

Selected abstracts from the 24th Biennial WCET® Congress in Glasgow, UK

Delegates at the WCET® Congress, in Glasgow, UK in September, were treated to a very successful scientific programme with diverse, stimulating and high-quality content.

For the benefit of the many members who were unable to attend, here is a sample of what was presented by speakers from around the world.

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Role of nurses in the care of women with urinary incontinence in primary health care

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Aims/Objectives To describe the role of the stoma nurse to women with UI complaints in PHC.

Purpose & Background Urinary incontinence (UI) is the involuntary loss of urine, caused by various conditions, impacting on quality of life and limiting daily life activities.¹ In Brazil, 20% to 43% of women suffer from some urinary loss,² similar data found in the female population worldwide by the International Continence Society (ICS).³ Primary Health Care (PHC) is the gateway to the Brazilian Unified Health System (SUS), where the nurse, during the Nursing Consultation, with communication skills and propaedeutic techniques, can assist the patient integrally.^{4,5}

Methods Experience report conducted in a public health service in the interior of the State of São Paulo/Brazil in 2022–2023.

Results From June 2022 until November 2023, a stomotherapist nurse concerned with the quality of life of women with UI, began the training of muscles of the Pelvic Floor (TMAP), in a public health service in the interior of the State of São Paulo/Brazil. During nursing consultations, when complaints of UI were identified, the Oxford Scale was used for evaluation and the TMAP was initiated, based on the evaluation protocol and TMAP for assistance to women with urinary incontinence, the training of weakness of the perineal muscle (MAP strength change) and resistance of the impaired perineal muscle (MAP support change). All women who started TMAP treatment for urinary incontinence are still undergoing treatment, there is a high level of adherence to treatment and customer satisfaction with progressive improvement of symptoms.

Conclusion/Outcome Primary Care is a favorable scenario for nurses to assist people with UI by evaluating and indicating TMAP exercises for women with either complaint or risk for UI.

Keywords stomatherapy, urinary incontinence, urgency urinary incontinence, stress urinary incontinence, primary health care, nursing care.

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EDUCATIONAL INTERVENTIONS TO IMPROVE KNOWLEDGE AMONG NURSES IN THE PREVENTION OF SKIN TEARS IN INSTITUTIONALISED ADULTS AND OLDER ADULTS: A SCOPING REVIEW

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Aims/Objectives To map and synthesise the current state of the literature on educational interventions to prevent skin tears in adults and older adults, provided by nurses to nursing professionals in various healthcare settings.

Purpose & Background Skin tears are common injuries that go unreported and unnoticed. Research supports that educational interventions allow the health person to be trained and prevent the occurrence of these injuries, by implementing preventive measures, impacting the incidence and prevalence of these wounds.

Methods A scoping review following the JBI methodology was performed including articles that complied with the framework Population Concept and Context, published in English, Spanish and Portuguese and without time limit. Ten databases were consulted in addition to unpublished studies and grey literature. Searches were managed using Endnote and subsequently exported to the Rayyan tool. Two independent reviewers screened the articles retrieved from the databases by title and abstract following the inclusion criteria. Then, the full text of selected articles was read by the same reviewers; a third reviewer solved some discrepancies, and a final agreement was reached. Data from the selected articles were extracted into a spreadsheet.

Results: 694 articles were obtained, among which four met the inclusion criteria. Two modalities of educational interventions in the prospective quasi-experimental studies were identified: face-to-face classes using the PowerPoint presentation and online training available 24 hours a day, seven days a week, through the institution's website. The primary outcome measures were knowledge level and skin tears incidence.

Conclusion/Outcome The education intervention provided by nurses improved knowledge of skin tears and reduced their incidence. More primary studies are needed to examine the preferred and feasible educational interventions or technologies to enhance learning and knowledge acquisition. Future studies should also review the direct impact of knowledge on practice change and skin tears incidence.

Keywords aged, adults, continuing nursing education, soft tissue injuries, prevention.

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OPTIMIZING COMPRESSION THERAPY TO ACCOMMODATE FOR DYNAMIC FLUID SHIFTS, USING AN ADJUSTABLE VELCRO COMPRESSION WRAP: A YOUNG WOMAN WITH STAGE 3 LYMPHEDEMA, AND A CHRONIC NONHEALING WOUND

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Aims/Objectives To improve the understanding and ability to care for people with severe lymphoedema complicated by dynamic fluid shifts: To highlight the need for individualized care; To share knowledge of dynamic fluid shifts; To describe the benefit of adjustable compression wraps.

Purpose & Background Lymphedema is a neglected, disfiguring, and disabling condition. Treatment is life-long, can be difficult, costly, and resource-intensive. Management requires a multidisciplinary approach, strong community support, access to experienced clinicians, and an understanding of the dynamic lymphatic fluid shifts with compression therapy.

Methods A case study of a 33-year-old woman with severe lymphedema of her left leg related to previous deep vein thrombosis (DVT) and elevated body mass index (BMI). Her care was complicated by mental illness and a large chronic wound over her left shin. She had been unsuccessfully managed for years in the community with a 2-layer compression wrap and suffered progressive leg swelling, debility, increasing wound size, and recurrent episodes of cellulitis. In 2022, she was admitted to hospital. She was assessed by Internal Medicine, Infectious Diseases, Plastic Surgery, Vascular Surgery teams, and WOC nurse. Surgical intervention (the Charles procedure) was considered, but the risks outweighed the potential benefits. An individualised management plan was pursued, including NPWT, extracellular matrix, thigh-high adjustable Velcro compression, and 24-hour nursing care to maintain the level of compression.

Results With consistent compression, frequent adjustments to account for dynamic lymphatic fluid shifts, there was marked improvement. The circumference of the calf reduced from 88cm to 55cm, and thigh from 118cm to 76cm in six weeks. The wound healed. Her quality of life improved. Post-discharge, her lymphedema stabilised, and she was able to apply the adjustable compression garment independently.

Conclusion/Outcome We highlight the reduction of lymphatic fluid, wound healing, and improved quality of life following the application of an adjustable thigh-high Velcro compression system.

Keywords lymphedema, compression, Velcro.

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CASE STUDY: THE LIVED EXPERIENCE OF A YOUNG PERSON WITH A COMPLEX MEDICAL NEEDS, SMALL INTESTINAL TRANSPLANT, TPN, AND A STOMA, LINDA'S STORY

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Aims/Objectives 1. Identify three challenges of small bowel transplant. 2. Identify psycho-social-cultural and educational needs of a child with a life threatening illness. 3. Identify two strategies to improve the quality of life for a person that is TPN dependent with a stoma.

Purpose & Background Small bowel transplant, among the most complex transplants, presents challenges in wound, stoma, nursing, and medical care. This case presentation will tell Linda's lived experience. She was born with microvillus inclusive disease, her journey through 19 years of hospitalisations, 13 major abdominal surgeries, small bowel transplant, three ileostomies, going home, transplant complications, chronic rejection, ex-plant, family abandonment, complex stoma care, long term hospitalisation, and TPN dependence.

Methods This is a case study, explored as a qualitative, lived experience of a child/teen, recorded and reported by the author, an experienced qualitative researcher.

Results Care of a toddler, child, teen with a small bowel transplant, stomas, and long term TPN are included, including travel with TPN and a stoma, issues related to long term psycho-social, developmental, educational, nutritional, transplant, and medical issues will be explored, as well as lessons learned and implications for practice, education, and research. Complications, including wounds, peristomal issues, and medical errors will be discussed.

Conclusion/Outcome This case is an exemplar of an extraordinary child/teen whose resilience, tenacity, and strength helped her survive, against all odds, to age 19; and her legacy dispelling myths of prohibitions (including travel), and the experience of innovative, and caring professionals that created and improved the quality of her life and the lives of other children and young adults experiencing life threatening illness, ostomy, wound and skin complications.

Keywords small-intestinal transplant, stomas, TPN, child.

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IT HAS BECOME A PART OF ME: LIVING WITH LOW ANTERIOR RESECTION SYNDROME AFTER OSTOMY REVERSAL

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Aims/Objectives To generate an in-depth understanding of daily living needs of patients experiencing low anterior resection syndrome (LARS) in order to provide a more appropriate support.

Purpose & Background Even though, it is known that the quality of life of people with LARS is limited and that they suffer from the symptoms, there is limited information available on their experience of daily living more than a year after stoma reversal and their needs. This study was undertaken to address this deficiency and to add to the existing body of knowledge describing their challenges and needs.

Methods Interviews were conducted with seven patients (2 women, 5 men), twelve to 42 months after stoma reversal. All interviews were audio-recorded, transcribed, and analysed using the Interpretative Phenomenological Approach.

Results Analysis revealed three central categories addressing the burden of living with LARS: Internalising new living conditions; actively planning a new everyday life; and knowing the body and controlling symptoms. 'Unpredictability' emerged as the key challenge. Being informed in advance about the problems expected to arise, having the possibility to talk about problems, as well as receiving peer support were identified as means to ease patients' challenges when living with LARS. However in total they missed structure aftercare.

Conclusion/Outcome Twelve to 42 months after stoma reversal, participants had internalised their new living conditions. Their level of acceptance of their situation was substantial. There are indications that a culture of open information before ostomy reversal contributed to being mentally prepared for the situation after surgery. Talking openly about their problems helped participants organise their everyday life. In order to enhance quality of life, a structured aftercare by nurses and other health professionals could cover the information need about potential problems after stomareversal and how to deal with the unpredictability until a normal routine has been established. Furthermore, access to peer groups should be provided.

Keywords low anterior resection syndrome, colorectal cancer, stoma reversal, quality of life, rectal resection.

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AN EVIDENCE-INFORMED CARE MODEL TO IMPROVE THE QUALITY OF CARE IN NEWLY OSTOMIZED PATIENTS

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Aims/Objectives To develop an evidence-informed practice to prevent readmissions due to dehydration in newly ostomized patients.

Purpose & Background In adult patients with a newly constructed ileostomy around 40% are readmitted within 30-60 days postoperatively. Readmission is in most cases due to dehydration which increases mortality, risk of renal failure, and impacts negatively on patients' quality of life. The aim of this intervention was to develop an evidence-informed practice to prevent readmissions due to dehydration in newly ostomized patients.

Methods Based on a literature search an evidence-informed care model and guideline was developed. The model involved pre-, per- and postoperative interventions from patients, ward nurses, stoma care nurses, surgeons, and nurses from primary health care sector (PHS-nurses). Key elements in intervention were: Teaching patients about correct diet and fluid intake, signs of dehydration, monitoring of output, when and where to seek help; Written information, such as leaflets on prevention of dehydration to patients, PHS-nurses and ward nurses; discharge criteria such as maximum output from stoma 1500 ml/day, no need for supplementary IV fluid, urinary output and weight is stable, sufficient self-management of stoma care; home monitoring involving patients monitoring daily weight and fluid intake/output. Blood tests x2 primary health sector; and follow-up including telephone follow-up x 1 within 3 + 30 days, outpatient stoma clinic follow-up x 2 within 40 days.

Results Implementation at two wards has been ongoing since May 2022. Staff knowledge has increased and cooperation with PHS-nurses has improved. Patients express involvement in care and are more likely to seek help and advice from professionals in time. In case of readmission, patients' fluid balance seem to be less impacted.

Conclusion/Outcome An evidence-informed care model has the potential to prevent readmission due to dehydration after newly ileostomy formation.

Keywords stoma care, dehydration, readmission, patient involvement, patient education.

PREVALENCE OF PERISTOMAL SKIN COMPLICATIONS IN THE FIRST 12-WEEKS POST DISCHARGE FOLLOWING URINARY/FAECAL STOMA FORMATION SURGERY

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Aims/Objectives The aim of the research was to describe the number and aetiology of PSCs in the first 12 weeks post-discharge from hospital following faecal or urinary stoma formation surgery and to measure their effects on QoL.

Purpose & Background Peristomal skin complications (PSC) following faecal and urinary stoma formation are commonly reported in the early post-operative period and are largely preventable, however there is little Australian data. PSCs often cause readmission to hospital and have an overall negative impact on quality of life (QoL).

Methods Stomal therapy nurses collected baseline data using a Peristomal Risk Assessment Tool (PRAT) from patients who underwent urinary or faecal stoma formation surgery from two hospitals in Perth, Western Australia over a 3-month period. Ostomates were assessed weekly for 4-weeks then fortnightly until 12-weeks post discharge either face-to-face or by telephone and photographic images were taken.

Results All ostomates presented with three or more PSCs during the course of the study, with the majority (63%) attributed to irritant dermatitis and 47% percent classified as 'bruising'. PSCs were seen in ostomates who had stomas less than 20mm in height and in those who received less pre-operative education. If the ostomate suffered with anxiety and depression they were more likely to have a PSC, which led to a negative effect on their QoL.

Conclusion/Outcome The results from this study align to the PSCs reported in the international literature and highlight the importance of regular postoperative STN follow-up especially in the early post-operative period. The study has identified the main contributing factors for PSCs which can be used to identify ostomates at high risk of developing PSCs and guide prevention strategies.

Keywords stoma, peristomal, complications, aetiology, quality of life.

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AUTISM: LIVING WITH A STOMA AND THE CHALLENGES OF NURSING SOMEONE FOLLOWING DISCHARGE FROM HOSPITAL

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Aims/Objectives To give an insight into the challenges the community stoma specialist nurse faced when caring for a high functioning autistic patient with a newly formed stoma To demonstrate the pathway of care for this patient who had very high needs.

Purpose & Background Autism spectrum disorder (ASD) is a developmental disability caused by differences in the brain. People with ASD often have problems with social communication and interaction, and restricted or repetitive behaviours or interests. People with ASD may also have different ways of learning, moving, or paying attention. Autism is a lifelong developmental disability which affects how people communicate and interact with the world. More than one in 100 people are on the autism spectrum and there are around 700,000 autistic adults and children in the UK.

Methods A literature search was carried out and provided extremely limited material on adults with autism and a stoma. There are a few published articles relating to autistic children with stoma. My immediate peer group had limited experience. The national associations provide very helpful information that allowed the practitioner to incorporate into the patient's care. This case study will show the patients journey and adjustment to life with a stoma and ongoing medical issues he needed to address.

Results The case study showed the importance in engaging with the multidisciplinary team as being key in ensuring all the healthcare professionals are aware of his limitations.

Conclusion/Outcome Caring for this patient has developed the author's understanding of autism in particular to using language that is understood and recognising signs of stress in these individuals. Initially the patient insisted on being seen on a weekly basis but the author was able to reduce these appointments as time went on without causing stress to the patient and also ensuring he felt safely supported.

Keywords Autism Multi disciplinary team Behaviours Trust.

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