: Dr Linda Benskin
Clinical Research & Education Liaison & Charity Liaison for Ferris Mfg. Corp. (USA)

15h30 – 15h40 Wound Prevalence & Characteristics
Paulo Alves (Portugal)

15h40 – 15h50 Neck Abscess Management Using Garlic Ointment & Zinc Cream As Primary Dressing in a Remote Area in Indonesia
Ikram Bauk (Indonesia)

15h50 -16h00 The Role of Foot Care in Diabetic Foot Ulcer Prevention: A Scoping Review
I Made Sukuma Wijaya (Indonesia)

Q & A

14h00 – 16h00 WCET International Ostomy Guidelines
Session Chair: Wendy Osborne (United Kingdom)

14h00 – 14h30 Focus on the WCET International Ostomy Guideline: Peristomal Skin Issues
Invited Speakers: Dr. Karen Zulkowski, WCETEB (USA) & Dr. Elizabeth Ayello, WCETEB (USA)

14h30 – 14h40 Using Zinc Cream To Heal Macerated Periwound Skin: Case Studies
Arun Ratna Pratiwi (Indonesia)

14h40 – 14h50 From the Students Perspective Understanding Stoma
Selda Karaveli (Turkey)

14h50 – 15h20 Diabetic foot epidemiology and health system policies
Invited Speaker: James Elliott
Toronto Regional Wound Healing Clinic (Canada)

15h20 – 15h30 Indigenous Circumpolar Foot & Wound Health
Michele Burdett-Taylor (USA)

15h30 – 15h40 Interaction Between Diabetic Foot Ulcers & Foot Wear Characteristic in an Outpatient Clinic, Makassar Indonesia
Saldy Yusuf (Indonesia)
15h40 – 15h50 University of Alaska, Foot, Nail and Wound Curriculum Initiative
Michele Burdett – Taylor (USA)

15h50 – 16h00 Identification Clinical Features Diabetic Foot Ulcers Using Non Contact Thermography Based on Mobile Phone: A Case Series
Salidy Yusuf (Indonesia)

14h00 – 16h00 Case Studies/ Stories from the bedside:
Session Chair: Carol Stott (Australia)

14h00 – 14h10 Does My Bum Look Big In This - A Look At Perineal Hernia
Sarah Ashworth (United Kingdom)

14h10 – 14h20 Fatty Liver Disease; An End To The Circle of Life
Anneke Bowley (South Africa)

14h20 – 14h30 How Do We Bag This: Management & Challenges of a Large Fungating Abdominal Wall Tumour
Breege O’ Neill (United Kingdom)

14h30 – 14h40 Silicone Technology in Stoma Care: Five Patients Qualitative Views on Performance Outcomes
Keith Cutting (United Kingdom)

14h40 – 14h50 Distresses of Parents of a Child With A Stoma
Marija Hegedus Matetic presented by Suzana Majcen Dvoršak (Slovenia)

LIFE ISSUES FOLLOWING OSTOMY SURGERY:

14h50 – 15h00 Meeting Destiny’s Challenge – Norma Gill’s Legacy at the Cleveland Clinic
Linda Coulter (USA)

15h00 – 15h10 Determination of the Effect of Colostomy Irrigation On Social Adjustment & Q of L in patients with colostomy
Ayise Karadag presented by Emine Akar (Turkey)

15h10 – 15h20 An Audit Q of L of Patients with Stoma Wound and Continence Issues
Anne Mwangi (Kenya)

15h20 – 15h30 Remembering The Past Gives Power To The Present
Svatava Novakova (Czech Republic)

15h30 – 15h40 Assessing Social Adaption of Individuals with An Intestinal Stoma - A Multicenter Study
Zehra Gocmen Baykara (Turkey)

15h40 – 15h50 The Effect of Multidisciplinary Pain Management To Accelerate Wound healing In Patients With Grade II Open Fracture of the Lower Extremity
Debbie Dahlia (Indonesia)

15h50 – 16h00 Q & A

14h00 – 16h00 General Parallel Session
Session Chair: Jo Sica (United Kingdom)

14h00 – 14h20 The Importance of R & D & Collaboration with Industry
Keynote Speaker: Jo Hoeflok
Nurse Practitioner, Enterostomal Therapy Nurse, St. Michael’s Hospital (Canada)

14h20 – 14h40 The Use of A Surgical Incision Management System on Vascular Surgery Incisions: A Pilot Study
Gregory Weir (South Africa)

14h40 – 14h50 Shhh Can you Keep a Secret? Evaluating Product Developments Within The Coloplast Ostomy Forum
Gill Hopkins (United Kingdom)
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<td>Johanna Van Der Drift (France)</td>
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<td>Successful Use of Flexima 3s Coupling System In Case of Multi Visceral Transplantation</td>
<td>Jiri Fronek (Czech Republic)</td>
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<td>Renewall Benefits</td>
<td>Rita Forkosh (Israel)</td>
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<td>You Said We Did</td>
<td>Pamela White (United Kingdom)</td>
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<td>15h30 – 15h40</td>
<td>Palliative Stoma Care Management: Spreading the Moslem Fatwa</td>
<td>Widasari Sri Gitarja (Indonesia)</td>
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<td>19h00 for 19h30</td>
<td>Congress Dinner</td>
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### Wednesday 16 March

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<td>Registration and Help Desk</td>
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<td>08h00 – 10h00</td>
<td>WCET Biennial General Meeting</td>
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| 10h45 – 12h15 | General Parallel Session  
Session Chair: Mariette Swart (South Africa)                                              | Auditorium 2         |
| 10h45 – 11h35 | Incontinence Associated Dermatitis (50)  
Invited Speaker: Prof. Fiona Coyer (Australia)  
Sponsored by 3M                                  |
| 11h35 – 12h05 | Microbial Biofilms: raising the bar in infection prevention – practice implications for  
ET and complicated wound management  
Invited Speaker: Helen Loudon (South Africa) |
| 12h05 – 12h15 | Q & A                                                                                   |                      |
| 10h45 – 12h15 | Management of High Output Stomas: Fistulae & Open Abdomens  
Session Chair: Jane Hoole                                | Meeting Room 1.4     |
| 10h45 – 11h00 | Overview of the Management of Entercutaneous Fistulae  
Invited Speaker: Dee Waugh (South Africa)             |
| 11h00 – 11h10 | Enterocutaneous Fistula – Faecal Distal Refeed To Address Nutrition &   
Hydration in Crohns  
Kevin Hayles (United Kingdom)                           | O-65                 |
| 11h10 – 11h20 | The Use of NPWT In the Management of Large Complex Wounds: Experience   
from Durban  
Prof Madiba Presented by Xolani Ntombela (South Africa) | O-200                |
| 11h20 – 11h30 | Pioneering Trial Using Fistula Wound Management For Open Abdomen following  
Elective Lap Cholecystectomy  
Hagit Yona (Israel)                                    | O-128                |
| 11h30 – 11h40 | SNAP (NPWT) An Evaluation of 10 Patients Wounds  
Carol Stott (Australia)                                 | O-159                |
| 11h40 – 11h50 | Innovative Use Of NPWT On An Exposed duodenostomy; and Biliary Ducts in a  
Complex Open Wound  
Karen O’Brien & Rachel Ludwig (USA)                          | O-95                 |
| 11h50 – 12h00 | Managing High Output Stomas in The Community: Empowering Patients  
Sharon Coleman – Presented by Anne Goodey (United Kingdom) | O-13                 |
| 12h00 – 12h10 | Challenges in Managing Fistula: How We Do It  
Mariam Mohd Nasir (Malaysia)                             | O-222                |
| 12h10 – 12h15 | Q & A                                                                                   |                      |
| 10h45 – 12h15 | Pain Management  
Session Chair: Laurent Chabal (Switzerland)            | Meeting Room 1.6     |
| 10h45 – 11h45 | Pain Assessment & Management for Nurses: Beyond the WHO Analgesic Ladder  
Invited Speaker: Dr. Linda Benskin  
Independent Researcher and Ferris Mfg. Corp (USA)    |
| 11h45 – 11h55 | Pain is Present in Pressure Ulcers  
Paulo Alves (Portugal)                                      | O-178                |
<p>| 11h55 – 12h15 | Q &amp; A                                                                                   |                      |</p>
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<td>Monica Franck</td>
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<td>13h30 – 14h00</td>
<td>Approaching Ano Rectal Malformations in the 21st C.</td>
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<td>Prof. Alp Numanoglu, Red Cross Children's Hospital (South Africa)</td>
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<td>13h30 – 15h00</td>
<td>Diabetic Wounds: Diabetes epidemiology, self-management and education, especially in low and middle income contexts</td>
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<td>Hiske Smart (South Africa)</td>
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<td>Tracheostomies – Home Care Case Study – Baby with Multiple Ostomies</td>
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<td>Jane Booth, Red Cross Children's Hospital (South Africa)</td>
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<td>Prof. Alp Numanoglu</td>
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<td>My Tsunami Experience</td>
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<td>Prof. Heinz Rode, Red Cross Children’s Hospital (South Africa)</td>
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<td>15h00 – 16h00</td>
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Please go directly to Auditorium 2 for the closing ceremony.
O-13
Managing A High Output In The Community: Empowering Patients.

S Colman¹, A Goodey²
1 - Hollister Nurse 2 - Hollister Ostomy Nurse, United Kingdom

Aim: Working in the community we have observed that some ileostomy patients develop a high output post discharge. Increasing implementation of the enhanced recovery program, results in many patients being discharged within a week; a crucial time for an acute high output. We wish to empower the patients to self-help.

Method: We see patients throughout their journey, including adjuvant chemotherapy. A study by Phatak et al (2013) concluded that dehydration was the most common cause of readmission for patients with an ileostomy undergoing chemotherapy and suggests that early intervention is fundamental to improving this. Often patients are unaware of the symptoms and treatment of dehydration and have required readmission for electrolyte imbalance, dehydration and, occasionally, acute renal failure.

Conclusion: A literature search revealed that guidelines and protocols for management of high output stomas are aimed primarily at clinicians in hospital. We have, therefore, developed a simple patient guide to signs and symptoms and an easy to follow traffic light system for management. The guide aims to raise awareness for patients following discharge enabling them to monitor and self-manage where appropriate. Crucially it should prompt them to seek help in a timely fashion, preventing crisis and repeated hospital admissions.

O-14
Faecal Incontinence In A Healthy Young Man; What Sort Of Investigations?

S Cotton¹
1 – LAS, Switzerland

Faecal incontinence is often a symptom whose aetiology and management is difficult and complex. I report the case of a young student aged 13 years who was referred to a boarding school health centre. No neurological deficit or psychosomatic affect was demonstrated. Definite persistent soiling of his underwear was, however, evident. Considerable debate regarding what sort of investigations were required were resolved by careful social history taking, which revealed a hitherto unreported cause of soiling in an otherwise healthy teenager.

O-16
Meeting Destiny's Challenge: Norma Gill's Legacy at the Cleveland Clinic

L Coulter¹
1 - Cleveland Clinic, United States of America

Norma N. Gill (1920-1998) felt challenged by destiny to help her fellow man. How she met that challenge has become legend. Gill became the first Enterostomal Therapist (ET) and established the first program to train enterostomal therapists. This presentation will focus on Gill’s legacy at The Cleveland Clinic, where it all began. Here the practice of the Certified Ostomy Nurse (CON) has been affected by new challenges and innovations, including serving patients with multivisceral transplants, who begin their lives anew with chimney ileostomies; managing patients who have single port surgeries and, thus, decreased hospital stays; taking steps to reduce surgical site infection, and to decrease readmissions due to dehydration. While the primary goal of Cleveland Clinic's CONs is educating and caring for patients, they also serve as faculty for the R.B. Turnbull, Jr. MD School of Wound, Ostomy, Continence Nursing by providing lectures and precepting students from around the world. By exploring the current practice of Cleveland Clinic's CONs, this presentation will demonstrate how nearly 100 years after her birth, Norma Gill's legacy is still meeting destiny's challenge.

O-19
Special considerations with neonatal stomal therapy nursing

C Stott¹
1 - Prince of Wales Hospital, Australia

The term 'neonate' refers to the period of time from birth until one month of age. Some neonates are full term when they are delivered and found to have a condition requiring a stoma. Other neonates are born early, sometimes at 23 or 24 weeks gestation with a very low birth-weight (under 1 kg) and require stomas due to bowel obstruction /perforation. Neonates skin is very thin and underdeveloped when born - this is especially true of the low birth-weight infant. The skin takes between 2-4 weeks post birth to mature to that of a full-term infant. It is very important that nothing is used on the skin that could further damage it, or allow absorption of topical agents and chemicals. All products including barrier wipes, adhesive remover wipes and bags that are used need to be carefully considered in this vulnerable group of patients.

Parent support and teaching, pouching techniques, product selection, the impact of feeding and the effects of growth will be addressed in this presentation.
O-21
Collaborative Working between Stoma Nurses in the Acute and Community Setting.

L Hall
1 Salts Healthcare, United Kingdom

The author aims to demonstrate how collaborative working successfully brought about the management of one complex colostomy patient, without which an enriched working relationship would not have occurred.

Following a protracted hospital stay, the patient required intensive community support which was provided by the community stoma nurses.

The hospital team were pivotal in maintaining communication between a multitude of multi-disciplinary team members which enhanced the patients journey.

Aim: To demonstrate how collaborative working can enhance overall patient care.

To demonstrate how team work has improved the working relationship between community and hospital nurses.

To demonstrate how a challenging situation can be managed by seamless team work.

Conclusion: The author believes that without the collaboration that occurred between primary and secondary care nurses, the end result would not have been as satisfactory.

The nurses in the acute and community setting were able to share best practice, knowledge and experience with each other, which in turn facilitated trust and growth amongst both teams. It has helped pave the way for future coherent working relationships and given the author a greater understanding of the importance and benefits assigned to collaborative working.

O-25
Focus On Feet To Prevent Falls And Wounds

M Burdette-Taylor
1 - University of Alaska, United States of America

Lower extremity falls and wounds are on the rise with the demographics and projected aging population. Diabetes and heart disease supersede cancer deaths. A basic foot exam performed routinely on patients identified as high risk allows time for early intervention and prevention. A Certified Foot and Nail Care Nurse (CFCN) who evaluates clients on a regular basis, conducts a comprehensive lower extremity exam for loss of protective sensation (LOPS) and compromised peripheral blood flow is more likely to provide care in a timely manner.

Why a nurse? Because nurses who have the level of education, expertise through acquired training, and are board certified are competent to assess, educate, provide intervention, and refer. Utilizing CFCNs is cost-effective and efficient. CFCN is utilized as a member of the multidisciplinary team. Nurses are educators and education is an effective method for prevention. Nurses, as the most trusted health care provider, communicate, establish rapport, and develop sustaining relationships for the long-term. Utilizing the Wound Ostomy Continency Nurses' Credentialing Board (WOCN CB) CFCN raises the standard of care substantially and reduces overall costs to life, limbs, and Medicare dollars. This innovation in practice improves outcomes, patient satisfaction, and safety while reducing hospital admissions.

O-26
The Effect Of Preoperative Stoma Site Marking On Quality Of Life And Incidence Of Early Stoma Complications

S Karaveli, T Özbayır
1. Nursing School, Turkey 2. Ege University, Turkey

This is an experimental study that aimed to determine the effect of preoperative stoma site marking on the quality of life and early stoma complications.

The study sample included patients for whom a stoma was opened after a planned colorectal surgery. There were 30 patients in the control group and 30 in the experimental group. The data were collected by using a Patient Identification Form, the Complication Evaluation Form, the City of Hope Quality of Life-Ostomy Questionnaire (COHQOL-OQ) and face-to-face or telephone interviews. The average age of the participants in the experimental group was 53.5±12.83, and that of the control group was 58.00±14.22. A comparison of the two groups indicates that the sixth-month total score of the patients in the experimental group on the COHQOL-OQ is higher than that of the control group (p<0.05). Of the participating patients, 71.7% had peristomal irritant dermatitis, 16.7% had retraction, 18.3% had bleeding, 6.7% had pain and 1.7% had hyperplasia. The authors found no statistically significant difference between early stoma complications (first 30 days) in terms of age, gender or stoma type.

An educational process before and after the operation as well as stoma site marking increases the quality of life.
O-28
"You Said, We Did"

P White1
1. SecuriCare (Medical) Ltd., United Kingdom

Imagine a service that puts the patient at the very heart of it. A service that listens to those patients and individuals involved directly in their care, then utilises the feedback to meet these needs and develops a service that people want. By asking people whether they are receiving the service they need and then implementing improvement on the basis of this feedback helps to make patients feel more supported and better cared for. 'Patient experience' is what the process of receiving care feels like for the patient, their family and carers. It is a key element of quality, alongside providing effective clinical and safer care.

The experience we deliver for patients and their families can only ever improve when an entire organisation and their staff, is fully engaged, open to and willing to accept change and adapt as necessary. Effective engagement leads to improvements in health service delivery and is part of everyone’s role. The aim of this presentation is to demonstrate and share the value in receiving patient feedback, how that was listened to and effected change, contributing to service improvement.

In essence - "You Said…….We Did" using patient experience to shape healthcare delivery.

O-30
The Romanian Ostomy Patients Support Foundation. Giving something back and rising to the challenge!

J Sica1, C Smith2
1. Kingston and HRCH CCG, LONDON, United Kingdom 2 - Royal Hospital for sick children, Edingburgh, Scotland

The Romanian Ostomy Patients Support Foundation (ROPSF) has been in existence for over 15 years. The charity aims to support ostomy patients, provide training for doctors and nurses and to improve the availability of quality ostomy appliances.

More recently it was recognised that there was a need to expand the training to the paediatric population. Paediatric nurses from 4 of the principal children's hospitals were accommodated in Bucharest for 4 days during April. We undertook an intensive training course using a variety of teaching methods in order to overcome the language barrier. It is our sincere thanks to our employees and the ASCN for securing the funding through Jean Preston grant that enabled us to travel and fulfil this work.

The presentation will describe how we prepared, presented the training and how we anticipate this new learning will impact in the provision of stoma care to these vulnerable babies and children.

The next stage involved 8 of the Romanian nurses coming to the UK to work alongside UK Nurses to consolidate and develop their knowledge.

The work of the ROPSF enables nurses to feel empowered through education and encourages them to become a significant member of the medical team.

O-32
A Qualitative Study On Living Quality Of Patients With Rectal Carcinoma And Permanent Colostomy

Y Xu1
1. JiangSu TaiZhou People's Hospital, China

Objective: An evaluation of the quality of life patients who are suffering from carcinoma and have had Miles operations, analyze the influencing factors on the quality of their life by using the qualitative phenomenological research methodology.

Method: Semi-structured interviews were conducted on a purposive sampling of 12 patients and the data was analyzed using Colaizzi’s Seven-step analysis methods

Results: 7 factors which affect the quality of patients’ life including, emotional reaction, daily living situation, colostomy complications, sexual dysfunction, degradation of social roles, lack of relevant knowledge of disease, economic pressures. Conclusion: Enterostomal therapists should pay close attention to patients after colostomy surgeries with great care, provide psychological support with stoma-related information, and appeal to the government to improve their medical security system.

O-34
Does My Bum Look Big In This? - A Look At Perineal Hernia

S Ashworth1
1. Salts Healthcare, United Kingdom

The author has been a stoma care nurse for a decade but has recently been presented with a lady who had developed a protrusion around the soft tissue to her perineum. This condition is known as Perineal Hernia. The condition can have a huge impact on quality of life.
**Aims and objectives:**
1. For colleagues to have knowledge of perianal hernia that will facilitate the management of this condition.
2. For nurses to have confidence in diagnosing perineal hernia.

**Method:** A literature search, identified articles relating to its prevalence, but not to the psychological impact they can have.

**Results:**
- They are more prevalent when the surgery has been done for cancer.
- If there is pre-operative chemotherapy.
- Not mentioned as complication and rarely discussed pre-operatively.
- Less likely to occur with good primary closure of the wound and no development of infection (Aboian 2006).
- Difficult to repair surgically.

**Conclusion** - Perineal hernias are obtrusive, demoralising and disfiguring. Patients appear to have reduced quality of life, are unable to do activities, can get pain and discomfort. There may be a reluctance to socialise, difficulty finding clothes and inability to sit for long periods.

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**O-37**

**Body Image And Intimacy - Are Patient’s Informed?**

S Peckham¹

1. Securicare, United Kingdom

Body image and intimacy can be severely affected following stoma surgery and this has been widely documented worldwide. Danielson et al (2013) states that patients who have a good understanding of their stoma on discharge, will have a more positive effect on their body image and quality of life. However, with the focus on the practical aspects of stoma care, to facilitate early discharge, the issues of body image and psychological recovery may not be addressed (Burch 2014). We have to be selective about the amount and type of information we give, as there could be a risk of 'information overload'. The purpose of this project was to assess stoma patients’ thoughts and feelings on the subject of intimacy and to discover whether they felt they received the correct information at the most appropriate time. A series of pilot meetings were held and invited ostomates were given a short presentation on body image and intimacy and they were asked to complete a questionnaire, to explore their views. The information was then collated and analysed to give an understanding of the patients’ perceptions while providing the nurse with more insight into how and when to address this with patients.

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**O-42**

**Indigenous Circumpolar Foot And Wound Health**

M Burdette-Taylor¹

1. University of Alaska, United States of America

Health in the Arctic among indigenous circumpolar Inuit population is a serious concern. The Inuit span across four nations. They are descendants from human migrations across the Beringia land bridge 5,000 years ago. There are 167,000 Inuit in Greenland, Denmark, Alaska, Canada, and Russia. The research conducted in these regions among this population is unique and directly related to geographic and genetic factors. Geographic remoteness, limited gene pool, and underdeveloped human resources have impacted the health systems and practices. Chronic diseases as heart disease and diabetes are called "diseases of modernization". They tend to increase in traditional societies undergoing rapid changes in diet and physical activity. Diabetes, alcoholism, and frostbite are a few concerns of the World Health Organization in reference to global health. Neuropathy leading to foot ulcers, wounds, and amputations are increasing exponentially. Though diabetes is considered a new disease among the Inuit, over the last 2-3 decades glucose tolerance surveys among Alaskan Eskimos (Inuit) have shown to increase in prevalence. Global health initiatives have historically excluded indigenous circumpolar concerns. There is much to share from one another. The population from many nations genetically linked over 5,000 years is a priceless resource for learning.

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**O-43**

**University Of Alaska Foot, Nail, And Wound Curriculum Initiative**

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1. University of Alaska, 2. University of Alaska Anchorage, United States of America

UAA Pilot Initiative for undergraduate and graduate students in foot, nail, and wound care.
O-44
Project Ilco Sweden Ostomy Association - Ilco Zimbabwe Trust

M Sten1
1.ILCO Sweden Ostomy Association, Sweden

In 2009 ILCO Sweden Ostomy Association started a project together with Lizzie Moyo to form an ostomy association in Zimbabwe. During 2011-2013 we got subsidy from the Swedish government to establish an ostomy association in Zimbabwe.

Aim: Protect the interests of people with disabilities in the intestines and bladder which can lead to different ostomies.

Method: Influence authorities which make decisions that concern our members at a national, regional and local level.

Result: Cooperation with professions, ostomy nurses and doctors, to gain the best care possible for our members throughout getting diagnosed, treatment, receiving the right ostomy appliances, rehabilitation.

Discussion: The professions are experts in their field, people with stomach and intestine problems. Ostomates are experts on their condition and life conditions. ILCO Zimbabwe Trust would like to find a way to combine their expertises to improve living conditions for ostomates.

I will have the oral presentation together with Lizzie Moyo and Linda Moyo from organisation ILCO Zimbabwe Trust.

O-48
Renewal Benefits

R Forkosh1
1.Claalit Health services, Israel

Management of stoma patient and development of medical technologies simultaneously with innovative stoma equipment increased the number of patients that needed stoma equipment adjustment.

Ileostomy an active stoma that requires consideration for: accumulation issue, medical equipment, skin health, quality of life improving, economically streamlining due to the high costs of this equipment.

Quality of life derived directly to the time dedicated for: number of equipment replacements, unwanted disconnection, feces leakage and injury to the skin.

In Israel the equipment provided at no cost to stoma patients, therefore the health system looks for resistant and stronger equipment in order to address the growing number of stoma patients over time. The equipment must have good adhesion, connection to skin at least for 3-5 days, no leaks.

In 2015 were 75 patients released with stoma, 30% of them having aggressive stoma, treated specifically with double adhesive layer equipment.

Results: the equipment hold on the skin between 3-5 days without leakage or dealing with stoma beyond what is necessary and patient satisfaction increased significantly.

The solution is, equipment double adhesive layer provides a response to the quality of life of the patients and provides them confidence and trust with 30% less expense.

O-56
How A Transdisciplinary Approach Can Help In The Management Of High Output Ostomies/fistulae And Short-gut Syndrome

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1.Ensemble Hospitalier de la Cote, 2 CHUV – Lausanne, Switzerland

Introduction: Managing high output ostomies/fistulae, as short-gut syndrome, is challenging in terms of appliances, risk of leakage, skin lesions and associated risks of malnutrition and dehydration. In an interdisciplinary approach, coordination and collaboration with dieticians/nutritionists as physicians are required in order to adapt the most appropriate care, treatment and information given.

Method and results: A better knowledge has been collected based on a research conducted by a task group of the Swiss Association of Stomatherapists, specific scientific articles, other EBN documentation and a specialized course in Clinician Nutrition. In daily practice, these data are useful for having:

A better understanding of the dietary fibers: properties and indications to prescription.
An inventory of drug treatment, oral nutritional substitute: how best to use them.
A more detailed composition of mineral waters for micronutrient supplementation.
And a more systematic screening and evaluation of patients.

Discussion: In addition to find better appliances and propose a step by step protocol, these information allowed us to implement a scientific based decision algorithm of care. Sharing knowledge with other professionals on clinical situations enable us to learn from each other and to improve our care. Patient quality of life can be improved and major complications avoided.
O-57  
Effect Of Out-hospital Health Guidance In Improving The Life Quality Of Patients Undergone Colostomy  
A Chen
1
1. No.2 hospital affiliated to Wenzhou Medical College, China

**Objective:** To explore the effect of out-hospital health guidance in improving the life quality of patients undergone colostomy.

**Methods:** Chronological 100 colostomy patients were divided into two groups. The control group (50 patients) received routine treatment and care, the experimental group (50 patients) received out-hospital health guidance by enterostomal therapists. The intervention included diet, stoma care skills guidance; stoma complications prevention, routine life guidance and psychological counseling.

**Results:** After given out-hospital health guidance, the quality of life was significantly improved in experimental group, which was also much higher than the control group (P<0.05).

**Conclusion:** Out-hospital health guidance delivered by enterostomal therapists can effectively improved the quality life of patients undergone colostomy.

**Keywords:** Health guidance; Colostomy; Stoma complications; Quality of life

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O-60  
Remembering The Past Gives Power To The Present  
S Novakova
1
1. Masaryk hospital KZ a.s., Czech Republic

I have had many years of experience and the long-time practice as a stomanurse. Some figures regarding to our ostomy care in the past and nowadays, about our consultancy room will be presented. The comparison between then and now, my reminiscence of our early days as stomanurses (me and my colleague) will be involve in this presentation. I would like to share the results of small survey of our long-time ostomy patients. We know that they have had an extensive choice of appliances, skin care products and the great improvement of ostomy supplies now. But have been the life easier for ostomy patients at the present than was it in the past? Have been they more satisfied with their life with a ostomy nowadays then they were in the past? Have been the care easier for us as a stomanurses nowadays than was it in the past?

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O-64  
Addressing Body Image In A Trans Gender Male To Female With An Extensive Mental Health History Including Assumed Chimerism  
K Hayles
1
1. Queens Hospital, United Kingdom

**Aim:** The purpose of this abstract is to demonstrate how the stoma nurse was involved in caring for a trans-gender patient with longstanding body image and psychological issues pertaining to body image and assumed chimerism instilled by parents from birth.

**Method:** This presentation will take the form of a case study demonstrating and exploring how the stoma care nurse was involved in assisting the patient to overcome negative body image issues and addressed several long standing psychological issues including assumed chimerism.

**Results:** The presentation will show how the stoma nurse worked collaboratively with the Multi-disciplinary team ensuring the best possible outcomes for the patient. This enabled the patient to feel empowered in the selection of an appropriate appliance to address her altered body image perceptions.

**Conclusion:** This complex case study has proven to be an enormous challenge for all involved. The stoma care nurse was able to address many of the body image issues associated with stoma formation as the patient states she is “disfigured”. This was one of the main issues addressed and has ensured the patient has been able to resume socialising in as normal a manner as possible for her.

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O-65  
Enterocutaneous Fistula - Faecal Distal Refeed To Address Nutrition And Hydration In A Crohns Patient  
K Hayles
1
1. Queens Hospital, United Kingdom

**Method:** This presentation will demonstrate how the stoma care nurse was an integral part of the Multi-disciplinary team in the preparation of a patient with Crohns disease for surgery to repair an enterocutaneous fistula as a result of an emergency laparotomy for multiple crohns small bowel perforations.

**Results:** The effectiveness and importance of a collaborative approach towards preparing a patient for suitability for repair of Enterocutaneous fistula will be demonstrated. The stoma nurse worked with the Gastroenterology, Nutritional and Surgical teams in developing and implementing an individualised plan of care involving the daily re-feeding of the patient's faecal matter via the distal lumen of his enterocutaneous fistula.
Conclusion: The stoma care nurse was able to act as patient advocate in ensuring the plan of care was not only tailored to the individual but also ensuring the patient was involved in all of the decision making process of the care plan. The management of this type of patient is extremely challenging and the nutritional status is paramount in this management process. This case study has enabled the author to become a much more integral and trusted part of the multi-disciplinary team within the hospital as a new member of the team.

O-66
Initiation Of Stoma Wound And Continence Services In Kenyatta National Hospital
J Ndungu
1. Kenyatta National Hospital, Kenya

Introduction: KNH is the Kenya’s National referral Hospital. It has a palliative care unit that helps improve quality of life for patients. A gap was identified in quality of life of patients with stoma, wounds and continence issues.

Background: The Hospital has a large patient population with issues due to presence of specialized units; cancer and surgical.

Training to self and other Healthcare workers: My interest and practice changed when I attended a lecture by a visiting nurse from the United Kingdom in 2013. I subsequently attended four months Stoma, wound and continence training at Aga Khan University in Kenya organized by a Kenya / Australian twin project. Support was from Australian Association of Stomal Therapy Nurses (AASTN). Am currently attending the Training of trainers course

Impact: Raising awareness about quality of life issues around stoma, wounds and incontinence
Introduction of stoma/wound outpatient and inpatient services
Starting of an Ostomate support group.
Involvement of stoma nurse in patient education and discharge planning.
Management of fistulas and incontinence improving quality of life.

Way forward: Take mantle from Australian tutors and educate all healthcare workers to allow dissemination of ostomy services to Hospitals in Kenya and other African Nations

O-67
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1. NHS 2 – Coloplast, United Kingdom

Background: Coloplast’s Ostomy Forum is an international coalition of Stoma Care Clinical Nurse Specialists focused on product development and clinical research. The forum enables effective evaluation of product developments by clinical specialists resulting in valuable insights and feedback which informs future development projects. Without trials and research projects stoma appliances would not have progressed from battle casualties at Flanders in 18th century using, tins, silver pipes and cloths to collect their faecal output or a farmer using a small leather draw string bag which he adjusted to fit his stoma.

Aim: Stoma Care CNS’s trailing a new flexible convex stoma appliance the Sensura Mio Convex.

Method: Patients were recruited to trial and evaluate the product under CNS supervision and compare against other stoma appliances available in the UK market.

Results: The CNSs in the trial used their clinical skills to assess patients progress and document/report observations to inform the clinical trials team.

Conclusion: Working with COF and being part of a Clinical Trial has given Stoma Care CNS’s confidence and skills which benefit both them and patient’s. It has been a very interesting, exciting, rewarding and an excellent exercise in keeping secrets!

O-68
From The Students’ Perspective Understanding Stoma
S Karaveli1, E Demiraslan1
1. Nursing School, Turkey

Objectives: The objective of this study was to evaluate the students’ experiences with stoma.

Introduction: In order to understand their experiences of the patients “gold standard” is considered.

Methods: Sample of the research was consisted of 9 who have student at Kastamonu University Health School. Stoma bag fitted to the students and was put into 50 cc of water. Stoma bags were removed after 3 days. Data were collected to removed the stoma bag. Types of qualitative research method of the study data were collected by in-depth interviews. The researchers have focused on reflection of the meaning of the student’ expressions.

Results: It was determined that the students assigned to research were between the 20 and 21 years old, 5 of them (%55.5) were female. At the end of this study it was determined that the students who experienced “shame, sleeplessness, stress, itch”.

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.

Key words: Nursing student; Stoma; Experience; In-depth Interview
O-69
Kenya Is Awakening

E English 1
1. Royal Adelaide Hospital, Australia

In 2013 members of the Australian Association of Stomal Therapy Nurses (AASTN) volunteered as Stomal Therapy tutors to teach in the first stoma, wound and continence nursing education program (SWCNEP) in Kenya. This program was set up as a World Council of Enterostomal Therapists (WCET) Twinning Project between Australia and Kenya and is the first project of its kind in sub Saharan Africa. A team of 10 Australian STNs participated in this 2013/2014 program with 18 nurses from Kenya and 2 from Tanzania being trained as the first Stoma Wound and Continence Nurses in their countries.

The second program began in May 2015 with 18 nurses from Kenya and one from Togo in the class. The aim of the program is sustainability and seeing the enthusiasm, passion and capabilities of graduates from the first class now being mentored as SWCN tutors and engaging with the new students is so gratifying. The future of this Twinning Project as a sustainable program appears to be in good hands.

The presentation describes this challenging journey portraying the wonderful resilience of patients, their families and the nurses involved with their care. It proves that passion, perseverance and vision can make a difference.

O-71
How Do We Bag This? The Management And Challenges Of A Large Fungating Abdominal Wall Tumour

Mrs. B O’neill 1
1, Salts Healthcare, United Kingdom

Aim: The purpose of this presentation is to familiarise other stoma nurses with the challenges encountered when caring for a lady with a fungating abdominal wall tumour surrounding her stomas.

Method: The presentation will be in the form of a case study that focuses on the care of a young lady with end stage intra-abdominal disease, who was admitted to a local hospice for palliative management.

The challenges encountered will be explored and various devices trialled discussed. Photographic evidence of how the wound changed and proliferated over time shall be used to support the case.

Results: The author worked collaboratively with the hospice staff and the patient in order to establish an acceptable treatment plan.

Conclusion: The wound was exceptionally challenging and complex to manage. Partnership working with the hospice staff, the patient and community stoma nurse helped build trusting relationships and reduce anxieties.

Strategies had to be modified and revised regularly to keep abreast of changes occurring within the tumour bed. Adaptation of ostomy appliances and accessories helped with symptom control for the patient reducing pain and discomfort and equally reducing the psychological impact the wound was having on the patients daily quality of life with her young family.

O-79
Stoma-related Complications And Stoma Height One Year After Stoma Surgery

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1. Surgical department Sahlgrenska University Hospital /Östra 2 · Sahlgrenska university Hospital /Östra 3 · Surgical department Sahlgrenska University Hospital /Östra, Sweden

Aims: To describe the prevalence of stoma- and peristomal skin-complications 1-year after stoma surgery and the stoma height's influence on stoma- and peristomal skin-complications.

Method: Patients who had undergone stoma surgery and had regular postoperative stoma-care nurse follow-up were included one-year post-surgery. Data included stoma-and peristomal skin-complications, stoma height, stoma-siting, BMI and use of convexity.

Results: 207 patients (53% women), median age 70 years (19-94) participated. Main diagnoses were colorectal cancer (62%) and inflammatory bowel disease (19%). Stomas were: colostomy (71%), end-ileostomy (26%), loop-ileostomy (3%). Patients had one or more complication (27% stoma-complications, 11% peristomal skin-complications). A colostomy hernia was the most common surgical complication (20%). In colostomy patients with stoma height of ≤ 5 mm, there were significantly more women (69%) and emergency surgeries than in patients with a stoma-height >5 mm. A colostomy height of ≤ 5 mm was significantly associated with convexity use. Of patients operated acutely, 37% were not stoma-sited p<0.0001. There was significantly more use of convexity in emergency operated patients.

Conclusion: An adequate stoma-height might prevent the frequent use of convexity. Differences in body configuration should be considered in determining adequate height at stoma construction with special attention at emergency surgery.
O-80
Silicone Technology In Stoma Care - Five Patients Qualitative Views On Performance Outcomes

Prof. K Cutting
1. Clinical Research Consultant, Hertfordshire, United Kingdom

To record the views of 5 patients who used silicone technology seals/gel filler when hydrocolloid flanges had failed to maintain a leakage-free peri-stomal seal.

Patients (N=5) who had experienced peri-stomal skin problems (leakage) with hydrocolloid stoma appliance opted for specially formulated silicone gel adhesives with hydrophilic additives in an attempt to achieve improved quality of life. No financial incentives were offered to the patients who freely offered their qualitative feedback.

All patients achieved improvement in quality of life following introduction of the silicone technology. These resulted in: avoidance of leakage, improvement in condition of the peri-stomal skin condition, resolution of peri-stomal pain/soreness, improvement in patient confidence in maintaining system integrity, and improvement in bag wear time. These improvements were found in inverted and poorly sited stomas. The ostomates also commented on that the silicone was easy to remove. Examples of qualitative comments included:

"It is soft flexible and easy to place around your stoma"
"confidence to go out and start living my life"
"essential part of our changing routine"
"saved so much time and my skin is so much better"

Patients who used a revolutionary silicone patented technology found significant improvements in their stoma related quality of life.

O-82
I Want To Know And I Don't Want To Know: Creating Atmosphere For Compliance

R Ziperstein
1. Sorasky Medical Center, Tel Aviv, Israel

Aims: Stoma patients faced with loss of self-esteem and sense of control, may withdraw or participate incompletely in ongoing therapeutic plan. We describe a model for nurse-patient interaction designed to create a climate of compliance.

Methods: Nurses can promote compliance by bundling the patient's personal tasks, which are associated with individual success, with acceptance for self-care of stoma.

Results: Getting a stoma is often the "last straw" in the package of serious disease, surgery, and painful recuperation. Stoma acceptance is often low, presenting in refusal of self-care. The treatment model established uses meaningful aspects of the patient's life before surgery to create a link to the rehabilitation process.

When stoma care is framed as one more daily task to perform, comparable in its complexity to other tasks that the patient is used to completing successfully, then the abstract difficulty of stoma care transforms into a manageable situation. A housewife can be reminded of her ability to manage an active household, while an executive thinks on his challenging work environment. This connection between familiar tasks and stoma care, paves the path for compliance.

Conclusion: Creating a link between stoma care and positive skills, leads to better compliance with stoma self-care.

O-88
Distresses Of Parents Of A Child With Stoma

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1. Stoma medical d.o.o. 2. Nurses and Midwives Association of Slovenia Professional group of nurses in enterostomal therapy 3. University of Primorska, Faculty of Health Sciences

Introduction: Prevalence of chronic diseases for children is 10-15 % including the diseases of intestine or urinary tract resulting with ostomy. Realization that their child has an incurable disease is one of the hardest moments in the parents' life. They needs time to accept and support from relatives and medical workers. At ostomy patients, enterostomal therapist and someone with similar experience should be included.

Aim: Aim of the research was to explore parents feelings at the time of receiving the information and how that experiences changes throw the process of acceptances and also to find out key points for nurses support.

Methods: Quantitative data was gathered throw a half structured interview including parents, relatives and health care workers dealing with family's.

Results: Parents are important part of care team, giving the child support and information to medical workers, gain self-confidence and confirmation, that they are taking good care of a child.

Conclusions: Interdisciplinary treatment is essential. Including all relevant people armed with knowledge how to help. Parent's role as a care giver is very important but the health care workers should not forget to "treat", help and support them to.

Keywords: child with stoma, family, emotional problems, nursing care
O-95
Innovative Use Of Negative Pressure Wound Therapy On An Exposed Duodenostomy, Pancreatic, And Biliary Ducts In Complex Open Abdominal Wound

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Clinical problem: Adult male in United States hospital with bowel ischemia resulting in total enterectomy. Patient presented for small bowel transplant evaluation and non-healing midline incision. Initial consult from Intestinal Transplant Team (ITT) requested containment of exudate, preservation of peri-wound skin with wound healing. Assessment revealed undermined midline incision complicated by duodenostomy, with pancreatic and biliary ducts at base causing erosion of mucocutanous junction and tunneling to PEG tube.

Past Management: WOC nurses' attempts to segregate stoma from wound by pouching failed. Separate stoma pouching combined with gauze-based Negative Pressure Wound Therapy (NPWT) failed.

Clinical Dilemma: Continued wound erosion, complete separation of mucocutaneous junction resulted in large, undermined open wound with tract to PEG tube and severely denuded peri-wound skin. Daily leaks caused patient pain and suffering. Patient removed from transplant list.

Current Management: Removal of all midline sutures and debridement of necrotic tissue allowed for application of NPWT, with black foam, over wound/stoma. Stoma was protected by layers of petrolatum-infused gauze.

Outcome: Patient's wound healed and he is independent with stoma pouching. Patient returned to transplant list.

Conclusion: Including stoma in NPWT application while protecting bowel with layers of petrolatum-infused gauze eliminated impediments to wound healing.

O-102
Enterostomal Therapy In Brazil - 25 Years Of History

M De Paula¹
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The history of enterostomal therapy nursing had formal start in Brazil in 1990, at Nursing School - Sao Paulo University. It was the only in the country until 1998. Today the country has 18 specialized courses in enterostomal therapy. Its trajectory in these 25 years was based on the commitment, personal and professional ethics, dedication and struggles. The objective of this study was to describe the Brazilian enterostomal therapist nurse key moments, from its inception to the present day, the history of some of the pioneers of the specialty nurses as well as their achievements and prospects through enterostomal therapy reports and publications available on the theme. The Brazilian enterostomaltherapy has provided Ets nurses to build their existence in time, living the tension between utopia, that animates always look up and forward, and the real story, which forces him to seek mediation, to take concrete steps and look with attention to the road and its direction, its bifurcations and setbacks, its pitfalls and opportunities. Thereby is effectively writing its history with the power of utopia, the dream, the myth that became real to through the CARE.

O-104
Neck Abscess Management Using Garlic Ointment & Zinc Cream As Primary Dressing (clinical Experience In Remote Area)

I Bauk¹
1. Ikram Wound Care Center, Indonesia

Purpose: This Study is a clinical experience in neck abscess management. And the patients are was visited in my private practice with wound condition infections (pain, Exudate purulent, odor and patients with a weakened state. The difficulty of getting modern wound dressing in my region so as cultivate the initiative garlic ointment efficacy zinc cream for topical therapy (primary dressing) and antibacterial activity for treatmet wound infection (neck abscess management). Pharmacologically garlic has effect fibrinolytic, bacteriostaticand bacterizidal destroy fungi and some virus and many function. (Nature's Amazing Nutritional, 1995).

Method: Case report, was conducted of patients who were diagnosed as having deep (neck abscess) by doktor, the demographic data (age, sex), anatomical position involved in infection were collected. Patients treated with moist technique and TIME Management applications. Dressing changes every 3 days and aplication garlic ointmen as primary dressing and secundery dressing (gauze bandage, Foam and other dressing).

Result: Rapid decrease in infections (1 - 2 week) and average wound healing process in 1 - 2 month

Conclusion: Garlic ointment (traditional dressing) with zinc cream and modern dressing (secundery dressing) effective for wound (neck abscess) management.

Key words; Clinical experience, garlic ointmen, neck absces management.
O-107
Developing A Model For Diabetic Foot Care Education In Bali
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1. Royal Darwin Hospital, Australia 2 - Nursing Academy Kesdam IX/Udayana and Dharma Mulia Husada Foundation, Indonesia

Background: The World Health Organisation estimates increase of diabetes in Indonesia to 21.3 million by 2030. Prevalence rates for complications indicate there is potential for 65,000 people with diabetic foot ulcers in Bali. A nursing practice operating in Denpasar treats many diabetic patients with serious wounds, and in collaboration has developed initiatives focusing on preventative care.

Aims: Delivery of education in a format that is culturally relevant and sustainable to nurses in hospitals and community clinics in Bali. Provide resources and patient support material for use locally.

Methods: A Balinese and Australian nurse collaborated to design a workshop format incorporating best practice, delivered interactively to facilitate knowledge and skill development. An innovative model provides adapted resources including tools for assessment, treatment and teaching self-care.

Result: Four workshops have been conducted thus far. Participants report little or no prior experience or knowledge in the area of diabetic foot care. The mix of provision of theory and opportunity for practice resulted in development of new knowledge and skill. Feedback from participants has been positive.

Conclusion: There is a significant unmet need and therefore opportunity to expand the workshop model to tackle the problem of prevention of diabetic foot complications in Bali.

O-108
Determination Of The Effect Of Colostomy Irrigation On Social Adjustment And Quality Of Life In Patient With Colostomy
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1. Koç University School of Nursing 2 - Gazi University 3 - Gazi University Faculty of Health Science 4 - Gazi University Hospital Stomatherapy Unit 5 - Gazi University Hospital; Turkey

Aims: This causal-comparative study was conducted to determine the effect of colostomy irrigation on social adjustment and quality of life in patient with colostomy.

Methods: The study was conducted on patients with permanently colostomy(n=46) that were followed in the stomatherapy unit of an university hospital(Turkey). The experimental group consisted of 23 patients that were followed in the stomatherapy unit,that applied colostomy irrigation (CI). To form the control group,23 patients with stoma with similar demographic characteristics to those in the experimental group were selected from among the patients that agreed to participate using the simple random sampling method. Written permission was obtained from the institution and patients’ verbal consent to participate in the study was taken. To analyze the data, figures and percentage calculations, the Mann Whitney U test, and t test were used.

Results: In the study, demographic characteristics of the experimental and control groups were similar (except the year of stoma). The CI practicing patients were found to score significantly higher on all the sub components of the OAI-23 and SQOLS compared to those who did not practice CI.

Conclusions: The study results indicate that CI increases social adjustment and quality of life in patient with colostomy. Hence, it is suggested that CI be taught for continence purposes to all patients with permanent colostomy.

O-109
Assessing Social Adaptation Of Individuals With An Intestinal Stoma: A Multi-centered Study
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Individuals with a stoma need to adapt physiologically, psychologically, and socially to living with stoma.

Aim: This descriptive, prospective study sought to ascertain adjustment in colostomy and ileostomy patients.

Methods: Individuals aged over 18 years who had been fitted with a new colostomy or ileostomy (n=222), between January 1, 2014, and January 1, 2015, were included in the study. Face-to-face interviews were conducted by WOC nurses from the stomatherapy units of 7 hospitals in Turkey. Data were obtained using the 19-item Patient Characteristic Form and the Ostomy Adjustment Inventory-23 (OAI-23). Forms were applied twice, in the first (first application) and sixth (second application) months after the surgery. The patients received consultancy and care service from WOC nurses between two applications. Study procedures were approved by the Research Board of the Hospitals Descriptive statistics, Kruskal-Wallis, Mann-Whitney U, and Wilcoxon tests were used to analyze the data.

Results: the primary reason for stoma creation was cancer (65.0% of cases). Approximately 53% of participants had a ileostomy and 82.8%, a temporary stoma. Mean OAI-23 scores were 47.5±14.8 in the first application, 51.1±13.9 in the second. Statistically significant differences were observed in the adjustment inventory scores of the patients

Conclusions: Training and consultancy services tailored to patient characteristics and physiological, psychological, and social requirements are recommended

Key words: Intestinal stoma, social adaptation, stoma care.
O-111
Incontinent Teenage Girls: An Ugly Duckling Who Dreams Of Being Swan

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Objective: To know the experience of female adolescent who is incontinent and requires intermittent catheterization.

Method: Qualitative study, under the theoretical reference of symbolic interaction, and the data were analyzed according to the grounded theory, it had the consent of parents and the assent of the young. Informants: two teenagers aged 14 and 17 years.

Results: they were organized in five interactions: with itself: the lack of control of and dislike with her body, frustration, fear and anxiety, insecurity about their future sexual-reproductive life: shame and the duality between (despair and desire for self-improvement); with her parents: the troubled relationship; with other teens: resentment, fear of being seen as different, not be sexually attractive, discomfort by indiscreet questions and desire for revenge; with the catheter: the relationship is ambivalent dependence and autonomy, and the social environment: public spaces exposed to embarrassing situations.

Conclusion: Adolescents grow up with a series of physiological challenges that affect their daily life and the family, nurses should clarify the adolescents expectations about the procedure, it is very important to establish a solid therapeutic relationship to encourage them to express the unspeakable (suicide ideation); It's needed a multidisciplinary support for a longer period of time.

O-112
Stoma Bridges And Their Effect On Patient Outcomes

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Aim: To explore variables related to peristomal breakdown, including but not limited to, the use of plastic bridges or flexible catheters to secure a loop ostomy.

Methods: Demographic and clinical variables for 93 patients (2008-2015) with surgical loop ileostomy (n=72) or loop colostomy (n=21) were analyzed. Descriptive and comparative statistical analyses were performed. The variables were: age, gender, length of stay, diagnosis, type of bridge, wound presence, skin integrity, and pouch leakage.

Results: The study population had slightly more females (56.99%) than males (43.01%) and the ages of the patients ranged from 19 to 96 years, with a mean of 59.6±16.47 (SD); median of 60 years. The average length of stay was 7.793±6.819 days (SD). In this sample, the primary reasons for surgical bowel diversion were cancer (60.22%), inflammatory disease (16.13%), and non-cancerous bowel obstruction (9.68%). Flexible catheters were used most often (53.76%), followed by plastic bridges (40.86%). 22 patients (24.44%) had pouch leakage. Leakage occurred 3.55 times more often with plastic bridges compared with flexible catheters (p=0.002).

Conclusions: Flexible catheters may reduce pouch leakage in the post-operative period. Findings provide a springboard for interprofessional collaboration between ostomy nurses and surgeons to improve patient outcomes.

O-113
Development And Validation Of An Assessment Tool To Cic Catheters By The User

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User's satisfaction with the catheter interferes in their adherence to the technique of clean intermittent catheterization (CIC). Evaluate their perceptions regarding the different types of catheters available in order to indicate their preference may be an step toward the satisfaction.

The questionnaire was applied to 59 users in three rehabilitation centers of Brazil, who evaluated 03 different catheters, using a questionnaire and an assessment instrument for customer delight, to test the convergent validity between them. All 56 crosses between the instrument questions and issues adapted enchantment statistically significant (p <0.05), for the evaluation of the set for CIC, only three intersections that had no significance in the evaluation of hydrophilic catheter, indicating significant convergence between the issues of the two instruments. In evaluating the conventional catheter, already used by the study subjects, the data also showed different behavior (convergence of 23 crosses). The Cronbach's Alpha coefficient of conventional catheter was 0.862, 0.793 to the hydrophilic catheter and 0.911 for the set for CIC. These values indicate strong internal consistency of the instrument.

It was possible to develop an instrument to measure user satisfaction with the use of catheters for CIC, with convergent validity and internal consistency.

O-115
Refeeding A Complex Fistula - My First Time!

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This is a case study of a patient who had an 18 month stay in hospital in 2014.

Background: The patient is a 74 year old lady who had multiple complications following routine surgery. This resulted in a high output ileostomy, enterocutaneous fistulae, abdominal wound dehiscence and subsequent issues with absorption of nutrients.
**Aims of Management:** The presentation outlines the challenges faced by the ET Nurse when trying to:
1. Teach ileostomy care in the early post-operative phase
2. Manage multiple enterocutaneous fistulae
3. Manage the resulting abdominal wound dehiscence with the stoma/fistula in the centre of the wound and producing a high output of effluent
4. Explore and implement refeeding of the fistula (using the stomal output) when my organisation had never done this before. There were no policies or procedures to follow.

**Methods:** My team spent time speaking with colleagues (Dietitians, other ET Nurses and Colorectal Surgeons) and searching the internet for other patients who had used refeeding their stoma as a form of treatment.

**Results and Conclusions:** We were able to successfully refeed the patients stoma, managed to heal the abdominal wound dehiscence and the stoma has been reversed.

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**O-117**

**Challenging The Norms Of Stoma Formation.**

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**Aim:** To describe novel approaches to ostomy formation in complex situations.

**Methods:** We present three challenging scenarios in which the best patient outcomes were achieved by means of unconventional ostomy formations. We reference the published literature, current practice, and relevant anatomical considerations.

**Results:**

- **Case 1:** A patient presented with an obstructing mid-rectal tumour and a competent ileocaecal valve. Instead of a loop colostomy, the patient underwent formation of a loop ileostomy with decompression of the proximal colon via the distal limb. The aim was to leave the left colon intact to facilitate future rectal resection, and avoid bilateral ostomy wounds.

- **Case 2:** Following emergency repair of a strangled incisional hernia, a patient required ileostomy formation through a large area of debrided abdominal wall. The ileostomy was therefore unsupported and required hydrocolloid bolstering to facilitate wound healing and isolate output.

- **Case 3:** A patient developed a perineal enterocutaneous fistula following a pelvic exenteration for recurrent anal squamous cell carcinoma. A loop ileostomy was formed proximal to the fistula, sharing the same trephine as the existing colostomy, enabling the patient to avoid a third ostomy formation.

**Conclusion:** In challenging situations, innovative approaches to ostomy formation must be considered to optimise patient outcomes.

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**O-119**

**An Audit Of The Quality Of Life of Patients with Stoma, Wound and Continence issues.**

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**Introduction:** Quality of life is defined by the individual; it's the gap between the reality of the patient's current condition and their hope and expectations after treatment. Clinical audit is a "quality improvement process that seeks to improve patient care and outcomes through systematic review of care against explicit criteria and the implementation of change "

**Method:** Identification of 30 patients with stoma, wound and continence issues was done. Data extracted included disease and presenting quality of life issues.

**Results:**

- A descriptive analysis was done. Quality of life issues indentified included physical symptoms, incontinence issues, complicated wounds and financial issues.
- A comparison was done between the quality of life issues identified and the criteria.

**Intervention:** Gaps on current support were addressed. Symptoms were relieved. Communication was enhanced.

**Way Forward:** Share the results with staff in the unit and discuss the challenges that bring about the gaps indentified. Adapt an explicit criteria of reviewing patients.

**Expected Outcome:** By improving on identified gaps the aim is to improve patient's quality of life.

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**O-123**

**Traditional Massage And Vagina Spa Treatment For Manage Continence Problems In Adult Women: A Case Series**

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1. Wocare Indonesia 2 - Blessing Care Indonesia

Urinary incontinence is describe as a complaint of unpredictable urinary leakage. The prevalence conditions diagnosed in particular women and its main causes are stress incontinence and over active bladder. It is also important to high light that women with continence have problem with embarrassing that could affect their quality of life such as emotional state, body image and sexuality. **Aim** to consider is use traditional method to manage continence problems in adult women by traditional massage and vagina spa to increase quality of life. On the other hand, continence assessments, plans and evaluations still includes for the treatment programs.
**Method** including 10 adult women (30 to 45 years old) continence diagnosed as a sample and control models treated and untreated with massage and vagina spa. Specifically, the traditional method took two hours treatment and need at least every 2 weeks for first month and continue only once per month for six month. **As a result** that show of improve quality of life for women with continence problems in comparison between treated and untreated. **Conclusion** used of the traditional method in adult women to help continence problems were favourable results.

**Key words:** adult women; continence problem and traditional method

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**O-124**
**Palliative Stoma Care Management: Spreading Moslem Fatwa**

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Wocare Indonesia

Palliative stoma management has been focusing to help people to get their quality of life such as spiritual needs. In some reasons, spiritual needs become most important plan in nursing management for stoma care in Indonesia. Almost 90 percentages Indonesian people as Moslem. Moslem ostomate has been doing an unique preparation prayer to get legal or illegal issue by Fatwa. A fatwâ is an Islamic legal pronouncement, issued by an expert in religious law (mufti), pertaining to a specific issue, usually at the request of an individual or judge to resolve an issue where Islamic jurisprudence (fiqh), is unclear. Qualitative method aim to looking for the important of fatwa for Moslem ostomate in their individual preparation prayer and legal aspect. 

**Method:** Individual's depth questions about their behaviour and perception related to issues about preparation prayer in (10) ten participants. All the data have been taking in individual discussion and ostomate have write down the answer in the sheet and it took at least one-hour counselling in second times.

**Study result** explained that Moslem fatwa has been improving better quality of life in spiritual needs.

**Conclusion:** Moslem fatwa is part of stoma nurse counselling.

**Keywords:** Moslem fatwa, ostomate, preparation prayer.

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**O-127**
**Symmetrical Peripheral Gangrene - A Rare Phenomenon**

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**Background:** Symmetrical peripheral gangrene is a rare complication following septicaemia with a high mortality and amputation rate in survivors. Distal ischaemic damage to small vessels appears to occur in the absence of major vessel disease, and develops in critically ill patients due to entirely different primary diseases.

**Clinical case presentation and Methods:** Two brief case studies are presented of patients from Royal Darwin Hospital who survived this condition following severe illness precipitated by a tropical infection unique to the region - Meliodosis. Both patients suffered multi limb amputation as a consequence. A combination of surgical amputation and conservative wound care to ischaemic digits and peripheral gangrenous tissue were performed.

**Results/Discussion:** A multidisciplinary approach for wound care and rehabilitation resulted in survival, healing of wounds and subsequent functional mobility with use of prosthesis.

**Conclusion:** Despite significant bodily insult as a consequence of this condition it is possible for return to functional independence and quality of life. Early identification of tissue hypoxia and actions to modify effects of vasopressors while in Intensive Care may limit the extent of this unusual and devastating condition.

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**O-128**
**Pioneering Trial Using Fistula Wound Management (fwm) For Open Abdomen As A Complication After Surgical Intervention Elective Lap Cholecystectomy (elc)**

Mrs. H Yona
Soroka medical center, Israel

**Background:** ELC is a common procedure that usually does not result in complications. Some complications (wound contamination, bile/bowel content leakage, bleeding) require laparotomy and closure with a BOGOTA bag. That may lead to the formation of fistulas with large amounts of excretions, which makes difficult to find a suitable long-term sealing device. Recently, we conducted FWM for fistulas in an open/closed abdomen with a Bogota bag.

**Case study:** A 52 years-old man, 24 hours after ELC, preceded resuscitation and emergency laparotomy due to deterioration of his condition, leading to shock. Approximately two liters of blood was observed in the abdominal cavity. In ICU the patient was sedated and ventilated, with abdominal closure using a Bogota bag. Four fistulas were formed in the lower abdomen with a large amount of fecal excretion. FWM was found to be an efficient solution to the collection of excretions, protection of skin, savings in dressing materials and nurses' time. The patient died after 3 months due to uncontrolled sepsis.

**Conclusions:** Use of FWM seems to be the efficient solution for the treatment of fistulas in an open/closed abdomen with a Bogota bag. After this pioneering trial, the method was successfully implemented on additional hospital patients.
O-132
The Role Of Foot Care In Diabetic Foot Ulcer Prevention: A Scoping Review

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Background: Diabetes prevalence is estimated to increase by 2035 to around 592 million for all age-groups worldwide. Diabetes foot ulcer is predicted to occur in 25% of diabetes patients during their lifetime, with 85% resulting in lower extremity amputation. Therefore, preventive interventions as well as regular foot care is recommended for diabetes patients.

Aim: This review aims to identify the role of foot care in diabetic foot ulcer prevention.

Method: A scoping review method used in this study. Databases searched included PubMed Central, the National Library of Medicine National Institute of Health and Indian Journal of Medicine Sciences. The inclusion criteria of this review followed PCC (Population, Context, and Concept). Key search terms were combined diabetes mellitus, foot care and foot ulcer.

Result: An initial search found 250 potential articles. After removing ineligible articles, 30 met the inclusion criteria. Concepts relating to foot care practice included diabetes and foot problems, foot care theory to practice and factors influenced both health providers and patient.

Conclusion: Poor practical foot care is a predisposition factor of diabetic foot ulcer, which leads to amputation. Hence, foot care educational and practice are demanding among diabetes patients.

O-135
Development National Consensus Document Of Wound Care Clinic Standard: Delphi Study

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Background: The increasing number of ET Nurses in Indonesia following by the increasing number of the wound care clinic provided by Indonesian ET Nurses. However, there is a paucity standard of the wound care clinic in Indonesia.

Aims: The main aims of this study were to develop a national consensus document for standard wound care clinic in Indonesia.

Method: This was three round e-Delphi study, which invited 26 Indonesian ET nurses who has the experience 2 years or more. In Delphi round I intraclass coefficient (ICC) was used to generalize candidate of standards while in cut off 70% and 80% cumulative index agreement was used in Delphi round I and II respectively.

Results: From 26 invited ET nurses, there were only 14 participants at all Delphi round (response rate 53.8%). At the end of Delphi rounds, the panel its reach consensus document for standard wound care clinic, which consist of 5 main standards; standard of document, standard of facilities, standard of wound care, standard of services and standard of professional performances.

Conclusion: ET nurses were recommended to implement five main standards in the wound care clinic in Indonesia.

O-136
Stipulating Quality For Our Patients - Working Together To Set The Standards And The Bench Mark

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¹Association of Stoma Care Nurses UK, United Kingdom

The Association of Stoma Care Nurses UK developed and launched their National Stoma Care Standards and Audit Tool in 2013. These standards were written to identify safe quality care in order to improve outcomes of care for patients and meet expectations by:
- Reflecting patient needs, changes in surgical techniques and current evidence based practice
- Stipulating gold standards to promote consistency
- Providing a framework and benchmark
- Providing an audit tool - for measurement and demonstrating practice

Seven quality statements where identified using a statement, structure, process and outcome framework to encapsulate the referral of a patient through to long term specialist stoma care support.

Following a positive evaluation of the standards in 2014, we are now ready to unveil these national standards in 2015 as a 2nd edition having updated and incorporated specialist standards for the child and gained accreditation from the Royal College of Nursing. This presentation will highlight the journey to produce these National Standards for Stoma Care and how these have evolved, developed and been evaluated. Another outcome, is the development of National Clinical Guidelines including 13 stoma related practices which aim to promote consistency and quality of care to our patients with a stoma.
O-137
Fatty Liver Disease: An End To The Circle Of Life

A Bowley¹
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The aim of this Case Study is to highlight the tragic consequences of Fatty Liver disease in a Pregnant Woman. Acute Fatty Liver disease usually occurs during the third trimester or immediate post delivery of the baby. Fatty Liver Disease is a disease that affects the liver as well as other vital organs. Such as blood clotting, renal function and the pancreas. The mortality rate is due to sepsis, renal failure, gastrointestinal bleeding or Pancreatitis. The Case study will focus on a Primi Gravid patient who developed Fatty Liver Disease. Probable Causes like mithochondrial dysfunction as well as the abnormal accumulation of fatty acids due to enzyme deficiency will be focused on. The patient also developed a Cecal Perforation which resulted in her requiring a Double Barrel Stoma. The diagnostic test will be discussed. The Case Study highlights how teamwork among Medical Personnel saved the patient’s life.

O-140
Interaction Between Diabetic Foot Ulcers And Foot Wear Characteristic in an Outpatient Clinic, Makassar Indonesia

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Background: Footwear has double side effects on development of DFU. It can prevent or provokes development of DFU. The aims of this study to understanding interaction between foot wear and DFU characteristics.

Method: This was a cross sectional study conducted in Wahidin Sudirohusodo hospital, Makassar, Indonesia. Inclusion criteria were participants age ≥ 18 years and has Type 2 Diabetes Mellitus (T2DM). DFU categorized into Kobe classification meanwhile foot wear categorized into thong, belt, and sabot sandal.

Result: Among of 30 participants with DFU, 11 were excluded remain 19 (63.3%) participants. Median age was 65 years (IQR 7). Most of DFU were Kobe type I (neuropathy) 13 (68.4%), following type II (ischemic) 5 (26.3%) and unknown 1(5.3%). Mainly DFU located at hallux area 11 (57.8%). Commonly participants using Thong sandal 9 (47.4%), without protected at heel 17 (89.5%). In this study we observed there were only three location among Sabot sandal group compare to belt and thong sandal.

Conclusion: In comparison three different foot wear, sabot sandal seem to be more protective for prevention or reduce DFU problems.

O-151
The Effect Of Stoma Site Marking On Stomal And Peristomal Complications: A Multicenter Prospective Study

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Aim: This study was conducted as a multicenter,prospective and descriptive research for the purpose to determine the effect of stoma site marking on the development of stomal and peristomal complications.

Methods: A total of 292 patients who had been followed up in five stomatherapy units in Turkey between January 1,2014 and December 31,2014 constituted the study sample.Data was collected through the questionnaire form developed by the investigators. For the data analysis, descriptive statistics and chi-square,Fisher's exact chi-square and Likelihood ratio tests were used.

Results: Ileostomy was opened in 55.1% of the patients, colostomy in 40.1% and urostomy in 4.8%. Stomas were temporary in 74% of cases. The stoma site was marked preoperatively in only 32.9%(n=95) of the cases. The complication rate in individuals in which the stoma site had not been marked was 73%, whereas it was 22% in individuals in which the stoma site had been marked(p=0.003). Stomal/peristomal complications have developed in 34.2%(n=100) of the individuals and the most frequent complication was peristomal skin problems (41.9%).

Conclusions: As a result, the stomal/peristomal complication development rate was significantly lower in individuals in which the stoma site had been marked preoperatively.According to the results, preoperative stoma site marking by a Wound Ostomy Continence Nurse is recommended in all patients undergoing planned surgeries.

O-154
Collaborative Working To Improve Stoma Care Follow Up For Ostomists

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Aim: To work collaboratively to establish an effective pathway to ensure ostomists have a structured review of their stoma and appliance usage.

Background: Literature has indicated it is essential that ostomists are supported following stoma formation. The importance of specialist stoma care services to identify unresolved problems and introduce ostomists to methods of stoma management that may be more suitable to their lifestyle was highlighted in a study in 2012 (Notter 2012).

Method: To address this discrepancy and ensure a collaborative, integrated approach with Clinical Commissioning Group (CCG) and NHS Trust, a detailed review has been undertaken. The involvement of industry to provide the clinical resources and the Medicine
Optimisation Pharmacist was instrumental to fulfil our aim. We agreed a formalised structure that would enable all patients to be reviewed through a co-ordinated process with GP surgeries/pharmacists on a yearly basis. By undertaking Appliance Usage Reviews on each consultation, this would provide the necessary specialist assessment to demonstrate meeting patients’ needs and the clinical decision process to support individual prescriptions.

Conclusions: By sharing the same aims and values the Colorectal Nursing Team, CCG and Industry have collaborated to establish a seamless and fully integrated pathway for care of ostomists.

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**O-155**

**International Ostomy Patient Survey On A New Mechanical 2-piece Appliance With A Specific Guiding System**

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Aim: To evaluate this new appliance on comfort, ease of use and security.

Method: The survey has been proposed to ET nurses in 8 European countries. Ostomates who were wearing this new appliance were included. An evaluation form had to be completed by each patient and an overall appreciation to be given by patients and ET nurses.

Results: 1155 patients were included by 307 ET nurses in France, Spain, Germany, Italy, Belgium, Denmark, Switzerland and Finland between 04/2013 and 05/2014. 74% of the patients were new and 26% experienced ostomates. 45% were ileostomates, 39% colostomates and 16% urostomates (1% other). 45% of the used pouches were drainable, 26% were closed, 16% were uro pouches and 12% High Flow pouches (1% other).

All results will be presented in detail. The use of the guiding system and the security feeling during wear were rated as "Very satisfying" or "Satisfying" by 91% and 86% of the 1155 participants, respectively. 67% of the participants would continue to use this new appliance.

Conclusions: This patient survey demonstrates the value of this new appliance. In particular, the mechanical coupling system with a new guiding system goes along with high flexibility, comfort and security.

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**O-156**

**Colostomy Irrigation In 2015 And Future Perspectives**

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Aim: To describe the current situation and future perspectives of colostomy irrigation (CI).

Method: Embase and PubMed based literature update review on CI.

Results: 8 studies focusing on CI and published since 2010 could be identified. As in previous studies, it was found that CI, despite its proven benefits, is still far from being routinely taught to nurses and patients: "Education on this procedure is urgently needed for ostomy nurses unprepared and/or unfamiliar with CI." (Cobb MD et al. 2015). As this situation should eventually change at long last, it is our intention to further promote knowledge of the technical details of the CI procedure as well as of the advantages of CI as highlighted e.g. by the "Evidence-Based Report Card" which has recently been published by Kent DJ et al. (2015). Moreover, attractiveness of irrigation equipment may also have an impact: a modern, newly developed electrical pump for CI can possibly contribute to stimulate interest among ET nurses and patients in CI.

Conclusions: In order to allow colostomates to take an informed decision about whether or not to manage their bowel through CI, increased educational efforts for both ET nurses and patients are still warranted.

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**O-159**

**Snap® (negative Pressure Wound Therapy) - An Evaluation Of 10 Patients Wounds**

C Stott¹

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Snap® is a mechanically powered disposable negative pressure wound therapy (NPWT) system that uses spring and coil mechanisms to promote wound healing in acute, chronic, traumatic, and other types of wound. There is a choice of foam or gauze for the interface dressing and Hydrocolloid is used as the peri-wound dressing which is very gentle on the skin. It is lightweight, portable and silent and is well accepted by patients. An evaluation of clinical outcomes on 10 patients will be presented followed by a cost comparison when compared to another NPWT system.

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**O-160**

**Patients’ Experience Of Reversal Of A Temporary Loop-ileostomy After Rectal Cancer Treatment**

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Introduction: Reversal of a temporary loop-ileostomy is the final step after a long treatment for rectal cancer. Studies have shown that patients often have a significant impact on the bowel function after reversal of the stoma.
Aim: To describe how the patient experienced the first time after reversal of a temporary loop-ileostomy due to rectal cancer.

Method: Qualitative semi-structured interviews, with sixteen patients, were conducted 4-6 weeks after stoma reversal. The interviews were analysed using qualitative content analysis according to Graneheim & Lundman (2004).

Result: The experience following stoma reversal was characterized by being controlled by the altered bowel function, which led to restrictions in social life. Patients were coping by using their ability and knowledge, planning daily life, taking the rough with the smooth, refraining from eating, challenging themselves and being positive about the future. To regain normality the patients found it important to get rid of the stoma and be restored.

Conclusion: The patients had resources and capacity, but felt that they could not themselves control the situation with the altered bowel function satisfactorily. Through a nurse-led follow-up clinic the nurse can use the patient's capacity to visualize existing resources to help the patient cope with the situation.

O-165
Using Zinc Cream To Heal Macerated Periwound Skin Case Studies

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Learning objective
To demonstrate effectiveness of zinc cream to heal macerated periwound and protect it from maceration.

Maceration is defined as the softening and breakdown of skin resulting from prolonged exposure to moisture. Failing in managing wound exudate most likely will lead to periwound skin breakdown, leaving the wound looks wider and at the end will delay wound healing. Two diabetic foot ulcers and a breakdown abscess presented to clinic. The wounds had a moderate-heavy exudate and macerated periwound skin. All of them were treated using antimicrobial dressing combined with absorben dressing, and zinc cream applied on their periwound skin. After 10 days, in average, of zinc cream application, the maceration of periwound skin reduced significantly. And using the zinc cream on intact periwound skin in these cases, provided an effective barrier against exudate exposure.

Keyword: maceration, periwound skin, zinc cream

O166
Faecal Incontinence In Primiparous Women Who Sustained An Anal Sphincter Injury And Subsequent Primary Anal Sphincter Repair

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Faecal incontinence distressing condition for young women who have just given birth. However there is limited literature examining the effectiveness of obstetric injury primary sphincter repair and other factors which may contribute to a higher level of residual anal sphincter damage.

The aims of this study were to: assess at six months post partum the anal sphincter structure and function of primiparous women who sustained an anal sphincter injury; to assess if severity of the initial anal sphincter injury or the residual damage following primary repair correlates to faecal incontinence severity; to identify any factors which may contribute to higher residual damage following primary repair.

181 women, mean age 29.9 years with an anal sphincter injury attended perineal tear clinic. 46% had faecal incontinence at 6 months. The majority had 3A tear and only 6% had 4th degree tear. There was a high rate of women with sphincter defect after primary repair and this correlated with severity of faecal incontinence.

Faecal incontinence is not just reliant on intact anal sphincters and is much more complex. It may be useful in preventing future faecal incontinence to examine those women who have had a prolonged and difficult delivery which may affect continence.

O-168
Management of Complicated Wound Secondary to Retracted Stoma Revision

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1 - Turkey Yuzkuk Inhtisat Education and Research Hospital, Turkey

Background: Stoma related complications are still high despite advance in surgical techniques. This paper aims to present a patient complicated with peristomal wound infection after stoma revision and our experience to prevent fecal contamination.

Case: Fifty-four year old female who received Hartmann procedure for rectal cancer and adjuvant chemoradiotherapy presented with bowel obstruction. At laparotomy, colorectal anastomosis and because of severe stricture at ileum with proximal bowel edema, end ileostomy was performed. Following stoma revision for retraction in 2 months, we observed mucocutaneous detachment and wound infection which subsequently caused visceration from previous incision. After two bedside interventions, wound debridement and negative pressure wound therapy were performed. At 2nd session, in order to keep the ileostomy above skin level, ileum was freed from fascial attachments as granulation tissue allows and pulled up partially. At the end of 4 sessions, adequate granulation was observed and wound edges were approximated appropriately. We have been following the patient without any wound problems.

Conclusion: It is important to prevent fecal contamination to parastomal skin and subcutaneous tissues in patients underwent stoma revision. In cases having contamination to open wounds, negative pressure wound therapy and stoma-care products may be applied to isolate wound and ease healing.
O-169
Countermeasures Against Natural Disasters By Japanese Society Of Stoma And Continence Rehabilitation
Countermeasures Committee of JSSCR

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The Great East Japan Earthquake of March 11, 2011 was an unprecedented calamity which claimed more than 18,000 lives including the missing. Especially Miyagi, Iwate and Fukushima prefecture suffered severe damage. Although there are approximately 250,000 people with ostomies in Japan, nearly 8,000 ostomates in the three prefectures mentioned above also sustained disadvantages such as collapse of buildings caused by the earthquake, outflow of their houses to the sea due to tsunami and a series of nuclear accidents. We JSSSCR have examined measures against natural disasters since our experience of the Great East Japan Earthquake. Specifically, we intend to raise awareness of disasters among ostomates and health care providers, to build up a contact network in an emergency by dividing the whole of Japan into 13 regions and to support ostomy supply, a network of care and publicity. From now on we are going to more closely cooperate with Japan Ostomy Association Inc. (JOA), other related societies and a safety net of ostomy supplies and work out countermeasures against natural disasters which can make the most of regional characteristics.

O170
The Psychological Impact Of Surgery On Paediatric Ostomy Patients And The Need For Continued Aftercare For Children And Their Families

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Aims: To study post-operative aftercare for the young ostomy patient. (ICOEF* supports paediatric patients and families in acceptance of ostomy surgery. It believes that long-term aftercare of children is vital to full psychological recovery).

Methods: ICOEF studied the effects of ostomy surgery on a group of 158 children/families who have asked ICOEF for assistance. ICOEF included its larger support networks in this study. (UK, USA, CA, AU) with additional input from other interested countries.

Results: Our research has shown that this is a ‘grey’ area, dependent on the varying resources available. Immediate aftercare, both in-hospital and at home, is offered to a high standard almost everywhere. However, ongoing aftercare, particularly in remote areas, is lacking. Problems do not always emerge until months/years afterwards. Then, resources for assistance can be costly and difficult to obtain (due to budget constraints being expended on immediate care).

Conclusion: Additional long-term psychological aftercare following paediatric surgery should be available to patients and their families - either offered by medical services or by the many international support groups. ICOEF continues to expand its own resources in this field worldwide, but cooperation is needed with both appliance manufacturers and nursing specialists to achieve this objective.

O-174
Wounds And Costs

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Evidence on management and costs of wound care are insufficient and inconsistent. The aim was to quantify the resources used for the treatment and respective direct costs of treatment.

Methods: Study took place between January 2012 and December 2013. Newborn, pediatric and adults in hospital settings (2 days) and primary health care (1 week) in all users admitted or enrolled in health facilities wounds were classified into two groups: according to the etiology and chronicity. To estimate the cost, it was decided that cost would be estimated by combining the use of resources such as the time required for the nurse and the dressing material.

Results: 108 840 users were examined and 5274 had wounds; The time of existence of a wound had an average of 189 days was significantly higher in chronic wound compared to acute wounds (p <0.001). The average time for each treatment was 15.72 minutes and an average cost per treatment estimated at € 14.90, the average value was significantly higher in the context of CSP compared to CSD ( p <0.001).

Conclusion: Data collected from 229 health units provide a valuable resource for government protection, estimate costs, monitor the progress of wound and its clinical outcomes.

O-175
Wound Prevalence And Characteristics

Dr. P Alves¹, J Amado¹, M Vieira¹
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The prevalence of wounds within the Portuguese public health systems is unknown. Two objectives were defined: the first was to estimate prevalence of wounds within the Portuguese public health system in primary and secondary health care settings. Second objective understand and characterize the patient with wound.

Method: The epidemiological study took place between January 2012 and December 2013 and all users admitted or enrolled in health facilities wounds were classified into two groups: according to the etiology and chronicity. In descriptive and correlational study
were referred all kinds of wounds, the etiology, location, place of origin and time of existence of the wound in days. Results: 108,840
users were examined, of which 5274 had wounds; The point prevalence was 4.84%, and it was determined that 4.1 per 100
inhabitants in Portugal has a wound. The most frequent risk factor to wounds development was hypertension (40%) and diabetes
(23%). Time of existence (average 189 days), pain and infection was significantly higher in chronic wound when compared to acute
wounds (p <0.001).

**Conclusion:** Data collected in 229 health units facilitated strategic direction within the public health system, in terms of educational
requirements, clinical guidelines and research initiatives.

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**O-177**

*Analysis Of Pressure Ulcer Prevalence In A Public Hospital*

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**Introduction:** Pressure ulcers (PU) have always been a problem for health services, especially for nursing and multidisciplinary
teams, due to the incidence, prevalence and peculiarities of treatment. PU increases the direct and indirect costs with treatment and
alter the quality of patients' life.

**Aim:** To analyze the prevalence of PU in bedridden patients.

**Methods:** A retrospective cross-sectional study with a quantitative approach carried out with records of patients admitted to a public
hospital in the year 2013.

**Results:** The population was 78 bedridden patients and of these, 15 were admitted with PU and 13 developed it after hospitalization,
totaling a prevalence of 35.9%. Regarding the profile demographic and clinical partner: 51.28% male, 50.0% elderly, hypertensive
43.6 and 20.5% diabetes mellitus, 50.0% of PU located in the sacrococcygeal region and 25.0% in the heals. As for classification
under NPUAP-EPUAP 27.3% were in category I, 30.3% in category II, 30.3% was not registered. **Conclusion:** The prevalence of PU
was high in diabetic and hypertensive elderly. It is necessary to establish protocols to prevent permanent supervision to reduce the
number of PU and improve the quality of care and nursing records.

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**O-178**

*Pain Is Present In Pressure Ulcers?*

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Pressure ulcers are painful, most patients report pain as "constant", and pain assessment should be included in all patient care plans.
The aim of the study was to assess the state of knowledge of pain with PU

**Methods:** A cross-sectional study with a stratified sample according to specificity of the study, assuming an error of 1% with a
confidence level of 99%. Results: More than 108,000 patients observed, 5274 patients with wounds and 854 patients with pressure
ulcers. Regarding pain assessment, 806 patients answered accordingly the visual scale of pain. The average pain during day was
1,54 (SD =1.87) a minimum of 0 and a maximum of 10. The level of pain treatment increases for the double, the average during
treatment was 2.9 (SD=2.56). Data shows that the main factor of worsening pain was the change of dressing material, more than
1,54 (SD =1,87) a minimum of 0 a

**Conclusion:** These results provide a clear indication that all patients should be asked whether they have pain on pressure areas, even
when they do not have a PU. Control wound pain can play a major role in enhance patient quality of life.

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**O-179**

*Stoma Complications And Quality Of Life Of Patients:* cross-sectional Study

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Espinho 4 - Centro Hospitalar e Universitário de Coimbra 5 - Hospital Fernando da Fonseca 6 - Instituto Português de Oncologia de
Lisboa, Portugal

Quality of a person's life carries an stoma disposal will depend on personal autonomy and social learning. The objective was to
identify the most common complications associated with stoma person with elimination stoma and Evaluate their quality of life.

**Method:** Cross-sectional study, a convenience sample in patients with stomal elimination, patients of both sexes that accepted to fill
the quiz in the period between June 1 to December 31 in various hospitals. The study was approved by ethics committees where the
study was conducted.

**Results:** 224 complete responses, 68% male and 32% female, mean age of 47.33 years. Regarding the characteristics of the stoma,
75% colostomy and 25% ileostomized, 61% were temporary, as the most common cause was cancer (69.5%). Complications
identified over the past month were: shrinkage (3.2%), edema (3.2%), dehiscence of the suture (2.7%) and prolapse (2.7%). In the
peri-stomal skin erythema (30%) was the most prevalent complication. About the impact of ostomy lifestyles: 42% of users have a
negative perception of their quality of life 74% of ostomates stopped working, 51% reduced sexual activity and 89% of men reported
problems with erection.

**Conclusions:** These results help to understand stoma complications and facilitate adaptation to this transition.
O-180
Capacity And Functional Dependence Of People With Intestinal Elimination Stomas
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Changes in body function implies a change in autonomy, self, consequential to the self-esteem, sexuality, socialization and quality of life. The aims were to evaluate the functional capacity and assess the degree of functional dependence of people with intestinal elimination stomas.

Method: Cross-sectional study in a convenience sample of patients with intestinal elimination of ostomy, who filled the quiz in the period between 01/06 - 31/12/2014. Study was approved by ethics committees.

Result: 224 answered, 68% male and 32% female, mean age 47.33 years. We found that: 20% of the patients lived alone; 22% had economic dependence on third parties; 25% of patients considered their health status today was bad, and when compared to 5 years ago 80% think that is worse (p <0.001). Socio/economic status was evaluated by Graffar method, we realized that 78% belonged to classes III and IV. The family functionality, was evaluated by Apgar test, the majority (83%) considered to belong to a highly functional family. The level of acceptance of the stoma 7.5% still rejects , 36.6% is resigned and 55.4% accepts, however 62% became depressed after ostomy.

Conclusion: This study helped to organize education and new strategies for new patients with stoma.

O-181
The International Interprofessional Wound Care Course (iiwcc) - Global Outcomes
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Aim: To assess the impact of the International Interprofessional Wound Care Course (IIWCC) in North America (Canada & USA), South Africa (and other sub-Saharan countries), and West Asia (United Arab Emirates, Saudi Arabia, Iran)

Method: Data from IIWCC graduates will assess the impact on the performance of wound care professionals. IIWCC data on the 8 to 12 month course accredited by the University of Toronto will evaluate the two 4 day residential weekends at the beginning and end of the course. Rate of successful student completion of the 9 self-study modules (5 compulsory and 4 optional) will be reported along with the impact of the selective (component of the course is implemented in the workplace with a reflective interpretation of the results).

Result: Key opinion leader status has been achieved with over 1500 graduates: 1200 in Canada & USA, 71 in Sub-Saharan Africa, and over 200 from West Asia. A number of the graduates have become faculty in the IIWCC and other teaching institutes. Selectives have changed local practices for several graduates with a number of selectives being published in peer reviewed journals.

Conclusion: With almost 1500 graduates worldwide, the IIWCC has enhanced wound care globally.

O-183
Incidence of pressure ulcers and skin tears in a cardiopneumologic intensive care unit
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Introduction: Skin wounds represent a major challenge for cardiopneumologic critical care patients. Aim: to identify and analyze the incidence of pressure ulcers (PU) and skin tears (ST) and the risk factors for their development in Cardiopneumologic Intensive Care (CICU) patients.

Method: A prospective cohort study was developed in a Surgical CICU of a large hospital in São Paulo city. A sample of 370 adult patients without PU and ST on admission, admitted less than 24 hours and who agreed to participate in the study were studied during three consecutive months. Univariate tests and the Classification Regression Tree (CART) were used for data analysis.

Result: Incidence coefficients of 10.8%, 7.0% and 2.2% were obtained respectively for PU, ST and concurrent wounds - CW (simultaneous PU+ST). Length of stay in CICU <9.5 days and age >42.5 years old were risk factors for PU and for CW; white race for PU development; use of support surfaces and the number of invasive devices in CICU admission for ST; and use of blood transfusion for CW. Conclusion: The study showed incidence and risk factors were similar to other publications just for PU. No publications were found about ST and CW incidence in critical patients.

O-185
Psychometric Evaluation Of The Stoma Quality Of Life In Chinese Cancer Patients With Colostomies
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Aims: The primary aim of this study was to test the psychometric properties of the Stoma-QoL among Chinese colostomy patients, and the secondary aim was to examine the predictors of colostomy quality of life.

Method: A cross-sectional study was conducted in the surgical departments of a general hospital in China. The sample included 224 patients with colostomies, 68% male and 32% female, mean age 47.33 years. We found that: 20% of the patients lived alone; 22% had economic dependence on third parties; 25% of patients considered their health status today was bad, and when compared to 5 years ago 80% think that is worse (p <0.001). Socio/economic status was evaluated by Graffar method, we realized that 78% belonged to classes III and IV. The family functionality, was evaluated by Apgar test, the majority (83%) considered to belong to a highly functional family. The level of acceptance of the stoma 7.5% still rejects, 36.6% is resigned and 55.4% accepts, however 62% became depressed after ostomy.

Conclusion: This study helped to organize education and new strategies for new patients with stoma.
Methods: The translated Stoma-QoL was tested using a convenience sample of 219 colostomy patients from 3 tertiary hospitals in China.

Results: The content validity of the STOMA-QOL was .90. The Chinese version of the STOMA-QOL consisted of 20 items (STOMA-QOL-C) with 4 subscales as follows: Psychological Burden (8 items), Social Interaction (4 items), Stoma Management (4 items), and Daily Routine (4 items). The Cronbach’s alpha, the intra-class correlation and a split-half Spearman-Brown coefficient for the total scale were .935, .912 and .828, respectively. Multiple linear regression analysis showed that self-efficacy, body image change, family members’ acceptance of stoma except their spouses and self-care ability were the predictors of quality of life among Chinese colostomy patients, while self-efficacy was the most important influencing factor.

Conclusion: The STOMA-QOL-C has been proven to be a valid and reliable measure to assess the quality of life among colostomy patients.

O-188
Identification Clinical Features Diabetic Foot Ulcers Using Non Contact Thermography Based On Mobile Phone: A Case Series

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Background: Thermal imaging has been introduced as advanced assessment devices to evaluate diabetic foot ulcers (DFU). Currently mobile thermography was available however lack of information related to its clinical features.

Aim: To identify clinical features DFU using non contact thermography based on mobile phone.

Method: This was a case series report, based on medical record data at wound care clinic, Griya Afiat Makassar-Indonesia. Demography, Diabetes Mellitus and DFU assessed based on minimum data sheet (MDS). Thermography status captured using FLIR ONETM attached to iPhone 5s (Apple Inc, US) at dorsal and plantar foot. Clinical features reported using semi quantitatively based on colours grading.

Results: We observed six DFU. Age (41-65 years), three male, two has neuropathy, ankle brachial index (0.77-1.25) and DFU status from Wagner II - IV. Dead tissue (necrotic and callus) reflected with dark blue, active ulcers (red patterns), while edema and inflammation (white patterns).

Conclusion: Using different colours grading by using thermography based on mobile phone was useful to evaluate DFU in clinical settings.

O-190
Balinese Nurses Spirituality And Beliefs-a Support System In Stoma Care

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Background: Bali has diverse and unique cultures that influence provision of health care services, including nursing. Dhala Care is a community clinic that provides stoma care. Nurses incorporate in stoma care provision their spiritual beliefs to support the healing process and return to activities of daily living.

Aim: To explore spirituality and beliefs of nurses in stoma care

Method: This study used qualitative methods with focus group discussions related to spirituality and beliefs. Discussions have been conducted with 5 nurses who have been caring stoma and interviews have also been conducted with 3 patients with a stoma to determine satisfaction after receiving the nursing care.

Result: Results found spirituality and belief of nurses have four themes; friendship, compassion, joy and respect. Patients with a stoma feel comfortable and satisfied with the services rendered. Patients also expressed more confidence to be able to return to daily activities because of the support of nurses.

Conclusion: Spirituality and belief of nurses is very important as a support system in stoma care.

O-196
Effectivity Of 3 Steps Hypnosis Control Bedwetting : Case Study

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Background: Bedwetting is a socially disruptive and stressful condition which affects around 15% to 20% of five year olds, and up to 2% of young adults. Some individuals are too embarrassed to wear panties for solution. Fortunately, hypnosis is being suggested as a more permanent solution to allow those who experience incontinence to maintain their life. Specially for client with no physical damage in urinary system.

Aim: To assess the effects of 3 steps of hypnosis on adolescent with bedwetting.

Method: Six adolescent clients with bedwetting completed one sessions of hypnosis. Every client receives therapy sessions for one hour. Three steps hypnosis includes the expression of feelings, relaxation, and direct suggestion.

Results: Clients were followed up for one, three and six months. Five clients were entirely symptom free and 1 improved.

Conclusion: Hypnotherapy is effective for this disorder. Hypnosis won’t only help to reduce the incontinence but it will also help the emotional and psychological issues that came alongside. It also has the benefit of no side effects. In this instance goal is be in control of bladder and hypnosis will help to achieve this.
O-197
The Effect Of Multidisciplinary Pain Management To Accelerate Wound Healing In Patients With Grade IIii Open Fracture Of The Lower Extremity

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Pain management in orthopedic patients has been a major concern over last few decades. Even with advancements in understanding of pathophysiology, pharmacotherapies and non-pharmacotherapies of pain, it still remains under treated and poorly controlled. The evidence has showed that the pain management is often underestimated or mismanaged by health professionals.

Aim: The purpose of this study is to examine the effects of multidisciplinary pain management to accelerate wound healing in patients with grade III open fracture of the lower extremity who will undergo skin graft/flap.

Method: Thirty patients having grade III open fracture are randomly assigned to either an experimental group or control group. Pharmacology and non-pharmacology therapies are used to reduce the pain. Tissue oxygen levels, the width of granulation tissue, the level and duration of the readiness of skin graft are obtained to assess the acceleration of wound healing.

Result: This study is still on going until the number of samples is met which is carried out from August 2015 to November 2015. This research will provide evidences to support the use of multidisciplinary pain management in health care setting.

Conclusion: The conclusion of this study will be generated after evaluation of these research interventions.

O-199
Successful use of Flexima 3S coupling system following multi-visceral transplantation

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Small bowel (SBTx) and multivisceral transplantation (MVTx) is a method of choice for selected patients with short bowel syndrome and other disorders. The Czech national small bowel transplant program started in December 2014 with two cases. Graft included stomach, duodenum, pancreas, spleen, liver and small bowel. In case of small bowel transplant there is always ileostoma performed, kept for up to six months after transplantation. Main reason for the stoma creation is the need for biopsy. The biopsy is needed to prove small bowel rejection. The ileostoma is an access into the small bowel lumen, where graft mucosa biopsies are taken on regular basis after the transplantation. Not only the microscopy but also the macroscopic view of the bowel graft is important. On contrary, each patient with SBTx/MVTx graft is challenged not only with high risk of rejection, but also infection, including skin infection and irritation around the stoma.

In both above mentioned MVTx cases we have successfully used Flexima 3S High Flow 2-piece mechanical coupling system. There were no leaks and no skin irritations observed, the system served both patients well. In one case the system was used for 39 days, in the second one for 67 days.

O-200
The Use Of Negative Pressure Wound Therapy In The Management Of Large Complex Wounds. Experience From Durban

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Introduction:
Negative Pressure Wound Therapy (NPWT) has emerged as a non-pharmacological treatment for complex wounds.

Method: We investigated the effectiveness of NPWT in the management of large complex perineal and dehisced wounds in our setting.

Result: The study comprised 16 patients (10 males; M:F 5:3). Indications for NPWT were excision of hidradenitis suppurativa (10), excision of perianal warts (2), wound breakdown (3) and excision of large perirectal abscess (1). Duration of NPWT was 1-7 months. Time to complete healing was 1-7 months. Eight patients had a colostomy. All healed with no complications and all were happy with the outcome. There were no deaths.

Conclusion: NPWT is a safe and effective treatment for complex perineal and dehisced wounds. Colostomy use for perianal and perineal wounds can be individualised. The satisfaction rate is high. This treatment should be considered as standard of care for complex perineal and other dehisced wounds.
O-202
Pressure Ulcer Incidence In Intensive Care Unit

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Objective: To determine pressure ulcers incidence and risk factors in intensive care units

Methods: Retrospective cohort study. A total of 766 patients without pressure ulcer 24 hours after their admission in the units were studied. The variables of interest were collected in the patients digitalized records. The statistical analysis were done using cumulative incidence, Pearson’s Chi-Square, Mann-Whitney’s and Stepwise Forward methodologies.

Results: patients in artificial ventilation had a risk of developing pressure ulcers 3.5 times higher; patients in palliative care had a risk 7.8 times higher in developing pressure ulcers; each day of hospitalizations increased the chance of developing pressure ulcers in 10.1%; each point in Nursing Activities Score increased the chance of developing pressure ulcers in 1.5%; the risk for developing pressure ulcers were 2.3 higher in patients aged between 60 and 84 years, compared with those with less than 45 years and this risk was 2.7 higher in patients older than 85 years compared with those with less than 45 years old. Conclusion: the incidence of pressure ulcer was high and strongly associated with mechanical ventilation and length of stay.

O-212
The Use Of A Surgical Incision Management System On Vascular Surgery Incisions: A Pilot Study

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Health care-associated infections in hospitals, including surgical site infections, contribute significantly to morbidity as well as mortality. Surgical incision management (SIM) using negative pressure wound therapy is designed to cover and protect closed surgical incisions from external factors including infectious sources and local trauma, while negative pressure removes fluid and infectious material from the surgical incision. A prospective case-control study assessed wound complications in patients undergoing vascular bypass procedures, where both femoral areas were incised to gain access to the femoral arteries. SIM was placed on one femoral area while a standard postoperative wound dressing was placed on the contralateral femoral area. All of the patients required bilateral femoral artery access. During the follow-up period patients were monitored for wound complications. All wound complications requiring surgical intervention were considered significant. No significant wound complications occurred in wounds treated with SIM. These preliminary data would suggest a potential reduction in wound complications and no observed increase in haemorrhage in high-risk patients with severe co-morbidities undergoing vascular surgery.

O-205
A Mobile Internet Application To Enhance Accessibility To Enterostomal Therapy Nurses In China

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Aim: Access to an Enterostomal Therapy Nurse (ET) is limited in developing countries. In China, population aging and rapid increases in urbanization and middle class affluence are associated with increasing chronic disease, patient needs and expectations. There are over 1 million ostomates, but only 1,000 qualified ETs in China. Most ETs are concentrated in large cities while patients in rural and remote areas lack access to their expertise. To address this discrepancy mobile internet technology was used to improve remote patient consultations.

Method: Jiangsu ETs in collaboration with Sino-America Health Technology Information Ltd, developed a mobile-internet based ET platform. This allows ETs to monitor post-operative recovery and rehabilitation and allows patients and ETs a platform for ongoing consultations. The application facilitates scheduling workloads, case management, collaboration and data management.

Result: By September, 2015 296 patients had been managed by 22 ETs using the platform. Over 300 care consultations occurred during the 2 month pilot project and was estimated to have saved over 70 hospital visits and associated costs. This presentation will report the latest data and progress.

Conclusion: The mobile internet platform can effectively provide adequate remote consultation. The electronic records have great potential to facilitate research.

O217
Cost-efficacy Of Phmb Solutions For Wound Care In South Africa

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The presence of a biofilm in a chronic wound is considered an important contributing factor to delayed wound healing. This makes cleaning the wound bed an essential component of wound management. Chronic wounds contribute to a significant financial burden on health care systems all over the world. Polyhexamethylene biguanide (PHMB) solutions, with its surfactant and antimicrobial function, are believed to have an advantage over the more traditional saline in promoting wound bed preparation.

Objective: To evaluate the cost-effectiveness of PHMB solution for cleansing of chronic wounds compared to saline solution in private practice in South Africa.

**Results:** The initial results demonstrate that the PHMB solution is well tolerated by patients and not only cost-effective, but potentially beneficial when the total cost of treatment is calculated. Conclusion: The use of a PHMB solution is not only feasible, but well tolerated and even preferred by patients. The initial higher cost is offset by a potentially shorter time to heal and a reduced total cost of treatment. (The initial results of this pilot study will be presented).

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**O-218**

*A Non-randomized Controlled Study Investigating The Effects Of Routine Outcome Monitoring With A Clinical Feedback System On The Adjustment To Life With An Ostomy: A Study Protocol*

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**Aim:** To describe a study that will examine whether routine outcome monitoring, with a clinical feedback system, has positive effects on the adjustment to life with an ostomy. A secondary aim is to investigate predictors of adjustment to life with an ostomy.

**Method:** This non-randomized controlled study will include patients with a newly formed colostomy, ileostomy or urostomy. The intervention includes monitoring of self-reported measures related to adjustment to life with an ostomy. The measures are electronically assessed before each clinical consultation; 3, 6 and 12 months after surgery. The findings are instantly analyzed and graphically presented for use in the following consultation. The patient and the stoma nurse then discuss the findings. Thus, a model of a clinical feedback system is implemented. For comparisons we use a historical control group consisting of patients that recently have received standard care. These patients completed the same self-reported measures as a part of an observational study. The main outcome is the overall score of the Ostomy Adjustment Scale. The study is powered to detect a significant difference of 0.37 standard deviation units.

**Conclusion:** This study presents a novel approach that may lead to improved consultations and adjustment to life with an ostomy.

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**O-220**

*Enterostomal Therapy Nursing In Malaysia: Our Journey And Direction*

M Mohd Nasir¹
1. UMMC, Malaysia

Enterostomal Therapy Nursing in Malaysia, has long existed even when the speaker was a Student Nurse way back in 1980s, but the Nurses at that time did not undergo any structured program as per World Council Enterostomal Therapist (WCET) Education Program (ETNEP).

Patient was operated and the stoma care was cared by the sales representative, as for the wounds mainly the Doctor will managed and the Nurses will carried out the order. At that time we even need to do dressing 4 times a day even during night duty. Incontinence was never even mentioned.

We only started sending Nurses for this formal training in 1994 onwards. Australia was the first country that Malaysian Nurses are able to go for this program and then in 1995 to Hong Kong and subsequently we run our own program under our Malaysian Enterostomal Therapy Nurses Association(METNA) and also in University Malaya Medical Centre.

The journey was not an easy journey but due to our commitment and determination we have managed to train more Nurses to cater for the needs and the journey continues towards our future direction.

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**O-221**

*Continence Care: Way Forward*

Mrs. M Mohd Nasir¹
1. UMMC

Continence involves men and women and can be at any age groups even it is very much related to elderly but we still have younger age groups that suffer from incontinence.

Urinary problems related to a few problems such as storage, voiding, feeling of urgency, leakage, and many more problems. Incontinence can have a great impact to an individual's life and it must be a concern to all of us. No one wants to lead their life soaking with urine.

In Malaysia continence care is still an infancy stage, we are crawling but we must say we are moving forward and towards the right direction. Continence Foundation of Malaysia (CFM) should be recognized as a body that responsible for the beginning of incontinence care in Malaysia.

Continuously we have put up our effort in organizing more workshops and seminars to give awareness to all especially our Nurses so that they will be able to be our agent to disseminate the words about incontinence. We know we need to do more, with our vision to see our hospital to be the first hospital to establish Continence Clinic in Malaysia or at least the few in this regent.
O-222
Challenges In Managing Fistula: How We Do It?
Mrs. M Mohd Nasir
1. UMMC

Fistula is defined as abnormal communication between 2 epithelialized surfaces. It can arise from the duodenum, jejunum, ileum, colon, or rectum. ECF is an external fistula to which is an abnormal communication between 2 hollow viscera, complication that is usually seen following surgery on the small or large bowel. Study suggests that about 95% of ECFs were postoperative, ileum was found to be the most common site and 49% of fistulas were high output and 51% were low output. ECF are responsible for a significant mortality rate, ranging from 5-20%, due to associated sepsis, nutritional abnormalities and electrolyte imbalances. ECF normally being manage according to conservative treatment such as fast the patient, start with total parental nutrition, management of the drainage or fluids, strict intake output recording, monitoring of body weight and the most challenging aspect is the management of the fistula including the dressing. The key goals of nursing management are protecting the skin from contact with the drainage, contain the output using a pouch for easy measurement, manage the cost since it is quite costly to manage a fistula in terms of supplies and human resources, control odour and provide patient's comfort.

O-223
Collaboration Between World Council Of Enterostomal Therapist (wcet), Canadian Et Association (caet) & Et Team Department Of Nursing, University Malaya Medical Centre, Kuala Lumpur, Malaysia

M Mohd Nasir
1. UMMC, Malaysia

When the World Council Enterostomal Therapist (WCET) Past President, Ms Louise Forest-Lalande approached the speaker to discuss about collaboration, she was excited and really looking forward and knew this is the beginning of it in fulfilling the vision and mission of the organization that she has work for the last 30 years. The idea of selecting UMMC to be part of WCET training centre for clinical placement for Asian Nurses is dream come true. After much of discussion, Louise presented the planning at the WCET meeting in Gothenburg, Sweden June, 2014. It was the Canadian Association of Enterostomal Therapist (CAET), WCET and ET Team of UMMC! This initiative is to build ET Nursing capacity in Nepal, to help Nepalese Nurses clinical training in UMMC after they undergone a training module via distance learning/online with the Canadian Association of Enterostomal Therapist of Canada (CAET).

Our international network will be seen as a unique opportunity to unite Enterostomal Therapy Nurses (ETN) in UMMC and share information to promote best practice in ostomy, wound and continence care globally and probably a stepping stone for future collaboration with others.

O-228
Necrotising Fasciitis Flesh Eating Bugs - SciFi Or a Reason Why?
Mr. M White
1. Queen Elizabeth Hospital

Necrotising Fasciitis (NF) is a rare but debilitating bacterial infection which sometimes results in the formation of a stoma if it involves the perineum, abdomen or genital regions. It is a potentially fatal condition and patients undergo extensive skin and fascia stripping in order to eradicate the bacteria. They can face months of hospital treatment such as antibiotic therapy and surgery with skin grafting. This presentation aims to explore the myth that the bacterial agents responsible for NF, otherwise known as 'flesh eating bugs' are a rare phenomena as well as the causes and treatment for this condition. Photographs of NF will be included. The role of the Nurse Specialist will also be explored in relation to the management of these patients.
P 20

Et-nurse Experience With Appendicostomies

Ms. A Austrheim¹, T Faye-Schjell¹, M Stange³
1. Oslo University Hospital

Aim: 20 years’ experience with appendicostomies. About100 children have gone through the procedure. Main underlying diagnoses are myelomeningocele, anorectal malformation and Hirschsprung disease.

Method: Twenty years’ clinical experiences of three ET-nurses are systemized.

Result: ET nurses are easily accessible for these families. Interdisciplinary approach is important Pediatric Psychiatrist, Pediatric Surgeon and the ET-nurse work as a team for these children.

ET-nurse always sees the patient and the parents in the outpatient clinic for age appropriate pre-operative information. Some families need several visits. The ET-nurse marks the stoma-site, and decide preoperative bowel preparation. ET-nurse assures necessary equipment, prescription and plan for washouts and laxatives at home. Hospital stay has been reduced. The child sees the ET-nurse 3-4 weeks postoperatively. If a Foley catheter is placed, it is withdrawn at this time. A single use catheter is inserted with instruction.

Conclusion: ET nurse plays an essential role in the pre- and postoperative treatment of children with appendicostomies.

P 22

Application Of Decision Tree On The Risk Prediction Of Hospital-acquired Pressure Ulcers In ICU Patients

Miss. X Deng¹, A Hu²
The Third Affiliated Hospital of Sun Yat-sen University 2 - the Third Affiliated Hospital of Sun Yat-sen University

Aim: To study and evaluate the feasibility and accuracy for the application of decision tree method on the risk prediction of hospital-acquired pressure ulcers in ICU patients.

Method: A retrospective design for collecting 468 patients’ records in a university hospital in Guangzhou, China. All the patients were hospitalized in ICU (MICU, CCU) between 2011 and 2013. The risk prediction model was generated with decision tree method, and the ROC curve was used to evaluate prediction value of the decision tree model and Braden scale.

Result: The decision tree model had four stratum and eleven nodes, which screened out three kinds of high risk populations: (1) age >81; (2) age ≤81 combined with fecal incontinence; (3) age ≤81 combined with total Braden score ≤13 and diastolic blood pressure <60mmHg. The sensitivity (80.9%), specificity (70.3%), Youden index (51.2%) and the area under the ROC curve (0.828) of decision tree model was higher than that of Braden Score (77.7%, 58.7%, 36.4%, 0.711).

Conclusion: The decision tree model is an easy and feasible tool to predict the risk of hospital-acquired pressure ulcers in ICU patients, and it could be used to develop the screening strategy of high risk population of pressure ulcer in ICU.

P 23

Occurrence And Risk Factors Of Hospital-acquired Pressure Ulcers In Mechanically Ventilated Patients In Intensive Care Units

Mr. A Hu¹, Miss. M Niu², Miss. X Deng³
1. the Third Affiliated Hospital of Sun Yat-sen University 2 - The first Affiliated Hospital of Sun Yat-sen University 3 -The Third Affiliated Hospital of Sun Yat-sen University

Aim: To describe the incidence, location and stage of hospital-acquired pressure ulcers (HAPUs) in mechanically ventilated patients in ICUs and identify risk factors for their development.

Method: A descriptive retrospective study was conducted in a university hospital in Guangzhou, China. The sample consisted of 270 mechanically ventilated patients in ICUs from 2011 to 2014. Statistical analyses were performed using SPSS software version 20.0.

Results: Of the 270 patients, 136 patients (283 HAPUs) developed HAPU during mechanical ventilation. The incidence of HAPU was 50.37%. Excluding stage I (60 patients), the incidence was 27.78%. Of the 283 HAPUs that developed, 156 (55.12%) were Stage I, 114 (40.28%) were Stage II, 3 (1.06%) were Suspected deep tissue injury, and 10 (3.53%) were Unstageable. The most common locations developed HAPU were sacrum (35.69%), heels (14.13%), and neck and face (10.25%). Logistic regression analysis showed that Braden score (OR=0.873, [95% CI: 0.776, 0.983] P<0.05), length of mechanical ventilation (OR= 1.057, [95% CI: 1.016, 1.099] P<0.01) and steroids use (OR=2.002, [95% CI: 1.140, 3.516] P<0.05) were independent predictors of HAPU development.

Conclusion: The incidence of HAPUs in mechanically ventilated patients in ICUs is high. Low Braden score, prolonged mechanical ventilation, and steroids use are risk factors of HAPUs.
P 27

Strategies Viability Of Nursing In The Prevention Of Skin Lesions In People At Risk Of Suffering

Dr. G Renata
Universidad Nacional de Colombia

Aim: To establish effective strategies nursing care for the prevention of skin lesions in people whose health conditions are at risk

Method: Systematic review of the scientific literature of the last five years in the Medline, Science Direct, FECYT, OVID - with the descriptors Nursing Skin Care, Nursing Care, injuries, Primary Prevention, Iatrogenic Disease, covering nursing strategies for preventing skin lesions.

Results / Discussion: it was found that the use of different technologies for the prevention of skin lesions, the implementation of new protocols and guidelines for care are appropriate, however, there is little adherence to the use of effective strategies for the implementation of these protocols due to the high workload of the nursing team related to the time of patient care and continuity of care.

Conclusion: in strategies for preventing skin lesions in patients at risk of suffering, nursing plays a fundamental role, however, the methodologies used for the implementation of guidelines and protocols are not effective unless they have a continuous monitoring and evaluation of interventions in the care of patients. The methodologies for the implementation of strategies are essential to ensure the effectiveness of the guidelines and protocols for the prevention of skin lesions.

P 29

Profile Of Patients Registered On A Reference Center For Customer Service Ostomy Porto Alegre-ciy Of Rio Grande Do Sul – Brazil

Mrs. L Marcolin De Almeida¹, Ms. R Paczek²
1.RVB Hospitalar 2 - Prefeitura Municipal de Porto Alegre/ RS/ Brasil

Introduction: Characterization of ostomy patients in a reference center of Rio Grande do Sul (RS), Brazil.

Objective: To prepare and identify the profile of gender, age, type of ostomy and incontinence, and pathology leading to ostomy and or incontinence of registered ostomates in the Complementary Assistance Program RS, one of the three service centers to ostomy patients in the city Porto Alegre. We have few studies in this area and the state has the largest number of ostomy patients in the country.

Methods: Descriptive study, exploratory, quantitative, the setting was public health establishment for the care of a colostomy. The sample comprised 850 patients treated between August to September 2013. Data analysis was by SPPS version 17.0 program. Project was approved by the IRB (Ethics Committee and Research) 387413.

Results: The majority are aged over 60 years, 64.40%. Males had 50.6%. Neoplasia is present at 61.92% of cases. Colostomy appears in 64.07%, followed by ileostomy and urostomy with 20.89% to 9.47 %%. Urinary incontinence has a percentage of 93.15% of registered and anal incontinence 6.85%.

Conclusion: The results show that there is a high number of elderly patients, colostomy, and that urinary incontinence is high index registered.

P 31

Quality Of Life Perspectives Of School-aged Children Born With High Anorectal Malformation: A Swedish Parent Reported Follow-up Study

Mrs. J Bergström¹ , M Dellenmark-Blom² , H Wigert³ , H Berntsson²
1. Sahlgrenska University 2 - Queen Silvia Children's Hospital, Sahlgrenska University, Gothenburg, Sweden 3 - Institute of Health and Care Sciences, Sahlgrenska Academy, Gothenburg, Sweden

Aims: In order to provide highest quality care of children born with high anorectal malformation (hARM), the health care organization needs to better understand daily life in children born with hARM. This pilot study aimed to explore daily life in school-aged children as described by their parents.

Method: Interviews with six parents of five children aged 8-12 years (two boys, three girls) born with hARM were conducted. Transcribed interview data was content analysed by two researchers.

Result: Three categories were identified: 1) Managing disability 2) Being like others 3) Being reminded by the surgical scars. The children had to plan their daily activities and prepare bowel management to avoid constipation and faecal incontinence. They were dependent on others to manage their condition. Most of the children were open with other people about their condition and reported to cope well. Body issues due to their surgical scar, feelings of being different compared to peers were described.

Conclusion: Although quality of life issues were raised, daily life was in general described in positive words. Attention was paid to the ostomy surgical scar. Future studies are warranted to advance knowledge of condition-specific quality of life issues reported by children.
P35

Mucocutaneous Detachment In Stoma - How To Treat

Mrs. R Paczek, A Medeiros
1.PMPA 2 - Modulus equipamentos Médicos

Introduction: Observation mucocutaneous detachment, a center of reference to a colostomy. One of the common complications of rupture of the skin mucus suture in postoperative, causing infections, tissue loss, discomfort, pain and difficulty in maintaining the equipment manifold adhered to skin, both urinary stomata as fecals.

Objective: Implement and follow a treatment that improves the skin, decrease the pain and adapt a device to collect the effluent

Method: The treatment is based on the care of the affected area with the use of adjuvants that promote skin healing and prevent contact of the effluent with the injury. Through systematic service gets significant improvement and recovery of the skin. Carried out measurement of the stoma, applying resin protective powder in the areas of injury with exudation and bleeding, apply protective film and protective folder to stabilize the injured surface. Applies pickup apparatus according to the stom

Conclusions: The improvement of the skin occurs in a short period of time, with the nominees and proper care. The stoma nurse or not, has the responsibility to assess, treat and help maintain the integrity of the peristomal skin, always seeking and material resources, essential in the treatment of complications.

P36

Assessment Of The Usage Pattern Around Convexity

Dr. A Steen Hansen, Z Størling, A Rahbek
1.Coloplast A/S

Introduction: An assessment around the use of convexity has been conducted based on a review of current literature as well as a review of Coloplast market research studies aiming for mapping the current usage pattern correlated with demographic data including type of stoma, peristomal body profiles and leakage incidence to establish a baseline of today.

Aim: To make a status on the current usage pattern around convexity and establish a baseline of today

Method: Literature review and review of Coloplast market research studies. Data will be stastically analysed

Result: The analysis will be completed in October 2015 and the report will be published

Conclusion: A baseline of today will establish a baseline of today to better understand how to manage unmet needs

P38

Pilot Clinical Evaluation Of Surgical Site Infections With A Novel Handheld Fluorescence Imaging Device

Ms. J Hoeflok, R DaCosta
1 .St. Michael's Hospital 2 – UHN

Aim: Colorectal surgery (CRS) is associated with a 4-25% surgical site infection rate, despite peri-operative best practices. Health care providers rely on traditional markers of wound infection which may not be sufficient for clinical decision making. The development of a handheld fluorescence imaging (FI) device allows rapid visualization and quantification of bacterial contamination at the point-of-care, based on intrinsic fluorescence signals.

Methods: CRS patients (n=7) presenting with abdominal wounds and known or unknown infection were enrolled. The FI was evaluated for detecting subclinical bacterial contamination and guiding (antimicrobial) wound treatments when combined with conventional clinical signs and symptom (CSS) assessment. Patients were followed for up to 4 months to track progression of wound size and bacterial load.

Results: Results show that FI enabled rapid visualization of focal areas of bacterial colonization in large midline abdominal wounds. FI allowed more accurate microbiological sampling of wounds with a sensitivity of 80% for detecting bacterial colonization compared with CSS. FI also confirmed the absence of bacterial colonization (specificity 70%), reducing unnecessary use of antibiotics in these patients.

Conclusion: Handheld FI, when used with standard CSS, enabled better detection of otherwise subclinical bacterial colonization in surgical sites.

P39

On-line Comic Makers: A Creative Option For Patient Education Materials

Ms. J Hoeflok
1. St. Michael's Hospital
Aim: Patient education is a hallmark of preparing the patient to live with a new ostomy. Education comes in a variety of media, including print, digital and oral. Clinicians prefer print as it is readily accessible and cost effective. Yet shortened length of stays and increasing complexity of care mean that educational opportunities are limited, and patient recall post-operatively is typically poor potentially compromising their care. The use of comics in health care is well described. Now considered a legitimate form of literature, the combination of pictures and texts in comics allows for improved learning. Comics improve the retention of new information, helping to form bridges between old or familiar knowledge and new information.

Method: A series of ostomy patient education materials were developed using a free on-line comic maker called BitStrips®. The comic maker allows custom characters and scenery to be built and saved. The comics were used as a basis to describe common considerations for ostomy care including bathing, buying supplies, and travelling.

Result: Patient response is positive: the comics are felt to be easy to read, engaging and easy to remember.

Conclusions: Comics can be useful tools in enhancing ostomy patient education.

P40

Promoting Patient Self-assessment: A Refresh Of Take A Look

Ms. J Hoeflok
1. St. Michael's Hospital

Aim: Undergoing ostomy surgery is documented as stressful for patients. Studies describe the multitude of concerns these individuals experience, including peristomal skin irritation, odor and leakage. The severity of peristomal skin disorders is known (up to 77%), as well as the poor ability of patients to self-identify peristomal complications. In 2012, a program called Take A Look was initiated to help patients self-identify peristomal skin complications. This program has evolved and includes a patient survey to determine satisfaction with the program.

Method: The Take A Look program (brochure, laminated shower cards, treatment booklet) was developed to help patients identify normal and abnormal ostomy conditions. The program has subsequently expanded to include an annual checklist for self-review, USB pre-loaded with ostomy information, and colouring books for children to complete. In the summer of 2015, a survey was sent to patients asking for feedback.

Result: The results of the survey will be shared. Verbal reports from patients indicate that checklists are the most useful out of all of the available tools.

Conclusion: Multiple forms of media are required to engage patients in their ostomy care. Take A Look is a multi-faceted program that provides guidance for patient self-care.

P41

Enhanced Recovery After Surgery And Fecal Diversions: A Provincial Initiative To Standardize The Approach To Care For Patients Undergoing Colorectal Surgery.

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1. St. Michael's Hospital 2, Mount Sinai Hospital 3, UHN 4, Sunnybrook Hospital

Aim: Enhanced Recovery After Surgery (ERAS) is a multimodal program developed to decrease postoperative complications, enhance recovery and promote early discharge for patients undergoing colorectal surgery (CRS). This standardized approach was adopted by 15 hospitals in March 2013. All elective CRS with or without an ostomy were included in the program, with a targeted length of stay of 3 days for colon and 4 days for rectal surgery. Given this expedited care model, it was important to ensure that the individual needs of patients requiring an ostomy were met.

Method: A provincial ERAS Enterosomal Therapy Nurse (ETN) Network was struck, with a goal to develop and publish ostomy specific clinical practice guidelines for ERAS patients requiring a fecal diversion.

Result: Recommendations addressed the pre- and post-operative, and initial discharge periods for the CRS patient. These targeted statements will facilitate a standardized approach to the care of patients with an ostomy. The recommendations are grounded in literature and will be disseminated to key stakeholders.

Conclusion: Advances in the care of the patients having CRS require ongoing evaluation of processes. The ERAS ETN Network was able to facilitate the development of a comprehensive approach to the care of ostomy patients.

P45 Teaching Strategies For Conservative Sharp Wound Debridement (cswd) Using Video Demonstration.

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1. Vancouver Coastal Health 2 – VCHA

CSWD is defined as removal of loose, devascularized tissue, callous or hyperkeratotic tissue with the aid of a scalpel, scissors, or curette above the level of viable tissue. It is important to train practitioners to be competent in CSWD as there is a growing body of evidence that effective debridement is associated with reduction in wound exudate, odour and the appearance of granulation tissue in the wound bed. Analysis by Coutts et al 2012, concluded that surgical and CSWD were the most cost effective debridement methods. However, these techniques are underutilized as they are outside the comfort zone of many practitioners and other techniques are often employed which may be costly and less effective. It is imperative to create workshops teaching the technique of CSWD; including safe use of scalpel, scissors, and curette.
The content for the CSWD workshop included anatomy of the skin and structures encountered during debridement, benefits and contraindications, all methods of debridement, professional and legal issues including consent. The learner viewed the practitioner's technique, as well as had opportunity to practice in a supervised setting. Workshop participants responded favorably with a renewed understanding of CSWD as a result of the “real life” videos.

P46

Adjustment And Quality Of Life With An Ostomy One Year After Surgery

Miss. J Fingren¹, C Petersén², Ms. E Carlsson³, A Hallén², E Lindholm²

1. Sahlgrenska university Hospital /östra 2 - Sahlgrenska University Hospital 3 - Surgical department Sahlgrenska University Hospital/Östra

Introduction: To undergo ostomy surgery means a major change in a person's life.

Aim: To describe adjustment to life with an ostomy and aspects of quality of life (QoL) in persons with an ileostomy or colostomy one year after ostomy surgery.

Methods: 150 patients (82 women/68 men), median age 70, at Sahlgrenska University Hospital participated. Patients responded to questions about adjustment to life with an ostomy, using the Ostomy adjustment scale. All participants also responded to; "What is your definition of QoL, and what contributes to good QoL?" which were analysed with content analysis.

Results: 70 % of patients considered they were able to live a fairly normal life. 43% felt less sexually attractive. A majority felt well-informed and knew the proper methods for managing their ostomy and could talk to and ask their ET nurse about problems related to their ostomy. To be independent and able to participate in various activities contributed to good QoL. Concerns about recurrence of the disease was an obstacle to QoL.

Conclusion: Most participants adjusted well to life with an ostomy and considered life to be normal. The ET nurse was important for patients to resume their new life with an ostomy.

P49

Analysis of the improvement to damaged peristomal skin seen with the use of Welland Aurum® pouches with Manuka honey incorporated into the hydrocolloid flange.

Mr. G Roveron¹, Mrs. C Marsden²

1.A.I.O.S.S. (Associazione Italiana Operatori Sanitari in Stomaterapia) 2 - Welland Medical

Introduction: Peristomal skin damage represents a major complication for ostomy patients both immediately after surgery and long term. Manuka Honey from New Zealand is well known for its antibacterial and antimicrobial properties due to the high concentration of Methylglyoxal.

The aim of this study is to verify improvements in skin condition with the use of the Aurum® pouches compared to participant's usual pouches and the effect on Quality Of Life (QOL).

Method: The observational examination of Aurum® pouches with Manuka Honey is being executed in 23 different Italian Stoma Centres, from May 1st until October 30th, 2015. Participants at the study enrolment are informed about their involvement and their clinical condition, usual pouch's features and their QOL are assessed. After 2 weeks on the Aurum® trial, they are visited again for their clinical condition and QOL perception to be reassessed. Patients involved have skin problems (dermatitis, skin inflammation/irritation) in the peristomal skin, without retracted stomas or parastomal hernias.

Results and Conclusions: The results of the study will be presented at the WCET conference, but the initial data confirms our hypothesis: Manuka Honey is effective in prevention and treatment of peristomal skin damage.

P50

The Right Fit In Two Steps: A New Convexity Guide

Mr. A Rahbek Olesen¹, Dr. A Steen Hansen¹, Dr. Z Sterling¹

1. Coloplast A/S

Introduction: People living with a stoma have different body profiles and may be challenged with their stoma appliance. The decision-making process for choosing the right appliance, with most optimal fit, is not simple. Often decisions are based on experiences and best practice - there is no universal guide.

Aim: Take complexity out of convexity by making a simple, need-based guide that can help identifying the right stoma appliance.

Method: Literature review and qualitative discussions in focus groups with 219 Stoma Care Nurses from Coloplast Ostomy Forum boards in 16 different countries. The Coloplast Body Profile Terminology was used to describe key body profile characteristics.

Result: The convexity guide is designed as a wheel. It recommends the right stoma appliance based on a two-step evaluation of body profile characteristics as well as the position of the stoma opening and the degree of challenges in the peristomal area.

Conclusion: The new convexity guide has a simple and need based approach to help choosing the right stoma appliance.
P51

The Benefits Of A New Soft Convex Stoma Appliance: A Randomized Controlled Clinical Trial

Mrs. T Kruse1, Dr. Z Størling1
1. Coloplast A/S

Introduction: Living with a stoma may compromise physical and mental well-being. One of the main challenges is leakage: for those who use flat appliances, changing to convex may be beneficial. Nevertheless, the trade-off is lack of flexibility and comfort. A new appliance, SenSura Mio Convex Soft, has been developed to meet the unmet needs of ostomists who will not compromise between freedom of leakage and comfort.

Aim: To investigate the benefits of SenSura Mio Convex Soft.

Method: In this randomized, controlled, cross-over clinical trial, three appliances were compared in ostomists who experience leakage with their own flat appliance. The degree of leakage under the baseplate was measured using a new objective method. Furthermore, various performance parameters were evaluated using a 5-point likert scale from “very good” to “very poor”.

Result: The study included 38 participants with ileostomy or colostomy. While evaluated as flexible and comfortable, SenSura Mio Convex Soft reduced leakage significantly (p<0.01) and provided a better feeling of security when compared with own flat appliance (p<0.01). Furthermore, SenSura Mio Convex Soft was the most preferred soft convex stoma appliance (p<0.01).

Conclusion: SenSura Mio Convex Soft may be a good solution for ostomists challenged by leakage with flat appliances.

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P54

Raising The Bar: New Flexible Convex Stoma Appliance - A Randomized Controlled Trial.

Dr. Z Sterling1, H Walker2, G Hopkins2
1. Coloplast A/S 2 – nhs

Background: The size and shape of a stoma vary from person to person and sets high demands on stoma appliances. Stoma appliances with integral convexity barriers are designed for those with less than ideal stomas and help the stoma to protrude into the pouch. It also provides a better fit around the stoma, which may help prevent leakage and sore skin.

Aim: To evaluate the performance of a new flexible convex stoma appliance, SenSura Mio Convex, that is designed to enable a better fit to the body and reduce the risk of leakage.

Method: A multinational randomized controlled cross-over trial including 129 people with an ileostomy. Each arm tested the performance of SenSura Mio Convex and the participants own stoma appliances in periods of 28±3 days. Degree of leakage under the baseplate, bodyfit, comfort, preference as well as stoma-related quality of life were evaluated.

Result: SenSura Mio Convex showed significant reduced leakage, significant improved bodyfit, comfort and stoma-related quality of life, and was the overall preferred product when compared with the participants own stoma appliance.

Conclusion: SenSura Mio Convex is the preferred convex stoma appliance with significant enhanced properties that improves the stoma-related quality of life.
P55

Quality Of Life Is More Than Just A Score

Mr. M Rasmussen¹, Dr. Z Størling²
1.Coloplast 2 - Coloplast A/S

Background: Living with a stoma often leaves a negative impact on quality of life (QoL). Most often, QoL is presented as a numerical result without further explanation. However, studies have shown that QoL is correlated with various outcomes such as leakage and skin complications, which are related to the use of a stoma appliance.

Aim: To get a better understanding of what lies behind the QoL score, and evaluate how the performance a stoma appliance can affect QoL.

Method: A new stoma appliance related QoL tool (evaluating 23 items on a Likert scale) were used in a randomized clinical trial investigating the performance of a new convex stoma appliance compared with an already marketed stoma appliance.

Result: An overall significant improvement in QoL (p<0.001) was observed using the new convex stoma appliance. Assessing each QoL item one-by-one revealed that large improvements were related to the discreetness of the appliance, how comfortable it was to wear, the confidence that it did not leak and how it affected the users social intimate relationships.

Conclusion: The underlying items of a QoL score can reveal important aspects of the performance of a stoma appliance and how it affects the overall well-being of an ostomate.

P61

Our Patients With Complicated Stoma

Mrs. M Kenezova¹
1. Masaryk hospital KZ a.s.

The case stories of some of our patients with very complicated stoma. Caring for the ostomy patients can be problematic, particularly if complications occur. Dealing with complications is one of our major tasks. We have to cope with any difficult situation concerning a stoma or peristomal skin. We have to know how to improvise. We can help our patients deal with the physical and psychological challenges of living with an ostomy. We could strengthen their confidence. We know that condition of the soul is the state of a body. The patients may benefit from access to an experienced stomanurse. A many of them knows it. A global computer network providing a variety of information and communication facilities, it is not unusual for us that an unknown ostomy patient find us on the website and ask for some advice and help.

P62

How to guide the new ostomy patient through the process of ostomy care

Mrs. J Trojanova¹
1. FN Hradec Kralove

Aim: We are facing increasing number of surgeries resulting in a temporary or permanent stomas. Hospitalization time is being reduced and patients with ostomy are discharged faster. They have to be able to cope with ostomy care at home and return to their everyday life in a much shorter period of time. Our priority is to get the patients familiar with ostomy care as much and as early as possible. Our educational process starts in preoperative period followed by postoperative period, discharge and home care. It always depends on disease, subsequent therapy, patient's age, skills, psychological state and possibility to include family into the educational process.

Methods: In my work I will present an overview of ostomy care educational process and practice in our clinical department. I will document the process by case studies.
**Conclusion:** If we use individual approach to each patient in the different periods of ostomy care, if we include the family in the educational process and the care itself then we create ideal conditions for the patients to cope with ostomy care at home and come back to their everyday life keeping the quality of life at the maximum possible level.

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**P70**

**Ostobrain. Study Of Alterations Of Intestinal Neurotransmitters In Ostomized Patients.**

Mr. F Gil¹, Mr. F Gil¹

1. Square Spanish Stomatherapist Group

**Introduction:** The gastrointestinal tract has an important role in the synthesis of some neurotransmitters, including serotonin, due to the action of certain bacteria in the intestinal flora. Low levels of serotonin are

**Aim:** To describe differences in the levels of intestinal neurotransmitters compared to standard values of non ostomized population and to see if there is any alterations compared to normal levels, and if there may be a correlation with the symptoms associated with depression.

**Method:** prospective, descriptive, multicentric, with sample collection, national study. n = 60. Level of serotonin in urine is determined by HPLC and populations of certain species of bacteria is analyzed in stool. Quality of life questionnaires will be carried out and an evaluation of certain NANDA criteria related to depression.

**Result:** The levels of microbiota and serotonin will be compared to normal values, expecting differences. Possible differences will relate to the quality of life questionnaires to see if there is any relationship with depressive states or prone to depression.

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**P72**

**Help! Leakage! Entero-cutaneous Fistulas Constitute A Management Challenge**

Miss. H Morag¹, R Pinhas²

1. Maccabi Health services 2 - Assaf Harofeh Medical Canter

**Background:** Fistulas are usually the result of trauma or surgery, but can also result from infection or inflammation. The management of fistulas can present the health care team with a complex challenge. Two unusual case studies will be presented. Both cases were associated with profuse exudation, dermatitis, leakage, difficulty in fitting equipment and a decreased quality of life.

**Objectives:** Providing optimal patient care and quality of life, including maintenance of fluid and electrolyte balance, prevention of skin and soft tissue damage, while striving to remain within financial limits of the health organization.

**Method:** Use of varied types of equipment with dynamic interchanges as the nature of the fistulas changed, appropriate caregiver instruction and daily follow-up.

**Result:** Skin condition gradually improved, as did patient satisfaction and quality of life. The first patient remained at home for a month before returning to hospital, where he died of his underlying illness. The second was discharged home with subsequent fistula closure.

**Conclusion:** An accurate evaluation, fitting of appropriate and varied equipment, caregiver instruction and encouragement with continuous follow-up led to an improvement in outcomes.

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**P73**

**Care Of Stoma Next To Surgical Wound**

Dr. R Axman¹, L Kubešová²

1. hospital Česke Budějovice 2 - hospital České Budějovice

**Aim** The work summarizes the causes of stoma location near the surgical wound, problems with the treatment and care options for such a stoma.

**Method:** The work is complemented by case studies of such stomas accompanied by plenty of pictures and documentations which shows usage of different approach, ostomy devices, accessories and skin care products.

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**P74**

**For People With Oter ExitsProject Cookbook For Ostomates Danderyd Hospital Ab, Sweden**

Miss. M Olofsdotter¹

1. Danderyds Sjukhus AB

In 2012, the hospital started a cookbook project for ostomates.

In 2013 we received financial support from the industry and could print the cookbook in English and Swedish.

**Aim:** That all patients and families (worldwide) receiving a stoma should get an access to the cookbook.

**Method:** Via the Internet reach all newly operated patients with a stoma.

**Result:** The book has so far been translated into English, Danish, Finnish, German, Norwegian and Spanish. Winner "Best in the World" at the Gourmand World Cookbook Awards 2014 in Yantay China. Category Best Health and Nutrition Book Institutions.
Discussion: The cookbook is an eye-opener to bring happiness and joy back to life and increase security of both the patient and family in terms of food. It will also inspire to dare to try and challenge everything that makes life so wonderful to live.

P78
The Evolution Of Ostomy Barriers: Ceramide Infused Barriers Promoting Peristomal Skin Health

Ms. J Hoeflok1, A Townshend2
1.St. Michael's Hospital 2 - Ostomy Care and Supply Centre

Aim: Ostomy pouching barriers have evolved: original glass and porcelain systems in the 1930’s were replaced with zinc based barriers in the 1950’s. Modern hydrocolloid barriers were introduced in the 1970’s, giving way to most currently used pouching systems. Product developments were matched with the introduction of broad principles of care, such as the protection of the stoma and peristomal skin.

Recent literature highlights the prevalence of peristomal complications, ranging from 16-74%. This suggests that current principles and available products are insufficient to meet the goals of care, leaving room for product improvement.

Ceramides are naturally occurring lipids present in the skin. Their role is to improve skin barrier function by maintaining its water permeability. Skin barriers infused with ceramides are a recent advancement in ostomy barriers.

Method: This case series will describe the impact a ceramide infused ostomy skin barrier can have on peristomal skin health and patient comfort.

Result: Patients demonstrated positive responses to the utilization of a new ceramide infused ostomy barriers.

Conclusion: This ceramide infused barrier allows ET nurses to reassess their traditional care model of reacting to peristomal complications, and consider a new model that encourages prevention of peristomal skin issues.

P81
Improvement In Stoma Quality Of Life Following Introduction Of Silicone Technology

Prof. K Cutting1
1.Clinical Research Consultant, Hertfordshire

Aim: To show that currently maintaining stoma system integrity and the avoidance of leakage relies heavily on hydrocolloid (C. 1970) technology and that dramatic improvements in the avoidance of leakage can be found in revolutionary silicone adhesive and gel technology.

Method: Review the problems encountered with leakage associated with hydrocolloid technology. Explain the technical and performance differences between hydrocolloid and silicone technology. Present the improvements that may be achieved via illustrative case study

Result: Avoidance of skin excoriation, adhesive skin stripping, exposure to prolonged fluid exposure.

Conclusion: Reliance on hydrocolloid is the current standard in stoma care. Avoiding leakage from stoma appliances remains a challenge. The technical differences between hydrocolloid and silicone result in improved patient outcomes.

P84
Wronly located stoma and obese patient

Miss. M Jesenska1
nemocnice Pardubice

Aim: Obesity impairs patient's psyche in general. This could become even worse if he has to undergo acute surgery resulting in a stoma location which is not appropriate for self-care. However, such acute situations when no preoperative care is possible, occur and stoma care nurse has to cope with it together with the patient.

Method: I would like to present a case study showing the complicated stoma of an obese patient who struggled with stoma care due to his obesity and wrongly located stoma. Patient was not able to care for his stoma and he was dependent on his relatives (mainly his wife). Patient used to be a well-known and respected physician before he retired which also had a huge impact on his psychical condition. The case study also shows recommended ostomy device usage and it is documented by pictures.

Conclusion: It is very important to include family relatives in stoma care and use individual approach to patients. This can improve quality of life of an ostomy patient.

P85
Patient With Crohn's Disease And Caring For Complicated Stoma And Secondary Healing Wound After Hernia

Mrs. R Vitkova1, I Matusikova2
1.University hospital Ostrava 2 - Vitkovická nemocnice a.s.
Aim: Crohn's disease presents significant discomfort for patients. One of the many symptoms of this disease are forming infiltrates, both internal and external fistulas and abscesses. 70% of those patients undergo surgery - resection of the affected part of the intestine, eventually creation of temporary or permanent stoma. Treatment with corticoids and insufficient physical activity can often lead to weight gain. In this case, the patient is at risk of formation of hernia, or other complications that may worsen the overall condition and recovery period.

Method: Case study presents a patient with Crohn's disease who had to undergo several surgeries including necessary Miles surgery and abdominoplasty of parastomal hernia. There was a risk of ileus due to stoma stenosis and recurrence of bulging abdomen. The defect in peristomal area was treated with moist wound healing dressings. This is documented by pictures.

Conclusion: Positive view of the situation, patience and perseverance of all involved caring people is an essential part of treatment which results in increased quality of life of patient.

Back To Life And Work After Stoma Surgery

Mrs. I Krbova
1. University hospital Motol

Aim: Living with a stoma is not easy. It brings a number of changes, but life does not end with the stoma. On the opposite, it is very important to use all modern available ostomy devices, modify lifestyle and continue to live a full life.

Method: I will present a case study which shows a young patient after permanent colostomy surgery and his way back to normal life in a short period of time. I will document all his successful way back to working process showing his attitude, mental condition during overcoming different obstacles and also selecting the appropriate ostomy bag and care routine.

Conclusion: Though life of ostomy patients is very different after surgery it is possible to increase quality of life of a patient through psychological individual support and help with a modern ostomy device.

Recommendations For Prescribing The Ostomy Appliances For Patient With Stomas And Fistulas

Mr. A Petek1, Mrs. S Majcen Dvoršak1, Mrs. R Batas2, B Hribar1, Mrs. T Štemberger Kolnik3
1 - Nurses and Midwives Association of Slovenia Professional group of nurses in enterostomal therapy 2 - COMMUNITY HEALTH CENTRE LJUBLJANA /NURSES AND MIDWIVES ASSOCIATION OF SLOVENIA-Professional group of nurses in enterostomal the 3 University of Primorska, Faculty of Health Sciences

Introduction: Ostomy patients urgently needs appliances for stoma care. In Slovenia these are available in a frame of obligatory health insurance. World's financial crisis also reflecting in our health care system as restrictive measures of medical services payer and foreseeing restriction in ostomy appliance delivery on their behalf is inevitable. Enterostomal therapists, as specialists, comprehend this as injustice and troubles for ostomy patients. To limit the damage, we formed a document in which we determine basic criteria and guidelines for prescribing the appliances for ostomy patients. Document is a frame that helps nurses at consultancy and physicians at prescribing the appliances.

Aim and method: Aim of the project was to design the recommendations and orientations for prescribing appliances for ostomy patients. Literature examination was done to determine the needs of the patients and to find out references and arguments for document we intend to prepare.

Result: Extensive document was formed, which includes recommendations for prescribing ostomy appliances for patients with colostomy, ileostomy, urostomy and enterocutaneous fistulas.

Conclusion: The document presents the guidance for physicians at prescribing the stoma appliances and for nurses, frame for consultancy to the patient with stomas and fistulas.

Keywords: prescribing, ostomy appliances, guidelines, recommendations, nursing care

Oncosexology Suport For Male Ostomates

Mrs. C Rocha Silva1, S Martins2, J Jorge Silva2
1 IPO LISBOA 2 - IPO Lisbon

Presenting the ostomates suport in IPO Lisboa Oncosexology outpatient clinic.

Method: The Portuguese Institute of Oncology of Lisbon, one of the main centers for Research and Treatment of People with cancer disease in Portugal, has since 2014 an Oncosexology outpatient clinic.

Intensive intervention programs in prevention and treatment of male sexual dysfunction, has been a fundamental tool for holistic monitoring of male ostomy patient. Referrals are made by stomatherapy nurses that identify the need for intensive intervention according to PLISSIT model. The Prevention and Treatment Program of male sexual dysfunction follows at this time 120 patients, 60 of which are ostomates. The Analysis and Evaluation of Sexual Problems are performed by a Urologist and a Rehabilitation Specialist Nurse. IIEF-5 is given to the ostomate patient before and after intervention.
**Result:** The importance of multidisciplinary intervention in Oncosexology is reflected in the ostomates sexual function satisfaction and that is demonstrated by the increased in IIEF-5 index validated to Portuguese population.

**Conclusion:** Live in full with the presence of an ostomy lacks a process of acceptance and adaptation. Working on expectations, strategies and global satisfaction of sexual relationship is an obligation of all health professionals that accompany a person with a stoma.

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**Stoma After Carcinoma Of The Vagina**

Mrs. H Elhanani

1. Hadassah Hebrew University Hospital, Jerusalem, Israel

**Aim:** Describe a case of Stoma placement after surgery for vaginal carcinoma with partial obstruction of the rectum.

**Method:** 56 YO female, presented with pain during walking and sitting. Gynecological evaluation and CT exploration revealed a lesion in the left side of the cervix with narrowing of the rectum at the recto-vaginal septum. Treatment program included chemotherapy, radiotherapy, and referral to surgery with future brachytherapy. In surgery: subtotal abdominal hysterectomy (above the cervix), bilateral oophorectomy, colostomy, and insertion of tubes for brachytherapy. The Stoma nurse assisted in promoting compliance with both physical and emotional impediments of the entire process. Stoma placement process was planned together with the patient before and after surgery, including making the choice between different Stoma brands. Intervention program included training for self-care of Stoma, and empowerment of patient and family by preservation of normal lifestyle.

**Result:** Patient selected ColoPlast set and learned quickly how to handle it. Patient is taking care of the Stoma with assistance from her daughter. Provisions were made for continuation of the treatment including specific Stoma brand, through community clinic.

**Conclusion:** Involvement of patient during the entire Stoma placement process helped achieving good acceptance in spite of the complicated medical situation.

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**Two Stomas Or Stoma And Fistula? It Can Be Solved.**

Mrs. L Illkova

1. University hospital VFN Prague

**Aim:** Healthy peristomal area is one of the most important elements when we talk about ostomy care and quality of life. Stoma care is more complicated if the patient has got 2 stomas or even fistula close to the stoma.

**Method:** My presentation will show different case studies covering stoma care for 2 stomas or stoma and fistula. The work will be documented by many pictures showing the progress of the treatment, selected ostomy care and device and the results of such treatments.

**Conclusion:** The presentation will show that it is possible to cope with such complications with modern treatment and modern ostomy devices and accessories. Finally, it also gives some thoughts how to prevent and eliminate such complications.

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**Computerized Data Base For Stoma Patients**

Ms. R Efargan

1. Rambam Health Care Campus

**Aim:** There is a need to collect data on care of stoma patients during hospitalization. A digital data base is important for monitoring of stoma care, quality control, and as a tool for preparation of transfer of responsibility to the community clinic. Collective data will be used as a feedback apparatus for the stoma nurse regarding the quality and efficacy of treatment of all personnel involved in the process. Data collected as well as effectiveness the data base will be presented.

**Method:** Data base includes patient diagnosis, type of surgery, patient marking prior to surgery, type of stoma, follow-up on stoma and skin, and treatment details. Stoma data is from multiple surgical departments in our medical center.

**Result:** Data from all patients treated during 2015 is presented. Analysis will include type of stomas, skin irritation during hospitalization and towards hospital release, extent of independency of the patients towards release, and the means of care transfer to the community clinic. Comparison between various surgical departments will be presented.

**Conclusion:** Data base incorporating details on hospital care of stoma patient is an important tool for monitoring treatment of the stoma patient.
**P94**

**The use of Mic-key button as a continent vesicostomy in children: a clinical report from a Swedish pediatric surgical center**

Mrs. K Gustafsson¹, M Doroszkiewicz¹, M Leidzen¹, G Holmdahl¹

1. The Queen Silvia Childrens Hospital Department of Pediatric Surgery Gothenburg Sweden

**Aim:** To present clinical experiences of using vesicostomy button in children.

**Method:** A protocol for follow-up encompassing registration of indications, size of the button, date, need of sedation for button change and complications was used in fifteen children, five girls and ten boys (22 months - 17.3 years) who had a vesicostomy button inserted during June 2012 to March 2015.

**Result:** The children treated with vesicostomy button suffered from bladder dysfunction due to neurogenic bladder or VUR association, posterior urethral valves with polyuria, bladder exstrophy. The average duration of use was 11.9 months (1m - 27 m). The button change was performed every three months at the hospital. Sufficiently many of the children managed this procedure with sedation using nitrous oxide or midazolam. Minor complications occurred; local infection (n= 3) granulomas (n= 5), urinary tract infection (n=3), muddy urine (n=2) and obstruction of the button (n=1). No one had problems of leakage.

**Conclusion:** The use of vesicostomy button in children can be beneficial for bladder drainage. Minor complications seem to occur. Importantly it is a good alternative to a suprapubic line, when clean intermittent catheterization through urethra is impossible and there is not yet indications for a Mitrofanoff continent urinary diversion.

**P96**

**A New Use For Radiation Therapy Temporary Mark Covers: Adaptation And Incorporation Into Ostomy Clinical Practice For Stoma Site Marking**

Mrs. V Livingston¹, N McEntee¹

1. MSKCC

**Purpose:** The Ambulatory WOC nurses at a major Cancer Center are responsible for stoma site marking in clinic during the consent visit. Many patients are marked 30 days in advance due to their travel arrangements as they live in other cities. Some are marked for 2 stomas and in complex cases 2-4 marks are needed. It was essential to clinical practice to maintain the accuracy and longevity of these markings so an investigation into the best type of protective covers to preserve the temporary marks was initiated.

**Objective:** Previous methods included covering the indelible marker with a transparency, or gauze then a transparency. Some patients developed skin reactions, some transparencies came off before the 30 days and the marks needed reinforcement. The WOC nurses found a temporary mark cover used in radiation therapy and trialed it on stoma site markings and found that the patients were able to maintain the marks. There were no complaints of skin issues, and the surgeons reported easily finding their guiding marks. The temporary covers were easy to apply, pre-cut, and patients could shower yet maintain the stoma site marking.

**Outcome:** The temporary mark covers have now become the standard at this institution.

**P97**

**Outcomes From The Implementation of a Content Validated Peristomal Instrument in Clinical Practice: Urostomy Patients Discharged With Convex Wafers**

Mrs. V Livingston¹, V Pfeifer¹

1. MSKCC

**Purpose:** Clinical knowledge and the literature suggest that peristomal skin complications usually occur in the early post-operative phase. The purpose of this study was to track and assess post-operative urostomy patients with peristomal skin complications, and the type of skin barrier being used. The WOC Nurse focus was to prevent future skin complications.

**Method:** An observational study was conducted in which urostomy patients were assessed post-operatively at 2 weeks post discharge, and within the first 3 months for peristomal skin complications. The assessment instrument was used by the WOC Nurses to document the type of lesion, and location under the extended wear skin barrier. The type of skin barrier was also documented (flat, cut to fit, convex, or moldable).

**Results:** It was noted that 38% post-operative patients presented with a lesion. The majority (76%) within the first 3 months as a result of using flat cut to fit skin barriers. The WOC nurses decided to implement a change and discharge the patients who had flush, retracted and low profile stomas with convex moldable wafers. 8 months after this change it was noted that only 8% presented with these types of lesions so discharge with convexity is now standard practice.
P99

Treatment Of Pyoderma Gangrenosum In Parastomal Area

Mrs. A Slechtova
1. nemocnice Horovice

Aim: Pyoderma gangrenosum is a rare disease that causes painful sores on the skin. It occurs in people with impaired immune systems, such as inflammatory bowel disease or rheumatoid arthritis. The first symptoms of pyoderma gangrenosum is a small reddish nodule, which within a few days turns into a painful open ulcer.

Method: I would like to present a case study of a patient with ulcerative colitis. Pyoderma gangrenosum with this patient occurred in parastomal area after continuing inflammatory activity within the residual rectal stump. The case study is accompanied by pictures monitoring the treatment and showing results.

Conclusion: Treatment of such diseases is very lengthy and arduous and psychological support is particularly important when caring for these patients. Only in this way it is possible to achieve good results, which will be reflected in the quality of life of the patient.

P100

Incidence Of Skin Lesions In Peristoma Skin In 2014

Mrs. I Morais A. Santos, Mrs. I Morais A. Santos
1. IPOCoimbra

In ostomy, may experience complications of peristoma skin. These may occur immediately or few years after surgery. The appearance of the lesions is related to multiple factors intrinsic or extrinsic to the person with ostomy, that apart from interference with a quality of life, can also carry high economic costs.

- Know the incidence of skin lesions in peristoma in 2014 by type of ostomy;
- Classify cutaneous skin lesions peristoma (cipe beta2).

Retrospective, descriptive study using Excel database, version 7.0, which serves as a matrix to stomatherapy query records of IPOCFG.

A total of 3079 consultations were recorded 90 people with skin lesions. 75 of these individuals (83%) had elimination ostomy, 8 (9%) feeding ostomy and 7 (7%) respiratory ostomies.

With regard to their classification, 30% (n = 27) of the lesions were erythema; 8% (n = 7) were erythema, and maceration; 4% (n = 4) erythema and ulceration; 46% (n = 41) maceration; 4% (n = 4) maceration and ulcers and 8% (n = 7) ulcer.

The results as well as identify skin lesions registered in 2014, assess criteria for recording and classification of same, allowed ET Nurses to obtain more reliable and closer to reality data.

P101

Validation And Implementation Of The Skin Scale

Mr. M Castro, Mrs. I Morais A. Santos, Mrs. C Rocha Silva
1. Hospital S. João Porto 2 - IPOCoimbra 3 - IPO LISBOA

Objective: Presentation of the project “validation and implementation of the DET scale” for assessing peristoma skin lesions. Peristoma skin lesions are responsible for 1 out of 3 calls. Tool aims to evaluate them and propose the correct intervention adapted to the country reality.

Method: Project is divided into four parts. The first started in 2009 with the use of DET within the trial Dialogue where it was been translated, back translated and evaluated by an expert committee. In 2014 was reviewed in order to comply with ICNP standards. Second part was the training of nurses responsible for consultation in 47 centers, representing almost all of the country consultations. Training courses were given by a group of nurses with competencies in stomotherapy and belonging to the focus group. The third part, was the use of the scale in 10 patients per participant center and data collection. The fourth and final part follows the data analysis and evaluation of the reliability and validity of the scale in Portugal.

Result: The fourth part is presently ongoing proceeding with data evaluation.

Conclusion: Upon the ending of this process this toll will be available to be used in every stomotherapy consultation.

P103

Innovative Method To Provide Short-term Management Of A Prolapsed Stoma

Ms. L Coulter
1. Cleveland Clinic

A prolapsed stoma occurs when the bowel protrudes through the stomal opening to an extent greater than anticipated. This can be very distressing and shocking for the patient. Not usually serious, a prolapsed stoma can make pouching difficult; is susceptible to trauma, distressing, and sometimes painful to the patient. Typical management involves support belts, which can take time to obtain, or surgical repair, which is expensive and inherently risky. This innovative management method can be used to maintain a reduced stoma, thus providing improved physical comfort and minimized distress. Most significantly it decreases the chance for stomal
trauma. Additionally this method can be done using products readily available in hospital, outpatient, and home care settings. The method involves fashioning a prolapse cap using a readily available convex pouch or wafer with belt loops and a belt. The cap is padded, then fit snugly, but not tightly over the stoma, to provide support while allowing effluent to flow unimpeded into the pouch. Patients using this system have reported improved comfort and management. In cases when the prolapsed stoma is not easily reduced or effluent is very thick/form, the prolapse cap is not as successful.

P105

Neck Abscess Management Using Garlic Ointment with Zinc Cream as Primary Dressing (Clinical Experience in remote area) Majene, West Sulawesi, Indonesia

Mr. I Bauk1
1.Ikram Wound Care Center

Purpose: This study is a clinical experience in neck abscess management. And the patients are were visited in my private practice with wound condition infections (pain, Exudate purulent, odor and patients with a weakened state. The difficulty of getting modern wound dressing in my region so as cultivate the initiative garlic ointment and zinc cream for topical therapy (primary dressing) and antibacterial activity for treatmet wound infection (neck abscess management).

Method: Case report, was conducted of patients who were diagnosed as having deep (neck abscess) by doktor, the demographic data (age, sex), anatomical position involved in infection were collected. Patients treated with moist technique and TIME Management applications. Dressing changes every 3 days and aplication garlic ointment as primary dressing and secundery dressing (gauze bandage, Foam and other dressing).

Result: Rapid decrease in infections (1 - 2 week) and average wound healing process in 1 - 2 month

Conclusion: Garlic ointment (traditional dressing) with zink cream and (secundery dressing) effective for wound (neck abscess) management.

Key words: Clinical experience, garlic ointment, neck absces management

P106

Case Study: The Management Of Rectovaginal Fistula

Miss. S Ahn1,Y Hong1
1.National Cancer Center

Background: Rectovaginal Fistula sometimes has a difficulty in treatment. Vaginal fistulas occasionally develop secondary to pelvic irradiation or obstetrical trauma; and as a result the patient is incontinent of feces or urine through the vagina. The uncontrolled passage of feces or urine vaginally results in severe perivaginal skin denudation and discomfort. Aggressive nursing care is essential to prevent these complications.

Aim: The aims of this case are intended to share with you this case and nursing management of Rectovaginal Fistula.

Methods: Case Reports: We present a female that presented with complaints of stool by vagina. She had ovarian cancer underwent major operation. After operation, The patient had wound complication and continuously stool leakage by vagina. We tried to insert foley cath. with baby nipple into the vagina and connected drainage system until decreased of vaginal discharge.

Conclusion: Although the use of catheterization with baby nipple may not be suitable for all patients with rectovaginal fistulas, but patient said her QOL was quite increased and satisfied.

P114

The Importance Of The Work Of The Multidisciplinary Team, Associated With Nutritional Therapy And Dressing Of Polymeric Membrane With Silver, In The Improvement Of Healing In Skin Lesions: Case Study.

Ms. E Rodrigues1,M Branco1,F Alves1,E Calheiros1,S Haiher1,L Lins1
1.Hospital Samaritano

Objective: Check the size reduction and healing of lesions in patients using specific dressing and nutritional therapy accompanied by nutrition and nursing team.

Method: Four cases of patients with lesion using dressing of polymeric membrane with silver and nutritional therapy. Dressing of polymeric membrane with silver changed every 48 hours and sanitized with antiseptic (Polihexanida 0.2 %, Polidocanol and Alfa-Bisabolol). The evolution was verified with measurement of vertical x horizontal measures and photographic images.

Results:

- #case 1: 53 years old (lesion in the sacral region - second stage). Reduction of 6.0% vertical and 33% horizontal.
- #case 2: 31 years old (ankle dehiscence) Reduction of 40% vertical and 33% horizontal.
- #case 3: 61 years old (abdominal dehiscence) Reduction of 8.0% vertical and 13% horizontal.
- #case 4: 89 years old (lesion on calcaneus D - third stage). Reduction of 26% vertical and 35% horizontal.

Conclusion: The referred cases showed positive results with reduction of wound size and appearance improvement, providing greater life quality for these patients.

The work of the multidisciplinary team can ensure the success in the treatment as well as the prevention of lesions in hospitalized patients.
P118

Does Irypump Affect Quality Parameters Of Colostomy Irrigation: A Sample Case

Mr. A Karadağ¹, Dr. Z Göçmen Baykara², A Ören Hin³, E Akar⁴, H Acarlar³, S Leventoğlu⁵
1 - Koç University School of Nursing 2 - Gazi University 3 - Gazi University Hospital, Stomatherapy Unit 4 - Gazi University Hospital, Stomatherapy Unit 5 - Gazi University Faculty of Medicine, Department of Surgery, Colorectal Cancer Surgery

In the literature, there are a large number of studies demonstrating that CI is effective in decreasing physiological, psychological and social problems of an individual with stoma. The most important criticism on CI is that it is time-consuming. This led both WOC nurses and medical industry to seek a solution for the problem. IryPump has been produced in accordance with the purpose of performing more practical and efficient CI for patients. This presentation is about the results of a case of IryPump that we have tried on five cases.

NI is applying CI by using a classic irrigation set system with 1000ml of tap water every 24 hours. Before using IryPump, CI fluid inflow time was 10-15 minutes, washout time was 30 minutes; therefore, total CI duration was 40-45 minutes. After using IryPump, inflow time decreased to 2 minutes, washout time to 11 minutes and total irrigation duration to 16 minutes. In the interview it was found out that the patient did not experience any discharge of stool, gas during the 24 hours. The patient indicated that he did not feel distention and discomfort after using IryPump as he did after using irrigation set for CI. On the basis of these results, it is recommended to make extensively sampled clinic studies about IryPump.

P120

Clinical Experience Of Incorporating Phmb, Silver And A Wound Drainage Device In Treating Complicated Wounds In A Limited Resource Environment

Clinical Experience Of Incorporating Phmb, Silver And A Wound Drainage Device In Treating Complicated Wound

Ms. M Second¹, B Scholtz¹
1. Business

Aim: To evaluate the efficacy in combining a PHMB Solution and Gel with a silver dressing in order to lower the bioburden, optimize wound bed preparation and achieve wound healing in the shortest time possible.

Method: 6 patients were included in this evaluation. The wounds were cleaned with a PHMB wound cleanser solution, covered with a PHMB wound gel and a nanocrystalline silver dressing. A wound drainage device was used where needed incase of high exudates volumes. The patients were seen a minimum of twice per week based on levels of exudates. Other medical conditions were treated as required.

Result: Viable granulation tissue was notice after first dressing changes.

Reduction in:
- Wound sizes
- Odour
- Pain

Healing was achieved in all cases between 6-8 weeks, less than half of normal expected healing time

Conclusion: In combining PHMB and silver for wounds with non-viable granulation tissue, combined with high bio burden and sloughy tissue, wounds heal in shorter period of time, patient quality of life is improved, it has a positive impact on the overall health economics.

Cost per patient per dressing R736.11. Device not included
Wound drainage device per use R581.40
Length of wound care +/- 16 dressings

P121

A Fundamental Role: - Stoma Care Nurse Involvement In Product Development

Mrs. M Parker¹, D Smith¹
1. Salts Healthcare

Introduction: The role of the stoma care nurse (SCN) is fundamental in supporting and managing patients with challenging stomas. As clinicians listening to patient's experiences and needs, we are in a strong position to effect the development of commercial products that are essential to guarantee a good quality of life for ostomists. The SCN is only too aware of the vital requirements needed in a product, therefore specialist input from the initial concept stage of development is essential.

Aim & Method: This presentation will focus upon how the role of the SCN working within a Research and Development team can have significant impact on patient experience by advocating high quality products that are well designed and manufactured to meet specific ostomy needs. Two case studies will demonstrate this by detailing the benefits of soft convexity in managing some of the most challenging stomas.

Results: The development of a soft convex product has proved highly successful with valuable input from clinicians

Conclusion: Ongoing clinical involvement, at each design phase, contributes to meticulous product evolution to ensure the best outcomes for an improved quality of life for the ostomist and subsequent cost effectiveness for the National Health Service in the UK
**P130**

**Prevalence And Factors Associated With Skin Tears In Elderly Long-stay Institutions.**

Ms. G Peres¹, Prof. V Santos², K Strazzieri-Pulido³
1 - School of Nursing, University of São Paulo; São Paulo - Brazil; EEUSP 2 - School of Nursing, University of São Paulo 3 – EEUSP

**Aim:** Identify and analyze the prevalence of skin tears (ST) and demographic and clinical factors associated with its occurrence in institutionalized elderly.

**Method:** Epidemiological cross sectional analytical, exploratory study performed in three nursing homes of São Paulo. Data were collected by records consultation, interview with the resident/care giver and physical examination of the elderly. The following tools were used for data collection: socio-demographic and clinical data, Mini Mental State Examination test, Katz index and STAR Classification System. Data were analyzed using Fisher's test, Wilcoxon-Mann-Whitney test and logistic regression (backward stepwise).

**Results:** The sample of 69 residents was mostly composed by women (51 / 73.91%), Caucasians (50 / 72.46%), mean age 81 (SD = 9.30) years old, problem in mobility (gait) (58 / 84.06%), visual acuity problems (56 / 81.16%), dependence for activities of daily living (52 / 75.36%), cognitive impairment (51/73.91%), presence of incontinence (45 / 65.22%). Eight subjects had 13 ST, resulting in an overall prevalence of 11.6%. The presence of hematoma (RC: 9.159 / p:0.017) and senile purpura (RC: 6.265 / p: 0.033) remained after logistic regression analysis.

**Conclusion:** The prevalence of ST was 11.6% and the factors associated are hematoma and senile purpura.

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**P133**

**Effects Of Chitosan And Zinc Oxide Ointment On Diabetic Wound Healing: A Case Series**

Mrs. W Sri Gitarja¹, K Fajar¹, V Nurmala²
1. Wocare Indonesia 2 - Wocare Majapahit

No doubt that diabetic wound was difficulties to manage following with high of total cost in dressing changes. Based on concept of moist wound healing; wound care progress and dressings aspect in wound care, study created.

**Method:** This study designed to evaluate the effects of Chitosan and Zinc Oxide ointment on diabetic wound healing and created low cost topical dressing that used on that type of wound. The invensions of products were blended with purrifier water; paraffin oil and vaselline became emulted formula as a white ointment cream. Total of 150 diabetic wounds were studied since 2013. Patient criterias were including (1) Chronic wound more than 2 weeks; (2) patient aged among 35 - 55 years old; (3) Wound larged more than 5 centimetres; and (4) Blood sugar controled. Wound management used TIME concept and wound healing progress evaluation used Betes Jansen scale criterias.

**Result:** Eighty percent of diabetic wound were healing less than three months and total cost of dressing change reduced.

**Conclusion:** Benefits of topical dressing contains chitosan and zinc oxide can promote wound healing process with low of total cost in dressing changes and used as new topical dressing.

Key words: moist wound healing; chitosan; topical dressing

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**P139**

**Binding Technique In Stoma Granuloma Management In Medan, North Sumatera, Indonesia**

Mr. A M.Kep¹
1. Asri Wound Care Centre

**Background:** Granuloma is a prevalent complication in patients with stoma. Commonly, granuloma is managed using silver nitrate. However, silver nitrate is not available in Medan. Therefore ET nurses in Medan should find an alternative solution to manage granuloma. One of the alternative method is binding technique.

**Aim:** The describe the effectiveness of binding technique in managing stoma granuloma.

**Method:** This is a case study of 2 stoma granuloma cases. Binding technique was used in stoma granuloma using catgut to block the blood flow to the granuloma tissue so that it became necrotic and broken. The catgut was used because it is easy to find, has a reasonable price, and easy to use.

**Result:** The binding technique was proven to block blood flow to granuloma tissue. As the result, the granuloma was displaced within the third and the fifth days consecutively.

**Conclusion:** This case study proves that binding technique is effective in managing stoma granuloma.

Keywords: stoma granuloma, binding technique, catgut

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**P144**

**Transitional nursing practice for colostomy patient based on information technology**

Mrs. B Yuan¹
1. Affiliated Hospital of Nantong University

**Objective:** To investigate the effect of transitional care for colostomy patient based on information technology.

**Method:** For grade A hospitals colostomy surgery patients, we provide transitional nursing based on information technology. Hospital
patients and their families to watch video about ostomy care, ostomy care learning manuals patients after discharge by telephone, QQ, or we chat, blog, or e-mail and other information technology platform to obtain timely guidance and assistance of specialist nurses.

**Result:** Totally 152 cases of patients with stoma complications, there are 112 patients in the hospital without having to be able to solve the problem.

**Conclusion:** The majority of hospitals do not have the time dedicated telecare equipment, the use of patients or their families' smartphones, to provide patients with the information in the extended care can improve the quality of care, should be widely applied.

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**P146**

**Soft Convexity .... is It The Panacea For All Stomas?**

Mrs. C Ryan1, L Hannan2
1.Dansac Uk 2 - Dansac DK

The aim for this presentation is to review the contraindications for using firm convex products and demonstrate the use of soft convexity for a variety of different stoma conditions and problems.

The use of convex products has enabled secure pouching for difficult stomas for many years. However it has had its limitations as contraindications for use of a convex pouch have included damaged peristomal skin, prolapsed stoma, parastomal hernia and early postoperative use. The development of 'soft convex' pouches has allowed the clinical nurse specialist to use a secure, comfortable convex pouch on a variety of problematic stomas which would not have been possible before.

The author will present a series of clinical case studies offering evidence to show how soft convex pouches can provide a secure fit on the most difficult stomas whilst not compromising the stoma or peri stomal skin. Discussion will include issues such as using a soft convex appliance in scenarios where traditional convex products have been contraindicated.

References:
Informa Healthcare. London UK

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**P147**

**Three Case Studies Demonstrating The Benefits Of Hydrocolloid Containing Manuka Honey On Peristomal Skin Condition**

Dr. A Moavenian1, Mrs. C Marsden1
1.Welland Medical

**Aim:** To evaluate the effect of skin friendly Hyperflex hydrocolloid containing Manuka honey, on three patients experiencing allergic reactions to their current products.

**Methods:** Three patients experiencing allergic reactions to their existing products were placed on Welland's Aurum® pouch, with a skin friendly Hyperflex hydrocolloid containing Manuka honey. The first patient, a 69-year-old female presented to the clinic with a week long history of sore, wet, peristomal skin, which was preventing pouch adhesion and leading to leakage issues. The second patient, a 5-year-old boy suffering dermatitis, requiring 6 or 7 pouch changes a day with his existing bag. The third patient, a 71-year-old male presenting itchy, red and bruised skin. Each case was followed up by a stoma care nurse.

**Results:** All three patients' peristomal skin conditions were improved, from between one to eight weeks of using Hyperflex hydrocolloid containing Manuka honey. The pouch wear time was also increased for one of the patients from several hours to a day.

**Conclusions:** The case studies presented show that hydrocolloid containing Manuka honey such as Welland Aurum® can have a positive healing influence on damaged skin and may be advocated for use on irritated skin as well as healthy peristomal skin.

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**P148**

**Promoting HISB (health Information Seeking Behaviour) Enhances Self-reliance And Problem Solving For Individuals With A Stoma**

Mrs. W Osborne1
1.Coloplast

**Aim:** Identification of a credible programme to provide specialist information to individuals with a stoma

Evaluation of the tool to promote self-reliance

Evaluation of the effectiveness of the online support programme

The Department of Health (UK) advocates individuals should take more responsibility for their own health and have access to information that encourages them to participate in their own care.

However, with contact to specialist support being variable and availability of inconsistent information on the internet; there is the need for trusted, reliable resources to support individuals to self-manage their stoma care.

**Result:** An online support programme has been developed to enhance access to credible information and deliver tailored information through email. A fundamental element of the programme is the self-check tool, which is prompted on a 6-monthly basis to encourage ostomates to proactively check their stoma, directing them to pertinent information to help them manage any issues they are experiencing.

**Conclusion:** his presentation will evaluate the effectiveness of this newly launched program as a tool to meet the goals of HISB.
A Study Of Nurses’ Knowledge And Practices About Pressure Ulcers

Mr. A Karadağ¹, A Karabag Aydin², Dr. Z Göçmen Baykara³, S Güli⁴, Miss. P Avsar⁵
¹- Koç University School of Nursing 2 - Kafkas University 3 - Gazi University 4 - Hacettepe University 5 – University

Aim: Aim of this study is to determine nurses’ knowledge and practices about pressure ulcers (PUs).

Method: The study was conducted with 347 nurses who attended four conventions and courses on wound care, between the years 2013 and 2015. The data were collected using a data collection form including 35 questions. The authors analyzed the data using counts and percentage calculations, Kruskal-Wallis test, and Mann-Whitney U test.

Result: The nurses’ mean score on the questions about PUs was 57.37±14.26 over 100. The calculation of the correct answers by the units in which they worked indicated that the highest mean score was (63.79±11.55) obtained by the stoma and wound care nurses and the lowest mean score was (51.89±16.01) obtained by other nurses. There was no statistically significant difference between the nurses’ mean scores of correct answers by the nursing programs they had completed, the number of PU patients to whom they provided care weekly, the clinics in which they worked, the PU training they had received and considerations of own sufficiency in this field (p<0.05).

Conclusion: The study found that the nurses’ mean scores of correct answers were not at the desired level.

Quality Of Life In Individuals With Intestinal Stoma: A Multicentere Prospective Study

Dr. S Guler Demir¹, Dr. Z Göçmen Baykara², Mr. A Karadağ³, E Toglug¹, M Altunsoy⁴, H Acilar³, Y Aki³, Dr. S Karadağ⁸
1. Gazi University Faculty of Health Science Nursing Department 2 - Gazi University 3 - Koç University School of Nursing 4 – Istanbul University Cerrahpasa Hospital Istanbul 5 - Istanbul University Çapa Hospital Istanbul 6 - Gazi University Health Practice and Research Center Ankara 7 - Çukurova University Balcalı Hospital Adana 8 - Turkiye Yuksek Ihtisas Education and Research Hospital

Aim: This study multicenter, prospective and descriptive research was conducted for the purpose to evaluate the quality of life(QOL) in individuals with intestinal stoma.

Method: The study sample constituted total of 222 individuals who had undergone recent colostomy/ileostomy procedures and had been followed up in 7 stoma therapy units in Turkey between January 1,2014, and January 1,2015. Data was collected using the Identification Form and a Stoma Quality of Life Scale(Stoma-QOL) in an analysis of the data, descriptive statistics and chi-square, Independent-sample T Test, Paired sample T Test, Mann Whitney U Test and Kruskal-Wallis H Test, were used.

Result: In 65% of the individuals the stoma was opened due to cancer and 53% of the stomas was ileostomy and 58.9% transient. The area for stoma was marked before the operation in 59.9% of the individuals. The mean Stoma-QOL scores for the first and sixth months following the operation were 44.3±27.8 and 47.8±24.8 respectively and the difference between these scores was statistically significant (p<0.05). The QOL was significantly higher in individuals who live with their family (1st and 2nd Stoma-QOL) and in individuals who had not taken chemotherapy/radiotherapy (2nd Stoma-QOL) (p<0.05).

Conclusions: The QOL in individuals with stoma increases from the sixth month following the operation. The type of stoma, treatment course and living with family play important roles in increasing the QOL.

Experience Of Implementation Of The Clinical Practice Guidelines: Care And Ostomy Management And Evaluation And Management Of Diabetic Foot Ulcers In A Third Level Hospital Within The Program Best Practice In Spotlight Organization (bpsO).

Miss. E Mateo¹, Ms. I Davin¹
¹.Vall d’Hebron University Hospital

Aim: To describe the experience of implementation in our hospital of the Clinical Practice Guidelines of the Registered Nurses Association of Ontario (RNAO) in the program Best Practice Spotlight Organization (BPSO) of care and ostomy management and evaluation and management of diabetic foot ulcers.

Method: Ostomy guide was implemented between 2012 and 2014 while the implementation of Diabetic Foot was started in 2015. Several implementation strategies were used: Multimodal diffusion and dissemination activities with classroom training for professionals Disseminating of the guides in clinics and dissemination of the project Ensuring adequacy of resources, procedures and clinical histories in the application of healthcare management Participation of professionals in an organization created to facilitate the implementation of the guide: the implementers and the promoters. The recommendations of the Guidelines is also adapted for use within the context of our hospital.

Result: Improvement of stoma patient education in pre and postoperative stages and increase of patients’ knowledge of how to take care of themselves. The implementation of the Diabetic Foot Guide has provided tools for the opening of a multidisciplinary diabetic foot unit in our hospital.

Conclusion: The practice based on the evidence supports the excellence in care the health.
**P157**

**Pediatric Ostomy Care**

Mrs. O Harel

1. Sheba Medical Center

**Aim:** Describe ostomy care and crisis management in a premature baby. A new premature baby is both an exciting and stressful with implications on the entire family. This is augmented by the necessity to handle a stoma. We present the treatment program for this condition.

**Method:** Baby boy, first of twins, born on week 33, 1600 gr. was rushed on day 14 to surgery for perforation of the intestine with inflammation. At the surgery, cecum and the ileocecal valve were resected and ileostomy formed. The baby was transferred to neonatal ICU sedated and on a respirator. During the following month, parents had to learn to cope with the stressful, frustrating situation, on top of all other responsibilities. Stoma nurse of the neonatal department tailored a program including stepwise training, adapted to the condition of the baby. Special emphasis was given to the emotional condition of the parents.

**Result:** Hands-on experience of parents was gradually expanded, in parallel to emotional reinforcement. After 1 month, the baby (2300 gr) was released, with temporary, 2-part neonatal stoma. Parents assumed full technical and emotional responsibility.

**Conclusion:** A structured roadmap for premature-baby stoma can provide good acceptance in handling this delicate task.

**P158**

**The Impact On Cost And Quality Of Life Using A Disposable Nwpt On Patients In A Large Teaching Hospital**

Ms. L Pinnuck

1. Monash Health

**Aim:** To enroll 20 patients with wounds that did not exceed 18cm x 18cm over a 2 month period.

**Method:** Patients were seen twice weekly in the clinic. Exudate had to be less than 20 mls exudate daily. Data was collected regarding comorbidities and the location of the wound. On completion of treatment patients were asked to fill in a satisfaction survey of this device. At the end we compared the total cost of treatment of electrical versus mechanical NWP.

**Result:** Using Smart Negative atmospheric Pressure (SNaP) was significantly cheaper than other forms of negative pressure. Patients much preferred the portable device compared to electrical powered devices, less noise, ease of use and allowed them to return to work sooner.

**P162**

**Abdominal Catastrophe From The Perspective Of Stoma Care Nurse**

Mrs. M Antonova, Z Sura

1. University hospital Brno 2 - FN Brno

**Aim:** Experienced stoma nurse is often forced to cope with the care of very complicated stomas. If the stoma is part of the problem, which we call abdominal catastrophe, it requires the cooperation of the entire multidisciplinary team.

**Method:** We would like to demonstrate the importance of such co-operation to cope with serious medical conditions on 2 case studies from our workplace. First case study presents care for a patient with a cancer diagnosis, the second case study concerns patient with IBD disease.

**Conclusion:** We can achieve good results and healing of very complicated patients thanks to perfect team co-operation.

**P163**

**A Clinical Experience On The Use Of Negative Pressure Instillation Therapy Combined With Phmb And Betaine Irrigation Solution In The Treatment Of Complex Wounds**

Mrs. L Deletic

1. Wound clinic milpark

**Aim:** To evaluate the efficacy of combining PHMB and Betaine irrigation solution and negative pressure wound therapy as a treatment plan of complex wounds.

**Aim:** Patients in a level 1 trauma hospital were identified based on level and complexity of injury and outcome of current treatment. Patients included in this case study are seven poly trauma patients, two pressure ulcers, one chronic venous leg ulcer. NPWT were applied and instillation with PHMB and Betaine irrigation solution were initiated. The wounds were instilled every 3 hours for a

**Results:** Wound bed preparation was achieved in a short period of time using this combination treatment. Within 2 - 4 weeks the wounds were ready to be grafted. Improved patient comfort and optimal health economics were also achieved.

**Conclusion:** By combining negative pressure instillation therapy with PHMB and Betaine irrigation solution, complex wounds can be treated effectively to ensure better outcome in a relative short period of time. This will ensure improved outcomes for the patient as well as the health institution and medical aid funding.
P164

Innovative Use Of Flexible Soft Silicone Sealant In Conjunction With Negative Pressure Wound Therapy (npwt) In The Management Of Complex Wounds.

Mr. R Rock
1. Cleveland Clinic

Objective: Demonstrate the use of an innovative flexible soft silicone sealant in conjunction with foam based negative pressure wound therapy.

Background: Complex wounds are a result of trauma, prolonged pressure, surgical debridement or post-surgical dehiscence. These wounds often include organs, tissue or bone which are difficult to manage due to drainage, location or surgical hardware. The flexible soft silicone sealant is an inert substance that allows for air tight seal in difficult to manage areas, yet not harmful to the tissue.

Method: The author identified innovative strategies using flexible soft silicone sealant in conjunction with optimally managed NPWT in complex wounds. Case studies will include failed abdominal repair after forty five surgeries; left hip disarticulation; spatial frame knee fusion with soft tissue defects.

Result: This novel combination of flexible soft silicone sealant and appropriately managed NPWT produced an airtight seal in the wound bed, accelerating the healing process.

Conclusion: The utilization of a flexible soft silicone sealant used as an adjunct to NPWT, conventional dressing applications, and appropriate medical management, can provide a mechanism to protect the periwound from potentially caustic drainage thereby maintaining the integrity of the dressing, providing an air tight seal enhancing healing of complex wounds.

P167

An Easy And Safe Way To Treat Irritant Contact Dermatitis Around Ileostomy

Miss. R Cohen
1. haemek medical center

Introduction: Surgery for inflammatory bowel diseases can result in a creation of a stoma. This life-saving solution requires a significant change in every aspect of patient's life, habits, intimate relations, employment, etc. Dealing with such a change demands mental strength. Stoma patients tend to suffer from anxiety, depression and low self-esteem, in addition to many difficulties in daily activities and morbidity.

Method: N.L, 79 years old widow+1 child who underwent ileostomy procedure due to Gastrointestinal Ischemia. Few months postoperatively she developed erosions and Irritant Contact Dermatitis around the stoma due to acidic secretions' and was hospitalized in one of the Internal Medicine departments for further care and treatment.

Goal: the aim was to find an easy and efficient way to treat the secretions around the stoma, with the use of Hydrocolloid dressing, in order to treat and later prevent Irritant Contact Dermatitis.

Conclusion: Irritant Contact Dermatitis is a common complication in stoma patients, due to acidic secretions from the GI. This can influence the patients life quality. Hydrocolloid dressing can promote wound healing by absorbing the acidic secretions around the stoma, assist in autolytic debridement and reducing the pain. This is an easy, safe and efficient way to treat this complication.

P172

Competences Of The Stoma Nurse In Portugal: Delphi Study

Mr. I Morais1, P Alves1, B Araujo1
1. Universidade Catolica Portuguesa

Consequences of an ostomy are widely recognized, and have led to development of stomatherapy nurses. The study aims to establish an ostomy nurse's level of competency in Portugal, determining the skills and specific functions an ostomy nurse, but also validating these competencies with consensus established by experts - Delphi technique. We developed a level I descriptive exploratory study, using a mixed methodology, building an ostomy nurse's competences questionnaire with 117 criterias of competence in two rounds. Researchers, professionals and experts in the field have defined and validated - with a conformity level equal to or greater than 75%, seventeen competences. These competences achieved are based on the CanMEDS framework: Differentiated Care - 3 skills at level of specialized care (knowledge, scientific/technical); Communication - 2 skills on relation/effective communication skills (between nurse, patient, family and professionals); Interdisciplinary Collaboration - 3 skills in team work/planning; Management - 2 skills care management, optimizing nursing answers; Training /Research - 2 skills on decision-making, interventions/knowledge; Professionalism/Ethics - 2 skills on professional and ethical exercise; and Health Promotion - 2 skills in Health promotion/intervention strategies. We believe to have contributed significantly to legal framework pertaining to ostomy nurse's skills in Portugal.
P173

Evaluation Of The Cost-benefit Of Fournier’s Gangrene Treatment In Female Patient

Prof. S Gonçalves Bezerra¹,D Macêdo Rocha²,M Batista da Rocha²,R Rodrigues dos Santos³,L Tolstenko Nogueira⁴
1.State University of Piauí 2-State University of Piauí - UESPI 3 - Hospital Geral Promorar 4 - Federal University of Piauí – UFPI

The Fourier's Gangrene is a progressive polybacterial infection that affects the genital and perineal region promoting the tissue necrosis predominantly in men and mortality ranging from 3 to 67%. Case study that aimed to evaluate the topical application of cost-benefit of Fournier's Gangrene in female patient during the period February to April 2015. The patient was accompanied with wound description, photographic record and cost of topical treatment in each dressing. S.L.F. 45 years old, female, got Fournier's Gangrene after shaving the genital region with reused blade. The initial wound area was 367.5 cm². It was used activated carbon with silver, followed by calcium alginate with a satisfactory response. After 16 exchanges performed during 12 weeks showed 24.5 cm² of lesion area. The direct cost for the treatment of healing topic was US$ 168.00 and average of US$ 10.5 for each dressing exchange. It was not included personal and indirect cost. It was observed after third shift significant increase in self-esteem, quality of life and satisfaction of patients regarding the care provided. There was a cost-benefit in the treatment due to reduction of the area of the wound, anxiety and fear of death of the patient.

P176

Skin Lesions Associated With Care: Prevention Strategies

Mr. G Matiz Vera¹,R González Consuegra¹
1.Universidad Nacional de Colombia

Aim: To identify the best strategies for the prevention of skin lesions associated with care. Method. Systematic review in the years 2005-2015 in Medline, Science Direct, FECYT, Embase, Ovid Nursing, Scielo and care, related to the best nursing successful strategies for the prevention of skin lesions associated with care as ulcers pressure and incontinence associated dermatitis. The quality of evidence was evaluated using the GRADE system in Spanish, English and Portuguese. Result: Diverse strategies have been documented in the scientific literature on the prevention of skin lesions in patients with limited mobility and who are hospitalized. The strategies are based on early identification of risk through the use of scales, use of special surfaces, prevention education in the health team and implementation accompanied by clinical judgment of nurses in the care of people with special protocols risk this type of lesions. Conclusions: Is necessary to provide comprehensive care based on scientific evidence conducive to establishing preventive measures to guide effective nursing intervention and individualized guarantor of damage limitation and timely rehabilitation of people with pressure ulcers, contributing to the development and visibility discipline. Keywords. Prevention &Control; Strategies; Wounds and Injuries, Education; Pressure Ulcer (MeSH).

P182

Comprehensive Treatment Of Elderly With Venous Leg Ulcer In Community Nursing Care - Case Report, Renata Batas, RN,
ET: Community Health Centre Ljubljana; Nurses And Midwives Association Slovenia

Mrs. R Batas¹
1.COMMUNITY HEALTH CENTRE LJUBLJANA /NURSES AND MIDWIVES ASSOCIATION OF SLOVENIA

Introduction: This paper describes the case of elderly people with venous ulceration, method of treatment and care, which allows for optimal healing. Method: We conducted a qualitative case study, which was based on a review of documentation, interviews, work plan and monitoring of the patient with venous ulcers from November 2010 to March 2012. Result: Elderly patient with venous ulcers had two venous ulcerations on left leg (8 x 4 cm and 3 x 5 cm ). Ulcers were healed after one year and four months. Discussion and conclusion: Venous leg ulcers occurs in 80 to 85 percent due to chronic venous insufficiency and is most often in the lower leg and foot. The medical - educational work can successfully prevent its occurrence and the occurrence of secondary complications. With using modern methods (TIME concept), the use of modern materials for wound care, the psychophysical comfort the elderly with venous leg ulcers is much improved, healing is faster and with less or no pain. For optimal treatment and care is important that the patient is treated comprehensive, individual and multidisciplinary. Keyword: elderly, venous leg ulcer, ulcer assessment, preparation a bottom of the wound
P184

Accessory For The Support Of A Pump Device Mechanical Movement

Mrs. T Campanili1, Prof. V Santos2
1.InCor- HCFMUSP 2 - School of Nursing, University of São Paulo

Heart patients waiting for a transplant may need a mechanical device to replace the ventricular heart function, that is, an artificial pump. It is common that these pump devices in question is projected outside the body, connected to the heart by tubes that pass through the skin and therefore exposed to the action of gravity and possible shocks. The technology is designed to mitigate the consequences of using an artificial ventricle, especially in relation to the discomfort and risks associated with heart pump, positioned externally to the patient body. Solved these problems, the patient has greater mobility and freedom postoperatively and therefore can more easily stick to your routine. The technology offers a safe and comfortable way to transport paracorporeal ventricle, keeping it trapped in a pocket close to the body by strips of fabric that form a kind of belt. Thus, the risk of shock or damage possibly caused by the weight of both the pump itself as the dressing is reduced. Finally, the pump is housed more appropriately under the clothes of patients requiring mechanical circulatory support as a bridge to heart transplantation, a bridge to recovery or bridge to decision.

P186

Analysis Of The Primary Action Of A Aborvente Dressing In Combination With Compression Therapy.

Mrs. T Campanili1, L Marques1, M Gonçalves1, Mrs. T Campanili1, A Magalhaes2
1.InCor- HCFMUSP 2 – Curatec

Objective: To evaluate the primary action of a non-woven compress, sterile, made inside of fibers with high capacity for exudate absorption, with surfaces coated with a lipid-colloid technology (TLC) in combination with a system of compression bandages.

Method: This is a case report of a patient with heart failure who was admitted to the Intensive Care Unit, a specialized hospital in cardiology and in Sao Paulo, Brazil, for the treatment of ulcer in the right lower limb triggered by lichen use of fatty acids for hydration. Dressings were performed weekly on injury and wound healing assessed through the evolution of tissue type, area and exudate characteristics presented by Pressure Ulcer Scale for Healing (PUSH).

Conclusion: The wound evolved with the area, and local cleaning with the association compression nonwoven and compression bandage, evidencing that the association contributes to the progress of healing. However exudation proved to be permanent is higher when the compression was carried out without damage to the healing process.

P189

Nursing Care En Complicated Enterocutaneous Fistula

Miss. C Hidalgo1, M Perez2, M Del Campo2, Miss. C Hidalgo1, E Pizarro1
1.12th October Hospital (Madrid/Spain) 2 - 12 October Hospital (Madrid/Spain)

Introduction: Sixty-two-year-old female. After several surgeries she has short bowel, malnutrition and dehiscent abdominal laparotomy with high-output unwieldy enterocutaneous fistula.

Method: Owing to extent of wound, damage of the effluent to the perifistular skin and high output a large pouch that protects the skin and allows quantification fistula output is used. Cleanliness is performed with wound irrigation solution, and to dry the skin is used hydrocolloid paste and hydrofiber and high fiber wafers. Removing sprays are used for removal of the pouch, minimizing pain due to the withdrawal of powerful adhesives.

Result: By using a special pouch for fistula, management of high output improved considerably, reducing the frequency of cures and health expending, thus increasing the comfort of the patient. Where it was possible, the main caregiver (her husband) was taught to perform the cure. This allowed early discharge.

Conclusion: The existence of special pouches for wounds with difficult management (large size, high output ...) reduces costs both in material and nursing time. In this case it allowed, with suitable monitoring, that cares were made by the main caregiver at home.

P191

The Useful Caregiver

Mr. M Garcia1, Miss. C Hidalgo1, B Aragones1, S Bayon1, J Gimenez1
1.12th October Hospital (Madrid/Spain)

Aim: To identify overload detected in main caregiver of a dependent patient who requires highly complex cares due to short bowel syndrome and unwieldy abdominal enterocutaneous fistula. To determine efficiency that involves the main caregiver intervention for the health system.

Method: Measurement of dependency levels for activities of daily living of the patient (Barthel Rate). Measurement of overload caregiver through different instruments completed by the caregiver: Zarit test, evaluation of selected indicators of Nursing Outcome Classification NOC [2508] Caregiver Well-Being and NOC [2210] Caregiving Endurance Potential. Financial estimate of the cost of cares of caregiver (attention time and materials) and comparison with the same action carried out by
professional nurses.

**Result:** According to measurements the patient has a serious dependency level and caregiver a high level of overload. Caregiver intervention means a high savings in health resources.

**Conclusions:** To be able to count on an involved main caregiver can raise the carrying out of complex care in patients with severe dependence level in their own homes. To guarantee the success of this option is necessary to identify and meet needs of caregivers with adequate support: qualified professional support, access to material resources, etc.

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**P193**

**Circular Low Temperature Pattern Indicate Presence Undermining At Pressure Ulcers: Case Report Using Pocket Thermography**

Mr. S Yusuf¹, S Kasim¹, S Rassa¹, B Laitung¹. Griya Afiat Makassar

**Background:** In late phase pressure ulcer, usually associated with the presence of undermining. As a result the margin of ulcer becomes larger and difficult to heal. However, identification of early sign of undermining in quantitative measures remain unanswered

**Aim:** The aim of this study to evaluate non contact infrared pocket thermography to identify early signs of undermining in pressure ulcer

**Method:** This was a case report study in Griya Afiat Makassar-Indonesia. Demography data based on the minimum data sheet (MDS), Risk factor for pressure ulcer evaluated with Braden Scale, pressure ulcer status evaluated by using DESIGN-R and non contact infrared pocket thermography was captured with FLIR ONETM which attached to mobile phone (iPhone 5S, Apple Inc)

**Result** Patient male with lymphatic cancer, Braden scale (10) and DESIGN-R (113U). Skin temperature was 28.5 °C, 36.6 °C and 34.4-35.4 °C at periwound, wound edge and wound bed respectively. We observed presence circular lower skin temperature pattern in the periwound area which become undermined one week from baseline data.

**Conclusion:** Non contact infra red pocket thermography imaging has a potential ability to predict development of undermining in pressure ulcer.

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**P194**

**Complicated Urostomy Treatment**

Mr. I Otradovcova¹, Dr. Z Kojecky², L Kubatova³
1. Central Military Hospital Prague Czech Rp
2. Aesculal Academy
3. Military Hospital Prague Czech Rp

The number of patients in the Czech Republic with a bladder carcinoma resulting in ileal conduit urostomy (Bricker) most commonly in elderly polymorbid patients with a problematic peristomal site (obesity, skin folds, colostomy, etc.), has been increasing in recent years. If a patient is treated by an experienced stoma nurse and has the option of using a quality stoma system with flat or convex baseplate, they can live comfortably and enjoy quality of life.

Presentation of 2 Casuistic Entries

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**P195**

**Irrigation - Assisted Defecation And Therapeutic Irrigation**

Mr. I Otradovcova¹
1. Central Military Hospital Prague Czech Rp

A defecation enema is a lukewarm water injection into the bowel via the stoma performed to facilitate regular defecation. It is a more comfortable method of defecation management in colostomy patients. Irrigation improves their quality of personal, work, social and intimate life. The method is suitable for patients of all ages. There are only a few workplaces in the Czech Republic which use this method. Irrigation education is conditioned by the patient's interest and the presence of an experienced stoma nurse. A stoma nurse first educates the patient theoretically and answers their questions, sending them home with an educational DVD and information brochures. Next, the nurse obtains the irrigation set and sets an appointment with the patient for practical training on the entire procedure.

A therapeutic enema is an enema or bowel lavage via the stoma. Drugs are injected into the upper or lower intestine via the stoma. This procedure is most commonly performed in patients with IBD diseases (Crohn's disease and ulcerative colitis) and certain infectious bowel diseases (*Clostridium colitis*).
**P198**

*Effectiveness Of Wound Care Using NaCl 3% For Reducing Amount Of Exudate And Odor In Healing Of Diabetic Ulcer*

Ms. R Indra¹, Dr. D Dahlia², R Maria¹
1. Universitas Indonesia 2 - Universitas Indonesia

Diabetic ulcer is hard to heal because of prolonged inflammation process leads to chronic and infected wounds. The infection is characterized by increasing exudate production and odor. Previous studies on wound care had proved that NaCl 3% solution able to attract the wound exudate and reduces the odor because it is hypertonic.

**Aim:** This study was aimed to determine the effectiveness of wound care using NaCl 3% solution to decrease amount of exudate and odor of diabetic ulcer.

**Method:** The study applied randomized controlled trial with double blinded technique on 15 subjects blocked randomly allocated to NaCl 0.9% group and NaCl 3% group. Interventions performed for 14 days.

**Result:** The result showed there was no significant difference in the amount of exudate between the groups however there was significant difference in the odor score after being analyzed by chi-square and Mann-Whitney test.

**Conclusion:** Wound care using NaCl 3% is no more effective to reduce the amount of exudate than NaCl 0.9% however NaCl 3% is effective to reduce odor score of diabetic ulcer.

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**P203**

*Topical Administration Of Colombian Honeydew Improve Cutaneous Wound Healing In Diabetic Mice*

Mr. A Mendivelso Junco¹, Mrs. C Serna Gonzalez², M Fagundes dos Santos³, Prof. S Guerrero-Gamboa⁴
1. National University of Colombia 2 - Sao Paulo University 3 - University of Sao Paulo 4 - Universidad Nacional de Colombia

Deficient cutaneous wound healing, microvascular disease, and neuropathy are common complications of Diabetes Mellitus (DM), which together lead to the onset of difficult-to-heal chronic wounds, associated with the oxidative stress caused by chronic hyperglycemia.

**Aim:** to evaluate the effects of topical administration of Colombian honeydew in cutaneous wound healing in diabetic mice, compared with New Zealand Manuka honey, international standard.

**Method:** Was an experimental study using swiss type mice, induced to diabetes by administering alloxan IV. After 30 days of diabetes, a dorsal wound was performed and the mice were treated topically with Honeydew and Manuka during 18 days. Were assessed parameters as closure and histology of day 3. They were also characterized the physicochemical properties of honeys.

**Result:** Honeydew had less moisture, antioxidant capacity and higher pH than Manuka honey (14.2% vs 27.73%; 5.87 vs 15.90 mEqT; 5.25 vs 3.98 pH) respectively. The results showed a delay in wound healing in not treated diabetic animals (closing at 18 days vs 14 days for control animals). Diabetic and control animals topically treated closed at 15 day, with increased lesion areas and histological cell infiltrate in the inflammatory phase.

**Conclusion:** Honeydew and Manuka honey improve wound healing with similar performance.

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**P205**

*Hyperbaric Oxygen Therapy As Adjutant Treatment In Ischemic Trauma*

Mrs. D dos Anjos Freschi¹, A Moreira Rodrigues¹, B Costa¹
1. Hospital São Camilo

**Objective:** To report a case of traumatic ischemic lesion by smashing following a car crash, and discuss the context of hyperbaric oxygen therapy under the ischemic trauma treatment protocol. **Method:** It is the report of a case in the qualitative modality, carried out in a general hospital of the City of São Paulo. Patient who suffered a high-impact car accident, with exposed fracture of the humerus, neuronal and vascular lesion, initially treated with damage repair, fracture stabilization with external fixer, vascular lesion correction, preparation of the wound bed for grafting with hyperbaric oxygen therapy, appropriate antibiotic therapy, skin grafting and, then, definitive osteosynthesis with intramedullary stem. He was discharged from the hospital for outpatient clinic follow-up by the orthopedic and infections teams so as to continue with the motor rehabilitating process following a three-month hospital stay. **Final Remarks:** Hyperbaric oxygen therapy, when carried out early on and associated with an appropriate high-impact trauma treatment protocol, has shown to be very efficient in dealing with such cases. Due to the series of interventions, the patient had his member preserved, achieving good functional and anatomic results. Upon release, he presented preservation of the member, movements and tactile sensibility.
P213

When in Africa the ability to improvise and recycle garbage into equipment can be life changing.

Mrs. S Thiart¹
1. Private practise

A lack of resources in home nursing can become a huge obstacle in the successful treatment of a patient. This limited resources is not only present in rural areas. Innovation and improvisation can result in simple yet excellent solutions.

Presenting a cut-out cardboard box as a bed bow, that not only relieve the pressure from heavy bedding successfully but also act as heat isolation. As a bonus the box is being recycled into a piece of equipment that is essential for pressure relief. There is no cost involved and anybody can do it. It should be wide and deep enough to accommodate a standard pillow and high enough to accommodate the patient's feet when placed on its side. A window is cut out at the opposite side allowing easy access to observe the patient's feet.

P214

The Reason For Delayed Wound Healing Can Be Skin Deep.

Mrs. S Thiart¹
1. Private practise

Hypothesis: To complete patient assessment and obtain a history, using the Wound Bed Paradigm of Prof Gary Sibbald, to identify factors that can influence wound healing, is not always as simple and straightforward as it seems.

Case Study: Mr. Y is a 28 year old male patient who suffered a traumatic partial foot amputation. He is healthy with no apparent comorbidities which may result in delayed wound healing. With a well prepped wound bed, he had a partial thickness skin graft with an Integra interface. The graft healed well but he developed an ulcer on the anteromedial side of his residual limb. There was no explanation for the cause of the ulcer. The ulcer healed where after a new one developed on a different location. This pattern of recurring ulcers continued. Maintaining the moisture balance was a challenge.

The patient was referred for X-rays when he reported severe pain over his medial malleoli once he started wearing his prosthetic foot. The X-rays revealed multiple staples beneath the graft site. Because of wound and mobility complications he developed contractures.

Mr. Y underwent revision surgery resulting in a through ankle amputation. The majority of the staples were removed.

P216

A Clinical Study : The Management Of Necrotizing Fasciitis By Wound Infection.

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Background: Necrotizing fasciitis (NF) is a rare, rapidly progressive its mortality rate is nearly 30% and potentially fatal soft-tissue infection characterized by widespread severe infection of the deep soft tissue, including fascia.

Aim: The aim of this case study is intended to share with you this case and nursing management of Necrotizing fasciitis.

Method: Patient had rectal cancer underwent laparoscopic low anterior resection. After post-op 5 days, total colectomy with ileal-pouch rectal anastomosis, ileostomy d/t leakage, panperitonitis, However he had ileostomy revision and wound debridement d/t Necrotizing fasciitis.

This case take up case of wound management including debridement, drainage, modified Negative pressure wound therapy.

Result: Patient was placed on NPWT until the wound was ready for split-thickness skin grafting. After the NPWT skin graft was successfully used and he was able to go home.

Conclusion: NF has a high morbidity and mortality and requires a considerably long-term treatment. For disease requiring a long-term care such this case, wound nurses' role is important because they are considerably accessible to patients and they are able to manage overall treatment including wound management.

P219

Adhesive Remover Spray Silicone Used To Ostomy Patients

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Withdrawal from ostomy bag or card with no remover couldn't to remove of epidermal cells, leaving the skin more susceptible to the action of the effluent. Also, can cause traumatic dermatitis, making it difficult to grip the new equipment. Objective: to evaluate the use of an adhesive remover spray composed of 100% silicone, in ostomy patients registered in service centers in city of Porto Alegre / RS Brazil.

Methods: after using the remover spray, 15 patients answered a questionnaire that evaluated the use of the product. Only one patient (6.66%) already using some kind of adhesive remover results: all patients (100%) reported: It was easier to remove the equipment with the product; it was easy to use remover spray; to continue using an adhesive remover spray and that all ostomy patients should receive the product.

Conclusion: using the adhesive remover spray, removing the equipment becomes safer and more comfortable for the patient by allowing fast and efficient removal of device without traumatizing the peristomal skin.
P225

Snowy Wound

Mr. M Ab Wahab
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Wound management has become global health problem and the financial burden in addressing the problem has increased tremendously. In Community perspective due to lack of resources, ignorant and financial allocation, most of the treatment are using the traditional method. Even sometimes using traditional method improved healing there are lack of research and understanding.

My case study indicates that the patient did not comply with the treatment and started using Talcum powder on his wound. The wound became necrotic with uncontrolled pain with mildly serous discharge.

He revealed that he applied “potatoes flour” that they named as a powder dressing. The foot was very dirty. His neighbor advised him to apply the powder which he believes can cure the wound.

The used of modern dressing of implemented. Patient was taught about the needs of hygiene care for his foot, signs and symptoms of complications and nutrition. The necrotic tissue removed, exudates reducing, sloughy tissue and biofilm removed, and wound bed transform into healthy granulation tissue.

At last visit wekies 3 before discharged, patient wound close completely.

P226

Key Findings from the 2015 International Consensus Congress on the Use of Convexity

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Problem: There is a shortage of rigorous evidence about the use of convexity and existing reports are primarily reviews and case studies1.

Purpose: To establish consensus from a group of international experts about use of convexity.

Method: Using structured processes as outlined by Murphy et al2, expert stoma care nurses from nine countries participated in a consensus development congress led by an expert facilitator. Panelists voted sequentially on structured statements.

Result: The panelists reached agreement on 26 definitive convexity statements.

Conclusion: Using a structured method of consensus development, global stoma care nurses provided clarity on use of convexity.

References:

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Cost-effectiveness Of Silver Alginate For Infected Hard-to-heal Wounds Treatment In Brazil

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Objective: Silver is used for years in reduction of bacterial load in wounds. We aimed at accessing cost-effectiveness of silver alginate versus calcium alginate for treatment of infected or critically colonized hard-to-heal wounds in Brazil.

Method: A decision tree was developed for modeling cost-effectiveness between these two dressings for: diabetic foot ulcers, leg venous ulcers and pressure ulcers. The analysis considered clinical data obtained from a systematic review of literature and total treatment costs estimated throughout secondary databases. All data were validated by Expert Panel.

Result: The systematic review was graded as “B”, according to the Oxford’s scale. Outcomes were clinical signs of infection and bacteriological status from lesions. Incremental cost-effectiveness ratios (ICER) have evidenced cost-savings of approximately 40 thousand Brazilian Reais per patient, independent on the subgroup. Such results are driven from treatment costs lower in 35 to 40% for the silver group, compared to the control, and better incremental effectiveness results (bacteriological status and infection signs avoided of 22% and 30% respectively).

Conclusion: Patients treated with silver alginate develop lower trends on worsening wounds infectious status and then lower treatment costs are achieved, offering a feasible alternative for infected or critically colonized hard-to-heal wounds treatment.