Keynote Speaker Abstract

Monday, 16 April 2018

Plenary 2
Norma N Gill Memorial Lecture

Elizabeth English

1. Stomal Therapy Nurse, Adelaide (Australia)

Norma N Gill was the motivating force behind the establishment of the World Council of Enterostomal Therapists (WCET)—an association of nurses committed to extending ostomy care to all nations. Norma believed that people with a stoma were entitled to the very best care and was passionate in the way she assisted ostomates and encouraged others to become involved. Norma was a true crusader. She had vision and belief that ET nursing would develop around the world and so with fortitude and courage coupled with dogged determination and energy, she set out to make her dream come true. 40 years later we are celebrating the results of her labours. Norma N Gill in 1980 was quoted as saying “live one day at a time and make it a masterpiece”. Our masterpiece is the WCET. It is up to us to continue to develop as a unique international nursing organisation, expanding and developing so that we continue Norma’s legacy to ensure that ostomates around the world get the very best care to which they are entitled.

Plenary 3
Ethnocentric: Challenges in Nursing Care

A/Professor Dr Hjh Rohani Hj ARSHAD

1. Adjunct Professor, MAHSA University, Malaysia

The world has become one big village. In this big village, the community will stay together, tolerating each other. In this multiracial community, nurses have to face not only within culture but also across cultures. In addition, most of these cultures do not share the primacy of the value of individualism. Consider the factual data presented by Davis that about 70% of all cultures are collectivistic (i.e., loyalties of a person to a group exceed the rights of the individual) rather than individualistic (Andrews, 1999). The ethical principle of autonomy is related to self-determination, that is, the individual’s right to make decisions for him or herself. Therefore, when patients decided to practice collectivists, nurses acting as an advocate, felt uncomfortable with it.

Ethnocentric nurses tend to believe that their group, organization, culture, or ethnicity is superior to others, more so among patients. Ethnocentrism is usually considered undesirable, something that should be eliminated in Nursing (Michailova et al, 2017). We are nurses, Nursing encompasses autonomous and collaborative care of individuals…(ICN, 2002). This individual (patient) experience is highly influenced by the quality of nursing care we rendered. Thus, the ability of nurses to achieve patient’s perceived quality
care and to ensure sustainable health care system, is becoming more and more significant, challenging and vital. Globally, Nursing is a linchpin to any health care success. However, miscommunication or being misunderstood will be more likely to occur when nurses care for culturally diverse patients. This can lead to lack of respect for patients whose cultural values are different from the nurses’ values. This can lead to potential and actual harm to these patients; whether culturally, psychologically, physically, or spiritually. Thus some of these barriers will be identified, discuss and set strategies to overcome them.

**Plenary 5**
Incontinence Care Worldwide: How well we prepared?

Dr Vicki Patton[1]
1. Pelvic Floor Unit, St George Hospital, Sydney Australia

This presentation will argue that relative to other medical treatments, globally the medical community is poorly prepared to meet the needs in the area of continence care. It posits that the reasons for this are threefold:
1. There is not a single country where bladder and bowel dysfunction is openly and commonly discussed between family members, friends, medical staff and patients or even nurse to nurse. Because of this the extent and impact of these dysfunctions on quality of life is underestimated and research towards addressing these issues is poorly funded.
2. People who most commonly experience incontinence are women, the elderly and those with cognitive and physical disabilities. Generally, these are groups with much less power to change health care and the provision of care. They are under represented and lack advocates within institutions who are empowered to enforce change.
3. Continence nursing as a specialty is undervalued and misunderstood. Recognising these obstacles highlights why opportunities such as those provided by the WCET can provide a useful forum to allow these issues to achieve appropriate recognition as a global problem and facilitate constructive solutions. By bringing together a critical mass of otherwise dispersed voices and opening conversational networks, to assist and support each other we can be prepared to enhance continence care worldwide.

**Session 1C-3**
Continence care in the elderly

Dr Vicki Patton[1]
1. Pelvic Floor Unit, St George Hospital, Sydney Australia

Incontinence should not be considered a normal part of ageing. However, due to many other confounding factors both faecal and urinary incontinence are common within the aged population. Identifying and adjusting modifiable risk factors may significantly improve continence outcomes in this group of patients. The aim of this session is to discuss practical maybe slightly out of the box solutions that may assist in treating the aged person with incontinence.
**Session 2C-2**
Urinary Incontinence in Women, How serious is it?

Dr Vicki Patton

1. Pelvic Floor Unit, St George Hospital, Sydney Australia

The true prevalence of urinary incontinence remains unknown but estimates put it somewhere between 7-51% dependent upon age (AIHW, 2013). Women experience urinary incontinence at much higher rate than males primarily due to childbirth, menopause and pelvic organ prolapse. It is a serious issue as it affects sexual function, work life and overall quality of life.

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**Session 5A-1**
Advanced assessment tool for pressure ulcers-DESIGN-R

Hiromi Sanada

1. Department of Gerontological Nursing/Wound Care Management and Global Nursing Research Center, Graduate School of Medicine, The University of Tokyo, Japan

A pressure ulcer is a complex wound that exhibits various degrees of severity in relation to such parameters as depth, inflammation, and granulation. Accurate evaluation of pressure ulcer status is indispensable when selecting an appropriate treatment among various alternatives available. Monitoring of the healing process during treatment is needed to determine the efficacy of the selected treatment. DESIGN-R was developed as a clinical wound assessment and monitoring tool by the Scientific Education Committee of the Japanese Society of Pressure Ulcers and is widely used in Japan. This tool consists of seven items such as depth, exudate, size, inflammation/infection, granulation tissue, necrotic tissue, and pocket (undermining). A total score of DESIGN-R ranging from 0 (healed) to 66 (greatest severity) was calculated from six items except depth as the overall severity of PU. DESIGN-R has the advantage that intratitem and interitem weights were determined to reflect pressure ulcer healing rates calculated by statistically sound methods. Our previous study revealed that initial DESIGN-R total score could predict pressure ulcer healing across a range of settings irrespective of wound depth, location, and patient characteristics. Therefore, DESIGN-R is a reasonable tool to establish criteria of weekly monitoring of pressure ulcer healing. The reliability and validity have been confirmed and this tool is introduced into the documentation system of Japanese medical insurance system. Recently, an automatic DESIGN-R scoring system has been developed based on image recognition of the wound pictures assisted by artificial intelligence. In this talk, the overview of DESIGN-R will be introduced.
Plenary 9
Innovative Technologies for Advanced Pressure Ulcer Management

Hiromi Sanada
1. Department of Gerontological Nursing/Wound Care Management and Global Nursing Research Center, Graduate School of Medicine, The University of Tokyo, Japan

Pressure ulcer occurs as a result of prolonged pressure and shear that diminish the flow of blood to an area of the body, causing a subsequent reduction in oxygen supply which leads to cell death. Deep tissue injury (DTI) is considered to be a new type of pressure ulcer resulting from deterioration in deeper tissue. Our research team has been focusing on DTI since this type of pressure ulcer remains to be a big problem, which sometimes progresses to the severe pressure ulcer rapidly and becomes life-threatening especially in elderly patients. To understand the degree of tissue damage, we established a novel assessment technique using ultrasound with a high-frequency transducer, which can detect structural and functional changes in deeper tissue. Visualization of deep tissue structure with high-frequency ultrasonography enables clinicians to predict deterioration by assessing for the presence of four ultrasonographic features: unclear layered structure; hypoechoic lesions; discontinuous fascia; and heterogeneous hypoechoic areas. Establishing whether any of these abnormal features are present may aid in predicting prognosis, and would encourage the use of adequate preventative and treatment strategies. To prevent DTI deterioration, intensive pressure redistribution care is indispensable. Our recent innovations include a “Robotic Mattress”. We propose a new adjustment algorithm based on continuously-monitored interface pressure inside the mattress. In this algorithm, the inner air-cell pressure is adjusted to one level higher than the level where the interface pressure values are the lowest to offer optimal mattress hardness without a risk of bottoming-out. Since the inner air-cell pressure can be automatically adjusted according to the sensor input, this support surface is a kind of robotic mattress. These advancements will promote technology-based innovations for pressure ulcer management.

Plenary 10
Intestinal Stomas - Lessons Learnt from the Yesteryears

Dato' Dr Mesheshinder Singh
1. Consultant General and Colorectal Surgeon, President, Malaysian Society of Colorectal Surgeons (MSCRS), Malaysia

Enterostomal care is an indispensable part of gastrointestinal surgical management. Its importance had been recognized almost a century ago. The earliest stomas were actually fistulas that developed spontaneously following bowel perforation. The various challenges encountered by healthcare providers including the high morbidities were learning tools that only made its stand more pragmatic.
The evolution of enterostomal therapy in Malaysia and its need for constant advancement continues till to date. The association between the enterostomal society with various other healthcare providers and the medical industry is the most desirable way to the future.

In the surgical context, advancement in operating techniques aided by better understanding about cancer growth and the biology of diseases like IBD have brought about changes in treatment policies. Introduction of innovative tools, like the stapling and thermal devices have shortened the operating times. Minimally invasive surgical techniques have also revolutionized colorectal surgery in the past two decades. Technical advances like restorative rectal surgery and sphincter saving procedures have reduced the need for permanent stomas at the expense of diversion ileostomies. Use of colonic stents and single staged surgical resections for left sided colonic obstructions have also brought about significant changes in the enterostomal world.

Plenary 12
Future of ET Nursing worldwide

Ms Carmen George
RN ET, Stomal Therapy Nurse, Melbourne, Australia

Taking a look at the past and how this has impacted on the present. Looking at the present in its many and varied presentations from around the globe and fast forwarding to potential futures for stoma wound and continence nursing. How much of the future is still the past for many regions of our globe? Will the demographics of disease prevalence and distribution, education of women and the burden of plastics drive the future of ET nursing?

Plenary 14D
Fungating Wounds

Mariam Mohd Nasir, A.M.N.
1. Cert ICW(Hamburg, Germany) GLNI (Geneva, Switzerland), MBA (Mal/UK) BSc (Hons) Mal, WOCNEP (Hong Kong) SCM SRN, Nursing Consultant/Director, M&T Network Consultancy (Nursing Training), (Specialized in Enterostomal Therapy Nursing & Nursing Management)

Fungating wounds are malignant wounds as a result of cancerous cells infiltrating the skin and its supporting blood and lymph vessels causing loss in vascularity leading to tissue death. The lesion may be a result of a primary cancer or a metastasis to the skin from a local tumour or from a tumour in a distant site.

(Christopher O’Brien, of the Palliative Care Program at Saint John Regional Hospital)

The goals of care can shift from healing to a palliative approach, focusing on 3 core principles. The most important principle is symptom management, followed by wound management and treatment of the underlying tumour if possible and appropriate.

As the cancer grows, it blocks and damages blood vessels, which can deprive the area of oxygen. This causes the skin and underlying tissue become necrotic. There may also be infection, and areas of the wound may become ulcerated.

Patients often find that they have several symptoms at the same time. The most common symptoms include leakage or discharge, an unpleasant smell, pain, bleeding and itching. The management will be mainly focusing on addressing those symptoms.

Cancer wounds also will cause many feelings, including anxiety, embarrassment and depression for the
patients and their family members. Many people feel isolated and giving hope that nothing can be done. Psychological aspect is crucial.

Palliative care is definitely the utmost importance including their relatives. Many ways are available to preserve their dignity and quality of life. We need to give some hope to them that the symptoms can be controlled or at least reduced.

The use of modern wound products can help them reduce the distressing symptoms but we shall not forget basic care is as important as managing the wound and shall not be neglected.

Among all, we need to provide tender loving care, preserved their dignity and care for them with greatest empathy and understanding and to prepare them for bereavement too.

Plenary 15
Updates on the Management of Urinary Incontinence

Peter Ng[1]
President Continence Foundation of Malaysia[1]

Urinary incontinence continues to present a growing worldwide health problem.

In the area of physical therapies there has been little movement. Prompted voiding for the cognitively impaired, Bladder training, pelvic floor muscle training have been proven effective but magnetic stimulation has not been proven useful. Electrical stimulation with surface electrodes to the skin, anus or vagina are no longer recommended. Pelvic floor exercises have been proven useful for regaining continence in men post prostatectomy and its reducing the rate of urinary incontinence in late pregnancy and up to 6 months post partum.

Most significant is the recent development of the Beta 3 agonist in particular Mirabegron which has been extensively trialled and shown to be efficacious and safe providing an alternative to the use of antimuscarinics for the treatment of the overactive bladder. This is timely as there have been recent evidence of incident dementia and mood disorders in patients with long term use of antimuscarinics. There is evidence of its efficacy in patients unsuitable for or refractory to antimuscarinic therapy. Adherence to and persistence with Mirabegron is greater than with antimuscarinics as well. Mirabegron has also been trialled in combination with Solifenacin as an add on treatment with promising results.

In the field of paediatrics, although it is only Oxybutinin that has been FDA approved for use with the overactive bladder, recent trials have shown good results with Solifenacin and Tolteridine. Propeverine has also been many other countries.

Posterior tibial nerve stimulation has been shown to be as effective as tolteridine in women.

For patients with refractory overactive bladders, the use of Botulinum toxin A (BoNT-A) has had medium to long term experience with proven efficacy without significant incidence of bladder fibrosis but with risks of urinary tract infections and the need for clean intermittent self catheterisation.

Duloxetine has been the only drug proven useful for stress urinary incontinence but all studies show a high withdrawal rate due to nausea and has a risk of suicide which has limited its use. Intravaginal use of estrogens has been shown to be useful for post menopausal women with stress incontinence as well as symptoms of vulval-vaginal atrophy.

The surgical treatment of stress urinary incontinence has established the mid urethral sling as the most widely studied and effective procedure. The transvaginal tape insertion is more effective than the transobturator tape insertion but at the cost of more complications as well as lower tract symptoms.

Periurethral bulking injections have not been proven effective over the long run.
For post prostatectomy incontinence the use of the male slings has been gaining ground and there is now an adjustable male sling which is being trialed extensively.

Session 6B 1 & 6B 2
The role of a Stoma in Current Surgical Practice

Dato’ Dr Mesheshinder Singh[1]
1. Consultant General and Colorectal Surgeon, President, Malaysian Society of Colorectal Surgeons (MSCRS), Malaysia

Intestinal stomas are an unfortunate but often a necessary outcome of surgery. Some stomas are unavoidable whereas others are formed after careful consideration of the risks and benefits that it may provide. An ostomy can be created virtually anywhere along the GI tract however, most ostomies involve the distal small intestine (ileostomy) and large intestine (colostomy)

Ostomies can be divided into 3 functional categories depending upon its functional need – covering, diverting and venting stomas

Covering stomas essentially enable safe evacuation of enteric effluent in situations where restoration of intestinal continuity is contraindicated or not immediately feasible eg a covering ileostomy following a low anterior resection.

Diverting stomas help to divert fecal stream away from a segment of dysfunctional bowel or at risk distal bowel eg an unresectable distal malignancy.

Venting stomas, on the other hand, help to decompress a segment of bowel in danger of perforation due to a distal obstruction. Inspite of better understanding of its functionalities and current advancements in techniques of stoma creation, the morbidities of a stoma remains high.

Wednesday, 18 April 2018

Session 14C
The Impact of Excellent Enterostomal Therapist Nurse

A/Professor Dr Hjh Rohani Hj ARSHAD[1]
1. Adjunct Professor, MAHSA University, Malaysia

In this session, the impact of excellent ET nurse will be discussed. Their Impact will be enhanced through Knowledge, Feeling and communication. These concepts will be discussed and suggestions to maintain the impact will be highlighted.
Invited Speaker Abstract

Monday, 16 April 2018

Plenary 1
Ostomate Support Group Worldwide

Richard B. McNair(1)
1. President, Asia and South Pacific Ostomy Association

The Asia & South Pacific Ostomy Association consists of 12 affiliated associations spread across an area from Iran in the East to Japan in the West and south to Australia and New Zealand. The ASPOA Executive consist of six people from;
New Zealand: Richard McNair – President
India: Dr Harikesh Buch – Vice President
Philippines: Ronaldo Lora – Secretary
Singapore: Shiv Raj Kapur – Treasurer
South Korea: Bonggyu Jeon – 5th Member
New Zealand: Barry Maughan – Advisor
Our webmaster: Ronaldo Lora

The role of the Asia & South Pacific Ostomy Association is to work with existing Ostomy Associations and to assist with the formation of new Associations. To work with all medical professionals, product supply companies and Ostomates to try and ensure that the Ostomate who is the “end user” gets the best product at the best price.

The Congress theme, “Ethnocentric challenges in nursing care” is one that is very relevant in today’s society no matter where in the world you are situated as never has the world been so interconnected as it is today and only by understanding the ethnic background and ethos of all people can we work through what can be a minefield of emotions when dealing with people who are outside of our normal care range. One of our major challenges has been to locate the right people for the task of filling the Executive positions, people who have the necessary skills, time and interest in doing the job.

World Ostomy Day 2018 is being held on the 6th of October this year and we have picked the theme of “Speaking out changes lives” and the Asia & South Pacific Ostomy Association has been tasked with the job of organising this world wide project.

Stoma nurse training is one of the most important tasks that the Asia & South Pacific Ostomy Association members undertake as most countries in our region do not have anywhere near enough STNs to cope with the number of Ostomates in the region.

Kenneth W. Aukett(1)
1. Chairman, International Ostomy Association Coordination Committee

The International Ostomy Association consists of 3 affiliated, autonomous Regions
The IOA Coordination Committee consists of 2 representatives from each Region.
The role of the IOA Coordination Committee is to identify Regions of the world where ostomy support groups are needed; Circulate relative information among the Regions; Generate organizational policies/procedures; Resolve disputes; Coordinate activities common to all Regions. IOA’s global goal is the physical and psychological rehabilitation of all ostomy patients regardless of their culture, religion or language, and, eventual elimination of stigmas surrounding ostomy surgery. This goal can be attained through the cooperative multidisciplinary interaction of Medical Professionals, Manufacturers/Distributors of ostomy products, and through the advocacy of ostomates themselves. A major challenge facing IOA today is the recruitment of new volunteer leaders. Time demands of today’s social cyber environment have limited the free time that in the past was committed to humanitarian causes. The age of today’s leaders is increasing along with their length of time in office. IOA’s 20/40 Program focuses on resolving this challenge through involvement of younger people in the governance of Ostomy Support organizations. The Program is embraced by the 20/40 community, but buy-in by Organizational leaders has been slow in coming. The objectives of the IOA 20/40 Program are to globally identify and establish a network of 20 to 40 year old ostomates interested in participating in the governance of Ostomy Support Organizations; to identify ostomy related needs of the 20/40er community; and, to promote the interaction of Medical Professionals, ostomy product Manufacturers/Distributors and Governmental Agency communities to work together to determine how best to meet the needs of this 20/40 community. IOA looks to the members of the WCET to work with IOA in the expansion of the 20/40 Program.

**Plenary 6A**
A life-crippling stoma in an adolescent boy with cyclical neutropenia?

Prof Dr. Yik Yee Ian\(^1\)
1. Head of Pediatric Surgery, Dept of Surgery, UMMC (Malaysia)

This is the story of an unfortunate 14-year-old boy presented a week before Christmas in 2014. JGWH was diagnosed with cyclical neutropenia since the age of 2 years old. He is under close monitoring by the Paediatrician. He had had occasional minor infections with good respond to oral antibiotics. In 2009, he was admitted to paediatric intensive care unit (PICU) for 3 weeks, with neutropenic enterocolitis and responded to broad-spectrum antibiotics. He remained well after that with no septiccaemic episodes. On 18 December 2014, he presented with neutropenic septic shock, confirmed by computed tomography (CT) scan with enterocolitis and deteriorated rapidly. He underwent urgent laparotomy, had resection of gangrenous bowel with stoma formation. His postoperative course was extremely “stormy”, required multiple inotropes support, intra-aortic balloon pump, haemodialysis and elective amputations of his 4 limbs, to keep him alive. He has prolonged recuperation, discharged home after 143 days of hospitalization. Though this boy has a life-crippling event that has transformed his life forever, he survived and is currently doing well both academically and socially in Australia, with strong family support. This family gone through this extremely difficult period with strong belief and trust in the medical health care teams and the emotional and psychological supports provided were of utmost important, both for the parents and the child. This case illustrates that with strong will and determination of the child, consolidated by strong family support, JGWH is destined to live his life to the fullest. JGWH may be physically disabled, but he is determined to succeed in his life. The stoma formed may not be as crippling, after all! A cohesive, supportive and dedicated multidisciplinary team management plays an important role to achieve the best outcome in this child. As clinicians, we may not be able to save all lives but we should not take away hope of a child to live on and hope of the family for the child to live on!
Plenary 6B
Islamic Approaches Framework on Ostomy, Wound and Continence Care Needs: Expository Analysis

1. Kulliyyah of Nursing, International Islamic University Malaysia

Nurses are obliged to preserve the lives of their patients, which includes the spiritual matters such as prayer. In Islam, the obligation to pray is to develop a culture of dependence towards God, even when the patient is immobilized. Hence, Islam has provided special guidelines related to prayers for Muslim patients with an ostomy, wound, and continence. However, there is an endless dilemma and limited knowledge on the ideals Islamic approach for nurses to deal with this issue. Based on the textual analysis derived from the Quranic text, prophetic tradition, and the opinion of Muslim fuqaha, an Islamic ethical framework in handling ostomy, wound and continence for nurses can be developed. This framework is anticipated to provide a foundation in Islamic perspective for the nurses, who are responsible to assist the patients with an ostomy, wound, and continence in dealing with the issue of prayers. For future management, the subject area to investigate the degree of knowledge among nurses regarding the Islamic approach on this event is extremely recommended.

Keywords: Islam, Nursing, Ostomy, Wound Care, Continence Care

Plenary 6C
Current Medico Legal Issues for Healthcare Professionals

Ms Sharmini Navaratnam[^1]
1. Legal Assistant in Messrs Siva Dharma & Associates (Malaysia)

We will discuss the impact of 3 recent Federal Court decisions on medical malpractice. The 3 cases are ZULHASNIMAR BINTE HASSAN BASRI & ANOR -V- DR. KUPPU VELUMANI P & 2 ORS [ CIVIL APPEAL NO : 02(f)-10-02/2015(W) ], DR. KOK CHOONG SENG & ANOR -V- SOO CHENG LIN [ CIVIL APPEAL NO 02(f)-58-08/2016(B) ] and DR. HARI KRISHNAN & ANOR -V- MEGAT NOOR ISHAK BIN MEGAT IBRAHIM & ANOR [ CIVIL APPEAL NO. 02-21-03/2015(W)]. It has now been decided that the test for the standard of care for giving of advice is that as set out in the Australian case of ROGERS -V- WHITAKER and in respect of the standard of care for diagnosis and treatment is that as set out in the case of BOLAM as modified by BOLITHO.

The second major point decided by the Federal Court is when does liability attach to a private hospital when personnel are employed on contracts which provide that they are employed as independent contractors. The two doctrines which were in issue was the doctrine of vicarious liability and the doctrine of non delegable duty. It has now been decided that both these doctrines can apply to parties who are employed on contracts which provide they are independent contractors but it will have to satisfy the criteria which has been set out in decided cases. Ultimately it is stated that such matters are fact specific and a general pronouncement will not be made before all the facts have been examined.

The third main issue which has been decided by the Federal Court is that parties can claim for aggravated damages as a separate head of damage if the facts warrant it.

Finally we will examine areas of breach of standard of care by nurses. We will examine how it is judged, what is considered breach of duty of care and look at legal issues affecting nurses and therapists including common areas of complaint and how to prevent an adverse verdict. We will touch on issues in relation to documentation and the common pitfalls in documentation which arise in cases.
**Plenary 7B**

Challenging Stoma Site Selection

Susan Stelton[1]
1. MSN, RN, ACNS-BC, CWOCN, WCET President (USA)

**Aim:** The aim of this presentation is to explore stoma site marking when the abdominal contours or situations exist that make site selection and marking more difficult.

**Method:** Review of the pertinent literature was conducted.

**Results:** Preoperatively selecting and marking an optimal site for faecal or urinary stomas has been identified as a ‘best practice’ for a number of years. Research has shown that there are fewer complications when a stoma site has been carefully selected before the surgery. This function is often included in the role of the stoma care nurse. Site selection and marking often occurs during a preoperative meeting between the patient and the stoma care nurse.

Stoma site selection must correlate with planned surgical procedures, placing the stoma within the rectus muscle. Optimal stoma sites are not in the beltline, close to a scar from previous surgery or under a skin fold. It is critical that the patient can see the stoma and reach it to perform care.

Challenges in stoma site selection include: abdomens with sagging wrinkled skin, multiple folds, several scars, extreme obesity causing a non-palpable rectus muscle and distention from bowel obstruction. Additional challenges are encountered choosing sites for patients who are have scoliosis, wear a brace, require special clothing or equipment about the abdomen or are wheelchair-bound. Considerations for patients with strict requirements for religious observance must be made.

**Conclusions:** Stoma site marking is an important aspect of preoperative care, even when conditions are present that make site selection more difficult.

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**Plenary 8B**

The Journey of an Enterostomal Therapy Nurse in Malaysia Oldest Hospital

Roziana Pingka[1]
1. Colorectal Unit, Surgical Department Of Hospital Kuala Lumpur, Kuala Lumpur, Malaysia

Kuala Lumpur Hospital also known as HKL is a Malaysian government owned public hospital. Founded in 1870, HKL is a not for profit institution and serves as the flagship hospital of the Malaysian public healthcare system. Hospital Kuala Lumpur is the largest hospital under the Ministry of Health of Malaysia and is considered to be one of the biggest in Asia.

Hospital Kuala Lumpur acts as a government tertiary referral hospital with 53 different departments and units, 83 wards and 2300 beds. HKL has a huge staff of 7000 workers and out of the total number there are about 32 nurse manager, 221 ward managers and 3101 registered nurse. Among all the nurses, 13 of them are Enterostomal Therapy Nurse which served at Surgical Department, Urology and Nephrology Department and Radiotherapy and Oncology Department.

Served as an ET Nurse in the largest and oldest hospital in Malaysia was not easy and simple. It demands high commitment, effort, responsibility and sacrifice of time and energy. Malaysia is known as a country with diversity such as the people from different races, cultures and religion making it a unique country. Served as an ET nurse in HKL making me become creative to meet the patients demand, understanding their belief and respect on their culture and taboos.
Become an ET nurse in the oldest hospital in Malaysia gives me a very valuable experience which cannot be bought with money. Dealing and handle patient with different needs, listen to their problem and find a best solution to make patients satisfied with my service. I hope I can afford to continue serving the patients in HKL as an ET nurse.

**Session 1C-1 & 1C-2**
Constipation in children

Prof Dr. Yik Yee Ian
1. Head of Pediatric Surgery, Dept of Surgery, UMMC *(Malaysia)*

Constipation in children is a common problem. However, its management is anchored mainly by the use of laxatives, without in-depth understanding of its pathophysiology. A proper and appropriate bowel management plan can ensure success of treatment. Appropriate investigations, used judiciously, can identify organic causes and in certain conditions, surgery may be necessary. This presentation illustrates my limited experiences in treating Malaysian children with chronic constipation.

In 2013, a new laxative (Movicol), was introduced to treat children with chronic constipation, at University Malaya Medical Centre (UMMC). Movicol was found effective in overcoming the symptoms of constipation in most children.

Abdominal radiograph (AXR) is commonly performed to assess children with constipation. However, information gathered limited. With the introduction of gastrointestinal transit study, better understanding of the pathophysiology of constipation has enabled clinicians to stratify the management strategies. In addition, this study also allows the assessment of respond to treatment. This study is currently at research stage at UMMC. We aimed to be the first centre to perform and offer this study for children in South East Asia.

Additional study like anorectal manometry has been used in the assessment of anorectal function in children with constipation. It has diagnostic value and can be used to evaluate outcome after surgery in condition like Hirschsprung disease. UMMC is the only centre performing this investigation for Malaysian children.

Neuromodulation (in the form of transcutaneous electrical stimulation) was reported to be useful and effective in the treatment of children with intractable chronic constipation. It is non-invasive, and treatment can be performed at home. This can be considered after gastrointestinal transit study assessment before embarking on surgery.

Antegrade continence enema (ACE, in the form of appendicostomy) was performed in selected cases of chronic constipation, not responded to laxatives, and has improved quality of life. This procedure is being offered to children who failed to respond to standard medical treatments.

In conclusion, the management of children with chronic constipation is very challenging but with better understanding of the gastrointestinal physiology, the management plan can be more focused and targeted.

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**Tuesday, 17 April 2018**
Plenary 14A

ISTAP Classification System: Cultural Adaptation and Validation – Brazil

Vera Lucia Conceição de Gouveia Santos

Professor Dr Santos speaks about the cultural adaptation and validation of ISTAP Classification System for Brazilian culture. The study has been preceded by Dr LeBlanc’s invitation to do that and by Ethics Committee’s approval. The study is being developed for a Nursing Residence Program conclusion and the supervising student is Cinthia Bandeira Viana da Silva (BSN). Both authors also received the collaboration from MSN Ticiane Campanili, Dr Kimberly LeBlanc and MSN Sharon Baranoski. As other studies conducted by Prof Santos, this is a methodological one based on Beaton et al.’s proposal about cultural adaptation and validation of measurement tools. For cultural adaptation, the study included translation of original ISTAP Classification System to Brazilian Portuguese (by two independent translators, fluent in Portuguese and English); Analysis of its translations by a experts committee (composed by five ETNs, also fluent in English); back translations to English (performed by other two independent translators) and respective final evaluation by one of the original instrument’s authors (Dr LeBlanc). These procedures resulted in an adapted version for Brazilians, with its content validity confirmed. At this moment, clinical data are being collected to complete the second phase, there is, validation of Brazilian adapted version, through analysis of interrater reliability and concurrent criterion validity. For the last validity property, the authors will apply also the Brazilian version of STAR Classification System, created by Carville et al 2007, besides the ISTAP. Validation procedures are relevant and necessary to make available the final adapted and validated Brazilian version of ISTAP Classification System. A paper about cultural adaptation has been just submitted for publication in a Brazilian Journal. After concluding the validation process, a final paper will be also prepared in order to divulgate the ISTAP Classification System, promoting another easy and international strategy for common health communication about skin tears.

Plenary 14C

Quality of Life Among Ostomate: The North Borneo (Sabah) Experience

Karenita K. Shandu
1. Nursing Sister, Wound and Stoma Care Unit, Hospital Queen Elizabeth, Kota Kinabalu, Sabah, Malaysia

Malaysia is known as a multiracial and multicultural country. Sabah is among the 13 states in Malaysia with a multi ethnic group and diverse cultural, belief and lifestyle. Sabah health care delivery pose a great challenge to the health care provider particularly in Ostomy care. This case presentation aims to share the experiences in the case management of stoma using a formulated plan of action by the Enterostomal Therapy team in Sabah which is found to be effective, despite leaking of communication and infrastructure accessibility which causes difficulties to access to a good health care services. It is an approach using a few selected multi ethnic cases that encounter difficulties in maintaining quality of life challenges. Dialog via Ostomate gathering helps to restore patient’s self-confidence. We communicate with colleagues from other hospitals to arrange transportation enabling all the patients to see the appointed nurses for follow-up treatment to ensure continuous care is maintained.
Furthermore 2 patients had agreed for stoma creation after the dialog initiated. Every Ostomate expressed their satisfaction on the services rendered to them. Despite shortage of Enterostomal Therapy Nurses, our team were able to successfully rectify issues and manage the Ostomate challenges in life style accordingly and effectively.

Plenary 16C
Challenges In Setting Up Stoma & Wound Clinic In Hospital Sultanah Bahiyah, Alor Setar Kedah

Widyasuhana M.Z[1]
1. Wound Care Clinic, Hospital Sultanah Bahiyah, Alor Setar Kedah

A review of the role of nursing in wound care from a historical and evolutionary perspective helps to characterize the trend towards advanced practice nursing in the wound care specialty. What we know about the continuum of care for chronic wound patients is that they typically start from home, are admitted to the hospital when their condition becomes acute, then discharged to a long-term care or skilled nursing facility before returning home for follow-up or ongoing care by a home health professional with oversight by their providers. Along the way, they may make stops back and forth to a wound clinic. Or, they may see their primary care physician, who will admit them to the hospital. This journey is paved with a myriad of challenges and obstacles that can compromise patient care and healing and, ultimately, result in readmission. These can be anything as fundamental as access to transportation to and from the physician’s office or wound clinic to the disparity between follow-up care (dressing changes, primarily) recommended or prescribed to patients upon discharge from the hospital and what insurers will actually cover. Many of these dressings are available over the counter; however, they can be costly and unaffordable for some patients. Patients who can afford them, assuming they and/or a family member or caregiver has transportation to a retailer, are faced with so many product choices that they often become confused or overwhelmed by what to purchase. As a result, they may leave empty-handed, compromising care and outcomes.

Plenary 16D
Over Active Bladder (OAB)

Dr Sophia Lee Eu Wei[1]
1. MBBS from Melaka-Manipal Medical College, Research Officer of the Continence Foundation of Malaysia.

The International Continence Foundation defines Over Active Bladder (OAB) as an urgency, with or without urge incontinence, usually with frequency and nocturia, in the absence of pathologic or metabolic conditions that might explain these symptoms. It is estimated by the Asian-Pacific Continence Advisory that 53% of Asian women experience symptoms of OAB but only 21% actively seek help while 29.9% of Asian men experience symptoms of OAB with only 5.9% actively seeking help. Only 33% of patients suffering from OAB also experiences urge incontinence, while 66% have OAB symptoms without urge incontinence. OAB has been shown to lower the sufferers’ overall quality of life. It is important to rule out significant bladder pathology before arriving at the diagnosis of OAB. In today’s practice, diagnosis is often made by exclusion. A detailed history-taking, basic investigations and imaging modality are sufficient to arrive at a diagnosis. The use of Urodynamic studies is normally not required.
OAB is treatable conservatively and in combination with pharmaceutical therapy. Through dietary modification, bladder training and pelvic floor strengthening exercises, significant improvements can be achieved. Antimuscarinics remains our go-to choice of drug. Though studies have shown its lack of efficacy, non-compliance and intolerable side-effects are the main hindering factors for OAB treatment. A new class of medications namely the Beta-3 Agonists initially deployed as a second line of treatment is now being actively trialled as an alternative and might prove especially useful for the older patient by avoiding the cognitive effects of antimuscarinics. Similarly, for patients who are resistant to conservative and pharmacological treatments, minimally invasive therapies like intravesical injection of Botulinum toxin or neuromodulation may be offered.

Wednesday, 18 April 2018

Session 13C
Advancement of WOC (ET) Nursing in China

Yajuan Weng (China)

The first Enterostomal Therapy Nursing Education Program commenced in China in 2001, 40 years later than the birth of Enterostomal Therapy internationally. However, 11 Enterostomal Therapy Nursing Education Program and 1 Recognized Education Program burgeoned in China over a period of 17 years, and the number of certified Enterostomal Therapists practicing in China has grown to 1638 by the end of 2017.

All the 12 Educational programs recognized by the World Council of Enterostomal Therapists are aimed at developing the required knowledge, skills, and competence to respond to patient needs, while meeting certification and regulatory requirements. A variety of teaching methods are used including classroom teaching, simulation exercises, clinical practice. Because of strict student admittance, standardized curriculum setting and higher level of faculty, programs are accredited nationally despite the differences in main organizers.

Enterostomal Therapists in China with varying work modes typically perform their role as expert clinical practice, research, education, leadership in the form of evidence-based guideline and policy development. The benefit that they provide for patients with stoma, wound and incontinence problems in relation to quality of life has been well-documented. Because of high participation of ETs in academic research and education, national guidelines and textbooks have been compiled, and many international guidelines have been introduced timely and training programs and continuing education projects at different levels have developed to greatly promoted the level of national WOC specialized nursing.

To meet sustainable development of the WOC nursing and the needs of the large vulnerable patient populations, there are still some issues, such as Enterostomal Therapist hospital post setting, practice safety and on-the-job competence evaluation, need to be further studied in coming period.

Session 15D1&2
Pressure Injuries by Medical Devices: A Clinical Update

Elizabeth A. Ayello[1]
1. PhD, RN, CWON, ETN, FAAN and Barbara A. Delmore PhD, RN, CWCN, IIWCC-NYU
Awareness that medical devices and other objects can cause pressure injuries is an important step in preventing such wounds. The literature reports a wide variety of prevalence rates of pressure injuries from medical devices (MDRPI) which may be due to patient age, acuity, type of device/object and location of the device/object. In 2016, the National Pressure Ulcer Advisory Panel (NPUAP) revised its definition of medical device related pressure injuries (MDRPI) and mucosal pressure injuries. Since the mucosa does not keratinize, mucosal pressure injuries cannot be staged using the 2014 NPUAP EPUAP PPPIA staging system.

Nurses and all clinicians can benefit from quick summaries of key information on a clinical concept such as MDRPI. These highlights of important information that nurses and other clinicians can bring to the bedside are called “educational enablers”. We have published and will describe in this presentation two such enablers that can be used in clinical practice. They are the SORE® mnemonic which was developed to raise awareness of potential sources of these type of pressure injuries and the DEVICES® mnemonic for prevention and treatment of MDRPI. Clinical photos will also supplement this presentation.

*This presentation is based on our free open access article in the WCET™ Wound Wise-A series on wound care in collaboration with the World Council of Enterostomal Therapists published in the American Journal of Nursing as follows: Delmore BA & Ayello EA. (2017). Pressure injuries caused by medical devices and other objects: A clinical update. AJN, 117(12), 36-45.

It is available at https://journals.lww.com/ajnonline/Fulltext/2017/12000/CE____Pressure_Injuries_Caused_by_Medical_Devices.26.aspx

Plenary 18A
Advances in Colorectal Surgery

**Professor Dr April Camilla Roslan**[1]

1. Head of Colorectal Division, Department of Surgery, University Malaya Medical Centre, Kuala Lumpur (Malaysia)

Surgery for colorectal diseases is fraught with difficulties. Resecting bowel, while effecting cure, preserving function, avoiding dreaded complications such as anastomotic leak or faecal incontinence, and optimizing recovery, remains challenging, whether indicated for benign or malignant disease, in emergent or elective circumstances. Enhanced recovery after surgery protocols aim to minimize physiological derangements and shorten recovery periods. Minimally invasive techniques, including robotic surgery, are associated with improved short-term outcomes, but are unsuitable for some advanced cancers. Routine bowel preparation prior to surgery is still controversial, but may reduce the risk of anastomotic leak and infective complications. Indocyanine-green (ICG) also appears promising in the reduction of anastomotic leak, and may be useful in decision-making regarding need for stoma construction. Extended resections, including cytoreductive surgery and hyperthermic intraperitoneal chemotherapy, may offer increased survival, and even cure, in cases that were once thought inoperable. Transanal total mesorectal excision (TaTME) may improve completeness of low rectal cancer resections which in turn may improve local recurrence rates.

Nevertheless, all these advances have their pitfalls, are not suitable for everyone, and are subject to resource limitations. Considered discussions with patients and their families are essential, weighing the relative risks and benefits before embarking on a plan of management.
ORAL ABSTRACTS

Monday, 16 APRIL 2018

O - 1A-1
Skin Tear Prevalence, Incidence and Associated Risk Factors in the Long-Term Care Population

Kimberly LeBlanc[1], Kevin Woo[2]
1. KDS Professional Consulting, Canada 2. Queen

Background: Skin tears (STs) are among the most prevalent wounds found in long-term care (LTC) settings. Given our aging population, the burden related to STs will further increase. Skin tears are frequently under-recognized and under-treated as they are often misunderstood as expected outcomes of normal skin changes associated with aging. When coupled with age related co-morbidities, STs may exhibit prolonged healing times leading to complications such as infection. Emerging evidence suggests that pain is a common symptom associated with STs affecting people’s ability to function and quality of life. While many factors have been purported to be associated with ST development, there is little evidence to corroborate their roles in ST risks. The primary purpose of this study was to examine risk factors associated with ST development in the Ontario LTC population.

Methods: A prospective study design was used to determine the risk factors associated with ST development. Prior to the study, a systematic literature review was conducted to identify previously identified risk factors and inform the study. A total of 380 individuals over the age of 65 years from 4 LTC facilities in Ontario were followed over 4 weeks. The participants were examined for STs at the beginning of the study and at week 4 to determine if STs had occurred and to record the ST type, location, and associated factors.

Results: The study demonstrated a ST prevalence of 20.8% and an incidence of 18.9%. History of a previous ST (p=.012) and presence of non-modifiable skin changes (p<.001) were identified as key risk factors associated with ST development and are supported by the literature review. The study also identified two key modifiable risk factors; requiring assistance with activities of daily living (p<.001) and resisting care (p =.001).

Conclusion: Our study results provide much needed Canadian data for benchmarking the burden of STs in the LTC population. By identifying modifiable and non-modifiable risk factors, healthcare professionals can establish prevention programs targeted at reduction of risks for ST development. This study is an important first step towards developing a risk predictor scale for ST development in the LTC population.

O - 1A-2
The Prevalence And Specific Characteristics of Pressure Ulcer Patients in Chinese Hospitals: A Multicentre Cross-Sectional Study

Qing Zhou[1], Ailing Hu[1], Yuan Liu[1], Ting Yu[1], Ruifeng Shi[2]
1. The Third Affiliated Hospital, Sun Yat-sen University, China 2. Guangdong Nursing Association, China
Aims: To ascertain the pressure ulcer prevalence in China and explore the possible risk factors that are related to pressure ulcers.

Methods: A cross-sectional study design was used. Data from a total of 25,264 patients were included at 25 hospitals. The investigators were divided into two groups. All of them were Enterostomal Therapists (ETs). The investigators in Group A examined the patients’ skin. When a pressure ulcer was found, a pressure ulcers assessment form was completed. The investigators in group B provided guidance to the nurses, who assessed all patients and completed Minimum Data Set (MDS). A multivariate logistic regression analysis was used to analyse the relationship between the possible risk factors and pressure ulcer.

Results: The overall prevalence rate of pressure ulcers in the 25 hospitals ranged from 0% to 3.49%, with a mean of 1.26%. The most common stage of the pressure ulcers was stage 2 (41.4%); most common anatomical locations were sacrum (39.5%) and the feet (16.4%). Braden score, expected length of stay, incontinence, Care group, hospital location, type of hospitals, ages of patients were associations of pressure ulcers(p<0.05).

Conclusions: The prevalence rate of pressure ulcers in Chinese hospitals was lower than that reported in previous investigations. Specific characteristics of pressure ulcer patients were: low Braden score, longer expected length of stay, double incontinence, an ICU and a medical ward, hospital location in the Pearl River Delta, a university hospital, and older age.

O - 1A-3
Positive Thinking Exercise to Reduce Powerlessness in Individual with Diabetes Foot Ulcer

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Introduction: Individuals with diabetes foot ulcer can lead to psychosocial issue such as powerlessness. The powerlessness experienced by patients includes a feeling of losing control and a meaningless life which lessen the ability to think positively. Unresolved powerlessness can worsen the condition of the patient’s physical illness. Objective: This case study aimed to report an analysis of nursing process on a 70-year-old patient, suffered from diabetes mellitus for 20 years with wound complication stage 4, and developed signs and symptoms of powerlessness. The patient expressed feeling of weakness, inability to perform activities of daily living, a decline in mobility, and relied more on his children and grandchildren. The patient looked less cooperative in seeking treatment for his illness, dejected and gloomy, avoided eye contact, looked lethargic, and talked slowly.

Methods: the patient was treated for 5 days, wherein powerlessness was measured using powerlessness assessment tool (PAT) for adult.

Results: The given intervention involved positive thinking and affirmation exercises. The result showed that the patient’s powerlessness score had decreased significantly from 53 to 28.

Conclusion: The case study recommends the application of positive thinking exercises as therapy in treating diabetes foot ulcer patients with powerlessness.

Keywords: Diabetes foot ulcer; Powerlessness, Psychosocial, Powerlessness Assessment Tool (PAT) for adult.

O - 1B-1
Ostomy Care Services in Indonesia

HAMKA[1]
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Background: Indonesia has 2,800 hospital and only has 250 ET nurses around Indonesia. This amount is not eligible for state ostomate in Indonesia. This requires the establishment of the development of strategies to improve quality service ostoma in Indonesia.

Method: We analyze the different problems to get different reviews on strategy development (1) Development Program divides the basic strategies and programs for general nurses stoma nurses from
some islands (2) stoma nurses Indonesia ostomy support group (SOS Indonesia).

**Result**: We get the graduate from basic ostomy care program, acceleration stoma care for a review as much as 30%, and than SOS Indonesia Program network resources for graduation ostomy care service stoma care program to provide independent nursing practice, clinic, hospital, or community. This successful program netted 700 ostomate in 5th town in Java island.

**Conclusion**: The method is required to review the granting special service archipelago. Subscribe to be Able to Increase ostomy care and quality of services and quality of life than ostomy.

O - 1B-2

How stoma/wound/continence education has changed the care of patients with stoma/wound/continence in Surgical Department (ward 5D) Kenyatta National Hospital in Kenya (KNH)

Mary M. Ikaria
1. KRCHN/SWCN, Kenya

Lack of specialized care means that most patients with Stoma/wound/incontinence needs are totally neglected and left to cope alone. Nurses too are affected by a patient with stoma/wound/incontinence either positively or negatively, depending upon nurses comfort level. Nurses shy away from caring for these patients due to lack of specialized training and inadequate supplies Stoma/wound/continence nurse (SWCN) specializes in management of patients with fecal and urinary diversions, draining wounds and fistulas, urinary and fecal incontinence and acute / chronic wounds. With the advent of SWCN education changes have taken place in Kenyatta National Hospital (KNH).

**Aim**: To highlight the changes that Stoma/wound/continence education has brought in Kenyatta National Hospital.

**Method**: Photo case presentation

**Result**: After educating nurses in the wards(surgical), their knowledge and practice regarding nursing care of stoma/wound/incontinence patients was at satisfactory level leading to patients adapting better than before showing less concern with appearance, increased comfort, less fearfulfulness and able to lead a normal life.

**Conclusion**: Based on my results significant improvement in quality of life was observed. I strongly recommend that patients with stoma/wound/incontinence should be provided access to a nurse specialist therefore creating need for training more nurses on stoma/wound/continence.

O - 1D-1

Knowledge and Barrier to Hand Hygiene Compliance Among Healthcare Workers in a Tertiary Hospital

Harvinderjit Kaur a/p Basauhra Singh[1], Siti Shuhaida Samsudin[2], Prof Sasheela A/P Sri La Sri Ponnampalavana[3]
1. UMMC, Malaysia 2. Infection control department, UMMC, Malaysia 3. Head Department of Infection Control and Consultant Infectious Disease Physician Department of medicine, Malaysia

**Background**: Hand hygiene plays a big role in reducing HAI (Healthcare Associated Infection). Excellent compliance to hand hygiene is associated to reduction in HAI, therefore compliance to hand hygiene is a priority to all healthcare worker.

**Objective**: The aim was to determine nurse’s knowledge and explore barrier to compliance in hand hygiene.

**Methods**: This is a quantitative descriptive cross-sectional study design using questionnaire. Convenience sampling method was used. Nurses were asked to complete the questionnaire. Questionnaire consisting of 3 parts, Part A demography data has 5 questions and part b has 18 and part C has 3 questions. Likert scale was used. Data was analyzed by SPSS version 20. Descriptive and Pearson Chi Square was used.

**Results**: 400 questionnaires were returned. Description analysis showed that 89.5% received
formal training in hand hygiene and 97.5% used alcohol-based hand rub. On patient safety issues 99.8% agreed hand hygiene is important. 71.5% agreed >76% of the healthcare worker actually perform hand hygiene. But only 44.3% agreed to the effectiveness from the actions taken to improve hand hygiene. Furthermore 84% said performing hand hygiene is important to the department, patients and their colleague. Only 64.8% has average knowledge on Healthcare Associated Infection (HAI). Barrier to hand hygiene 35% agreed forget is the main reason to non-compliance to hand hygiene, followed by sore hands (21.2%) and frequency of hand hygiene required (16%). Job category has association with importance of performing hand hygiene.

Conclusion: This study supports the effectiveness in measuring knowledge and barrier to hand hygiene compliance. However, measures need to be taken to overcome those barriers.

O - 1D-2
An Untold Story

Naomi Houston[1]
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In 2016, Australia performed 12,000 operations resulting in a stoma. Such an operation today results in minimal complications with a patient able to return to a relatively normal life. Yesterday was different! Between days of Hippocrates and Aristotle BC right up until the middle of the 20th century, intestinal surgery, especially of the small bowel, resulted in poor survival outcomes. Between 1950 and 1970, key milestones were made surgically and also in the area of stomal therapy. Norma Gill plays a key part and so does her surgeon, Rupert Turnbull. However, little is known about Rupert Turnbull. Who is this man and why is he so significant? This paper briefly explores Rupert Turnbull's life and how he is so significant to our professional history.

O - 1D-3
The Relationship between Spiritual Well-being, Ostomy Adjustment and Quality of Life in Patients with Ostomy

Cahide Ayik[1], Dilek Özdén[2], Deniz Cenan[3]
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Introduction: Individuals' spiritual preferences are an important part of the holistic nursing approach. Spirituality is an inner and precious resource that affects treatment outcomes and copes with cancer facilitates psychological adjustment and improves quality of life. In the literature review, it was seen that the studies conducted spiritual well-being of patients with ostomy, however few studies evaluating the relationship and affecting factors between spiritual well-being and ostomy adjustment and quality of life. There is a need for further research on this subject.

Aim: The aim of this study is to examine the spiritual well-being, ostomy adjustment and quality of life patients with ostomy and explore the relationship between spiritual well-being, ostomy adjustment and quality of life.

Method: This study was designed as a cross-sectional and descriptive. The sample of the research consisted of patients with ostomy (n=46) at the general surgery unit and outpatient clinic of a university hospital in Turkey between December 15th 2017 and March 10th 2018. In the research, Individual Identification Form, Spiritual Well-Being Scale (FACIT–Sp), Ostomy Adjustment Inventory and Stoma Quality of Life Scale were used for data collection. The forms were filled by face-to-face interview technique with the patient. Results were analyzed using the descriptive statistics, t test and correlation
test.

**Results:** The mean age of the participants was 54.93±15.59 and 54.3% were male. The average time since surgery is 15.54 ± 25.07 months. Stoma quality of life, ostomy adjustment and spiritual well-being scores of the patients were respectively 57.15 ± 17.58, 38.00 ± 12.94 and 33.04 ± 7.90. It was determined that significant a moderate correlations among spiritual well-being and stoma quality of life (r=.522, p=.000). A statistically significant and inverse proportional relationship was found between spiritual well-being and ostomy adjustment (r=-.546, p=.000). Ostomy adjustment was associated with stoma quality of life significant and a strong correlation (r= -.735, p=.000).

**Conclusions:** It has been determined that the spiritual well-being, quality of life and ostomy adjustment of patients with ostomy are moderate. Spirituality plays an important role in patients facilitating ostomy adjustment and increasing quality of life.

**O - 2A-1**
Wound healing by using a platelet rich plasma (PRP) and Collagen Dressing

Supun Prageeth Samarakoon[1]
1. Cancer Institute, Sri Lanka

Patient master j was a leukemic patient in a relapse stage. He treated at a Paediatric Intensive care unit for nearly one month. However, He Transferred to the ward and Patient had a heavy Diarrhea While He was in an Intensive care unit. Finally, Patient present with a Pressure ulcer due to prolong Bed ridden and Diarrhoea. Then Patient referred to Wound Care Unit for Further Management of the Wound.

**Aims:** Wound was Sloughy and Minimal granulating tissue was seen. Wound length was 5.6cm, Width 5.3cm and 1.2 cm Depth. My main aim was minimizing slough tissues and enhance healthy granulating tissues.

**Method:** In first Day (01/05/2017) Wound was Sloughy and Purulent Discharge was seen. Wound length 2.6cm and width 2.3cm with 1.2 cm depth.so Iodosorb powder and Intrasite Gel was applied and Dressing Kept for Three days. In Second Day (04/05/2017) few Granulating tissues were seen. length 2.5 CM, width 2.2 cm and 1.1 cm depth was measured. More Slough tissues were seen. We continue to do a same treatment which was done in a first day. Review in a three day. In a third day (07/05/2017) with the opinion of a consultant I decided to start a platelet rich plasma (PRP) for Wound. firstly, Cleaned the wound with normal saline. damp the wound and applied a platelet soak gauze to the wound bed. covered with mollin absorbent. Review in three days time. The same treatment was continued for further 4 times.in a ninth day (19/05/2017) wound was fully granulated. I need to epithilize the wound as skin grafting was not appropriate for immuno compromised Patients.so I decided to apply Collagen (Fibracol plus) dressing for further healing. Wound was fully healed after two weeks by applying Collagen dressing (02/06/2017) I changed the Collagen dressing in every three days until wound was fully healed.

**Result:** Wound was healed after treatment with platelet rich plasma (PRP) and Collagen dressing.

**Conclusion:** The Growth factors of platelet rich plasma enhance the wound healing properties. Also, it reduces the bacterial growth and collagen dressing enhance fibroblast and enhance the wound closure.

**O - 2A-2**
Economic analysis of the use of negative pressure therapy in the treatment of necrotizing fasciitis

Vanessa Abreu Da[1], Mariana De Jesus Meszaros[1], Carla Klava Dutra[1], Sheila De Almeida Santos[1]. Renata Christina Gasparino[2]
1. Clinical Hospital (State University of Campinas), Brazil 2. Nursing School (State University of Campinas), Brazil

**Background:** Treatment of necrotizing fasciitis involves early and radical surgical debridement, antibiotic therapy and supportive therapy. Hyperbaric oxygen therapy and negative pressure wound therapy (NPWT) may be used as a complement to treatment. After the acute phase of the disease, reconstructive surgical methods are indicated.
**Aim:** The aim of the present study was to compare the costs of topical treatment of necrotizing fasciitis using conventional therapy and NPWT.

**Case Report:** This is a case report of a male patient, 48 years old, who on October 10, 2014 presented to the Emergency Unit with an inflammatory condition located in the inguinal region for 5 days and remained under observation. Referred to the intensive care unit, started the systemic antibiotic therapy, evolved with worsening of the general state where a diagnosis of sepsis of cutaneous focus and necrotizing fasciitis was made. Patient was submitted to surgical debridement, Hyperbaric Oxygen therapy and topical therapy with Silver Sulfadiazine 1% with change three times a day. On November 6, 2014, onset treatment with NPWT with compress. The patient was discharged on 12/05/2015. At the end of the treatment, a savings of USD 3178.26 was observed with the use of NPWT.

**Conclusion:** It is noteworthy that the wound bed would hardly be ready for grafting in a period of 21 days with the use of conventional therapy alone, which could impact on the increase of the patient’s average stay in the institution, additional costs and increased risk of infection and impairment of patient safety.

**References:**

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**O - 2A-3**

The use of Aquacel Ag in the management of Toxic Epidermal Necrolysis

**Vanessa Abreu Da Silva**[1], Mariana De Jesus Meszaros[1]. Ivan Rogerio Antunes[1], Renata Cristina Gasparino[2]

1. Clinical Hospital (State University of Campinas), Brazil 2. Nursing School (State University of Campinas), Brazil

**Aim:** To describe the topical management of lesions due to Toxic Epidermal Necrolysis with Aquacel® and to compare the costs of this technology with conventional therapy (compressed with boricated water).

**Method:** This is a case report of a patient with Toxic Epidermal Necrolysis admitted to the Intensive Care Unit of a school hospital in the interior of São Paulo. The data collection was performed by direct evaluation of the lesions, consult the records in the medical records and photographic records. The material used, time and human resources were surveyed to perform the dressing on both technologies.

**Results:** Female patient, 62 years old, used Diclofenac Potassium and Nimesulide and started with skin rupture. Admitted to the Emergency Unit on 08/11/2016, referred to the ICU and the next day began topical therapy with Aquacel Extra Ag®, Saf-gel® and Duoderm gel®. The dressing was changed on 08/15/2016 and on 08/18/2016 the lesions were already epithelialized. The patient was discharged on 08/29/2016. Regarding the costs with the Aquacel® technology, only two exchanges were performed in a period of 10 days, with the conventional treatment would be performed compressed with boricated water 3 times a day. When comparing the prices of both technologies, the human and material resources involved in 10 days of therapy, the use of Aquacel® generated savings of USD 351,16.

**Conclusion:** The use of Aquacel® proved to be a good alternative for topical management of Toxic Epidermal Necrolysis, with rapid epithelization of the lesions and cost saving.
References:

O - 2B-1
The correlation between stigma and ostomy adjustment in patients with permanent intestinal stoma in Midland of China

Fangfang Xu[1], Weihua Yu[1], Mei Yu[1], Shengqin Wang[1], Shiqin Zhao[1], Guihua Zhou[1]
1. The first people, China

Objective: To investigate the correlation between stigma and ostomy adjustment in patients with permanent intestinal stoma.

Methods: Totally 118 patients (male 81, female 37, the average age 57.4±15.0) from six grade 3 hospitals of midland of China with permanent intestinal stoma were recruited. They were investigated with general information questionnaire, Social impact scale (SIS) and ostomy adjustment Inventory (OAI-20).

Results: The patients’ SIS score was (60.7±10.4). The QAI-20 total score was (41.3±10.8). The SIS total score and sub scores of SIS were negatively related to the total score and sub score of QAI-20 (r=-0.222~0.537, all P<0.01). The multiple regression analysis revealed the level of Stoma care performed by self, the degree of communicate with medical staff, financial insecurity, social rejection into the regression equation had significant impact on OAI-20 negatively.

Conclusion: The SIS score is higher than midpoint, stigma is closely related to ostomy adjustment. It is suggested to pay more attention to the patients’ stigma, to improve the ostomy adjustment of stoma patients.

O - 2B-2
My A.C.E is ace.

Mark Johnson[1], Sarah Gray[1]
1. Musgrove Park Hospital, United Kingdom

Aims: The case study will demonstrate how the use of an irrigation pump and formation of an Antegrade continence enema (ACE) can be an effective tool to enhance quality of life, return gut motility and achieve continence in a long standing slow transit bowel (STB) patient.

Description: The presentation will introduce Sarah, a patient with STB who experienced incontinence which had led her to feel isolated, low confidence and depression. Sarah felt rectal irrigation was ineffective and manual evacuation was degrading and reminded her of her sexual abuse as a child. Our department had little experience of ACE care, so a care pathway and ACE management guide was developed to support, counsel, prepare and care for Sarah post operatively. Following a period of evaluation of the effectiveness of the ACE management, trial of an irrigation pump to promote more effective emptying was introduced. The outstanding benefit was that Sarah achieved 48 hours between irrigations.

Outcome: For the first time Sarah could leave her house without fear of incontinence. The case study demonstrates how an ACE can be an effective treatment for STB and with support, a patient can achieve continence, gut function and achieve an enhanced quality of life.

O - 2C-1
Evaluation of the Effectiveness of an IAD Prevention Protocol on the Incidence of IAD among Acutely-III Geriatric Patients in a Tertiary Hospital in Spain
Ampuan Afzan, Kuantan, Pahang, Malaysia

Aims: With its high incidence and prevalence rates, incontinence-associated dermatitis (IAD) has debilitating effects, not only on the physiologic, but also on the psychological and socio-economic aspects of care of acutely-ill elderly patients. For prevention and management of IAD, a structured skin care regimen that includes gentle cleansing, moisturization, and application of a skin protectant is recommended. This study aimed to evaluate the effects of a structured IAD Prevention Protocol on the incidence of IAD among acutely-ill geriatric patients in a tertiary hospital in Spain.

Methods: A single-center, prospective, randomized-controlled trial was conducted in Hospital Monte Naranco, Oviedo, Spain. Population included acutely-ill geriatric patients (≥70 years old), who were incontinent with urine, feces, or both. After signing an informed consent, 180 patients were randomized to receive care utilizing the conventional skin care regimen, or a structured IAD Prevention Protocol for three consecutive days. Primary outcome involved the presence of IAD; while pain level, itch level, presence of decubitus ulcer, and patient satisfaction were the secondary outcomes.

Results: Significantly higher number of participants had lower pain levels (t=2.200, p=0.030), lower itch levels (t=4.928, p=0.000), lower incidence of IAD (χ²=22.160, p=0.000), & higher patient satisfaction (t=-3.766, p=0.000) in the treatment group. There was no significant difference on the incidence of decubitus ulcer (χ²=5.636, p=0.121) between the two groups.

Conclusion: The structured IAD Prevention Protocol utilized as intervention in this study was found to effectively decrease the incidence and alleviate the development of IAD and its manifestations, among acutely-ill geriatric patients.

O - 2C-3
Single-J Stent Replacement without Guide Wire: Experiences of 1798 Times in a University Hospital

Mengmei Zhan[1], LiPing Tang[1], Zhufeng Xiong[1], Baozheng Zhang[1], Jianning Wang[1], Bing Fu[1]
1. The First Affiliated Hospital Of Nanchang University, China

Objective: To investigate the safety and efficacy of the single-J tube placement without Guide Wire by the enterostomal therapist.

Materials and Methods: We retrospectively analyzed the clinical data of single-J tube placement without Guide Wire From January 2014 to May 2017 performed by a enterostomal therapist in our hospital,1798 times in total.

Results: Intubation time is about 3-6 min, the median time is 4 minutes. There were 12 cases with low fever after operation, 5 to 7 days got better with oral antibiotics guided by physicians.1 case occurred prolapse,once replace again successful;1 case occurred the right side of the J tube to retract into the body after 5 days, turn to the operating room to remove the tube under ureteroscopy. The rest showed to be good without other complications. The average cost of patients was 343.5 yuan, treatment time 8 to 10 minutes. Compared to traditional way, it saved 400 yuan in average, gaining the consistent approbation of the medical staff.

Conclusions: It’s safe and effective to replace the single-j tube without guide wire operated by the enterostomal therapist. It not only can reduce the medical cost and mechanical damage effectively, can also implement transitional care, improve comfort and compliance.

Key words: Ureterocutaneostomy, Enterostomal Therapist, Single-J Ureteral Catheter, No Thread Guide.

O - 2D-1
Managing Infected Post-Ray Amputation of Diabetic Foot Ulcer

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"Amputation" is a frightening word and is a major complication of diabetes and every year, surgeons perform a lower-limb amputation due to diabetes on about 73,000 patients. Most of these amputations are performed for the treatment of non-healing diabetic foot ulcers that resulted from peripheral arterial disease (PAD).

Ray resection for localized necrosis, infection, and osteomyelitis is an accepted procedure allowing removal of the diseased toe and metatarsal. The traditional approach involves a rather lengthy incision and dissection that can compromise the vascular supply to the remaining forefoot. Ray amputation of the hallux disrupts the medial column of the foot and should be performed only after careful consideration. The removal of a single metatarsal in the middle of the foot (ie, the second, third, or fourth metatarsal) results in a V-shaped wedge, which again maintains good function.

Few methods can be used to promote wound healing such as the used of Super Oxydized Solution, Combination therapy (Silver Spray and Debriding gel), Off-loading and good choice of wound dressing. The presenter, will share a case study that she manages in the congress.

O - 2D-2
Book of Ostomized Person - Vehicle for Communication Multidisciplinary

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1. Hospital Prof. Dr. Fernando Fonseca, Portugal

The ostomy arises in the life of the person, as a new step, establishing itself as an issue that matters to the patient and family, doubts, fears and suffering. When the various teachings are carried high and the amount of information provided widespread and sometimes not acquired in its entirety by the user and / or their caregiver. Thus, it was urgent to create a vehicle driver of information that allowed an optimization of care and monitoring of Individual carrier Ostomy, by itself, the caregiver and the different elements of the multidisciplinary team, within and outside the hospital. This article aims to describe the constituent items bulletin ostomy, the latter has been developed according to the needs expressed by users and healthcare professionals. The methodology used was based on the literature search, followed by analytical reading of the contents and consulting the registers of the nursing stomatherapy the HFF, EPE and existing national bulletins. With the Bulletin is expected that this will allow to establish itself as a vehicle of communication and recording tool, very easy to use and by any member of the multidisciplinary team.

O - 2D-3
Root Cause Analysis

Karen Zulkowski[1]
1. WCET, United States of America

The purpose of a root cause analysis (RCA) is to clarify exactly what adverse event happened, determine why it happened and to help stop this from happening again. It is not punitive to one person; rather the goal of root cause analysis is to prevent future harm by eliminating ALL the errors or issues that underlie adverse events. It could also be used to determine why something worked well. Root cause analysis looks at all the reasons something happened that are not obvious, rather than focusing on a single cause. RCA helps identify these underlying problems using a systems approach to identify active errors (errors occurring at the point of contact between humans and a complex health care system) and latent errors (hidden problems within health care systems that contribute to adverse events). It looks at the “big” picture. The problems that are uncovered may mean a change is needed in reporting, record keeping, or process. It is important to keep in mind that multiple errors and system flaws must intersect for a critical incident to reach the patient. Labeling one or even several of these factors as the cause without consideration of everything that happened may obscure the true picture. This presentation will demonstrate how to effectively use root cause analysis for pressure injury investigation.
O - 3A-1
The role of moist wound healing therapy in management of a severe extravasation injury case

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Material and Methods: We report a case of premature infant with severe extravasation injuries treated with moist wound healing therapy. According to the characteristics of premature infant with low birth weight, big size of wound area, easy getting infection. In different wound healing stage use different type of dressing, such as using silver ion dressing in preventing wound infection, using hydrocolloid dressing made autolytic debridment, etc.

Results: After 2 months of careful care, achieved very good results, the wound healed completely, no functional and cosmetic impairment, no scar formation.

Conclusion: Extravasation injuries in extremely preterm and low-birthweight infants are more likely to lead to skin necrosis. In the last several decades, moist wound healing therapy has proven to be a great treatment for wound management as it provides the adequate conditions for wound healing, promotes granulation and helps to control infection. Here, we report a case of severe extravasation injuries treated with moist wound healing therapy. Achieved a very good result.

O - 3A-2
The Effectiveness of Using Banana Leaf Dressing in Management of Diabetic Ulcer (Proliferation Phase) on Private Practice Setting Majene, West Sulawesi, Indonesia

Ikram Bauk[1]
1. Ikram Wound Care Centre Majene, Indonesia

Purpose: The common difficulty encountered in the proliferation phase are the trauma and bleeding during removal dressing specially in post infection wounds (tissue friable), increased pain and cost of products (primary dressing) to be used. This study aims to evaluate the effectiveness of BLD as a primary dressing on the proliferative phase in preventing trauma and bleeding as well as accelerated wound healing process.

Method: Case report, a convenient sample of 10 patients with diabetic ulcer in proliferation phase, dressing changes every 3 -4 days and application BLD as primary dressing and using gauze/gamgee and sanitary napkin as secondary dressing

Result: BLD (banana leaf dressing) in proliferation phase has significant outcome, of the 10 treated patients whose average wound healing was 1 - 2 months, not cause trauma, bleeding and less pain during removal dressing and low maintenance costs.

Conclusion: BLD effective for wound management, the most of primary dressing in proliferative phase, cheaper, non trauma and less pain.

Keywords: Banana leaf dressing and management diabetic ulcer (proliferation phase)

O - 3A-3
Management of complex squamous cell carcinomas (SCCs) on the neck

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Aim: To optimise the management of complex SCCs on the neck of a 54-year-old rural Chinese male farmer.

Background: In rural China, patients have difficulties in accessing the limited health resources. Patients also experience financial disadvantage due to frequent dressing changes, long traveling hours to cities and poor quality of life (QoL).

History: The patient developed SCCs on the neck secondary to thyroid adenoma in 2016. The SCCs progressed rapidly and presented with strong malodour and heavy exudates. After failure of three month's
radiation therapy and chemotherapy, the local oncologist referred the patient to the ET nurse of Jiangsu Province Hospital.

**Case intervention:** After initial assessment, the ET tried a variety of stoma products to contain exudates and reduce malodour. An Easiflex™ 2-piece drainable pouch with integrated charcoal filter (Coloplast™) combined with Cohesive™ large seals (Eakin™) worked. Wound care was reduced from five times a day to once a week. Malodour was reduced to level 5 when measured by TELER (Treatment Evaluation by A Le Roux's Method).

**Outcome:** Patient’s QoL has been improved and he was able to return to normal social activities. Furthermore, it also promoted patient’s confidence in the ET nurse.

**O - 3B-1**

Study on the Enterostomal Therapists’ Attitudes and Knowledge Regarding Provision of Sexual Health Care in Patients with Ostomy

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**Objectives:** To describe the enterostomal therapists’ attitudes, knowledge regarding provision of sexual health care in patients with ostomy.

**Methods:** This study is a descriptive study. Questionnaire survey was conducted among 184 enterostomal therapists trained in 8 enterostomal therapists educational program of China. The questionnaire include general information, sexual health care attitude scale and sexual health care knowledge scale combining with further induction of other data in the questionnaire. The data were analyzed using the SPSS17.0 analysis software.

**Results:** The score of sexual health care attitude scale is 31.87±8.82, which indicates attitudes of enterostomal therapist towards sexual health care is passive. The score of sexual health care knowledge scale is 32.18±8.9, which is in the medium level. There is a statistically significant differences (P<0.05) in different gender, marital status, age, years of service, positional titles, years of service for ostomy, amount of time in ostomy nursing weekly, acceptance of associated training or not, having experiences of sexual health care or not (P<0.05).

**Conclusions:** It is necessary to provide sexual health care for ostomy patients in enterostomal therapists' view, however, multiple factors result in the passive attitude of them in practice; and to make sexual health care standardized and make multi-pronged approach to accelerate the implementation of sexual health care.

**Keywords:** enterostomal therapist, sexual health, sexual healthcare, attitude, knowledge

**O - 3B-3**

The Burden of Peristomal Skin Complications On Health Utility and Quality of Life in an Ostomy Population

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**Introduction:** Peristomal skin complications (PSC’s) have a profound impact on health related quality of life for those having undergone ostomy surgery. PSC’s are health stressors influencing the burden of health of the ostomate, thus maintaining the integrity of a patient’s peristomal skin is a primary health care objective.

**Aim:** It was the aim of this study to quantify the relationship between PSC’s, health utility, and quality of life in an ostomy sample (n=2,329).

**Methods:** The study is a cross-sectional survey conducted in the US. Analyses includes descriptive statistics and analysis of covariance. Covariates are age and time from surgery. IRB approval was obtained for the conduct of the study.

**Results:** As PSC severity changes, there are corresponding directional changes in health utility and quality of life. The data provides evidence that as physical health of the ostomate increases there is a
corresponding health utility and quality of life increase that can be influenced by PSC’s. The data also indicates that Quality of Life increases as peristomal skin conditions improve.

**Conclusions:** PSCs affect more than the obvious skin health of those with a stoma. The role of the stoma care nurse in intervening and managing skin health is an integral part of enhancing the health related quality for those living with a stoma.

**O - 3C-1**
Prevalence of Dermatitis Associated With Incontinence And Factors Associated In Adults Hospitalized With Cancer

Rosangela Oliveira[1], Evellyn Lima da Silva[1], Jaqueline Betteloni Junqueira[1], Maristela Lopes Gonçalves[1], Vera Lúcia Conceição de Gouveia Santos[2]

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The incontinence-associated dermatites (IAD) has been a concern, since the event, once installed, potentiates the appearance of the pressure lesion, which has a great impact on patients undergoing cancer treatment. This study had to identify and analyze the prevalence of IAD in hospitalized patients with cancer and the associated clinical and demographic factors. It was an observational, transverse and descriptive epidemiological study; the sample consisted of 341 adult patients hospitalized at an Oncology Hospital in São Paulo, Brazil. After reviewing the medical chart, the patients were interviewed, the skin was examined, and a physical mobility test was performed. Three instruments were used to collect data: demographic data; and the classification of IAD. The prevalence of IAD was 6.7% (23/341). According to the logistic regression model, married patients were 35% less likely to develop IAD (OR <1, p=0.954), widowers 7.8 times more chance (OR=7.886, p=0.004). The use of antihypertensives and anti-inflammatories increased the probability of developing IAD, 6.3 (OR=6.333, p=0.002) and 8.9 times (OR=8.908, p=0.003), respectively. The presence of bruising was 3.4 times higher in the IAD group (OR = 3.466, p = 0.025). Supportive therapy increased the odds by 11.9 times (OR=11.942, p=0.061) and the use of diapers 12.9 times (OR=12.922, p<0.001). Given the scarcity of literature on the subject, this study contributes to a better understanding of the prevalence of IAD in cancer patients, the clinical and demographic factors associated with its development, favoring a better therapeutic and preventive planning.

**References:**

**O - 3C-2**
Post-Prostatectomy Incontinence And Self-Management For Urinary Incontinence After Laparoscopic Radical Prostatectomy Among Prostate Cancer Patients

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1. Peking University First Hospital, China

**Aims:** To describe post-prostatectomy incontinence after laparoscopic radical prostatectomy (LRP) in Chinese prostate cancer patients, the self-management strategies used, and the relationship between symptom and strategies.
Methods: A convenience sample of 115 prostate cancer patients after LRP from an upper first-class hospital in Beijing, China, between September 2015 and October 2016. A general information questionnaire was used to collect patients’ demographic data, the International Consultation on Incontinence Questionnaire-Urinary Incontinence Short Form was used to assess urinary incontinence among patients post-operative, and the Strategy and Effectiveness of Symptom Self-Management questionnaires of Urinary Incontinence to assess the self-management of urinary incontinence patients. Results: The detection rate of UI was 82.6%. In 115 participants, there were 41 cases (43.2%) with mild UI, 47 cases (49.5%) with moderate UI, and 7 cases (7.4%) with severe UI. The mean score of the Strategy and Effectiveness of Symptom Self-Management questionnaires of Urinary Incontinence was (14.04±7.92). It was significantly positively associated between the frequency of use of self-management strategies and the severe of UI.

Conclusions: UI is pervasive among prostate cancer patients who underwent LRP, mainly slight to moderate; the more severe the UI, the more strategies used. However, there is no relief the severity of UI.

O - 3C-3
Application of Individualized Bowel Management Regimen in Children with True Fecal Incontinence

Chen Jie[1], Ren Ping[1], Ma Li[1], Lv Jun[2]
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Objective: To develop an individualized bowel management program for children with organic/true fecal incontinence.

Methods: Thirty children with organic fecal incontinence were selected conveniently and received individualized bowel management program, including assessment of children and their family by multidisciplinary team involving doctors, nurses and radiologists, conducting enema, recording defecation diary, providing dietary guidance, using drugs, and providing information support and psychological care. The effect was measured after 3 months of intervention. Results: 30 cases of children with true fecal incontinence, the average (6.30 ± 2.29) years old, fecal incontinence duration (2.52 ± 1.42) months. Twenty six children(86.7%) had no incontinence episodes after the intervention. Bowel function score was excellent in 21 cases, good in 8 cases, and poor in 1 case. The bowel function score and quality of life had significant differences before and after the intervention (P <0.01 for both). 27 cases (90.0%) of diarrhea diaries were recorded, 18 cases (60.0%) were prescribed according to the doctor's diet, and 27 cases (90.0%) was enriched according to the doctor's envoy.

Conclusion: Bowel management provided by multidisciplinary team involving doctors, nurses and radiologists can improve bowel function and quality of life of children with organic/true fecal incontinence.

Keywords: Child; congenital anorectal malformations; congenital megacolon; spina bifida; tethered cord syndrome; fecal incontinence; bowel management; bowel function; quality of life

O - 3D-1
Developing Wound Care Resources to Promote Best Practice: Evidence Review and Translation

Robin Watts[1], Emily Haesler[1], Keryln Carville[1]
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Aims: The aim of this project is to provide clinicians with evidence available on their current wound management practices, to assist in clinical decision making and provide easy-to-use practice guidance. The project seeks to review and translate evidence applicable to wound care in all communities by considering local resources.

Methods: The Wound Healing and Management Node (WHAM) conducts literature scoping and appraisal on wound care interventions used around the globe using Joanna Briggs Institute methods. The evidence is summarised, recommendations on use are made, and a practice guide is produced.

Results: The wide variety of available wound care interventions have varying quality and volume of evidence supporting their use. Regardless of clinical setting, the same principles can be applied to develop evidence translation resources. This will be discussed in the context of developing resources on
honey for wound care for two different settings: low resource environments using natural honey, and high resource environments where medical honey is accessible.

**Conclusions:** Access to evidence translation resources increases knowledge and safe practice. Evidence summaries and recommended practice sheets assist wound care professionals to make clinical decisions and to implement these decisions effectively with consideration to the resources available in their clinical setting.

**O - 3D-2**
Evidence Supporting the Use of Local Wound Care Resources

Emily Haesler[1], Robin Watts[1], Kerlyn Carville[1][2]
1. Curtin University, Australia 2. Silver Chain Group

**Aims:** Almost 80% of the population live in resource-limited environments in which traditional local resources are frequently used in wound care. For many natural wound care interventions, there is limited documentation of the way in which the product is used and evidence of effectiveness. The aim was to summarise the best available evidence on natural wound care interventions.

**Methods:** The Wound Healing and Management Node (WHAM) conducts literature scoping and appraisal on wound care interventions used in resource-limited communities using Joanna Briggs Institute methods. The evidence is summarised, recommendations on use are made, and a practice guide is produced.

**Results:** Wound management using natural interventions uses the same primary principles as when using contemporary products – wound bed preparation via cleansing and debridement, infection/inflammation control and promotion of moisture balance. There is some evidence on effectiveness of papaya, weak acids, turmeric, aloe vera, banana leaf dressings and potato peel dressings to support use of these products in wound care.

**Conclusions:** Most traditional wound dressing products are safe to use but have a limited evidence base. More good quality research is needed on natural wound care products. Evidence summaries and recommended practice sheets assist clinicians to determine when and how to use traditional interventions.

**O - 3D-3**
A Program of Central Venous Catheter Care for Surgical Patients require Nutritional Maintenance A 13 Years Review

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**Introduction:** Administering parenteral nutrition (PN) through a tunneled central venous catheter (CVC) is regarded as an essential strategy to sustain the nutritional needs for patients suffered from intestinal failure. The duration of PN therapy varied from degree of disease status; in extreme situation, life-long PN support are required. For this reason, optimal CVC nursing care and maintenance is crucial to prevent device-related complication, which may lead to numerous adverse consequences, such as Central Line-associated blood stream infection (CLABSI), catheter dislodgement, blockage or rupture. Therefore, a structured training program on tunneled CVC care was promulgated in the author's premises since 2002.

**Aim:** To deliver safe and consistent care for patients with tunneled CVC through promulgating a standardized caring guideline; Knowledge, skill and ability of caring such patients can be mastered through a structured training program.

**Method:** The training consisted of theories, supervised practice, written evaluation and clinical competency assessment. Surveillance on CLABSI and other related complication compared with the pooled mean of CLABSI of National Health Safety Network (NHSN) are regarded as outcome measurement.
Result: 108 nurses were trained in surgical unit from 2002 to 2015. The rates of CLABSIs, tunnel infection, occlusion, dislodgement, rupture were measured as 0.52, 0.21, 0.21, 0.2 and 0.2 per 1000 catheter-days respectively.

Conclusion: Providing optimal CVC care on patients with specific parenteral nutritional need is a major concern in safe clinical practice. Continuous staff training and periodical audits are necessary to ensure standard of quality care.

0 - 4A-1
Skin changes in terminally ill patients near and at the end of life receiving palliative care: a prospective cohort study

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Background: Skin is the largest organ of the body and, as other organs, may become dysfunctional at the end of life. In this context, skin dysfunction is associated with decreased cutaneous perfusion, which leads to local hypoxia, and for failing to maintain its normal function, inevitable changes may occur.

Aims: To estimate and evaluate the incidence and predictors of skin changes in hospitalized inpatient palliative care unit.

Methods: Twenty-four patients were followed until discharge, transfer, or death. Some instruments, including the Edmonton Symptom Assessment System, Malnutrition Screening Tool, Palliative Performance Scale, Braden Scale and Pressure Ulcer Scale for Healing were used in the assessments of patients. The Wilcoxon-Mann-Whitney U-test, chi-square test, Fisher’s test, Kaplan-Meier curve, Log-rank test, and Classification and Regression Tree analysis were performed for data analysis.

Results: Most patients were women(13-54.2%), the mean age was 67.6 years(SD=21.8), the majority of patients(23-95.8%) had lost ≤50% of their functional capacity and had some degree of malnutrition(15-62.5%). The incidence of skin changes was 16.7%; cases of grayish skin(n=2), yellow-greenish skin(n=1), and pressure injuries(n=9) were detected. The number of patients who died was significantly higher among those with skin changes than among those without such changes (p=0.035), and patients with skin changes were 17 times more likely to die than those without changes. Age ≤50 years was predictive of skin changes in the study population.

Conclusion: The incidence of skin changes was 16.7%, with predominance of pressure ulcers. Age ≤50 years was predictive of skin changes in the study population.

0 - 4A-2
Wound Bed Preparation In Systemic Lupus Erythematosus With Infected Wound: A Case Report

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Background: Systemic Lupus Erythematosus (SLE) is a common autoimmune disease closely related with incidence of pressure ulcer and wound infection. To accelerate and facilitate the healing process of wound requires wound bed preparation with TIME methods.

Case: Child 14 years old woman with diagnosis severe SLE, the chief complaint foot abscess with black necrotic tissue, weakness, fever, procalcitonin 39.17 ng/ml, wound culture are Escherichia Coli and Pseudomonas Sp.

Discussion: Objective the wound management to maintaining a moisture balance and wound bed preparation with TIME methods ie Tissue management (managing non viable Tissue, Red Yellow Black Code) used wound gel to autolysis debridement of necrotic tissue, Infection control used PHMB wound cleanser and a broad antimicrobial spectrum dressing to control Escherichia Coli and Pseudomonas Sp and absorb exudate to maintain Moisture balance and evaluate the Edge of wound
**O - 4A-3**  
Sustainable Foot and Wound Care Clinic for Homeless of Alaska - Academic Service-Learning Interprofessional Project  
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1. University of Alaska, United States of America

By developing a sustainable foot and wound care clinic for the homeless in Anchorage and partnering with the University of Alaska, School of Nursing and WWAMI Medical School, allowed for expansion of students’ entry-level competencies to include public health, foot and nail care, and wound care. It also deepened awareness of the scope and practice of community health while exposing students to social justice issues and citizenship behaviors.

Potentially serious health problems have led to chronic wounds, amputations, and infections and are a serious public health threat. Offering foot care allowed for needed physical care, therapeutic touch, and opportunity to listen and be present.

This academic-service-learning-interprofessional project provides holistic care using a model replicable and sustainable over time and conducted in a therapeutic environment for active listening while providing skin and nail care interventions. The foot care clinic was organized in three-stages – pre-clinical preparation, immersion, and post-clinical reflection.

**O - 4B-1**  
Effectiveness of Hypnotic Communication for the Management of Pain Associated with Wound Care in Patients with Peristomal Skin Lesions  
*Giovanna Bosio*[1]  
1. Azienda Ospedaliera presidio Molinette, Italy

**Background:** Stoma surgery significantly affects the patient’s quality of life. Nurses have a key role in providing counselling and helping with the practical aspects of stoma care. Little research has however been conducted on pain management in ostomy patients during wound dressing-related procedures, especially in the field of complementary and alternative medicine.

**Aim:** This study investigated whether hypnotic communication could relieve the suffering related to dressing change in patients with stomas.

**Methods:** Four patients, three men and one woman with an average age of 58.5 years (58-70), presenting severe peristomal skin lesions participated in the study. While changing the ostomy appliance, hypnosis was administered by a trained nurse (GB). Pain was evaluated prior, during, and 3 hours following the procedure with a 0–10 pain intensity numeric rating scale (NRS).

**Results:** Three patients experienced a drastic decrease in pain immediately after the procedure, and three hours later. In one case, effective doctor–patient communication was not achieved and the hypnotic session did not provide significant pain relief.

**Conclusions:** Hypnotherapy can effectively ameliorate the pain experience of patients with stomas and can be used by trained health care providers to create a supportive environment that promotes better quality of life.
O - 4B-2
The Prevalence of Psychological Problems Among Ostomy Patients: A Cross-Sectional Study from Iran

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Background and aims: Patients with chronic conditions often develop psychiatric disorders, most commonly depression, stress and anxiety, which may worsen the disease. This study examines the prevalence of depression, stress and anxiety among ostomy patients.

Methods: A descriptive cross-sectional study was carried out, with participants selected using convenience sampling from all those who presented for follow up for routine stoma care in a wound clinic in Isfahan, Iran. Data were collected using a demographic variables checklist and the Depression, Anxiety, Stress Scale 21 (DASS-21).

Results: Of the 70 participants, 51% were women and the rest were men. The mean age was 62.6 ± 14.1 years (range: 32–91 years). The mean scores for depression, anxiety and stress were 10.9 ± 5.4, 13.1±4.8 and 10.6 ± 5.8 respectively. In total, some level of depression, anxiety and stress was reported by 87%, 92.1% and 71% of patients respectively. Factors such as patients' sex, age, type of stoma and duration of living with stoma appeared to affect patients' levels of depression, anxiety and stress.

Conclusion: The rate of psychological problems among ostomy patients is high. Health-care providers should be aware of this and plan for prevention. Further study in this regard is strongly recommended.

Keywords: Depression, Anxiety, Stress, Ostomy patients, Chronic disease

O - 4B-3
Parastomal Hernia: Providing Evidence for Consistency in Prevention and Management

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Aims:
-Identify and collate PSH risk factors and evidenced based practice to contribute to the prevention and management of PSH
-Develop nationally approved PSH guidelines

Method: A project group of SCN’s undertook a variety of activities including a comprehensive literature review and two national multidisciplinary PSH master classes to collate, debate and assimilate available research and experiential evidence. Development of evidence based PSH guidelines for pre, post and long term care were then disseminated for extensive peer review.

Results: These clinical guidelines (6) were distributed nationally in 2016. Information and available evidence includes advice in relation to core exercises, underwear, quality of life assessment and symptomatic PSH referral forms. Further work by the project group into the clinical rationale and cost analysis of support garments is now being undertaken, including a pilot of a risk assessment tool.

Conclusion: This presentation aims to raise awareness and consistency in practice with the aim to evaluate effectiveness and improvements in patient outcomes in the future.

5) Colostomy Association (CA)  


O - 4C-1
Using Evidence-Based Incontinence-Associated Dermatitis (IAD) Prevention and Management Protocol To Reduce Perineum Skin Breakdown in Hospital Setting

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Background: Incontinence-associated dermatitis (IAD) is a widespread disorder in elderly with incontinence. It is painful and is a Well-recognized risk factor for pressure injury development. However, IAD represented a significant health challenge worldwide because of knowledge gaps in our current understanding on IAD and clinical practice. IAD was usually misdiagnosed as pressure injury by healthcare providers. Also there was lack of evidence-based protocol to manage IAD effectively.

Aim: This project was aim to implement an evidence-based protocol on IAD and to improve the effectiveness and efficiency of prevention and management of IAD in hospital setting.

Method: We implemented an evidence-based protocol based on IAD Categorization tool, and literature review. The protocol was designed in Simplified approach with structured skin care regimen to different categories of IAD. Incontinence score was used to identify patients who are at risk. In-servicing training was conducted to introduce the protocol and to strengthen health care providers’ knowledge of IAD. A pilot study included 3788 patients was conduct in surgical ward from 11/2016 to 04/2017. The outcomes are measured using 1) NRS Pain assessment tool, and 2) Severity of IAD.

Results: Total 398 patients were classified as at risk and 50 patients suffered from different degree of IAD. Treatment was given according to the protocol implemented. 50 patients (19 with moderate-severe IAD, 31 with mild IAD) showed significant improvement on Pain score and severity of IAD. All 398 at risk patients did not develop IAD.

Conclusion: The result showed that the simplified design evidence-based IAD prevention and management protocol is effective and efficient in both management and prevention of IAD.

O - 4C-3
Role and Function of Specialized Nurses in the Treatment of Patients with Fecal Incontinence

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Aim: The causes of fecal incontinence vary widely and the individual symptoms can have enormous significance for the quality of life of those affected. Successful treatment requires a competency-based treatment in the inter-professional team. In this paper, the role and function of the specialized nurse in this treatment team will be presented.

Method: An analysis of the role and job description of certified centers in Germany will be compared with patients’ approach and nurses’ expectations.

Results: The need for a holistic assessment of the individual characteristics of each patient is shown. Classification of the responsibility of specialized care in the treatment team should been. A definition of the necessary skills for specialized nurses is the result of the descriptive analysis.

Conclusions: The holistic treatment of patients with fecal incontinence requires special nurses’ competencies. Theses nurses are best prepared to assist patients during this important part of their life
O - 4D-1
Phenomenology Study : ET Nurses Experience Becoming a Human Pockets

Hamka[1]
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**Background :** ET Nurses having competence do maintenance a stoma referred to choose bag’s. When choosing bag’s, stoma nurses only use textbook, result of the research of ostomate, but they had never have experience use bag’s to recommend the ideal bag’s.

**Aims :** Stoma nurses capable of recommend bags a stoma to ostomate based on their experience.

**Method :** Students InETNEP are told to use stoma bag one piece of 8 brands for 5 until 7 day, they are required for activity, keep the stoma bags intact to 5-7 day, and overcome complications that occur. 7th day, they aimed in the depth interview to express their experience use ostomy bag’s.

**Results:** Two the theme describing experience stoma nurses use ostomy bag (1) make the effort of clearing the bag off and prevent stoma complications, (2) the hope of stoma nurses to use the ideal stoma pouch

**Conclusion:** When stoma nurses use stoma bag, they make efforts to prevent the discharge of the bag, such as ensuring dry skin condition, applying TFD, not scratching when itching, when irritation occurs washing using clean soap, bathing with various techniques. These ways are considered effective to give the integrity of the stoma bag 5-7 days. In addition to this study, stoma nurses expressed their hope that the availability of various pockets and accessories vary according to the tropical climate in Indonesia, and ostomate must be the spirit of living life.

**Keynote :** human pockets, ostomy bag’s, experience

O - 4D-2
My life

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**My life:** What is a typical day for people living with a stoma? How does it effect their everyday lives? These questions are not always easy to answer and the responses can vary considerably, depending on a myriad of variables such as personalities, lifestyle and environment and many other social situations that we all face throughout daily life. This day in the life study was able to give us an insight into what is really happening and helped us gain a more detailed understanding of what experiences an individual living with a stoma encounters. The study unearths how a stoma can impact on an individuals’ physical, psychological and social wellbeing, demonstrating how they adapted to new challenges and environment.

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

**Method:** Semi structured interviews with 12 individuals living with a stoma.

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

O - 5B-1
The Use of Manuka Honey Within Stoma Care to Maintain Peristomal Skin Integrity: The Ostomates Perspective.

Moira Evans[1]
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**Aims:** The benefits of Manuka honey on skin are well established and widely reported. This study of 700 ostomates assesses peristomal skin following the use of stoma flanges containing Manuka honey.
**Method:** The inclusion criteria was (i) over the age of 18 years and (ii) six month minimum duration of Manuka honey flange usage; the ostomates were sent a postal survey. The study focused on
1. The peristomal skin condition, before and during use of the Manuka honey containing flange.
2. The use of varying flange type according to individual needs.
3. Other considerations related to Moisture Associated Skin Damage prevention.

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

**Conclusions:** The study identifies the differing needs of ostomates across the skin management and product selection perspective. Manuka honey within the flange has helped to support and maintain the peristomal skin integrity of the cohort.

**O - 5B-2**
Introducing A New Classification System For Skin Tears: International Skin Tear Advisory Panel (ISTAP) Skin Tear Classification System

Kimberly LeBlanc[1], Dawn Christensen[1], Karen Campbell[2], Baranoski Sharon[3]
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There is no globally accepted common classification system for skin tears (ST). In response to a survey highlighting a desire among healthcare professionals to have a validated, simple and user-friendly system, ISTAP, developed a new classification system based on simplifying and refining earlier systems. The ISTAP system involves 3 ST types (no skin loss, partial skin loss or complete skin loss), making it simple and user-friendly for healthcare professionals.

**Method:**
**Phase 1:** Development of the classification system based on a scoping literature reviews and expert opinion.

**Phase 2:** Internal Reliability testing among the ISTAP panel members with Intra-Reliability testing conducted two months after the initial testing.

**Phase 3:** External Reliability testing among 303 healthcare professionals and 24 non-nursing subjects from Canada, USA, Brazil, UK, Ireland, Denmark and China.

**Results:** Results demonstrated a level of agreement sufficient to indicate that the ISTAP ST classification system is reliable and valid. Internal reliability testing demonstrated a substantial level of agreement for the expert panel (Fleiss J = 0.619; 2-month follow-up = 0.653). Intrarater reliability was high (Cohen J = 0.877). Interrater reliability was moderate (Fleiss J = 0.555) for healthcare professionals (n = 303) and fair for non-professionals (Fleiss J = 0.338; n = 24). Results were replicated in a Danish study involving inter-rater reliability testing with 270 healthcare professionals.

The system has been translated (using back translation) into Danish and similar studies are underway in French, Spanish, and Portuguese and Mandarin. The ISTAP panel has acknowledged ongoing research, translation and validation are required in relation to the classification system and recognized this classification system may change as further exploration and research pertaining to STs is conducted.


O - 5B-3
The Combination of Honey and Hydrogel Therapy Treatment for the Fournier Gangrene Wound: Case Report

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Background & Aim: The Fournier’s Gangrene is a fulminant necrotizing infection of the perineum and genitalia. It is initially considered idiopathic process. It is showed for patient who has a tendency of diabetes long-term alcohol abuse and immunosuppression. Gangrene which has the fulminant development and progression can quickly lead to multiple organ failures and death. The aim of this study is to determine the effect of honey and hidrogel therapy to the wound healing process, especially in wound infection.

Methods: The 64 years old man with uncontrolled diabetes for 17 years. He has the scrotal necrotic and gangrene. To do the observation, we used Bates Jensen as a guidelines to look at the patient’s wound healing process. We wash he wound by using 0.9% NaCl solution. Then, we applied honey and hydrogel for primary dressing. Observation has made only for 23 days to the patient that has secondary heating and split thickness skin grafts (STSGs) fused to the penis.

Result: Before the therapy the total of Bates Jensen's scale score was 47. During the honey therapy, patient was feeling painful. It has applied 5 days for honey therapy and 18 days for treatment with hydrogel, and showed the good progression. After the honey therapy, the wound bed contained less 50% slough, and after the hydrogel therapy, the wound beds contained more than 75% granulation. After the therapy, with Bates Jensen’s scale Is 25.

Conclusion: The fourier's gangrene is a rare disease which can be a life-threatening to sepsis and death. Early debridement of necrotic tissue and antibiotics are fundamental in the treatment of fourier's gangrene. Wound care post operation also important to improve quality of life of the patient. It can be decreased wound size, depth of the wound, the amount of slough and the exsudate by the combination of honey and hydrogel. Both of them have impact for healing the wound infection and to ensure the positive outcome.

Keyword: Fournier’s gangrene, Bates Jensen scale, honey, hydrogel, wound healing

O - 5C-3
Management of Voiding Dysfunction Neurogenic

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Background: Voiding dysfunction is experienced by patients with neurologic injury commonly. So it takes a proper understanding of its implementation.
Aim: The study of literature on 10 journals published in the range 2000-2016 aims to study management of voiding dysfunction neurogenic.
Result: Patients with neurogenic injury who experienced voiding dysfunction complaints of symptoms such as urinary retention, overflow incontinence, urinary straining, and high residual urine counts. This condition occurs as a result of injury to the spinal cord or from peripheral neuropathy, multiple sclerosis, and stroke. Voiding dysfunction can be performed in the form of behavioral therapy combined with crede maneuver and valsava maneuver, clean intermittent self catheter every 4 hours, collaboration therapy for cholinergic pharmacology or block betha adrenergic. Management of voiding dysfunction involves independent nursing and collaboration interventions.

Key word: Voiding Dysfunction Neurogenic

Tuesday, 17 April 2018

O - 6A-1
The Correlation of Bacterial Count Using a Rapid Bacteria Counting System Against Wound Healing on Diabetic Foot Ulcers in Indonesia

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Aims: This study aimed to evaluate correlation between bacterial count using a rapid bacteria counting system and wound healing on diabetic foot ulcers (DFUs)

Methods: This study had a prospective cohort design. The study population included 30 DFU patients with new ulcers. This study was conducted at Kitamura Wound Care clinic Pontianak, West Kalimantan, Indonesia, from March to July 2016. The participants were followed-up for 4 weeks.

Results: There were significant differences in the bacteria count between baseline versus end study (p = 0.005, t = 3.072; paired sample test). There were significant differences wound area between baseline versus end study (p = 0.000, t = 5.219; paired sample test). There was positive correlation between bacterial count and change of wound area (r = 0.24, n = 90, p = 0.01; Spearman’s rho).

Conclusions: These results indicated that there was correlation bacterial count against wound healing on DFU’s in clinical setting. Therefore, a rapid bacteria counting system could be used to evaluate bacterial count against wound healing.

O - 6A-2
Managing Enteroatmospheric Fistula with the Application of Negative Pressure Wound Therapy - A Multiple Case Report

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Aim: An enterocutaneous fistula that occurs in an open abdomen, i.e. within the laparostomy is called an enteroatmospheric fistula (EAF), which is particularly a devastating complication to both the patient and the health care professionals. In this paper, we present 4 patients who were suffered from this serious complication after abdominal surgery (ies) by using modified negative pressure wound therapy (NWPT) which, is not just to promote the healing of the peri-fistula wound cavity and peri-wound skin protection, but also to facilitate the collection of enteric content and, most importantly, the spontaneous closure of the fistula.

Methodology: NWPT was applied both to the peri-fistula wound cavity and also to the fistula orifice(s) with the protection of wound contact layer. Modifications were made according to the wound conditions and the consistence of the enteric content. Besides, ostomy products were required in some situations.
A high pressure was deployed at -150mmHg except for the baby boy (case 4) whose pressure setting was only at -80mmHg. Each system was kept intact for 48-72 hours, followed by dressing change, wound bed cleansing and conservative debridement of the nonviable tissue.

Result: Non-surgical spontaneous closure of the fistulae with the modified NWPT was achieved in 30-90 days among all patients in this case report.

Conclusion: A modified NPWT facilitated a good outcome in EAF management as it was not just promoted the wound healing, enteric content collection and peri-wound skin protection, it also promoted the spontaneous closure of the fistulae.

O - 6A-3
The Art of dressing Selection: A Consensus Statement on Skin Tears and Best Practice

Kimberly LeBlanc[1], Dawn Christensen[1], Karen Campbell[2]
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Purpose: Skin tears (STs) are wounds observed in the extremes of age and the critically and chronically ill. They are hypothesized to be highly prevalence among the elderly population.1,2,3 To aid healthcare professionals in product selection specific for STs, the International Skin Tear Advisory Panel (ISTAP) conducted a systematic literature review and 3-phase Delphi consensus study4 with a panel of 105 international reviewers to provide the best available evidence for product selection related to the treatment of STs.

Objective: To provide evidence to guide evidence based product selection for ST management.

Methodology: A systematic literature review was performed with 32 documents meeting the search criteria. The ISTAP group reviewed current wound care product categories available on the global market. The product review, coupled with the systematic literature review findings, was used by the ISTAP group to develop a generic product selection guide. A –three phase Delphi method was used to reach consensus (predetermined at 80%)4 on each category of the product selection guide. The consensus process was completed with the 11 ISTAP members and a group of international reviewers (n=105).

Findings: Greater than 80% consensus was reached on the use of; 2-octyl cyanoacrylate topical bandages, acrylic dressings, calcium alginites, foam dressings, hydrofibres, hydrogels, non-adherent mesh dressings, methylene blue and gentian violet dressings and silver dressings. Iodine based dressings, medical honey dressings and polyhexamethylene biguanide were excluded from the final product selection guide as they did not meet the inclusion criteria.

Conclusion: Findings from the systematic literature review coupled with the consensus process supported the recommended topical treatment options for managing STs. Future research should include studies to determine healing times associated with various topical wound dressings in relation to STs. The proposed product selection guide will require updating as new products are developed and may not be all-inclusive.


O - 6B-3
A Qualitative Study of how Adult Patients Experience Hospitalisation with the Construction of an Acute Ostomy

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**Aim:** The aim of this study was to investigate how adults experienced hospitalization in connection with the construction of an acute ostomy. The phenomenon is rarely described in the scientific literature.

**Method:** 6 informants were interviewed and the transcriptions of these interviews were analyzed using "Reflective Lifeworld Research".

**Results:** The informants experienced a number of challenges due to their hospitalisation and consequent acute ostomy. The unexpected body changes due to the stoma had a dramatic effect on the informants. This resulted in a vulnerability which was particularly noticeable in the relationship with the caregiver, where the informants experienced a lack of support and attentiveness. The informants perceived an absence of continuity when collaborating with the staff, which in turn influenced the information process and confidentiality.

**Conclusion:** The findings of this study suggest that an increased awareness among the nursing staff should be based on what the individual person with an acute ostomy feels is important. This awareness may have important implications for the experiences in connection with the new life situation.

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**O - 6C-1**

Adjustment to the New Life Situation One Year After Ostomy Surgery: Results of a Clinical Study

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1. Colorectal unit Sahlgrenska University Hospital, Sweden

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

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

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

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

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**O - 6C-2**

Depression and Resilience in Ostomates of Inflammatory Bowel Disease

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**Aims:** The purpose of this study was to describe the degree of depression and resilience in ostomates of inflammatory bowel disease and to identify relationship of depression and resilience.

**Methods:** The data had been collected from November to December, 2012. The participants were 90 ostomates with inflammatory bowel disease(24 ostomates with ulcerative colitis, 66 ostomates with Crohn's disease) recruited conveniently from one Metropolitan hospital located in Seoul, Korea. The collected data were analyzed using SPSS 18.0 for window program. Data were analyzed using Descriptive statistics, Chi-square test, T-test, Analysis of Variances(ANOVA), Mann-Whitney test, Kruskal-Wallis test, Pearson and Spearman correlation coefficient analyses.

**Results:** Depression of Crohn's disease ostomates was correlated with marital status(t=2.27, p=.027), economic status(F=3.98, p=.012), sleep disorder(t=4.73, p<.001), sleep time(t=2.11, p=.039). Resilience
of Crohn’s disease ostomates was correlated religion (t=2.47, p=.016), marital status (t=-3.61, p=.001), economic status (F=4.06, p=.011), sleep disorder (t=-3.11, p=.003). A negative relationship was found between depression and resilience of ulcerative colitis ostomates (r=-.668, p<.001) and Crohn’s disease ostomates (r=-.604, p<.001).

**Conclusion:** The study results suggest that a tailored nursing care program should be developed based on the general characteristics and disease related characteristics of ulcerative colitis ostomates and Crohn’s disease ostomates to provide to promote health status and overcome their disease settings.

**O - 6C-3**
Miracle in Modern Dressing

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There are many method of dressing in the market. How to choose which dressing will work wonders in wound recovery. Two cases were selected to use this modern dressing and observe the healing of wound. Hydrogel and silver dressing with foam was used in an infected wound post excision biopsy. Within 2 weeks the wound healed well. Whereas hydrogel with hydrocolloid dressing was applied to a non healing abrasion wound. Within a week the wound showed good progress towards recovery. Choosing appropriate dressing for each wound brings to a splendid recover.

**O - 6D-1**
Actual Conditions and Environmental Factors of Sexuality among IBD Patients in Japan

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**Aim:** To clarify the actual conditions of and environmental factors affecting sexuality in patients with Inflammatory Bowel Disease (IBD).

**Methods:** Participants completed a self-administered questionnaire survey. Actual conditions included frequency of sexual activity and sexuality satisfaction index (SEXSI-IBD). The SEXSI-IBD is comprised of five factors with scores ranging from 0 to 4. A higher score indicates a higher satisfaction level. Environmental factors included four questions. This study was approved by the institutional review board of the university.

**Results:** 195 subjects were analyzed (48.2% males, 51.8% females; average age: 46.8 years). Stoma were present in 30.8% of the cases. A majority (59.4%) responded that they engaged in sex at least once a year. The overall average score on the SEXSI-IBD was 2.3. Among the respective factors, the score on "importance of skin ship" was 2.8; on "daily interaction," 2.6; on "sexual communication," 1.7; on "sexual difficulty," 1.7; and on "sexual interest," 2.4. Among the environmental factors, "subject is tolerant towards sexual activity" scored 44.1%; "health and medical care workers who can consult concerning sex are available," 32.6%; "subject feels able to consult with a health or medical care worker concerning sex," 8.2%; and "subject believes that people with disease or disability may engage in sexual activity" was 63.9%.
**Conclusions:** Whereas about half of the IBD patients voiced satisfaction with daily interactions, the other half engaged in no sexual activity and their sexual satisfaction was low. Low recognition of the role played by health and medical care workers as consultants became clear.

**O - 6D-2**
The Impact of Safety Organizing on Nursing Quality in Hospital Intensive Care Units Perceived Organizational Support as Mediating Variable

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**Objective:**
1. To test the reliability and validity of the Safety Organizing Scale (SOS) in intensive care units setting in Henan province in China.
2. To investigate the influence of safety organizing and perceived organizational support on nursing quality, and to establish a structural equation model of this influence.

**Methods:** The Safety Organizing Scale (SOS) was revised and translated into Chinese version. Totally, 912 nurses were recruited from five tertiary hospitals and investigated with SOS, perceived organizational support scale, and questionnaire about nursing quality outcomes. Pearson correlation analysis and structural equation model were used to explore the relationships between the three variables.

**Results:** The Cronbach's α coefficient of SOS was 0.889. One factor was extracted by exploratory factor analysis, which contributed 53.486% of the variance. Structural equation model showed that safety organizing had a direct negative effect on catheter-related bloodstream infections with standardized path index 0.26 and indirectly affect catheter-related bloodstream infections with indirect effect index 0.134. Safety organizing and organizational support variables respectively contributed 47% and 35% for the variance of catheter-related bloodstream infection and catheter-associated urinary tract infection variables.

**Conclusion:** The Chinese version of SOS has been proved to be a good instrument with good reliability and validity. The administrators in hospital and ICU nursing department should work together to promote safety organizing and give nurses more organizational support in order to promote infection control.

**Keywords:** patient safety, ICU, infection control, organizational support, safety organizing

**O - 6D-3**
Can Anyone be Immune From Cancer or Having a Stoma, Including a Religious Leader?

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Cancer like many serious illnesses may cause patients or family caregivers much spiritual distress depending on their cultural and religious traditions. Some ET's may even enlist the help of religious leaders to give spiritual support to their cancer and stoma patients. But what if the cancer and stoma patient is a religious leader who underwent an ultra-low anterior resection of his rectal cancer, but refuses to accept, look nor manage the newly created stoma?

**O - 7A-1**
Epidermolisys Bullosa: a Challenge For A Life

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**Aim:** The objectives of this study were the elaboration of a practical guide for the handling of newborn babies who are of Epidermolysis Bullosa (EB); investigate how health professionals who work in neonatal
intensive care units (ICUs) face the birth and the necessary care of newborn EB carriers, aiming to support the elaboration of the practical guide.

**Method:** This study has a qualitative, exploratory and descriptive nature and it was carried out in health institutions, in the city of Porto Alegre/RS.

**Results / Discussion:** A total of 14 health professionals who had taken care of newborns with EB during their trajectory participated in this research. Eight of them are nurses, plus three nurse technicians and three physicians. The data collection was carried out by in-depth interviews, composed by two open questions: describe your experience concerning the care, treatment and monitoring of EB patients. And they were asked to tell what it was like to them. The data analysis was constituted by thematic analysis. This resulted in three categories: care experimentation, family and health team.

**Conclusion:** The results indicated that the birth of an EB child leads to suffering due to the insecurity in terms of handling the case as much as to the gravity of the disease and its confrontation during the lives of the assisted patient and their family members. It is considered that the elaboration of this guide can support the assistance of EB newborns, contributing to the care qualification, including in-hospital assistance.

**O - 7A-2**
The Role of NPWT in Palliative Wound Care

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**Aim:** To examine the role of negative pressure wound therapy (NPWT) in palliative wound care, especially in the area of exudate management. Effective exudate management can provide comfort to the patients, thereby improving their quality of life.

**Methods:** Two patients were referred to the author for palliative wound care. They have wounds that were highly exudative and foul smelling. Addressing the issues of frequent dressing change and odor control were the priorities rather than the healing of the wound. NPWT was initiated for both patients.

**Results:** The first patient has a large sacral wound. Prior to starting on NPWT, the frequency of dressing change was every 2 hourly. Wound odor also caused her much embarrassment. When she was on NPWT, dressing changed was every other day and wound odor was very much controlled. As a result, her quality of life improved. The second patient has a small cavity wound at her abdomen that was sloughy and highly exudative. After application of NPWT, the patient was able to be mobile and cared for at home. Her wound eventually closed up and healed completely.

**Conclusion:** The role of NPWT in palliative wound care has helped maximize patient’s quality of life during their last lap.

**O - 7A-3**
Wound Healing and Management in Urology

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**Purpose:** To explore different ways to treat different wounds in urology.

**Methods:** We summarize the techniques to treat common urological wounds, including fat liquefaction after urological surgeries, wounds that are closed to the ostomy, and infectious perineal wounds. Prevention is crucial for patients at high risk for fat liquefaction like obesity; the management of urostomy to avoid the irritation from the urine is the prerequisite to the management of wounds after radical cystectomy; and the treatment of infectious perineal wounds require the combination of Chinese traditional medicine and the modern dressings to control the infection and accelerate the wound healing. ETs cooperate with physicians and other health care providers to make the wound care plan, implement the early interventions, and promote the patient education and self-management.

**Results:** ETs’ involvement reduces the length of stay, lower the infection of the wounds, and promote the wound healing rate and patient comfort.
Conclusions: ETs in urology shoulder the management and treatment of urological wounds in our hospital. This mode achieves the ideal effects on wound healing rates in Urology, and win the respect from both patients and physicians.

O - 7B-1
Quality of Life for Patients Living with Faecal Stoma in Kenyatta National Hospital

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Introduction: Patients living with a foecal stoma face many physiologic and psychosocial challenges because of physical damage, disfigurement, loss of bodily functions and changes in personal hygiene following surgery. Such challenges are a major point of concern for many patients and has the potential of affecting their quality of life.

Background: Kenyatta National Hospital is the Kenya’s National referral Hospital and has Pain and Palliative care unit that helps improve quality of life for patients. Patient population undergoing ostomy surgeries has been on the increase over the years, due to presence of many specialized units but the impact on their quality of life has not been adequately assessed within the hospital. They require specialized nursing interventions to promote an optimum level of health and wellbeing by empowering them towards self care and independence, which is accomplished by counselling, communication, teaching, advice and support.

Way forward: Educate all health care workers to allow dissemination of ostomy services in the Hospital. To do a study on assessment of quality of life among patients living with foecal stoma at Kenyatta National Hospital

O - 7B-2
The IOA and the ASPOA: Organizations that Support the Rights and Quality of Life of Ostromates Worldwide

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Introduction: The Asia South Pacific Ostomy Association (ASPOA) belongs to a mother organization known as the International Ostomy Association (IOA). Both organizations are centerpieces in supporting the Rights and Quality of Life of Ostromates worldwide. The ASPOA coordinates with member countries in Asia and South Pacific with the following functions: to create support groups for countries in need of ostomy care, conduct training of surgeons and enterostomal nurses on stoma care and rehabilitation, and the provision of ostomy appliances for member countries in need of donations.

History: In the early 1960’s, the problem of the uninsured, especially the elderly was of great significance. Since care for the aging and the sick would someday affect everyone, supporters of health care reform was initiated including the ostomy sector that realized the need for a worldwide group for the welfare of ostomates.

IOA Characteristics: The IOA promotes help within members belonging to its ranks. The organization conducts projects and campaigns in order to assist the plight of member countries needing ostomy care and support groups.

Asia South Pacific Ostomy Association: The Asia South Pacific Ostomy Association is the governing body for both Asia and the South Pacific countries that advocates quality of life for all ostomates.

Conclusion: This paper examined the growing role of the importance of a regional organization in giving credence to a sector often misunderstood by society. It summarizes programs in ostomy care while identifying the challenges and opportunities with member countries for continued training and synergy.

O - 7B-3
A Skin Stripping Challenge Comparison of Infused Ostomy Skin Barriers
Risk Factors Associated with Peristomal Skin Complications: Integrative Literature

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1. Qatar

Background: Colorectal cancer is the third most common cancer and fourth leading cause of death. The incidence of colorectal cancer in the Arabian Gulf region, in general, is less than that of other countries. The surgical intervention of colorectal cancer often includes formation of ostomy. Fifty-five ostomy surgeries were performed in Hamad General Hospital between the periods of July 2015 to July 2016. Irrespective of the type of stoma, many among them suffer from peristomal skin complications. Identifying risk factors related to peristomal skin complications is one of the crucial factors in maintaining peristomal skin health. Maintaining peristomal skin health will facilitate post stoma adjustment in individual with ostomy. Peristomal skin issues following intestinal ostomy surgery can compromise the quality of life of ostomates and lead to limitations in physical, psychological, and social well being. The care of ostomy patients living in Qatar is directly related to the goal of preventive health care in Qatar’s health strategy. Reduction in the incidences of peristomal skin complications from effective management of risk factors would encourage ostomy patients to better self-care and promotion of wellness.

Aim: The purpose of this integrative review is to identify the risk factors associated with the development of peristomal skin complications

Design: Whittmore and Knaff’s (2005) framework for integrative literature review guided this study.

Method: A systematic literature search focused on studies of risk factors associated with the development of peristomal skin complications was conducted using CINAHL, Web of Science, Embase, and PubMed. A total of 17 quantitative, two qualitative, and one mixed method study met the exclusion and inclusion criteria. Critical Appraisal Skill Program, Johns Hopkins Nursing Evidence Appraisal Tool, and Mixed Methods Appraisal Tool were the critical appraisal checklists used to check the scientific rigor of each study.

Results: Leakage of stoma output, type and structure of stoma, stoma site marking and nature of surgery, ostomy education, ostomy appliances, mechanical trauma, and demographic factors are the most significant risk factors in developing peristomal skin complications.

Discussion: The development of peristomal skin complications is closely associated with contact with ostomy effluent. Maintaining peristomal skin health is crucial and it has a profound impact on the overall health care objective.
outcome as well as the patient quality of life. Higher quality reporting of qualitative studies is required to improve to overall evidence related to peristomal skin health.

**Conclusion:** In conclusion, this review provides a comprehensive understanding of the most common risk factors that patients with stoma be faced with for developing peristomal skin complications based on up-to-date review of the literature. Skin complications can diminish quality of life for individuals living with an ostomy, resulting in various negative consequences in physical and psychosocial aspects. In all settings, from acute care to long term care, community, or home a person with an ostomy requires specialized care and management to prevent development of peristomal skin complications and promote quality of life. Therefore, the findings of this focused study suggest that prevention and early identification of risk factors related to peristomal skin complications are very important.

**O - 7D-1**
Healthy Benefits of Participating in Medical Service Trips vs Sustainable Volunteering

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The United Nations defines volunteering as an act of free will that results in benefits to others outside of, or in addition to support given to close family members. The big society policy is where we are called to develop low cost and sustainable interventions to improve social capital and community engagement. Foot and wound care nurses have the most valuable skill set in times of disaster, epidemics, and to assist with health care needs in low to moderate income countries. Medical Service Trips are intended to provide education, service, and community-engaged activities. The health benefits range from increased longevity, decrease in mortality, and increase in happiness, relationships, self-esteem, and sense of mastery. Volunteering has proven to decrease physical impairments by increasing physical activity, increase in strength, walking speed, and sense of well-being. The mental health benefits are also significant by a decrease in depression and improving cognition. But, there is a fine line between volunteering too much and too little in relation to health benefits. The guiding principles of conducting medical service trips or sustainable volunteering is to be organized. Have a specific purpose, work together as a team collaboratively, and provide education for all involved. A gap that needs to be addressed, is to build into the plan intended outcomes by conducting routine evaluation and reflection. The Institute of Medicine and the World Health Organization insist on interprofessional collaboration. The goal with conducting medical service trips and volunteering is empowerment, pay it forward.

**O - 7D-2**
Implement a CFCN in Acute Care Settings: An AHRQ Innovation in Clinical Practice

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A front-line service is missing—in acute care settings. A basic foot exam—performed routinely and regularly on patients identified as having potential of developing a pressure or neuropathic ulcer. Early recognition of a problem leads to prevention—of the potential complications especially of the elderly with diabetes or heart disease. Nurses who have completed the requirements for WOCN CB Board Certification are qualified to assess and make proactive decisions for intervention, education, and referral. A Certified Foot and Nail Care Nurse (CFCN) could—in 10 minutes or less—conduct a comprehensive lower extremity assessment, implement treatment protocols, provide education, and refer. This initiative for innovation in practice is in direct response to the Institute of Medicine (IOM) and the Agency for Health Care Quality Research (AHRQ). The AHRQ and IOM have charged nurses to practice to the full extent of their education and training and develop innovative health care proposals specifically to lead change, improve care, and reduce costs. CFCN should be utilized as a member of the multidisciplinary team.
Nurses, as the most trusted health care provider, and with communication, rapport, and sustaining relationships for the long – term allows for transferring of knowledge while demonstrating care, compassion, and competency. Utilizing the Wound Ostomy Continency Nurses’ Credentialing Board (WOCNCB) Certified Foot and Nail Care Nurse (CFCN) raises the standard of care substantially and reduces overall costs to life, limbs and dollars. This proposal is a simple innovation that could have tremendous positive outcomes nationwide/worldwide.

O - 7D-3
Looking at the Bigger Picture. Stomal therapy Strategies To Reach Out To The Interior.

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Having the last two MYWOCEPs in Kuching Sarawak has certainly help increase the number of ETs in this vast Malaysian Borneo Island – especially Sarawak. Matron Ng Yeng Lai talks about stomal therapy management strategies in increasing the number of local ETs here, as well as an increase in short local programs to ensure adequate stoma care nurses to assist the ETs in the hospital settings.
The project on training and empowering of community nurses on wound, ostomy and continence care is to ensure a continuity of such care at home … in the interior of Sarawak vast lands.

O - 8A-1
Fungating Wound Management

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Aims: Fungate wound management.my main aim was this case study Relieve the wound complication such as pain, heavy exudate, odour.patient was mrs j(not her real name)underwent right side mastectomy in 2015.management of a fungate breast ulcer was challengeable and patient complain about pain, odour of the wound and heavy exudate.the main aim was exclude the symptoms of the wound and reassure the patient.patient was distress due to wound complication.i referred this patient for counseling to relieve anxiety.Patient also, distressed about her altered body image.
Method: First of all I was seen sloughy, odour, heavy exudate wound and in a first day I cleaned the wound with normal saline and Flagyl solution was applied for odour control.or all morpine 5mg put in wound surface for relieving pain.in a second day I cleaned with normal saline and applied biatain alginate for remove sloughs and applied Flagyl solution.in a third day same thing I did in first two days.biatain alginate used for removal of slough and exudate management.moreover, send the patient for counseling in order to enhance her psychological wellbeing.wound care methods used for patient physiological wellbeing while improving her daily activities.Palliative wound management is the reduce symptoms of wound while reducing the distress and devastating a patient condition.
Result: After three days complication was reduced and less odour and pain was seen.sloughs was reduced.wound is slightly granulate comparing with the first day.patient anxiety was reduced due to the counseling.patient was having good Physiological social appearance after these treatment.
Conclusion: Fungating wound is challengeable and difficult to heal but don’t neglect the fungating wound and manage as you can relieving main symptoms like pain, exudate, odour control is paramount. So do the basic as you can .moreover, promote patient physiological and psychological well being.

O - 8A-2
Pressure Injuries in Hospitalized Patients in Sao Paulo: Incidence and Associated Risk Factors

Vera Lúcia Conceição de Gouveia Santos[1], Margarita Ortiz[1], Paula Cristina Nogueira[1], Leticia Faria Serpa[2], Cleusa Ferri[2]
Background: Pressure injuries (PI) are a common and preventable complication in hospitalized patients. It is important to know the incidence and risk factors for developing effective prevention strategies.

Aims: Identify and analyze the incidence and risk factors of PI in hospitalized adults.

Methods: Observational, prospective, multicenter cohort study was conducted in five hospitals in the city of São Paulo, after approved by Ethics Committee. The data collection was carried out from April to September 2013, the sample consisted of 1937 patients who met the inclusion criteria and agreed to participate in the study. To calculate the incidence and the analysis of risk factors for the occurrence of PI, we used Poisson regression with robust variance.

Results: 55.5% were women, mean age 59.3 years, 60.8% were hospitalized for a period up to 5 days, 61.6% had clinical treatment, 19.6% patients were taking five or more drugs, 57.2% had nutritional risk according to NRS scale, 32.7% presented risk for develop PI by Braden scale. The incidence on IU 5.75% while in ICUs 10%.

Conclusion: The cumulative incidence of PU was 5.9%. The risk factors most related to the development of PI were: age, hypertension, longer hospitalization, public hospital, medical treatment and nutritional risk.

O - 8A-3
PACED: New Framework for Acute Wound Care Management

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Background: Chronic and acute wound care are different in terms of their management. While TIME method is a widely used method for the management of chronic wound, the clinical management of acute wound care is currently absent.

Aim: This study aimed to develop a framework for acute wound care management.

Method: This was a literature review using Proquest database to search articles on acute wound care and emergency wound care.

Results: Based on the reviewed articles and further framework analyses, an acronym of PACED is considered essential for the management of chronic wound. It includes promoting homeostasis (P), administrating drugs such as antibiotic, analgetic and anti-dote (A), cleaning wound (C), edge wound closure (E) and dressing (D). This framework is potentially applicable in emergency setting or in community for first aid.

Conclusion: PACED is a framework that has potential benefits for acute wound care management in terms of wound care and prevent complication.

O - 8B-1
Peristomal Skin: The Good, the Bad, the ugly: What's in a name?

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Perfect peristomal skin is the aim of the stoma patient and the professionals who attend them. Peristomal skin damage is never normal. When the integrity of the skin is damaged, appliance adherence problems, pain and anxiety may occur. (1) Research has identified common complications but few studies offer clear and concise definitions.(1) Current terminology to describe peristomal skin can be confusing. Firstly, the most misused word in nursing and certainly the STN language is ‘excoriation’ which dermatologically speaking means “A scratch mark; a linear break in the skin surface”(2). It is interesting to note that irritant dermatitis and contact allergic dermatitis are the favoured used in the USA and are very descriptive in regards to the fact that the skin is abraded, ulcerated or denuded due to contact with an irritant fluid or
allergic reaction, but these terms do not identify the degree or depth anatomically speaking of damage, just the aetiology. Medical adhesive related skin injury (MARI) and moisture associated skin damage (MARDI) are more recent terms, and are specific to trauma aetiology that is, incontinence or skin stripping. Although they are terms gaining in popularity with WOCNs they do not identify the degree of damage to the skin that is, the epidermis stripped (abrasion) or the dermis injured (ulceration). The use and confusion around current terminology for peristomal skin lesions and beyond such as: abrasion, ulceration, denuded, irritant dermatitis, contact allergic dermatitis, pressure injury, IAD, MASI and MARDI, will be discussed.

Ref: Whitely I, Sinclair Gael. A review of peristomal skin complications after the formation of an Ileostomy colostomy or ileal conduit. WCET Journal V.30.N0.3.P23 2010

O - 8B-2
Fluid Management of Renal Impairment Caused by High-Output Stoma: A Case Report

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Introduction: A number of patients with ileostomy will have a high output stoma not only in the early postoperative period but also after discharge. This may cause dehydration or even renal impairment because of fluid depletion. In this case report, we illustrate the fluid management of a patient with renal impairment caused by a high-output ileostomy.

Case presentation: A 56 years old lady, who had undergone low anterior resection with a defunctioning loop ileostomy created, was readmitted after 6 days of discharge due to renal insufficiency. She had a bad appetited and only drank soup and ENSURE for each meal, which would be excreted in 5-10 mins. The total stoma output was about 1500 ml per day, forced her to empty the bag every 2 hours and change the pouch system 1-2 days because of leakage. Laboratory results showed elevated BUN and SCr.

The management started from an electrolyte solution supplement to avoid further fluid depletion, together with food which can thicken the stool to decrease the output. After a detailed education of adequate liquid complement based on the self-monitor of intake and output and using the appropriate pouch system to collect the effluent, the patient was relieved from the burden of changing bags frequently as well as the peristomal skin problem. The laboratory results were back to normal several days later.

Conclusions: The fluid supplement and intake/output monitor are important to patients with high-output stoma.

O - 8B-3
One Man's Journey: Bowel Cancer Australia's Awareness and Management Programmes

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Aims: To demonstrate the range of activities undertaken by a national body involved in awareness, prevention, management and stomaltherapy support and, in particular, to present a video discussion highlighting the passage of a young patient through the process, with particular emphasis on quality of life.

Methods: The various components of assistance provided by Bowel Cancer Australia (a national bowel cancer organisation) will be presented, elaborating education (population, patients and families), research and support to stomaltherapy services. Aspects of the benefits and deficiencies of the Australian National Bowel Cancer Screening programme will also be presented. Additionally, with full cooperation of a young adult with a diagnosis of bowel cancer and the need for a stoma, a video interview was undertaken which explores the reactions experienced by the process through a diagnosis of bowel cancer.

Results: Currently in Australia, some 15,000 cases of bowel cancer occur per annum, 4,500 patients die each year and 7% of cases occur in people under 50 years of age (and the total incidence and number of
younger patients is increasing). The process for younger patients is both a burden and, for the individual, a life changing event; the video elaborates some of these altered perceptions, expectations and experiences.

O - 8C-1
Application of Fresh-Keeping Bag in 47 Patients with Enterostomy Mucocutaneous Separation

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Background: Mucocutaneous separation is one of the serious complications in enterostomy. In this situation, traditional methods of collecting stoma excreta –using the stoma pocket and stoma chassis stick on the skin- would not work better because mucocutaneous separation will impact the stoma chassis sticking, excreta will contaminate the wound, and the wound would get secondary damage when the chassis is removed.

From January 2015 to May 2017, we used disposable fresh-keeping bag to collect excreta in 47 patients with mucocutaneous separation according to the stoma shape, size, height, and characters of the wound.

Objective: To introduce the application of disposable fresh-keeping bag as a temporary solution for collecting excreta in enterostomy mucocutaneous separations.

Methods: According to different stoma shape, size, height and characters of the wound, different fresh-keeping bag collecting types- such as fastening, rubber band fixation, fresh-keeping bag plus chassis fixation - were used.

Result: 47 patients’ stoma complications were healed. Compared with previous data, the average healing time decreased by 8.16 days, and the average frequency of dressing change decreased by 3.83 times per day.

Conclusion: Application of fresh-keeping bag in mucocutaneous separation patients can effectively improves stoma wound skin environment, reduce the times of dressing change, avoid wound pollution, and shorten the wound healing time. It’s an economical and easy way in solving excreta problem in mucocutaneous separations.

O - 8C-2
Double-Tube Continuous Negative Pressure Suction Drain: New Effective Way to Deal With Urine Leakage of Urinary Stoma

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Urine leakage of urinary stoma is a very important complication that may occur in early period after bladder resection surgery. Doctors and Enterostomal Therapist often feel very confused about how to deal with this situation, especially when patient’s physical and psychological condition are not good enough to tolerate secondary surgery and they always can’t.

Aim: Here I do a case report to share a new effective way to deal with this situation.

Method: The patient is a 31-year-old man who have suffered two surgeries in less than two weeks. The first surgery was done to remove pelvic tumor and make urinary stoma and colostomy stoma. The second surgery was done to solve intestinal obstruction. Two days after the secondary surgery, The patient’s perineal drainage tube drain out 1000ml faint yellow liquid, creatinine level of the drainage is 2112umol/L, depend on this, we diagnosis the patient got urine leakage of urinary stoma. With doctor’s permission, we make a Double-tube continuous negative pressure suction drain system by using flexible rubber hose, hard suction tube, stoma bag, adhesive plaster, irrigator, vacuum device and apply it to the patient.

Result: The Patient’s perineal drainage got less and less after the application of this effective method, 7days later, we stopped negative pressure suction and successfully cured the stoma leakage of the patient.
Conclusion: By doing this case, we found that Double-tube continuous negative pressure suction drain is a good conservative choice for clinical situation like this. I wanna share experience of how to do this treatment and how to keep it safe and feasible.

O - 8C-3
Contradictions in Care: Enabling Nurses in North Vietnam Help Patients Learn to Live Lifelong With a Stoma

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Aim: To enable nurses to gain the knowledge and competences necessary to provide high quality stoma care

Background: In Vietnam, while rapid advances in surgery have occurred, nurses have received little specialist education. Thus, patients with stomas receive care from nurses with limited expertise. For Vietnamese patients, life following stoma formation is not easy, but for those with minimal finances the long term outlook is especially bleak.

Method: Clinical observations recorded the challenges facing patients, and the skills of the nursing workforce. From these a five day intensive nurse education programme including clinical skills was developed, delivered and evaluated.

Results: Patients with a stoma faced difficulties in accessing (sometimes in affording) appropriate appliances, in coping with the stoma, and with individual and family acceptance of their altered bodily functions.

30 nurses attended, evaluation revealed they gained in specialist knowledge and clinical competencies to improve care, and help patients learn to live with a stoma.

Conclusions: This was the first tailored stoma training for Viet Duc hospital, supported by a surgeon and the chief nurse. Overall evaluation was positive, with participating nurses going on to develop research projects to improve care. A follow up train-the-trainers programme has also been developed.

O - 8D-1
Management of Carbuncle Wound

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A carbuncle is collection of boils that develop under the skin. It happens when bacteria infect hair follicles, and the follicles became swollen and turn into boils and carbuncles. A furuncle starts as a red lump and may be tender. The lump then rapidly fills with pus, and as it grows, it may burst.

Carbuncle may affect healthy young peoples and are more common among the obese, the immunocompromised including those with neutrophil defect, the elderly and possibly for those in diabetes. The initial cause of carbuncle can often not be determined. Carbuncle often occur on the back of neck, shoulders or thighs. Compare with single boils, carbuncle cause a deeper and more severe infection and more likely to leave a scar.

The treatment of carbuncles is early administration of antibiotics and surgery. The commonest surgical approaches are saucerization, and incision and drainage (I&D)

The presenter will present a case study and will highlight the challenges and complications that she faced in managing the wound. In this case study, she will share few methods that she used and the used of modern dressing which is available now to help in wound healing process.
Survey and Analyse of Nurse Knowledge and Skills of Applying Adhesive Medical Tapes in Clinical Surgery Settings

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Objectives: To investigate the current status and to explore the influential factors of nurse’ knowledge and skills of applying adhesive medical tapes in clinical surgery settings, then tried to give some advice on improvement.

Methods: 622 cases of clinical nurses in a A-level hospitals in GuangZhou were recruited into this study. A self-developed questionnaire and checklist were used to test nurses’ knowledge and skills of applying adhesive medical tapes.

Results: Total scores of nurse’s knowledge and skills of applying adhesive medical tapes were 64.87±13.48 and 53.01±13.87, respectively. ANOVA results showed that only got training on adhesive medical tapes affect nurses’ knowledge while which and often dealing with skin tear cases had effect on nurses’ skill on applying adhesive medical tapes. However, there was no significant association between the nurses’ background and their knowledge and skills.

Conclusions: Nurses Knowledge and practices regarding applying adhesive medical tapes in clinical surgery settings need improvement. It suggests that we should hold some training courses on applying adhesive medical tapes. Promoting using adhesive medical tapes properly by combining literature instruction and hand-on practice thus to decrease the occurrence of medical tapes related skin tears.

Key Words: adhesive medical tapes knowledge and skill skin tear

O - 8D-3
Biennial Report: Patient Clinical Outcome Summary and Analysis of a Private Nurse-led Wound Center in Malang, East Java, Indonesia

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Introduction: In the last ten years, the number of certified wound care clinician (CWCC) nurses and its associates (CWCCA) in Indonesia has risen dramatically through WCET’s program in Indonesia, namely Indonesian ETNEP (InETNEP). This credential is conducted based on WCET’s standard of training and education. The core mission of In ETNEP is to create of expert nurses in wound, ostomy, and continence (WOC) management, as well as to become an integral part of a multidisciplinary WOC management team. A huge proportion of CWCC and CWCCA has establish their private practice across different provinces in Indonesia. However, the outcomes of the private nursing practices have never been evaluated yet it is not well appreciated.

Aim: To provide a description and analysis of a private nurse-led wound center in Malang, East Java, Indonesia from chronic wounds perspective and financial perspective.

Methods: A combination of Quantitative study with descriptive statistical approach and qualitative-case report

Results: From January 2015 to December 2016 a total number 140 patients were treated through outpatient setting. The top three proportion of the wounds is as follows: diabetic foot ulcer (63.57%), pressure injury (7.85%) and cutaneous infection (7.14%). Patients came up with different characteristics, as well as varied comorbid conditions and inhibiting factors. From an overall perspective, the successfully healed case was 84.28%. The remaining un-healed wounds were mostly related to patient passed away, and loss of contact. In addition, the average length of treatment was 11 weeks (equivalent to 11 times of treatment). The short treatment length and reduced treatment frequency have led to reduced cost of wound care.

Key components of a successful chronic wounds management include: (1) Multi-disciplinary collaboration with other healthcare profession (2) Appropriate implementation of TIME framework in wound...
management, and (3) patient-centered diabetes education which include patient empowerment and self-efficacy enhancement.

**Conclusions**
(1) Diabetic ulcer remains the most prevalent case
(2) Inter-professional collaboration is an essential part in wound management
(3) Wound management performed by CWCC and CWCCA is both clinically and financially effective

**Recommendations**
(1) The roles of CWCC and CWCCA should be optimized to ensure clinical and cost effectiveness of wound management
(2) National health insurance should consider the coverage for CWCC practices in healthcare facilities

**Keywords:** nurse-led wound center, certified wound clinician, patient outcome

**List of abbreviations**
CWCC : Certified Wound Care Clinician
CWCCA : Certified Wound Care Clinician Associate
WCET : World Council of Enterostomal Therapist
TIME : Tissue management, Infection and Inflammation control, Moisture balance, Epithelial advancement

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**O - 9A-1**

Which One is Better to Cure Phlebitis? Evidence from the Comparison Between TCM Herbs Homemade Sticker and Magnesium Sulfate Wet Sticker

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**Objective:** This study aims to investigate the treatment effects of phlebitis therapies by comparing magnesium sulfate wet sticker with TCM herbs homemade sticker.

**Methods:** Our sample includes 62 cases with phlebitis between March 2011 and June 2013. All 62 patients contracted phlebitis because of intravenous infusion. According to the random number table, 62 patients were randomly divided into two groups (observation group n=31 & control group n = 31). For control group, patients were treated with 50% magnesium sulfate wet sticker, once a day and 7 hours each time. The whole therapy lasted for 5 days. For observation group, patients were treated with TCM herbs homemade sticker, which consists of rhubarb, coptis, phellodendron, scutellaria, blettilla, sstragalus membranaceus, and peppermint leaf. Similarly, patients in observation group was treated once a day and 7 hours each time. The whole therapy also lasted for 5 days. After comparing the general informations of patients between two groups, the differences are insignificant (P> 0.05).

**Results:** The total effective rate in observation group is higher than that in control group (97.77 percent to 74.20 percent, p <0.05). Additionally, the treatment period in observation group is shorter than that in control group (3.42 days to 4.2 days, p <0.05).

**Conclusion:** Magnesium sulfate wet sticker is overshadowed by TCM herbs homemade sticker in curing phlebitis. Due to its shorter treatment period and higher effective rate, TCM herbs homemade sticker is worthy of promotion for curing phlebitis.

**Keywords:** magnesium sulfate wet sticker, TCM herbs homemade sticker, phlebitis, treatment comparison

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**O - 9A-2**

Elevate the Nurse’s Ability of Pressure Ulcers Assessment and Care By Applying Flip Teaching Model.

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**Aims:** Pressure ulcers are a particular problem for bedridden individuals who are hospitalized. The assessment, prevention, and treatment of pressure ulcers are of major importance to healthcare
professionals and to the facilities at which they practice. The aim of this study is to elevate the nurse’ ability of pressure ulcer assessment and care by applying the flip teaching model.

**Methods:** The researchers applied the flip teaching model which included the comprehensive curriculum design; problem- oriented learning and situated teaching methods, 360 nurses were recruited to attend the basic class session and then selected 40 senior nurses to join the advance program. These 40 nurses will be the mentors in the unit to manage the quality of pressure ulcers.

**Results:** This study showed that flip teaching model could significantly elevate the nurse’ ability of pressure ulcer assessment and care, especially in the concept and knowledge. The pre-post test after the IRS classroom strategy showed the meaning difference in score. Problem- oriented learning and situated teaching strategy had successfully inspired the senior nurses to develop the innovation care models of pressure ulcers.

**Conclusion:** A well structured educational program with flip teaching strategy can significantly promote the learning outcome, especially for the big number of nurse staffs in the medical center. Pressure ulcer is the iconic index of nursing care quality and well educated staff is very important to manage this quality index.

**O - 9A-3**  
Impact of Wound on the Quality of Life

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**Aims:**  
• To explore the impact of wounds on quality of life.  
• To identify which types of wounds have the greatest negative effect on quality of life.  
• To itemise how psychological distress impairs wound healing  
• To identify nursing interventions which can minimise these effects

**Methods:** A literature search was undertaken to identify the kinds of wounds most likely to cause severe psychological distress, the negative effects of psychological distress on wound healing and how the nurse can best intervene to ameliorate this distress.

**Results:** Malignant wounds or wounds causing facial disfigurement are more likely to cause psychological distress which may affect compliance with treatment. Wound whether visible or concealed, acute or chronic, large or small may have profound psychological effects on the individual concerned, causing distress, pain and anxiety. This stimulates cortisol release from adrenal cortex. Corticosteroids increase the protein breakdown rate which directly inhibits collagen and hence wound healing.

**Conclusions:** Denial, feelings of anger, guilt, hustling are often expressed and directed at the relatives or staff caring for the patient. In such cases honest and realistic advice needs to be given to patients and their relatives for successful wound management.

**O - 9B-1**  
The Nursing Methods of Anal Pain In A Patient With Postoperative Low Anterior Resection Syndrome After Colostomy Closure.

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**Aims:** Discuss the nursing methods and reasons of anal pain in a patient with postoperative Low Anterior Resection Syndrome after colostomy closure.

**Methods:** Clean peri-anal skin with normal saline, scatter stoma care powder and spray skin protective film around anus, then put Compound Carraghenates Suppositories into anus followed with tampons. At the same time, health care teaching was also conducted by both nutrition specialized nurse and psychological counselor. Follow up the condition of wound and relief of anus pain.
**Results:** Peri-anal fecal dermatitis and anus pain gradually relieved within three days. **Conclusions:** For patients who had sphincter-sparing procedures, anus pain should be considered as a part of Low Anterior Resection Syndrome. And we can use Compound Carraghenates Suppositories and tampons to relieve the anus pain.

**O - 9B-2**  
Efficacy Comparison And Nursing of Two Treatment Methods For Stoma Granuloma

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**Objective:** To observe the efficacies and nursing outcomes of stoma granuloma using the treatment methods of silver nitrate and electrocautery at our stoma clinic.  
**Methods:** A total of 52 outpatients with stoma granuloma were randomly assigned into two groups of silver nitrate and electrocautery. Their efficacies were observed and analyzed. **Results:** The healing rate of two treatment methods showed no statistically significant difference (P>0.05). Yet the effective rate had statistically significant difference (P<0.05). Regression analysis of effective rate demonstrated that electrocautery was more efficacious than silver nitrate.  
**Conclusion:** These two treatment methods are both effective for stoma granuloma. Based upon the size of granuloma and patient availability for repeated re-examinations, proper measures may be selected. The treatment of silver nitrate is effective, safe, painless and low-risk for granuloma less than 0.5cm×0.5 cm. However, multiple treatment sessions are necessary for granuloma larger than 0.5cm×0.5 cm. Single electrocautery treatment is thorough enough for granuloma larger than 0.5cm×0.5 cm. And retaining tissue specimens is safe, yet it has a greater trauma surface area and a slower healing.  
**Keywords:** Stoma; Granuloma; Silver nitrate; Electrocautery; Efficacies; Nursing Care

**O - 9B-3**  
Self-Reported Life-Style Impact of Patient Living with Stoma

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**Aims:** The aim of this study was to examine the frequency of life style impact on individuals living with stoma.  
**Methods:** This was a cross-sectional descriptive study conducted among patients with stoma in Dr. Moewardi Hospital Surakarta, Indonesia. A City of Hope Quality of Life - Ostomy Questionnaire (COH-OQ) was distributed to patients with colostomy, ileostomy, and urostomy. The Life-style impact were assessed comprised work related items, health insurance, sexual activity, psychological support/ concerns, clothing, and diet. A univariate analysis was performed to examine the frequency and percentage of each life style impact.  
**Results:** There were 88 patients with colostomy, ileostomy, and urostomy participated to this study. The results showed that more respondents (62.5%) experienced the change of work related to having an ostomy. About sexual activity, more respondents (71.65) resumed not doing any sexual activity since having an ostomy. Moreover, all respondents reported that they did not belong to any ostomy support group. The majority of respondents (79.5%) also reported that they got a problem because of stoma location.  
**Conclusions:** Some changes occurred in patient after having a stoma. The changes not only occur in the physical aspects but also other aspects, such as psychological.  
**Keywords:** Stoma, Ostomy, Life-style impact

**O - 9C-1**  
Nursing Experience for Treating Stoma Related Complications With Convex Chassis
**Aim:** To discuss the convex chassis with scientific nursing measure to treat early postoperative colostomy related complications in stoma care and promote the role of wound healing.

**Methods:** A total of 72 cases of early postoperative colostomy related complications from Aug. 2013 to Dec. 2016 were divided into observation group and control group, with 36 cases in each group. Patients control group were given Coloplast 2-piece closed pouch, while patients in observation group were given convex chassis and belt compression. The curative effect, comfortable degree and ache degree were evaluated after treatment for 1 month.

**Result:** The total effect rate of observation group and control group were 97% and 70%, respectively, with significant differences (P<0.05). The discomfort degree and ache degree of observation group were significantly lower than those of control group (P<0.05). The SDS score and time of replacing pocketed of observation group were significantly lower than those of control group (P<0.05). 36 patients used convex chassis for ostomy care achieved the desired results and Effective measure of dressing change and ostomy care promoted wound healing, ensured effective sticking of the ostomy bag, and alleviated patients’ psychological stress.

**Conclusion:** Convex chassis with scientific nursing measure is one of the effective ways to treat stoma related complications. Convex chassis patients with early postoperative colostomy related complications has significant curative effect, and decrease the discomfort degree, ache degree and depression, which is worthy of being put into clinical practice.

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**O - 9C-2**

Wound & Ostomy Care in Saudi Arabia (SWOT) Analysis

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**Introduction**

Wound care as a clinical discipline has continually struggled to find its voice, in all parts of the world. and even though wound care services have been established in many countries, wound care as such still suffers from poor visibility and awareness among service commissioners, hospital administrators, and even some medical specialists.

**Aim:** With the significant increased and improvement of Health care system in Saudi Arabia which started a few decades ago nursing as a wound care providers have been present since the beginning of Islam and developed a lot in the present but still facing a lot of obstacles which needs to be analyzed and studded in order to find best solutions.

**Methods:** Using ( SWOT) analysis as a useful tool for understanding and making decisions to improve organization of complex services like wound care I evaluated current wound care practice as a very important new specialty started in our country and highlighted the STRENGTH and WEAKNESS points together with OPPORTUNITIES and THREATS.

**Results:** Looking at suffering in the field of wound care at most of the countries they are facing the same internationally but Religious and cultural impacts more affecting and limiting a lot of this practice in Saudi Arabia apart from some other influences.

**Conclusions:** Wound & Ostomy Care services in Saudi Arabia can be well understood to implement and create new promotional plans and raise the profile of wound care to attract key Stakeholders to improve and advance the support provided in this field after comparing the costs and benefits.

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**O - 9C-3**

The standardised rehabilitation of the anal sphincter after rectum resection

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LARS = Low Anterior Resection Syndrome is a sequelae that severely affects the quality of life of those affected. Due to the altered anatomical / physiological situation caused by the deep anterior rectal resection, usually with previous neoadjuvant chemotherapy and / or radiotherapy (or radio-chemotherapy) continence and defecation problems occur. The joy over the closure of the temporary protective ostomy system is quickly overshadowed by massively increased stool frequency, imperative and difficult to control stool urgency, up to complete fecal incontinence. At Ordensklinikum Linz Hospital Barmherzige Schwestern, we have now established a standard that any patient begins with a targeted conservative sphincter training 6 weeks after the deep rectal resection with temporar protective stoma. Before the patient starts the exercise, a medical-endoscopic check of the anastomosis is performed. This therapie is a special electrostimulation biofeedback training, which works with medium-frequency currents, that makes no problems in the area of the clip seams on the anastomosis. Thus, the time until to ostomy closure can be used good and targeted. Therapy success is checked monthly by reading the exercise data on the PC and after 3 months sphincter training we do a retention test, and if there is an adequate continence situation, nothing stands in the way of stoma closure. Through this targeted rehabilitation, patients receive a good training and also an immediate feedback on their sphincter performance so they can decide for themselves, whether the planned stoma closure is realistic. Currently, we can only report on our observations since no study has been conducted yet. However we are evaluating the urgency, the emptying frequency and incontinence episodes of every patient after deep rectal resection by using the LARS score.

O - 9D-1
Applying Neuromuscular Tapping to Reduce Pain In Chronic Wound

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**Aim:** To demonstrate effectiveness of Neuromuscular Tapping (NMT) application to reduce pain in chronic wound.

**Method:** Pain in chronic wound is something common. Unresolved pain can have negative impacts that lead to delayed wound healing process. Reducing pain level is quite challenging for nurses. One diabetic foot ulcer, one arterial ulcer and one traumatic chronic wound presented to wound care clinic with pain experience above 3 level using numeric scale. After treating the wound base on the wound bed problems, one centimeter strip tapping applied to all cases.

**Result:** After three days, the pain level reduces drastically. One patient experience zero pain level and he could sleep very well. Another effect of neuromuscular tapping application is reducing edema around the wound significantly.

**Conclusion:** In these three cases, applying neuromuscular tapping can reduce pain level and edema.

**Keyword:** chronic wound, pain, neuromuscular tapping

O - 9D-2
Professional Leads Services in Wound Ostomy and Continence: Celebrate 10 Years of Indonesian ETNEP

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**Introduction:** Health being one of the things that interest in Indonesia. The strategy took by improving preventive and education project and the role of nurse is needed and important to support this program. Indonesia social and economic conditions that remain low become one of the factors the emergence of health problems. Problems that arise partly caused due to failure in treatment of injuries, stoma and incontinence. Wocare center through Indonesian ETNEP that recognized by WCET held training program.
To keep the quality of graduates, wocare center establish alumnus who had legally as InWCCA (Indonesia Wound Care Clinician Association).

**Purpose:** To improve quality of the nurse in term of nursing wound, stoma and incontinence and perceived its existence in society.

**Method:** Wocare carry out 37 hours short course that certified by Ministry of Health - Republic Indonesia and conducted in all Indonesia regions. Wocare doing these activities as a part of pre-Indonesian ETNEP and promoted the basic of wound management. Indonesian ETNEP carry out by two ways, namely by full Indonesian ETNEP programs or take by gradually (divided into three main subject). This strategy is to reach Indonesian nurses that have limited funds readiness and did not have enough time due to tied work in hospital.

**Outcome:** Over the past ten years (since 2010 to date) Indonesia ETNEP, the benefits have gained by Indonesian health worker. More than 10,000 wound clinician consisting of nurses and even doctors and midwives has facilitated improving wound services. More than 450 nurses under completion of ETNEP program and ET nurse has reached 150 nurses pass and through the Indonesian ETNEP in Wocare Center. They have done a lot of change in the hospital where they work, even can provide nursing independently services in their respective.

**Conclusion:** Caring of WCET to the nurses around the world has been proven. Trust WCET to Wocare Center through Indonesian ETNEP has changed of life and the future of Indonesian nurses get better.

**Keywords:** Indonesian ETNEP-Wocare; WCET recognized; Indonesian nurses

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**O - 9D-3**

Dealing with Silvery Scaling of Psoriasis by Using Red Papua Fruit - Indonesia: Pandanus Conoideus

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**Introduction:** People with psoriasis are slightly increased in Indonesia and prevalence ranging from 1% to 3% of the population (Wahyudi MD, 2017). This caused by an overactive immune system considered with chronic skin disorder, hyper proliferation and abnormal differentiating of epidermal with characterized as an erythematous plaques with silver scales and itching or burning skin sensation. There is no cure for psoriasis, but manage symptoms such as moisturizing and managing stress, may help improving their symptoms and quality of life.

**Aims:** According to the analysis result conducted by Institute of Agricultural Bogor (IPB), Red Papua Fruit actually contains high degree of Carotenoid and Tocopherol that researcher thought that could help effect to reduce silver scales and itching or burning skin sensation.

**Method:** Study has been done in 10 cases of psoriasis with those symptoms that used uncomfortable coal tar before and including mental health management. Psoriasis can get worse if you scrub too hard and need to be gentle with them. By applying skin lotions smooth all over body parts that feels dry after shower for quick absorbance for topical treatment and also use a shampoos and body bath in including treatments. Result that shown softly epithelial skin in 10 cases.

**Conclusion:** Red Papua Fruit or Pandanus Conoideus shown excellent helps for decrease effect of silver scales and itching skin sensation.

**Keywords:** psoriasis; silver scales and red Papua fruit

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**O - 10A-1**

The Impact of Vitamin D Deficiency on the Presence of Deep Wound Infection in Persons with Diabetes.

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In Western Asia the prevalence of Vitamin D deficiency is frequently studied. It also has a Diabetes mellitus prevalence between 8-20%. This investigation aimed to compare metabolic Vitamin D status and
glycemic control with quantifiable wound healing parameters in a prospective, analytic non-experimental, cross-sectional study. Consecutive adult patients (N=80) attending the regional ambulatory wound care unit in a set 31-day period, were included. Quantifiable data included three-dimensional wound photography, STONEES®, criteria, X-ray on a positive probe-to-bone test and comparison of those to blood values of 25(OH)D and HbA1c. Diabetes Mellitus was present in 90% of the sample with only 3.8% of the total sample having Vitamin D levels above 50ng/ml (175nmol/l). 25(OH)D deficiency (<20ng/ml/50nmol/l) was present in 85%. HbA1c levels in excess of 6.8% were present in 72.1%. Those with both Diabetes mellitus and a Vitamin D deficiency (76.3%) demonstrated difficulty in healing (36.7%) or stalled/deteriorating wound conditions (39.7%). Surface temperature >3oF was present in 82.3% of all wounds and an open exposed bone in 50% of the cases. General linear modeling achieved an adjusted R2 of 47.9% on poor wound healing outcome where Vitamin D deficiency, poor glycemic control and an exposed bone presented in Diabetes related wounds.

O - 10A-2
The Effect of Fresh Potato Slides on Leakage of Iodinated Contrast Agent at Puncture Point.

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Aims: The study is aiming at investigating clinical effect of external application of fresh potato slides on leakage of iodinated contrast agent at puncture point compared to 50% magnesium sulfate.

Methods: 40 patients who underwent leakage of iodinated contrast agent at puncture point were randomized enrolled in intervention group or control group, and each group contains 20 cases. The patients of intervention group were undergone external application of fresh potato slides, while the patients of control group were 50% magnesium sulfate. The effect, duration period, frequency of dressing change and satisfaction and compliance of patients were analyzed.

Results: The effect and duration period are better in intervention group (p < 0.05). The frequency of dressing change is less in intervention group (p < 0.05). The satisfaction and compliance are also better in intervention group (p < 0.05).

Conclusions: External application of fresh potato slides has better clinical effect on leakage of iodinated contrast agent at puncture point compared to 50% magnesium sulfate with an easier access and higher compliance of patients.

O - 10A-3
A Controlled Study of the AQUACELÆAg With Hydrofiber Dressings Enhanced the Wound Healing of Abscess of Periductal Mastitis.

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Objective: To evaluate the effectiveness of the silver dressings enhanced the wound healing of abscess of periductal mastitis.

Methods: 47 patients who suffered with abscess of periductal mastitis were randomly divided into two groups, the study groups(23 cases) received the silver dressings care, and the controlled groups received the normal gauze dressings care. The period of wound healing, times of the wound care, the I phase healing rate of II stage operation wound, and the recurrence rate of abscess were noted and statistically analyzed between the two groups.

Results: The period of wound healing(17.66±4.43d versus 31.04±10.16d), times of the wound care(10.14±2.97 versus 64.61±7.04), the I phase healing rate of II stage operation wound(91.30% versus 62.50%) and the recurrence rate of abscess(4.35% versus 20.83%) of the study groups were significantly less than the controlled groups.
**Conclusion**: It was be certificated that the silver dressings could be used to enhanced the wound healing of abscess of periductal mastitis, reduced the I phase healing rate of II stage operation wound and the recurrence rate of abscess.

**Key Words**: Periductal mastitis, Silver dressings, Wound healing.

**O - 10B-1**
The Challenges of Managing Systemic Skin Conditions and their Impact on Peristomal Skin

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**Aims**: To review anatomy and physiology of the skin, and to reflect on how skin heals, in relation to the challenges of managing systemic skin conditions and the impact on peristomal skin.

**Methods**: Audit has shown us that at least 77% of patients, who experience sore skin, have done so as a result of topical contamination, causing damage to the stratum corneum. This results in damage to only the superficial dermal layer of the skin and can be resolved in 24-48 hours with the correct fit of the appropriate appliance (Boyles and Hunt, 2016). However, there are a smaller group of patients who have an associated, systemic skin condition that can affect stoma care and can be much more challenging.

**Results and Conclusions**: This presentation will look at a case study of a patient with Psoriasis. It will reflect on the 28 day cycle of skin repair, the skin’s response to disease, and how this knowledge impacts the level of assessment and intervention required for successful treatment of peristomal skin conditions as opposed to peristomal skin soreness.

A short video of the patient's account of their experience will be shown.

Psoriasis is a common chronic skin disease which presents as scaly pink patches on various parts of the body. It is possible, therefore, that ostomists who already suffered from psoriasis prior to their stoma formation might suffer from peristomal psoriasis, (Lyon et al, 1999).

**O - 10B-3**
The Relationship Between Characteristics Ostomate with physical comfort and psychospiritual in Jakarta Area

Devi Sahputra\(^1\), Dewi Gayatri\(^2\)
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Increasing the number of people with stoma (ostomate) in Indonesia due to the high incidence of colorectal cancer. Stoma causing problems of physical comfort, psychospiritual, social and environmental. This study aimed to see whether or not the relationship characteristics ostomate with physical comfort and psychospiritual. The method using cross sectional study conducted in 55 ostomate simple random sampling with a modified questionnaire Comfort Scale Kolcaba adaptation stoma. The results of this study are high comfort both physically psikospitual 89.1% and 80.0%. Their relationship ostomate characteristics: complications with the physical comfort (p: 0.004) and psychospiritual (p: 0.0018) and their relationship ostomate characteristics: location stoma comfort psychospiritual (p:0045). Research shows that people living with a stoma will affect comfort. Education and pre-operative stoma site at very important to determine ostomate comfort in life after surgery.

**O - 10C-1**
Facilitate the Self-Care of Ostomy Patients by Following Apply-Remove-Check

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Purpose: Help ostomy patients build correct pouch-change routine by applying Apply-Remove-Check (ARC) procedure so as to adapt to daily life.

Method: Enterostomal Therapists (ET) conducted ostomy patients to apply ARC procedure before discharging from the hospital. In following 8 weeks of post-discharge, patients self-recorded the pouch-change information while changing their ostomy baseplates. After 8 weeks, patients were requested to follow-up visit and complete questionnaire survey.

Results: Study subjects involved by ostomy patients (N=12), data received 12 valid self-records and quantitative questionnaires. Study results reveal that 83.3% of patients consider the ARC procedure is easy to learn; 66.7% of patients perceive the ARC procedure as useful. In addition, 75% of patients will constantly apply the ARC procedure to pouch-change routine even when this 8 weeks study had completed. On the other hand, the analysis of ostomy patients’ quality of life indicates 80.3% of patients feel inconvenient and restricted to their daily life when applying baseplate or pouch. Accordingly, results summarized into three main stoma care concerns to patients: the leakage issues (72.7%), the skin irritation or reddish skin (45.5%), and the accessibility of baseplate or pouch (27.3%)

Conclusion: ARC procedure helps ostomy patients to maintain correct pouch-change routine and build their self-care confidence. Furthermore, it could be an effective communication tool between ETs and ostomy patients through continuously daily observations and records of stoma site and surrounding skin.

O - 10C-2
Assessment for Ostomy Patients Using the LSD-Score

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Background: Peristomal skin lesions are frequent complications of ostomy; however, a classification system is useful to justify the impact on ostomates quality of life.

Aim: An interdisciplinary German expert panel (GESS) developed an innovative, semi quantitative classification system for peristomal skin lesions for further stratification of ostomy therapy. This score is based on criteria which can be assessed by stoma therapists and treating physicians. This presentation shows the implementation process of the LSD-score system and the different challenges.

Results: The new peristomal skin lesion score (LSD-score) grades peristomal problems, describes pathologies of the ostomy and the peristomal region. The LSD score is the basis for a management algorithm. The challenges for implementation and validation of this score system are part of this presentation.

Conclusion: The LSD score is comprehensive, standardized and holistic. It’s straightforward use by health professionals can improve the consistency of the description of skin lesions and enhance the quality of ostomy therapy.

O - 10C-3
Management Complication of Peristomal Skin: SACS 2.0 L3T5 in Children with Ileostomy Using Zinc Cream and Plastic Bags

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1. WOCARE Center, Indonesia

Background: Ileostomy in children often has the problems, either on the stoma or peristomal skin. Redness on the peristomal skin is one of the problems of early peristomal skin’s complication. If it doesn’t have adequate treatment, it will be an ulcer. Goal of the stoma treatment in children is stoma bag discharged well and adequate stoma care to decrease incident of complication of peristomal skin.

Aim: Evaluation of management complication of peristomal skin using zinc cream and plastic bags in children with ileostomy

Method: Case study An. E (4 years old) with ileostomy. An. E has stoma since 4 years ago. An. E always rejected to use stoma bag. All the time, the stoma just covered using cloth and tissue.
The assessment with SACS 2.0 showed the classification of complication peristomal skin L3T5. The nurse did modification stoma care with plastic bag that can collect all the output of stoma. Management complication of peristomal skin using zinc cream and plastic bags evaluated for seven days.

**Result:** After stoma nurse cared stoma and peristomal skin using zinc cream and plastic bags in seven days, showed the result SACS 2.0 classification from L3T5 become L2T5

**Conclusion:** Management complication of peristomal skin is using zinc cream and plastic bags is effective for ulcer healing on peristomal skin, especially in children. Advanced care and follow up may require to prevent the same problem.

**Keywords:** Illeostomy, complication of peristomal skin, SACS 2.0, zinc cream, plastic bags

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**O - 10D-1**
The Underestimated Role of Skin pH in Managing Wound, Ostomy, and Contience Nursing

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**Aims:** The impact of skin pH is best understood in managing Incontinence Associated Dermatitis (IAD). The prolonged presence of stool and/or urine causes an elevation in skin pH and escalates skin breakdown. This elevation is seen with all sources of excess moisture including sweat and wound drainage. Helping clinicians expand their basic knowledge of skin science and expanding their understanding from IAD management to the management of other types Moisture Associated Skin Damage (MASD), wounds and peristomal skin complications is critical to quality patient care.

**Methods:** A literature search on the role of pH, the importance of the acid mantle and a healthy micro biome was conducted. Based on accepted standards of care and knowledge gained, the importance of establishing a healthy acid mantle with a restoration of a normal (low) pH was more clearly understood. This knowledge was then transferred to patient care situations and compared to previous standards of care.

**Results:** Treatments for IAD- including IAD that was unresolved in spite of traditional management, Intertrigo, Erythrasma, Peristomal Irritant Dermatitis, Pseudoverrucous Lesions and Periwound Dermatitis were modified to include therapies that could reliably lower the skin pH. In every instance, the time to healing was decreased and patient comfort was increased without increasing cost.

**Conclusions:** The role of a normalised pH is critical in maintaining healthy skin and an intact Stratum Corneum. This restores the body's best natural protection, a healthy stratum corneum.

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**O - 10D-2**
Clinic Wound and Ostomy: Innovative Nursing Management to Promote ET Nursing Specialty Service in Thailand.

**Yuwadee Kestsumpun**[1]
1. Thailand Enterostomal therapist Society, Thailand

**Background**
In a situation where there is a dire shortage of nursing staff, it is not possible to open more units for specialized wound / ostomy nursing services. Therefore, nurses who complete the ET course will return to their units where there may be an absence of wound and ostomy patients. This is a waste of specially trained nurses and most importantly, the patients in the ward who do not have an ET nurse will not get the best care.

**The innovation**
The creating a vision alongside the management team on the values of the service provided by specialized nurses. Setting up a specialty clinic which utilizes ET nurses from various units rotated through a roster allowing them to work at the clinic, thus minimizing the impact on combined providing
units. As well, the design of workplace systems that emphasize interpersonal communication is imperative to the success of this vision.

**Results and Conclusions**
Transformational leadership of nursing administrators who make commitments to ET nurses in the provision of specialty care, the innovative communication and work processes of the clinic are factors that will lead to the access of services for patients requiring specialty care including IPD and OPD. The Clinic will prove to be the best utilization of ET staff and prototype best practice specialty ET clinic.

**O - 10D-3**
Survivorship

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When active treatment for colorectal cancer (CRC) has ceased, what are the needs for this cohort of patients and do current care pathways manage their foremost concerns? Patients treated for CRC with curative intent become part of the growing group of cancer survivors. There is controversy around who should follow up these patients. Should it be oncologists, surgeons, general practitioners (GP’S), specialist nurses or a combination of these health professionals? The timing of consultations/tests and the use of survivorship plans requires discussion and further research to provide best care at the end of active treatment. There is also a lack of evidence as to whether intensive follow up versus less intensive follow up, improves survival outcomes following curative treatment for CRC. Critically important is the recurrence of CRC but it is one part of survivorship care.

This presentation aims to consider what is important information as identified by CRC survivors and the support services that they may require, centering on quality of life issues. As institutions are fiscally constrained and outpatient departments overwhelmed with follow-up appointments, discussion around the better use of resources is required to ensure patient’s needs are met.

**O - 11A-1**
Management of Perineal Moisture-Associated Skin Damage: A Case Report

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**Background:** Perineal moisture-associated skin damage (PMASD) is a common cause of skin injury on perineal region. Approximately 25%-60% of non-healing skin lesions which can prone to serious infection, sepsis, and potentially life-threatening to patients. A 51-year-old with MASD in the perineum, buttocks, and thigh area caused by prolonged exposure to moisture and chemical irritants.

**Aims:** This case report describes a wound care experience with perineal region that resulted in MASD.

**Methods:** The wound presented large full-thickness skin defect with black eschar, causing heavy exudates, odor, and infection. We instituted a skin and wound care regimen that involved: structural skin care to avoid the damp environment and friction; conservative debridement with autolysis to reduce non-viable tissue. Silver-containing hydrofiber dressings and antibiotics were used to control exudate, odor and infection. Results: After four weeks of skin and wound care, the surface area of the patient’s wound deceased 90%. One week later his lesion has completely healed.

**Conclusions:** We suggest that healthcare professionals caring for patients with MASD be provided with early skin protection strategies, and identifying moisture factors. In addition, patient education on wound and skin care should be provided to prevent the recurrence of MASD.
Introduction: The treatment of chronic wounds accompanied by bone expose is still a big challenge for wound practitioners who end amputation. It takes time, cost and proper dressings to stimulate optimal tissue growth and stop amputation.

Aims:  This study aims to examine the effectiveness of zinc cream combination of Chitosan (®metcovazin regular) with NPWT negatife pressure wound therapy against accelerated wound healing with bone exposure.

Method: A case study was conducted on 10 chronic wounded persons accompanied by bone expose in wocare center bogor. All respondents were given zinc cream combination of chitosan and NPWT as primary dressing and replacement bandage every 3 days. Acceleration of the wound healing process is measured using a bates jeansen wound assasment tool (BWAT).

Result: the average of epithelial growth was 9.89 weeks with standard deviation 2,205 weeks. The average score of BWAT before 40 and after 18. So significantly there is a difference of BWAT score before and after intervention.

Conclusion: Zinc cream combination of Chitosan with NPWT has been proven effective in accelerating epithelialization in chronic wound healing process with bone expose

Keywords: Bone Exposure, Chronic Wound Epitelisasi, Zink cream.

O - 11B-1
The Benefits of Nurse-Led Management of LARS

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Introduction: Colorectal cancer in Saudi Arabia is the most commonly occurring cancer in males and the third in females, with rectal cancer accounting for around 41%. Despite therapeutic advancements resection of the tumour plus multimodal therapies including radiation are necessary for all but early stage tumours. The sequelae of radiation and surgery with total mesorectal excision (TME), for low rectal cancer, notably disorders of defecation, bladder and sexual dysfunction are known risk factors. Frequency, urgency and incontinence to gas and liquid stool, clustering of bowel movements, fragmentation of stool and incomplete evacuation, termed low anterior resection syndrome (LARS) are reported to affect 50-90% of individuals. These symptoms are underestimated by health care providers and under reported by cancer survivors; leading to ongoing chronicity and a reduced QOL for up to five
years after completion of treatment. There is an urgent need for Advanced Colorectal Nurse Specialist within MDTs in Saudi Arabia.

**Aims:** This presentation will discuss LARS and highlight the benefits of Nurse-Led management for patients and organisations.

**Conclusion:** Patients with LARS fall through the gap in care in countries where nursing specialization is limited. Nurses who are knowledgeable about the anatomy, physiology, pharmacology and nutrition related to the gastrointestinal system and pelvic floor are positioned to add management of LARS to their services.

**O - 11B-2**

An Unfamiliar Peristomal Skin Condition

**Debra Day**[1]

1. Central Coast Local Health District, Australia

**Introduction:** Peri-stomal intestinal metaplasia of an ileostomy is a condition that is rarely reported in the literature. It occurs when intestinal cells grow on the skin surrounding a stoma. As Stomal Therapy Nurses, we face the challenge of managing many and varied stomal complications almost every day. Occasionally a client will present to our practice with a condition that we are not familiar with. Management may require a multi-disciplinary approach to achieve the desired outcome. This case study focuses on the third case of peri-stomal intestinal metaplasia known to the author and outlines the difficulty with diagnosis and the subsequent course of therapy.

**Background:** An 86 year old woman with an Ileostomy of 55 years presented to the Stomal Therapy Clinic with an area of eroded skin. The Stomal Therapy Nurse was unable to determine pathology or aetiology. The client was referred to a Dermatologist for review.

**Treatment:** Biopsies were taken of the peri-stomal skin and a diagnosis of intestinal metaplasia was confirmed. Therapy of low intensity electro-cautery was undertaken several weeks apart. Although initially successful, areas of re-growth were noted several months later. Further treatment was undertaken with an increase in the intensity of the electro-cautery. Assistance was sought from a community based wound clinic for ongoing wound care following treatments.

**Outcome:** The client required long-term management and monitoring. Expert stomal therapy skills were required to provide a secure pouching system which in turn promoted healing and alleviated pain. This rare and complex peri-stomal condition presented as a problematic and challenging issue to the specialist nurse. In this case, successful stoma management necessitated a multi-disciplinary approach which assisted the client by providing improved skin integrity and improved QoL.

**O - 11B-3**

Group Visits Influence on Self-Efficacy of Postoperative Patients with Colostomy

**Yingying Li**[1], Qingrong Qu[1], Lu Yang[1], Junxia Wang[1], Chengshu Yang[1], Weifang He[1]

1. The First Affiliated Hospital of Zhengzhou University

**Objective:** To explore whether it is feasible that group visits was applied to postoperative patients with colostomy and the impact of group visits on self-efficacy.

**Methods:** 78 subjects were participated in this study from November, 2015 to June, 2016. They successfully completed the enterostomy at The First Affiliated Hospital of Zhengzhou University. 39 patients included the criteria were selected for each group. Interventional group were given the educational model of group visits, whereas control group were given routine management. Questionnaires were used in this study and included a self-designed General information questionnaire. The Stoma Self-Efficacy Scale(SSES) Cronbach’s α was 0.97. The patients should fill the questionnaire at 3 and 6 months after enterostomy.

**Results:** The valid sample finally contained 70 patients in the survey, each group 35 patients. According to the patient’s general information, patients’ average age was 52.21±13.39 years old, sigmoid stoma were 74.3%, ileostomy were 11.4%. At 3 months postoperatively, the self-efficacy score of treatment
ABSTRACT

Statement of Clinical Problem: Maintaining peristomal skin integrity is a concern for ostomy patients. The literature supports that as many as two thirds of people with an ostomy will develop a serious peristomal skin complication1. Peristomal skin complications can impact health-related quality of life, health economics, and clinical outcomes.

Description of Past Management: All patients are exposed to PMASD, MARSI, and skin occlusion related to barrier use. Choosing the correct ostomy barrier is the responsibility of the WOC/ET nurse to ensure a good seal around the stoma but also to minimize the impact that leakage, barrier removal and barrier occlusion has on the peristomal skin.

Current Clinical Approach: There are two categories of skin barriers: extended wear and regular wear; chosen based on absorption and adhesion 2. To help maintain peristomal skin health, WOC/ET nurses should consider new product options in their decision making to be more proactive in their practice.

Selected Patient Outcomes: The three cases include a urostomy, ileostomy and colostomy. In each case, the peristomal skin was ulcerated at the onset of care, and the ostomy management was modified to include use of a ceramide infused skin barrier. Skin condition improved or resolved and in two cases, product utilization was reduced.

Conclusions: WOC/ET nurses are challenged with managing peristomal skin complications and patients are negatively impacted. Adopting ceramide infused skin barriers can help provide positive outcomes. Beyond case studies, further research is required to support this new product option.
References:

O - 11C-3
Stoma Complications and Their Impact on Quality of Life

Renata BATAS[1]
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Introduction: The proportion of rectal and colon cancer and also chronic bowel non-infectious diseases is increased in Europe and in the world. Final outcome is often surgery with stoma formation. Identification and management of stoma and peristomal complications have a great impact on ostomy patients' quality of life.

Methods: Our EBN – Evidence Based Nursing question made by PICO model was: What is the evidence that stoma complications affect patients' quality of life? Literature review was made through databases: CINAHL with Full text in MEDLINE through the database EBSCOhost, PubMed, Cochrane library, ScienceDirect and Google Scholar. Including criteria: articles in English and Slovenian language; articles not older than ten years; ostomy, complications, quality of life. Excluding criteria: children.

Results: Ostomy patients have most of the problems with peristomal skin (35–60%). Most often stoma complication is parastomal hernia (30–50%), retraction (6–24%), stenosis (2–15%) and prolapse (7–11%). For identification and management of complications different assessment tools are used. Most holistic assessment tool seem to be LSD–Score.

Discussion: Many studies have shown that the creation of a stoma impact on quality of life (QoL) and there is increasing evidence that preoperative site marking affects the rate of complications, long-term adjustment to the ostomy and QoL.

Conclusion: Stoma and peristomal skin complications have impact on stoma patients' quality of life. Developing of more holistic assessment tool for identification and management of stoma patients' complications would contribute to better treatment, rehabilitation and quality of stoma patients' life.

Key words: stoma, complications, quality of life.

Wednesday, 18 April 2018

12A-1
The Effect of Gastrocnemius Muscle Stimulation on the Diabetic Foot Ulcer Healing Process

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Aim: The objective of the research was to assess the influence of gastrocnemius muscle stimulation for healing process.

Methods: The research used quasi experiment of control-group pre and post test. The healing process in the research was based on the vein circulation, measured by using Ankle Brachial Index (ABI), and the regeneration of wound tissue was measured by using Bates Jenses Wound Assessment Tool. There were 33 research subjects for the intervention group and 29 for the control group.

Results: The result of the research showed that there was significant, based on vein circulation before and after gastrocnemius muscle stimulation was done in the intervention group at t= -13.12 and p= 0.000; in the control group at t= 24.32 and p= 0.000. Based on the regeneration of wound tissue in the intervention group, t= 38.25 and p= 0.000 and in the control group, t= -12.12. There was significant
disparity in the diabetic foot ulcer healing process, based on vein circulation between the intervention group and the control group at t= -3.49 and p= 0.000.

**Conclusions**: Gastrocnemius muscle stimulation could increase vein circulation to the wound tissue so that it could accelerate wound healing process.

**Keywords**: muscle stimulation, wound healing, diabetic foot ulcer

### 12A-2

Prevalence and Analysis of Medical Device Related Pressure Injuries: Results from the International Pressure Ulcer Prevalenceö Survey

**Elizabeth A. Ayello**[1], **Catherine A. VanGilder**[2], **Charlie Lachenbruch**[2], **Susan Kayser**[2]


**Objective**: To examine medical device related pressure injury (MDRPIs) prevalence and characteristics.

**Design**: Retrospective analysis of the 2016 International Pressure Ulcer PrevalenceTM data.

**Setting**: Data were limited to US and Canadian facilities.

**Participants**: Of the 102,865 adult patients available for analysis, 99,876 had complete data and were analyzed.

**Results**: Overall PI prevalence was 7.2% (N=7,189). Facility acquired (FA) was 31% (N=3,113). MDRPI (both mucosal and non-mucosal) prevalence was 0.60% (N=601). 75% of MDRPIs were FA while non-MDR PI s were most commonly present on admission. FA MDRPIs formed 3 days faster than FA non-MDRPIs (12 vs. 15 days; p<0.05). Most MDRPIs were superficial (58% Stage 1-2), 15% were DTPIs, and 22% were severe (stage 3, 4, or unstageable). Common anatomic locations for MDR PI s were the ears (27%) and the feet (12%). Frequently associated MDRPI devices were nasal oxygen tubes (26%), other (19%), cast/splints (12%), and CPAP/BiPAP masks (9%).

**Conclusion**: MDR PI prevalence was less than 1%. FA MDRPIs formed more quickly and were likely to be on the face or head. Most common devices were either oxygen tubing or masks. Timely proactive assessment and prevention measures of skin under all medical devices are essential.

### 12A-3

Disaster Wound Management in Aceh Indonesia

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1. STIKes Cut Nyak Dhen Langsa Aceh, Indonesia 2. Wocare Center Bogor, Indonesia 3. Edwcare Clinic, Indonesia

**Aims**: This study aims to provide information wound care management in disaster areas.

**Methods**: Aceh is one of the provinces in Indonesia, which often experience disasters such as earthquake and tsunami. The disaster has caused a lot of casualties and property. One of the problems that arise after the disaster is the wound caused by trauma. Victims who are not in one place, large areas may result in delays in giving action.

**Results**: Wound care management in disaster areas is very important. Doing wound bed preparation with TIME method will give a good impact on the wound healing process, thus providing satisfactory results and avoid complications such as wounds to chronic and infection. Coordination between agencies by establishing effective communication has provided important information about the existence of victims. The preparedness of the nursing team and the availability of dressings will be a support in providing wound care assistance in the disaster area.

**Conclusions**: Acute wound care in a disaster area requires prompt and rapid management to avoid widespread tissue damage and other complications from injury.

**Keywords**: Disaster, Wound management, Advanced Dressing
12B-2
Stoma Care Nursing In The Kalahari Desert Of Botswana

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The Kalahari Desert covers approximately 350,000 square miles encompassing most of the western part of Botswana and parts of Namibia and South Africa. The Kalahari gets very hot summers of 40 degrees Celsius and cold dry winters of 0 degrees Celsius. The San Bushmen are the oldest inhabitants of Kalahari Desert (approximately twenty thousand years), statistics as of 2010 confirmed population of the Bushman in Botswana Kalahari Desert to be around 60,000. The Bushmen experience health problems like any other tribe and about 163 stoma surgeries were done as from 2013 to date. The major challenges that Bushmen ostomates face includes missing appointments, poor hygiene, poor nutrition, accessibility to health facilities, and high temperatures. Rehabilitation and education without disturbing their lifestyle could help mitigate these challenges. The use of local nurses, multi-disciplinary team and family involvement with good rapport can bring positive reinforcement. Availability of mobile and flight stop outreach services with good supply of stoma appliances and necessities will improve the quality of life for these ostomates.

The Bushmen being nomadic and isolated in the desert deserve standardized Ostomy services hence improving their quality of life.

12B-3
The Effect of Comprehensive Transitional Care Model Among Colostomy Patients with Rectal Cancer

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3. Sun Yat-sen University Cancer Center, China

Objective: To analyze the effect of comprehensive transitional care model among colostomy patients with rectal cancer.

Methods: Rectal cancer patients who will undergo colostomy surgery were recruited from three tertiary grade A hospitals in Guangzhou and randomly divided into intervention group and control group with 56 patients in each group finally finishing all the study. The patients were investigated by Stoma Quality of life-Chinese Version. Stoma self-efficacy Scale, Stoma Self-care Scale -early stage version before discharge, 1 month and 3 months after discharge.

Results: The scores of stoma self-care ability, stoma self-efficacy, and daily routines and social interaction dimensions of quality of life among colostomy patients in intervention group were significantly higher than those in the control group (P<0.05), while the total score of quality of life in two groups had no significant difference (P>0.05).

Conclusion: Comprehensive transitional care model could improve the stoma self-care ability and stoma self-efficacy, but have little effect on the total score and two psychological dimensions of quality of life. When designing the transitional care model, we should pay more attention to patients’ psychological counseling.

Keywords: comprehensive transitional care model; colostomy; rectal cancer; quality of life; self-care ability; self-efficacy

12D-1
Scoping Times and Costs to Healing Community Wounds

Keryln Carville
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Aims: To describe the number and type of wounds and cost and times to healing of wounds managed by the largest community nursing service in Western Australian.

Methods: A descriptive study used ComCare Wound Module, an electronic data base for recording wound assessments and care planning on smart phones or tablets. Comprehensive wound and study protocol education was delivered to nurses. Validation of nurses’ assessments was undertaken. Data validation occurred over 12 weeks to ensure accuracy. Data were entered from November 1, 2016, to April 30, 2017.

Results: Patients’ ages ranged from 0 to 104 years and there were more males than females. There were 17,241 wounds during the 6 months. Acute wounds (skin grafts, flaps, burns, fistula, incisions) comprised 42%; skin tears 15%; leg ulcers 15%; foot ulcers 9%; pressure injuries 8%; tumours 1% and other types 10%. Amongst these 70% healed. Acute wounds had the shortest length of stay and tumours, leg and foot ulcers the longest. The most expensive wounds to heal were leg ulcers (mean $A341), the least expensive were skin tears (mean $A32).

Conclusions: A large comprehensive data set of wounds and cost and times to healing has resulted, which will inform ongoing prediction of community wound management outcomes.

12D-2
Study of the Importance of Stoma Care Nurses for Ostomates

Gabriele Kroboth[1], Karin Meyer[1], Helga Kittl-Satran[1]
1. Volkshilfe Steiermark, Austria

The improved living conditions and medical advances in the last decades lead to a significant increase in life expectancy, with a significant increase in age morbidity at the same time (see Kittl, 2008). This is associated with an increase in the number of ostomates. It is assumed that, due to the demographic development, in connection with the increase of new surgical techniques, especially minimally invasive procedures, the use of fast-track surgery and the increase of chemotherapy and radiotherapy in rectal and colon surgery (see Meyer 2010) this number will raise significantly.

To cope with their life situation ostomates need individual assistance and support in the form of consultancy, professional enrollment in dealing with the stoma care and the ability to always contact a competent specialist.

This study will present that advice, training and permanent reachability on the part of the stoma therapist is of pivotal importance to stoma patients in terms of safe stoma management. Moreover, the impact of such central factors (advice, training and permanent reachability on the part of the stoma therapist in the provision of continence and stoma advice) shall be demonstrated in health economic terms.

The hypotheses are based on quantitative data. Accordingly, the standardized, written survey was chosen as the survey method.

12D-3
Mission statement of Austrian stoma and continence nurses

Gabriele Kroboth[1], Karin Meyer[1], Gerlinde Wiesinger[1], Elvira Habermann[1], Franz Hinterholzer[1]
1. Volkshilfe Steiermark, Austria

Continence and stoma care nurses provide support for patients who use stoma products or who suffer from incontinence. The aim of our nursing care is to improve patients’ quality of life and to help them settle into their new routines so they can get on with their lives as smoothly as possible. Patients with an ostomy or continence condition and their families depend on expert and holistic support as the quality of the care and service them as the quality they receive has a direct impact on their quality of life. At the same time, Continence and stoma care nurses are an important link to the medical profession, industry and healthcare funding bodies.

To underline this shared philosophy and generate greater public awareness, a group of Continence and stoma care nurses from Austria resolved to draw up a mission statement. The following principles form the core of the mission statement and define the values, goals and competences it contains.
13A-2
More than Curing the Wound: A Case of Facial Fungating Wound Due to Carcinoma

Mei-Chun Zheng[1], Bao-Jia Luo[1], Meng-Xiao Jiang[1], Hui-Qin Zhang[1], Yong-Shan Wen[1], Hui-Ying Qin[1]
1. Sun-Yat Sen University Cancer center, China

Superficial mycosis ulcer mostly caused by metastasis of skin primary malignant tumor. Rapid proliferation of cancer cells eroded the skin, subcutaneous tissue, damaging the vascular and affecting the distribution of tissue repairmen, leading the ulcer formation. Fungating would occur in any part of the body, such as head, neck, chest and abdomen often accompanied with heavy exudate, odor, bleeding, pain and other symptoms. Patients suffered from physical and psychological torture continuously, especially whose cancer located in the face with great changes in personal appearance badly increases psychological damage.

A 72-year-old lady underwent preoperative chemotherapy, surgery, chemotherapy and other treatment with the diagnosed of left upper jaw gingival cancer one years ago. Four month later, she found a lump in her left underjaw with two ulcer, a lot of exuade and badly rancid odder with need dressings changing frequently. In this case, she was referred to entero-therapist. At the first visit, we found her left hand was covered with cotton pad with exudate leaking out. Her grandson told us that the cotton pad was changed just one hour ago which required change at least every two hour or more often. The level of wound odor was 0 according to 2001 of the cancer wounds odor descripted by Grocott at 2001. When removed the cotton pad, we saw the wound was treated with AQUACEL Ag dressing. After cleaning, there were two wounds in the left jaw with the sizes of 9cmX10cm and 2cmX3cm covering with slough. Two wounds were much closed to each other separated by only 1cm and not yet communicated with the mouth. Our goals to deal with the case were to collect wound exudate to reduce odor and to teach her grandson wound home care method hoping to help her comfort. We debrided the loose slough with scissors and vessel forceps after cleaning the wound and the surrounding skin with 0.9% normal saline. Ultrathin hydrocolloid was chosen to protect the surrounding skin for fear of maceration. The biggest size one-piece pouch connecting to bedside urine bag was used to collect the exudate from the two wounds and was fastened with adhesive tape to connect the bedside bag. Her caregivers and the nurses in ward were taught to record the exudate amount and to discharge every 24 hours. Her grandson did it well after taught the pouch changing procedure hand by hand twice and learned from the recorded tape. The key-point of the pouch pasting producer needed to emphasis was no pillow with the head fell backward and to open the skin hold of the neck. A strip of gauze could be used to fasten the place easy to leak after pasting the pouch.

The nurses in ward were glad not need to change the dressing so frequently. After discharging, the case was still keeping in touch with us by wechat, a communication tools like SMS. Any problem could let us know by sending words, picture, or voice and the suggestion like simple dealing method of referring recommendation could be given timely. Cancerous ulcers are difficult to heal. Control the symptoms, as much as possible to avoid further deterioration and loss of skin around the wound, and to maximize patient comfort are what we focus.

13A-3
Case Report: Acute and Chronic Wound Treatment with Tea Tree Oil Ointment (Tribee) Remedies in Indonesia

Irma Puspita Arisanty[1], Faital Ul’ Khairi[1], Ratna Aryani[2], Dhian Restika[3], Sandra Andini[4], Ketty Ella Astari[5]
1. PLC Professional Learning Center - MOIST Care Clinic, Indonesia 2. Poltekkes Kemenkes Jakarta, Indonesia 3. Rumah Aska, Indonesia 4. Dr. H.Abdul Moeloek Hospital Bandar Lampung, Indonesia 5. Wound Care Nurse in Padang, Indonesia
Aims: The aims of this study is to collect evidences of how Tribee ointment (main contain : melaleuca alternifolia) able to manage acute and chronic wound.

Methods: The methods of this study is reporting cases of acute and chronic wound which had been treatment by Tribee in MOIST Care clinic in Jakarta and others Wound Nurse Practitioners all over Indonesia. The cases classified into two types of wound acute and chronic wound, to evaluate the wound we use Bettes-Jensen Wound Assessment Tool (BWAT).

Results: Number of cases collected are Acute wound (four burn wound, 2 trauma wound); chronic wound (3 delayed healing / infected post op wound, 3 Diabetic ulcer, 3 pressure ulcer). Cases was collect from MOIST care clinic 11 cases, others nurse practitioners 4 cases since 2012 until 2017. Most of these cases (90%) used Tribee as its main dressing. Tribee serum (TTO Serum) also used for infected wound; 10% cases combine with others dressing. The Acute wound with range of BWAT score 26 – 46 able to achieve BWAT score 13 – 15 in less than 21 days of treatment, with frequency of dressing times in every 2 days. The chronic wound with range of BWAT score 33 – 52 able to achieve BWAT score 13 – 15 in less than 3 month with frequency of dressing times in every 2 - 3 days.

Conclusions: Tribee recommended using for both acute and chronic wound with better long of treatment. These case reports need more study by clinical laboratories for its development.

13B-1
Quality of Life Among Ostomates: The North Borneo (Sabah) Experience

Karenita K. Shandu[1]
1. Health institution of Sabah, Malaysia

Background: Malaysia is known as a multiracial and multicultural country. Sabah is among the 13 states in Malaysia with multi ethnic groups of diverse cultures, beliefs and lifestyles. These pose a great challenge to the health care providers, particularly in ostomate care.

Aims: This case presentation aims to shares the Entrostomal Therapist Nurse experiences and formulated strategies on selected case studies on quality of life of multi-ethnic ostomates from varied infrastructure accessibility and difficulties throughout the state of Sabah.

Approach
It uses a case study approach using a few selected multi ethnic cases that encounter difficulties in maintaining quality of life challenges.

Result: Dialog via Ostomate gathering helps to restore patient’s self-confidence. We communicate with colleagues from other hospitals to arrange transportation and all the patients able to see the appointed nurses for follow-up treatment. Furthermore 2 patients had agreed for stoma creation after the dialog initiated. Every Ostomate express their satisfaction on the service render to them.

Conclusion: Despite shortage of Entrostomal Therapy Nurses, our team were able to successfully rectify issue and manage the Ostomate challenges in life style accordingly.

13B-2
To Finally Bring a Smile to a Mentally-ill Colostomate with Severe Peristomal Skin Excoriations!

Chan Tze Ung[1]
1. Penang Adventist Hospital, Malaysia

“...each time I would empty about 450mls of undigested food particles and faeces from the colostomy drainage bag!” As the mentally-ill advanced ovarian cancer patient sat looking uninterested and lethargic, Chan went about her innovations with whatever she can get hold on... to manage a stoma with severe peristomal skin excoriation and a large amount of draining effluent with limited resources. It was certainly a very challenging, yet rewarding experience to finally see a smile on her face!

13B-3
Why We Need More ETs in Vietnam Statistics ñ Descriptive Demography and Types of Adult and Paediatrics Ostomies in Vietnam
Nguyen Thi Lam[1]
1. UNIVERSITY MEDICAL CENTER, Vietnam

There are only two ETs to date in Vietnam which has a population of .... millions. Lam feels that in order to improve the quality of life for people with ostomy surgeries done, there is a need more trained ETs in the country to serve these unfortunate patients. Here, Lam describes the demography and types of ostomies done in hospital A [or one or two more big hospitals]

13D-1
Liu Xiao Min[1]
1. First Affiliated Hospital of ZhengZhou University, China

Objective: to observe the causes and methods of different nursing interventions to prevent the occurrence of pressure ulcers in elderly patients. The prevention of pressure sores was performed on 120 elderly patients. Improve the surgical mattress, suitable body cushion (jelly wet), Lipid water glue foam dressing. The result was only one case of pressure sores. Conclusion: for the elderly, Time for differations, Different nursing interventions can be taken, Improve patient comfort, Effective prevention of pressure sore.

13D-2
Having Stoma: A Curse for the Patients Living in Resource Poor Countries Like Nepal?
Saraswati Bhandari[1]
1. Stoma Care Nepal, Nepal

Aim: The aim of this presentation is to share information our reality about stoma care based on my experience.

Methods/Results: Ostomy surgery has a negative impact in physical, psychological and social functioning with impaired quality of life. It has been identified that physical problems including leakage and skin irritation (57%-76%), sexual problems (70%), decreased social activities (94.4%) depression/anxiety (53%) and stress (36%) are the main problems of patients with ostomies. The situation is even worse in Nepal due to lack of specialized human resources, unavailability of ostomy care products, poverty, transportation difficulties and negligence of ostomy care by health professionals. I am collaborating with international organizations though establishing non-profit organization, requesting ostomy supplies and establishing stoma clinic in the oldest hospital of capital city where stoma care services are provided with modern ostomy products to poor patients. I see around 20 patients per week. Even so, rarely patients are referred by surgeons and nurses for post-operative counseling and stoma marking. Also, mostly patients come for ostomy products rather than post-operative counseling and complication management. It is very much difficult to make aware surgeons, nurses, patients and the government (for creating ET position) about the importance of ostomy care and including it in mainstream health services.

Conclusions: Attending an international conference will help me to carry on duties effectively, to develop awareness and training programs for nurses by connecting with more resource persons and exploring possibilities.

13D-3
How Useful is the Book of the Person with a Stoma as a Communication Vehicle.

Dulce Oliveira[1], Manuela Honório[1], Raquel Alves[1], Sabrina Tavares[1], Sandra Matos[1]
1. Hospital Professor Doutor Fernando Fonseca, Portugal

The ostomy arises in the life of the person, as a new step, establishing itself as an issue that take to the patient and family, doubts, fears and suffering. On patient discharge many teachings are carried out and
the quality of information provided is very extensive and sometimes not acquired. Thus, it was urgent to create a vehicle driver of information that allowed an optimization of care and monitoring of individual person with a stoma. 

Aims: This work intends to evaluate the usefulness of the book according the persons needs with a stoma and as a vehicle of communication. 

Methodology: It was used a descriptive study through a simple random sample of 100 people with stoma. The study was developed during the consultation with stoma care clinical nurse in the months of June and July of 2017, through a questionnaire. 

Results: The book answered the needs of people with stoma and allows establishing itself as a vehicle of communication and recording tool. 

Conclusions: It’s an instrument where they can take doubts about the products are using, feeding and stoma care. Easy to use and considered useful as a communication vehicle by the person with a stoma and the multidisciplinary team. 

14A-1
Determining Sub-Bandage Compression in Leg Ulcer Management

Sharon Boxall[1], Gavin Leslie[1], Keryln Carville[2], Shirley Jansen[3]
1. Curtin University, Australia 2. Curtin University & Silver Chain Group, Australia 3. Curtin University & Sir Charles Gairdner Hospital, Australia

Aims: To investigate methods of obtaining sub-bandage pressure readings, to determine how effectively compression bandages are applied and to measure sub-bandage pressures. 

Methods: A literature search was undertaken to identify the reported incidence of correct sub-bandage pressure in vivo and the reliability, validity and frequency of use of available sub bandage pressure monitoring systems. We also undertook to trial a number of monitoring systems in healthy volunteers. 

Results: The majority of nurses, both inexperienced and experienced, failed to reliably obtain recommended sub-bandage pressures without the use of a sub-bandage pressure monitor. We were able to establish consistent bandaging pressures with the use of a sub- bandage pressure monitor but found commercially available monitors lacked resolution. 

Conclusions: We recommend sub-bandage pressure monitors are used when training clinicians in compression bandaging techniques and when conducting related research. 

14A-2
A New Dawn In Wound Management At The KENYATTA National Hospital Kenya

Silas Mlingera[1]
1. Kenyatta national hospital nairobi, Kenya

Kenyatta national hospital is the main referral hospital in East Africa. On average, over three hundred patients who require wound care are attended weekly. Many of these patients are referred from hospitals within the country and east Africa. For years the clinical staff have experienced frustrating times in handling these patients with meager results from their hard work due to lack of knowledge on new wound management practice especially among the nursing staff. After a few months, much has changed in the hospital. Through a myriad of challenges the clinical staff is slowly embracing new wound care practice after attending seminars organized by the wound care team who have had successful training sessions on new wound management practice in the hospital and have recruited champions in several key areas to mentor others on this new practice. As a result, better wound care materials are now availed by the management and surgeons in the hospital are now appreciating the new practice. This is the story of the impact of the Australian / Kenya twin project in the management of these patients, which was started by Elizabeth English and the Australian tutors, and the reason why our patients and nurses both in surgical wards and surgical outpatient clinics are now a smiling lot. 

14A-3
A Case of Postoperative Incision Dehiscence of Valvular Heart Disease

Duan Dan
1. West China Hospital, West China School of Medicine, Sichuan University, China

Heart valve replacement surgery is has a higher risk, greater trauma and postoperative related complications are easy to occur. A case study of postoperative incision dehiscence of valvular heart disease was conducted to analyze the wound care and effect of the care. Systemic intervention content includes nutritional support, health education and psychological support. Local intervention debridement, prevention of infection, choose the appropriate dressing and management exudate. The key is to debride reasonably and management exudate. Pay attention to dose control and review of blood and coagulation regularly are the most important, for the patients need anticoagulant drugs treatment.

14B-1
A Particular And Unanswered Religious Concern About A Stoma, Muslim Death And Burial.

Muhammad Alí Bin Rifat
1. Hospital Pulau Pinang, Malaysia

The senior ETs were equally befuddled that many Muslim ostomates had come and go, but none has raised this particular religious concern regarding a stoma, Muslim death and burial. It is an ethnocentric challenge to remain culturally competent in a multi-ethnic and multi-religious country like Malaysia. Alí shares with us his experiences going outside his professional scope to find the answer for a ruling on a point of Islamic law given by a recognised authority!

14B-2
Intervention Project on Ostomy Patients - INVESTIGO

Catia Teixeira, Liliana Miranda, Carla Paiva, Lina Paula, Paulo Alves

Aims: A patient with a stoma suffers changes at different body functions, such as authonomy, self-care, self-esteem, sexuality, socialization and quality of life. Considering the impact this changes cause to a patient’s life, the aim of this study is to expose a project of intervention on ostomy patients.

Methods: Previously we have done a cross-sectional study to 224 patients, approved by ethics committees. This study helped to evaluate patients QoL, to identify stoma complications and to assess functional capacity. We found out that 42% of users have a negative perception of their quality of life (74% stopped working, 51% reduced their sexual activity), 41.8% had complications such as stoma shrinkage, edema, dehiscence, prolapse and peri-stomal skin erythema.

Results: According to this study, we decided to help to implement new strategies for patients with stoma and facilitate their adaptation to this transaction. To do so, we have developed a manual with essential information to the patient and to the healthcare professional; we have published articles; we are developing the publication of other articles and whitepapers, we have continued to develop research in this area (ileostomy patient and cultural aspects) and we continue to participate in several congresses. We also issued guidelines for the specific ileostomy patient diet.

Conclusions: This study describes how we have organized an intervention project on ostomy patients to facilitate the adaptation to their new life situation.

14B-3
Pelvic Exenteration Surgery, Dual Stomas and the Challenges for Stomal Therapy

Colleen Mendes
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1. Royal Prince Alfred Hospital, Australia

**Aims:** Pelvic exenteration surgery is highly invasive, offering the only treatment option for locally advanced pelvic cancer. The aim of this paper is to discuss the issues surrounding the patients undergoing pelvic exenteration plus or minus VRAM flap from the stomal therapists perspective.

**Methods:** Patient undergoing pelvic exenteration and VRAM flaps were identified from a large tertiary teaching hospital with a designated exenteration centre in Sydney Australia. The nursing practices specific to these patients co-morbidities were documented.

**Results:** These patients have none, one or two stoma's and may also require a VRAM flap. Caring for them needs complex stomal therapy nursing including multiple bagging difficult wound management and extended time for stoma education. Education is delayed due to the complexity of the surgery, which impacts on that patient's physical and mental wellbeing.

**Conclusion:** The care of the patient is often difficult and complex with morbidities that are challenging to manage. It is essential to have skilled stomal therapy nurses and input from the multidisciplinary team to provide holistic care for these patients.

14D-1
Struggle to make a difference to a special group of patients

Keziah R. Nzole[1]
1. Msambweni County Referal Hospital, Kenya

**Introduction:** Stoma, Wound and Continence Nursing Education Program for me in Kenya came to an end in May 2017. Equipped with new knowledge and skills, my burning desire and compassion to make a difference to this special group of people was unimaginable. Unfortunately, nurses working in public health facilities in Kenya went on strike from early June 2017 to date, because of inadequate funding, infrastructure, poor pay and inadequate staffing. All activities performed by nurses were paralysed. This has been very devastating to Kenyan patients who cannot afford to attend a private health facility.

**Aim:** To make a difference in the lives of people with stoma, wound or continence needs

**Methods:** Despite the strike, efforts were made to reach this special group of people through a social media network of nurses’ forums, visiting the local facilities for awareness, identifying one local clinic for referral, developing business contact cards and establishing a support group for the same.

**Results:** Identifying those with stoma, wound and incontinence issues and getting positive feedback from clients.

**Conclusion:** I feel positive about the future with my new skills, experience and continuous medical education. Guided by the spirit of passion and perseverance, a change is inevitable.

14D-2
Intestinal Stomata Elimination: Cost of Equipment and Adjuvants Dispensed by the Public Service

Sandra Marina Goncalves Bezerra[1], Aline Oliveira Costa[1], Maria Clara Batista da Rocha Viana[2], Daniel de Macedo Rocha[2], Claudia Daniella Avelino Vasconcelos Benicio[2]
1. State University of Piauí, Brazil 2. Federal University of Piauí, Brazil

**Objective:** To evaluate the profile and cost of patients who received material for bladder emptying at home.

**Method:** A retrospective and cross-sectional documentary study of 228 patient charts that received material for bladder emptying at home in the city of Teresina-PI. Collection carried out between January
and March 2015, through an instrument with information regarding the profile, materials dispensed and monthly cost. The SPSS® program was used for the analysis, considering the significant value p<0.005. Research approved under the Opinion No. 8,887,236.

**Results:** Men (74.1%), average age of 36.2 years old. Common clinical conditions: spinal cord injury (45.6%), myelomeningocele (22.4%) and stroke sequelae (8.3%). Materials dispensed: disposable urethral catheter (80.7%), urinary device (11.8%) and Foley catheter (6.6%). Average cost of U$ 33,45 monthly, including the material for urinal emptying, cleaning and individual protection. The use of a urethral catheter showed a higher cost (0.001), predominant in patients with myelomeningocele (0.005) and spinal cord injury (0.019). The use of the Foley catheter presented a lower cost (0.001), common in those with systemic arterial hypertension (0.002). Elderly used the urinary device and Foley catheter (0.050); and the younger, the urethral catheter (0.001).

**Conclusion:** It is necessary to implement protocols that address specific aspects and procedures, aiming at reducing complications and waste of material.

**Keywords:** Costs and Cost Analysis. Nursing. Urinary Catheterization.

14D-3
Socio Economic, Physical, and Psychological Problems Faced by Ostomates in Nepal.

Shanti Bajracharya[1]
1. ET Nurse, Nepal

Nepal is a developing country. There are different languages, castes and cultures in Nepal which affect the life of Ostomates. There are various challenges that are faced by ostomates in Nepal. The challenges could be physical, socioeconomic and psychological. And because there is a lack of health awareness programmes and poor health facilities in rural part of Nepal, people tend to seek for the health facilities when the diseases are already advanced. This further complicates the problems related to colostomy. They have very poor accessibility to health care facilities. I am discussing about few of the examples of patients with ostomy and their challenges.

**Introduction:**
Nepal is a landlocked country which lies between, India and China. It is the country with tallest mountain in world; Mount Everest. Nepal is a geographically challenging country which has lots of mountains and hilly areas. People living in remote mountains have great difficulty in accessibility to proper health care facilities. Nepal is also known to have huge diversity in its culture and religion. Therefore, patients undergoing ostomy surgeries are facing psychological, socio economical, and physical challenges in Nepal. Their psychological and social needs are changed after the surgery. They are not accepted by society easily. So it’s difficult for them to adapt to the newer environment in various ways. Therefore proper rehabilitation of these patients in terms of their physical, psychological, and sociocultural need is an important aspect for ostomates in our country.

So I will be discussing the case stories of those ostomates who have faced such challenges after ostomy surgery in Nepal. And how Nepal ostomy association has helped them through its stoma clinic.

**Case stories:**

**Case 1:** A 20 years old who fell down from the hill on theto his school when he was 17 years of age. He sustained a spinal injury and became paraplegic. His anal sphincter was lax after this injury and he was having bowel incontinence after that. So he had to undergo colostomy due to this problem. He was living in mountains and was wheelchair bound with a colostomy at this young age. Then after he was depressed, had stopped going to school and was socially withdrawn. But after attending the few counselling sessions at stoma clinic he has become different. He stared living his independent life. He started to go to school, interact with people and study books. He also takes care of his stoma care himself and he says that he feels good about himself now.

**Case 2:** A 55 years old male, who was a successful businessman from a remote village of Nepal, was diagnosed with carcinoma of bladder. He underwent ostomy surgery for his malignancy. Postoperatively he had to stay in ICU for long duration due to urosepsis. During this period he developed severe depression. He was not talking to anyone, crying all the time and he didn’t wanted to look at his stoma site. After being discharged from the hospital he came to stoma clinic at Nepal ostomy association (NOA).
He came across other ostomy patients at this stoma clinic and he got opportunity to listen to other patient’s stories as well. He also had several episodes of counseling sessions. And by the period of one year he recovered from his depression and became completely normal. Now he is enjoying his work.  
**Case 3:** A 40 years old female from a remote district of Nepal was diagnosed to have rectal carcinoma. She underwent anterioe perineal resection and was on colostomy. She was from a very poor socioeconomic background. Her husband because of financial burden left her alone. She was really in need of social and financial support. When she arrived to NOA she was able to get her colostomy bags and counseling sessions. now she is living an independent life by herself.  
**Case 4:** A 75 years old male was diagnosed to have carcinoma of bladder. He underwent total cystectomy and had ileal conduit. He had eight children but none of his siblings look after. He and his wife live together. Initially he was unaware about stoma clinic so he was wearing a plastic bag on his stoma site. The plastic bag was very unhygienic and it had caused skin excoriation all over his stoma sites. When he visited NOA he was provided with the proper urostomy bags which changed his life completely.  
**Conclusion:** Stomy surgery itself is challenging. Ostomates undergoing this surgery face several other problems including taking proper care, socio-economic, psychological and physical. Stoma care clinic at Nepal ostomy association is helping lots of patients with similar types of problem. Many of these patients with psychological issues are being benefited by this association. But still this organization is in its struggling phase. There are many difficulties faced by NOA like lack of trained ostomy nurses, lack of awareness about stoma clinic among patients and health care workers and financial difficulties for sustaining the clinics. But despite of these difficulties NOA has been helping lots of ostomy patients by its best possible ways.

15A-2
The Influence of Administering Metronidazole Powder to Lessen Odor, Exudate, and Bacterium Colonization on Breast Cancer Wound

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The purpose of this research is to determine the influence of administering metronidazole powder to decrease odor, exudate, and colonization of bacteria on breast cancer wound.  
The research design was quasi experiment with observational approach by using swab to see the effect of administering metronidazole powder to decrease the scales of odor, exudate, and colonization bacteria at Dr. Wahidin Sudirohusodo Hospital Makassar with the amount of 15 persons collected by accidental sampling technique. Dependent T test is used to see the influence of metronidazole powder towards the decrease of odor, exudate, and colonization of bacteria on breast cancer wound.  
The results indicate that there is an influence of metronidazole powder administration towards the decrease of odor, exudate, and colonization of bacteria (p=0.000<significant value = 0.005).

**Keywords:** Metronidazole powder, odor, exudate, bacterium colonization, breast cancer wound.

15A-3
Practical Result of the Australian Kenya Twining Program - A Case Study of Nursing Management of Enterocutaneous Fistula in Machakos Hospital

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**ABSTRACT:** This case study was carried out in a public hospital in a remote region of Kenya. It focuses on challenges faced by nurses in care of patients with enterocutaneous fistulae and the changes brought in by stoma wound and continence.

**INTRODUCTION:** Enterocutaneous Fistula output can be distressing to everyone involved in the patient care and if not managed effectively can lead to enormous challenges in relation to protection of peri fistula skin integrity, containment of effluent, odor control, accurate measurement of fluid balance, provision of
nutritional support, mobility and comfort for the patient, decrease in cost and time spent in care and optimized patient satisfaction and quality of life.

**PATIENTS HISTORY:** Mark (not his real name) a 24 year old African man, was admitted with history of chronic abdominal pain associated with vomiting, not passing stool or flatus for seven days, chronic fatigue and inexplicable weight loss. He gave previous history of admission due to the same complaints.

An abdominal/pelvic CT scan done on admission revealed small bowel intussusception with a mass. An excision was then planned with open laparotomy to establish a definitive diagnosis. Intraoperatively, bowel loops to the ileocecal junction were distended, there was bowel collapse distally and a small bowel intussusception with a polyoid ileal tumor measuring approximately 1.5cm in diameter located 10cm from ileocecal junction was established and excised for histopathology. Resection of bowel affected by Intussusception was done and an end to end anastomosis performed successfully.

On the 4th day post operatively, Mark developed acute abdominal pains which increased on movement, abdominal tenderness / distention and a body temperature of > 390C. An urgent repeat explorative laparotomy was done. Intraoperatively, multiple adhesions, anastomotic leakage and gangrene of ileum 15cm from the ileo-cecal junction, bilious ascetic fluid and peritonitis were found. Lysis of adhesions, resection of 10cm of ileum and end to end anastomosis was done and the peritoneal cavity irrigated with two litters of normal saline.

On the 3rd day post repeat explorative laparotomy gapping of the incision site was noted and secondary suturing was done. Three days later there was Oozing of fecal matter through the incision line and an impression of enterocutaneous fistula was made. The stoma nurse was consulted by the surgeon to review the patient and come up with a management plan.

**ASSESSMENT:** The stoma nurse found Mark in bed very sad and did not want to talk much. He was lying in a pool of fistula output which caused him a lot of discomfort, unpleasant odor, anxiety and social stigma. He complained of pain on the infected incision site, altered body image, immobility and prolonged hospital stay, he looked wasted and dehydrated. The fistula was dressed with gauze which was fully soiled, it was a high output enterocutaneous fistula measuring approximately 1cm in diameter and draining approximately 4 liters in 24 hours. The effluent was greenish in color and the peri-fistula skin was intact. The secondary sutures insitu were removed and a fistula pouch connected to an O’RING was placed over the fistula opening allowing containment of fistula output, odor control and accurate measurement of output. Total parenteral nutrition was in progress and the dietitian was consulted to assist in a plan of care and management of nutrition. Nurses involved in the care of the patient were explained on basic care of the fistula pouch system.

**RESULTS:** It was joy for the nurses and other health workers in the ward who demonstrated a sigh of relieve from the many challenges they faced during their nursing management of enterocutaneous fistulae. Mark was no longer sad but excited for he had dry days and nights. He was referred to the highest referral hospital in the country for fecal diversion due to lack of expertise in the current hospital.

**DISCUSSION:** The overall objective of high output fistula managing is to help in patient's physical and psychological well-being. The care requires multidisciplinary team approach. The principles of nursing management for ECF involve maintenance of skin integrity. Skin discomfort can seriously affect the patient if proper management technique is not used. Pouching systems can be used to contain the effluent; this protects the skin and controls the odor. A patient with a high-output fistula can develop fluid and electrolyte imbalance in a short period of time, therefore, pouching system with an o’ring makes it easier for the nurse to accurately record fistula intake/output ensuring adequate nutrition.

**CONCLUSION:** this case study has demonstrated that there are knowledge gaps in the management of enterocutaneous fistulae evidenced by the challenges faced by the nurses and other health workers involved in fistulae care and management. This can be attributed to shortage of trained stoma wound and continence nurses in Kenya.

**REFERENCES:**
15B-1
Establishment and Application of Information Platform for Disease Management of Wound Mouth Disease in Tumor Patients

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Objective: To strengthen the management of patients with tumor wound stoma based on chronic disease management information platform.
Methods: The data acquisition, collection, protocol analysis, daily comparison and so on were carried out by software based on B / S model. The patients were treated with Web Service technology to analyze the condition of patients with tumor wound stoma. Statistics and analysis. Results: Through the development and application of the system, it can make up the deficiency of chronic disease management in the management platform of tumor wound stoma, and realize the whole information management. Improve the satisfaction of patients with tumor wound stoma, and achieved good social and economic benefits.
Conclusion: The disease management system of chronic wound disease of tumor wound stoma will become the main mode of chronic disease prevention and control, and on this basis, it will realize the interaction with the patients and fully reflect the concept of "people first".

15B-2
Suspected Deep Tissue Injury Evaluated by Severance hospital WOC Nurses in Republic of Korea

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PURPOSE: The purpose of this retrospective exploratory study was to determine the percentage of suspected deep tissue injuries(sDTI) that evolve into full-thickness skin loss(Stage 3, 4), to describe the progression from sDTI to full-thickness skin loss, and to explore associated conditions.
SUBJECTS AND SETTINGS: The study was conducted by WOC nurses and ward nurses at acute care medical facilities(Severance Hospital) in Republic of Korea
Inclusion criteria are inpatients with SDTI pressure ulcers which occur at the Severance Hospital. Participating members of the WOC Nurse’s Group identified 238 pressure injuries which classified sDTI.
METHODS: data were collected at the time of initial consult and at a follow-up visit. Data collected included classification of pressure injuries
RESULTS: The sample comprised 200 subjects; 20 were lost to follow-up, resulting in a total of 180 subjects at the second assessment. 50% of the lost patients were discharged and 50% were died. 25% of the patients with SDTI were DNR status, and 40% of all subjects died within two months. 40% sDTI developed into full-thickness skin loss. Stage 4 was found in 60% of patients with full-thickness skin loss.
CONCLUSION: Despite preventive care, 40% of the patients has a full-thickness lesion at follow-up visit and 40% of the patients died within 2 months.

15B-3
Prevalence of Skin Injuries Related to Care in Colombia

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Introduction: skin lesions related to care (SLRC) is an important public health problem because of the negative impacts on health, economy, physical, social and psychological dimensions of the people who suffer from it and their caregivers. economic type and work in the health team.

Objective: establish the prevalence of SLRC in Colombia in 2016.

Method: cross - sectional descriptive study of period prevalence with the participation of nurses in Colombia who answered via Online 310 surveys between October and December of 2016.

Results: 46 institutions from the country were obtained from 11 departments (29% of the national territory). Prevalence for SRLC 5.2 (UPP 43.1%, MARI 10.8%, DAI 10.2%, Skin Tears 5.5%) and metabolic etiology (UV 4.6% and UA 4.4%).

Conclusions: It is important to establish the strategic route to identify, create and implement measures to prevent the occurrence of SLRC. Advance studies to show the situation and impacts institutional, local and national policies as a public health policy.

Skin lesions are an adverse event and should be considered as such. These results show an underreporting that does not evidence the reality of the problem.

15C-1
Cost Comparison of Diabetic Foot Ulcer (DFU) Treatment Between Gangrene and Non-Gangrene at Wound Care Clinic : A Three Years Retrospective Study.

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Background: Diabetic Foot Ulcer is a chronic wound that often found at clinics. Duration of the treatment and its cost become complex problems for patients and their families.

Aim: The aim of this study is to evaluate the treatment cost for gangrene and non-gangrene DFU.

Method: This study is a retrospective study in which the data was collected from nursing documentation at Griya Afiat Makassar Wound Care Clinic from the last 3 years. Cost of treatment includes; the cost of primary, secondary, and tertiary dressing, supplies, nursing cost, and home visit. The cost of treatment was analyzed using independent t test.

Result: There are 113 patients (72, 46%) females, as a housewife (55,35%), with the latest education in Senior High School (28,18.2 %, n:95), major ethnicity makassar (99, 64.3%, n:109), muslim (108, 70.1%, n:113), with smoking history (85, 55.2%, n:113).


Conclusion: This study shows there are differences of nursing cost and home visit for gangrene and non-gangrene DFU yet there is no any difference between dressing cost for both.

Keyword: Diabetic Foot Ulcers, Gangrene, Cost Analysis.

15C-2
The Effect of Basil Leaves on Infected Wound Healing in Mice Model'

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**Background:** The most common bacteria causing wound infection is Staphylococcus aureus. A basil leaves as a Traditional Indonesia medicine that is known as killing bacteria in the healing process of infected wounds.

**Objective:** To evaluate the effectiveness of basil leaves extract towards the Staphylococcus Aureus and the wound healing process.

**Method:** A quasi-experimental design was used in this study. The samples were divide into two groups (five for intervention and five control group). Two groups of male mice were treated to produce 2 circular, full-thickness skin wounds on the dorsum. The intervention group was treated using the basil leaves, and the control group was treated using normal salin. This study was approved locally by the Animal Ethics - the Institute of Nursing Muhammadiyah Pontianak-Indonesia.

**Result:** The result of the study indicated that there was significant difference between two groups on number of bacteria in the infected wounds (p < 0.05). Also, the score of wound healing assessment showed significance different between two groups (p < 0.05).

**Conclusion:** The basil leaves is effective as the antibacterial and can be used to accelerate the wound healing in infected wounds.

**Keywords:** Basil leaves, Wound infection, Staphylococcus Aureus

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**15C-3**

Development of The Guideline for Diabetic Foot Ulcer Prevention in Diabetes Mellitus Patients in Indonesia

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**Background:** This descriptive study aimed to develop the guidelines for diabetic foot ulcer (DFU) prevention in DM patients. The Stetler Model of Research Utilization (2001) was utilized as the development framework. Data collection was carried out from March to April 2017. Target population were 20 nurses who work at IPD of provincial hospital and 20 nurses who worked at IPD of city hospital in Pontianak, West Borneo, Indonesia.

**Methods:** The study instruments included: 1) guidelines for DFU prevention, 2) nursing competency for DFU prevention, 3) nurse opinion questionnaire, and 4) nurse agreement on guideline. The content validity of the Nurse Opinion Questionnaire was 1.0 and Nursing Competency for DFU prevention was 1.0. The internal consistency of Nurse Agreement on Guideline using Cronbach’s alpha was 0.89. Data analysis was performed using descriptive statistics.

**Results:** The study findings showed that: 1) the guidelines of DFU prevention in DM patients who admitted into the hospital has been developed, and 2) most nurses agreed with all of the guideline statements. The agreement levels ranged from agree to strongly agree. Similar result of nurse opinion on guideline implementation, all nurses agreed with all of the statements. The agreement levels ranged from agree to strongly agree.

**Conclusions:** It can be concluded that the guidelines of DFU prevention are useful and important for nursing practice. Nurses who work with DM patients in in-patient units can use the guidelines for DFU prevention which include assess of diabetic risk, categorize diabetic of risk, and provide the foot care intervention. In addition, some recommendations for nursing practice and further study were proposed.

**Keywords:** Diabetic foot ulcer, diabetic foot ulcer prevention, diabetic foot ulcer and diabetes mellitus
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