Discussion

Next steps - future considerations in convexity and evidence

For referencing Purnell P. Next steps – future considerations in convexity and evidence. WCET® Journal Supplement. 2024;44(3) Sup:s15-16.

DOI https://doi.org/10.33235/wcet.44.3.sup.s15-16

EVIDENCE

The integration of convexity into clinical practice has been a subject of increasing interest, particularly in the context of optimising clinical outcomes. Recent publications highlight the evolution of evidence supporting the use of convexity products, which have been in use for decades but without substantial evidence to validate their effectiveness. The call for ongoing research in this domain is clear, emphasising the need for a robust evidence base to inform clinical decisions. The article by Czaplewski & Smitka[1] is instrumental in this regard, revisiting foundational concepts and advocating for standardised terminology that enhances clarity in clinical decision-making. This effort towards standardisation is crucial as it facilitates a unified understanding across the clinical and manufacturing landscapes, potentially leading to improved patient outcomes through more informed product selection.

The shift towards convexity products in clinical practice is a testament to the dynamic nature of evidence and its impact on patient care. The growing body of research, including case studies, surveys, and consensus statements, underscores the benefits of convex skin barriers, especially in managing stomas with irregular peristomal planes or those that are flush or retracted. Clinicians are now equipped with a wealth of information that not only challenges traditional practices but also provides a solid foundation for embracing change. This evolution in clinical approach is crucial for enhancing patient outcomes, as it allows for proactive management of conditions such as peristomal skin problems, which can be mitigated using appropriately selected convexity products. The integration of these products into patient care is indicative of a broader movement towards evidence-based practice (EBP), ensuring that clinical decisions are informed by the latest and most reliable data available.

Paris Purnell
Senior Manager, Clinical Education
Hollister Incorporated, Libertyville, Illinois, USA
Email paris.purnell@hollister.com

APPLYING EVIDENCE TO CLINICAL PRACTICE

By incorporating convexity selection earlier in the patient journey, clinicians can potentially mitigate complications such as peristomal skin issues, which aligns with the principles of EBP. EBP is defined as integrating the best available research with clinical expertise and patient preferences, thereby driving meaningful improvements in patient care.[2] The anticipation of Hill's[3] forthcoming report, based on a retrospective audit of patient outcomes, underscores the importance of evidence-based interventions in achieving positive clinical changes and highlights the ongoing commitment to advancing patient care through research and collaboration between clinicians and industry in driving more patient-centric outcomes.

The process of influencing entrenched clinical practices is indeed a complex and multifaceted endeavour. It requires not only time and effort but also a strategic approach that considers the various barriers and facilitators that impact the adoption of new evidence-based practices. The availability of evidence is a crucial factor in informing clinical practices and supporting change. However, the translation of this evidence into practice is influenced by a myriad of factors, including historical, economic, professional, and other extraneous forces that may resist de-implementation of outdated practices.

PRODUCTS

The introduction of more compressible barriers represents a significant advancement in clinical tools, offering the potential to enhance patient outcomes through improved management of conditions such as peristomal skin damage. These products can provide better adaptability and comfort, leading to increased patient compliance and satisfaction. Nevertheless, it is essential to recognise that they are not a universal solution. Less compressible products retain their importance

in certain clinical scenarios, particularly where greater rigidity is necessary to prevent leakage and protect against skin damage.

Clinicians must navigate a landscape where both new innovations and established products have their respective roles. This requires a nuanced understanding of the clinical context and the specific needs of each patient. It also calls for an appreciation of the broader health system and contextual factors that influence clinical decision-making. For instance, a lack of time, financial constraints, and specialised personnel can pose significant barriers to the implementation of clinical practice guidelines, while factors such as leadership, teamwork, and institutional support can serve as facilitators.

CONCLUSION

In conclusion, the journey to influence entrenched clinical practices and improve patient outcomes is ongoing. It involves a continuous cycle of evidence generation, evaluation, and integration into clinical practice. The addition of more compressible barriers is a welcome development in this journey, but it is part of a larger toolkit that clinicians must skilfully employ to navigate the complexities of healthcare delivery and achieve the best possible outcomes for their patients. The challenge lies not only in the individual adoption of new practices but also in addressing the systemic issues that can hinder or facilitate change at a broader level.

REFERENCES

1. Czaplewski G, Smitka K. The role of standardised product terminology in product development and clinical practice. WCET® Journal Supplement. 2024:44(3)Sup:s3-5.
2. Titler MG. The evidence for evidence-based practice implementation. In: Hughes RG, ed. *Patient Safety and Quality: An Evidence-Based Handbook for Nurses.* Rockville (MD): Agency for Healthcare Research and Quality (US); 2008 Apr: Chapter 7. PMID: 21328760.
3. Hill R. Investing the impact of a soft convex skin barrier infused with ceramide on mucocutaneous separation during both intraoperative and postoperative phases. Forthcoming Canadian NSWOC Conference Poster Presentation 2024.