O-13
Managing A High Output In The Community: Empowering Patients.

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1- Hollister Nurse 2 - Hollister Ostomy Nurse, United Kingdom

Aim: Working in the community we have observed that some ileostomy patients develop a high output post discharge. Increasing implementation of the enhanced recovery program, results in many patients being discharged within a week; a crucial time for an acute high output. We wish to empower the patients to self-help.

Method: We see patients throughout their journey, including adjuvant chemotherapy. A study by Phatak et al (2013) concluded that dehydration was the most common cause of readmission for patients with an ileostomy undergoing chemotherapy and suggests that early intervention is fundamental to improving this. Often patients are unaware of the symptoms and treatment of dehydration and have required re admission for electrolyte imbalance, dehydration and, occasionally, acute renal failure.

Conclusion: A literature search revealed that guidelines and protocols for management of high output stomas are aimed primarily at clinicians in hospital. We have, therefore, developed a simple patient guide to signs and symptoms and an easy to follow traffic light system for management. The guide aims to raise awareness for patients following discharge enabling them to monitor and self manage where appropriate. Crucially it should prompt them to seek help in a timely fashion, preventing crisis and repeated hospital admissions.

O-14
Faecal Incontinence In A Healthy Young Man; What Sort Of Investigations?

S Cotton¹
1 – LAS, Switzerland

Faecal incontinence is often a symptom whose aetiology and management is difficult and complex. I report the case of a young student aged 13 years who was referred to a boarding school health centre. No neurological deficit or psychosomatic affect was demonstrated. Definite persistent soiling of his underwear was, however, evident. Considerable debate regarding what sort of investigations were required were resolved by careful social history taking, which revealed a hitherto unreported cause of soiling in an otherwise healthy teenager.

O-16
Meeting Destiny's Challenge: Norma Gill's Legacy at the Cleveland Clinic

L Coulter¹
1 - Cleveland Clinic, United States of America

Norma N. Gill (1920-1998) felt challenged by destiny to help her fellow man. How she met that challenge has become legend. Gill became the first Enterostomal Therapist (ET) and established the first program to train enterostomal therapists. This presentation will focus on Gill's legacy at The Cleveland Clinic, where it all began. Here the practice of the Certified Ostomy Nurse (CON) has been affected by new challenges and innovations, including serving patients with multivisceral transplants, who begin their lives anew with chimney ileostomies; managing patients who have single port surgeries and, thus, decreased hospital stays; taking steps to reduce surgical site infection, and to decrease readmissions due to dehydration. While the primary goal of Cleveland Clinic's CONs is educating and caring for patients, they also serve as faculty for the R.B. Turnbull, Jr. MD School of Wound, Ostomy, Continence Nursing by providing lectures and precepting students from around the world. By exploring the current practice of Cleveland Clinic's CONs, this presentation will demonstrate how nearly 100 years after her birth, Norma Gill's legacy is still meeting destiny's challenge.

O-19
Special considerations with neonatal stomal therapy nursing

C Stott¹
1 - Prince of Wales Hospital, Australia

The term 'neonate' refers to the period of time from birth until one month of age. Some neonates are full term when they are delivered and found to have a condition requiring a stoma. Other neonates are born early, sometimes at 23 or 24 weeks gestation with a very low birth-weight (under 1 kg) and require stomas due to bowel obstruction/perforation. Neonates skin is very thin and underdeveloped when born - this is especially true of the low birth-weight infant. The skin takes between 2-4 weeks post birth to mature to that of a full-term infant. It is very important that nothing is used on the skin that could further damage it, or allow absorption of topical agents and chemicals. All products including barrier wipes, adhesive remover wipes and bags that are used need to be carefully considered in this vulnerable group of patients. Parent support and teaching, pouching techniques, product selection, the impact of feeding and the effects of growth will be addressed in this presentation.
O-21
Collaborative Working between Stoma Nurses in the Acute and Community Setting.

L Hall¹
1 Salts Healthcare, United Kingdom

The author aims to demonstrate how collaborative working successfully brought about the management of one complex colostomy patient, without which an enriched working relationship would not have occurred.

Following a protracted hospital stay, the patient required intensive community support which was provided by the community stoma nurses.

The hospital team were pivotal in maintaining communication between a multitude of multi-disciplinary team members which enhanced the patients journey.

**Aim:** To demonstrate how collaborative working can enhance overall patient care.

To demonstrate how team work has improved the working relationship between community and hospital nurses.

To demonstrate how a challenging situation can be managed by seamless team work.

**Conclusion:** The author believes that without the collaboration that occurred between primary and secondary care nurses, the end result would not have been as satisfactory.

The nurses in the acute and community setting were able to share best practice, knowledge and experience with each other, which in turn facilitated trust and growth amongst both teams. It has helped pave the way for future coherent working relationships and given the author a greater understanding of the importance and benefits assigned to collaborative working.

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O-25
Focus On Feet To Prevent Falls And Wounds

M Burdette-Taylor¹
1 - University of Alaska, United States of America

Lower extremity falls and wounds are on the rise with the demographics and projected aging population. Diabetes and heart disease supersede cancer deaths. A basic foot exam- performed routinely on patients identified as high risk allows time for early intervention and prevention. A Certified Foot and Nail Care Nurse (CFCN) who evaluates clients on a regular basis, conducts a comprehensive lower extremity exam for loss of protective sensation (LOPS) and compromised peripheral blood flow is more likely to provide care in a timely manner. Why a nurse? Because nurses who have the level of education, expertise through acquired training, and are board certified are competent to assess, educate, provide intervention, and refer. Utilizing CFCNs is cost-effective and efficient. CFCN is utilized as a member of the multidisciplinary team. Nurses are educators and education is an effective method for prevention. Nurses, as the most trusted health care provider, communicate, establish rapport, and develop sustaining relationships for the long-term. Utilizing the Wound Ostomy Continency Nurses' Credentialing Board (WOCNCB) CFCN raises the standard of care substantially and reduces overall costs to life, limbs, and Medicare dollars. This innovation in practice improves outcomes, patient satisfaction, and safety while reducing hospital admissions.

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O-26
The Effect Of Preoperative Stoma Site Marking On Quality Of Life And Incidence Of Early Stoma Complications

S Karaveli¹, T Özbayır²
1. Nursing School, Turkey 2. Ege University, Turkey

This is an experimental study that aimed to determine the effect of preoperative stoma site marking on the quality of life and early stoma complications.

The study sample included patients for whom a stoma was opened after a planned colorectal surgery. There were 30 patients in the control group and 30 in the experimental group. The data were collected by using a Patient Identification Form, the Complication Evaluation Form, the City of Hope Quality of Life-Ostomy Questionnaire (COHQOL-OQ) and face-to-face or telephone interviews. The average age of the participants in the experimental group was 53.5±12.83, and that of the control group was 58.00±14.22. A comparison of the two groups indicates that the sixth-month total score of the patients in the experimental group on the COHQOL-OQ is higher than that of the control group (p<0.05). Of the participating patients; 71.7% had peristomal irritant dermatitis, 16.7% had retraction, 18.3% had bleeding, 6.7% had pain and 1.7% had hyperplasia. The authors found no statistically significant difference between early stoma complications (first 30 days) in terms of age, gender or stoma type.

An educational process before and after the operation as well as stoma site marking increases the quality of life.

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O-28
"You Said, We Did"

P White
1. SecuriCare (Medical) Ltd., United Kingdom

Imagine a service that puts the patient at the very heart of it. A service that listens to those patients and individuals involved directly in their care, then utilises the feedback to meet these needs and develops a service that people want. By asking people whether they are receiving the service they need and then implementing improvement on the basis of this feedback helps to make patients feel more supported and better cared for.

"Patient experience" is what the process of receiving care feels like for the patient, their family and carers. It is a key element of quality, alongside providing effective clinical and safer care.

The experience we deliver for patients and their families can only ever improve when an entire organisation and their staff, is fully engaged, open to and willing to accept change and adapt as necessary.

Effective engagement leads to improvements in health service delivery and is part of everyone's role. The aim of this presentation is to demonstrate and share the value in receiving patient feedback, how that was listened to and effected change, contributing to service improvement.

In essence - "You Said…….We Did" using patient experience to shape healthcare delivery.

O-30
The Romanian Ostomy Patients Support Foundation. Giving something back and rising to the challenge!

J Sica, C Smith
1. Kingston and HRCH CCG, LONDON, United Kingdome 2 - Royal Hospital for sick children, Edingburgh, Scotland

The Romanian Ostomy Patients Support Foundation (ROPSF) has been in existence for over 15 years. The charity aims to support ostomy patients, provide training for doctors and nurses and to improve the availability of quality ostomy appliances.

More recently it was recognised that there was a need to expand the training to the paediatric population. Paediatric nurses from 4 of the principal children's hospitals were accommodated in Bucharest for 4 days during April. We undertook an intensive training course using a variety of teaching methods in order to overcome the language barrier. It is our sincere thanks to our employees and the ASCN for securing the funding through Jean Preston grant that enabled us to travel and fulfil this work.

The presentation will describe how we prepared, presented the training and how we anticipate this new learning will impact in the provision of stoma care to these vulnerable babies and children.

The next stage involved 8 of the Romanian nurses coming to the UK to work alongside UK Nurses to consolidate and develop their knowledge.

The work of the ROPSF enables nurses to feel empowered through education and encourages them to become a significant member of the medical team.

O-32
A Qualitative Study On Living Quality Of Patients With Rectal Carcinoma And Permanent Colostomy

Y Xu
1. JiangSu TaiZhou People's Hospital, China

Objective: An evaluation of the quality of life patients who are suffering from carcinoma and have had Miles operations, analyze the influencing factors on the quality of their life by using the qualitative phenomenological research methodology.

Method: Semi-structured interviews were conducted on a purposive sampling of 12 patients and the data was analyzed using Colaizzi' Seven-step analysis methods

Results: 7 factors which affect the quality of patients' life including, emotional reaction, daily living situation, colostomy complications, sexual dysfunction, degradation of social roles, lack of relevant knowledge of disease, economic pressures. Conclusion: Entero stomal therapists should pay close attention to patients after colostomy surgeries with great care, provide psychological support with stoma-related information, and appeal to the government to improve their medical security system.

O-34
Does My Bum Look Big In This? - A Look At Perineal Hernia

S Ashworth
1. Salts Healthcare, United Kingdom

The author has been a stoma care nurse for a decade but has recently been presented with a lady who had developed a protrusion around the soft tissue to her perineum. This condition is known as Perineal Hernia.

The condition can have a huge impact on quality of life.
Aims and objectives:
1. For colleagues to have knowledge of perianal hernia that will facilitate the management of this condition.
2. For nurses to have confidence in diagnosing perineal hernia.

Method: A literature search, identified articles relating to its prevalence, but not to the psychological impact they can have.

Results:
- They are more prevalent when the surgery has been done for cancer.
- If there is pre-operative chemotherapy.
- Not mentioned as complication and rarely discussed pre-operatively.
- Less likely to occur with good primary closure of the wound and no development of infection (Aboian 2006).
- Difficult to repair surgically.

Conclusion - Perineal hernias are obtrusive, demoralising and disfiguring. Patients appear to have reduced quality of life, are unable to do activities, can get pain and discomfort. There may be a reluctance to socialise, difficulty finding clothes and inability to sit for long periods.

O-37
Body Image And Intimacy - Are Patient's Informed?

S Peckham
1. Securicare, United Kingdom

Body image and intimacy can be severely affected following stoma surgery and this has been widely documented worldwide. Danielson et al (2013) states that patients who have a good understanding of their stoma on discharge, will have a more positive effect on their body image and quality of life. However, with the focus on the practical aspects of stoma care, to facilitate early discharge, the issues of body image and psychological recovery may not be addressed (Burch 2014). We have to be selective about the amount and type of information we give, as there could be a risk of 'information overload'.

The purpose of this project was to assess stoma patients' thoughts and feelings on the subject of intimacy and to discover whether they felt they received the correct information at the most appropriate time.

A series of pilot meetings were held and invited ostomates were given a short presentation on body image and intimacy and they were asked to complete a questionnaire, to explore their views. The information was then collated and analysed to give an understanding of the patients' perceptions while providing the nurse with more insight into how and when to address this with patients.

O-42
Indigenous Circumpolar Foot And Wound Health

M Burdette-Taylor
1. University of Alaska, United States of America

Health in the Artic among indigenous circumpolar Inuit population is a serious concern. The Inuit span across four nations. They are descendants from human migrations across the Beringia land bridge 5,000 years ago. There are 167,000 Inuit in Greenland, Denmark, Alaska, Canada, and Russia. The research conducted in these regions among this population is unique and directly related to geographic and genetic factors. Geographic remoteness, limited gene pool, and underdeveloped human resources have impacted the health systems and practices.

Chronic diseases as heart disease and diabetes are called "diseases of modernization". They tend to increase in traditional societies undergoing rapid changes in diet and physical activity. Diabetes, alcoholism, and frostbite are a few concerns of the World Health Organization in reference to global health. Neuropathy leading to foot ulcers, wounds, and amputations are increasing exponentially. Though diabetes is considered a new disease among the Inuit, over the last 2-3 decades glucose tolerance surveys among Alaskan Eskimos (Inuit) have shown to increase in prevalence.

Global health initiatives have historically excluded indigenous circumpolar concerns. There is much to share from one another. The population from many nations genetically linked over 5,000 years is a priceless resource for learning.

O-43
University Of Alaska Foot, Nail, And Wound Curriculum Initiative

M Burdette-Taylor
1. University of Alaska, United States of America

1 UAA Pilot Initiative for undergraduate and graduate students in foot, nail, and wound care.
O-44
Project Ilco Sweden Ostomy Association - Ilco Zimbabwe Trust

M Sten1
1.ILCO Sweden Ostomy Association, Sweden

In 2009 ILCO Sweden Ostomy Association started a project together with Lizzie Moyo to form an ostomy association in Zimbabwe. During 2011-2013 we got subsidy from the Swedish government to establish an ostomy association in Zimbabwe.

**Aim:** Protect the interests of people with disabilities in the intestines and bladder which can lead to different ostomies.

**Method:** Influence authorities which make decisions that concern our members at a national, regional and local level.

**Result:** Cooperation with professions, ostomy nurses and doctors, to gain the best care possible for our members throughout getting diagnosed, treatment, receiving the right ostomy appliances, rehabilitation.

**Discussion:** The professions are experts in their field, people with stomach and intestine problems. Ostomates are experts on their condition and life conditions.

ILCO Zimbabwe Trust would like to find a way to combine their expertises to improve living conditions for ostomates.

I will have the oral presentation together with Lizzie Moyo and Linda Moyo from organization ILCO Zimbabwe Trust.

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O-48
Renewall Benefits

R Forkosh1
1.Claalit Health services, Israel

Management of stoma patient and development of medical technologies simultaneously with innovative stoma equipment increased the number of patients that needed stoma equipment adjustment. Ileostomy an active stoma that requires consideration for: accumulation issue, medical equipment, skin health, quality of life improving, economically streamlining due to the high costs of this equipment.

Quality of life derived directly to the time dedicated for: number of equipment replacements, unwanted disconnection, feces leakage and injury to the skin.

In Israel the equipment provided at no cost to stoma patients, therefore the health system looks for resistant and stronger equipment in order to address the growing number of stoma patients over time. The equipment must have good adhesion, connection to skin at least for 3-5 days, no leaks.

In 2015 were 75 patients released with stoma, 30% of them having aggressive stoma, treated specifically with double adhesive layer equipment.

**Results:** the equipment hold on the skin between 3-5 days without leakage or dealing with stoma beyond what is necessary and patient satisfaction increased significantly.

The solution is, equipment double adhesive layer provides a response to the quality of life of the patients and provides them confidence and trust with 30% less expense.

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O-56
How A Transdiciplinary Approach Can Help In The Management Of High Output Ostomies/fistulae And Short-gut Syndrome

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1.Ensemble Hospitalier de la Cote, 2 CHUV – Lausanne, Switzerland

**Introduction:** Managing high output ostomies/fistulae, as short-gut syndrome, is challenging in terms of appliances, risk of leakage, skin lesions and associated risks of malnutrition and dehydration. In an interdisciplinary approach, coordination and collaboration with dieticians/nutritionists as physicians are required in order to adapt the most appropriate care, treatment and information given.

**Method and results:** A better knowledge has been collected based on a research conducted by a task group of the Swiss Association of Stomatherapists, specific scientific articles, other EBN documentation and a specialized course in Clinician Nutrition. In daily practice, these data are useful for having:

A better understanding of the dietary fibers: properties and indications to prescription.
An inventory of drug treatment, oral nutritional substitute: how best to use them.
A more detailed composition of mineral waters for micronutrient supplementation.
And a more systematic screening and evaluation of patients.

**Discussion:** In addition to find better appliances and propose a step by step protocol, these information allowed us to implement a scientific based decision algorithm of care. Sharing knowledge with other professionals on clinical situations enable us to learn from each other and to improve our care. Patient quality of life can be improved and major complications avoided.
O-57  
Effect Of Out-hospital Health Guidance In Improving The Life Quality Of Patients Undergone Colostomy

A Chen¹  
1. No.2 hospital affiliated to Wenzhou Medical College, China

**Objective:** To explore the effect of out-hospital health guidance in improving the life quality of patients undergone colostomy.  
**Methods:** Chronological 100 colostomy patients were divided into two groups. The control group (50 patients) received routine treatment and care, the experimental group (50 patients) received out-hospital health guidance by enterostomal therapists. The intervention included diet, stoma care skills guidance; stoma complications prevention, routine life guidance and psychological counseling.  
**Results:** After given out-hospital health guidance, the quality of life was significantly improved in experimental group, which was also much higher than the control group (P<0.05).  
**Conclusion:** Out-hospital health guidance delivered by enterostomal therapists can effectively improved the quality life of patients undergone colostomy.  

[Keywords] Health guidance; Colostomy; Stoma complications; Quality of life

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O-60  
Remembering The Past Gives Power To The Present

S Novakova¹  
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I have had many years of experience and the long-time practice as a stomanurse. Some figures regarding to our ostomy care in the past and nowadays, about our consultancy room will be presented. The comparison between then and now, my reminiscence of our early days as stomanurses (me and my colleague) will be involve in this presentation.  
I would like to share the results of small survey of our long-time ostomy patients. We know that they have had an extensive choice of appliances, skin care products and the great improvement of ostomy supplies now. But have been the life easier for ostomy patients at the present than was it in the past? Have been they more satisfied with their life with a ostomy nowadays then they were in the past? Have been the care easier for us as a stomanurses nowadays than was it in the past?

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O-64  
Addressing Body Image In A Trans Gender Male To Female With An Extensive Mental Health History Including Assumed Chimerism

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1. Queens Hospital, United Kingdom

**Aim:** The purpose of this abstract is to demonstrate how the stoma nurse was involved in caring for a trans-gender patient with longstanding body image and psychological issues pertaining to body image and assumed chimerism instilled by parents from birth.  
**Method:** This presentation will take the form of a case study demonstrating and exploring how the stoma care nurse was involved in assisting the patient to overcome negative body image issues and addressed several long standing psychological issues including assumed chimerism.  
**Results:** The presentation will show how the stoma nurse worked collaboratively with the Multi-disciplinary team ensuring the best possible outcomes for the patient. This enabled the patient to feel empowered in the selection of an appropriate appliance to address her altered body image perceptions.  
**Conclusion:** This complex case study has proven to be an enormous challenge for all involved. The stoma care nurse was able to address many of the body image issues associated with stoma formation as the patient states she is "disfigured". This was one of the main issues addressed and has ensured the patient has been able to resume socialising in as normal a manner as possible for her.

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O-65  
Enterocutaneous Fistula - Faecal Distal Refeed To Address Nutrition And Hydration In A Crohns Patient

K Hayles¹  
1. Queens Hospital, United Kingdom

**Method:** This presentation will demonstrate how the stoma care nurse was an integral part of the Multi-disciplinary team in the preparation of a patient with Crohns disease for surgery to repair an enterocutaneous fistula as a result of an emergency laparotomy for multiple crohns small bowel perforations.  
**Results:** The effectiveness and importance of a collaborative approach towards preparing a patient for suitability for repair of Enterocutaneous fistula will be demonstrated. The stoma nurse worked with the Gastroenterology, Nutritional and Surgical teams in developing and implementing an individualised plan of care involving the daily re-feeding of the patient's faecal matter via the distal lumen of his enterocutaneous fistula.
Conclusion: The stoma care nurse was able to act as patient advocate in ensuring the plan of care was not only tailored to the individual but also ensuring the patient was involved in all of the decision making process of the care plan. The management of this type of patient is extremely challenging and the nutritional status is paramount in this management process. This case study has enabled the author to become a much more integral and trusted part of the multi-disciplinary team within the hospital as a new member of the team.

O-66
Initiation Of Stoma Wound And Continence Services In Kenyatta National Hospital

J Ndungu
1. Kenyatta National Hospital, Kenya

Introduction: KNH is the Kenya's National referral Hospital. It has a palliative care unit that helps improve quality of life for patients. A gap was identified in quality of life of patients with stoma, wounds and continence issues.

Background: The Hospital has a large patient population with issues due to presence of specialized units; cancer and surgical.

Training to self and other Healthcare workers: My interest and practice changed when I attended a lecture by a visiting nurse from the United Kingdom in 2013. I subsequently attended four months Stoma, wound and continence training at Aga Khan University in Kenya organized by a Kenya/Australian twin project. Support was from Australian Association of Stromal Therapy Nurses (AASTN). Am currently attending the Training of trainers course.

Impact: Raising awareness about quality of life issues around stoma, wounds and incontinence.

Introduction of stoma/wound outpatient and inpatient services.

Starting of an Ostomate support group.

Involvement of stoma nurse in patient education and discharge planning.

Management of fistulas' and incontinence improving quality of life.

Way forward: Take mantle from Australian tutors and educate all healthcare workers to allow dissemination of ostomy services to Hospitals in Kenya and other African Nations.

O-67

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Background: Coloplast’s Ostomy Forum is an international coalition of Stoma Care Clinical Nurse Specialists focused on product development and clinical research. The forum enables effective evaluation of product developments by clinical specialists resulting in valuable insights and feedback which informs future development projects. Without trials and research projects stoma appliances would not have progressed from battle casualties at Flanders in 18th century using, tins, silver pipes and cloths to collect their faecal output or a farmer using a small leather draw string bag which he adjusted to fit his stoma.

Aim: Stoma Care CNS’s trailing a new flexible convex stoma appliance the Sensura Mio Convex.

Method: Patients were recruited to trial and evaluate the product under CNS supervision and compare against other stoma appliances available in the UK market.

Results: The CNSs in the trial used their clinical skills to assess patients progress and document/report observations to inform the clinical trials team.

Conclusion: Working with COF and being part of a Clinical Trial has given Stoma Care CNS’s confidence and skills which benefit both them and patient’s. It has been a very interesting, exciting, rewarding and an excellent exercise in keeping secrets!

O-68
From The Students’ Perspective Understanding Stoma

S Karaveli¹, E Demiraslan¹
1. Nursing School, Turkey

Objectives: The objective of this study was to evaluate the students’ experiences with stoma.

Introductions: In order to understand their experiences of the patients “gold standard” is considered.

Methods: Sample of the research was consisted of 9 who have student at Kastamonu University Health School. Stoma bag fitted to the students and was put into 50 cc of water. Stoma bags were removed after 3 days. Data were collected to removed the stoma bag. Types of qualitative research method of the study data were collected by in-depth interviews. The researchers have focused on reflection of the meaning of the student’ expressions.

Results: It was determined that the students assigned to research were between the 20 and 21 years old, 5 of them (%55.5) were female. At the end of this study it was determined that the students who experienced “shame, sleeplessness, stress, itch”.

Conclusions: Nurses need to understand what their patient perceives as a good quality of life and how to alter any negative factors that may inhibit a patient’s ability to care for and accept their stoma.

Key words: Nursing student; Stoma; Experience; In-depth Interview
O-69
Kenya Is Awakening

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In 2013 members of the Australian Association of Stomal Therapy Nurses (AASTN) volunteered as Stomal Therapy tutors to teach in the first stoma, wound and continence nursing education program (SWCNEP) in Kenya. This program was set up as a World Council of Enterostomal Therapists (WCET) Twinning Project between Australia and Kenya and is the first project of its kind in /sub Saharan Africa. A team of 10 Australian STNs participated in this 2013/2014 program with 18 nurses from Kenya and 2 from Tanzania being trained as the first Stoma Wound and Continence Nurses in their countries.

The second program began in May 2015 with 18 nurses from Kenya and one from Togo in the class. The aim of the program is sustainability and seeing the enthusiasm, passion and capabilities of graduates from the first class now being mentored as SWCN tutors and engaging with the new students is so gratifying. The future of this Twinning Project as a sustainable program appears to be in good hands.

The presentation describes this challenging journey portraying the wonderful resilience of patients, their families and the nurses involved with their care. It proves that passion, perseverance and vision can make a difference.

O-71
How Do We Bag This? The Management And Challenges Of A Large Fungating Abdominal Wall Tumour

Mrs. B O’neill
1. Salts Healthcare, United Kingdom

Aim: The purpose of this presentation is to familiarise other stoma nurses with the challenges encountered when caring for a lady with a fungating abdominal wall tumour surrounding her stomas.

Method: The presentation will be in the form of a case study that focuses on the care of a young lady with end stage intra-abdominal disease, who was admitted to a local hospice for palliative management.

The challenges encountered will be explored and various devices trialled discussed. Photographic evidence of how the wound changed and proliferated over time shall be used to support the case.

Results: The author worked collaboratively with the hospice staff and the patient in order to establish an acceptable treatment plan.

Conclusion: The wound was exceptionally challenging and complex to manage. Partnership working with the hospice staff, the patient and community stoma nurse helped build trusting relationships and reduce anxieties.

Strategies had to be modified and revised regularly to keep abreast of changes occurring within the tumour bed. Adaptation of ostomy appliances and accessories helped with symptom control for the patient reducing pain and discomfort and equally reducing the psychological impact the wound was having on the patient’s daily quality of life with her young family.

O-79
Stoma-related Complications And Stoma Height One Year After Stoma Surgery

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Aims: To describe the prevalence of stoma- and peristomal skin-complications 1-year after stoma surgery and the stoma height's influence on stoma- and peristomal skin-complications.

Method: Patients who had undergone stoma surgery and had regular postoperative stoma-care nurse follow-up were included one-year post-surgery. Data included stoma- and peristomal skin-complications, stoma height, stoma-siting, BMI and use of convexity.

Results: 207 patients (53% women), median age 70 years (19-94) participated. Main diagnoses were colorectal cancer (62%) and inflammatory bowel disease (19%). Stomases were: colostomy (71%), end-ileostomy (26%), loop-ileostomy (3%). Patients had one or more complication (27% stoma-complications, 11% peristomal skin-complications). A colostomy hernia was the most common surgical complication (20%). In colostomy patients with stoma height of ≤ 5 mm, there were significantly more women (69%) and emergency surgeries than in patients with a stoma-height >5 mm. A colostomy height of ≤ 5 mm was significantly associated with convexity use. Of patients operated acutely, 37% were not stoma-sited p<0.0001. There was significantly more use of convexity in emergency operated patients.

Conclusion: An adequate stoma-height might prevent the frequent use of convexity. Differences in body configuration should be considered in determining adequate height at stoma construction with special attention at emergency surgery.
O-80
Silicone Technology In Stoma Care - Five Patients Qualitative Views On Performance Outcomes

Prof. K Cutting1
1. Clinical Research Consultant, Hertfordshire, United Kingdom

To record the views of 5 patients who used silicone technology seals/gel filler when hydrocolloid flanges had failed to maintain a leakage-free peri-stomal seal.

Patients (N=5) who had experienced peri-stomal skin problems (leakage) with hydrocolloid stoma appliance opted for specially formulated silicone gel adhesives with hydrophilic additives in an attempt to achieve improved quality of life. No financial incentives were offered to the patients who freely offered their qualitative feedback.

All patients achieved improvement in quality of life following introduction of the silicone technology. These resulted in: avoidance of leakage, improvement in condition of the peri-stomal skin condition, resolution of peri-stomal pain/soreness, improvement in patient confidence in maintaining system integrity, and improvement in bag wear time. These improvements were found in inverted and poorly sited stomas. The ostomates also commented on that the silicone was easy to remove. Examples of qualitative comments included:

"It is soft flexible and easy to place around your stoma"
"confidence to go out and start living my life"
"essential part of our changing routine"
"saved so much time and my skin is so much better"

Patients who used a revolutionary silicone patented technology found significant improvements in their stoma related quality of life.

O-82
I Want To Know And I Don't Want To Know: Creating Atmosphere For Compliance

R Ziperstein1
1. Sorasky Medical Center, Tel Aviv, Israel

Aims: Stoma patients faced with loss of self-esteem and sense of control, may withdraw or participate incompletely in ongoing therapeutic plan. We describe a model for nurse-patient interaction designed to create a climate of compliance.

Methods: Nurses can promote compliance by bundling the patient's personal tasks, which are associated with individual success, with acceptance for self-care of stoma.

Results: Getting a stoma is often the "last straw" in the package of serious disease, surgery, and painful recuperation. Stoma acceptance is often low, presenting in refusal of self-care. The treatment model established uses meaningful aspects of the patient's life before surgery to create a link to the rehabilitation process.

When stoma care is framed as one more daily task to perform, comparable in its complexity to other tasks that the patient is used to completing successfully, then the abstract difficulty of stoma care transforms into a manageable situation.

A housewife can be reminded of her ability to manage an active household, while an executive thinks on his challenging work environment. This connection between familiar tasks and stoma care, paves the path for compliance.

Conclusion: Creating a link between stoma care and positive skills, leads to better compliance with stoma self-care.

O-88
Distresses Of Parents Of A Child With Stoma

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Introduction: Prevalence of chronic diseases for children is 10-15 % including the diseases of intestine or urinary tract resulting with ostomy. Realization that their child has an incurable disease is one of the hardest moments in the parents' life. They needs time to accept and support from relatives and medical workers. At ostomy patients, enterostomal therapist and someone with similar experience should be included.

Aim: Aim of the research was to explore parents feelings at the time of receiving the information and how that experiences changes throw the process of acceptances and also to find out key points for nurses support.

Methods: Quantitative data was gathered throw a half structured interview including parents, relatives and health care workers dealing with family's.

Results: Parents are important part of care team, giving the child support and information to medical workers, gain self-confidence and confirmation, that they are taking good care of a child.

Conclusions: Interdisciplinary treatment is essential. Including all relevant people armed with knowledge how to help. Parent's role as a care giver is very important but the health care workers should not forget to "treat", help and support them to.

Keywords: child with stoma, family, emotional problems, nursing care
O-95
Innovative Use Of Negative Pressure Wound Therapy On An Exposed Duodenostomy, Pancreatic, And Biliary Ducts In Complex Open Abdominal Wound

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Clinical problem: Adult male in United States hospital with bowel ischemia resulting in total enterectomy. Patient presented for small bowel transplant evaluation and non-healing midline incision. Initial consult from Intestinal Transplant Team (ITT) requested containment of exudate, preservation of peri-wound skin with wound healing. Assessment revealed undermined midline incision complicated by duodenostomy, with pancreatic and biliary ducts at base causing erosion of mucocutanous junction and tunneling to PEG tube.

Past Management: WOC nurses' attempts to segregate stoma from wound by pouching failed. Separate stoma pouching combined with gauze-based Negative Pressure Wound Therapy (NPWT) failed.

Clinical Dilemma: Continued wound erosion, complete separation of mucocutaneous junction resulted in large, undermined open wound with tract to PEG tube and severely denuded peri-wound skin. Daily leaks caused patient pain and suffering. Patient removed from transplant list.

Current Management: Removal of all midline sutures and debridement of necrotic tissue allowed for application of NPWT, with black foam, over wound/stoma. Stoma was protected by layers of petrolatum-infused gauze.

Outcome: Patient's wound healed and he is independent with stoma pouching. Patient returned to transplant list.

Conclusion: Including stoma in NPWT application while protecting bowel with layers of petrolatum-infused gauze eliminated impediments to wound healing.

O-102
Enterostomal Therapy In Brazil - 25 Years Of History

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The history of enterostomal therapy nursing had formal start in Brazil in 1990, at Nursing School - São Paulo University. It was the only in the country until 1998. Today the country has 18 specialized courses in enterostomal therapy. Its trajectory in these 25 years was based on the commitment, personal and professional ethics, dedication and struggles. The objective of this study was to describe the Brazilian enterostomal therapist nurse key moments, from its inception to the present day, the history of some of the pioneers of the specialty nurses as well as their achievements and prospects through enterostomal therapy reports and publications available on the theme. The Brazilian enterostomaltherapy has provided Ets nurses to build their existence in time, living the tension between utopia, that animates always look up and forward, and the real story, which forces him to seek mediation, to take concrete steps and look with attention to the road and its direction, its bifurcations and setbacks, its pitfalls and opportunities. Thereby is effectively writing its history with the power of utopia, the dream, the myth that became real to through the CARE.

O-104
Neck Abscess Management Using Garlic Ointment & Zinc Cream As Primary Dressing (clinical Experience In Remote Area) Majene, West Of Sulawesi, Indonesia

I Bauk1
1. Ikram Wound Care Center, Indonesia

Purpose: This Study is a clinical experience in neck abscess management. And the patients are was visited in my private practice with wound condition infections (pain, Exudate purulent, odor and patients with a weakened state. The difficulty of getting modern wound dressing in my region so as cultivate the initiative garlic ointment efficacy zinc cream for topical therapy (primary dressing) and antibacterial activity for treatment wound infection (neck abscess management). Pharmacologically garlic has effect fibrinolityc, bacteriostatic and bacterizidal destroy fungi and some virus and many function, (Nature's Amazing Nutritional, 1995).

Method: Case report, was conducted of patients who were diagnosed as having deep (neck abscess) by doktor, the demographic data (age, sex), anatomical position involved in infection were collected. Patients treated with moist technique and TIME Management applications. Dressing changes every 3 days and application garlic ointmen as primary dressing and secundery dressing (gauze bandage, Foam and other dressing).

Result: Rapid decrease in infections (1 - 2 week) and average wound healing process in 1 - 2 month

Conclusion: Garlic ointment (traditional dressing) with Zink cream and modern dressing (secundery dressing) effective for wound (neck abscess) management.

Key words; Clinical experience, garlic ointmen, neck absces management.
O-107
Developing A Model For Diabetic Foot Care Education In Bali

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**Background:** The World Health Organisation estimates increase of diabetes in Indonesia to 21.3 million by 2030. Prevalence rates for complications indicate there is potential for 65,000 people with diabetic foot ulcers in Bali. A nursing practice operating in Denpasar treats many diabetic patients with serious wounds, and in collaboration has developed initiatives focusing on preventative care.

**Aims:** Delivery of education in a format that is culturally relevant and sustainable to nurses in hospitals and community clinics in Bali. Provide resources and patient support material for use locally.

**Methods:** A Balinese and Australian nurse collaborated to design a workshop format incorporating best practice, delivered interactively to facilitate knowledge and skill development. An innovative model provides adapted resources including tools for assessment, treatment and teaching self-care.

**Result:** Four workshops have been conducted thus far. Participants report little or no prior experience or knowledge in the area of diabetic foot care. The mix of provision of theory and opportunity for practice resulted in development of new knowledge and skill. Feedback from participants has been positive.

**Conclusion:** There is a significant unmet need and therefore opportunity to expand the workshop model to tackle the problem of prevention of diabetic foot complications in Bali.

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O-108
Determination Of The Effect Of Colostomy Irrigation On Social Adjustment And Quality Of Life In Patient With Colostomy

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**Aims:** This causal-comparative study was conducted to determine the effect of colostomy irrigation on social adjustment and quality of life in patient with colostomy.

**Methods:** The study was conducted on patients with permanently colostomy(n=46) that were followed in the stomatherapy unit of an university hospital(Turkey). The experimental group consisted of 23 patients that were followed in the stomatherapy unit, that applied colostomy irrigation (CI). To form the control group, 23 patients with stoma with similar demographic characteristics to those in the experimental group were selected from among the patients that agreed to participate using the simple random sampling method. Written permission was obtained from the institution and patients' verbal consent to participate in the study was taken. To analyze the data, figures and percentage calculations, the Mann WhitneyU test, and t test were used.

**Results:** In the study, demographic characteristics of the experimental and control groups were similar (except the year of stoma). The CI practicing patients were found to score significantly higher on all the sub components of the OAI-23 and SQOLS compared to those who did not practice CI.

**Conclusions:** The study results indicate that CI increases social adjustment and quality of life in patient with colostomy. Hence, it is suggested that CI be taught for continence purposes to all patients with permanent colostomy.

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O-109
Assessing Social Adaptation Of Individuals With An Intestinal Stoma: A Multi-centered Study

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Individuals with a stoma need to adapt physiologically, psychologically, and socially to living with stoma.

**Aim:** This descriptive, prospective study sought to ascertain adjustment in colostomy and ileostomy patients.

**Methods:** Individuals aged over 18 years who had been fitted with a new colostomy or ileostomy (n=222), between January 1, 2014, and January 1, 2015, were included in the study. Face-to-face interviews were conducted by WOC nurses from the stomatherapy units of 7 hospitals in Turkey. Data were obtained using the 19-item Patient Characteristic Form and the Ostomy Adjustment Inventory-23 (OAI-23). Forms were applied twice, in the first (first application) and sixth (second application) months after the surgery. The patients received consultancy and care service from WOC nurses between two applications. Study procedures were approved by the Research Board of the Hospitals Descriptive statistics, Kruskal-Wallis, Mann-Whitney U, and Wilcoxon tests were used to analyze the data.

**Results:** The primary reason for stoma creation was cancer (65.0% of cases). Approximately 53% of participants had an ileostomy and 82.8%, a temporary stoma. Mean OAI-23 scores were 47.5±14.8 in the first application, 51.1±13.9 in the second. Statistically significant differences were observed in the adjustment inventory scores of the patients.

**Conclusions:** Training and consultancy services tailored to patient characteristics and physiological, psychological, and social requirements are recommended.

**Key words:** Intestinal stoma, social adaptation, stoma care.
O-111
Incontinent Teenage Girls: An Ugly Duckling Who Dreams Of Being Swan
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**Objective:** To know the experience of female adolescent who is incontinent and requires intermittent catheterization.

**Method:** Qualitative study, under the theoretical reference of symbolic interaction, and the data were analyzed according to the grounded theory, it had the consent of parents and the assent of the young. Informants: two teenagers aged 14 and 17 years.

**Results:** they were organized in five interactions: with itself: the lack of control of and dislike with her body, frustration, fear and anxiety, insecurity about their future sexual-reproductive life: shame and the duality between (despair and desire for self-improvement); with her parents: the troubled relationship; with other teens: resentment, fear of being seen as different, not be sexually attractive, discomfort by discreet questions and desire for revenge; with the catheter: the relationship is ambivalent dependence and autonomy, and the social environment: public spaces exposed to embarrassing situations.

**Conclusion:** Adolescents grow up with a series of physiological challenges that affect their daily life and the family, nurses should clarify the adolescents expectations about the procedure, it is very important to establish a solid therapeutic relationship to encourage them to express the unspeakable (suicide ideation); It’s needed a multidisciplinary support for a longer period of time.

O-112
Stoma Bridges And Their Effect On Patient Outcomes
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**Aim:** To explore variables related to peristomal breakdown, including but not limited to, the use of plastic bridges or flexible catheters to secure a loop ostomy.

**Methods:** Demographic and clinical variables for 93 patients (2008-2015) with surgical loop ileostomy (n=72) or loop colostomy (n=21) were analyzed. Descriptive and comparative statistical analyses were performed. The variables were: age, gender, length of stay, diagnosis, type of bridge, wound presence, skin integrity, and pouch leakage.

**Results:** The study population had slightly more females (56.99%) than males (43.01%) and the ages of the patients ranged from 19 to 96 years, with a mean of 59.6±16.47 (SD); median of 60 years. The average length of stay was 7.793±6.819 days (SD). In this sample, the primary reasons for surgical bowel diversion were cancer (60.2%), inflammatory disease (16.13%), and non-cancerous bowel obstruction (9.68%). Flexible catheters were used most often (53.76%), followed by plastic bridges (40.86%). 22 patient outcomes: with itself: the lack of control of and dislike with her body, frustration, fear and anxiety, insecurity about their future sexual-reproductive life: shame and the duality between (despair and desire for self-improvement); with her parents: the troubled relationship; with other teens: resentment, fear of being seen as different, not be sexually attractive, discomfort by discreet questions and desire for revenge; with the catheter: the relationship is ambivalent dependence and autonomy, and the social environment: public spaces exposed to embarrassing situations.

**Conclusions:** Flexible catheters may reduce pouch leakage in the post-operative period. Findings provide a springboard for interprofessional collaboration between ostomy nurses and surgeons to improve patient outcomes.

O-113
Development And Validation Of An Assessment Tool To Cic Catheters By The User
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User’s satisfaction with the catheter interferes in their adherence to the technique of clean intermittent catheterization (CIC). Evaluate their perceptions regarding the different types of catheters available in order to indicate their preference may be an step toward the satisfaction.

The questionnaire was applied to 59 users in three rehabilitation centers of Brazil, who evaluated 03 different catheters, using a questionnaire and an assessment instrument for customer delight, to test the convergent validity between them. All 56 crosses between the instrument questions and issues adapted enchantment statistically significant (p <0.05), for the evaluation of the set for CIC, only three intersections that had no significance in the evaluation of hydrophilic catheter, indicating significant convergence between the issues of the two instruments. In evaluating the conventional catheter, already used by the study subjects, the data also showed different behavior (convergence of 23 crosses). The Cronbach's Alpha coefficient of conventional catheter was 0.862, 0.793 to the hydrophilic catheter and 0.911 for the set for CIC. These values indicate strong internal consistency of the instrument.

It was possible to develop an instrument to measure user satisfaction with the use of catheters for CIC, with convergent validity and internal consistency.

O-115
Refeeding A Complex Fistula - My First Time!
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This is a case study of a patient who had an 18 month stay in hospital in 2014.

**Background:** The patient is a 74 year old lady who had multiple complications following routine surgery. This resulted in a high output ileostomy, enterocutaneous fistulae, abdominal wound dehiscence and subsequent issues with absorption of nutrients.
Aims of Management: The presentation outlines the challenges faced by the ET Nurse when trying to:
1 Teach ileostomy care in the early post-operative phase
2 Manage multiple enterocutaneous fistulae
3 Manage the resulting abdominal wound dehiscence with the stoma/fistula in the centre of the wound and producing a high output of effluent
4 Explore and implement refeeding of the fistula (using the stomal output) when my organisation had never done this before. There were no policies or procedures to follow.

Methods: My team spent time speaking with colleagues (Dietitians, other ET Nurses and Colorectal Surgeons) and searching the internet for other patients who had used refeeding their stoma as a form of treatment.

Results and Conclusions: We were able to successfully refeed the patients stoma, managed to heal the abdominal wound dehiscence and the stoma has been reversed.

O-117
Challenging The Norms Of Stoma Formation.

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Aim: To describe novel approaches to ostomy formation in complex situations.

Methods: We present three challenging scenarios in which the best patient outcomes were achieved by means of unconventional ostomy formations. We reference the published literature, current practice, and relevant anatomical considerations.

Results: Case 1: A patient presented with an obstructing mid-rectal tumour and a competent ileocaecal valve. Instead of a loop colostomy, the patient underwent formation of a loop ileostomy with decompression of the proximal colon via the distal limb. The aim was to leave the left colon intact to facilitate future rectal resection, and avoid bilateral ostomy wounds.

Case 2: Following emergency repair of a strangulated incisional hernia, a patient required ileostomy formation through a large area of debrided abdominal wall. The ileostomy was therefore unsupported and required hydrocolloid bolstering to facilitate wound healing and isolate output.

Case 3: A patient developed a perineal enterocutaneous fistula following a pelvic exenteration for recurrent anal squamous cell carcinoma. A loop ileostomy was formed proximal to the fistula, sharing the same trephine as the existing colostomy, enabling the patient to avoid a third ostomy formation.

Conclusion: In challenging situations, innovative approaches to ostomy formation must be considered to optimise patient outcomes.

O-119
An Audit Of The Quality Of Life of Patients with Stoma, Wound and Continence issues.

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Introduction: Quality of life is defined by the individual; it's the gap between the reality of the patient's current condition and their hope and expectations after treatment.

Clinical audit is a "quality improvement process that seeks to improve patient care and outcomes through systematic review of care against explicit criteria and the implementation of change ".

Method: Identification of 30 patients with stoma, wound and continence issues was done.

Data extracted included disease and presenting quality of life issues.

Literature review on QOL issues in such patients was done and a criteria created.

Results: A descriptive analysis was done. Quality of life issues indentified included physical symptoms, incontinence issues, complicated wounds and financial issues.

A comparison was done between the quality of life issues identified and the criteria.

Intervention: Gaps on current support were addressed. Symptoms were relieved. Communication was enhanced.

Way Forward: Share the results with staff in the unit and discuss the challenges that bring about the gaps indentified. Adapt an explicit criteria of reviewing patients.

Train the staff on communications skills and empower the patients to report psychosocial stress.

Expected Outcome: By improving on identified gaps the aim is to improve patient's quality of life.

O-123
Traditional Massage And Vagina Spa Treatment For Manage Continence Problems In Adult Women: A Case Series

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Urinary incontinence is describe as a complaint of unpredictable urinary leakage. The prevalence conditions diagnosed in particular women and its main causes are stress incontinence and over active bladder. It is also important to high light that women with continence have problem with embarrassing that could affect their quality of life such as emotional state, body image and sexuality.

Aim to consider is use traditional method to manage continence problems in adult women by traditional massage and vagina spa to increase quality of life. On the other hand, continence assessments, plans and evaluations still includes for the treatment programs.
Method including 10 adult women (30 to 45 years old) continence diagnosed as a sample and control models treated and untreated with massage and vagina spa. Specifically, the traditional method took two hours treatment and need at least every 2 weeks for first month and continue only once per month for six month. As a result that show of improve quality of life for women with continence problems in comparison between treated and untreated. Conclusion used of the traditional method in adult women to help continence problems were favourable results. Key words: adult women; continence problem and traditional method

O-124
Palliative Stoma Care Management: Spreading Moslem Fatwa

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Palliative stoma management has been focusing to help people to get their quality of life such as spiritual needs. In some reasons, spiritual needs become most important plan in nursing management for stoma care in Indonesia. Almost 90 percentages Indonesian people as Moslem. Moslem ostomate has been doing an unique preparation prayer to get legal or illegal issue by Fatwa. A fatwâ is an Islamic legal pronouncement, issued by an expert in religious law (mufti), pertaining to a specific issue, usually at the request of an individual or judge to resolve an issue where Islamic jurisprudence (fiqh), is unclear. Qualitative method aim to looking for the important of fatwa for Moslem ostomate in their individual preparation prayer and legal aspect. Method: Individual's depth questions about their behaviour and perception related to issues about preparation prayer in (10) ten participants. All the data have been taking in individual discussion and ostomate have write down the answer in the sheet and it took at least one-hour counselling in second times.
Study result explained that Moslem fatwa has been improving better quality of life in spiritual needs.
Conclusion: Moslem fatwa is part of stoma nurse counselling.
Keywords: Moslem fatwa, ostomate, preparation prayer.

O-127
Symmetrical Peripheral Gangrene - A Rare Phenomenon

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Background: Symmetrical peripheral gangrene is a rare complication following septicaemia with a high mortality and amputation rate in survivors. Distal ischaemic damage to small vessels appears to occur in the absence of major vessel disease, and develops in critically ill patients due to entirely different primary diseases.
Clinical case presentation and Methods: Two brief case studies are presented of patients from Royal Darwin Hospital who survived this condition following severe illness precipitated by a tropical infection unique to the region - Meliodosis. Both patients suffered multi limb amputation as a consequence. A combination of surgical amputation and conservative wound care to ischaemic digits and peripheral gangrenous tissue were performed
Results/Discussion: A multidisciplinary approach for wound care and rehabilitation resulted in survival, healing of wounds and subsequent functional mobility with use of prosthesis.
Conclusion: Despite significant bodily insult as a consequence of this condition it is possible for return to functional independence and quality of life. Early identification of tissue hypoxia and actions to modify effects of vasopressors while in Intensive Care may limit the extent of this unusual and devastating condition.

O-128
Pioneering Trial Using Fistula Wound Management (fwm) For Open Abdomen As A Complication After Surgical Intervention Elective Lap Cholecystectomy (elc)

Mrs. H Yona¹
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Background: ELC is a common procedure that usually does not result in complications. Some complications (wound contamination, bile/bowel content leakage, bleeding) require laparotomy and closure with a BOGOTA bag. That may lead to the formation of fistulas with large amounts of excretions, which makes difficult to find a suitable long-term sealing device. Recently, we conducted FWM for fistulas in an open/closed abdomen with a Bogota bag.
Case study: A 52 years-old man, 24 hours after ELC, preceded resuscitation and emergency laparotomy due to deterioration of his condition, leading to shock. Approximately two liters of blood was observed in the abdominal cavity. In ICU the patient was sedated and ventilated, with abdominal closure using a Bogota bag. Four fistulas were formed in the lower abdomen with a large amount of fecal excretion. FWM was found to be an efficient solution to the collection of excretions, protection of skin, savings in dressing materials and nurses' time. The patient died after 3 months due to uncontrolled sepsis.
Conclusions: Use of FWM seems to be the efficient solution for the treatment of fistulas in an open/closed abdomen with a Bogota bag. After this pioneering trial, the method was successfully implemented on additional hospital patients.
O-132
The Role Of Foot Care In Diabetic Foot Ulcer Prevention: A Scoping Review

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**Background:** Diabetes prevalence is estimated to increase by 2035 to around 592 million for all age-groups worldwide. Diabetes foot ulcer is predicted to occur in 25% of diabetes patients during their lifetime, with 85% resulting in lower extremity amputation. Therefore, preventive interventions as well as regular foot care is recommended for diabetes patients.

**Aim:** This review aims to identify the role of foot care in diabetic foot ulcer prevention.

**Method:** A scoping review method was used in this study. Databases searched included PubMed Central, the National Library of Medicine National Institute of Health and Indian Journal of Medicine. The inclusion criteria of this review followed PCC (Population, Context, and Concept). Key search terms were combined diabetes mellitus, foot care and foot ulcer.

**Result:** An initial search found 250 potential articles. After removing ineligible articles, 30 met the inclusion criteria. Concepts relating to foot care practice included diabetes and foot problems, foot care theory to practice and factors influenced both health providers and patient.

**Conclusion:** Poor practical foot care is a predisposition factor of diabetic foot ulcer, which leads to amputation. Hence, foot care educational and practice are demanding among diabetes patients.

O-135
Development National Consensus Document Of Wound Care Clinic Standard: Delphi Study

S Yusuf1
Griya Afiat Makassar, Indonesia

**Background:** The increasing number of ET Nurses in Indonesia following by the increasing number of the wound care clinic provided by Indonesian ET Nurses. However, there is a paucity standard of the wound care clinic in Indonesia.

**Aims:** The main aims of this study were to develop a national consensus document for standard wound care clinic in Indonesia.

**Method:** This was three round e-Delphi study, which invited 26 Indonesian ET nurses who has the experience 2 years or more. In Delphi round I intraclass coefficient (ICC) was used to generalize candidate of standards while in cut off 70% and 80% cumulative index agreement was used in Delphi round I and II respectively.

**Results:** From 26 invited ET nurses, there were only 14 participants at all Delphi round (response rate 53.8%). At the end of Delphi rounds, the panel its reach consensus document for standard wound care clinic, which consist of 5 main standards; standard of document, standard of facilities, standard of wound care, standard of services and standard of professional performances.

**Conclusion:** ET nurses were recommended to implement five main standards in the wound care clinic in Indonesia.

O-136
Stipulating Quality For Our Patients - Working Together To Set The Standards And The Bench Mark

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1. Association of Stoma Care Nurses UK, United Kingdom

The Association of Stoma Care Nurses UK developed and launched their National Stoma Care Standards and Audit Tool in 2013. These standards were written to identify safe quality care in order to improve outcomes of care for patients and meet expectations by:

- Reflecting patient needs, changes in surgical techniques and current evidence based practice
- Stipulating gold standards to promote consistency
- Providing a framework and benchmark
- Providing an audit tool for measurement and demonstrating practice

Seven quality statements where identified using a statement, structure, process and outcome framework to encapsulate the referral of a patient through to long term specialist stoma care support.

Following a positive evaluation of the standards in 2014, we are now ready to unveil these national standards in 2015 as a 2nd edition having updated and incorporated specialist standards for the child and gained accreditation from the Royal College of Nursing. This presentation will highlight the journey to produce these National Standards for Stoma Care and how these have evolved, developed and been evaluated. Another outcome, is the development of National Clinical Guidelines including 13 stoma related practices which aim to promote consistency and quality of care to our patients with a stoma.
O-137
Fatty Liver Disease: An End To The Circle Of Life

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The aim of this Case Study is to highlight the tragic consequences of Fatty Liver disease in a Pregnant Woman. Acute Fatty Liver disease usually occurs during the third trimester or immediate post delivery of the baby. Fatty Liver Disease is a disease that affects the liver as well as other vital organs. Such as blood clotting, renal function and the pancreas. The mortality rate is due to sepsis, renal failure, gastrointestinal bleeding or Pancreatitis. The Case study will focus on a Primi Gravida patient who developed Fatty Liver Disease. Probable Causes like mitochondrial dysfunction as well as the abnormal accumulation of fatty acids due to enzyme deficiency will be focused on. The patient also developed a Cesacal Perforation which resulted ub her requiring a Double Barrel Stoma. The diagnostic test will be discussed. The Case Study highlights how teamwork among Medical Personnel saved the patient’s life.

O-140
Interaction Between Diabetic Foot Ulcers And Foot Wear Characteristic in an Outpatient Clinic, Makassar Indonesia

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Background: Footwear has double side effects on development of DFU. It can prevent or provokes development of DFU. The aims of this study to understanding interaction between foot wear and DFU characteristics.

Method: This was a cross sectional study conducted in Wahidin Sudirohusodo hospital, Makassar, Indonesia. Inclusion criteria were participants age ≥ 18 years and has Type 2 Diabetes Mellitus (T2DM). DFU categorized into Kobe classification meanwhile foot wear categorized into thong, belt, and sabot sandal.

Result: Among of 30 participants with DFU, 11 were excluded remain 19 (63.3%) participants. Median age was 65 years (IQR 7). Most of DFU were Kobe type I (neuropathy) 13 (68.4%), following type II (ischemic) 5 (26.3%) and unknown 1(5.3%). Mainly DFU located at hallux area 11 (57.8%). Commonly participants using Thong sandal 9 (47.4%), without protected at heel 17 (89.5%). In this study we observed there were only three location among Sabot sandal group compare to belt and thong sandal.

Conclusion: In comparison three different foot wear, sabot sandal seem to be more protective for prevention or reduce DFU problems.

O-151
The Effect Of Stoma Site Marking On Stomal And Peristomal Complications: A Multicenter Prospective Study

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Aim : This study was conducted as a multicenter,prospective and descriptive research for the purpose to determine the effect of stoma site marking on the development of stomal and peristomal complications.

Methods: A total of 292 patients who had been followed up in five stomatherapy units in Turkey between January 1,2014 and December 31,2014 constituted the study sample.Data was collected through the questionnaire form developed by the investigators. For the data analysis,descriptive statistics and chi-square,Fisher’s exact chi-square and Likelihood ratio tests were used.

Results: ileostomy was opened in 55.1% of the patients,colostomy in 40.1% and urostomy in 4.8%.Stomas were temporary in 74% of cases. The stoma site was marked preoperatively in only 32.9%(n=95) of the cases.The complication rate in individuals in which the stoma site had not been marked was 73%,whereas it was 22% in individuals in which the stoma site had been marked(p=0.003).Stomal/peristomal complications have developed in 34.2%(n=100) of the individuals and the most frequent complication was peristomal skin problems (41.9%).

Conclusions: As a result, the stomal/peristomal complication development rate was significantly lower in individuals in which the stoma site had been marked preoperatively.According to the results,preoperative stoma site marking by a Wound Ostomy Continence Nurse is recommended in all patients undergoing planned surgeries.

O-154
Collaborative Working To Improve Stoma Care Follow Up For Ostomists

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Aim: To work collaboratively to establish an effective pathway to ensure ostomists have a structured review of their stoma and appliance usage.

Background: Literature has indicated it is essential that ostomists are supported following stoma formation. The importance of specialist stoma care services to identify unresolved problems and introduce ostomists to methods of stoma management that may be more suitable to their lifestyle was highlighted in a study in 2012 (Notter 2012).

Method: To address this discrepancy and ensure a collaborative, integrated approach with Clinical Commissioning Group (CCG) and NHS Trust, a detailed review has been undertaken. The involvement of industry to provide the clinical resources and the Medicine
Optimisation Pharmacist was instrumental to fulfil our aim. We agreed a formalised structure that would enable all patients to be reviewed through a co-ordinated process with GP surgeries/pharmacists on a yearly basis. By undertaking Appliance Usage Reviews on each consultation, this would provide the necessary specialist assessment to demonstrate meeting patients’ needs and the clinical decision process to support individual prescriptions.

**Conclusions:** By sharing the same aims and values the Colorectal Nursing Team, CCG and Industry have collaborated to establish a seamless and fully integrated pathway for care of ostomists.

**O-155**

**International Ostomy Patient Survey On A New Mechanical 2-piece Appliance With A Specific Guiding System**

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**Aim:** To evaluate this new appliance on comfort, ease of use and security.

**Method:** The survey has been proposed to ET nurses in 8 European countries. Ostomates who were wearing this new appliance were included.

An evaluation form had to be completed by each patient and an overall appreciation to be given by patients and ET nurses.

**Results:** 1155 patients were included by 307 ET nurses in France, Spain, Germany, Italy, Belgium, Denmark, Switzerland and Finland between 04/2013 and 05/2014. 74% of the patients were new and 26% experienced ostomates. 45% were ileostomates, 39% colostomates and 16% urostomates (1% other). 45% of the used pouches were drainable, 26% were closed, 16% were uro pouches and 12% High Flow pouches (1% other).

All results will be presented in detail. The use of the guiding system and the security feeling during wear were rated as "Very satisfying" or "Satisfying" by 91% and 86% of the 1155 patients, respectively. 67% of the participants would continue to use this new appliance.

**Conclusions:** This patient survey demonstrates the value of this new appliance. In particular, the mechanical coupling system with a new guiding system goes along with high flexibility, comfort and security.

**O-156**

**Colostomy Irrigation In 2015 And Future Perspectives**

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**Aim:** To describe the current situation and future perspectives of colostomy irrigation (CI).

**Method:** Embase and PubMed based literature update review on CI.

**Results:** 8 studies focusing on CI and published since 2010 could be identified. As in previous studies, it was found that CI, despite its proven benefits, is still far from being routinely taught to nurses and patients: "Education on this procedure is urgently needed for ostomy nurses unprepared and/or unfamiliar with CI.” (Cobb MD et al. 2015). As this situation should eventually change at long last, it is our intention to further promote knowledge of the technical details of the CI procedure as well as of the advantages of CI as highlighted e.g. by the "Evidence-Based Report Card" which has recently been published by Kent DJ et al. (2015). Moreover, attractiveness of irrigation equipment may also have an impact; a modern, newly developed electrical pump for CI can possibly contribute to stimulate interest among ET nurses and patients in CI.

**Conclusions:** In order to allow colostomates to take an informed decision about whether or not to manage their bowel through CI, increased educational efforts for both ET nurses and patients are still warranted.

**O-159**

**Snap® (negative Pressure Wound Therapy) - An Evaluation Of 10 Patients Wounds**

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Snap® is a mechanically powered disposable negative pressure wound therapy (NPWT) system that uses spring and coil mechanisms to promote wound healing in acute, chronic, traumatic, and other types of wound. There is a choice of foam or gauze for the interface dressing and Hydrocolloid is used as the peri-wound dressing which is very gentle on the skin. It is lightweight, portable and silent and is well accepted by patients. An evaluation of clinical outcomes on 10 patients will be presented followed by a cost comparison when compared to another NPWT system.

**O-160**

**Patients’ Experience Of Reversal Of A Temporary Loop-ileostomy After Rectal Cancer Treatment**

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**Introduction:** Reversal of a temporary loop-ileostomy is the final step after a long treatment for rectal cancer. Studies have shown that patients often have a significant impact on the bowel function after reversal of the stoma.
Aim: To describe how the patient experienced the first time after reversal of a temporary loop-ileostomy due to rectal cancer.

Method: Qualitative semi-structured interviews, with sixteen patients, were conducted 4–6 weeks after stoma reversal. The interviews were analysed using qualitative content analysis according to Graneheim & Lundman (2004).

Result: The experience following stoma reversal was characterized by being controlled by the altered bowel function, which led to restrictions in social life. Patients were coping by using their ability and knowledge, planning daily life, taking the rough with the smooth, refraining from eating, challenging themselves and being positive about the future. To regain normality the patients found it important to get rid of the stoma and be restored.

Conclusion: The patients had resources and capacity, but felt that they could not themselves control the situation with the altered bowel function satisfactorily. Through a nurse-led follow-up clinic the nurse can use the patient’s capacity to visualize existing resources to help the patient cope with the situation.

O-165

Using Zinc Cream To Heal Macerated Periwound Skin Case Studies

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Learning objective
To demonstrate effectiveness of zinc cream to heal macerated periwound and protect it from maceration.

Maceration is defined as the softening and breakdown of skin resulting from prolonged exposure to moisture. Failing in managing wound exudate most likely will lead to periwound skin breakdown, leaving the wound looks wider and at the end will delay wound healing. Two diabetic foot ulcers and a breakdown abscess presented to clinic. The wounds had a moderate exudate and macerated periwound skin. All of them were treated using antimicrobial dressing combined with absorben dressing, and zinc cream applied on their periwound skin. After 10 days, in average, of zinc cream application, the maceration of periwound skins reduced significantly. And using the zinc cream on intact periwound skin in these cases, provided an effective barrier against exudate exposure.

Keyword: maceration, periwound skin, zinc cream

O166

Faecal Incontinence In Primiparous Women Who Sustained An Anal Sphincter Injury And Subsequent Primary Anal Sphincter Repair

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Faecal incontinence distressing condition for young women who have just given birth. However there is limited literature examining the effectiveness of obstetric injury primary sphincter repair and other factors which may contribute to a higher level of residual anal sphincter damage.

The aims of this study were to; assess at six months post partum the anal sphincter structure and function of primiparous women who sustained an anal sphincter injury; to assess if severity of the initial anal sphincter injury or the residual damage following primary repair correlates to faecal incontinence severity; to identify any factors which may contribute to higher residual damage following primary repair.

181 women, mean age 29.9 years with an anal sphincter injury attended perinea tear clinic. 46% had faecal incontinence at 6 months. The majority had 3A tear and only 6% had 4th degree tear. There was a high rate of women with sphincter defect after primary repair and this correlated with severity of faecal incontinence.

Faecal incontinence is not just reliant on intact anal sphincters and is much more complex. It may be useful in preventing future faecal incontinence to examine those women who have had a prolonged and difficult delivery which may affect continence.

O-168

Management of Complicated Wound Secondary to Retracted Stoma Revision

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Background: Stoma related complications are still high despite advance in surgical techniques. This paper aims to present a patient complicated with peristomal wound infection after stoma revision and our experience to prevent fecal contamination.

Case: Fifty-four-year-old female who received Hartmann procedure for rectal cancer and adjuvant chemoradiotherapy presented with bowel obstruction. At laparotomy, colorectal anastomosis and because of severe stricture at ileum with proximal bowel edema, end ileostomy was performed. Following stoma revision for retraction in 2 months, we observed mucocutaneous detachment and wound infection which subsequently caused visceration from previous incision. After two bedside interventions, wound debridement and negative pressure wound therapy were performed. At 2nd session, in order to keep the ileostomy above skin level. Ileum was freed from fascial attachments as granulation tissue allows and pulled up partially. At the end of 4 sessions, adequate granulation was observed and wound edges were approximated appropriately. We have been following the patient without any wound problems.

Conclusion: It is important to prevent fecal contamination to parastomal skin and subcutaneous tissues in patients underwent stoma revision. In cases having contamination to open wounds, negative pressure wound therapy and stoma-care products may be applied to isolate wound and ease healing.
O-169
Countermeasures Against Natural Disasters By Japanese Society Of Stoma And Continence Rehabilitation
Disaster Countermeasures Committee of JSSCR

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The Great East Japan Earthquake of March 11, 2011 was an unprecedented calamity which claimed more than 18,000 lives including the missing. Especially Miyagi, Iwate and Fukushima prefecture suffered severe damage. Although there are approximately 250,000 people with ostomies in Japan, nearly 8,000 ostomates in the three prefectures mentioned above also sustained disadvantages such as collapse of buildings caused by the earthquake, outflow of their houses to the sea due to tsunami and a series of nuclear accidents. We JSSCR have examined measures against natural disasters since our experience of the Great East Japan Earthquake. Specifically, we intend to raise awareness of disasters among ostomates and health care providers, to build up a contact network in an emergency by dividing the whole of Japan into 13 regions and to support ostomy supply, a network of care and publicity. From now on we are going to more closely cooperate with Japan Ostomy Association Inc. (JOA), other related societies and a safety net of ostomy supplies and work out countermeasures against natural disasters which can make the most of regional characteristics.

O170
The Psychological Impact Of Surgery On Paediatric Ostomy Patients And The Need For Continued Aftercare For Children And Their Families

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Aims: To study post-operative aftercare for the young ostomy patient. (ICOEF* supports paediatric patients and families in acceptance of ostomy surgery. It believes that long-term aftercare of children is vital to full psychological recovery).

Methods: ICOEF studied the effects of ostomy surgery on a group of 158 children/families who have asked ICOEF for assistance. ICOEF included its larger support networks in this study. (UK, USA, CA, AU) with additional input from other interested countries.

Results: Our research has shown that this is a ‘grey’ area, dependent on the varying resources available. Immediate aftercare, both in-hospital and at home, is offered to a high standard almost everywhere. However, ongoing aftercare, particularly in remote areas, is lacking. Problems do not always emerge until months/years afterwards. Then, resources for assistance can be costly and difficult to obtain (due to budget constraints being expended on immediate care).

Conclusion: Additional long-term psychological aftercare following paediatric surgery should be available to patients and their families - either offered by medical services or by the many international support groups. ICOEF continues to expand its own resources in this field worldwide, but cooperation is needed with both appliance manufacturers and nursing specialists to achieve this objective.

O-174
Wounds And Costs

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Evidence on management and costs of wound care are insufficient and inconsistent. The aim was to quantify the resources used for the treatment and respective direct costs of treatment.

Methods: Study took place between January 2012 and December 2013. Newborn, pediatric and adults in hospital settings (2 days) and primary health care (1 week) in all users admitted or enrolled in health facilities wounds were classified into two groups: according to the etiology and chronicity. To estimate the cost, it was decided that cost would be estimated by combining the use of resources such as the time required for the nurse and the dressing material.

Results: 108 840 users were examined and 5274 had wounds; The time of existence of a wound had an average of 189 days was significantly higher in chronic wound compared to acute wounds (p <0.001). The average time for each treatment was 15.72 minutes and an average cost per treatment estimated at € 14.90, the average value was significantly higher in the context of CSP compared to CSD (p <0.001). C

Conclusion: Data collected from 229 health units provide a valuable resource for government protection, estimate costs, monitor the progress of wound and its clinical outcomes.

O-175
Wound Prevalence And Characteristics

Dr. P Alves¹, J Amado¹, M Vieira¹
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The prevalence of wounds within the Portuguese public health systems is unknown. Two objectives were defined: the first was to estimate prevalence of wounds within the Portuguese public health system in primary and secondary health care settings. Second objective understand and characterize the patient with wound.

Method: The epidemiological study took place between January 2012 and December 2013 and all users admitted or enrolled in health facilities wounds were classified into two groups: according to the etiology and chronicity. In descriptive and correlational study
were referred all kinds of wounds, the etiology, location, place of origin and time of existence of the wound in days. Results: 108,840 users were examined, of which 5,274 had wounds; The point prevalence was 4.84%, and it was determined that 4.1 per 100 inhabitants in Portugal has a wound. The most frequent risk factor to wounds development was hypertension (40%) and diabetes (23%). Time of existence (average 189 days), pain and infection was significantly higher in chronic wound when compared to acute wounds (p <0.001 ).

**Conclusion:** Data collected in 229 health units facilitated strategic direction within the public health system, in terms of educational requirements, clinical guidelines and research initiatives.

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**O-177**

**Analysis Of Pressure Ulcer Prevalence In A Public Hospital**

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**Introduction:** Pressure ulcers (PU) have always been a problem for health services, especially for nursing and multidisciplinary teams, due to the incidence, prevalence and peculiarities of treatment. PU increases the direct and indirect costs with treatment and alter the quality of patients' life.

**Aim:** To analyze the prevalence of PU in bedridden patients.

**Methods:** A retrospective cross-sectional study with a quantitative approach carried out with records of patients admitted to a public hospital in the year 2013.

**Results:** The population was 78 bedridden patients and of these, 15 were admitted with PU and 13 developed it after hospitalization, totaling a prevalence of 35.9%. Regarding the profile demographic and clinical partner: 51.28% male, 50.0% elderly, hypertensive 43.6 and 20.5% diabetes mellitus, 50.0% of PU located in the sacrococcygeal region and 25.0% in the heals. As for classification under NPUAP-EPUAP 27.3% were in category I, 30.3% in category II, 30.3% was not registered. **Conclusion:** The prevalence of PU was high in diabetic and hypertensive elderly. It is necessary to establish protocols to prevent permanent supervision to reduce the number of PU and improve the quality of life and nursing records.

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**O-178**

**Pain Is Present In Pressure Ulcers?**

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Pressure ulcers are painful, most patients report pain as "constant", and pain assessment should be included in all patient care plans. The aim of the study was to assess the state of knowledge of pain with PU

**Methods:** A cross-sectional study with a stratified sample according to specificity of the study, assuming an error of 1% with a confidence level of 99%. Results: More than 108,000 patients observed. 5,274 patients with wounds and 854 patients with pressure ulcers. Regarding pain assessment, 806 patients answered accordingly the visual scale of pain. The average pain during was 1.54 (SD =1.87) a minimum of 0 and a maximum of 10. The level of pain treatment increases for the double, the average during treatment was 2.9 (SD=2.56). Data shows that the main factor of worsening pain was the change of dressing material, more than 50% of patients referred moderate and severe pain during treatment compared with during the day.

**Conclusions:** The results provide a clear indication that all patients should be asked whether they have pain on pressure areas, even when they do not have a PU. Control wound pain can play a major role in enhance patient quality of life.

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**O-179**

**Stoma Complications And Quality Of Life Of Patients:** cross-sectional Study

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Quality of a person's life carries an stoma disposal will depend on personal autonomy and social learning. The objective was to identify the most common complications associated with stoma person with elimination stoma and Evaluate their quality of life.

**Method:** Cross-sectional study, a convenience sample in patients with stomal elimination, patients of both sexes that accepted to fill the quiz in the period between June 1 to December 31 in various hospitals. The study was approved by ethics committees where the study was conducted.

**Results:** 224 complete responses, 68% male and 32% female, mean age of 47.33 years. Regarding the characteristics of the stoma, 75% colostomy and 25% ileostomized, 61% were temporary, as the most common cause was cancer (69.5%). Complications identified over the past month were: shrinkage (3.2%), edema (3.2%), dehiscence of the suture (2.7%) and prolapse (2.7%). In the peri-stomal skin erythema (30%) was the most prevalent complication. About the impact of ostomy lifestyles: 42% of users have a negative perception of their quality of life 74% of ostomates stopped working, 51% reduced sexual activity and 89% of men reported problems with erection.

**Conclusions:** These results help to understand stoma complications and facilitate adaptation to this transition.
O-180
Capacity And Functional Dependence Of People With Intestinal Elimination Stomas

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1. Universidade Catolica Portuguesa 2 - Unidade Local de Saúde Norte Alentejano 3 - Centro Hospitalar do Algarve 4 - Hospital Central do Funchal

Changes in body function implies a change in autonomy, self, consequential to the self-esteem, sexuality, socialization and quality of life. The aims were to evaluate the functional capacity and assess the degree of functional dependence of people with intestinal elimination stomas.

Method: Cross-sectional study in a convenience sample of patients with intestinal elimination of ostomy, who filled the quiz in the period between 01/06 - 31/12/2014. Study was approved by ethics committees.

Result: 224 answered, 68% male and 32% female, mean age 47.33 years. We found that: 20% of the patients lived alone; 22% had economic dependence on third parties; 25% of patients considered their health status today was bad, and when compared to 5 years ago 80% think that is worse (p <0.001). Socio/economic status was evaluated by Graffar method, we realized that 78% belonged to classes III and IV. The family functionality, was evaluated by Apgar test, the majority (83%) considered to belong to a highly functional family. The level of acceptance of the stoma 7.5% still rejects, 36.6% is resigned and 55.4% accepts, however 62% became depressed after ostomy.

Conclusion: This study helped to organize education and new strategies for new patients with stoma.

O-181
The International Interprofessional Wound Care Course (iiwcc) - Global Outcomes

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Aim: To assess the impact of the International Interprofessional Wound Care Course (IIWCC) in North America (Canada & USA), South Africa (and other sub-Saharan countries), and West Asia (United Arab Emirates, Saudi Arabia, Iran)

Method: Data from IIWCC graduates will assess the impact on the performance of wound care professionals. IIWCC data on the 8 to 12 month course accredited by the University of Toronto will evaluate the two 4 day residential weekends at the beginning and end of the course. Rate of successful student completion of the 9 self-study modules (5 compulsory and 4 optional) will be reported along with the impact of the selective (component of the course is implemented in the workplace with a reflective interpretation of the results).

Result: Key opinion leader status has been achieved with over 1500 graduates: 1200 in Canada &18 from the USA, 71 in Sub-Saharan Africa, and over 200 from West Asia. A number of the graduates have become faculty in the IIWCC and other teaching institutes. Selectives have changed local practices for several graduates with a number of selectives being published in peer reviewed journals.

Conclusion: With almost 1500 graduates worldwide, the IIWCC has enhanced wound care globally.

O-183
Incidence of pressure ulcers and skin tears in a cardiopneumologic intensive care unit

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Introduction: Skin wounds represent a major challenge for cardiopneumologic critical care patients. Aim: to identify and analyze the incidence of pressure ulcers (PU) and skin tears (ST) and the risk factors for their development in Cardiopneumologic Intensive Care (CICU) patients.

Method: A prospective cohort study was developed in a Surgical CICU of a large hospital in São Paulo city. A sample of 370 adult patients without PU and ST on admission, admitted less than 24 hours and who agreed to participate in the study were studied during three consecutive months. Univariate tests and the Classification Regression Tree (CART) were used for data analysis.

Result: incidence coefficients of 10.8%, 7.0% and 2.2% were obtained respectively for PU, ST and concurrent wounds - CW (simultaneous PU+ST). Length of stay in CICU <9.5 days and age >42.5 years old were risk factors for PU and for CW; white race for PU development; use of support surfaces and the number of invasive devices in CICU admission for ST; and use of blood transfusion for CW. Conclusion: The study showed incidence and risk factors were similar to other publications just for PU. No publications were found about ST and CW incidence in critical patients.

O-185
Psychometric Evaluation Of The Stoma Quality Of Life In Chinese Cancer Patients With Colostomies

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Aims: The primary aim of this study was to test the psychometric properties of the Stoma-QoL among Chinese colostomy patients, and the secondary aim was to examine the predictors of colostomy quality of life.
Methods: The translated Stoma-QoL was tested using a convenience sample of 219 colostomy patients from 3 tertiary hospitals in China.

Results: The content validity of the STOMA-QOL was .90. The Chinese version of the STOMA-QOL consisted of 20 items (STOMA-QOL-C) with 4 subscales as follows: Psychological Burden (8 items), Social Interaction (4 items), Stoma Management (4 items), and Daily Routine (4 items). The Cronbach's alpha, the intra-class correlation and a split-half Spearman-Brown coefficient for the total scale were .935, .912 and .828, respectively. Multiple linear regression analysis showed that self-efficacy, body image change, family members' acceptance of stoma except their spouses and self-care ability were the predictors of quality of life among Chinese colostomy patients, while self-efficacy was the most important influencing factor.

Conclusion: The STOMA-QOL-C has been proven to be a valid and reliable measure to assess the quality of life among colostomy patients.

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O-188
Identification Clinical Features Diabetic Foot Ulcers Using Non Contact Thermography Based On Mobile Phone: A Case Series

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Background: Thermal imaging has been introduced as advanced assessment devices to evaluate diabetic foot ulcers (DFU). Currently mobile thermography was available however lack of information related to its clinical features.

Aim: To identify clinical features DFU using non contact thermography based on mobile phone.

Method: This was a case series report, based on medical record data at wound care clinic, Griya Afiat Makassar-Indonesia. Demography, Diabetes Mellitus and DFU assessed based on minimum data sheet (MDS). Thermography status captured using FLIR ONETM attached to iPhone 5s (Apple Inc, US) at dorsal and plantar foot. Clinical features reported using semi quantitatively based on colours grading.

Results: We observed six DFU. Age (41-65 years), three male, two has neuropathy, ankle brachial index (0.77-1.25) and DFU status from Wagner II - IV. Dead tissue (necrotic and callus) reflected with dark blue, active ulcers (red patterns), while edema and inflammation (white patterns).

Conclusion: Using different colours grading by using thermography based on mobile phone was useful to evaluate DFU in clinical settings.

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O-190
Balinese Nurses Spirituality And Beliefs-a Support System In Stoma Care

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Background: Bali has diverse and unique cultures that influence provision of health care services, including nursing. Dhalia Care is a community clinic that provides stoma care. Nurses incorporate in stoma care provision their spiritual beliefs to support the healing process and return to activities of daily living

Aim: To explore spirituality and beliefs of nurses in stoma care

Method: This study used qualitative methods with focus group discussions related to spirituality and beliefs. Discussions have been conducted with 5 nurses who have been caring stoma and interviews have also been conducted with 3 patients with a stoma to determine satisfaction after receiving the nursing care

Result: Results found spirituality and belief of nurses have four themes; friendship, compassion, joy and respect. Patients with a stoma feel comfortable and satisfied with the services rendered. They also expressed more confidence to be able to return to daily activities because of the support of nurses

Conclusion: Spirituality and belief of nurses is very important as a support system in stoma care

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O-196
Effectivity Of 3 Steps Hypnosis Control Bedwetting : Case Study

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Background: Bedwetting is a socially disruptive and stressful condition which affects around 15% to 20% of five year olds, and up to 2% of young adults. Some individuals are too embarrassed to wear panties for solution. Fortunately, hypnosis is being suggested as a more permanent solution to allow those who experience incontinence to maintain their life. Specially for client with no physical damage in urinary system.

Aim: To assess the effects of 3 steps of hypnosis on adolescent with bedwetting

Method: Six adolescent clients with bedwetting completed one sessions of hypnosis. Every client receives therapy sessions for one hour. Three steps hypnosis includes the expression of feelings, relaxation, and direct suggestion.

Results: Clients were followed up for one, three and six months. Five clients were entirely symptom free and 1 improved.

Conclusion: Hypnotherapy is effective for this disorder. Hypnosis won't only help to reduce the incontinence but it will also help the emotional and psychological issues that came alongside. It also has the benefit of no side effects. In this instance goal is be in control of bladder and hypnosis will help to achieve this.
**O-197**

**The Effect Of Multidisciplinary Pain Management To Accelerate Wound Healing In Patients With Grade III Open Fracture Of The Lower Extremity**

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Pain management in orthopedic patients has been a major concern over last few decades. Even with advancements in understanding of pathophysiology, pharmacotherapies and non-pharmacotherapies of pain, it still remains under treated & poorly controlled. The evidence has showed that the pain management is often underestimated or mismanaged by health professional.

**Aim:** The purpose of this study is to examine the effects of multidisciplinary pain management to accelerate wound healing in patients with grade III open fracture of the lower extremity who will undergo skin graft/flap.

**Method:** Thirty patients having grade III open fracture are randomly assigned to either an experimental group or control group. Pharmacology and non-pharmacology therapies are used to reduce the pain. Tissue oxygen levels, the wide of granulation tissue, the level and duration of the readiness of skin graft are obtained to assess the acceleration of wound healing.

**Result:** This study is still on going until the number of samples is met which is carried out from August 2015 to November 2015. This research will provide evidences to support the use of multidisciplinary pain management in health care setting.

**Conclusion:** The conclusion of this study will be generated after evaluation of these research interventions.

**O-199**

**Successful use of Flexima 3S coupling system following multi-visceral transplantation**

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Small bowel (SBTx) and multivisceral transplantation (MVTx) is a method of choice for selected patients with short bowel syndrome and other disorders. The Czech national small bowel transplant program started in December 2014 with two cases. Graft included stomach, duodenum, pancreas, spleen, liver and small bowel. In case of small bowel transplant there is always ileostoma performed, kept for up to six months after transplantation. Main reason for the stoma creation is the need for biopsy. The biopsy is needed to prove small bowel rejection. The ileostoma is an access into the small bowel lumen, where graft mucosa biopsies are taken on regular basis after the transplantation. Not only the microscopy but also the macroscopic view of the bowel graft is important. On contrary, each patient with SBTx/MVTx graft is challenged not only with high risk of rejection, but also infection, including skin infection and irritation around the stoma.

In both above mentioned MVTx cases we have successfully used Flexima 3S High Flow 2-piece mechanical coupling system. There were no leaks and no skin irritations observed, the system served both patients well. In one case the system was used for 39 days, in the second one for 67 days.

**O-200**

**The Use Of Negative Pressure Wound Therapy In The Management Of Large Complex Wounds. Experience From Durban**

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**Introduction:**
Negative Pressure Wound Therapy (NPWT) has emerged as a non-pharmacological treatment for complex wounds.

**Method:** We investigated the effectiveness of NPWT in the management of large complex perineal and dehisced wounds in our setting. Inclusion criteria were perianal and perineal wounds >5cm in diameter and/or depth including large perineal and dehisced wounds. Diverting colostomy was created where indicated. Outcome measures were complete healing.

**Result:** The study comprised 16 patients (10 males; M:F 5:3). Indications for NPWT were excision of hidradenitis suppurativa (10), excision of perianal warts (2), wound breakdown (3) and excision of large perirectal abscess (1). Duration of NPWT was 1-7 months. Time to complete healing was 1-7 months. Eight patients had a colostomy. All healed with no complications and all were happy with the outcome. There were no deaths.

**Conclusion:** NPWT is a safe and effective treatment for complex perineal and dehisced wounds. Colostomy use for perianal and perineal wounds can be individualised. The satisfaction rate is high. This treatment should be considered as standard of care for complex perineal and other dehisced wounds.
O-202
Pressure Ulcer Incidence In Intensive Care Unit

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Objective: To determine pressure ulcers incidence and risk factors in intensive care units

Methods: Retrospective cohort study. A total of 766 patients without pressure ulcer 24 hours after their admission in the units were studied. The variables of interest were collected in the patients digitalized records. The statistical analysis were done using cumulative incidence, Pearson’s Chi-Square, Mann-Whitney’s and Stepwise Forward methodologies.

Results: Patients in artificial ventilation had a risk of developing pressure ulcers 3.5 times higher; patients in palliative care had a risk 7.8 times higher in developing pressure ulcers; each day of hospitalizations increased the chance of developing pressure ulcers in 10.1%; each point in Nursing Activities Score increased the chance of developing pressure ulcers in 1.5%; the risk for developing pressure ulcers were 2.3 higher in patients aged between 60 and 84 years, compared with those with less than 45 years and this risk was 2.7 higher in patients older than 85 years compared with those with less than 45 years old. Conclusion: the incidence of pressure ulcer was high and strongly associated with mechanical ventilation and length of stay.

O-212
The Use Of A Surgical Incision Management System On Vascular Surgery Incisions: A Pilot Study

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Health care-associated infections in hospitals, including surgical site infections, contribute significantly to morbidity as well as mortality. Surgical incision management (SIM) using negative pressure wound therapy is designed to cover and protect closed surgical incisions from external factors including infectious sources and local trauma, while negative pressure removes fluid and infectious material from the surgical incision. A prospective case-control study assessed wound complications in patients undergoing vascular bypass procedures, where both femoral areas were incised to gain access to the femoral arteries. SIM was placed on one femoral area while a standard postoperative wound dressing was placed on the contralateral femoral area. All of the patients required bilateral femoral artery access. During the follow-up period patients were monitored for wound complications. All wound complications requiring surgical intervention were considered significant. No significant wound complications occurred in wounds treated with SIM. These preliminary data would suggest a potential reduction in wound complications and no observed increase in haemorrhage in high-risk patients with severe co-morbidities undergoing vascular surgery.

O-215
A Mobile Internet Application To Enhance Accessibility To Enterostomal Therapy Nurses In China

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Aim: Access to an Enterostomal Therapy Nurse (ET) is limited in developing countries. In China, population aging and rapid increases in urbanization and middle class affluence are associated with increasing chronic disease, patient needs and expectations. There are over 1 million ostomates, but only 1,000 qualified ETs in China. Most ETs are concentrated in large cities while patients in rural and remote areas lack access to their expertise. To address this discrepancy mobile internet technology was used to improve remote patient consultations.

Method: Jiangsu ETs in collaboration with Sino-America Health Technology Information Ltd, developed a mobile-internet based ET platform. This allows ETs to monitor post-operative recovery and rehabilitation and allows patients and ETs a platform for ongoing consultations. The application facilitates scheduling workloads, case management, collaboration and data management.

Result: By September, 2015 296 patients had been managed by 22 ETs using the platform. Over 300 care consultations occurred during the 2 month pilot project and was estimated to have saved over 70 hospital visits and associated costs. This presentation will report the latest data and progress.

Conclusion: The mobile internet platform can effectively provide adequate remote consultation. The electronic records have great potential to facilitate research.

O217
Cost-efficacy Of Phmb Solutions For Wound Care In South Africa

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The presence of a biofilm in a chronic wound is considered an important contributing factor to delayed wound healing. This makes cleaning the wound bed an essential component of wound management. Chronic wounds contribute to a significant financial burden on health care systems all over the world. Polyhexamethylene biguanide (PHMB) solutions, with its surfactant and antimicrobial function, are believed to have an advantage over the more traditional saline in promoting wound bed preparation.

Objective: To evaluate the cost-effectiveness of PHMB solution for cleansing of chronic wounds compared to saline solution in private practice in South Africa.

Results: The initial results demonstrate that the PHMB solution is well tolerated by patients and not only cost-effective, but potentially beneficial when the total cost of treatment is calculated. Conclusion: The use of a PHMB solution is not only feasible, but well tolerated and even preferred by patients. The initial higher cost is offset by a potentially shorter time to heal and a reduced total cost of treatment. (The initial results of this pilot study will be presented).

O-218
A Non-randomized Controlled Study Investigating The Effects Of Routine Outcome Monitoring With A Clinical Feedback System On The Adjustment To Life With An Ostomy: A Study Protocol

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Aim: To describe a study that will examine whether routine outcome monitoring, with a clinical feedback system, has positive effects on the adjustment to life with an ostomy. A secondary aim is to investigate predictors of adjustment to life with an ostomy.

Method: This non-randomized controlled study will include patients with a newly formed colostomy, ileostomy or urostomy. The intervention includes monitoring of self-reported measures related to adjustment to life with an ostomy. The measures are electronically assessed before each clinical consultation; 3, 6 and 12 months after surgery. The findings are instantly analyzed and graphically presented for use in the following consultation. The patient and the stoma nurse then discuss the findings. Thus, a model of a clinical feedback system is implemented. For comparisons we use a historical control group consisting of patients that recently have received standard care. These patients completed the same self-reported measures as a part of an observational study. The main outcome is the overall score of the Ostomy Adjustment Scale. The study is powered to detect a significant difference of 0.37 standard deviation units.

Conclusion: This study presents a novel approach that may lead to improved consultations and adjustment to life with an ostomy.

O-220
Enterostomal Therapy Nursing In Malaysia: Our Journey And Direction

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1. UMMC, Malaysia

Enterostomal Therapy Nursing in Malaysia, has long existed even when the speaker was a Student Nurse way back in 1980s, but the Nurses at that time did not undergo any structured program as per World Council Enterostomal Therapist (WCET) Education Program (ETNEP).

Patient was operated and the stoma care was cared by the sales representative, as for the wounds mainly the Doctor will manage and the Nurses will carry out the order. At that time we even need to do dressing 4 times a day even during night duty. Incontinence was never even mentioned.

We only started sending Nurses for this formal training in 1994 onwards. Australia was the first country that Malaysian Nurses are able to go for this program and then in 1995 to Hong Kong and subsequently we run our own program under our Malaysian Enterostomal Therapy Nurses Association(METNA) and also in University Malaya Medical Centre.

The journey was not an easy journey but due to our commitment and determination we have managed to train more Nurses to cater for the needs and the journey continues towards our future direction.

O-221
Continence Care: Way Forward

Mrs. M Mohd Nasir¹
1. UMMC

Continence involves men and women and can be at any age groups even it is very much related to elderly but we still have younger age groups that suffer from incontinence.

Urinary problems related to a few problems such as storage, voiding, feeling of urgency, leakage, and many more problems. Incontinence can have a great impact to an individual's life and it must be a concern to all of us. No one wants to lead their life soaking with urine.

In Malaysia continence care is still an infancy stage, we are crawling but we must say we are moving forward and towards the right direction. Continence Foundation of Malaysia (CFM) should be recognized as a body that responsible for the beginning of incontinence care in Malaysia.

Continuously we have put up our effort in organizing more workshops and seminars to give awareness to all especially our Nurses so that they will be able to be our agent to disseminate the words about incontinence. We know we need to do more, with our vision to see our hospital to be the first hospital to establish Continence Clinic in Malaysia or at least the few in this regent.
O-222
Challenges In Managing Fistula: How We Do It?

Mrs. M Mohd Nasir
1. UMMC

Fistula is defined as abnormal communication between 2 epithelialized surfaces. It can arise from the duodenum, jejunum, ileum, colon, or rectum. ECF is an external fistula to which is an abnormal communication between 2 hollow viscera, complication that is usually seen following surgery on the small or large bowel. Study suggests that about 95% of ECFs were postoperative, ileum was found to be the most common site and 49 % of fistulas were high output and 51% were low output. ECF are responsible for a significant mortality rate, ranging from 5-20%, due to associated sepsis, nutritional abnormalities and electrolyte imbalances. ECF normally being manage according to conservative treatment such as fast the patient, start with total parental nutrition, management of the drainage or fluids, strict intake output recording, monitoring of body weight and the most challenging aspect is the management of the fistula including the dressing. The key goals of nursing management are protecting the skin from contact with the drainage, contain the output using a pouch for easy measurement, manage the cost since it is quite costly to manage a fistula in terms of supplies and human resources, control odour and provide patient's comfort.

O-223
Collaboration Between World Council Of Enterostomal Therapist (wcet), Canadian Et Association (caet) &Et Team Department Of Nursing, University Malaya Medical Centre, Kuala Lumpur, Malaysia

M Mohd Nasir
1. UMMC, Malaysia

When the World Council Enterostomal Therapist (WCET) Past President, Ms Louise Forest-Lalande approached the speaker to discuss about collaboration, she was excited and really looking forward and knew this is the beginning of it in fulfilling the vision and mission of the organization that she has work for the last 30 years. The idea of selecting UMMC to be part of WCET training centre for clinical placement for Asian Nurses is dream come true. After much of discussion, Louise presented the planning at the WCET meeting in Gothenburg, Sweden June, 2014. It was the Canadian Association of Enterostomal Therapist (CAET), WCET and ET Team of UMMC! This initiative is to build ET Nursing capacity in Nepal, to help Nepalese Nurses clinical training in UMMC after they undergone a training module via distance learning/online with the Canadian Association of Enterostomal Therapist of Canada (CAET).

Our international network will be seen as a unique opportunity to unite Enterostomal Therapy Nurses (ETN) in UMMC and share information to promote best practice in ostomy, wound and continence care globally and probably a stepping stone for future collaboration with others.

O-228
Necrotising Fasciitis Flesh Eating Bugs - SciFi Or a Reason Why?

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Necrotising Fasciitis (NF) is a rare but debilitating bacterial infection which sometimes results in the formation of a stoma if it involves the perineum, abdomen or genital regions. It is a potentially fatal condition and patients undergo extensive skin and fascia stripping in order to eradicate the bacteria. They can face months of hospital treatment such as antibiotic therapy and surgery with skin grafting. This presentation aims to explore the myth that the bacterial agents responsible for NF, otherwise known as 'flesh eating bugs' are a rare phenomena as well as the causes and treatment for this condition. Photographs of NF will be included. The role of the Nurse Specialist will also be explored in relation to the management of these patients.