THE ROLE OF THE STOMA NURSE
WITHIN THE
‘ENHANCED RECOVERY PROGRAMME’
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Number of Cystectomies

- 2013/2014: Low number
- 2014/2015: Moderate increase
- 2015/2016: Significant increase
- 2016/2017: Consistent increase
- 2017/2018: Highest number
TWO PRE-OPERATIVE MEETINGS

- 1st in conjunction with Urology CNS... insures

  - continuity of information

  - any potential issues are highlighted early, giving time to put systems in place i.e. dexterity issues/skin sensitivities

  - Introduction of the ‘personal trainer’
PERSONAL TRAINER........!!!
Preparing the model stoma

**STEP 1**
Peel off adhesive backing
Peel off the self-adhesive backing on the model stoma.

**STEP 2**
Position stoma centrally
With the textured side of the patch facing upwards, centrally position the model stoma.

**STEP 3**
Firmly attach the stoma
Once positioned centrally, press the model stoma down firmly to ensure a secure bond.

Applying the model stoma

**STEP 4**
Remove patch backing
Remove the self-adhesive backing from the patch.

**STEP 5**
Apply the model stoma
Apply the model stoma to your abdomen in the position indicated by your stoma nurse or consultant.

**IMPORTANT**
Turn the tap on the pouch to the closed position. The gold drop should be on the same side as the skin barrier.

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- Gives patients a clearer image of what to expect with regards to stoma appearance and size and the pouch itself.

- Allows them to psychologically adapt to the anticipated change in their body in their home environment without the pressure of pleasing their HCP.

- How the pouch will fit beneath clothing, taking into consideration body shape—the ability to see for application, comfort of wear and emptying—makes considerations for siting easier if patients understand the logic.

- Practicalities of changing the pouch/time constraint. How it will fit into their lifestyle.
SITING

- 2\textsuperscript{nd} visit with the patient is the day before surgery, when the patient is sited and any further concerns addressed.

Consider....

- Physical appearance/body shape- Anticipated changes
- Limitations/dexterity
- Scars/creases/folds
- Belt line/clothing
- Operation undertaken on Friday, 1\textsuperscript{st} review by Stoma team on Monday.

- Twice daily practice changes.

- 2 stents in-situ, no stump drain making management of application easier.

- The benefit of the patient having experience of the pouches mean they can engage easier and have confidence in what to do.

- Managing expectations.
ISSUES THAT CAN ARISE WHILST AN IN-PATIENT

- Leaks
- Sore skin
- Difficulty in pouch alignment
- Necrosis/Retraction of the Stoma
- Failure to practice bag changes!
ISSUES THAT CAN ARISE ONCE AN OUT-PATIENT

- Leaks - most likely to occur post stent removal
- Changes in abdominal shape
- Skin reaction
- Sore skin
- Hernia

- Obtaining Supplies
- Confusion about Stoma follow-up
FOLLOW UP

- Upon discharge the patient will:
  - Know when their delivery of further supplies will arrive.
  - Contact details of both RSCH and their local Stoma CNS.
  - When their first follow up clinic appointment will be.

- Follow up phone call 1-3 days post discharge
- Two week following surgery an appointment for follow up in Bladder Clinic, stents are removed (no Gentamycin) and trouble shooting done.
- Local patients will be placed on a rolling program of follow up
- If out of area we insure that their local CNS has made contact.
THANK YOU