

**Improving
outcomes for
stoma patients
through education
and engagement**



Contents

Foreword	4
Section 1. Addressing complications and educational needs	5
Section 2. A holistic approach to stoma care	8
Section 3. Identifying clinical and peer-to-peer support.....	11

This document was supported by: CliniMed Ltd

Citation for this document: Le Ber F, Fronzo C. Improving outcomes for stoma patients through education and engagement. Br J Nurs. 2022, 31(6 Suppl 1):S1–S16

Published by: MA Healthcare Ltd, St Jude's Church, Dulwich Road, London, SE24 0PB, UK

Tel: +44 (0)20 7501 6726

Web: www.markallengroup.com

© MA Healthcare Ltd 2022 All rights reserved

BJN
British Journal of Nursing

CliniMed[®]

MA Healthcare

Foreword

In October 2021, CliniMed Ltd held a virtual symposium at the Association of Stoma Care Nurses UK (ASCN UK) 2021 conference, which highlighted patient perspectives on education and engagement in the stoma patient journey, and how this influences patient outcomes. The meeting was chaired by Sarah Smith, a creator and blogger who promotes stoma awareness and positivity, and shares her experience living with a stoma. Giovanni Cinque, Fundraising and Campaigns Manager at Colostomy UK, and Chris Bray, Lead Design Engineer at Welland Medical Limited, also attended the meeting.

The discussion focused on the experiences and perspectives of living with a stoma. Sarah explained her challenges following stoma surgery, and mentioned her experiences in engaging with information before and after surgery. She stated that education is key to become more confident and empowered about one's personal care, and emphasised the importance of accessing peer-to-peer communication. She also highlighted the psychological impact of adapting to life with a stoma, and suggested a few tips for stoma care teams to consider when treating patients:

- Be aware of the importance of education by helping each individual patient access the right information, at the right time
- Reflect on how every patient has different needs in terms of receiving, processing and engaging with information and education
- Determine how patients most effectively engage with stoma care information before and after stoma surgery
- Understand the benefits of stoma patients being proactive when caring for their stoma, and feeling empowered to contact their Stoma Care Nurse (SCN) for support.

This post-symposium digest provides further understanding on stoma patients' needs based on the insights shared at the panel discussion. Its purpose is to use such insights to enhance the patient experience, maximise engagement, discuss potential complications and improve patient outcomes.

Clinical insights and recommendations are listed to help stoma care nurses (SCNs) provide improved care to their patients. Such recommendations include discussing types of complications, ensuring education is offered at each step of the patient's journey, and tailoring that information to meet the person's physical and emotional needs.

This publication also discusses some of the latest stoma appliances which can improve patient confidence and reduce the risk of complications, as well as some of the support services available for stoma patients. A guide of alternative educational and supporting information is included.

Section 1

Addressing complications and educational needs

This section outlines the physical and mental issues stoma care patients may experience after surgery. It offers a clinical overview on how education can help a patient feel more confident in managing their stoma, and why this can have a positive impact on patient outcomes.

Sarah Smith, a personal trainer from Leicester, was diagnosed with ulcerative colitis when she was 16 years old. Medication did not work, so she underwent emergency surgery in 2019 to have a stoma formed. 'I only had 48 hours to get to grips with what life with a stoma would be like,' she remembers.

Sarah used to say she would rather die than have a stoma. 'Seeing something sticking out of my body that wasn't there before was horrible, and it really affected me,' she admits. She felt alone, experienced physical and psychological challenges, and was full of negative thoughts. But four weeks after her surgery, those beliefs were replaced with more positive ones.

She received support from her stoma care team, who visited her twice weekly. She also reached out to Colostomy UK, a charity which provides advice and support, and where people with a stoma can talk to other people living with a stoma. 'It took me six months to feel confident, and another six months to feel empowered,' she explains.

In 2020 Sarah created an Instagram account to talk about life with a stoma and to share her personal experiences. Here, she posts videos explaining what an ileostomy is, the difference having a stoma has made, and what myths should be debunked. She also shares workout routines, meals, stoma hacks, and her thoughts and feelings, which are seen by +7000 followers.

But Sarah's confidence did not come easy. In a virtual symposium organised by CliniMed Ltd at the Association of Stoma Care Nurses UK (ASCN UK) 2021 conference, she discussed the mental and physical complications that stoma patients can face in their daily lives. She was joined by Giovanni Cinque, Fundraising and Campaigns Manager at Colostomy UK, and Chris Bray, Lead Design Engineer at Welland Medical Limited.

Types of complications

Stoma patients' bodies will change after surgery. They may therefore experience complications, such as leakage, sore skin, pancaking, ballooning, and rectal discharge, and could develop a parastomal hernia (see Section 3).

Sarah had leakages for the first six to eight weeks after her surgery. Her body was still swollen, and because her stoma and abdomen were changing in size, she had to change her pouch to one with a convex flange. The stoma care team gave her different products to try, until she found a suitable one. This was possible because she communicated her problems to them and discussed potential solutions. 'I had an open relationship with my stoma nurses, so I was able to gain a good education,' she says.

Not every patient will feel confident to reach out to their stoma team. Many will not even know what constitutes a complication, especially when acknowledging the wide range of considerations and challenges involved in stoma care. It is important that stoma care nurses encourage this open access and raise potential clinical concerns before and after surgery.

A recent study (Maglio et al, 2021) showed that around 63% of ostomates experienced at least one complication, with skin damage being the most common issue. Another publication suggested 80% of ostomates have complications (Bibi, 2019).

People living with a stoma may develop skin issues because of leakage from the stoma or factors associated with their stoma care routine. If some of these common complications have not been emphasised, if patients have not been reassured of the importance of dealing with these issues, or if they do not know what to expect in their journey, they may presume that issues, such as leakage, are "normal." Down et al (2021) suggested that patient non-compliance and "not seeking advice from a health professional" were the most common reasons for leakage. However, an ostomate may not identify leakage unless the effluent has caused the whole pouch to leak rather than just the leakage under the baseplate. The

person may not realise that leakage under the baseplate can be causing peristomal skin damage and affecting the integrity of the adhesive; this may require early effective intervention from a healthcare professional. Therefore, it is crucial to learn about such conditions in advance.

Experiencing complications can challenge an ostomate's ability to manage their care (Evans et al, 2020). An appliance leak or a pouch failure will happen to most new ostomates; it will affect their confidence and increase their anxiety. The risk of complications from stoma formation is highest in the period after stoma-forming surgery (Steinhagen et al, 2017); however, patients need to be reminded that complications can happen at any time. Stoma education should focus on a vigilant, self-care routine which encourages the recognition of any changes in the stoma or abdomen early on, with potential complications acted upon before the situation worsens (Villa et al, 2019).

Initially, new ostomates can experience a range of feelings from fear to shame, and although most learn to live with their stoma, some remain anxious and embarrassed, and may have a sense of failure when experiencing complications. Providing expert knowledge in a safe environment could help rectify these issues (Perrin, 2019).

Education and patient journey

To cope with future issues, people living with a stoma must be able to access information related to potential complications. Stoma Care Clinical Nursing Standards (2019) describe the journey of the stoma patient from preoperative to postoperative care, covering discharge planning and continuing care—this is applicable when the stoma surgery is planned; in some instances, preoperative appointments and stoma siting evaluations may not be possible. The Stoma Care Clinical Nursing Standards (2019) describe what an optimal education journey would look like:

- **Preoperative appointment:** if stoma surgery is planned, a preoperative appointment with the stoma care nurse (SCN) should discuss any concerns

and questions that the patient may have. During this appointment, the SCN can explain what to expect postoperatively and how certain aspects of life with a stoma may need to be adapted. Another essential part of preparing patients for stoma surgery is to ensure their stoma site is appropriate—this is applicable when the stoma surgery is planned; in some instances, preoperative appointments and stoma siting evaluations may not be possible. Preoperative stoma siting is known to reduce stoma complications, as it allows for the best position of the future stoma site, avoiding folds and creases that may cause issues with appliance adhesion (Kugler et al, 2021). Stoma siting will also take into consideration the patient's different postures (sitting, lying, standing, bending) and get them involved in the process. It is important to highlight that the patient needs to be able to view the stoma, and its position should not interfere with their usual clothing. The outcome of preoperative stoma siting will provide a well-placed stoma, in a site that fits the patient's lifestyle and causes fewer problems with the stoma pouch (Burch, 2018). An ideal stoma site will also promote independence and improve quality of life (Kim et al, 2021)

- **Explaining the SCN's role and pathway of care to the patient/carer:** the SCN can then determine the patient's understanding of the above issues. At this point the nurse should provide leaflets, mention other ways to access education and resources, and give information on appliances. Allowing the patient to discuss any concerns will help build up an honest and trusting relationship with the SCN
- **Postoperative care and education:** the SCN should enable postoperative teaching and assessment of stoma care at every intervention with the patient. The SCN will evaluate the condition of the stoma, peristomal skin, stomal output, and bridge/stents/peristomal sutures. During assessment, the SCN should take the opportunity to teach the patient/carer to become skilled at an appliance change

before discharge. This is also the moment to discuss the impact on people's lifestyle, including dietary issues, rectal discharge, hygiene, physical activity, sexuality, and psychology. Stoma education should include carers or family members, particularly when a patient has learning disabilities and dementia (Bird et al, 2019)

- **Discharge planning:** this should begin as soon as possible after hospital admission, and must determine goals for rehabilitation. The SCN will need to assess whether the patient/carer can manage stoma care at home and ensure the patient understands what action to take if stoma problems arise and who to contact
- **Rehabilitation and ongoing care:** the SCN can arrange for ongoing support and advice in the community for patients, including their physical and psychological needs. The SCN will follow up the patient as an outpatient, providing ongoing support, reassessment of the stoma, and appliance updates if necessary and clinically appropriate.

Having access to an SCN can speed an ostomate's adjustment to living with a stoma by providing more personalised patient care, which in turn allows ostomates to identify issues early. A study by García-Goñi (2019) found that patients with various chronic conditions benefitted from health education given by a specialist nurse. Offering specific stoma education increased self-management, with patients having less complications and a better quality of life.

Another study (Seo, 2019) of an ostomy education programme evaluated a 30-minute patient training session, which discussed frequency of changing stoma appliances along with daily-living activities (bathing, getting dressed, eating, exercising, sleeping, sexuality, employment, socialising) as well as recognising stoma-related complications. The study found that one educational session was enough to bestow patients with a satisfactory degree of self-care knowledge. However, this would need to be reviewed on an individual basis depending on the patient's level of understanding and ability.

Information is power

Being informed before and after surgery can help patients feel more confident in managing their stoma. It gives them the ability to understand what is happening, or might happen, with their bodies and feelings. 'You don't know that initially. I felt weak and thought I was going to be in bed forever,' says Sarah.

Before her surgery, Sarah had her abdomen marked to identify the optimum position for her stoma to be sited. She tried on a pouch with underwear and clothing, and followed her nurse's advice to find a spot that would allow her to wear trousers and bikinis comfortably. Due to the emergency nature of her surgery, most of her education was provided post-surgery.

She did a lot of research on her own. She had three stoma nurses, so if one of them suggested something that was not working for her, the other nurse provided a different angle, perspective or solution.

'Education is key to controlling your own body and having empowerment,' Sarah says. This, in turn, can have a positive impact on patient outcomes, as knowing more about one's condition can empower people to do more about it. Long-term education provided by an SCN in all clinical settings and home environments can reduce complications and anxiety, and improve a patient's quality of life (WCET, 2020).

'The more access people have to more information and the earlier they get it, the more opportunities they get to make informed choices,' says Giovanni.

Section 2

A holistic approach to stoma care

This section describes how education can be tailored to meet each individual patient's needs. It highlights the importance of picking the right time to provide information, and lists common patient concerns that are not always discussed after surgery. It also offers clinical recommendations on how to help patients feel confident and supported in such areas.

Specialist nurses care for patients by focusing on their stoma, wound or feeding tube; it is also important to care for the patient as a whole by treating them holistically. The Roper-Logan-Tierney model of nursing (Roper et al, 2000) is a methodical tool for recognising patients' needs.

The tool lists key activities of daily living (ADL):

- Maintaining a safe environment
- Communication
- Breathing
- Eating and drinking
- Elimination
- Washing and dressing
- Controlling temperature
- Mobilisation
- Working and playing
- Expressing sexuality
- Sleeping
- Death and dying.

Assessing patients' ADLs will ensure that their needs are ascertained, so that their care can be delivered holistically.

Such care may require intervention from other healthcare professionals, or focus more on empowerment and information. Education should therefore combine the mental, physical, social and wider factors influencing health (Reynolds, 2020).

An ostomate with poor vision may struggle to see the stoma well enough to clean the peristomal area thoroughly, or to apply the pouch correctly. The ostomate may also have difficulty draining and closing the pouch securely (Hall, 2019). Ongoing problems may be intensified by reduced dexterity, as this will affect how an ostomate applies their stoma appliance (Hall, 2019).

Although the SCN will aim to develop patients' coping skills during pre- and postoperative care, physical and psychological issues can continue to affect the person's recovery. The holistic assessment of the patient, along with establishing a rapport, can help identify any mental or physical decline (Perez, 2019). Moreover, the SCN must be aware that elderly patients may be experiencing problems with manual dexterity/strength, poor eyesight and short-term memory loss (Bird, 2019).

Tailoring education

Offering personalised education and care according to the patient's symptoms and feelings is key in their stoma journey. The SCN should routinely offer counselling with a mental health specialist where this service is available (Hill, 2020). A person-centred approach will be required to manage the needs of a patient with a stoma and dementia, as dementia is a complex condition that affects everybody in a different manner (Coston et al, 2021).

The Nursing and Midwifery Council (2018) suggests that nurses should apply a holistic approach to all patient care, which should include sexuality. The SCN may be embarrassed to discuss this with their patients (and viceversa). However, as previously identified as an ADL, it is an essential part of the ostomate's care. An ostomate may delay speaking to a health professional about a sexual issue due to anxiety or discomfiture (Bird, 2019).

"Making Every Contact Count" (Health Education England, 2020) endorses the idea that healthcare professionals should use every opportunity to empower patients in their health. Some patients are keen to learn and become independent, particularly with stoma care, as this is seen to be a private bodily function. Others are either unwilling or unprepared to take on board information regarding their condition. The SCN will need to be patient, providing information in different formats (booklets, step-by-step photographic instructions, online videos) so they can be accessed when the patient is ready.

Context matters

Patients might find it difficult to absorb information around the time of their surgery. This can be due to the traumatic nature of the procedure, the way the patient responds to the reason they need stoma surgery in the first place, the medication given post-surgery, or the stress and anxiety pre-surgery, among other things. Context matters; therefore, picking the right time to discuss major changes with the patient is crucial, from showing them how to change a pouch to where to get a Can't Wait Card.

'I was told about my bag a couple of days after surgery. I was dosed up to the max and didn't really take a lot in,' says Sarah. Where possible and where the stoma patient consents, stoma care nurses should ensure that the patient's partner, parent or carer is with them to help them digest the information provided. A good way to do this is to consider the patient's state of awareness, to ensure they are receptive, and to initiate conversations during visiting hours, to make sure someone is with the patient when delivering crucial information about their care.

Sarah is active on social media and has come across different pools of information: 'Everything that I've gone through I've posted on social media, because someone else is probably going through it.' But not everyone has access to social media. Some ostomates can be both geographically and technologically isolated, unable to access that wealth of knowledge and heavily reliant on direct contact. Many of them could not meet their peers over the past two years, as a result of the pandemic. Those people can still telephone services like Colostomy UK's 24-hour helpline to seek advice, guidance and emotional support, and this service also can arrange a follow-up call with someone who has first-hand experience dealing with the challenges they are going through.

'It's important to have that peer-to-peer support, advice and knowledge that you can only get from someone else who's been through the same things that you're going through,' Giovanni points out. Sarah agrees: 'If I had spoken to a stoma patient, I probably would have felt a lot more confident.'

Meeting people of someone's same age and with similar hobbies can be encouraging and hopeful.

Presenting information the right way

Everybody will learn differently. Some people have a visual memory, while others prefer to learn by watching. Education should therefore be provided in all formats.

Where possible, little and frequent information, both pre- and post-surgery, should be given. Some information must also be revisited, especially if the patient is feeling unwell or not fully aware when the educational exchange first took place.

It is also crucial to follow up the message with more education and reaffirm stoma-care best practices. One way to do this is give the patient succinct literature and resources, such as leaflets, or point them out to relevant websites and sources of information. Education should be relevant to the specific point in the patient's recovery, otherwise the person could feel overwhelmed by the amount of information given at once.

Information can be delivered in various formats (visual, written, audio, etc.). Written instructions on changing a pouch can be a useful prompt for the patient doing their first few pouch changes at home without nurse support. The SCN should offer additional written information as necessary concerning their diet, exercise, support groups, etc. (ASCN, 2019). This can be provided as leaflets or booklets.

Visual aids and written information can be useful when preparing patients for surgery (Hill, 2020). This would consist of diagrams, models, live demonstrations, photographs, and sample appliances and accessories (Hill, 2020). Audible formats are helpful when adapting instructions to a specific language. There are also apps designed for ostomates which can be effective communication channels (Díaz, 2019).

A gap in education

The information that patients receive after surgery is mainly around the different types of pouches available. Education on exercise or clothing is not always

common. Keeping a list to address patients' frequently asked questions could help fill in this gap in education or those areas where there are frequently asked questions:

- **Diet changes:** patients may enquire about the foods they should try to avoid. Make sure they understand what each food group comprises (eg, sweet corn can be considered as 'food with skins')
- **Food diary:** ask patients to write down what they eat and look out for any foods that produce specific effects
- **Core exercises:** patients should strengthen their core to accelerate recovery post-surgery and reduce the risk of developing a hernia
- **Staying active:** from rugby, jogging and swimming to yoga and meditation, many sports and activities can be suitable for stoma patients
- **Alternative products:** people do not have to stick to one pouch. A patient can have different pouches for different occasions, and it is therefore important to inform them about available products and offer for them to try them
- **Clothing:** patients may enquire about the different types of clothing, underwear and support wear (ie, what to wear and when).

Once a decision is made that the patient will require a stoma, the patient should have an appointment to meet with the SCN where possible. An example of when this may not be possible is when stoma surgery is an emergency. The SCN will provide preoperative counselling and emotional support, but will mainly discuss the procedure for stoma formation and the potential complications after surgery. They will educate the patient and their carers on basic stoma care, including how to change a stoma pouch. They will also use this time to discuss the types of stoma pouches, equipment and accessories available. Most importantly, the SCN will reassure the patient that life can continue as normal with a stoma.

Returning to a normal diet following bowel surgery will take time (Hill, 2020). This can be particularly hard when patients worry about the effect that eating may have on their stoma, and become reluctant to

eat anything. The SCN will need to advise regarding the correct diet depending on the type of stoma, but also encourage patients to eat little and often to build confidence in the stoma and appliance, as well as help them recover after surgery.

Dietary advice will vary depending on whether the ostomate has:

- **A colostomy:** avoid constipation by maintaining adequate fibre and fluid intake
- **An ileostomy:** avoid dehydration and food blockages by ensuring adequate fluid intake, and chewing foods that are difficult to break down
- **A urostomy:** ensuring adequate fluids (Burch, 2020).

ASCN (2019) guidelines suggest that SCNs should cover lifestyle, culture, disabilities and religious beliefs as part of the preoperative assessment. Additionally, WCET (2020) advises that economic factors, gender roles, body image, sexuality and beliefs about disease, illness and injury need to be discussed before surgery. The preoperative appointment should also involve discharge planning, which will ease anxiety and reduce readmissions (ASCN, 2019).

The patient might not ask about the above, either because they are unaware of them or not confident enough to do so. In such cases, the stoma care team should initiate the conversation to ensure the patient has an idea on what to expect. The stoma care team can also reassure the patient by providing permission to ask any questions which may support them in the future. This includes advising them about the challenges of engaging with people who are not stoma-aware, which can lead to the stoma patient withdrawing from going out or doing normal things. 'You can be challenged by someone for using an accessible toilet because you don't look like you need to use one. The biggest challenge out there is reeducating society and making people more aware of ostomates,' explains Giovanni.

Section 3

Identifying clinical and peer-to-peer support

This section offers guidance on how to support patients from a clinical, psychological and peer-to-peer perspective. It lists the most common difficulties related to stoma care and highlights how patient outcomes can be influenced by the stoma care products and services available to those living with a stoma.

Specialist SCNs are best placed to assess and treat stoma-related problems, which can improve quality of life and patient confidence (Perrin, 2019). The SCN is both resilient and flexible, and can think outside-the-box to find alternative ways to maintain quality of service and best care (White, 2020). They are the healthcare professionals who are more regularly in touch with—and most trusted by—ostomates. The discharging nurse should therefore ensure that every ostomate has their SCN's contact details (Díaz, 2019).

ASCN highlights five common complications where SCNs can share advice and offer support:

- **Leakage:** assess the site, shape and size of the stoma and abdomen. Assess and document the extent of skin breakdown caused by the leakage. Choose the correct appliance, check size and shape of aperture in baseplate, and use accessories as required to manage the problem
- **Sore skin:** consider pre-existing skin conditions (eg, eczema, psoriasis) and medications such as chemotherapy, steroid therapy and insulin. Provide appropriate information on accessories and appliance usage. Photograph skin damage and document findings using an assessment tool
- **Dexterity:** assess the ostomate's eyesight and manual dexterity to manage equipment
- **Pancaking:** discuss diet with the patient. Add extra fibre and fluid to aid consistency of the stoma output to drop into the pouch. Apply lubricating gel on the top of the pouch, and insert the backing from the pouch or tissue paper into the pouch before applying to prevent the insides of the pouch sticking together. Ensure there is air in the pouch before applying and use filter covers
- **Ballooning:** discuss diet with an aim to reduce foods

that cause wind. Review appliance to ensure effective filter.

An SCN can use their knowledge of new products to minimise the above complications. Providing a patient with the most appropriate appliance can improve patient outcomes. Reducing the incidence of complications such as output leakage and sore skin improves outcomes, and can have further positive benefits by increasing patient confidence. This increases the likelihood that stoma patients will be engaged in their stoma care, making it more likely that they seek out the most relevant, up-to-date information and education, and are committed to caring for their stoma. A recent article featured the Aura Plus (CliniMed Ltd) stoma pouch range, which has a plus-shaped flange designed to reduce the risk of leaks. The article discussed a product evaluation involving over 200 ostomates which compared the Aura Plus pouch with other leading pouches with a flat flange. The evaluations found that:

- A total of 80% of patients found the Aura Plus flange the same or more secure
- A total of 87% of patients found the Aura Plus flange the same or more comfortable
- The incidence of leakage reduced by 35% with the use of Aura Plus.

The Aura Plus flange contains medical-grade Manuka honey, which may help to promote healthy skin around the stoma. White and Evans (2019) found that after being diagnosed with a Peristomal Skin Complication by an SCN, 94% of patients reported an improvement in their peristomal skin within a week of changing to a pouch with Manuka honey in the flange. Appliances that reduce the risk of leaks and promote a healthy skin environment can help to improve patient outcomes.

Aura Plus is also available in a black, sand, or clear pouch, promoting patient choice and confidence by allowing ostomates to pick the pouch which suits them the most. When patients are confident and are having a positive experience with their stoma, they may then be more likely to engage in their stoma care and be willing to continue to seek the latest education and information to help them manage their stoma.

There are also other appliances that may improve patient experiences and confidence when it comes to using a stoma pouch, for example, there are flushable stoma pouches available for colostomates which provide an easy way to dispose of a used pouch, and there are especially designed pouches for use with parastomal hernias or recessed/retracted stomas to reduce the risk of leakage.

Ostomates want to feel confident that their pouch will not leak or crease, and will not be obvious under clothing. Technology in stoma appliances has moved on in leaps and bounds, and there have been new designs in the fabric coverings on pouches: different colours to match the pouch with an outfit or occasion, or reduced noise of the pouches from the plastic and waterproof fabrics. Improvements in baseplates and flanges, which are more skin friendly, were introduced with tapered or shaped edges to fit better on the abdomen. Filters have also improved to reduce ballooning and smells, and there are easy-to-open pouches for those with poor eyesight and dexterity.

Overall, the feedback received from ostomates highlights how stoma appliance improvements have helped ostomates resolve some of the issues around leakage, as well as helping them feel more confident when going to work, socialising with friends and family, or leaving the house without a backup pouch (Le Ber, 2021).

Clinical and peer-to-peer support

Many ostomates describe an initial difficulty adjusting to their stoma, which may be further impacted by stoma complications (Strong, 2021). However, most of them find stoma care becomes a manageable part of daily life, particularly with the support of an SCN, who can offer expert clinical knowledge and enable appropriate choices to be made (Perrin, 2019).

Many people will also confront emotional challenges, which can lead to mental health issues. Engaging with other ostomates to learn about their experiences living with a stoma can be a powerful tool to identify and overcome such concerns. 'With

peer-to-peer support, you can learn about things like exercise from the perspective of someone else who has been through it,' shares Giovanni.

Patients can also be signposted for extra support (eg, charity and company resources; open days; and volunteers and patients with online communities). There is a wide range of information available online, but the ostomate should check with their SCN to see if correct information is being given. SCNs should only signpost patients to credible resources based in the UK. It may not be possible to direct patients directly to some online patient communities or individual people online, but it can still be worthwhile to let patients know that other ostomates have online profiles and are sharing their stories because it can be useful to see other people's experiences.

The SecuriCare Telephone Advice and Response Service (S.T.A.R.S) is one of many stoma advice lines provided by a Dispensing Appliance Contractor (DAC). It provides ostomates access to support from fully-trained customer support teams. However, S.T.A.R.S can also put patients in touch with an SCN within one working day, from their own home, without a referral. This is ideal for when patients have questions which they do not feel require urgent clinical attention but when there is a clinical need and a patient does not have access to an SCN. Through offering an additional free service, it provides patients with options to gain information and education, in a non-clinical setting, leading to improved patient care.

Having a stoma buddy—someone who has been through the same procedure and has a personal understanding—can make a difference to a nervous or anxious ostomate. The use of family members can also be beneficial, although this may result in the ostomate handing over all care to the loved one and not engaging themselves or not wanting the relative to perform personal care on them at all. A supportive network of family and friends can help make the many modifications necessary to adjust to living with a stoma (Burch et al, 2021).

Conclusion

Conclusion

This post-symposium digest reflects the outcomes from a virtual-meeting discussion organised by CliniMed Ltd at the Association of Stoma Care Nurses UK (ASCN UK) 2021 conference. It highlights the importance of addressing physical and mental complications before and after stoma surgery. It also encourages stoma care nurses (SCNs) to provide education at every stage of the patient journey, and present this information in different formats, tailored to each patient's unique needs.

This publication also challenges SCNs to ensure a holistic assessment when caring for stoma patients, and to evaluate a range of products that can be better suited for their patient's needs. It finally offers a guide for SCNs to introduce people living with a stoma to alternative sources of education and support (leaflets, helplines, charities, websites, social media, etc.).

References

- Association of Stoma Care Nurses UK. ASCN stoma care national clinical guideline. 2019. https://ascnuk.com/_userfiles/pages/files/national_guidelines.pdf
- Bibi, F. 2019, "Meeting report: managing peristomal skin complications", *British journal of nursing* (Mark Allen Publishing), vol. 28, no. 5, pp. S20-S23.
- Bird, A., Wilson, K., Bertinara, A. & Amos, L. 2019, "Educating patients in stoma care", *Gastrointestinal nursing*, vol. 17, no. 3, pp. 18-22.
- Bird, A. 2019, "Mentioning the unmentionable: a stoma care nurse's journey to discussing sexuality comfortably with ostomates", *Gastrointestinal nursing*, vol. 17, no. 3, pp. 24-28
- Burch, J. 2020, "Older ostomates and diet management in care", *Nursing & residential care*, vol. 22, no. 5, pp. 1-4.
- Burch, J. 2021, "An overview of stoma-related complications and their management", *British journal of community nursing*, vol. 26, no. 8, pp. 390-394
- Burch, J., Boyles, A., Maltby, E., Marsden, J., Martin, N., McDermott, B. & Voegeli, D. 2021, "Keep it simple: peristomal skin health, quality of life and wellbeing", *British journal of nursing* (Mark Allen Publishing), vol. 30, no. Sup6, pp. 5-24.
- Carter, P. 2020, "Recognising the importance of stoma care nurse specialists", *British journal of nursing* (Mark Allen Publishing), vol. 29, no. 6, pp. S4-S4.
- Coston, L. & Pullen, J. 2021, "Implementation of a patient progress diary for stoma patients living with dementia", *British journal of nursing* (Mark Allen Publishing), vol. 30, no. 22, pp. S34-S38.
- Down, G., Vestergaard, M., Ajslev, T.A., Boisen, E.B. & Nielsen, L.F. 2021, "Perception of leakage: data from the Ostomy Life Study 2019", *British journal of nursing* (Mark Allen Publishing), vol. 30, no. 22, pp. S4-S12.
- Evans, M. & White, P. 2020, "Selecting convexity to improve and maintain peristomal skin integrity", *British journal of nursing* (Mark Allen Publishing), vol. 29, no. 16, pp. S8-S14
- Edemekong PF, Bomgaars DL, Sukumaran S, et al. "Activities of Daily Living". [Updated 2021 Sep 26]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2022 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK470404/>
- García-Gofí, M. 2019, "Specializing Nurses as An Indirect Education Program for Stoma Patients", *International journal of environmental research and public health*, vol. 16, no. 13, pp. 2272.
- Hall, L. 2019, "Caring for the older ostomate", *British journal of nursing* (Mark Allen Publishing), vol. 28, no. 22, pp. S4-S6.
- Health Education England (2020) Making Every Contact Count. makingeverycontactcount.co.uk
- Hill, B. 2020, "Stoma care: procedures, appliances and nursing considerations", *British journal of nursing* (Mark Allen Publishing), vol. 29, no. 22, pp. S14-S19.
- Howson, R. 2019, "Stoma education for the older person is about keeping it as simple as 1, 2, 3", *The journal of stomal therapy Australia*, vol. 39, no. 3, pp. 20-22.
- Kim, Y.M., Jang, H.J. & Lee, Y.J. 2021, "The effectiveness of preoperative stoma site marking on patient outcomes: A systematic review and meta-analysis", *Journal of advanced nursing*, vol. 77, no. 11, pp. 4332-4346.
- Kugler, C.M., Breuing, J., Rombey, T., Hess, S., Ambe, P., Grohmann, E. & Pieper, D. 2021, "The effect of preoperative stoma site marking on risk of stoma-related complications in patients with intestinal ostomy-protocol of a systematic review and meta-analysis", *Systematic reviews*, vol. 10, no. 1, pp. 146-146.
- Le Ber, F. Novel stoma appliances to minimise complications and improve patient outcomes. *Br J Nurs*. 2021;30(16):S4-S10. doi: 10.12968/bjon.2021.30.16.S4.
- Maglio, A., Malvone, A.P., Scaduto, V., Brambilla, D. & Denti, F.C. 2021, "The frequency of early stomal, peristomal and skin complications", *British journal of nursing* (Mark Allen Publishing), vol. 30, no. 22, pp. 1272-1276.
- Marsden, J. 2020, "Enhanced recovery after surgery (ERAS): a literature review of implications for ostomates and stoma care nurses", *Gastrointestinal nursing*, vol. 18, no. 1, pp. 32-37.
- Nursing and Midwifery Council. The code: professional standards of practice and behaviour for nurses, midwives and nursing associates. 2018. www.nmc.org.uk/standards/
- Perez, M.C. 2019, "Patient recovery, rehabilitation and overcoming challenges associated with complex surgery: A case study", *The journal of stomal therapy Australia*, vol. 39, no. 1, pp. 14-16.
- Perrin, A. 2019, "Exploring individuals' perceptions of living with a stoma", *British journal of nursing* (Mark Allen Publishing), vol. 28, no. 16, pp. S18-S22.
- Price, B. 2020;2019, "Optimising professional communication with patients", *Nursing standard*, vol. 35, no. 2, pp. 43-50
- Reynolds, S. 2020, "How to support nursing students to develop community care planning skills", *Primary health care*, vol. 30, no. 3, pp. 36-42.
- Roper, N., Logan, W.W. & Tierney, A.J. 2000, *The Roper-Logan-Tierney model of nursing: based on activities of living*, Churchill Livingstone, New York:Edinburgh;
- Seo, H. 2019, "Effects of the frequency of ostomy management reinforcement education on self-care knowledge, self-efficacy, and ability of stoma appliance change among Korean hospitalised ostomates", *International wound journal*, vol. 16, no. S1, pp. 21-28
- Steinhagen E, Colwell J, Cannon LM. Intestinal stomas postoperative stoma care and peristomal skin complications. *Clin Colon Rectal Surg* 2017; 30(3):184-192. <https://doi.org/10.1055/s-0037-1598159>
- Strong, C., Hall, J., Wilson, G. & Carney, K. 2021, "Common intestinal stoma complaints", *BMJ* (Online), vol. 374, pp. n2310-n2310.
- Stronge, K. & Burch, J. 2019, "Education in stoma care: a survey and interviews with stoma care nurses", *Gastrointestinal nursing*, vol. 17, no. 8, pp. 26-31
- Villa, G., Mannarini, M., Della Giovanna, G., Marzo, E., Manara, D.F. & Vellone, E. 2019, "A literature review about self-care on ostomy patients and their caregivers", *International journal of urological nursing*, vol. 13, no. 2, pp. 75-80.
- World Council of Enterostomal Therapists (WCET)® International Ostomy Guideline. Chabal LO, Prentice JL, Ayello EA, eds. Perth, Western Australia: WCET®; 2020
- White, M. 2020, "Stoma care nurses: always ready to rise to the challenge", *British journal of nursing* (Mark Allen Publishing), vol. 29, no. 16, pp. S3-S3
- White, P. & Evans, M. 2019, "Clinical governance for ostomates at risk of peristomal skin complications", *British journal of nursing* (Mark Allen Publishing), vol. 28, no. 16, pp. S24-S32

BJN
British Journal of Nursing

CliniMed[®]

Make a posit⁺ive choice



Unique plus shaped flange

Designed to reduce the risk of creases or leakage channels forming



The freedom to mix and match

Choose between a bold, versatile black pouch and a light, simple sand pouch



Skin-friendly hydrocolloid flange

Contains Manuka honey and may help to promote healthy skin around the stoma

Request a free sample!

Go to www.clinimed.co.uk

Call the CliniMed Careline on **0808 301 4053**

CliniMed[®]

Manufactured by Welland[®], a CliniMed[®] Group company. Welland products are distributed in the UK by CliniMed Ltd. CliniMed Ltd., a company registered in England number 01646927.

Registered office: Cavell House, Knaves Beech Way, Loudwater, High Wycombe, Bucks HP10 9QY.

Tel: 01628 850100 Fax: 01628 523579
Email: info@clinimed.co.uk
or visit www.clinimed.co.uk.

CliniMed[®], Welland[®] and Aura[®] are registered trademarks of CliniMed (Holdings) Ltd. ©2022 CliniMed Ltd. PID 9815