20th WCET Biennial Congress
15-19 June 2014, Gothenburg, Sweden
OSTOMY, WOUND AND CONTINENCE CARE

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Welcome from the president

Dear WCET members, health care professionals and industry partners. It is with much pleasure and great excitement that the WCET Executive Board and I welcome you to the 20th WCET Biennial Congress in Gothenburg, Sweden.

Eva Carlsson, congress convenor, and team members Eva Bengtsson, Jeanette Fingren, Anne-Marie Hallén and Charlotta Petersén are very happy to welcome you in their beautiful country. They have been working intensively to develop a brilliant program with superior quality scientific sessions that I am sure will meet all your needs.

The WCET Congress is unlike any other meeting you will ever attend. If you have never participated to a WCET Congress, be prepared for an unforgettable personal and professional experience. The WCET congress represents a unique opportunity to network with colleagues from all around the world. This is what makes the WCET congress so exceptional! As usual, you will also get the opportunity to meet with our industry partners and learn about the latest product innovations to improve the quality of life of your patients.

Finally attending the WCET congress will give you the chance to learn more about this organisation. You are very welcome to visit our booth, meet the board members and why not, explore how you could contribute to the growth of the WCET. Don’t forget to mark your calendar for the General Meeting to be held Tuesday, June 17th, another great opportunity to learn more about the organisation.

For all to enjoy, the parade of countries will take place at the opening ceremony, an event you do not want to miss!!!

We are looking forward to meeting many of you in Gothenburg!!

Kind regards

Louise Forest-Lalande
WCET President
Welcome from the convenor

It is with great pleasure that the Congress Organising Committee welcomes you to Gothenburg, on the west coast of Sweden for the 20th Biennial WCET congress being held from the 15th to 19th of June 2014.

After years of preparations the Journey to the 20th WCET congress has reached its final destination, Gothenburg, Sweden. When we choose our theme “Life is a journey not a destination” we had no idea what the Journey to congress would entail, but we can really say that it has been a journey both privately and professionally. You as delegates have also travelled from close and far away destinations to be with us when “the Journey” has stopped for a couple of days and we are excited to welcome you all.

At the WCET conference it is our patients that are our focus. “Life is a journey not a destination” is the theme of the congress. The journey starts when we are born. The patient with an ostomy, wound or continence problem enters the journey where he or she will meet ET nurses, doctors and health care professionals and industry partners with the goal to provide the best care possible for the patient. We all also enter on an educational journey meeting with colleagues and industry, locally and internationally with the goal to share experiences and increase knowledge to develop the profession.

The scientific Journey will give you a variety of keynote and invited speakers all experts in their fields, oral abstract presentations as well as poster sessions in the field of Ostomy, Wound, Continence, Paediatric and professional practice and other interesting areas from participants all over the world organised by the scientific committee. Also take the opportunity to participate in the company scientific sessions organised by the five Platinum sponsors.

The exhibition hall will exhibit the latest products from our industry partners that support our nursing specialty and improve the journey for the patients. Take every opportunity to explore the company booths, update your product knowledge, discuss and share your views with one another to further improve the products. Please also visit the nursing and ostomy association booths including the WCET booth. While there, you can help WCET celebrate the launch of its first ever International Ostomy Guideline.

The social journey will give you the opportunity to catch up with old friends and colleagues and make new ones, learn about our culture and that of other countries attending. The opening ceremony on Sunday including the opening of the trade exhibition on Sunday, welcome reception hosted by the Gothenburg City and the opening ceremony on Monday promises to cover something for all your senses. It will cover our history, profession with keynote presentations accompanied by music as well as surprises. On Monday you must not miss the Midsummer evening at “Trädgårn” nor the Congress dinner on Wednesday Each will have surprises that we hope you will enjoy.

If you stay after the congress take the opportunity to explore Gothenburg, which offers a large number of exciting attractions. Just opposite of the convention centre is Liseberg one of Europe’s leading amusement parks. It offers entertainment, attractions, beautiful gardens and restaurants, which are open both on Friday midsummer and midsummer’s day. Also across the street from the convention centre is the Universeum Scandinavia’s largest Science Centre and the Museum of World Culture. One of the leading botanical gardens is only 15 minutes away by tram. You can also take trips around the city and harbour by tram and boat, visit beautiful fishing villages along the West coast and medieval castles. Enjoy the local seafood or why not just have a fika, a break for coffee and a cake and delight in the atmosphere. If you have more time explore our beautiful country. Why not go to Skåne and fall for its southern charm, or to Stockholm the capital of Sweden or perhaps even to the North of the Arctic Circle the Midnight Sun, one of Scandinavia’s natural phenomena.

I and the congress organising committee would like to thank the abstract evaluators, the keynote and invited speakers, the chair and co-chair persons, Silvana Häggqvist who is responsible for the continence program, Dee Waugh our congress liaison to the WCET board, Louise Forest-Lalande and the rest of her WCET board. Thanks also to our Industry Partners specifically our Platinum sponsors BBraun, ConvaTec, Coloplast, Dansac, Hollister. We also thank our Gold sponsors, Salts Healthcare, Welland Medical as well as our Bronze sponsors Eakin, ErgoNordic, Trio healthcare and Exhibitors for their assistance in making this congress a reality.

Special thanks goes to the Gothenburg Convention Bureau who assisted us from the beginning especially Anna Hylander. We also thank Anita Bäckman from our former congress organising company, Marie Jacobsson and Jenny Enocsson and the rest of their team at our current organising company, the Kongressadministration AB (MEETX), for a great job. We had also had an outstanding support from the head of the Surgical department Anders Hyltander, Colorectal unit Sahlgrenska University Hospital/Östra and the head of staff Lena Hansson and Marie Tauson. Also a big thank you to Mattias Block master of ceremonies during the congress dinner, speakers and volunteers from the hospital throughout the conference. Thanks also go to the surgical department at Helsingborg general hospital.

We in the local organising committee thank you all for attending and supporting us. Personally I would also like to thank my team for doing marvellous work throughout the four years. What a Journey it has been!

Eva Carlsson
Congress Convenor
Welcome from The Swedish Society for Enterostomal Therapists and Nurses in Colorectal Care

On behalf of the SSKR national board and our members, I would like to welcome you all to the WCET congress 2014 – Life is a journey not a destination

Although Sweden is a small country of nine million inhabitants, we have about 30,000 persons operated with an Ostomy and in our healthcare organization the enterostomal therapist is established since more than 30 years.

Inger Palselius from Gothenburg was the first enterostomal therapist in Scandinavia. She was educated at the Cleveland Clinic, Ohio, USA in 1973. After graduation, she served as a enterostomal therapist at Sahlgrenska University Hospital in Gothenburg until her retirement in 1997. She was a pioneer in Scandinavia as a specialist in continence. She was involved in the team that started an internationally well-known colorectal clinic together with Professor NG Kock and Professor L Hultén.

The Swedish Society for Enterostomal Therapist and Nurses in Colorectal Care, SSKR, our national ET nurse society has been operated for more than 25 years and has most of the active enterostomal therapist as members. In recent years we are actively working to collect more nurses in broader fields with an interest in colorectal nursing in order to promote our role and research in the ostomy, wound, continence and colorectal area. We work in order to secure and guarantee a professional care in accordance to the best practice of evidence based medicine, integrating individual clinical expertise with the best external clinical evidence from scientific research. SSKR is a part of the Swedish Society of Nursing SSF, whom is organizing nurses in all areas.

When we make the bid for the world congress in 2010 in Phoenix, USA, we had the faith that Sweden and the Local Organizing Committee would make an excellent work to organize the best world congress ever and we think they will succeed! Hope you agree with this after the Congress!

We therefore welcome you nurses and health care professionals and other interested in the field of Enterostomal therapy from all around the world to get together to learn, enjoy and network with a lots of colleges and friends from all around the world at the 20th WCET World Congress, 2014 in Gothenburg, Sweden.

Eva Bengtsson
President
The Swedish Society for Enterostomal Therapist and Nurses in Colorectal Care
LIST OF COMMITTEES

**LOCAL ORGANISING COMMITTEE**
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Eva Bengtsson, Co-Chair
Anne-Marie Hallén, Ca-chair
Jeanette Fingren, Secretary
Charlotta Petersén, Chair Social program

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Deidre Waugh
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South Africa

**INDUSTRY LIAISON**
Diane Owen Hollister, USA

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Co-chair Silvana Häggqvist, continence program

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**FACEBOOK - WCET2014**
Lena Toft

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**NNGF SCHOLARSHIPS 2014-2015**
The NNGF appreciates the generous donations made towards the NNGF scholarships 2014-2015.

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Thank you to Hollister, Dansac, Coloplast, Welland, Eakin

**CONGRESS ORGANISING COMPANY**

Kongressadministration
i Norden (renamed to Sweden MEETX AB from February 2014)
marie.jacobsson@meetx.se
ConvaTec is a leading developer of innovative medical technologies that have helped improve the lives of millions of people worldwide. In Ostomy Care, Wound Therapeutics, Continence and Critical Care, and Infusion Devices – ConvaTec products support health care professionals from hospital to community health settings. For more information, visit www.convatec.com.

Dansac is a global company that develops, manufactures and distributes stoma care products in over 30 countries throughout the world.

We have been providing innovative and unique solutions for people with a stoma, clinicians and caregivers for more than 4 decades. Our focus is to create secure, functional stoma care products that enhance and improve the quality of care and the quality of life of people living with a stoma. We not only develop and refine stoma care pouches, but also provide innovative educational materials, tools and information about stoma care and living with a stoma.

One of our cornerstones has always been to listen to the needs of our customers and those who care for them, and translate what we hear into unique products and services that can make living with a stoma more comfortable, more discreet, more secure – more liveable.

Dansac is Dedicated to Stoma Care.

Hollister Incorporated is a global company that develops, manufacturers, and markets Ostomy Care products. From the earliest days of our company, there has been a strong sense of community—a connection to people. That connection is embedded in the very fabric of our company. We continue to develop new products and services, focused on meeting the healthcare needs of the people we serve.
Salts Healthcare is a leading manufacturer of ostomy products, with a history dating back 300 years. We are extremely proud to be the first and only ostomy products manufacturer to have been accredited by the British Skin Foundation for our research into skin friendly hydrocolloids. In September 2013 Salts also received the “Dermatologically Accredited” mark from the Skin Health Alliance. Offering an extensive range of closed, drainable and urostomy products, including convex options, as well as a large accessories range, Salts has a product for every patient’s requirements. Our innovative Confidence® Natural range features the unique Flexifit® five-sided wafer which contains extracts of aloe vera: making it extremely kind and gentle to the skin.

Welland Medical, a CliniMed Group Company, is a leading innovator in the ostomy market and specialises in the design, development and manufacture of award winning stoma care pouches and accessories.

This year Welland Medical is proud to be a gold sponsor of the congress and following the successful launch of the Aurum® pouch range with Manuka Honey, is unveiling a new range of accessories, HydroFrame® and HyperSeal® Washers with Manuka Honey. Please visit us at the Welland Medical stand, number 5, for more information.

Eakin is a medical device manufacturer, dedicated to the production of high-quality skin protection products for use in stoma and wound care markets.

ErgoNordic AB is a Swedish company with extensive experience in the healthcare market, founded in 1986 and introduced Ostomy appliances in 2009. “Black Edition” was introduced 2011.

Trio’s new Ostomy Care product range - a completely new approach to solving leakage, discomfort, irritation and lack of security. The future of ostomy care has arrived.
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KEYNOTE SPEAKERS

STEE N BUNTZEN
MD PhD - Denmark

Steen Buntzen graduated from the University of Copenhagen in 1982 and became a specialist in surgical Gastroenterology in 1995. He trained as a colorectal surgeon in Gothenburg during 1990-1996 and defended his thesis “Pharmacological and physiological studies on the control of recto-anal motility - An experimental study in cat and man” at the University in Gothenburg in 1995. Steen then moved back to Denmark and works as a consultant colorectal surgeon at the Dept. of surgery Aarhus University Hospital, Aarhus Amtssygehus. Since 1999 he has been the head of the department of anal physiology and also a senior lecturer in surgery since 2000. His special interests are proctology and functional diseases. The concept of streamline management has been adopted in proctology with a transformation to day care surgery even in complex cases. Clinically and scientifically sacral nerve stimulation (SNS) has a dominant place in patients with faecal constipation and IBS although all other modalities are available. Steen is one of the greatest experts in the world on SNS. A new concept, where the nurses in his clinic perform screening and conduct all conservative treatment in functional bowel diseases has high priority.

ELIZABETH ENGLISH
RN STN AM - Australia

RN, RM, STN (Cred), BN, Grad Dip (Health Counselling), Dip Ap Sc (CHN)
1996 Winston Churchill Fellow. Elizabeth English is the Senior Credentialed Stomaltherapy Nurse at the Royal Adelaide Hospital (RAH) in South Australia working as a Clinical Practice Consultant in stoma and wound care. She has been in that role for almost 30 years. She is well known internationally for her 14 year involvement on the Executive Board of the World Council of Enterostomal Therapists (WCET) - and is the immediate past President of WCET. Elizabeth is passionate about Stomaltherapy Nursing and has a particular interest in counselling and communication and extending nursing knowledge and skills to developing nations. In June 2012 she was awarded an AM - Member of the Order of Australia for service to nursing, particularly in the field of stomaltherapy clinical practice and education, and through executive roles with national and international associations.

CALUM LYON
MD PhD - United Kingdom

Calum Lyon is a dermatologist and clinical lecturer at York and Manchester in the UK. He has been working with stoma care specialist nurses for 14 years and is involved in clinical work, research, teaching and scientific publications in the medical and nursing literature. Calum has co-authored chapters for several dermatology texts including Fitzpatrick’s dermatology in General Medicine and edits the recently rewritten textbook “Abdominal stomas and their skin disorders”. Medical training was at Cambridge University UK. When not working he relaxes by managing a small woodland, selling logs for firewood with his boys and woodcarving.

GUNDELA HOLMDAHL
MD PhD - Sweden

Gundela Holmdahl trained as a general surgeon in Karlstad and from 1989 she has been working at the Department of Paediatric Surgery, Queen Silvia Children’s hospital, Gothenburg. Since 2001 she has been a senior consultant in paediatric surgery with specialization in urology and she is also an associate professor. For the past 5 years Gundela is the leader of the paediatric urology team in Gothenburg. Her special interest is reconstructive urogenital surgery. In 2008 she became a certified specialist in pediatric urology (Fellow of the European Academy of paediatric urology). Gundela’s research fields include posterior urethral valves, vesicoureteral reflux, bowel and bladder dysfunction in patients with anorectal malformations, hypospadia and DSD. She is the author/co-author of 30 peer-reviewed articles.
CHRISTINA LINDHOLM  
RN PhD - Sweden

Christina Lindholm is a registered nurse, PhD in Medicine (Dermatology & Surgery), senior professor at Sophiahemmet University, and a wound consultant to the Karolinska University Hospital and Dalen Geriatric hospital. She is a member of the executive board of European Pressure Ulcer Advisory Panel (EPUAP) and local organizer of the 17th conference on pressure ulcers in Stockholm, Sweden, August 2014. Christina has published more than 70 scientific papers and 10 scientific reports on wound management and received several scientific awards. She has published the Scandinavian textbook on wounds, and several chapters in national and international textbooks. Her main scientific interest is pressure ulcers and wound microbiology.

CHRISTINE NORTON  
RN MA - United Kingdom

Christine Norton PhD MA RN is Nurse Consultant (Bowel Control) at St Mark’s Hospital and Professor of Nursing at King’s College London. She has worked with incontinent people for 35 years, firstly with bladder control and for the last 20 years with faecal incontinence and constipation. She has published many research studies on managing bowel problems as well as books for nurses and patients. She has chaired the International Consultation on Incontinence committee on faecal incontinence and the UK national guidelines.

NICOLA OHLSON  
RN ET - South Africa

Nicola Ohlson graduated and completed her nursing training at Groote Schuur Hospital, Cape Town, as a Registered Nurse in General, Community, Psychiatry and Midwifery Nursing. She held posts in the upper gastro intestinal, colorectal, endocrine and vascular surgical wards at Groote Schuur Hospital.

In 1999, Nicola joined the team in the Stomaltherapy Unit, where she completed her Stomaltherapy Training, under the supervision of Prilli Stevens. In 2005, Nicola joined Coloplast SA, and worked as the stomaltherapist in KwaZulu Natal, providing a service to both Provincial and Private Institutions. In 2006, she returned to Groote Schuur Hospital, where she holds the post of Operational Manager for Stomaltherapy. Nicola is actively involved in all decision making processes for the Tender Board: Dept of Health Western Cape. She is a Co-facilitator of the University of Free State / SASA stomaltherapy Course of 2012.

DR BERTIL PHILIPSON  
MD PhD - Sweden & Australia

Bertil Philipson is a retired General Surgeon, who graduated from the University of Göteborg in 1968 and started his surgical training with Prof Nils G. Kock in 1970. His research program focused on the biological consequences of the creation of a reservoir at the end of the small intestine. In 1975 he defended his Thesis: Ileostomy Reservoir - A clinical and experimental study of Bacteriology, Morphology and Absorption at the University of Göteborg.

Dr Philipson became an Associate Professor in 1980 at the same university and worked together with Prof Kock at Sahlgrenska University Hospital later also studying adaptive morphological changes in the ileal reservoir used as a Continent Urostomy.

During 1988 – 2005 Bertil Philipson worked as a Consultant at Carlanderska Hospital in Göteborg and during 1994–2005 he also spent some time at the University of Sydney, Australia as a research fellow. His ornithological interest has made him realize the value of migration and therefore spends his retirement halftime between Sweden and West Australia.
ROSE-MARIE ADLER
Ur - stoma -bowel therapist
Centrum Läkemedelnära Produkter
Sweden

I am a child specially trained nurse. Are trained uro ostomy and bowel therapist. Has worked at the Queen Silvia Children and Youth Hospital in Gothenburg with children with bladder and bowel function disorders. Today I work in the region with education in bladder and bowel problems in children and adults.

ANNETTE ERICHSEN ANDERSSON
RN, PhD, Post doc
Vårdalinstitutet/Inst. Healthcare and sciences, GU, Sweden

Annette Erichsen Andersson Rn, PhD, Post doc at Vårdalinstitutet, Lund and Inst. of Healthcare and Sciences, University of Gothenburg. Dr. Andersson’s research is directed towards the areas of Patients Safety, Infection Control and Implementation.

KRISTIN ANDERSSON
SPECIALIST ONCOLOGY NURSE
Onkologimottagning Skaraborgs sjukhus Skövde, Sweden

I graduated as a nurse 1996 and have been working mainly with surgery patients, several years at a surgery ward and since 2006 at an oncology unit with cancer patients. Graduated May 2014 as a special oncology nurse.

EVA ANGENETE
Associate professor, Senior consultant in Surgery
 Sahlgrenska University Hospital, Sweden

Eva Angenete graduated from University of Gothenburg 1999 and has been working as a surgeon at Sahlgrenska University Hospital since 2001. She specializes in colorectal surgery with focus on colorectal cancer and laparoscopy. Her research is concentrated to the surgical treatment of colorectal cancer with focus on surgical techniques and quality of life, but there are also other fields of interest such as stoma construction and identification and prevention of stoma associated complications. She is currently involved in three clinical studies regarding stomas.

MAGDALENA VU MINH ARNELL
Registered Nurse/ Urotherapist/PhD student
Rehabilitationunit Queen Silvia Children’s hospital
Gothenburg, Sweden

In 1983 as a fresh Registered Nurse I already then knew that I wanted to work in pediatric care. I got my first job at Bräcke Östergård in Gothenburg, a boarding school for children with different disabilities. From 1991 and on I have been working as an urotherapist in an urotherapy unit for children and adolescents with neurogenic bladder and bowel dysfunction at Queen Silvia Children’s Hospital in Gothenburg. I am also a PhD student at the University of Gothenburg. My research focuses on adolescents and adults with myelomeningocele from a social-urological- and urotherapeutic point of view.

ELIZABETH A. AYELLO
Excelsior College School of Nursing
USA

Elizabeth A. Ayello is a board certified wound and ostomy nurse who is currently the Executive Editor for the WCET Journal and a faculty member at Excelsior College School of Nursing. In the past, she has chaired the New Jersey Collaborative to reduce pressure ulcers across care settings, chaired the WOCN Accreditation Committee and held leadership roles on the National Pressure Ulcer Advisory Panel (NPUAP) including that of President. Dr. Ayello has over 100 peer reviewed publications, is co-editor/author of two wound care books (one is English and Portuguese, the other in English and Spanish) and is a clinical editor for the journal Advances in Skin and Wound Care.

LIS BALLEBY
Clinical Head Nurse, RN ET
Center for Abdominal Diseases, Bispebjerg University Hospital, Copenhagen, Denmark

Lis Balleby has been working with stoma patients for almost 30 years. She had her enterostomal therapist education at Gothenburg University in 1993. She was a pioneer in establishing the first nurse-led clinic in Denmark at Bispebjerg University Hospital. She works with data based nursing. In 2009 Lis Balleby received the Nurse Award for, with dedication and tenacity, to have developed the quality of ostomy care. Her department won the Capital Region’s Quality Award in 2010 for the project “Clinical pathway for treatment of patients with rectal cancer.” Another major interest is communication, and she is training doctors and nurses in patient communication skills.
EVA BENGTSSON
RN, ET
Helsingborg General Hospital
Sweden

Eva Bengtsson is the chairman of the Swedish Society for Enterostomal Therapist and Nurses in Colorectal Care, SSKR since 2009. She is also one of the members of the Local Organizing Committee of the WCET World Congress 2014 responsible for Finance, Sponsorship and Exhibition. She graduated as a nurse in 1976 and is a specialist nurse in Intensive care, became an enterostomal therapist in 1986 and establish the Stoma care unit in Helsingborg General Hospital where she have had her employment since then. She has during these nearly 30 years been involved in various national and international expert groups in Ostomy care, have developed a data journal system in the early 90s, and many other projects. Eva is also involved in colorectal Wound care mainly negative pressure wound therapy.

MATTIAS BLOCK
MD, PhD Senior Consultant, Colorectal Surgeon
Department of Surgery, Sahlgrenska University Hospital/ Östra, Sweden


THORDUR BJARNASON
MD, PhD
Skåne University Hospital
Sweden

Thordur Bjarnason graduated from the University of Iceland in 2000 and has been living in Sweden since 2003. He completed his specialist training in general surgery at the Central Hospital in Kristianstad and has since been working at Skåne University Hospital, Malmö, specializing in laparoscopic and open hernia surgery and obesity surgery. In January 2014 he defended his thesis “Open abdomen therapy with vacuum-assisted wound closure and mesh-mediated fascial traction” at Lund University, focusing on NPWT therapy in open abdominal wounds. He is the co-author of several key papers on NPWT therapy and open abdomen management.

PAT BLACK
St Mark’s Hospital, Harrow, Middlesex
United Kingdom

Pat is the Senior Lecturer in GastroIntestinal Nursing at St Mark’s hospital where she runs diploma, B.Sc and M.Sc modules in stoma and colorectal cancer, all sponsored by Gansac. These courses are all accredited through Birmingham City University along with the Master Classes that are held each year. Prior to coming to St Mark’s Pat was Consultant Nurse in coloproctology at Hillingdon Hospital for 28 years where she set up the department and was lead for ERP in colorectal surgery. Pat publishes in the UK media and Nursing press and speaks nationally and internationally.

TRINE BORGLIT
ET nurse
Bispebjerg University Hospital
Denmark

Trine Borglit completed her nursing education from Bispebjerg University Hospital in 1996. She has worked with stomacare and colo-rectal patients for 18 years; including a position as a nurse with clinical specialist function. She graduated as an ET nurse from Goteborg University - Sahlgrenska Academy. For 7 years she has been working in a stoma-care Clinic at Bispebjerg University Hospital in Denmark.

INGVAR BOSAEUS
Prof. Sahlgrenska University Hospital
Sweden

Ingvar Bosaeus is consultant physician at the Clinical Nutrition Unit, Sahlgrenska University Hospital, Gothenburg, Sweden since 1994. He was appointed Associate Professor in 1992 and Professor in Clinical Nutrition, Sahlgrenska Academy at University of Gothenburg in 2000. He has been author or co-author of about 160 peer reviewed publications and several book chapters. His current research interests are mainly in the fields of body composition, energy and nutrient metabolism, and effects of nutrition therapy.

DR HANS BREVINGE
MD PhD
Sweden

Hans Brevinge graduated from the University of Gothenburg 1973. After trained as a General Surgeon he returned to the University of Gothenburg and joined the staff at the Department of Surgery under the leadership of Prof NG Kock 1982. He defended his thesis “Ileostomy output, sodium homeostasis and working capacity. A study in patients with conventional or reservoir ileostomy” 1993. He has been the leader of the Colorectal Unit at Sahlgrenska university hospital. His research fields include problems with stomas and IBD.
PAMELA BUCHWALD
consultant colorectal surgeon, associate professor
Helsingborg Hospital, Lund University, Sweden

Pamela Buchwald is a consultant colorectal surgeon at Helsingborg Hospital and an associate professor in surgery Lund University. She is also an EBSQ qualified colorectal surgeon and is a board member of the Swedish Society of Colorectal Surgeons. She has been a co-author of the national guidelines of colorectal cancers. Her main research areas are colorectal cancer and defunctioning stomas. She is also currently involved in studies of uncomplicated diverticulitis and the SCANDIV trial on perforated diverticulitis.

KERYLN CARVILLE
RN, STN(Cred), PhD
Professor Primary Health Care & Community Nursing
Silver Chain & Curtin University, Western Australia

Keryln has extensive clinical experience and is committed to research and education within the domains of wound and ostomy care. Keryln was appointed an Inaugural Fellow of the Australian Wound Management Association in 2006. She is Chair of the Australian Pressure Injury Advisory Panel, Chair of the AWMA Australian Wound Standards Committee and Chair Evidence Committee International Wound Infection Institute. She sits on the Editorial Boards of Wound Practice & Research and the Journal of Stomal Therapy Australia.

HILDE HANNAH BUVIK
Norway

Hilde Hannah Buvik is a Norwegian actress, writer and gestalt therapist. She has worked extensively in Great Britain, performing Shakespeare as well as new writing. She is now based in Oslo and is currently co-producing “Anakonda”, which will have its Norwegian premiere in August at Centraltheatret. She performs her own monologues and dabbles with stand up. Except when she doesn’t. At times, and for long periods she lives in hospitals, studying for her very unofficial master degree in what makes the unbearable bearable.

EVA CARLSSON
PhD, Senior lecturer, RN, ET ,
Congress Convenor WCET 2014
Sweden

Eva Carlsson is an ET nurse & senior lecturer and researcher at the Colorectal unit Sahlgrenska University Hospital/Ostra & Institute of Health and Care Sciences and Centre for person-centred care (GPCC) Gothenburg University, the Sahlgrenska University hospital, Gothenburg, Sweden. Eva has extensive ostomy and nutritional experience and an ongoing commitment to research and education. In her clinical work today she works mainly with patients at the intestinal failure unit and is involved in various research projects. She has 17 accepted peer-reviewed publications and is co-editor of one book in Stoma therapy and has written several book chapters. She is Director of Stomatherapy Education in Sweden and has been dedicated to WCET in the capacity as an international delegate, secretary, member of the Education committee and is currently a member of the Editorial board.

EVA DAHLGREN
Sweden


KERYLN CARVILLE
RN, STN(Cred), PhD
Professor Primary Health Care & Community Nursing
Silver Chain & Curtin University, Western Australia

Keryln has extensive clinical experience and is committed to research and education within the domains of wound and ostomy care. Keryln was appointed an Inaugural Fellow of the Australian Wound Management Association in 2006. She is Chair of the Australian Pressure Injury Advisory Panel, Chair of the AWMA Australian Wound Standards Committee and Chair Evidence Committee International Wound Infection Institute. She sits on the Editorial Boards of Wound Practice & Research and the Journal of Stomal Therapy Australia.

LARS-GÖSTA DAHLÖF
Associate professor emeritus
KSP-Konsult Dept. of Psychology, Univ. of Gothenburg, Sweden

LGD graduated from Univ. of Gothenburg 1979 and became associate professor 1981. From 1973 LGD initiated and developed a comprehensive course program in sexology tailored especially for various health professionals like physicians, psychologists, midwives, social workers. The program soon became most popular and has until now trained more than 7500 students. As a devoted researcher, teacher, therapist and supervisor LGD has made an outstanding contribution to sexual health promotion in Sweden and abroad. More than 35 scientific papers published. In 2000 LGD was awarded The Gothenburg University Pedagogical Prize and 2013 the WAS Gold Medal Award for his lifelong contribution. Congress President of WAS 19th World Congress for Sexual Health, Gothenburg 2009. Full member of IASR, SSSS, AASECT and ISSM.
Pernilla Dahm Kähler graduated from the University of Gothenburg 1990 after studies in Lund and Gothenburg. After becoming a specialist in gynecology in 1999 she started, as the first Swedish, a subspecialty program in gynecological surgery and became certified in 2005. In 2006 she defended her thesis: The Ovulatory process – Studies in the human and the rabbit. Since 2009 she is the head of Gynecological cancer surgery locally, regionally and nationally as a board member; in the regional referral group in the Västra Götalandsregion for gynaecological cancer, in the surgery group in the Nordic Society of Gynecological Oncology (NSGO), in the Swedish Gynecological register group (INCA), in the National council group concerning ovarian cancer and is in charge of the regional process concerning ovarian cancer patients and gynaecological cancer recurrences which often leads to temporarily or permanently stomas.

Anne Kjærgaard Danielsen, PhD, Ma(ed), MClN, RN is senior consultant (R&D) at the Metropolitan University College, Department of Nursing in Copenhagen, Denmark. She has worked in surgical departments for many years, and has done her PhD thesis on the topic “Life after stoma creation”. Her special interests are the issues of patients’ reactions to stoma creation, as well as health related quality of life and the effect of participation in patient education programmes after stoma creation.

Gail Dunberger, is a registered oncology nurse. She has a PhD in oncology, focusing on symptom documentation among gynecological cancer survivors after pelvic radiotherapy. She has extensive experience in oncology, working with cancer patients. Her interest for side-effects started when working in radiotherapy care and with rehabilitation groups, focusing on long-term side effects after cancer treatment. She is a senior lecturer at Ersta Sköndal University College and holds a position at Sahlgrenska University Hospital in Gothenburg, where she founded a nurse led cancer rehabilitation clinic. The primary aim of the clinic is to improve rehabilitation of pelvic cancer survivors after radiotherapy.

Jeanette Fingren is one the members in the local organization committee of the 20th WCET Congress and chair of the scientific committee. She has worked as a nurse for 25 years and the last 12 years as an ET. She is the Vice president of the division of Stoma therapists and nurses in colorectal nursing (SSKR), which is an associated organization of Swedish Society of Nursing (SSFN). SSKR is together with WCET the organizer of the 20th WCET congress. Jeanette is currently studying to get her Master’s degree in Nursing with the subject “Adjustment to life with an ostomy one year after surgery”. In addition to the main field Ostomy, Jeanette is involved in the areas of Wound and Fistulas.

Silva Flemark RN, ET, endoscopist Angélholms Sjukhus, Sweden

Worked as a nurse since 1984 at Angélholms Hospital with anesthet, intensive care, enterostomal care, wound care, rehabilitation and as an endoscopist. Free time – horseriding.
Louise Forest-Lalande has been working at the CHU Sainte-Justine, a mother-and-child University health centre in Montreal, Canada as an enterostomal therapy nurse since 1985. She has a masters Degree in Adult Education from the University of Montreal. She is actively involved in many wound care and ET Nursing associations and is the current WCET President. Louise has a particular passion for paediatric stoma and wound care and has published and travelled widely to lecture and promote her specialty, and received awards from the CAET and Ordre des Infirmières et Infirmiers du Québec for her international involvement. In October 2007, Louise organised the first International Pediatric Enterostomal Therapy meeting held in Montreal.

Kirsten Dahl has worked 33 years and Anna Forsblom has worked 10 years as ET at Skånes University Hospital, where almost 400 persons/year are operated with a stoma. Both are involved in education and research and has worked in national and international projects.

1998-9 Diploma in Nursing and Nursing management
2002-4 Supervisor in professional nursing
2006-8 Master in Clinical Nursing [MCN]
Stoma Care Nurse since 2111.

Carmen has been a stomal therapy nurse since 1986. Since then Stomal therapy nursing- (stoma, wound and continence) has become an integral part of her life. Carmen has worked as a STN in private hospitals, public hospitals, and the community and is currently employed as a stomal therapy nurses in a large public hospital in Melbourne.

In addition to working clinically she is actively involved with the World Council of Stomal Therapy [WCET] and the Australian Association of Stomal Therapy Nurses. She has published nationally on wound and stoma issues. Carmen has been involved in the education and training of nurses to become stoma, wound and continence nurses and has helped develop and direct educational programs in Australia, Indonesia, Iran and other countries. Carmen is currently on the board of the World Council of Enterostomal Therapy and is the Chairperson of the Norma N Gill Foundation Committee of the WCET.

MD 1984
Specialist in Obstetrics and Gynecology 1992
Ph.D. 2013
Visiting Fistula Hospital, Addis Abeba, Ethiopia in 2003

Senior researcher at Scandinavian Surgical Outcomes Research Group.
Fields of research include laparoscopic techniques (COLOR, COLOR II, LAPPRO trials) and colorectal cancer, as well as health economy and health related quality of life.

Anne-Marie Hallén has worked as an ET nurse for many years on Sahlgrenska University Hospital and is one of those responsible for the Swedish ET education. Written a master on how ostomates patients learn to manage their lives. Has been active in WCET / ETNEP earlier and is internationally delegate for Sweden. Also included in the local group that has worked with the conference in Gothenburg.
CHRISTER HAMMARLUND
MD, PhD
Helsingborg Hospital, Sweden

Christer Hammarlund is a former diving medical officer in the Royal Swedish Navy and got his first contact with hyperbaric medicine in 1977. He graduated the same year from Lund University and became a specialist in anaesthesiology in 1983. The same year he was offered a pressure chamber, left over during renovation of the diving&submarine rescue vessel HMS Belos. With help of this chamber he founded the Hyperbaric Unit, at Helsingborg Hospital. Dr Hammarlund has been head of this department since 1983, and he has been a lead for a lot of patient treatments and medical research, within hyperbaric medicine. He defended his thesis: "Hyperbaric Oxygenation and Wound Repair. Effects on the Dermal Microcirculation" in 1995. Most of his research is dealing with wound healing. He is also co-author in the Textbook of Kindwall and Whelan – "Hyperbaric Medicine Practice". The latest randomized double-blind study was published in Diabetes Care, 2010 (Magnus Löndahl, Per Katzman, Anders Nilsson and Christer Hammarlund. Hyperbaric Oxygen Therapy Facilitates Healing of Chronic foot ulcers in Patients with Diabetes). Beside the interests in diving and hyperbaric medicine he likes hunting (deer and bear) as well as driving old English cars – particularly Jaguars. He lives north of Helsingborg in the countryside together with wife, horses, cats and dogs.

KARIN HASSEL
SPECIALIST ONCOLOGY NURSE
Kirurgmottagning Skaraborgs sjukhus Skövde, Sweden

I graduated as a nurse 2005 and have been working mainly with surgery patients at a surgery ward. 2006 i started working in a surgery unit as a contact nurse for cancer patients . Graduated May 2014 as a special oncology nurse.

GUSTAF HERLENIUS
MD, PhD, FEBS
Sahlgrenska University Hospital, Sweden

Dr. Gustaf Herlenius MD. Ph.D. FEBS was born and raised in México City where he completed his medical and surgical training. He completed a surgical fellowship in liver transplantation at Huddinge University Hospital at the Karolinska Institute in Stockholm between 1995-1998 pursuing and completing thereafter a surgical Fellowship in intestinal and liver transplantation at the University of Nebraska Medical Center in Omaha, USA. Upon his return to Sweden, he was recruited in 2000 to head the intestinal and multivisceral transplant program at Sahlgrenska University Hospital, which currently is the only intestinal transplantation program in the Nordic countries offering the full array of procedures from isolated intestinal transplantation to multivisceral procedures. Dr. Herlenius research focuses mainly on long-term outcome after transplantation of the liver, intestine and multivisceral grafts. His thesis is entitled "Renal function after the transplantation of the liver and intestine" (2010).

HAIBE HUSSEIN
Coordinator, Health advisers in Stockholm County Council
Stockholm County Council, Sweden

As the Coordinator of the health communications professionals in Stockholm County Council my main task is to, through health communication, promote health and prevent ill-health among immigrant populations in Stockholm region, with specific focus to newly arrived immigrant. Through years of communication and dialogue with immigrants about their general health needs ; expectation, difficulties in seeking and getting care, perception of Swedish health care systems and cultural aspects of care giving and taking-I gained great deal of experience in health promotion with regard to immigrants. Prior to my work current work i as a senior labour market officer. Areas of interest: immigrant health, culture and communication, health promotion

SILVANA HÄGGQVIST
RN urotherapist
Kolorectal lab, Sahlgrenska University Hospital, Östra, Sweden

Works since long time at Sahlgrenska University Hospital, Östra in the surgery department, coordinating The Incontinence center for outdoor patients having intestinal disorders; feacal incontinence, constipation and emptying difficulties. It is a specialist center with a multidisciplinary program for diagnosis and treatment, mainly run by nurses - a teamwork with colorectologist, physiotherapist, dietician and sexual adviser.

SUZANNE JOHANSSON
M.D. Sahlgrenska University Hospital, Sweden

LOUIS BANKA JOHNSON
Dr. Md PhD
University Hospital of Malmö - SUS, Sweden
Accredited Colorectal Surgeon
Member of the Swedish Surgical society
Member of the European Society of Coloproctology
Member of the Norwegian Medical Association
Member of the Ghana Medical Association
Postgraduate Activities: Research in Colorectal cancer
Research in intestinal Typhoid complications
Research in Anal fistula and Incontinence
Tutor Medical School – University of Lund-SUS
Current position: Consultant Surgeon - Pelvic Floor Centre, University Hospital of Malmö – SUS

A culture that creates desire and energy

The seminar is about what we should do to develop an organizational culture where all individuals feel motivated and empowered to perform at their best. A culture that creates desire and energy. From a ghetto in Atlanta, Georgia, through the war in Iraq and eventually to a life as an internationally successful consultant, Manuel Knight has had a rougher life path than most prominent businessmen. A decade in the U.S. Armed Forces showed him the true meaning and value of teamwork and effective leadership. A degree in Psychology offered insights in human behavior and driving forces. Today Manuel holds seminars about the challenges of creating top performing teams, leaders and organizations. In 2012 Manuel received “Stora Talarpriset” with the jury’s motivation: “Manuel Knight is truly a world class speaker. With a warm heart and true engagement he shows the way to real change, great improvement and lasting success for people and organizations. A meeting with Manuel Knight is a wake-up call for our inner strengths and leaves a long lasting impression.”

KARL KODEDA
MD, PhD
Sahlgrenska University Hospital, Sweden
Karl Kodeda graduated from the Karolinska Institutet in Stockholm and has experience from surgical departments on four continents. He is a consultant colorectal surgeon at the Sahlgrenska University Hospital, Gothenburg, Sweden, where he joined the colorectal team in 2007. His clinical focus is on management of advanced or recurrent tumours of the colon and rectum. Cytoreductive surgery for peritoneal surface malignancies takes an increasing part of his operative time. His research is mainly clinically oriented on different oncological aspects and he encourages epidemiological research on the Swedish ColoRectal Cancer Registry, where he is responsible for the rectal part.

GABRIELE KROBOTH
MSc
Volkshilfe Steiermark, Austria
Gabriele Kroboth is a graduated Nurse and finished her ET Training 1986 in Duisburg, Germany. In 1987 she founded the first ET Training in Austria in Vienna. She is working in the field of Stoma, Continence and Woundcare since that time in different settings of nursing. She is author of different articles and co-author of to books. Since June 2013 is she the President of ECET.

GÖRAN KURLBERG
Associate Professor
Sahlgrenska University Hospital, Gothenburg, Sweden
Göran Kurlberg is an associate professor and consultant surgeon at the Sahlgrenska University Hospital/Ostra, Gothenburg. He went to medical school in Gothenburg and became an MD in 1977. Dr Kurlberg received his basic surgical training in various hospitals also abroad. In 1991 he joined the surgical team at the Sahlgrenska University Hospital, where he defended his Thesis on Small Bowel Transplantation. In addition to ordinary clinical work at a busy colorectal unit, he is holding a part time teaching position at the University. Dr Kurlberg’s main area of expertise is in Intestinal Failure, Functional Gastrointestinal Disorders, and Minimal Invasive Surgery.

ANNA LAURENIUS
PhD Dietician
Sweden
Anna has more than 30 years’ experience of nutrition therapy at the Department of Surgery, Sahlgrenska University Hospital, including both upper and lower gastrointestinal surgery. Primary research: changes in diet and nutrient intake, nutritional status, food choices, eating behavior and meal-related symptoms after gastric bypass. Anna is a member of the steering committee for the quality registry “Scandinavian Obesity Surgery Registry” www.ucr.uu.se/soreg and a member of the scientific council of the Swedish association of clinical dieticians.

PERJOHAN LINDFORS
MD PhD Gastroenterologist
Aleris Sabbatsbergs Hospital Stockholm, Sweden
Perjohan Lindfors is specialized in internal medicine and gastroenterology. His clinical work has mostly been dedicated to functional GI-disorders. Since 2008 he has developed an out-patient GI units with focus on functional GI-disorders where he and his collegues’ work in close collaboration with psychologists, also employed at the unit. His scientific work is mainly in the field of “psychological treatment in IBS”. In 2012 he defended his thesis concerning hypnotherapy as treatment in IBS.
To acquire understanding of the biological principles of cancer a one year tenure was spent in surgical oncology labs at Harvard Medical School. This was followed by combining surgical residency and further research focusing on pancreatic cancer. A PhD was earned in 2013. The clinical focus is now the treatment of advanced colorectal cancer, particularly peritoneal carcinomatosis.

EMELI MAGNUSSON
RN
Helsingborg Hospital, Sweden

PÄR MYRELID
Consultant Surgeon
Linköping University Hospital, Dept of Surgery, Sweden

Graduated from Medical school at the Karolinska Institute, Stockholm, Sweden 1996
Internship in Köping, Sweden 1996-1977
Surgical resident in Linköping, Sweden 1997-2003
Faculty Surgeon in Linköping 2004-2009
PhD thesis on surgery in Crohn's disease 2009, Linköping University, Sweden
Head of Colorectal Surgery since 2009

SUSANNE PAULSSON
RN, ET
Kolorectal unit Sahlgrenska University Hospital, Sweden

She works at the kolorectal unit at Östra Hospital, Gothenburg since 1998. Became stomacare nurse 2008 and since then works at the kolorectal tab there she mostly meet patients with fecal incontinence and IBD.

GREG PAULL
Publisher
Cambridge Media, Australia

Greg Paull is the publisher for Cambridge Media’s publishing division - Cambridge Publishing. The WCET Journal has been published by Cambridge Publishing for over 30 years, with Greg being personally involved with it since 1996.

RALPH PEEKER
Professor Urology
Sahlgrenska University Hospital, Sweden

Ralph Peeker is currently Professor and Senior Consultant in the Department of Urology, at the Sahlgrenska University Hospital in Gothenburg, Sweden. His main clinical and scientific interests are in the areas of neurourology, reconstructive surgery, iatrogenic trauma, benign prostatic hyperplasia and inflammatory conditions of the urinary tract. Prof. Peeker is responsible for urological training, for graduates as well as undergraduates, at Sahlgrenska University Hospital and for students of the Sahlgrenska Academy at the University of Gothenburg.

ANGIE PERRIN
RGN, MSc, BSc Hons, Dip N (Lond), ENB 216, ENB 931
Clinical Lead, R&D - United Kingdom

Angie Perrin qualified in 1990 initially worked within a surgical setting, then progressed into the specialist sphere of stoma care and colorectal nursing. She worked as Lead Nurse for Stoma and Colorectal cancer nursing services from 2002 in one of the largest UK teaching hospitals. Angie decided to enhance her professional development academically by acquiring an MSc Nurse Practitioner, which provided the foundations onto which she developed the first Nurse-led clinic ileo-anal pouch clinic in the country to offer nurse assessment and investigation. She led policy development and implemented change at a local, national and international level within stoma care. Angie was the UK Chairperson of WCET from 2003-2007 and dramatically raised the profile of this professional organisation for stoma care nursing. Angie departed the NHS in June 2012 to pursue her enthusiasm for R & D by commencing a new, unique role for Salts Healthcare as the Clinical Lead.

EVA PERSSON
RN, PhD, Associate professor, Senior lecturer
Department of Health Sciences, Lund University, Sweden

Eva Persson is a RN, PhD, associate professor and a senior lecturer at Department of Health Sciences, Lund University. Eva has worked as an ET nurse for many years and most of her research is about persons with an ostomy and their relatives. She has written several chapters in textbooks on patients operated for intestinal disorders and is also the editor of a book on the subject. Eva has previously been active in the WCET, both as Sweden’s international delegate and as a member of the Education Committee. She has also been active in the Swedish national ostomy section.
Charlotta Petersén
RN ET
Sahlgrenska University Hospital/Östra, Sweden

Charlotta Petersén is one of the members in the local committee of WCET in Gothenburg 2014. She has been working as a nurse in the Colorectal Unit for about seventeen years and became a stomacare nurse in 2008. She is working at the Stomacare Unit at Sahlgrenska University Hospital in Gothenburg.

Caroline Redmond
Clinical director - United Kingdom

Caroline trained in London and gained post registration experience in Surgical Urology and Gastroenterology in London and Edinburgh. She gained her specialist qualification in 1979 and established the Stoma Care Service in Edinburgh. She moved to London and continued in Specialist practice for a further 10 years. Caroline moved into Salts Health Care Limited management in 1992 and became Clinical Director in 1998, an ever changing and expanding role: Responding to UK Government Consultations, Training and Education, Research and Development, Marketing and Export. The Research has been published and presented at International, European and UK conferences.

Anders Rosemar
MD, PhD, Head of the Emergency and Abdominal Wall Surgery Dep.
Sahlgrenska University Hospital / Östra Hospital, Sweden

Anders Rosemar has a PhD in surgery at the Sahlgrenska Academy, is accredited colorectal surgeon and interested in training of future surgeons. He is working with emergency and abdominal wall surgery and is Head of that Department. In collaboration with the anesthesiologists and doctors of infectious diseases at the Sahlgrenska University Hospital/Östra Hospital his team is dealing with serious soft tissue infections. Participating in an EU-funded multicenter study, INFECT, whose goal is to increase understanding of the mechanisms underlying highly lethal soft tissue infections, increase opportunities for early diagnosis and improve prognosis. He is profoundly advocating patient centered care.

Magnus Simrén
Professor
University of Gothenburg, Sweden

Magnus Simrén is Professor of Gastroenterology at the University of Gothenburg, and Consultant at the Department of Internal Medicine, Sahlgrenska University Hospital, Gothenburg, Sweden. His main research areas are the pathogenesis and pathophysiology of functional GI disorders in general and irritable bowel syndrome (IBS) in particular, as well as the treatment of these.

Frida Smith
Specialist Nurse
Sahlgrenska University Hospital/Östra, Sweden

I am a specialist nurse who have worked with both in- and outclinic patients with colorectal cancer. As a PhD-student, I am interested in how to better prepare patients before and after colorectal cancer surgery. My particular field of interest is in combining written information with better person centered consultations. I also try to work in collaboration with patients using action research methods in order to use their experience and tactic knowledge from the beginning when making changes in the care process.

Anita Solberg
MD, PhD, Senior Consultant Department of Surgery
Sahlgrenska University Hospital/Östra, Sweden

Marianne Starck
Surgical department, Skane University Hospital Malmö, Sweden

Born: March 2, 1947 in Copenhagen Denmark
I got my medical education in Copenhagen Denmark and I have since 1976 worked in Sweden. After specialising in General Surgery 1986 I began to work at Malmö University Hospital, Sweden and in 1996 I got the possibility to be responsible for the pelvic floor unit at the Surgical Department. Since 1996 Chief of the pelvic floor unit at the Surgical Department. Accredited as Coloanproctologist in 2001. PhD January 2004 in the subject: Endosonography of the anal sphincter in women with particular reference to obstetric sphincter tears.

Stine Störsrud
RD, PhD
Sahlgrenska University Hospital, Sweden

Stine Störsrud, registered dietitian and PhD in medicine (gastroenterology and clinical nutrition), has been working at the Department of Medicine, Gastroenterology and Hepatology and Clinical Nutrition since 2003, after defending her thesis “Oats in the gluten-free diet”: Her special interest is diet therapy in functional gastrointestinal diseases, among other gastrointestinal diseases. Since 2004 she has been involved in the development, implementation and evaluation of patient education in the management of patients with functional gastrointestinal diseases.
Karin Torell is a physiotherapist specialised in womens health at Sahlgrenska University Hospital/Ostra Hospital in Gothenburg, Sweden. She has worked with pregnant women for over 20 years and with incontinence for about 15 years. At first she worked in an outpatient setting with urine incontinence and now in a specialised team with focus on women with obstetrical sphincter ruptures, anal incontinence of various reasons, constipation and chronic pelvic pain. She is the secretary of the board of the Swedish Physiotherapy Organisation for Womens Health, and has initiated the National physiotherapy guidelines for obstetrical sphincter ruptures.


Deidre (Dee) Waugh
RN RM ET
South-Africa


Lecturer on the University of Free State Stomatherapy Programme.


Karen Zulkowski
DNS, RN, Associate professor of Nursing, USA, Publishing and Communications Chairperson WCET

I have been involved in wound care for many years. I have been a past board member of the National Pressure ulcer Advisory Panel and current am the representative to it from the World Council of Enterostomal Therapists (WCET). I am on the board of the WCET which is an international organization for wound, ostomy and continence issues. I am also on multiple editorial boards. In addition I consult with Mountain Pacific Quality Health in the Western US. In this capacity I provide education to rural facilities. Part of this program allows me to continue to do wound care with patients. I have seen how hard it is for people to come into a wound clinic or provider for treatment 2-3 times a week. I see rural patients and facilities that have no wound resources. For these reasons I became involved with this application development. Experts are needed in rural areas and use of mobile technology will allow this to happen. Patients and families will have a say in how much or how little they want done for treatment. The application proposed here will definitely improve care for people regardless of their geographic location.

Maria Öjmyr Johansson
RN, ET, PhD, Astrid Lindgren’s Hospital, Stockholm, Sweden

TOM ØRESLAND
Akershus University Hospital Norway
Medical degree from Karolinska Institutet, Stockholm. Basic surgical training in Karlskrona, Sweden

I have worked at the Coloectral Unit, Sahlgrenska University Hospital, Göteborg from 1991 to 2007. Associate Professor of Surgery 1991. Professor of GI surgery at the University of Oslo, Akershus University Hospital since 2007. Main interest in IBD and colorectal functional problems. Published mainly in pouch surgery and related problems.
PRESENTATION FORMATS

ORAL SESSIONS

Oral presentations are scheduled in 75 minutes to 105 minutes sessions. The sessions can be combined with a keynote or invited speaker and then followed by abstracts, only abstracts or only keynote/invited speakers and discussion. The chairs of the session are responsible for making sure sessions begin and end on time. Each person presenting an accepted abstract by the scientific committee will have 10 minutes for presentation including time for questions.

POSTER-ORAL SESSIONS

Besides given the opportunity of having the poster displayed in the poster exhibition (see information below) a poster-oral presentation will also include giving a short presentation in a meeting room. Each presenting author will here be given the possibility to prepare 1 or 2 power-point slides and a brief presentation of the main message of the poster, max. 3 min. The poster-oral session will have two appointed chairs to facilitate discussion among presenters and meeting participants, and to assist with time keeping. It is important that presenters stay within their allotted time.

The maximum size of your poster should be 90cm (width) x 120cm (height), portrait style.

POSTER SESSIONS

Each poster will be on display during the whole congress. As the presenter, you are asked to attend your board on Wednesday between 10.00-11.30. Posters will be at display in the poster area next to the main exhibit hall to elevate the posters’ visibility and to acknowledge the value of the science they contain. The display should summarize your research results using visuals such as tables, graphs, and pictures. The purpose is to facilitate one-on-one and small group discussions with colleagues.

The maximum size of your poster should be 90cm (width) x 120cm (height), portrait style.

Presenters are required to put up their posters from Sunday 15th at 12.00 but before Monday 16th at 10.30. Mounting material will be provided by the congress staff and each poster board will be marked by the poster number. Poster presenters are responsible for the removal of their materials from boards at the end of the congress. Remaining posters will be removed.

SPEAKER UPLOAD/_PREVIEW ROOM

The speaker upload/preview room is designed to enable you, as a speaker, to upload and check your presentation before giving the talk. The computers in the upload/preview room are identical to those in the auditoriums. All speakers must hand in their presentation preferable not later than three hours before the session begins. Even if you do not wish to use a computer presentation, we would ask you to inform one of the hosts/hostesses in the speaker upload/preview room. It is of the utmost importance that you check your material before presentation in order to minimize technical problems. For location see floor plan.

A number of tools are available for you as a delegate, to help you get the most out of this congress.
SCIENTIFIC INFORMATION AND TOOLS

FINAL PROGRAM

This printed Program book will guide you through the meeting. It also contains brief presentations of the keynote and invited speakers.

APP

The app consists of three main parts, scientific program, general information and the exhibition.

In the program you can find your way around either by browsing chronologically in the program overview, by sessions, by speakers or by abstracts. You can also search in the general free text search right at the top of the screen and the database will show search results divided by program, speaker, abstract, exhibitor or delegate. You will also get the latest newsflashes via the News.

“My program” - Under the program button you can mark interesting sessions or presentations with a star in order to build your personal itinerary directly in the app’s own meeting calendar which will be shown under ‘My program. To remove it from your calendar just tap the star again.

In order to build your own program you have to create a personal login, which consists of your e-mail address as username. We will not ever disclose your e-mail address to a third part.

“Poke” a participant - A list of participants is available where you can ‘poke’ a participant which you want to make contact with. Then it is up to the receiver of the ‘poke’ to respond or just ignore.

A similar function is connected to the List of exhibitors if you want to book a meeting in advance.

To download the app - In AppStore or Google Play search for ‘WCET2014’

The app is compatible with:
IOS version: iOS 4.3.5 and later
Android version: Android 2.2, 2.3, and 4.x

“MY PROGRAM” ON THE WEB

In addition to the app you can also build your program on the congress website and connect this to your app. A personal login which consists of your e-mail address is then necessary.
## Program Overview
### Sunday June 15

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<th>J1</th>
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<tr>
<td>10.30-12.00</td>
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<td>Registration from 12.00</td>
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<td>12.00-20.00</td>
<td>Workshop 1</td>
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<td>Workshop 3</td>
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<td>13.00-14.45</td>
<td>Ostomy - Peristomal skin disorders</td>
<td>Wound - Open wound and fistula management</td>
<td>Continence - Long-term effects of anal spincter trauma/ defect during childbirth - Investigation and treatment</td>
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<td>Keynote speakers; Elizabeth English, Calum Lyon</td>
<td>Keynote speaker; Nicci Ohlson</td>
<td>Keynote speaker; Dee Waugh</td>
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<td>Keynote speaker; Christine Norton</td>
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<td>Invited speakers; Marianne Stark, Tom Bresland, Karin Torell</td>
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<td>15.00-16.30</td>
<td>International delegate meeting &amp; Practice of parade of nations</td>
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<td>17.00-18.15</td>
<td>Welcome ceremony</td>
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<td>Welcome-congress convener Eva Carlsson</td>
<td>Welcome from First Deputy lord Mayor Prof Nils G.Kock Honorary Lecture</td>
<td>Keynote speaker; Bertil Philipson</td>
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<td>Music and projections Opening of the Trade exhibition</td>
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<tr>
<td>18.15-20.30</td>
<td>Welcome reception</td>
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- **OSTOMY**
- **WOUND**
- **CONTINENCE**
- **PEDIATRIC**
- **COMPANY SYMPOSIUM**
- **PROFESSIONAL PRACTICE**
- **OTHER**
- **SOCIAL AND CEREMONIES**
**MONDAY JUNE 16**

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<tr>
<th>Time</th>
<th>CONGRESS HALL</th>
<th>G1/G2</th>
<th>G3</th>
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<tr>
<td>07.00-08.15</td>
<td>Breakfast company symposium/Dansac</td>
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| 08.30-11.00| OPENING CEREMONY  
Welcome - Eva Carlsson and Louise Forest Lalande  
Norma N. Gill-Thompson  
Honorary Lecture  
Keynote; Elizabeth English  
IOA President Barry Maughan  
Inspiration lecture  
“Free your performance”  
Invited speaker: Manuel Knight  
Parade of nations  
Chair; Dee Waugh |
| 11.00-11.45| COFFEE BREAK IN THE EXHIBITION AREA |
| 11.45-13.15| PERISTOMAL SKIN DISORDERS  
Peristomal skin disorders in general, botox treatment and Cryotherapy treatment in stoma care  
Keynote speaker; Calum Lyon  
Abstract O-01 – O-02 |
| 13.15-14.30| LUNCH IN EXHIBITION HALL |
| 14.30-16.15| PARASTOMAL HERNIA  
Invited speaker; Eva Angenete  
Nursing interventions regarding parastomal herniation - What are we doing?  
Invited speaker; Carolyn Redmond  
Abstract O-03  
Innovation In Practice: The colorectal support worker  
Invited speaker; Pat Black  
Abstract O-04 – O-05 |
| 16.15-16.45| COFFEE BREAK IN THE EXHIBITION AREA |
| 16.45-18.00| Company symposium Coloplast |
| 19.00-23.00| Midsummer evening Trädgärn |
### Tuesday June 17

<table>
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<tr>
<th>Time</th>
<th>CONGRESS HALL</th>
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<td><strong>07.00-08.15</strong></td>
<td>Breakfast company symposium Convatec</td>
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<td><strong>08.30-10.00</strong></td>
<td>INTESTINAL TRANSPLANTATION The changing face of intestinal transplantation Invited speaker; Gustav Herlenius Small bowel transplantation with a unique twist Invited speaker; Simon Turley</td>
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<td>BARIATRIC SURGERY Bariatric surgery - what are we doing, why are we doing it and where do we go from here? Invited speaker; Suzanne Johansson Patients' perspective on obesity surgery Invited speaker: My Engström Dietary intake, eating behaviour and meal related symptoms after gastric by pass surgery Invited speaker: Anna Laurenius</td>
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<td>WOUND INFECTION - DELAYED WOUND HEALING Antibiotics or antiseptics in wound management? Keynote presentation; Christina Lindholm Patients perspective of deep surgical site infections Invited speaker; Anette Erichsen Abstract W-014 – W-017</td>
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<td>CONSTIPATION AND PELVIC FLOOR DISORDERS From a surgical and gynecological perspective Invited speaker; Gisar Karlberg, Eva Dahlgren Abstract C-03 – C-04</td>
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<td>HOW TO WRITE A PAPER/ABSTRACT Invited speaker; Elizabeth Ayello, Greg Paul Ostomy and fistulas Abstract O-06 – O-010</td>
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<td><strong>10.00-10.45</strong></td>
<td>COFFEE BREAK IN THE EXHIBITION AREA</td>
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<td><strong>10.45-12.15</strong></td>
<td>FISTULA SESSION SNAP - How to treat enterocutaneous fistulas Invited speaker; Par Myrelid The fistulous abdomen - A South African perspective Keynote speaker; Nicci Olhson Nutritional aspects in fistula treatment Invited speaker; Ingvar Bosaeus</td>
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<td>NECROTISING FASCIITIS - DIFFERENT WOUNDS Necrotizing Soft Tissue Infections Invited speaker; Anders Rosemar Abstract W-018 – W-022</td>
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<td>COMPLICATIONS AFTER PELVIC RADIOThERAPY ON FEMALE CANCER SURVIVORS Invited speaker; Gail Dunberger</td>
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<td>RELATIONS AND PROFESSIONAL ROLE Living with a person after colorectal surgery and an ostomy Invited speaker; Eva Persson Abstract 0-011 – 0-012</td>
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<td></td>
<td>The aspects of consulting, training and continuous accessibility in stoma therapy are important for the stoma patient Invited speaker; Gabriele Kroboth Abstract O-013 – O-015</td>
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# TUESDAY JUNE 17

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<th>Time</th>
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<tr>
<td>12.15-13.30</td>
<td>LUNCH IN THE EXHIBITION AREA</td>
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<td>13.30-15.00</td>
<td>OSTOMY GUIDELINES, DATABASE AND RESEARCH International Ostomy Guidelines Invited speaker; Karen Zułkowski Ostomy data base Invited speakers; Anne-Marie Frandsen /Trine Bolette Borglit /Liz Balleby Abstract O-016a – O-016b</td>
<td>NEGATIVE PRESSURE WOUND THERAPY NPWT and abdominal surgery Invited speaker; Thordur Bjarnason Abstract W-023 – W-025</td>
<td>IBD - OSTOMY AND CONTINENT &amp; ILEOANAL POUCH Invited speaker; Anna Solberg, Mattias Block Important aspects of Nurse-led follow up for patients with an ileo-anal pouch Invited speaker; Angie Perrin Abstract O-017 An ileostomy operation - How does it work practically with two forearm prostheses? Invited speaker; Anne-Marie Hallén</td>
<td>IRRITABLE BOWEL SYNDROME (IBS) Treatment alternatives for patients with IBS Invited speaker; Magnus Simrén Patient education in the management of patients with functional gastrointestinal diseases Invited speaker; Stine Störsrud ABC on diverticulitis Invited speaker; Pamela Buchwald, Sweden Diverticulitis and Complications Invited speaker; Eva Haglind</td>
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<td>15.00-15.30</td>
<td>COFFEE BREAK IN THE EXHIBITION AREA</td>
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<td>15.30-16.45</td>
<td>SEXUAL HEALTH - PERMISSION TO TALK ABOUT SEX Invited speaker; Lars-Gösta Dahlöf COMMUNICATION AND CULTURAL DIVERSITY IN SWEDISH HEALTH CARE Invited speaker; Habie Hussein</td>
<td>LOOPILESTOMY - AND IT´S COMPLICATIONS Invited speaker; Eva Angenete Care program high-output ostomies Invited speaker; Emel Magnusson Abstract O-018</td>
<td>PATIENT AND STAFF EDUCATION Patient education for patients with a stoma Invited speaker; Anne K. Danielsen A different approach to patient education material - preparing for elective colorectal cancer surgery Invited speaker; Frida Smith Abstract O-019 – O-020</td>
<td>FOLLOW-UP – OSTOMY Abstract O-021 – O-027</td>
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<tr>
<td>17.00-19.30</td>
<td>WCET GENERAL MEETING</td>
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<td>07.00-08.15</td>
<td><strong>SACRAL NERVE STIMULATION - DIAGNOSIS RESULTS</strong>&lt;br&gt;<strong>CLINICAL DISCUSSION</strong>&lt;br&gt;Keynote speaker; Steen Buntzen</td>
<td><strong>UROLOGY - GYNECOLOGY - PAEDIATRIC</strong>&lt;br&gt;Continent vesicostoma&lt;br&gt;Invited speaker; Ralph Peker&lt;br&gt;Abstract O-030</td>
<td><strong>INTESTINAL FAILURE</strong>&lt;br&gt;Intestinal failure and nutrition&lt;br&gt;Invited speaker; Ingvar Bosaeus</td>
<td><strong>Breakfast company symposium Hollister</strong></td>
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<td><strong>Bio-feed back</strong>&lt;br&gt;Keynote speaker; Christine Norton</td>
<td><strong>Gynaecological cancers and stoma</strong>&lt;br&gt;Invited speaker; Pernilla Dahm-Kähler</td>
<td><strong>Intestinal failure and surgical options</strong>&lt;br&gt;Invited speaker; Göran Kurlberg</td>
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<td>08.30-10.00</td>
<td><strong>PROJECTS AROUND THE WORLD</strong>&lt;br&gt;Care for women with severe damage during delivery - report&lt;br&gt;Fistula Hospital in Addis Ababa&lt;br&gt;Invited speaker; Maria Gyhagen</td>
<td><strong>PAEDIATRIC - OSTOMY - CONTINENCE</strong>&lt;br&gt;Advances in surgery regarding congenital malformation leading to a urostomy or incontinence&lt;br&gt;Keynote speaker; Gundela Holmdahl</td>
<td><strong>OSTOMY - QUALITY OF LIFE</strong>&lt;br&gt;Abstract O-031 – O-037</td>
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<td><strong>The Ghana project, Surgical management of Typhoid perforation</strong>&lt;br&gt;Invited speakers; Anna Forsblom/Kirsten Dahl</td>
<td><strong>Important aspects when caring for children and teenagers with a stoma.</strong>&lt;br&gt;Invited speaker; Louise Forest Lalande WCET president&lt;br&gt;Abstract P-01 – P-04</td>
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<td><strong>The Tanzanian project</strong>&lt;br&gt;Invited speaker; Carmen George</td>
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<td>10.00-11.30</td>
<td><strong>COFFEBREAK IN THE EXHIBITION AREA</strong></td>
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<td><strong>ORAL POSTER PRESENTATIONS</strong>&lt;br&gt;(10.30-11.15)&lt;br&gt;Abstract P01–P09&lt;br&gt;Chairs; Eva Persson &amp; Silva Flemark</td>
<td><strong>Company Symposium B Braun</strong>&lt;br&gt;(10.15-11.30)</td>
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<td>11.30-13.00</td>
<td><strong>INTESTINAL FAILURE</strong>&lt;br&gt;Intestinal failure and nutrition&lt;br&gt;Invited speaker; Ingvar Bosaeus</td>
<td><strong>WOUND TREATMENT AND EDUCATION</strong>&lt;br&gt;Well-being for the patient in wound management&lt;br&gt;Invited speaker; Keryln Carville&lt;br&gt;Abstract W-026 – W-031</td>
<td><strong>OSTOMY COMPLICATIONS</strong>&lt;br&gt;Surgical ostomy complications from a surgeons perspective&lt;br&gt;Invited speaker; Hans Brøvinge</td>
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<td><strong>INCONTINENCE CLINIC - INVESTIGATION AND TREATMENT</strong>&lt;br&gt;National physiotherapy guidelines for obstetrical sphincter ruptures&lt;br&gt;Keynote speaker; Steen Buntzen&lt;br&gt;Invited speaker; Silvana Häggqvist, Susanne Paulsson, Karin Torell&lt;br&gt;Abstract C-07</td>
<td><strong>How to diagnose and treat surgical ostomy complications on a daily basis as an ET nurse</strong>&lt;br&gt;Keynote speaker; Elizabeth English&lt;br&gt;Abstract O-038 – O-040</td>
<td><strong>Psychological treatment in IBS</strong>&lt;br&gt;Invited speaker; Per-Johan Lindfors</td>
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<td><strong>Living with intestinal failure and Quality of life</strong>&lt;br&gt;Invited speaker; Eva Carlsson&lt;br&gt;Abstract O-026 – O-027</td>
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<td>13.00-14.00</td>
<td><strong>LUNCH IN THE EXHIBITION AREA</strong></td>
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<td><strong>OSTOMY - QUALITY OF LIFE</strong>&lt;br&gt;Abstract O-031 – O-037</td>
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<td>14.00-15.30</td>
<td><strong>OSTOMY COMPLICATIONS</strong>&lt;br&gt;Surgical ostomy complications from a surgeons perspective&lt;br&gt;Invited speaker; Hans Brøvinge</td>
<td><strong>WOUND TREATMENT AND EDUCATION</strong>&lt;br&gt;Well-being for the patient in wound management&lt;br&gt;Invited speaker; Keryln Carville&lt;br&gt;Abstract W-026 – W-031</td>
<td><strong>INCONTINENCE CLINIC - INVESTIGATION AND TREATMENT</strong>&lt;br&gt;National physiotherapy guidelines for obstetrical sphincter ruptures&lt;br&gt;Keynote speaker; Steen Buntzen&lt;br&gt;Invited speaker; Silvana Häggqvist, Susanne Paulsson, Karin Torell&lt;br&gt;Abstract C-07</td>
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### Wednesday June 18

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| 16.00-17.30| No session because of congress dinner | Colorectal Cancer  
Locally recurrent rectal cancer  
Invited speaker; Karl Kodeda  
Contact nurses for patients with colorectal cancer - experiences and development  
Invited speaker; Frida Smith  
Hypothermic intraperitoneal chemotherapy in advanced cancer  
Invited speaker; David Ljungman  
Abstract O-041 – O-042 | Management of Wounds  
Traumatic wounds  
Keynote speaker; Nicci Ohlson  
Management of wound exudates  
Invited speaker; Silva Flemark  
Abstract W-032 – W-034 | How is an Ostomy Problem Solved in Five Continents  
Professional Development in Kenya and Nepal  
Chair: Carmen George  
Invited panel: Susan Stelton, Michelle Lee, Monica Franck, Carol Ann Stott, Lis Balleby  
Abstract 0-043 – 0-045 |
| 19.00-01.00| Congress Dinner | | | |

### Thursday June 19

<table>
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<th>Time</th>
<th>Congress Hall</th>
<th>COFFEE BREAK IN THE EXHIBITION AREA</th>
<th>THEATRE PLAY - I’M NOT THAT KIND OF PERSON</th>
<th>CLOSING CEREMONY</th>
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| 08.30-10.15| The perfect stoma from a colorectal surgeon, ET nurse and patients’ perspective  
Invited speakers; Hans Brevinge/Eva Carlsson/Local organising committee  
Your chance to ask questions to experts from around the world  
Panel discussion Ostomy, Wound, Continence  
Surgeon ET nurses and others | | Hilde Hannah-Buvik | Main speaker; Eva Carlsson and WCET president  
Awards & certificates to WCET ETNEP/REP  
Vera Santos, Brazil  
2016 WCET congress promotion – South Africa  
Closing Address by WCET President and Congress Convenor |
| 10.15-11.00| | | | |
| 11.00-11.45| | | Theatre Play - I’m Not That Kind of Person  
Hilde Hannah-Buvik | |
| 11.45-12.30| | | | |

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SUNDAY JUNE 15

09.00-13.00  WCET Committee meetings
12.00-20.00  Registration open

13.00-14.45  Workshop 1 - Ostomy - Peristomal skin disorders  J1
Chair: Eva Persson, Sweden
Co-chair: Eva Bengtsson, Sweden

Keynote speaker: Elizabeth English, Australia
Keynote speaker: Calum Lyon, UK

13.00-14.45  Workshop 2 - Wound  J2
Chair: Silva Flemark, Sweden
Co-chair: Kristina Karlsson, Sweden

Open wound and fistula management
Keynote speaker: Nicci Ohlson, South Africa
Invited speaker: Dee Waugh, South Africa

13.00-14.45  Workshop 3 - Continence  R2
Chair: Silvana Häggqvist, Sweden
Co-chair: Mari Dahlberg, Sweden

Long-Terms effects of anal sphincter trauma/defects during childbirth - Investigation and treatment
Keynote speaker: Christine Norton, UK
Invited speakers: Marianne Starck, Sweden, Tom Øresland, Norway, Karin Torell, Sweden

15.00-16.30  International delegate meeting & Practice of parade of nations  Congress Hall

17.00-18.15  Welcome Ceremony  Congress Hall
Chair: Eva Carlsson, Sweden

- Welcome from the congress convenor – Eva Carlsson
- Welcome from the First Deputy Lord Mayor – Elisabet Rothenberg, the City of Gothenburg and the Deputy Chairman of the Regional Council Joakim Larsson, Region Västra Götaland
- Prof Nils G. Kock Honorary Lecture – Bertil Philipson Sweden-Australia- keynote speaker
- Entertainment “Music and projections” Created and performed by Johan Andersson, Anna Eklund, Marcus Eklund, Lisa Jacobsson, Pontus Johansson, Maria Onelius and Christian Petersén
- Opening of the Trade exhibition

18.15-20.30  Welcome Reception  Exhibition area
Title: Peristomal skin under pressure – What are the effects on patient Quality of Life?

Although the relationship between contact with stoma output and peristomal skin irritation is well established, there is little information about how peristomal skin irritation affects the life of the person living with a stoma.

During the Dansac Breakfast Symposium we will explore and review:
- New findings on peristomal skin irritation
- Effects on social functioning, life satisfaction and the economic burden on society
- Examples of physiological and psychological effects of skin under pressure

We will also present case stories that outline the importance of in-depth knowledge of risk assessment and a holistic patient approach.

Speakers:
- Dr Calum Lyon, MA FRCP, Dermatologist and Clinical Lecturer, Salford Royal Hospital & York Hospital, UK.
- Thomas Nichols, MS MBA, Biostatistician and Research Fellow, Statistics and Health Economics, Hollister Incorporated, USA.

08.30-11.00 Opening Ceremony
Chair: Eva Carlsson
Congress Hall

- Welcome Eva Carlson, congress convenor
- Welcome the WCET president Louise Forest-Lalande, Canada
- Norma N. Gill Thompson Honorary Lecture – Elisabeth English, Australia – keynote speaker
- IOA president Barry Maughan
- “Free your performance” – Manuel Knight, Sweden – invited speaker
- Parade of Nations – Dee Waugh, South Africa

11.00-11.45 Coffee break in the exhibition area

11.45-13.15 Peristomal skin disorders
Chair: Nicci Ohlson, South-Africa
Co-chair: Carin Innala, Sweden

11.45-12.45 Peristomal skin disorders in general + botox treatment and cryotherapy treatment in stoma care
Keynote speaker: Calum Lyon, UK

12.45-12.55 OSMOSE Study: Multinational Evaluation Of The Peristomal Condition In Ostomates Using Moldable Skin Barrier*
Urszula SolecZak:
Teaching Hospital no 2, Medical University of Poznan, Surgery, Poznan, Poland;

12.55-13.05 TACXS: Study Concerning The Alterations Treatment Of Peristomal Skin
Maria Russo:
ASU SAN LUIGI GONZAGA, Urologi, Orbassano, Italy

07.00-08.15 Breakfast Company symposium - Dansac
F4/5
11.45-12.05 Incidence, prevention and treatment of pressure ulcers
Invited speaker: Elizabeth Ayello USA

12.05-12.15 The Effect Of Siriraj Prevention Pressure Ulcer Guideline
Yuwadee Ketsumpun
Siriraj Hospital, Nursing Department, Bangkok, Tanzania

12.15-12.25 Effects Of A Pressure Ulcer Prevention Protocol On Nurses’ Performance During ICU Patients’ Bed Bath
Maria H Caliri
University of Sao Paulo, College of Nursing, Ribeirão Preto, Brazil

12.25-12.35 The multicenter pressure ulcer prevalence survey in China: a pilot study
Qixia Jiang
Nanjing Jinling Hospital, Wound Care Center, Nanjing, China

12.35-12.45 Evaluating Pressure Ulcer Prevention In The Emergency Department: An Evidence-Based System Change Quality Improvement Project
Michael Willis
Beth Israel Medical Center, Brooklyn, New York, USA

12.45-12.55 Prevalence Of Surgical Desbridement Related To The Pressure Ulcer (PU) In A Municipal General Hospital Of Teresina -- Piauí (Brazil)
Sandra Marina Gonçalves Bezerra
Universidade Estadual do Piauí, Nurse, Teresina-Pi, Brazil

12.55-13.05 The Determination Of The Prevalence Of Pressure Ulcers And Nursing Interventions For The Prevention Of Pressure Ulcers At A University Hospital
Ayiþe Karadag
Gazi University, Faculty of Health Science, Nursing Department, Ankara, Turkey

11.45-12.05 General faecal incontinence
Invited speaker: Tom Øresland, Norway

12.05-12.45 Conservative general treatments for incontinence and latest development
Keynote speaker: Christine Norton, UK

12.45-12.55 Conservative Treatment For Faecal Incontinence In Nurse Led Clinic
Gitte Boeje
Aarhus Universitetshospital, Analfysiologisk Clinic, Aarhus C, Denmark

12.55-13.05 Promoting quality continence care through research, collaboration and advocacy
Beatrice Razor
Razor Collaborative Nursing Services, N/A, Carson City, Nevada, USA
<table>
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<tr>
<th>Time</th>
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<tr>
<td>13.15-14.30</td>
<td>Lunch in the exhibition area</td>
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<tr>
<td>13.15-14.30</td>
<td>ETNEP/REP Directors Meeting</td>
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<tr>
<td>14.30-16.15</td>
<td><strong>Parastomal Hernia – Professional Practice</strong></td>
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<td>Chair: Eva Persson, Sweden</td>
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<td>Co-chair: Katarina Svensson, Sweden</td>
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<tr>
<td>14.30-15.00</td>
<td><strong>Parastomal hernia</strong></td>
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<td>Invited speaker: Eva Angenete, Sweden</td>
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<td>15.00-15.20</td>
<td><strong>Nursing interventions regarding Parastomal Herniation - What are we doing?</strong></td>
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<td>Invited speaker: Caroline Redmond, UK</td>
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<tr>
<td>15.20-15.30</td>
<td><strong>Stoma Care Challenges: Assisting People To Care For Their Stoma And Parastomal Hernia</strong></td>
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<td></td>
<td>Linda Readding</td>
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<td>Dansac UK, Holmfirth, UK</td>
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<tr>
<td>15.30-16.00</td>
<td><strong>Professional practice</strong></td>
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<td>Invited speaker: Pat Black, UK</td>
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<td>15.30-15.50</td>
<td><strong>The Colorectal Support Worker</strong></td>
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<td>Pat Black</td>
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<td>The Hillingdon Hospital, Coloproctology, Uxbridge, UK</td>
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<tr>
<td>15.50-16.00</td>
<td><strong>Caring For The Stoma Patient With Dementia Or Learning Difficulties</strong></td>
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<td>Pat Black</td>
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<td>The Hillingdon Hospital, Coloproctology, Uxbridge, UK</td>
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<td>14.30-15.00</td>
<td>Wound care from an historical view and complementary wound management</td>
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<td>15.00-15.10</td>
<td>Validation Of A Guide Of Care Of Patients With Epidermolysis Bullosa For Caregivers</td>
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<td>15.10-15.20</td>
<td>Radiation-induced Dermatitis Grade Four Management With Far Infrared Radiation</td>
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<td>15.20-15.30</td>
<td>Interdisciplinary Challenges In The Treatment Of Ulcer Martorell: Case Report</td>
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<td>15.30-15.40</td>
<td>Treatment Strategies For A Wagner Grade IV Diabetic Foot Ulcer: A Case Report</td>
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<tr>
<td>15.40-16.00</td>
<td>Short-Term Outcomes Of Burn Patients Requiring Management In Intensive Care Unit</td>
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<td>15.50-16.00</td>
<td>Ferrans And Powers Quality Of Life Index -- Wound Version: A Study About Responsiveness</td>
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<tr>
<td>14.30-16.15</td>
<td>Alternative methods in faecal incontinence – Adult and Paediatric</td>
<td>Chair: Tom Øresland, Norway</td>
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<tr>
<td>15.00-15.30</td>
<td>Speaker to be announced</td>
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<tr>
<td>15.30-16.00</td>
<td>Children with myelomeningocele (MMC) focusing on bowel and bladder dysfunction</td>
<td>Invited speaker: Magdalena Vu Ming Arnell, Sweden</td>
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<tr>
<td>16.15-16.45</td>
<td>Coffee break in the exhibition area</td>
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</table>
Title: From patient to person

The meeting between health care professional and patient is undergoing a change: Global trends of seeking a more holistic approach towards patients in the health care system has caused patients to increasingly expect to be treated as ‘complete persons’ rather than patients; they are less likely to accept authority unquestioned, more likely to do research on their own, more focused on their personal needs and preferences, and more demanding when it comes to meeting those preferences.

This profoundly influences the communication between nurse and patient. How can nurses evolve to better understand what is behind the sometimes seemingly irrational expectations of patients? And how can nurses approach these changes to better help the patients where they are?

The symposium “From patient to person” examines the changing nurse-patient dynamics from three different angles, with three different speakers offering unique perspective on how the roles of nurses could evolve in the future.

 Speakers:
- Nicholai Reinseth; MA & MAGART. Partner MAGNETIX A/S (Copenhagen)
- Carsten Beck; Futurist, Danish Institute for Future Studies
- Claus Roager Olsen; International Coach and Speaker

19.00-23.00 Midsummer event at Trädgår´n
TUESDAY JUNE 17

07.00-08.15  Breakfast Company Symposium - ConvaTec  F4/5

An educational symposium that will discuss the prevalence of peristomal skin complications and the burden it places on the patient and the healthcare system from a clinical perspective. Also discussed will be strategies for avoiding peristomal skin complications, with concrete ET nurse experiences, and helping to ease the transition from surgery to life as an ostomate.

**An Educational Symposium**

“50% of ostomates have skin complications, how can you help these patients?”

Moderator: Louise Forest Lalande, RN, M.Ed. ET, WCET President, Montreal Canada

1: Peristomal Skin Complications: Real challenges
Louise Forest Lalande, RN, M.Ed. ET, WCET President, Montreal, Canada

2: Why to go Moldable?
**Part I: ConvaTec Moldable™ Technology, the rationale**
Steve Bishop, Vice President Research and Development ConvaTec, Deeside, UK

**Part II: Clinical proven skin protection: Osmose Study**
Urszula Sobczak, RN, ET, Clinical Hospital of Poznan University of Medical Sciences, Poznań, Poland

3: Esteem + ConvaTec Moldable™ Technology: powerful protection testimonials
Patricia Ferrero, RN, ET, Clinica Sanatorio Virgen del Mar, Madrid, Spain
Danila Maculotti, IP, ET, Ostomy Center Fondazione Poliambulanza Hospital, Brescia, Italy

Discussion & Conclusion

08.30-10.00  Intestinal transplantation and Bariatric Surgery  Congress Hall

Chair: Frida Smith, Sweden
Co-chair: Monica Pettersson, Sweden

08.30-08.55  The changing face of intestinal transplantation
Invited speaker: Gustav Herlenius, Sweden

08.55-09.15  Small Bowel Transplantation with a Unique Twist
Invited speaker: Simon Turley, UK

09.15-09.30  Bariatric surgery - what are we doing, why are we doing it and where do we go from here?
Invited speaker: Suzanne Johansson, Sweden

09.30-09.45  Patients’ perspective on obesity surgery
Invited speaker: My Engström, Sweden

09.45-10.00  Dietary intake, eating behaviour and meal related symptoms after gastric bypass surgery
Invited speaker: Anna Laurenius, Sweden
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<tr>
<th>Time</th>
<th>Topic</th>
<th>Speaker/Institution</th>
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</table>
| 08.30-10.00 | **Wound infection – delayed wound healing**          | Chair: Keryln Carville, Australia  
Co-chair: Anna Persson, Sweden                                      |
| 08.30-09.00 | **Antibiotics or antiseptics in wound management?**  | Keynot speaker: Christina Lindholm, Sweden                                           |
| 09.00-09.15 | **Patients perspective of deep surgical site infections** | Invited speaker: Anette Erichsen, Sweden                                            |
| 09.15-09.25 | **Predictors Of Quality Of Life Of People With Chronic Wounds** | See Hee Park Kim, Oswaldo Cruz German Hospital, São Paulo, Brazil                   |
| 09.25-09.35 | **International Skin Tear Advisory Panel: Introducing a validated Skin Tear Classification System and Skin Tear Tool Kit** | Kimberly LeBlanc, KDS Professional Consulting, Enterostomal Therapy, Ottawa, Canada  |
| 09.35-09.45 | **Conservative Sharp Wound Debridement: Sharpening Your Knowledge And Skills** | Karen Bruton, Northumberland Hills Hospital, Professional Practice, Cobourg, Canada   |
| 09.45-09.55 | **Comparative Study Of The Quality Of Life Between People With Vasculogenic Ulcers And The General Population** | Vera Lucia Conceição de Gouveia Santos, Universidade de São Paulo, Brazil            |
| 08.30-10.00 | **Constipation and pelvic floor disorders**          | Chair: Steen Buntzen, Denmark  
Co-chair: Christine Norton, UK                                                      |
| 08.30-09.10 | **From a surgical and gynecological perspective**    | Invited speaker: Göran Kurlberg, Sweden  
Invited speaker: Eva Dahlgren, Sweden                                               |
<p>| 09.10-09.20 | <strong>20 Years Experience With Appendicostomy And ACE</strong>  | Astrid Ingeborg Austrheim, Oslo University Hospital, Pediatric Surgery, Røyken, Norway |
| 09.20-09.30 | <strong>Long-Term Outcome Of Transanal Irrigation For Children With Spina Bifida</strong> | Eun Kyoung Choi, Severance Children's Hospital, Yonsei University Health System, Pediatric Urology, Seoul, Republic of Korea |
| 09.30-09.50 | <strong>Ventral rectopexy</strong>                               | Invited speaker: Antoni Zawadzki, Sweden                                            |
|           |                                                    | Discussion                                                                         |</p>
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<tr>
<th>Time</th>
<th>Session</th>
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<tr>
<td>08.30-09.05</td>
<td>How to write a paper/abstract</td>
<td>Chair: Pat Black, UK, Co-Chair: Anna Forsblom, Sweden</td>
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<td>08.30-09.05</td>
<td>How to write a paper/abstract</td>
<td>Invited speaker: Elizabeth Ayello, USA</td>
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<td>Invited speaker: Greg Paull, Australia</td>
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<tr>
<td>09.05-10.00</td>
<td>Ostomy and fistula</td>
<td>Chair: Pat Black, UK, Co-Chair: Anna Forsblom, Sweden</td>
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<tr>
<td>09.05-09.15</td>
<td>The Effect Of Colostomy Irrigation On The Peristomal Skin In Patients With Permanent Colostomy After The Miles Operation</td>
<td>Yajuan Weng, The First Peoples Hospital of Changzhou, Gastrointestinal Surgical Department, Changzhou city, Jiangsu province, China</td>
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<td>09.15-09.25</td>
<td>Professional Guidance To Teaching Colostomy Irrigation</td>
<td>Helen Disley, Securicare Medical Ltd, Stoma Care Department, High Wycombe, UK</td>
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<tr>
<td>09.25-09.35</td>
<td>Temporary Defunctioning Ileostomy Via The Umbilicus - Reporting On A Small Case Series</td>
<td>Wendy Sansom, Box Hill Hospital, Stomal therapy, Camberwell, Australia</td>
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<td>09.35-09.45</td>
<td>Case Report On The Use Of Foam Dressing for Enterocutanous Fistula</td>
<td>Hyunsuk Park, Severance Hospital, Seoul, Republic of Korea</td>
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<td>09.45-09.55</td>
<td>A Novel Method Of Managing An Open Abdomen With An Entero-Atmospheric Fistula</td>
<td>Udena Athula Kumara Dammalage, Colombo South Teaching Hospital, University Surgical Unit, Colombo, Sri Lanka</td>
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<td>10.00-10.45</td>
<td>Coffee break in the exhibition area</td>
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<td>10.45-12.15</td>
<td>Fistula session</td>
<td>Chair: Dee Waugh, South Africa, Co-Chair: Åsa Gustavsson, Sweden</td>
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<tr>
<td>10.45-11.15</td>
<td>SNAP – How to treat enterocutaneous fistulas</td>
<td>Invited speaker: Pär Myrelid, Sweden</td>
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<td>11.15-11.45</td>
<td>The fistulous Abdomen – A South African perspective</td>
<td>Keynote speaker: Nicci Ohlson, South Africa</td>
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<td>11.45-12.05</td>
<td>Nutritional aspects in fistula treatment</td>
<td>Invited speaker: Ingvar Bosaeus, Sweden</td>
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<td>10.45-12.15</td>
<td>Necrotising fasciitis – different wounds</td>
<td>Chair: Calum Lyon, UK</td>
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<td>Co-Chair: Simon Amner, Sweden</td>
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<td>10.45-11.10</td>
<td>Necrotising Soft Tissue Infections</td>
<td>Invited speaker: Anders Rosemar, Sweden</td>
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<td>11.10-11.20</td>
<td>Gas Gangrene Malodour Management: Indonesian Perspectives</td>
<td>Irma P Arianty</td>
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<td>MDIST CARE - PLC, Wound Healing Center, West Java, Indonesia</td>
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<td>11.20-11.30</td>
<td>The Clinical Experience Of Managing The Patient With Cancerous Wounds</td>
<td>Hae Ok Lee</td>
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<td>Asan Medical Center, Nursing Team 1, Seoul, Republic of Korea</td>
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<td>11.30-11.40</td>
<td>The Effectiveness Of The Innovation Of Topical Therapy Formula (Ittf) To Reduce Of Malodours Of The Breast Cancer Wound</td>
<td>Kemala Rita Wahidi</td>
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<td>Dharmais National Cancer Centre, Nursing Department, Jakarta, Indonesia</td>
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<td>11.40-11.50</td>
<td>Occurrence Of Chronic Wounds In Clients Served In A Unit Integrated Healthcare</td>
<td>Sandra Marina Goncalves Bezerra</td>
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<td>Universidade Estadual do Piauí, Nurse, Teresina, Brazil</td>
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<td>11.50-12.00</td>
<td>Validity And Reliability Of The Bates-Jensen Wound Assessment Tool - Brazilian Version Among Adults With Chronic Wounds</td>
<td>Sônia R. P. E. Dantas</td>
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<td>State University of Campinas, Faculty of Nursing, Campinas, Brazil</td>
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<td>Discussion</td>
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<td>10.45-12.15</td>
<td>Complications after pelvic radiotherapy on female cancer survivors</td>
<td>Chair: Göran Kurthberg, Sweden</td>
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<td>Co-Chair: Ina Berndtsson, Sweden</td>
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<td>10.45-11.15</td>
<td>Invited speaker: Gail Dunberger, Sweden</td>
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<td>11.15-11.45</td>
<td>Defaecation Disorders in Children</td>
<td>Chair: Göran Kurthberg, Sweden</td>
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<td>Co-Chair: Ina Berndtsson, Sweden</td>
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<td>Invited speaker: Rose-Marie Adler, Sweden</td>
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<td>10.45-12.15</td>
<td>Relations and professional role</td>
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<td>10.45-11.05</td>
<td>Living with a person after colorectal surgery and an ostomy</td>
<td>Invited speaker: Eva Persson, Sweden</td>
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<td>11.05-11.15</td>
<td>Actually I Dare Not! A Focus Group Study Of What Influences Nurses Addressing Ostomy Patients' Sexuality</td>
<td>Ulla Skraep, OUH Svendborg Sygehus, Surgical department A4, Gudbjerg, Denmark</td>
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<tr>
<td>11.15-11.25</td>
<td>What A Patient Wants To Say To His Stomatherapist</td>
<td>Brigitte Crispin, Clinique Universitaire saint Luc, Stomatherapie, Bruxelles, Belgium</td>
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<tr>
<td>11.25-11.40</td>
<td>The aspects of consulting training and continuous accessibility in Stoma Therapy are important for the Stoma patients</td>
<td>Invited speaker: Gabriele Kroboth, Austria</td>
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<td>11.40-11.50</td>
<td>Enterostomal Therapists Nurses Professional Profile: Graduated At Taubat University</td>
<td>Maria Angela Boccara de Paula, Taubaté University, Nursing, Taubaté, Bulgaria</td>
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<tr>
<td>11.50-12.00</td>
<td>Living The Journey Alongside A Urostomist With Squamous Cell Metaplasia</td>
<td>Gill Wilson, SALTS HEALTHCARE LTD, Birmingham, UK</td>
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<td>Lunch in the exhibition area</td>
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<td>13.30-15.00</td>
<td>Ostomy guidelines, database and research</td>
<td>Congress Hall</td>
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<td>International Ostomy guidelines</td>
<td>Invited speaker: Karen Zulkowski, USA</td>
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<td>14.00-14.30</td>
<td>Ostomy Data Base</td>
<td>Invited speakers: Trine Bolette Burgilt, Anne-Marie Frandsen, Liz Balleby, Denmark</td>
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<tr>
<td>14.30-14.40</td>
<td>The Situation Of Ostomy Care In Hungary</td>
<td>Andrea Diban, Katai Gabor Hospital, Surgery, Karcag, Hungary</td>
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<td>14.40-14.50</td>
<td>Ilco Sweden Ostomy Association</td>
<td>Marie Steen, Swedish Ostomy Association (ILCO), Gislaved, Sweden</td>
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<td>13.30-15.00</td>
<td><strong>Negative pressure wound therapy – Hyperbaric Oxygen treatment</strong></td>
<td>Chair: Calum Lyon, UK</td>
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<td>13.30-14.00</td>
<td><strong>NPWT and abdominal surgery</strong></td>
<td>Invited speaker: Thordur Bjarnason, Sweden</td>
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| 14.00-14.10 | Using SNaP (Smart Negative Atmospheric Pressure) An Ultra Portable Negative Pressure Device” For The Treatment Of Pilonidal Sinus And Paediatric Surgery | Loreto Pinnuck  
Monash Health, stomal Therapy, Melbourne, Australia                      |
| 14.10-14.20 | Management Of Peristomal Skin Complications With Negative Pressure Wound Therapy: A Case Study | Danila Maciolotti  
Fondazione Poliambulanza Hospital, Brescia, Italy                                 |
| 14.20-14.30 | Using LFUD(Low Frequency Ultra Sonic Debridement) In Conjunction With SNaP [Smart Negative An Ultra Portable Negative Pressure Device” For Open Wounds | Loreto Pinnuck  
Monash Health, stomal Therapy, Melbourne, Australia                      |
| 14.30-15.00 | **IBD – Ostomy and continent & ileoanal pouch**           | Chair: Judy Hanley, UK              | Co-chair: Eva Persson, Sweden                                           |
| 13.30-14.10 | **IBD - Ostomy, Continent and Ileal Pouch**               | Invited speakers: Mattias Block, Anna Solberg, Sweden                   |
| 14.10-14.30 | Important aspects of Nurse-led follow up for patients with an ileo-anal pouch | Invited speaker: Angie Perrin, UK                                      |
| 14.30-14.40 | Kock Pouch Audit And Future Plans                         | Alison Crawshaw  
Independent Nurse Specialist, Edinburgh, UK                              |
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<tr>
<td>13.30-15.00</td>
<td>Irritable bowel syndrome (IBS) - Diverticulitis</td>
<td>Chair: Steen Buntzen, Denmark Co-Chair: Silvana Häggqvist, Sweden</td>
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<td>13.30-13.50</td>
<td>Treatment alternatives for patients with IBS</td>
<td>Invited speaker: Magnus Simrén, Sweden</td>
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<td>13.50-14.10</td>
<td>Patient education in the management of patients with functional gastrointestinal diseases</td>
<td>Invited speaker: Stine Störsrud, Sweden</td>
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<td>14.10-14.30</td>
<td>ABC on diverticulitis</td>
<td>Invited speaker: Pamela Buchwald, Sweden</td>
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<td>14.30-14.50</td>
<td>Diverticulitis and Complications</td>
<td>Invited speaker: Eva Haglind, Sweden</td>
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<tr>
<td>15.30-16.45</td>
<td>Sexual Health - Health Communication</td>
<td>Chair: Ina Berndtsson, Sweden Co-Chair: Silvana Häggqvist, Sweden</td>
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<tr>
<td>15.30-16.05</td>
<td>Sexual Health - Permission to talk about sex</td>
<td>Invited speaker: Lars-Gösta Dahlöf, Sweden</td>
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<td>16.05-16.40</td>
<td>Communication and cultural diversity in Swedish health care</td>
<td>Invited speaker: Haibe Hussein, Sweden</td>
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<tr>
<td>15.30-16.45</td>
<td>Loop Ileostomy - and it’s complications</td>
<td>Chair: Carol Ann Stott, Australia Co-Chair: Annica Wistedt, Sweden</td>
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<td>16.00-16.15</td>
<td>Care program high-output ostomies</td>
<td>Invited speaker: Pamela Buchwald, Sweden</td>
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<tr>
<td>16.15-16.30</td>
<td>Standard Program Of Care For Management Of Patients With High Output Loop-ileostomy</td>
<td>Invited speaker: Emeli Magnusson  Helsingborg Hospital, Colorectal unit, Helsingborg, Sweden</td>
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<td>Discussion</td>
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<td>15.30-16.45</td>
<td>Patient and staff education</td>
<td>Chair: Kirsten Bach, Denmark Co-Chair: Monica Silebäck, Sweden</td>
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<tr>
<td>15.30-16.00</td>
<td>Patient education for patients with a stoma</td>
<td>Invited speaker: Anne Kjaergaard Danielsen, Denmark</td>
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</tbody>
</table>
16.00-16.20  A different approach to patient education material - preparing for elective colorectal cancer surgery
Invited speaker: Frida Smith, Sweden

16.20-16.30  Stomal Therapy Inservice Education Project
Sandy Hyde-Smith
Sir Charles Gairdner Hospital, Stomal Therapy, Perth, Western Australia, Australia

16.30-16.40  Meeting The Challenge To Educate Non-stomal Therapy On Care Of The Faecal Or Urinary Stoma
Linda Raymond
Laprae Community Health Service, Ambulatory Care, Morwell, Australia

Discussion

15.30-16.45  Follow-up - Ostomy  G4
Chair: Werner Droste, Germany
Co-Chair: Christina Schultz, Sweden

15.30-15.40  Follow Up The Patients With Ostomy At Community Health Centre Ljubljana, Slovenia O-O21
Renata Batas
Community Health Centre Ljubljana, Slovenia, EU, Department for District and Community Nursing, Ljubljana, Slovenia

15.40-15.50  Hospital To Home: A Patient Centred Approach In Stoma Care. “A Case Study” O-O22
Barbara Milleret
Salts Healthcare Ltd, Community Stoma Nurse, Stevenage, UK

15.50-16.00  Validation Of The Urostomy Education Scale; Testing Inter-rater Reliability O-O23
Susanne A. Kristensen
Aarhus University Hospital, Department of Urology, Aarhus N, Denmark

16.00-16.10  Think Stoma Nurse - An At A Glance Referral Assessment Toolkit For Nurses And Patients O-O24
Judy Hanley1; Jane Adams2
1Great Western Hospitals NHS Foundation Trust, Stoma Care, Swindon, UK; 2Dansac Ltd, Cambridge, UK

16.10-16.20  The dilemma of choice O-O25
Terri Porret
Coloplast Ltd, Peterborough, UK

16.20-16.30  Travel Tips For Ostomates O-O26
Lois Maunder
Sabbatical, Melbourne, Australia

16.30-16.40  Postoperative Wound Infection After Proctectomy -- The Patient’s Experiences O-O27
Kristin Andersson1; Karin Hassel2
1Kirurgen Skövde, Skövde, Sweden; 2Kirurgen, Skövde, Sweden

Discussion

17.00-19.30  WCET general meeting F4/5
**Title: “Patient Assessment Guidelines for Convexity—A New Evidenced Methodology”**

Please join us for an in-depth and informative discussion around the development of convexity assessment guidelines for ostomy patients, **simultaneously translated into Polish, French and Italian**.

With the wide array of convexity options available to clinicians today, more evidence and support is needed to standardize assessment. We’ll review insights collected from an international nurses’ panel, and how these were used to develop a simple tool for assessing the need for convexity— and to provide clinicians an evidence-based system for choosing flat or convex pouching systems.

Enjoy breakfast as we review the study, and the resulting tool, and discuss possibilities for future research in this area.

**Speakers:** Jo Hoeflok, ET (Canada), Paris Purnell, STN (Australia)

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**08.30-10.00**  **Sacral nerve stimulation - Diagnosis results clinical discussion**  
Chair: Silvana Häggqvist, Sweden  
Co-Chair: Eva Westling, Sweden

08.30-09.10  **Sacral nerve stimulation - Diagnosis results clinical discussion**  
Keynote speaker: Steen Buntzen, Denmark

09.10-09.50  **Bio-feed back**  
Keynote speaker: Christine Norton, UK

Discussion

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**08.30-10.00**  **Urology - Gynecology – Paediatric**  
Chair: Frida Smith, Sweden  
Co-Chair: Elsie Persson, Sweden

08.30-08.55  **Continent vesicostomy for adults**  
Invited speaker: Ralph Peeker, Sweden

08.55-09.25  **Gynecological cancer and stomas**  
Invited speaker: Pernilla Dahm-Kähler, Sweden

09.25-09.45  **Children with imperforate anus**  
Invited speaker: Maria Öjmyr-Joelsson, Sweden

09.45-09.55  **Mucus In Urological Stomal Therapy Nursing Practice: Best Practice Review And Patient Survey Findings**  
Carol Ann Stott  
Prince of Wales Hospital, Stomal Therapy & Wound care, Sydney, Australia
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<th>Time</th>
<th>Topic</th>
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| 08.30-10.00 | **Intestinal failure**                                                | Chair: Mattias Block, Sweden  
Co-Chair: Anna Johansson, Sweden                                            |
| 08.30-09.00 | **Intestinal failure and nutrition**                                  | Invited speaker: Ingvar Bosaeus, Sweden                                     |
| 09.00-09.15 | **Intestinal failure and surgical options**                           | Invited speaker: Göran Kurlberg, Sweden                                    |
| 09.15-09.30 | **Living with interstinal failure and Quality of life**               | Invited speaker: Eva Carlsson, Sweden                                       |
| 09.30-09.40 | **Probe into early stage enteral refeeding and nursing care of neonate with high enterostomy** | Jie Chen  
Children’s Hospital of Fudan University, Shanghai, China                 |
| 09.40-09.50 | **Gone With The Fluid? Re-feeding Of The Lost Bowel Content May Be A Solution For Fluid, Electrolytes And Nutrients Retention** | Steven Kar Kay Chan  
Queen Mary Hospital, Surgery, Hong Kong, Hong Kong SAR                   |
| 10.00-11.30 | **Coffee break in the exhibition area**                               |                                                            |
| 10.15-11.30 | **B Braun Company Symposium**                                         |                                                            |
| **New Development Concepts in Stoma Care and Beyond** | The American psychologist Abraham Maslow (1908-1970) recognised that there is a hierarchy among the various human needs and this principle can be applied to stoma care. It is only when the most basic need of all, survival, is met through stoma construction that more sophisticated needs such as stoma appliance security, wearing comfort or alternative colostoma management options such as irrigation can be addressed. Much work has been done and continues to be done to improve ostomate quality of life, but the most essential need of an ostomate, beyond those already mentioned: reliable fecal continence is today still much more of a dream than a realistic future prospect. Is that situation bound to remain unchanged indefinitely? As Maslow put it: "What a man can be, he must be." - So let’s have a glance at what might become possible in the next few years: What an ostomate can be, he - or she - must be! |                                                            |
| **Introduction** | Dr. Brigitte Espirac, MD  
Boulogne-Billancourt, France                                                                 |
| **A new skin ostomy appliance: Results of a multicentric user evaluation in new ostomate patients** | Dr Matej Skrovina, M.D., Ph.D,  
Head of surgery dpt.,  
Hospital Novy Jicin, CZ                                                          |
| **Ostomate patient survey with a 2 new mechanical 2 piece system: Results on 698 users** | Daniele Chaumier  
ET nurse  
Tenon Hospital Paris France                                                        |
| **New trends in colostomy irrigation** | Lisa Loxdale ET nurse  
Basildon Hospital UK                                                               |
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<th>Time</th>
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<th>Author(s)</th>
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<tr>
<td>10.30-10.33</td>
<td>Data analysis of 124 consultations from caregivers of children with ostomy by telephone/internet</td>
<td>Jie Chen. Children's Hospital of Fudan University, Shanghai, China</td>
</tr>
<tr>
<td>10.33-10.36</td>
<td>Effectiveness of Whole-course Family Nursing Intervention on Health Improvement in Ostomy Childrens and Their Parents</td>
<td>Jie Chen. Children's Hospital of Fudan University, Shanghai, China</td>
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<tr>
<td>10.36-10.39</td>
<td>A Snapshot Of How People With A Stoma Are Affected By Experiencing Leakage And Feeling Of &quot;Standing Out&quot;</td>
<td>Ineke Claessens. UMCU, Utrecht, Loenen a/d vecht, Netherlands</td>
</tr>
<tr>
<td>10.39-10.42</td>
<td>Surviving The Cure An Ostomates Journey Following Organ Transplant</td>
<td>Deb Day. Central Coast Local Health District, Stomal Therapy, Gosford, Australia</td>
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<tr>
<td>10.42-10.45</td>
<td>Stoma Acceptance And Stoma Care Self-efficacy And Interpersonal Relationships</td>
<td>Punam Adhikary. Tata Medical Center Hospital (oncology), Stoma clinic, New town, Kolkata, West Bengal, India</td>
</tr>
<tr>
<td>10.45-10.48</td>
<td>Equipment For The Care Of People With Stomas: Study In Private Hospitals Of Sao Paulo - Brazil</td>
<td>Maria Angela Boccara de Paula. Taubaté University, Nursing, Taubaté, Brazil</td>
</tr>
<tr>
<td>10.48-10.51</td>
<td>Excuse Me, Where Is The Toilet? Patients’ Experience Of Reversal Of A Temporary Loop-ileostomy After Rectal Cancer Treatment</td>
<td>Andrea Blixter1; Maria Reinwalds2. 1Kungälv Hospital, Surgical Department, Kungälv, Sweden; 2Sahlgrenska University Hospital/Ostra, Sweden</td>
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<tr>
<td>10.51-10.54</td>
<td>Preparation Of A Multimedia Educational Material About Care Of Bowel Stoma</td>
<td>Ana Rotilia Erzinger. Pontifical Catholic of Paraná, MSN, BSN, ETNEPT, WOCN Professor at the nursing, Curitiba, Brazil</td>
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<tr>
<td>10.54-10.57</td>
<td>Pressure ulcer incidence rate as a quality indicator in intensive care settings: a review of literatures</td>
<td>Chi Keung Peter Lai. Queen Mary Hospital, Adult Intensive Care Unit, Hong Kong, Hong Kong SAR</td>
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<td>11.30-13.00</td>
<td>Projects around the world</td>
<td>Alison Crawshaw, UK</td>
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<td>11.30-12.00</td>
<td>Care for women with severe damage during delivery - report Fistula Hospital in Addis Ababa</td>
<td>Maria Gyhagen, Sweden</td>
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<tr>
<td>12.00-12.20</td>
<td>The Ghana project, Surgical management of Typhoid perforation</td>
<td>Anna Forsblom/Kirsten Dahl, Sweden</td>
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<tr>
<td>12.20-12.40</td>
<td>The Tanzanian project</td>
<td>Carmen George, Australia</td>
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<td>11.30-13.00</td>
<td>Paediatric – Ostomy – Continence</td>
<td>Maria Öjmyr-Joelsson, Sweden</td>
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<td>11.30-12.00</td>
<td>Advances in surgery regarding congenital malformation leading to a urostomy or incontinence</td>
<td>Gundela Holmdahl, Sweden</td>
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<tr>
<td>12.00-12.15</td>
<td>Important aspects when caring for children and teenagers with a stoma.</td>
<td>Louise Forest Lalande, Canada, WCET president</td>
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<tr>
<td>12.15-12.25</td>
<td>The International Children’s ostomy Education Foundation Using astronaut puppets to aid rehabilitation for child patients</td>
<td>Judith Spurling</td>
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<td>12.25-12.35</td>
<td>Building A Fortress: The Parent’s Experience Of Caring For A Child With A Colostomy</td>
<td>Sandra Guerrero Gamboa</td>
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<td>12.35-12.45</td>
<td>Complications Experienced By Children With Gastrostomy</td>
<td>Astrid Ingeborg Austrheim</td>
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<td>12.45-12.55</td>
<td>Building A Working Relationship With The Paediatric Ostomate</td>
<td>Carmel Boylan</td>
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<tr>
<td>Time</td>
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<td>11.30-13.00</td>
<td>Ostomy - Quality of life</td>
<td>Chair: Vera Santos, Brazil</td>
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<td>Co-Chair: Jane Heath, Sweden</td>
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<td>11.30-11.40</td>
<td>Ostomy-specific adjustment as predictor for health status and quality of life?</td>
<td>Kirsten Lerum Indrebø</td>
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<td>Helse Førde, Førde, Norway</td>
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<td>11.40-11.50</td>
<td>Referencing The Mental Components Of Life Domains In An Ostomy Population</td>
<td>Thomas Nichols</td>
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<td>Hollister Incorporated, Dept of Health Economics, Libertyville, USA</td>
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<td>11.50-12.00</td>
<td>Quality Of Life Of Ostomates In Indian Scenario.</td>
<td>Punam Adhikary</td>
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<td>Tata Medical Center Hospital (Oncology), Stoma Clinic, Kolkata, India</td>
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<tr>
<td>12.00-12.10</td>
<td>Quality Of Life, Anxiety And Depression Level Of Chinese Stoma Patients In Hong Kong</td>
<td>Wai Kuen Michelle Lee</td>
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<td>Queen Mary Hospital, Surgery, Hong Kong, Hong Kong SAR</td>
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<tr>
<td>12.10-12.20</td>
<td>In What Aspect Is Quality Of Life Affected By Stoma Creation? A Collective Review Of Factors Influencing Quality Of Life And Patients' Coping Mechanisms</td>
<td>Thandinkosi Madiba</td>
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<td>University of KwaZulu-Natal, Department of Surgery, Durban, South Africa</td>
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<td>12.20-12.30</td>
<td>Psychosocial Adaptation In A US Cohort Of Persons With Ostomies As Measured By The OAI-23</td>
<td>Jane Fellows</td>
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<td>Duke University Medical Center, Advanced Clinical Practice, Durham NC, USA</td>
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<td>12.30-12.40</td>
<td>Urostomy And Its Influence On Sexual Life</td>
<td>Svatava Novakova</td>
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<td>Masaryk Hospital in Ústí nad Labem, o.z., KZ a.s., Surgery department, Ústí nad Labem, Czech Republic</td>
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Discussion

13.00-14.00  Lunch in the exhibition area

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<tr>
<td>14.00-15.30</td>
<td>Ostomy complications</td>
<td>Chair: Louise Forest-Lalande, Canada</td>
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<td>Co-Chair: Lena Wistmar, Sweden</td>
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<td>14.00-14.30</td>
<td>Surgical ostomy complications from a surgeons perspective</td>
<td>Invited speaker: Hans Brevinge, Sweden</td>
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<td>14.30-14.55</td>
<td>How to diagnose and treat surgical ostomy complications on a daily basis as an ET nurse</td>
<td>Keynote speaker: Elizabeth English, Australia</td>
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<td>14.55-15.05</td>
<td>Stoma Care Nurses Independently Treat Peristomal Granulomas With ArgonPlasmaCoagulation</td>
<td>Trine Borglit</td>
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<td>Bispebjerg Hospital, Abdominal center, Copenhagen, Denmark</td>
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</table>
14.00-15.30  Wound treatment and education  G1/G2

Chair: Elizabeth Ayello, USA
Co-Chair: Kristina Larsson, Sweden

14.00-14.20  Well-being for the patient in wound management
Invited speaker: Keryln Carville, Australia

14.20-14.30  International Interprofessional Wound Care Course (IIWCC) Model For Key Opinion Leader Training
Elizabeth Ayello
University of Toronto, Faculty of Public Health, Hollis Hills, New York, USA

14.30-14.40  Management Of Care For People With Wound, A Decade Of Experience With Self -care Approach OREM
Renata Virginia Gonzalez-Consuegra
Universidad Nacional de Colombia, Distrito capital, Bogotá, Cocos Islands

14.40-14.50  Challenges Of Healing A Kenyan Patient’s Severe Pressure Injuries In A Kenyan Mission Hospital.
Emma Vernon
The Mater Private Hospital, Stomal/wound management, Queensland, Australia

14.50-15.00  Efficacy Of Adjunctive Models And Alternatives Treatment Of Zinc Cream Mix With Cadexomer Iodine In The Treatment Of Chronic Diabetic Foot Ulcers (DFUs): A Prospective Study
Widasari Sri Gitarja
WOCARE Center, CEO, Bogor, Indonesia

15.00-15.10  The Effectiveness Of Topical Bromelain To Diabetic Wound Rats: The Expression Of MMP-9 And TIMP-1 In Phases Of Wound Healing
Debie Dahlia
Faculty of Nursing, University of Indonesia, Medical - Surgical Nursing, Depok, Indonesia

15.10-15.28  Construction Of Training Model For Graduate Pursuing Master Of Nursing Specialist And Majoring In Wound, Ostomy And Continence Nursing
Zejun Xu
Sichuan Academy of Medical Science & Sichuan Provincial Peoples Hospital, Chengdu, China

Discussion
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<th>Details</th>
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| 14.00-15.30 | Incontinence clinic                          | Chair: Christine Norton, UK  
Co-Chair: Ina Berndtsson, Sweden                                         |
| 14.00-14.25 | Incontinence clinic - investigation and treatment | Keynote speaker: Steen Buntzen, Denmark                                 |
| 14.25-14.40 | Pelvic floor center for feacal incontinence  | Silvana Häggqvist, Sweden, Susanne Paulsson, Sweden, Karin Torell, Sweden |
| 14.40-14.50 | Anterior Resection Syndrome - A Case Study   | Lisa Wilson  
The Royal Melbourne Hospital, Preadmission Clinic, Melbourne, Australia |
| 14.50-15.20 | Psychological treatment in IBS               | Invited speaker: Per-Johan Lindfors, Sweden                           |
|          |                                              | Discussion                                                             |
| 15.30-16.00 | Coffee break in the exhibition area         |                                                                        |
| 16.00-17.30 | Colorectal cancer                           | Chair: Linda Readding, UK  
Co-Chair: Eva Broberg, Sweden                                           |
| 16.00-16.30 | Locally recurrent rectal cancer             | Invited speaker: Karl Kodeda, Sweden                                   |
| 16.30-16.45 | Contact nurses for patients with colorectal cancer - experiences and development | Invited speaker: Frida Smith, Sweden                                   |
| 16.45-17.00 | Cytoreductive surgery and hyperthermic intraperitoneal chemotherapy in advanced cancer | Invited speaker: David Ljungman, Sweden                                |
| 17.00-17.10 | Recovering From Colorectal Cancer Surgery - A Longitudinal Follow-up Study | Jenny Jakobsson  
Skane University Hospital/ Malmö University, Departement of surgery/Deparment of Care Science, Malmö, Sweden |
| 17.10-17.20 | Using The Quality Cycle To Enhance Patient Centered Care | Andrew Driver  
Cabrini, Education and Research Precinct, Melbourne, Australia         |
<p>|          |                                              | Discussion                                                             |</p>
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<th>16.00-17.15</th>
<th><strong>Management of wounds</strong></th>
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<td>16.00-16.30</td>
<td><strong>Traumatic wounds</strong></td>
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<td>16.30-16.45</td>
<td><strong>Management of wound exudates</strong></td>
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<td>16.45-16.55</td>
<td><strong>The Role Of Enterostomal Therapists In The Management Of Complex Cases With Enterostomies And Challenging Abdominal Wounds</strong></td>
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<td>16.55-17.05</td>
<td><strong>Prevention Of Pressure Ulcers In Athletes With Physical And Motordisabilities</strong></td>
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<td>17.05-17.15</td>
<td><strong>Determining The Impact Of Skin Moisturising In The Elderly</strong></td>
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<th>16.00-17.30</th>
<th><strong>How is an Ostomy problem solved in five continents.</strong></th>
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<td>16.00-16.50</td>
<td><strong>Nurses from 5 continents share their thoughts</strong></td>
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<td>16.50-17.00</td>
<td><strong>Building Capacity. An International Collaborative Effort</strong></td>
<td>O-043</td>
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<td>17.00-17.10</td>
<td><strong>From Australia To Kenya. It’s Not Just A Long Flight. It’s A Journey In Personal And Professional Development</strong></td>
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<td>17.10-17.20</td>
<td><strong>CAET &amp; WCET Working Together To Build Et Nursing Capacity In Nepal</strong></td>
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| 19.00-01.00 | **Congress Dinner** | Congress Hall |
08.30-10.15  The perfect stoma  Congress Hall
Chair: Elizabeth English, Australia
Co-Chair: Jeanette Fingren, Sweden

08.30-09.20  The perfect stoma from a colorectal surgeons perspective  Congress Hall
Invited speaker: Hans Brevinge, Sweden

The perfect stoma from an ET nurse and patient perspective  Congress Hall
Eva Carlsson, Sweden/Local organising committee

09.20-10.10  Your chance to ask questions to experts from around the world  Congress Hall
Panel discussion Ostomy, Wound, Continence Surgeon ET nurses and others.

10.15-11.00  Coffee break in the congress foyer  Congress Hall

11.00-11.45  Theatre Play - I´m not that kind of person  Congress Hall
Hilde Hannah Buvik, Norway
Chair: Charlotta Petersén, Sweden

11.45-12.30  Closing ceremony  Congress Hall
Chair: Eva Carlsson, Eva Bengtsson, Anne-Marie Hallén, Jeanette Fingren, Charlotta Petersén, Sweden

- Awarding of successful WCET ETNEP/Rep Certificates – Vera Santos, Brazil
- 2016 WCET Congress promotion – South Africa
- Closing Address by WCET President and Congress convenor
LIST OF POSTERS

Each poster will be on display during the whole congress. As the presenter, you are asked to attend your board on Wednesday between 10.00-11.30. Posters will be at display in the poster area next to the main exhibit hall to elevate the posters’ visibility and to acknowledge the value of the science they contain.

(posters abstracts are available in the congress app)

OSTOMY POSTERS

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<td>Ostomy Fistula and Palliative Care for Patient with Malignant Tumors in Advance Cancer</td>
<td>Chulaporn Prasungsit</td>
<td>Siriraj Hospital, Mahidol University, Nursing, Bangkok, Thailand</td>
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<tr>
<td>Extended care after discharge affect the life quality of permanent ostomates</td>
<td>Aihua Chen</td>
<td>No.2 hospital affiliated to Wenzhou Medical college, Wenzhou, China</td>
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<td>Management and neutralization of a jejunal fistula</td>
<td>Michel Zayer</td>
<td>Hopital des Armées Desgenettes, Lyon, France</td>
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<td>Developing Patient Assessment Guidelines for Convexity</td>
<td>Paris Purnell</td>
<td>Hollister Incorporated, Libertyville, USA</td>
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<tr>
<td>Creating Evidence to Support Ostomy Accessory Use</td>
<td>Paris Purnell</td>
<td>Hollister Incorporated, Libertyville, USA</td>
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<td>Diversion Colitis, an unusual inflammatory disease : form the diagnose to the treatment.</td>
<td>Laurent Chabal¹; Virginie Vieille²</td>
<td>Ensemble Hospitalier de la Cote, Stomatherapy, Morges, Swaziland; Ensemble Hospitalier de la Cote, Stomatherapy, Morges, Switzerland</td>
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<tr>
<td>Simple Ways “ Set the layout pattern on the wafer stoma bag”</td>
<td>Erfandi Ekaputra</td>
<td>Dr. Soetomo Hospital, Surgical Clinic, Sidoarjo, Honduras</td>
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<tr>
<td>Ostomy In Africa</td>
<td>Linda Moyo¹; Lizzie Moyo²</td>
<td>Ileostomy and Colostomy Zimbabwe Trust, Harare, Zimbabwe; ILCD Zim Trust, Harare, Zimbabwe</td>
</tr>
<tr>
<td>Promoting Patient Self-Assessment In Ostomy Care: Take A Look</td>
<td>Jo Hoeflok</td>
<td>St. Michael’s Hospital, Toronto, Canada</td>
</tr>
<tr>
<td>The HOT (High Output Team) Project</td>
<td>Jo Hoeflok</td>
<td>St. Michael’s Hospital, Gastroenterology &amp; General Surgery, Toronto, Canada</td>
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Post earthquakes-Challenging times for two patients and the stomal therapist
Jennifer Roberts
Nurse maude, Stomal Therapy Department, Christchurch, New Zealand

Management of enterocutaneous fistula Using negative pressure wound therapy
Untika Wutidilokprapan
Siriraj Hospital Mahidol University, Nursing, Bangkok, Thailand

The Use Of An Ostomy Skin Assessment Tool (OST) Can Help You Demonstrate Your Value And Expertise
Terri Perrett
Coloplast Ltd, Peterborough, UK

Skin Lesions Caused By Entero - Cutaneous Fistulas: How To Treat?
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Guidelines Manual For Patients Ostomates
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The Pressures Of Discharge Planning For A New Ostomate: A Case Study
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An Intervention Study On Self-Efficacy In Chinese Stoma Patients
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Effect Of Skin Incisions At Sites Of Stoma Creation Using The Stamp Marking Procedure
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Biodegradable Pouches - Good For The Environment, Good For Colostomates.
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Analysis Of Risk Factors, Type Of Pouch And Quality Of Life In Parastomal Hernia
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LifestyleChanges After Stoma Surgery
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The Research Of Ostomy Skin Tool Based On 154 Stoma Complication Cases
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Effect Analysis Of Colostomy Whole-course Standardized Management Care Mode
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Which Will Bring Better Quality Of Life In Rectal Cancer Surgery In China? --temporary Or Permanent Stoma
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Motherhood And Stoma - Overcoming The Conflict
Riva Ziperstein
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Effect Of Specialist Care Outpatient For Stoma On Stoma Self-management Capacity In Colostomy Patients  
Lijuan Chen  
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Dehisced, Sloughed Stoma Wounds How Should They Be Treated Effectively?  
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Demarcation Of Intestinal Stoma And Complications: Literature Interactive Review  
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Welland Flair 2 Dual Security  
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TITEL: Cost Effective Management Of Problem Stomas - Tool (poster)  
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Nursing For Ostomy Closed To Wound And Combined With Skin-mucosa Detached:a Case Report  
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The Influencing Effect Of Hope And Self-care Ability On Self-efficacy Among Convalescent Colostomy Patients  
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Determining The Perceptions Of Patient With Stoma And Their Spouses Towards Their Bodies  
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Assessing Arthritis And Its Impact On Stoma Care  
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Some Components Of Ostomy Powder May Cause Peristomal Skin Pigmentation  
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Case Of Similar Lesions To Pseudo Epitheliomatous Hyperplasia Developed Around Colostomy Site  
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Ostomy Accessories: Optional Additions Or Mandatory Requirements  
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Can Traditional Chinese Medicine Promote The Health Of Ostomates?  
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The Impact Of Changing Chinese Dietary Pattern On Ostomates' Health  
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"The Person With Gastrostomy: An Approach To Complications "Minor"  
Ana Ferreira; Dora Neves; Manuel Jorge Santos; Ana Seica; Filipa Tavares; Isabel Meraja Araújo Santos  
Instituto Português de Oncologia de Coimbra, Consulta de Estomaterapia, Coimbra, Portugal
Management Of A Complex Enterocutaneous Fistula In Palliative Patient  
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Development To Successful Of Discharge Planning In Colorectal Cancer’s Patient  
Namphung Prasit  
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Influence Of Position To Skin Barrier Adhesion  
Katalin Beatrix Horváth  
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Enhancing The Quality Of Life For The Patient With An Ostomy  
Virginia (Ginnie) Kevey-Melville  
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How Couching Can Help A Patient With A Stoma  
Rina Cohen  
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Management Of Peristomal Pyoderma Gangrenosum (PPG)  
Hae Ok Lee  
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Danish Ostomy Database A Description Of Basic Data Collected Over A Three Year Period In The Capital Region  
Birgitte Dissing Andersen; Mette von Rosen; Lise Lotte Voergaard; Karin Strube; Janni Mortensen  
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Quality Of Life According To Stoma Reversal After Colorectal Cancer Surgery : A Cross Sectional Study  
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Quality Of Life According To Stoma Reversal After Colorectal Cancer Surgery : A Cross Sectional Study  
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The Effect Of Using The Deodorant For Patients With Stoma  
Mutsuko Kajiwara; Hidemi Ishii; Chiseko Takahashi  
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Family’s Experience In Caring Of Children With Gastrostomy Tube In The Process Of Hospital Discharge  
Ana Caroline Silva Caiadas; Maria Eudelia Castro; Adriana Bessa Medeiros Fernandes; Solange Alexandre Gurgel  
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Ostomy Patients’ Satisfaction With Flushable Pouches  
Paulo Alves; Isabel Morais; Maria Silveira  
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Stoma With Contact Dermatitis  
Sariit Adler  
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Why Compromise? Improve The Way Of Living With The New Drainable Ostomy Appliance With Enhanced Body Fit And Discretion  
Ragnhild Gustem; Larsen; Inger Nygren; Jette Kundal; Tim Toliens  
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Complicated Stoma Care Of Patients With Motor Disorders And Devastating Injuries Of The Upper Limbs
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Systematic Care As A Prevention Of Peristomal Skin Complications
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Our Experience In Using The Extra Anatomic Stents During Treatment
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Solution Of Complications In Peristomal Area
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Treatment Of Stoma With Complications
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Care Of A Colostomy Patient With Mucocutaneous Separation And Stoma Retraction
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Nursing Diagnoses To Achieve The Health Potential Of Ostomates
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The Impact Of Colostomy And Ileostomy On Religious Practice Of Individuals
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Social Media Friend Or Foe
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Management For Patient With Enterocutaneous Faecal Fistula:4 Cases Presentation
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Requirements At A Stoma Clinic In A Large-scale Hospital
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Gastrostomy, Nutritional Probes And Biofilm: Can A PHMB Gel Help Reduce Bacterial And Fungal Migration?
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Significance Of The Stoma Marking For Post-operative Stoma Care
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Stoma Site Marking And Actual Stoma Location
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Effectiveness Of The Algorithm Of Diagnosing Of Ostomy Complications In Training Of Nurses
Irina Kalashnikova; Svetlana Fadeeva; Elena Popova
The State Scientific Centre of Coloproctology, Moscow, Russia
Treatment Of Postoperative Complications In Patients With Undifferentiated Colitis - Case Report
Elena Popova; Irina Kalashnikova; I. Nazarov; L. Solovyova
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Perception Of Estomized Patients Before Supply Of Collector Equipments In The City Of Curitiba (Brazil)
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An Epidemiologic Portrait Of Follow-Up Ostomate Patient Accompanied In Nursing Consultation Stomatherapy In A General Hospital Of North Of Portugal (Chtmad, E.P.E.)
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Stomal And Peristomal Complications During The First Year After Ostomy Creation In Turkish Ostomy Patients
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Targeted Use Of Protease Modulating Dressings In The Peristomal Pyoderma Gangrenosum Management
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The Incidence Of Stoma And Peristomal Complications In Italy: Results Of A Pilot Study
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Use Of Technology Moldable Convex In Slightly Protruding Ileostomy
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The Application Of Enterostomy Models And Stoma Puzzle Tests To Promote The Confidence And Accuracy Ability Of Main Caregivers
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Management Of Late Stomal Complication
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StomaKompass: A New Tool For Evaluation Of Condition Of Peristomal Skin
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Ostomate Patient Survey On A New Mechanical 2-Piece Appliance With A Specific Guiding System
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Treatment Of Stoma With Complicated Prolapse
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Effect Of The Skin Barriers Containing Ceramide For Patients With Stoma
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A Complex Stoma Case
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Healing Of Peristomal Skin Erosion Of Patient With Jejunostomy Axialis
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Utilization Of VAC Therapy In Ostomy Care
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Treatment Of The Most Frequent Skin Complication In The Group Of Patients With Ileostomy -- Skin Maceration
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Healthcare Of Enterostomy Patients Zivka Madzic, Dusica Biocanin, Nenad Zivanovic
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Healthcare Of Enterostomy Patients
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Vitality Issues In Those That Have Undergone Ostomy Surgery.
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Pouch Disposal For Ostomates-is It Still A Problem And How Can This Be Resolved?
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Peristomal Skin Condition, Bodily Pain, And Quality Of Life In Those That Have Undergone Ostomy Surgery
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Siriraj Stoma Bag Cover : Innovation For Ostomate
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Management Of Parastomal Detachment As A Stomal Complication, Stoma Care: A Case Report
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Good News For The Ostomy Patyents! Here Your Ostomy Safety Belt?
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Past And Present Ostomy Care At Our Hospital
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To Change Or Not To Change?
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Is Sexual Life Of Rectal Cancer Patients Changed After Ostomy Formation? The Pilot Study On Quality Of Life And Ostomy Specialist Consulting Programme Implementation
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Peristomal Skin Changes Due To Mechanical Stimulation Of Skin Barrier
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Periostomal Dermatitis: Analysis Of Production Scientific Journal Published In JOURNAL Estima (Sobest) And WCET Journal
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Knowledge Of In-hospital Nurses To Patients Undergoing Preparation Of Intestinal Stoma And Urinary
Claudia R. de Souza Santos, Daniele Bernardes Andrade, Renata Marques Francisco, Vera Lucia Conceição Souza Santos
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Implications For Long-term Stoma Survivors
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Enterostomate Patient Survey On A Unique 1-piece Appliance With A Very Soft Skin Protector
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Turkish Reliability And Validity Of The Ostomy Skin Tool
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Mucocutaneous Detachment Of Parastomal Area: Case Reports
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Management Of Enterocutaneous Fistulae With The Novel Fistula Adapter
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Factors Associated With The Development Of Parastomal Hernias In Manitobans Living With Ostomies
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Learning From Error: Ostomy Patient Adverse Event
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The Story Of Admirable Trombone Player
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WOUND POSTERS

Case Series Studies Of Nursing Management On Fournier’s Gangrene By Negative Pressure Wound Therapy
Siu-Wah, Winnie Cheng
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Comparison of two methods in treating phlebitis
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A Root Cause Analysis on Skin Damage by Electrosurgery
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Factors Associated with Quality of Life of the Patients with Limb Ischemia
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Clinical Nursing Intervention for Venous Leg Ulcer
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Effective Wound Management For Radiodermatitis Grade Three To Grade Four Using Silver-containing Hydrofibers Dressing
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What we can do? Pressure ulcer in Palliative patient
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Management of Cervical lymph node abscess
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The Nursing Interventions For Complicated Intestinal Fistula With Infection In Colon Cancer Patient: A Case Report
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A Hidrosadenitis Suppurative Patient Experience Physical And Psychological Care
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Therapeutic Activity Of Colombian Honey In Burns
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Vacuum Sealing Drainage Combined With Intermittent Irrigation In Treatment Of Cancer Patients Chronic Wounds Nursing 19 Cases Observation
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Foam Dressings For Preventing Pressure Ulcers: A Meta-analysis
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Hydrocolloid With Hydrofiber-Ag For Partial-thickness Wounds By Herpes Zoster
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Reducing The Incidence Of Pressure Sores Using A Pressure Sore Risk Factor Instrument
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Clinical Nursing Intervention For Venous Leg Ulcer
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15 Case Of Contact Dermatitis Due To Wound Care Products Experience Treatment
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Mobilize WOCNCB Board Certified Foot And Nail Care Nurses As An AHRQ Practice Innovation
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Rebirth: Meanings Of Having A Chronic Open Abdominal Wound
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The Nursing Experience Of A Patient With Necrotizing Fasciitis And Type 2 Diabetes Mellitus Of Wound Care
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The Nursing Experience Of A Patient With Muscle And Tendon Exposure Wound Care
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Love In The Therapeutic Treatment Of Chronic Wounds
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The Importance Of Patient Education On Diabetic Foot Care
Ciliana Antero G.S. Ciliana1; Raquel Raquel Martins Ferraz2; Maria das Dores Maria das Dores Monteiro da Silva3; Luciana Luciana Helfer Garcia3
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Mesalt VS Aquacel Ag Hydrofiber In Pain Management For Infected Sebaceous Wound
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Clinical Observation Of The Effects Of Three Different Dressing Methods On Wound Pain And Healing After Hemorrhoid Surgery
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Treatment And Nursing Care Of A Case Of Anterior Spinal Artery Syndrome In Elderly Patients With Multiple Pressure Ulcer
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Two Types Of Pressure-Induced Microvessel Injury On Rat Tibialis Anterior Muscle
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Medical Device Related Pressure Ulcers
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Applying Of Evidence-based Skin Care Guideline For Breast Cancer Patient With Four-Degree Radiation Skin Reaction
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Prevalence Of Pressure Ulcers In A Long Term Hospital In Sao Paulo, Brazil

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Experience A Stay In The Hospital Long Monitoring Of Skin Lesions In Brazil

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Management Of A Buccal Cancer Patient With Malignant Fungating Wounds

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Using Natural Biological Dressing In Healing Second Degree Burn Wound A Case Study

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Case Study: Using Negative Pressure Wound Therapy To Manage Wounds Associated With Necrotizing Fasciitis

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Yuen Yee Virginia Lee

Princess Margaret Hospital, Kowloon, Hong Kong SAR

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Flávia Inglezina Morais; Angélica Olivetto Ameida; Daniele F Santos Alves; Juliany Lino Gomes Silva; Sônia RP Evangelista Dantas

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Maria Angela Boccara de Paula
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María Angela Boccara de Paula
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Ciliana Antero Guimarães da Silva Oliveira
Regina Celia
Mara Filomena Falavigna
Ana Beatriz Pinto da Silva Morita
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Sercan Karadag
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Volkan Oter
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Kadri Colakoglu
Ilter Ozer
Murat Ulas
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Prototype Special Mattress To Relieve Pressure In Bedridden Patients

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Volkan Oter
Ilter Ozer
Murat Ulas
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Maria Helena Barron Araújo Llaut
Sarah Mesquita Araújo
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Claudia Daniella Avelino Vasconcelos Benício
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TaylorORD Health, LLC, San Diego, USA

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Silvana Mara Janning Prates
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Universidade Vale do Rio dos Sinos - Unisinos, Coordenador, Porto Alegre, Brazil; MaximedSul, Education, Porto Alegre, Brazil

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Luciana Menezes
Catunda Gomes
Maria Vilani Guedes, Cavalcante
Maniara Drummond, Santos
Prontoserv, Enfermagem, Fortaleza-Ceará, Brazil; Universidade Estadual do Ceará, Enfermagem, Fortaleza Ceará, Brazil; Universidade Estadual do Ceará, Enfermagem, Fortaleza-Ceará, Brazil; Prontoserv, Enfermagem, Fortaleza-Ceará, Brazil; Prontoserv, Enfermagem, Fortaleza-Ceará, Brazil

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Laís de Carvalho Ribeiro
Muralha Pinheiro Santos
Vera Lucia Conceição Gouveia Santos
WOCN at Outpatient Center, Health Secretary, Puesso Alegre, Brazil; Nursing Outpatient Center, Health Secretary, POISSO ALEGRE, Brazil; School of Nursing, University of São Paulo, Nursing, São Paulo, Brazil
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Karen Bruton1; Janeth Velandia2; Whitney Greentree3; Ann Klein4
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Emilce Vargas Ramírez1; Ivonne Alfonso2; Dora Solano3; Marcela Aguilar4; Vanessa Gomez4
1Bogota, Colombia; 2Clinica Country, Bogota, Colombia; 3Clinica Saludcoop, Bogota, Colombia; 4University Health Science Foundation, Bogota, Colombia

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Yajun Zhu
Nursing Department, Jingjiang People’s Hospital, Jingjiang City in Jiangsu Province, China

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Meral Altunsoy; Emre Balik; Metin Keskin; Recep Ercin Sonmez
Istanbul University, Medical Faculty, General Surgery, Istanbul, Turkey
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Vanessa Abreu da Silva; Maria José D’Elboux  
State University of Campinas, Campinas, Brazil

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Vanessa Abreu da Silva; Ivan Rogerio Antunes; Daniela Fernanda S. Alves  
State University of Campinas, Campinas, Brazil

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Akershus University Hospital, Strømmen, Norway

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Kourosh Health Clinic, Isfahan, Iran; Yourosh Health Clinic, Isfahan, Isfahan, Iran

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Beatrice Razor RN1; Brian Buckley PhD2; Rodney Doftias MD3; Paula Quiambao RN BSN4; Wilma Balzar MD3  
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Hai-yun Fang  
The First Affiliated Hospital of Sun Yat-sen University, Guangzhou, China

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Cathay General Hospital, Nursing Department, Taipei, Taiwan

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1Universidade do Vale do Rio dos Sinos, Caxias do Sul, Brazil; 2Universidade do Vale do Rio dos Sinos, Porto Alegre, Brazil

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1University of São Paulo, Londrina, Brazil; 2Politec Hospitalar Ltda, São Paulo, Brazil; 3Servidor Público Estadual Hospital, São Paulo, Brazil; 4Liga Contra o Cancer, Pampamir, Brazil; 5University of São Paulo, São Paulo, Brazil

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Po-Jui Yu
National Taiwan University, Department of Nursing, Taipei, Taiwan

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Shiau ru Shiu; Mei Yu Hsu; Hsiao Hui Hsu
Buddhist Tzu Chi General Hospital, Nursing, Hualien, Taiwan

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Ana Beatriz Pinto da Silva Morita1; Mario Moreira Vaz Junior2; Maria Angélica Boccara de Paula3
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Ana Beatriz Pinto da Silva Morita1; Angélica Guimarães Donati Bouei2; Maria Angela Boccara de Paula3
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Siriraj Hospital, Nursing Division, Bangkok, Thailand

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Michele (Shelly) Burdette-Taylor
TayLORD Health, LLC, San Diego, USA

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Marian Martyn
Mayo General Hospital Castlebar, Surgical Division, Co Mayo, Ireland

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Somjene Yahuafai
Siriraj Hospital, Nursing Division, Bangkok, Thailand

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University of Sao Paulo, College of Nursing, Ribeirao Preto, Brazil

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1Cathay General Hospital, Nursing Department, Taipei, Taiwan; 2Coloplast, Taipei, Taiwan; 3Kaohsiung Medical University Chung-Ho Memorial Hospital, Nursing Department, Kaohsiung, Taiwan

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Mia Angela Bocarra de Paula1; Aline Lino Balista1; Ana Beatriz P. da S Morita1
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| Nursing Care To Patients With Enterocutaneous Fistulas: Algorithm Proposal | Magali Thom¹; M. A. B. Paula²; Nora Cartaro de Oliveira³; Luciana Barbuy de Oliveira³; Zuleide Matte³; Ana Beatriz Pinto Morita³  
¹Universidade de Taubaté, Taubaté, Brazil; ²Universidade de Taubaté, Departamento de Enfermagem, Taubaté, Brazil; ³Universidade de Taubaté, Itanhandú, Brazil; ⁴Universidade de Taubaté, Santos, Brazil |
| The Effect Of Moist Wound-healing Dressings-based Combined Treatment On Irritant Contact Dermatitis Fter Peripherally Inserted Central Catheter: Experience From 12 Cases | Li Zhen  
Nanfang Hospital, Southern Medical University, Guangzhou, China, Department of General Surgery, Guangzhou, Peoples Republic China |
| Study Of The Efficacy And Management Process Of Hydrocolloid Dressing On Hand-Foot Syndrome | Miki Masada¹; Hidemi N Ishii²; Takabumi Kubo²  
¹Mitoyo General Hospital, Nursing, Zentsuji-city, Kagawa-pre, Japan; ²ALCARE, Tokyo, Japan |
| Less Visits For The Patient - But With Better Quality | Susanne Paulsson; Kristina Karlsson  
Colorectal unit, Sahlgrenska hospital/Ostra, Gothenburg, Sweden |
| Development Of “Fecal Disimpaction Bag Ver.2 ” For Constipation Patients | Atsuko Maskawa¹; Kazue Yoshida¹; Michiko Ito²; Noriko Menju²  
¹Nagoya University, Graduate School of Medicine, Nagoya, Japan; ²Me University, School of Medicine, Dept. of Nursing, Tsu, Japan; ³Social Insurance Central HP, Dept of Nursing, Tokyo, Japan; ⁴Shitennoji Univ, Dept of Education, Osaka, Japan |
| Topic Structure In Pre-operative Nursing Consultations With Patients Undergoing Colorectal Cancer Surgery | Monica Pottersson¹; Eva Carlsson¹; Joakim Öhlein¹; Febe Fitberg¹; Lars-Christer Hyden¹  
¹Institute of Health and Care Sciences, Göteborg, Sweden; ²The Colorectal Unit, Sahlgrenska University Hospital, Göteborg, Sweden; ³Ersta Sköndal University College and Ersta Hospital, Stockholm, Institute of Health and Care Science, Göteborg, Sweden; ⁴Department of Health studies, Faculty of Social sciences, University of Stavanger, Norway and Centre, Göteborg, Sweden; ⁵Linköping University, Linköping, Sweden and Center for Dementia Research, Lindköping, Sweden |
| Effect Of Presence And Distance Teaching Methods On Nurses’ Knowledge About Pressure Ulcer | Maria Helena Barros Araujo Luz¹; Elaine Maria Leite Rangel Andrade¹; Patrícia Azevedo L Cavalcante¹; Ana Karine Costa Monteiro¹; Ana Karoline Costa Monteiro¹; José Machado Moita Neto¹; Isabel Amelia Costa Mendes¹  
¹Universidade Federal do Piauí -UFPI, Enfermagem, Teresina- Piauí, Brazil; ²Hospital de Terapia Intensiva -HTI, Diretora Enfermagem, Teresina- Piauí, Brazil; ³Universidade Federal do Piauí -UFPI, Mestranda em Enfermagem, Teresina- Piauí, Brazil; ⁴Universidade Federal do Piauí -UFPI, Quimica, Teresina- Piauí, Brazil; ⁵Universidade de São Paulo - USP, Enfermagem, Ribeirão Preto - São Paulo, Brazil |
Complimentary And Alternative Modalities For Injured Nurses  
Michele (Shelly) Burdette-Taylor  
TayLORD Health, LLC, San Diego, USA

Analysis Of Scientific Production On Podiatric Care In Patients With Diabetes Mellitus  
Silvana Mara Janning Prazeres¹; Graziela Musskopf²  
¹University Vale do Rio dos Sinos - Unisinos, Coordinator, Porto Alegre, Brazil; ²MaximedSul, Education, Porto Alegre, Brazil

New Testing Standards For Pressure Redistribution Surfaces Including Immersion  
Erica Thibault  
Sizewise, Clinical Research, Evergreen, USA

Living Alone, Patients’ experience Of The First Time At Home After Surgery For Colorectal Cancer  
Monica Silebäck¹; Siw Alehagen²  
¹Östra sjukhuset, Sahlgrenska universitetssjukhus, Göteborg, Sweden; ²Linköpings hälsounivitet, Linköping, Sweden

WCET POSTER AWARDS

WCET Poster Prizes: Poster abstracts will be judged by the WCET Education Committee throughout the congress and awarded during the Closing Ceremony on Thursday, June 19.

Delegates Choice Awards: Delegates have an opportunity to vote for the poster that they feel has the most impact and will assist them with their clinical work. An application form can be found in your congress bag. Only one vote per delegate. Please place the voting form in the box provided at the registration desk by 13.00 on Wednesday, June 18. The winner will be announced during the Closing Ceremony on Thursday, June 19.
PO1

Data analysis of 124 consultations from caregivers of children with an ostomy by telephone/internet

Jie Chen
Children’s Hospital of Fudan University, Shanghai, China

Objective: To probe into the meaning of consultation of caregivers of children with an ostomy by telephone/internet. To analyze the ostomy children’s demands, resolve the common problems after discharge by telephone/internet consultation.

Methods: The data of 124 telephone/internet consultations from 50 caregivers of children with ostomy were retrospectively analyzed.

Results: The consultations from parents has statistically significant between intestinal stoma and colostomy children (P<0.05). Most of the consultations came from children within one month after surgery (82.3%). The contents focused on information about ostomy complication, leakage of defecation, products, and feeding problems, which accounted to 29.0%, 24.2%, 22.6%, 19.4% respectively. The problems were solved by telephone interview in 83 consultations (68.5%).

Conclusion: Consultation by telephone/internet is useful to find out the demands of discharged child ostomy patients, resolve their parents’ problems in time and improve their quality of life. It has great significance for improving health education and extensive services of ostomy children.

PO2

Effectiveness of Whole-course Family Nursing Intervention on Health Improvement in Ostomy Childrens and Their Parents

Jie Chen
Children’s Hospital of Fudan University, Shanghai, China

Objective: To develop a whole-course family nursing intervention to parents of children with stoma.

Methods: Case control quasi experimental research design. 23 colostomy children from July to December 2009 as control group; 23 patients were selected from January to June 2010 as intervention group. Whole-course family nursing intervention was carried out among the intervention group, including full implementation to provide information and psychological support, parental involvement in early postoperative stoma care, stoma care knowledge education and skills training and telephone consultation for three months.

Results: 1. Baseline survey showed the rough score of parents’ was 37.32±5.91 of SAS and 25.93±4.38 of SDS; 23.91% (11/46) of parents had anxiety and depression co-exist. After intervention the score of SAS and SDS were significantly higher than control group (p<0.05). 2. Ostomy care knowledge Degree were significantly higher in the intervention group than the other upon discharge, 1st month, 3rd months after stomy (p<0.05). 3. Significantly difference on leakage of stoma bag, the peristomal skin disorders, the severity of dermatitis, parents active participation in changing bags, changing bags independently before discharge(p<0.05). The questionnaire after discharge shows stoma bag paste, the peristomal skin disorders, the severity of dermatitis, ability to deal with the situation between two groups differed significantly (p<0.05). 4. Significantly difference on prealbumin between two groups on 3th month(p<0.05).

Conclusion: It is an effective approach in improving physical and psychological rehabilitation of enterostomy children and their families.

PO3

A Snapshot Of How People With A Stoma Are Affected By Experiencing Leakage And Feeling Of ’Standing Out’

Joke Claessen
UMCU, Utrecht, Loenen a/d vecht, Netherlands

Introduction: ‘Leakage under the adhesive’ and the feeling of ‘standing out’ have been identified, by two large market surveys, to be important factors that have great impact on the daily life for people living with a stoma. Based on these findings a questionnaire has been developed to specifically address these concerns through a structured quantitative survey.

Aim: To establish a snapshot data set to better understand how people with a stoma are affected by the issues of leakage and the feeling of ‘standing out’.

Method: The survey will be carried out as an online quantitative survey amongst people with a stoma. All respondents will remain anonymous in the survey. The survey will include minimum 500 respondents from minimum 5 countries. Once data has been collected, the data will be analyzed involving statistic analysis to identify any significant deviations. This will involve different tests; Chi²-test and T-test. The survey will be carried out ultimo 2013-primo 2014.

Result: The statistical analysis will be completed in March 2014 and data will be presented

Conclusion: A snapshot of the situation today will provide a benchmark which can be used in the future to assess the effects of improved ostomy appliances and how it makes a difference within stoma care.

1. Leakage is defined as faeces or urine under the adhesive.
2. IMS Study 2010 (Data on file)
3. Coloplast end-user survey 2012 (Data on file)

PO4

Surviving The Cure An Ostomates Journey Following Organ Transplant

Deb Day
Central Coast Local Health District, Stomal Therapy, Gosford, Australia

Introduction: P, a 65 year old woman, is believed to be Australia’s longest living organ transplant recipient. As a result of pyelonephritis at the age of 16, she was diagnosed with kidney failure. With little option other than long term dialysis or a kidney transplant, she received her new kidney at age 22. Long term immunosuppressant therapy followed, with consequences. Multiple side effects have resulted in ongoing health issues with a decrease in quality of life. Most recently recurrent anal squamous cell carcinomas required a pan proctocolectomy and permanent ileostomy. Multiple hand surgeries and debilitating osteoarthritis, a consequence of immunosuppression, meant ease of stoma care was an important consideration.

Aim: To describe measures taken to maintain optimal physical and psycho social well being, which include ease of care, prevention of leakages, protection of the peri stomal skin, and avoidance of convexty.

Method: A trial of multiple appliances and accessory products was undertaken. With a less than ideal stoma, thought and skill were required by the Stomal Therapy Nurse.

Result: After several weeks of trial and error, products were found that provided optimal management for P. Her precision with her care, knowledge of her health conditions, contributed to the success of these measures.

Conclusion: Successful stoma management has assisted P in her journey, by providing comfort, ease, security and maintenance of skin integrity. P has great strength, determination and an excellent knowledge of her health conditions. Although her health and mobility are declining, she remains positive about the future.
Stoma Acceptance And Stoma Care Self-efficacy And Interpersonal Relationships

Punam Adhiwary
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Introduction: There have been significant advances in stoma appliances and an increase in nurses specialising in stoma care. Despite this, a large proportion of patients continue to experience adjustment problems, which suggests that improvements in the management of the stoma by themselves are not enough to enhance psychosocial functioning. These evidences can offer stoma therapists alternative ways of aiding adjustment.

Aim: This paper is a report of a study examining adjustment and its relationship with stoma acceptance and social interaction and the link between stoma care self-efficacy and adjustment in the presence of acceptance and social interactions.

Method: 30 patients with stomas provided demographic and clinical data and completed validated questionnaires to measure acceptance of the stoma, relationship with others and stoma care self-efficacy 3 months after surgery.

Conclusion: Addressing psychosocial concerns should become part of the care routinely given to stoma patients. We recommend more emphasis on dispelling negative thoughts and encouraging social interactions.

Equipment For The Care Of People With Stomas: Study In Private Hospitals Of Sao Paulo - Brazil

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Introduction: The person stoma care among other shares of equal significance, including the selection and proper indication of collection equipment and specific adjuvants, in search of rehabilitation and improved quality of life. Objectives: Identify the standard equipment for stomas in private hospitals know if there routine purchase of equipment for the care of people with stomas, check if there is standardization and dispensing equipment, identify the individuals responsible for standardization of equipment and what are the brands equipment for the care of people with stomas commonly used in private hospitals in São Paulo.

Methods: We studied thirteen hospitals accredited with the National Association of Private Hospitals, located in the metropolitan region of São Paulo to participate in the study. For data collection technique was used for intensive and extensive direct observation through standardized interviews with those responsible for the standardization of these hospitals, being used as a form tool for gathering information.

Results: Six (46.15%) of the hospitals surveyed had studied the standard equipment for ostomy, seven (53.84%) were: criteria for standardization, responsible for standardization was a multidisciplinary committee and had a routine purchase of equipment ostomy and only one (7.69%) had a routine dispensing equipment and seven (53.84%) were the most commonly used brands Coloplast, Convatec and Hollister.

Conclusion: Despite the participating hospitals are large and their leaders show their concern with quality, not all had protocols and indicators for ostomy care and most had no standardization of equipment for ostomy.

Stoma Acceptance And Stoma Care Self-efficacy And Interpersonal Relationships

PO7

Excuse Me, Where Is The Toilet? 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, an event that the patient has been looking forward to for a long time. 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 at home after reversal of a temporary loop-ileostomy due to rectal cancer.

Method: Qualitative semi-structured interviews with five patients (four men and one woman) at the age between 32-79 years were conducted 4-6 weeks after reversal of a temporary loop-ileostomy due to rectal cancer. The interviews were analyzed using qualitative content analysis (Graneheim & Lundman (2004). The patients were recruited from the colorectal unit at Sahlgrenska University hospital/Ostra and the surgical unit at Kungälv hospital, Sweden.

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, 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 they could not control the altered bowel function satisfactorily by themselves. 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. It would also lead to an increased knowledge about anterior resection syndrome.
prerequisites for understanding the content, time required for the study, module content, outcomes, self-assessment and bibliography.

**Final Thoughts:** The modules were built in a didactic and simple way. It is believed that the dynamic characteristics and the use of innovative technologies, this courseware is constituted to support the teaching/learning process for students from different health areas.

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**PO9**

**Pressure ulcer incidence rate as a quality indicator in intensive care settings: a review of literatures**

Chi Keung Peter Lai
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**Introduction:** Pressure ulcer (PU) was commonly quoted as an indicator of nursing standards. Any change in its utilization in recent years after publication of international consensus documents on avoidable/unavoidable PU and skin changes at life's end was unknown.

**Aim:** To systematically review literature published in the last decade to observe the pattern of using pressure ulcer as an outcome indicator in intensive care settings.

**Method:** A literature search was performed in MEDLINE/Pubmed, CINAHL and EMBASE. Articles were eligible for inclusion in this review if pressure ulcer was used as an outcome measure in adult intensive care settings. Study selection and quality assessment were undertaken by two independent reviewers. Data was synthesized qualitatively by lead author to study the relationship between nursing standards and PU.

**Result:** 126 articles were identified, including twelve interventional studies and two literature reviews. Of the eleven studies conducted in intensive care settings, most of them were observational in nature. PU rate was commonly adopted as a surrogate marker to reflect nursing standards. The concepts of unavoidable PU as defined by National Pressure Ulcer Advisory Panel (NPUAP) and skin failure in the context of multiple organ failure and/or at life’s end were not considered in the reviewed studies. PU incidence rate was reported negatively as poor nursing standards.

**Conclusion:** PU incidence rate can reflect nursing standards. However, a more objective interpretation should include a concomitant review of practice patterns, patient characteristics and PU preventability before any conclusion on nursing standards can be drawn.
**0-01**

**GSMOSE Study: Multinational Evaluation Of The Peristomal Condition In Ostomates Using Moldable Skin Barrier**

**Urszula Szewczyk 1; Mary Cabral 1; Karin Hilzel-Plontek 1; Grazyna Majewska 1; Maria Sowycz 2
1Teaching Hospital no 2, Medical University of Poznan, Surgery, Poznan, Poland; 2RI Ostoamates Using Moldable Skin Barrier**

**OBJECTIVES:** The objectives of the study were to estimate the incidence and severity of peristomal skin lesions, evaluate the progression of peristomal skin condition, and assess the level of satisfaction in ostomates using a moldable skin barrier.

**Introduction:** Patients adapting to an ostomy can encounter physical issues such as skin lesions or leaks, as well as psychosocial challenges of altered body image or quality of life. A properly fitted skin barrier and intact peristomal skin are required to avoid a cycle of leakage and erosion, which can impact the patient both physically and psychosocially. Previous studies have shown that the use of moldable skin barriers resulted in high levels of patient satisfaction and effective peristomal skin protection; this study was designed to investigate this further.

**Materials & Methods:** GSMOSE was an observational, prospective, multicenter, multinational evaluation of a moldable skin barrier in ostomates with a colostomy, ileostomy, or urostomy. Patients enrolled in Group A used the moldable skin barrier as the first long-term system after stoma creation, and patients in Group B replaced a traditional skin barrier with the moldable skin barrier. Data was collected via case report forms at baseline, 8-15 days, 1 month and 2 months after baseline. Peristomal skin condition was assessed at each visit using a validated peristomal skin assessment scale.

**Result:** Patients rated their satisfaction with the moldable skin barrier significantly higher than those using traditional skin barriers.

**Conclusion:** The use of moldable skin barriers in ostomates improves patient satisfaction and peristomal skin condition.

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**0-02**

**TACKS: Study Concerning The Alterations Treatment Of Peristomal Skin**

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1ASU SAN LUIGI GONZAGA, Urologi, Orbassano, Italy; 2ASO MOLINETTE, Surgery, Turin, Italy**

**Introduction:** According to the literature, the definition of a peristomal skin alteration raises dissenting opinions. The standardization of the alteration features is not yet a universally agreed and shared path, and the treatment is still the result of the operator’s subjectivity on basis of the competences. The same proposal of a protocol, which contributes to the crossing of this limit can be controversial. On account of this a team of Italian stomatherapists thought of contributing with a work in progress. Newness takes a while for stakeholders to accept, to trust and legitimise. Practical expertise is often the basis of power and can easily subvert authority relations. These dangers are particularly acute in the hierarchical and status driven NHS.

**Method:** The examination of the support role in stoma care at Hillingdon was based on 9 interviews conducted amongst those with a stake in the new role. The CSAW role was designed principally to engage in ward work dealing with patients in need of stoma care. The role developed organically rather than to any clear cut strategic initiative.

**Result:** A new specialist role is more likely to become established if it emerges from within a team or clinical area than if it is imposed from “on high”. The CSAW role emerged not as a result of a top down startegic initiative but as result of bottom up opportunism.

**Conclusion:** A new role does not arrive ready formed and Bradly to go; it is often a work in progress. Nuiness takes a while for stakeholders to accept, to trust and legitimise. Practical expertise is often the basis of power and can easily subvert authority relations. These dangers are particularly acute in the hierarchical and status driven NHS.
Caring For The Stoma Patient With Dementia Or Learning Difficulties

Pat Black
Hillingdon Hospital, Coloproctology, Uxbridge, UK

Introduction: Dementia is a generic term indicating the loss of intellectual functions including memory, being able to do day to day activities and social behaviour. In the UK it is estimated that there are 821,884 living with dementia and this number is expected to rise due to the increase of the elderly population.

Aim: The ethics of bowel surgents often questioned in elderly patients with dementia yet there is little written in the medical literature. However, there appears to be a wide variation in the approach of surgeons to operate on a patient with dementia and bowel obstruction.

Method: In considering disclosure of diagnosis, such a bowel cancer, for the patient with dementia or learning difficulties it must be remembered that many people can understand their diagnosis, receive information and can be involved with decision making.

Result: Managing a stoma can be difficult under normal circumstances, but for patients with dementia or learning difficulties this can become more of a challenge for the nurse or carer. A care planning model for the patient is essential.

Conclusion: There is no easy answer as to whether the patient with dementia or learning difficulties will be able to self care with a stoma in their own home. In the authors experience many spousal carers find there is no respite day or night when the patient has a stoma. As this becomes more common, health care professionals are going to be asked “how do I make the bag stay on”.

The Effect Of Colostomy Irrigation On The Peristomal Skin In Patients With Permanent Colostomy After The Miles Operation

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Aim: This study was designed to observe the effect of colostomy irrigation on the peristomal skin in rectal cancer patients with permanent colostomy after the Miles operation.

Method: A prospective study was used. Totally 120 eligible individuals were randomized into the control group (51 cases) and the experimental group (51 cases). The experimental group patients were treated with colostomy irrigation care, and the control group patients were treated with naturally regulative defecation care. Two groups of patients were followed up for six or more months, and the peristomal skin changes were measured using the Discoloration, Erosion, Tissue overgrowth (DET) score at discharge, one month, three months and six months after discharge. After 6 months, data of 89 patients (46 cases of the experimental group, 43 cases of the control group) were completed by these patients and some have had stoma reversal with assessment of DET score downtrend. A quality of life survey has been completed as evidence for individual performance review.

Result: The DET score of two groups showed a significant downward trend. However, DET score downtrend of the experimental group is more rapid. Each follow-up point, discoloration, erosion score and DET total score after intervention in the experimental group were lower than the control group (P < 0.05).

Conclusion: Colostomy irrigation can significantly reduce the incidence of stoma complications of rectal cancer patients after the Miles surgery and significantly improve the health level of the peristomal skin.
Case Report On The Use Of Foam Dressing for Enterocutaneous Fistula

Hyunsuk Park
Severance Hospital, Seoul, Republic of Korea

Introduction: Enterocutaneous fistula (ECF) is an abnormal connection between intestine and skin. The ultimate goal of ECF management is to provide a patient comfort by applying effective and proper dressing to peri-fistula skin. This case report indicates effectiveness of foam dressing in ECF management.

Case report: A 20-year-old female patient who had Crohn’s disease underwent laparoscopic total proctocolectomy with ileostomy. After the surgery, an ECF occurred on the right lower quadrant of the abdomen. Two years later, the patient had another operation on infected wound to drain out effluent. Postoperatively, one more ECF developed between the first ECF which the patient already had on the RLQ and the ileostomy. The effluent of the first ECF on RLQ was drained 20–30ml/day at average. On the other hand, the position of the second ECF was too superficial to drain out the abscess and was not suitable to insert even the smallest catheter. In consequence, incision and drainage (I&D) was performed and gauze dressing was applied twice a day.

Method: Frequent dressing change was necessary on both ECFs because the patient had severe skin irritation which, in result, affected daily activities such as cooking and working. Then, transparent non-adherent polyurethane film was applied over the foam (with a space for the EAF) to include and cover the surrounding skin. Sealing of the opening of the EAF was done with a layer of Vaseline and a negative pressure system connected to the foam layer. Peristomal area was filled with ostomy paste and a stoma bag was placed to drain the effluent of the EAF.

Result: Dressing was changed every 2 to 3 days at average. Foam dressing (Tegaderm foam) was used in dressings to both ECFs. The foam dressing was changed every 2 to 3 days at average. The exposed bowel and surrounding skin did not get contaminated with the effluent resulting in gradual contraction of the wound area.

Conclusion: Using foam dressing (Tegaderm foam) appears to be effective in ECF management. Additionally, either the foam dressing or Tegaderm foam was used in dressings to both ECFs. The foam dressing was changed every 2 to 3 days at average. The exposed bowel and surrounding skin did not get contaminated with the effluent resulting in gradual contraction of the wound area.

Case Report On The Use Of Foam Dressing for Enterocutaneous Fistula

Hyunsuk Park
Severance Hospital, Seoul, Republic of Korea

Introduction: Enterocutaneous fistula (ECF) is an uncommon complication after abdominal trauma or sepsis. When associated with an open abdomen, managing this is difficult. Effective drainage of the effluent should be done while avoiding maceration of the skin and causing irritation of the exposed bowel surface. Several techniques have been described but they are costly and the resources are not readily available in developing countries. We describe our management of a large open abdomen with an EAF with a novel technique using NPWT.

Aim: To evaluate the use of foam dressing in the management of ECF in a patient with open abdomen.

Method: A novel method was effective in promoting healing of the open abdomen with the EAF.

Result: The exposed bowel and surrounding skin did not get contaminated with the effluent resulting in gradual contraction of the wound area.

Conclusion: This novel method was effective in promoting healing of the open abdomen with the EAF.

A Novel Method Of Managing An Open Abdomen With An Entero-atmospheric Fistula

Udena Athula Kimara Dammalage
Colombo South Teaching Hospital, University Surgical Unit, Colombo, Sri Lanka

Introduction: Enterocutaneous fistula is an uncommon complication after abdominal trauma or sepsis. When associated with an open abdomen, managing this is difficult. Effective drainage of the effluent should be done while avoiding maceration of the skin and causing irritation of the exposed bowel surface. Several techniques have been described but they are costly and the resources are not readily available in developing countries. We describe our management of a large open abdomen with an EAF with a novel technique using NPWT.

Aim: To evaluate the use of foam dressing in the management of ECF in a patient with open abdomen.

Method: A novel method was effective in promoting healing of the open abdomen with the EAF.

Result: The exposed bowel and surrounding skin did not get contaminated with the effluent resulting in gradual contraction of the wound area.

Conclusion: This novel method was effective in promoting healing of the open abdomen with the EAF.

Actually I Dare Not! A Focus Group Study Of What Influences Nurses Addressing Ostomy Patients’ Sexuality

Ulla Skraep
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Introduction: Studies indicate that the majority of nurses don’t talk to patients about sexuality and possible sexual dysfunctions after operation and creation of a stoma. However patients call for a dialog.

Aim: The purpose of this study (master project) was to investigate factors of importance in nurses addressing ostomy patients’ sexuality and sexual dysfunctions.

Method: A qualitative focus group interview was conducted, five nurses from a surgical department with colorectal cancer patients participated.

Result: The analysis showed following factors as barriers in nurses addressing ostomy patients’ sexuality: wishing to be professional, lack of knowledge, modesty, taboos, prejudices and lack of relation with the patient. Most factors acting as barriers to nurses addressing sexuality can be avoided by teaching nurses about surgery and treatment impact on patients’ sexuality and sexual dysfunctions. In addition, nurses need to practice talking about sexuality and challenge their prejudices.

Conclusion: For my department it meant more focus on the subject: Sessions in how to use the PLISSIT model. Participating in a local nursing symposium and a development and research event. A themed arrangement with a local surgeon teaching the participants in both physiology and anatomy related to sexuality and sexual dysfunctions after surgery. Furthermore a sexologist was teaching how to talk to the patients about the subject and how to cope with own modesty and prejudice in a taboo area. Sessions to follow up using our new knowledge. A clinical best practice guideline. Addressing sexuality became an element in the exciting follow up interview with the patient 30 days after can

What A Patient Wants To Say To His Stomatherapist

Briatte Cripin, 1 Alex Kartheuser 2, Aliou Dacache 2
1 Clinique Universitaire saint Luc, Stomatherapie, Bruxelles, Belgium; 2 Cliniques Universitaires Saint Luc, Unité de chirurgie colorectale, Bruxelles, Belgium; Université catholique de Louvain, HRST, Bruxelles, Belgium

Introduction: The needs of patients in therapeutic education and in accompaniment has been identified for a long time but not the moments when they appear.

Aim: To determine the point in time, either pre-operatively, postoperatively or at long-term follow-up, where the needs for support and education of stoma-patients emerge.

Method: The study was divided into two parts. The first part consisted in a qualitative study. Fifty patients were interviewed before the procedure, at the end of the hospital stay and 3 months after the ostomy placement. The second one was a quantitative study i.e. questionnaires compiling the answers of 320 patient’s. The questionnaires were elaborated.

Result: The results are very rich and do concern every category of care-givers. Patient’s are in demand of having more information about the stoma before theater. One consultation with the stomatherapist is obviously not enough. The stoma-patients need a long follow-up especially in case of definitive stoma. They might have questions up to 5 years after the intervention.

Conclusion: In conclusion, the stoma-nurses have some work to adapt their practice to the real needs of the stoma-patients.
The general part of the thesis includes working conditions and working fields of stoma therapy in combination with the basic conditions (as there are process-, structure- and result quality and the adequate supply with sufficient stoma material) necessary to enable the implementation of a stoma ambulance in a hospital. The areas of knowledge- and quality management in stoma therapy and of consulting will be dealt with as well. The empirical part of the thesis consists of two qualitative researches: three expert interviews to assure the hypothesis and ten interviews with stoma patients to be able to either qualify or reject the hypothesis “The aspects of consulting, training and continuous accessibility in stoma therapy are important for the stoma patients”. Both, the interviews with the experts, as well as with the stoma patients, were carried out personally, face to face. A partly standardized guideline was used in doing so. The results of the patient interviews show that patients rate a continuous, individual consulting, training and ambulant control of stoma patients by continence and stoma consultants as essential for the secure handling with their stoma supply. Thus the hypothesis could be verified. Due to the small numbers of interviews carried out, the survey however is limited. To be able to phrase a theory a quantitative survey was done the last 2 Years. 714 Ostomates sent the questionnaire back. The results will be discussed at the WCET conference.

Results:

Females 96.6% (29), 66.6% (20) were above 36 years. All were nursing an Urostomist with this condition. It will aim to discuss the difficulties in obtaining a diagnosis and demonstrate the emotional journey the patient endured.

Objective: This presentation is intended to educate colleagues on Squamous Cell Metaplasia in stoma patients, providing them with the ability to recognise this condition and provide the patient with the right form of treatment.

Method: A review of the literature highlights there is very little written on this subject, some of this being 40 years old. This condition seems to be rare on a stoma. A case study will be used to emphasise a ladies ongoing journey. This journey has led her back and forth to hospital where she met several different multi disciplinary teams and has had to undergo ad.

Introduction: Enterostomal therapy is a expanding specialty and has grown in Brazilian domestic market. The enterostomal therapist nurse can act not only in assistance activities, but also in teaching, researching, administration, sales, consulting and advisory services in public, private, outpatient departments, clinics, and other areas.

Objective: To characterize the nurses professional profile regressed from Enterostomal Therapy ETNEP at a University in the State of Sao Paulo.

Method: Descriptive study with quantitative approach. Data were collected through semi-structured questionnaire containing 15 questions emailed to 148 nurses, but only 30 professionals answered, corresponding to the final qualitative postgraduates in enterostomal therapy, between the years 2001-2011.

Results: prevalence of females 96.6% (29), 66.6% (20) were above 36 years. All have worked at ET area, 93.3 % (28) were still working, 73.3% of these (22) with less than ten years of experience. Seventeen (55.11%) participants work or worked in hospitals. The areas of care, teaching and research were the most reported by these professionals. Everyone wanted to stay in the area and of those, 66.6% (20) reported being satisfied, 86.6% (23) of the participants performed regular refresher courses and of these, 69.9% (21) reported frequency atulization courses at least twice a year. None of them were retired.

Conclusions: Most of the enterostomal Therapists nurses had less than ten years of experience, remained satisfied with the specialty being the predominant work performed in hospitals as assistant nurses and they kept updating themselves.

Introduction: Stoma formation is a life changing event which starts a rollercoaster journey of physical and psychological changes for many patients. Adaptation can often be difficult and timely. Consequently some stoma related problem will have a significant effect on this.

Squamous Cell Metaplasia is a condition when one differentiated cell type is replaced with another mature differentiated cell type. This change can be part of normal maturation process however it is often caused by chronic irritation from leaking urine and faeces (Lyon C, 2001). The consequences of this condition on or around a stoma are thickening of the skin and warty papules which cause soreness, bleeding and leakage, all of which can affect the patient’s quality of life.

Achieving an acceptable quality of life is a priority to patients and is the main target of nursing intervention. This presentation will highlight the challenges I faced whilst nursing an Urostomist with this condition. It will aim to discuss the difficulties in obtaining a diagnosis and demonstrate the emotional journey the patient endured.

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Introduction: The history of ostomy care in Hungary roots back to the 80s, it began with coloproctology care, connecting ostomy care. Since then, more than 200 nurses received some kind of education to perform this task, but state-approved education still doesn’t exist.

Aim: My aim is to present the working conditions and educational opportunities of the Hungarian ostomy therapists and what kind of help they get both from the state and from other sources.

Method: I have examined the situation of the Hungarian ostomy care retrospectively by examining literature.

Results and conclusions: In Hungary in all hospitals employ experienced ostomy care nurses, despite the fact that this kind of job and education doesn’t exist officially. Nurses care about the ostomates besides their basic tasks as additional duty. At present two nurses work with internationally recognized education, nevertheless the state still does not acknowledge their skill. Only medical device distributing companies offer nurses accredited trainings, the state itself doesn’t. Convalet gives the most significant support to ostomy therapists in Hungary in the following ways:

1. Accredited ostomy care training for beginner nurses
2. Accredited ostomy care training for nurses with several years of routine
3. Support of Nurses Association’s magazine (“Stoma Világ”)
4. Development of stoma care form in accordance with legal requirements and acceptance of professionals
5. The support of ostomates organizations (ILCO clubs) in their lobby activities to ensure an adequate level of care
Ilco Sweden Ostomy Association

Maria Steen
Swedish Ostomy Association (ILCO), Göteborg, Sweden

Introduction: ILCO was founded 1965 is a member of Nordic Ostomy Association, NOA, and the European Ostomy Association, EOA. EOA is one of Three regions in the World; the other are ASPOA Asien South Pacific Ostomy Association and OAA Ostomy Association of the Americas.

Aim: Guard the interest of all people with disabilities in the intestines and the bladder, amongst which many have an ostomy.

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

Result: Working together with professions, especially ostomy therapists and doctors, to gain the best care possible for our members.

Discussion: The professions are experts of their work, people with stomach and intestine problems together with ostomates are experts of their diseases and their living conditions. ILCO would like to find good ways of working together to increase the living conditions for these persons.

Maria Gyfe presents the cooking and inspiration book ‘For people with other exits’ which is handed out here at WCET in Gothenburg.

0-017

- Kock Pouch Audit And Future Plans

Alison Crawshaw
Independent Nurse Specialist, Edinburgh, UK

Introduction: - Many Kock Pouch procedures were undertaken in the 1970s and 1980s and the surgeons and specialist nurses who have built up experience and knowledge to support and assist these patients are now retiring. We wished to ascertain how many Kock Pouch Patients (KPPs) there are in the UK, what problems they have encountered and which centres have the expertise to deal with these problems.

Methods: - Over 200 questionnaires were sent out to the Stoma Care Nurses on the WCETUK data base asking about their knowledge of Koch Pouch formation and management. As well as if they would be willing to send out questionnaires to any KPPs they are aware of in their area. We had 98 responses of which 12 were able to identify KPPs in their area. 61 questionnaires were sent to KPPs and 27 were returned. The questionnaire provided us with both qualitative and quantitative data on 19 different aspects of living with a Kock Pouch in the UK.

Results: - There is evidence that Kock Pouch surgery is now only being undertaken in 2 UK centres and that there is a general lack of knowledge with health care professionals regarding long term management. Many KPPs have a fear of being admitted to their local hospital with a Kock Pouch problem as lack of knowledge has increased the chance of the pouch being removed. The majority felt isolated, but despite experiencing problems, they would “do anything” to keep their Kock Pouch.

Next stage: - A working party consisting of surgeons, clinical nurse specialists in stoma care and KPPs has been set up in order to compile a generic information booklet for patients and a booklet.

0-018

Standard Program Of Care For Management Of Patients With High Output Loop-Ileostomy

Emeli Magnusson, Eva Bengtsson, Pamela Buchwald
Helsingborg Hospital, Colorectal unit, Helsingborg, Sweden

Introduction: In patients undergoing low anterior resection a temporary diverting loop-ileostomy is created in order to prevent complications due to anastomotic leakage. We and others have shown that almost 30 % of patients with a defunctioning loop-ileostomy suffer from dehydration caused by a high output loop-ileostomy.

Aim: The aim of the present study was to produce a standard program of care regarding patients with a high output temporary loop-ileostomy.

Method: Literature search was made in Pubmed and Medline using MeSH-terms; dehydration, high output and loopileostomy. Approximately one hundred abstracts were identified and thirty articles were read thoroughly. The Swedish national guidelines for rectal cancer were also included.

Result: We have developed a standard program of care for management of high output loop-ileostomies. Based on the above program, patient information and treatment guidelines for physicians have been made.

Conclusion: Our standard program of care for managing high output loop-ileostomies is available through the homepage of Southern Swedish Oncological Centre (http://www.skane.se/rccl). We believe that our program will prevent dehydration due to high loop-ileostomy output. We are currently undertaking a follow up study.

0-019

Stomal Therapy Inservice Education Project

Sandy Hyde-Smith, Desley Hegney, Michelle Sin
1Sir Charles Gardner Hospital, Stomal Therapy, Perth, Western Australia, Australia; 2Sir Charles Gardner Hospital, Nursing Research, Perth, Australia

Introduction: An important aspect of the Stomal Therapy Nurse role is to provide Stomal Therapy education to ward staff. Traditionally at this hospital, this education has been provided in the form of group Power Point presentations that were poorly attended. Additionally, there was little evidence to demonstrate the retention of and/or translation of this knowledge into practice.

Aim: The study aimed to determine if a face-to-face session was equally or more effective than a power point didactic presentation and which of these methods ensured knowledge and skills were maintained.

Method: This prospective exploratory study recruited a convenience sample of 41 nurses from the General Surgical ward. Nurses were randomly assigned to two groups. Group 1 attended a power point presentation (n= 23) and Group 2 attended one on one education (n=18). All participants completed a questionnaire pre, immediately post and 6 weeks post education to test their retained knowledge. The questionnaire contained 27 questions and collected demographic information as well as containing a knowledge test. Data were analysed using IBM SPSS Statistics 21. We firstly compared the demographics of the nurses in each group to ensure there were no significant differences; then compared the results of either group at each of the time periods.

Results: Both groups demonstrated an approximate 25% improvement in knowledge immediately post education. The 6 week questionnaire demonstrated a 5% drop off to a 20% improvement from the baseline pre-op questionnaire.

Conclusion: Group power point presentation is as effective as the more labour intensive one on one education in delivering in-service education. The project resulted in a noticeable increase in ward staff interest and engagement in stoma care.
Meeting The Challenge To Educate Non-stomal Therapy On Care Of The Faecal Or Urinary Stoma

Linda Raymond 1; Ann Payne 2; Kerrie Missen 3
1Latrobe Community Health Service, Ambulatory Care, Morwell, Australia; 2Central Gippsland Health Service, Wound Management and Stomal Therapy, Sale, Australia; 3Gippsland Integrated Cancer Care Services, Traralgon, Australia

Introduction: Gippsland stomal therapy nurses (STNs) alerted Gippsland Integrated Cancer Services (GRICS) to the need for stoma care education to NSTN’s. Data from Victorian Ostomy Associations indicated 613 Gippsland ostomates could be potentially impacted by this lack of knowledge. Gippsland covers 18% of Victoria (41,538 square kilometres) -- 10% of Sweden’s land mass. The size, geography, remoteness of Gippsland and the diversity of NSTN roles provided a challenge in determining how to provide education.

Aim: To improve NSTN’s knowledge and confidence and to reduce unwanted variation in clinical practice when providing care to ostomates.

Method: An on-line self directed learning package (SDLP) was developed enabling delivery of education for NSTN’s even in the remotest areas. Optional hands-on workshops were also provided at several sites in Gippsland to consolidate the learning package. Workshop participants were surveyed to evaluate both SDLP and the workshop.

Result: As of August 2013, 674 (323 from Gippsland) nurses have completed the SDLP; and 71 have attended workshops. Results from the evaluation indicate that over 80% of respondents either strongly agreed, or agreed that the SDLP and workshop had met the aims as stated above.

Conclusion: An on-line SDLP was developed primarily for Gippsland NSTNs caring for ostomates and many nurses are now better equipped to care for patients with a stoma. For GRICS it is gratifying that their project has had a wide reaching impact and has resulted in better care for ostomates and reducing unwanted variation in clinical practice. The authors wish to acknowledge the contribution and support to this project provided by Latrobe Regional Hospital.

Follow Up The Patients With Ostomy At Community Health Centre Ljubljana, Slovenia

Renata Batag
Community Health Centre Ljubljana, Slovenia, EU, Department for District and Community Nursing, Ljubljana, Slovenia

Introduction: The proportion of elderly patients with ostomy is growing and it is indicated the growing need for organized care. In article is put special emphasis on teaching and training of old people with ostomy for selfcare in home environment. Continuing follow up of all patients with ostomy is helping to prevent many ostomy complications and provides better quality of ostomy patients life.

Aim: The aim is to prove importance of continuing follow up of ostomy patients to prevent possible ostomy complications.

Methods: The descriptive research method with review of literature and internal documentation was used. Ostomy patients are represented by case reports. Patients with bladder cancer undergoing cystectomy with creation of a urostomy must relate to stoma care. Being able to change a stoma appliance independently improves quality of life significantly. Previous research has validated the Urostomy Education Scale (UES) as a standardised tool to document the patients’ level of stoma self-care skills.

Aim: To further validate the UES by testing inter-rater reliability among urology nurses.

Material and Methods: In total 38 nurses with different levels of experience in teaching stoma care participated in the study in the period from June 2011 to September 2012. Data were categorised into three groups to investigate the influence of experience on reliability: comparing two competent nurses, two experts or one of each. Two nurses randomly observed the patient during a training episode changing a stoma appliance. They scored the patient’s level of stoma self-care skills. The scores were compared for agreement.

Results: A total of 150 training episodes were performed. The variation in scores were not influenced by the nurses’ level of experience (p=0.05). No significant difference was found between nurses’ scores. Reliability was found to be high with Limits of Agreements showing 87% of scores (95% CI: 80; 92) were within a difference of ≤ 2 points.

Conclusion: The UES was found to be reliable despite nurses’ different level of experience. The UES can contribute to a precise documentation of stoma self-care.
0-024

Think Stoma Nurse - An At A Glance Referral Assessment Toolkit For Nurses And Patients

Judy Hanley 1; Jane Adams 2
1Great Western Hospitals NHS Foundation Trust, Stoma Care, Swindon, UK, 2Dansac Ltd, Cambridge, UK

Introduction: Think stoma nurse was initially developed to comply with the Trust “Think Specialist Nurse” strategy. The utilisation of a traffic light system links with the principles of a nationally recognised referral assessment tool (RAFT), developed by the NHS Institute for Innovation and Improvement (2010). It has subsequently been adapted as a guide for patients.

Aim: With minimal adaptation it has been utilised for all health care professionals, patients, relatives and carers. The guide provides a simple, at a glance RAFT to facilitate timely referral to the stoma care nurse (SCN).

Method: Utilising the traffic light system in the UK of red, amber and green, pocket sized cards have been produced to highlight, remind or prompt the circumstances and degree of urgency a referral to the SCN is indicated.

Result: The RAFT demonstrates SCNs’s value for money to an organisation and improve the patient experience (Fletcher 2011) The initiative has previously been presented in Europe and has the ability to be translated into any language for immediate usage. It has already been translated into Japanese. A patient version is going to be made available to highlight the importance of prompt self referral, thus minimising the risk of increased peristomal skin and stoma problems.

Conclusion: ‘Think Stoma Nurse’ empowers staff, enabling them to develop their assessment and practical stoma care delivery skills and reduces deskilling. It has significant benefits for both organisations and patients, ensuring a fast, effective and appropriate referral system.


0-025

The Dilemma of Choice

Nick Buckle; Terri Parrot
Coloplast Ltd, Peterborough, UK

Introduction: There is an increasing need to provide a rationale for product solutions as commissioners and additional stakeholders investigate the cost of stoma care. The combination of experiential learning within stoma care, combined with the vast range of products available, creates both a dilemma of choice and ambiguity in rationale.

Aim: To create a tool that both documents and provides a rationale for product solutions.

Method: Stage 1, Application of research findings from the Dialogue study and findings from a literature review, informed investigatory workshops with UK SCN’s to ascertain if there is a correlation between body assessment and product selection, and the rationale applied to product selection. These workshops highlighted several practice-oriented issues; a lack of parity between SCN’s regarding product solutions for the same body type, rationale for product solutions varied greatly, reservations existed to use convexity due to concerns of complications, confusion prevailed with regard to the variety of products available and when they were clinically applicable, significant variations in knowledge as to how convexity works and dilemmas regarding the use of accessories.

Stage 2: Two interdependent projects were initiated, one to draw conclusions from published literature regarding the risks and implications of convexity. The second to investigate if an assessment guide/product algorithm could be developed to provide a foundation for clinical decisions and rationalise the experiential knowledge of experienced stoma care nurses.


0-026

Travel Tips For Ostomates

Levis Maunder
Subbatical, Melbourne, Australia

Introduction - As a Stomal Therapy Nurse we aim to assist Stomal clients to achieve confidence and independence so they may enjoy the utmost quality of life.

This includes travelling. Feedback from Stomal clients indicated a need for a travel information resource tool.

Aim - Provide travel information for Ostomates and carers utilising auditory and visual learning styles.

Method - A database of problems presented by clients was collected. Problems analyzed and a list of the most 'Frequently Asked Questions’ was compiled. These questions were then discussed with Stomal Therapy Nurses, Appliance Suppliers and Ostomates with significant travel experience. Other information resources included journals, references and Patient information literature.

Result - Production of a Travel Tips for Ostomates DVD/Video as a Teaching/Learning Tool. The DVD/Video includes information for organizing Stomal supplies including accessories for stoma protection, support garments and flushable, biodegradable pouches. Information also includes Medical documentation, Travel Certificate, Travel kit, and aircraft seating arrangements for plane travel. For health care entitlements the Reciprocal Health Care Agreement and the European Health Insurance card are discussed. Special dietary considerations and the Signs and Symptoms of Fluid and Electrolyte imbalance and how to avoid them are included. An interview with a young Ostomate discussing her travel experiences is also presented.

Conclusion: This resource tool was designed to increase travel knowledge for Ostomates and carers. With knowledge comes confidence, and with confidence, independence can be established to allow goals to be achieve

0-027

Postoperative Wound Infection After Proctectomy -- The Patient’s Experiences

Kristin Andersson 1; Karin Haslag 2; Wennström Berith 2; Konberg Ingelill 4
1Kirurgen Skövde, Skövde, Sweden; 2Kirurgen, Skövde, Sweden; 3Skaraborg Hospital, Department of surgery, Skövde, Sweden; 4Institution of health and care, University of Gothenburg, Gothenburg, Sweden

Abstract Postoperative wound infections after proctectomy - The patient’s experiences

Background: Poor perineal wound healing and infections after proctectomy surgery, affect a significant proportion of physical and psychological morbidities such as pain, leakage and abscesses. In its lengthening some of these symptoms will lead to extended periods of hospitalization. These kind of postoperative complications are also associated with delays in eventual chemotherapy treatment Aim: To describe the patients experiences of postoperative wound infection as well as communication and self-care support from the nurse specialist after proctectomy due to rectal cancer.

Method: A qualitative content analysis was carried out from interviews. Results: Four main categories emerged: “Coping with postoperative complications”, “be independent”, “feel safe”, and “accept the situation”. The ability to be independent change drastically for the patient, but through continuity in care it is possible to create a feeling of being safe. Information/communication as well as self-care training are all important and valuable factors for recovery. The limitations and changes in their lives turn into a new daily routine which forces them to find a new way to live and to accept the situation. Discussion: The findings show a high degree of consistency among the individuals who participated in the study. For many of them
the infections remained for several months and sometimes, for years. A specialized care containing an action plan is needed in clinical practice in order to reduce the number of perineal wound infections postoperatively and should be initiated when the patient is discharged from the ward and until recovery. Key words: Postoperative wound infections, proctectomy, patient experiences.

0-028

Probe into early stage enteral refeeding and nursing care of neonate with high enterostomy

Jie Chen

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Objective: Probe into the result of early stage enteral refeeding of neonate with high enterostomy.

Methods: Setting neonatal surgical department, Children’s hospital of Fudan University, Shanghai. 20 patients admitted with congenital surgical diseases were treated by high enterostomy from Jan,2005 to April,2010. Intervention no refeeding (n = 7, before June, 2006) or refeeding (n=13, after June,2006) using proximal ostomy losses and sodium lactate ringer’s injection from mucus fistula or anus after 1 week. All the neonates received closure procedure 4-5 weeks after enteroctomy. Outcome need for TPN, need for conversion from parental to total enteral feeding, weight gain between two groups, complication probability and mortality.

Main results: The need for conversion to total enteral feeding differed from 31.6±5.38 to 22.7±8.8 (P<0.05). The weight gain differed from 204±149g to 45±136g (P<0.05). Two groups did not differ for usage time for TPN. In the control group, 2 cases of bleeding occurred in NEC neonates. 4 cases were dead in observation group and 2 cases were dead in control group(death 57% vs 15%).

Conclusion: In neonates with high enterostomy, early enteral refeeding is both conceptually simple and effective, but requires substantial nursing expertise, time, and commitment to the process.

0-029

Gone With The Fluid? Re-feeding Of The Lost Bowel Content May Be A Solution For Fluid, Electrolytes And Nutrients Retention

Steven Kay Kay Chan

Queen Mary Hospital, Surgery, Hong Kong, Hong Kong SAR

Introduction: For various surgical reasons, patients may need a temporary proximal small bowel stoma. Without a doubt, a large volume of bowel content from their stoma will be anticipated. The effluent amount (in terms of liters) gives a great challenge for clinicians in preventing fluid and electrolytes loss; as well as in maintaining peristomal skin integrity. Theoretically for patients with proximal enterostomies, the lost effluent can be reintroduced to their functional distal GI system.

Aim: Status of volume depletion and electrolytes imbalance can be restored through re-feeding of bowel content into the functional distal GI system.

Method: Three patients with surgical emergency had undergone small bowel resection and double barrel stoma formation was selected. Their length of small bowel remained about 200mm, 80mm and 180mm respectively. Their stoma effluent was collected in ostomy appliance. The content was filtrated and re-introduced into the distal bowel lumen through a feeding tube. The re-feeding rate varied from 50 – 120ml/hour, subject to patients’ tolerance. The procedure complied with strict infection control measures. The laboratory results, input/output balance charts and patients’ records were retrospectively reviewed.

Result: All three samples demonstrated reduce overall fluid loss and restoration of imbalance serum sodium and potassium level. All subjects maintained a normal renal function in the re-feeding period. No subjects experienced gastro-enteritis-like symptoms.

Conclusion: Re-feeding of bowel content may correct body fluid depletion and serum electrolytes imbalance for high output ostomates. Social acceptance of the method is a major concern.

0-030

Mucus In Urological Stomal Therapy Nursing Practice: Best Practice Review And Patient Survey Findings

Carol Ann Stott

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Introduction: When bladder is substituted or augmented with intestine, mucus continues to be produced by the transplanted portion and does not decrease with time. Patients need to be able to empty their urinary diversions by ‘bearing down’ using abdominal muscles or by catheterisation, or a combination of these.

Aims: To review current best practice evidence in relation to the nature and clinical management of mucus in persons with urinary diversions.

Method: This ongoing project includes a comprehensive electronic database search and design and administration of a survey of urinary diversion patients about mucus.

Results: The evidence review suggested:

i) Mucus can block both the urethra and catheters leading to mucus and urine retention;

ii) Retention can predispose urinary infection and stone formation;

iii) One or more of these problems may predispose chronic infection and even perforation of the urinary pouch.

iv) Some patients are educated about how to manage mucus using irrigation and/or drug therapy, but others are not.

v) Some medications are potentially useful in mucus reduction.

In each case, the research evidence is weak. The best practice review formed a basis for development of a needs and feedback survey for local use in New South Wales, Australia. The results (n=120) will be presented.

Conclusions: Best practice findings from the literature search and the results of the survey aim to provide a contemporary view of the choices available to STNs as they manage this complex presentation.

0-031

Ostomy-specific adjustment as predictor for health status and quality of life?

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Universitetet i Bergen/Høgskulen i Sogn og Fjordane, Bergen, Norway

Introduction: Ostomy surgery may have an impact on all aspects of human life. Thus, to better understand the impact of sequelae, and to evaluate care and follow-up plans for ostomy patients, assessments of quality of life (QOL) have been advocated.

Aim: This paper studied whether generic health status and quality of life (QOL) in ostomy patients differed from the general Norwegian population, and if ostomy-specific adjustment was a predictor for health status and QOL. Methods: In this cross-sectional survey we measured generic health status with the Short Form -36 and QOL with the quality of life scale (QOLS) and compared them with population scores. Regression analyses were applied to study whether the ostomy adjustment scale was a predictor of generic health status and QOL.

Results: We included 158 patients (73% response rate). The Short Form-36 scores: physical role functioning, general health, vitality and the mental component summary, were significantly lower than in the general population (p-values <0.05). The QOLS score of the study group did not differ from the general population. In adjusted analysis, the ostomy adjustment scale significantly predicted the two summary scores of the Short Form-36 and the QOLS.

Conclusions: Four out of ten Short Form-36 scales were significantly lower in the patient group compared to the general population, while no difference was found regarding QOLS. In addition, ostomy-specific adjustment seems to be an important predictor of generic health status and QOL.
Quality Of Life, Anxiety And Depression Level Of Chinese Stoma Patients In Hong Kong
Wai Kuen Michelle Loo 1; Yin Ping Wan 1; Yin Lo Teresa Li 1; Kit Ching Salina Le 1
Queen Mary Hospital, Surgery, Hong Kong, Hong Kong SAR; Tuen Mun Hospital, Surgery, Hong Kong, Hong Kong SAR

Introduction: Stoma formation is one of the most distressing conditions affecting the quality of life, anxiety or depression level. Many western studies confirmed the poorer QoL among stoma patients as compared to non-stoma patients.

Aim: To evaluate the postoperative changes in QoL and depression, anxiety and stress among Chinese stoma patients in Hong Kong.

Methodology: All patients scheduled for colorectal surgery in Queen Mary Hospital and Tuen Mun Hospital were invited to participate in the study before surgery. Two sets of questionnaire (Chinese SF-36, Chinese DASS-21) were used. Patients who had stoma creation after surgery will be asked to complete the same sets of questionnaire up follow up at the stoma care clinic 1 month and 3 months after surgery.

Result: A total of 329 patients completed the pre-operative questionnaires from 2009 to 2012. Stoma was created in 197 patients. 176 of them completed the study. Procedures performed include loop ileostomy (109; 62%), end sigmoid colostomy (53; 30%), and transverse colostomy (14; 8%). 91% (n=160) respondents perceived significant positive improvement (p<0.000) in physical functioning from pre-operation to post-three-month period. 91% (n=158) perceived significant improvement (p<0.001) in physical role. In DASS, there were no differences before and 3 months after surgery (M=0.35, P=0.755) and 87% (n=153) of them perceived significant positive improvement (p<0.000) in mental health.

Conclusion: This is the first attempt to investigate the QoL and psychological adjustment for New Chinese ostomates living in Hong Kong. It has proven the effective intervention of stoma nurse in the QoL of new Chinese ostomates.

In What Aspect Is Quality Of Life Affected By Stoma Creation? A Collective Review Of Factors Influencing Quality Of Life And Patients’ Coping Mechanisms
Thandinkosi Madiba
University of KwaZulu-Natal, Department of Surgery, Durban, South Africa

Introduction: Stoma creation has a profound effect on patients’ psychosocial well-being and body image.

Objective: To determine the factors that influence QoL in stoma patients and how they cope with them.

Method: A systematic literature search was performed to identify all papers on quality of life in stoma patients. An electronic search was undertaken using ‘PubMed’, ‘Medline’, ‘Google Scholar’ and ‘Ebscohost’ search engines. The search terms used were “quality of life”, “stoma” and “ostomy”. The search was limited to articles in English and no publication dates or other limitations were used. The relevant articles were identified by reading their titles and abstracts. The reference lists of all the selected articles were screened for additional articles, similarly these articles were selected or excluded after reading their titles and abstracts.

Results: Eight papers were identified and all explored the impact of stoma on QOL. Prominent factors impacting on QOL include morbidity, age, preoperative counselling and knowledge of own condition. Negative impact is most expressed in social and sexual function. Global health status improves when gastrointestinal problems are minimised. Morbidity after surgery has more influence on QOL than having a stoma. Older patients seem to cope better. The restoration of anal defaecation leads to improved overall QOL but patients may have difficulty in adapting.

Conclusion: Stoma creation has a negative impact on quality of life but patients do cope with stoma. There are a variety of factors that impact on QOL. Improvements in preoperative stoma siting and counselling will help the long-term outlook.
OSTOMY

0-036
Psychosocial Adaptation In A US Cohort Of Persons With Ostomies As Measured By The OAI-23

Jane Fellows, Leanne Richbourg
Duke University Medical Center, Advanced Clinical Practice, Durham NC, USA

Introduction: Bowel and/or bladder diversion surgery is a life-altering event. It can affect people at all levels of Maslow's hierarchy of needs: physiological, safety, love and belonging, esteem, and self-actualization.

Aim: To further ostomy nurses’ understanding of the life experiences of persons who have an ostomy, specifically adaptation to having an incontinent fecal or urinary stoma.

Method: The data were collected as part of an Institutional Review Board approved study whose purpose was to further ostomy nurses’ understanding of the life experiences of persons in the US who have had a bowel or bladder diversion surgery that resulted in a pouch stoma. The Ostomy Adjustment Inventory-23 (OAI-23) survey (1) was distributed via ostomy support groups in each of the 50 United States.

Results: Surveys were returned from 301 persons: 86 with colostomies, 174 with ileostomies, and 41 with urostomies. The reliability of this tool in the US population was reported by these researchers previously (2). At this conference, the authors will present an analysis of the survey responses.

Conclusion: At the time of abstract submission, the data analysis is on-going.


0-037
Urostomy And Its Influence On Sexual Life

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Body image and sexuality: From our birth to our death we are sexual persons, whether or not we are engaged in a sexual relationship. What about stomapatients? We might have some worries about sex although we are healthy. The operation made changes to their body. Their body looks different. They can not control their bowel or urine function. We may feel that their pouch made them sexually unattractive. It is very demanding situation, because body image can affect how we feel about ourselves.

Case History: 30 years old woman. She was born with a congenital deficiency: Malformation of urogenitalis, an atresia rectum and vagina. She is a - absence of anal opening- was treated by a surgery immediately after her birth. The cause of her septic conditions was following: She didn’t have a vagina. She was living an intensive sex life in spite of her vagina had not been developed. She worried about her personal and sex life. She became aware of her smell of urine. After she achieved adulthood, the plastic operation of her genital defect was put forward her. She refused it at that time. She thought that there had been no need for. The most important factor for her was her valuable sex life after the operation.

The operation: Revision of the cavity of abdomens found out that she had the ovary, the uterine, the uterus, which was closed. The protective urostomy was performed.

After the operation: Operation wound was healed without problems. Urostomy drained clear urine. Our patient cooperated. She had many questions. We wanted to discuss the second stage of the operation with her, she strictly rejected it.

0-038
Stoma Care Nurses Independently Treat Peristomal Granulomas With ArgonPlasmaCoagulation

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Introduction: Granuloma around the stoma is a well-known complication that can lead to pouching problems, skin problems, bleeding and pain. Traditional treatment with silver nitrate requires repetition multiple times. By ArgonPlasmaCoagulation the granulomas dissipate after one or two treatments. A surgeon has performed this treatment the last 10 years.

Aim: The aim is for Stoma Care Nurses to be able to independently perform ArgonPlasmaCoagulation in order to make the treatment effective and more flexible for the patients.

Method: Training in clinical practice in performing 1) ArgonPlasmaCoagulation 2) local anesthesia with the surgeon as a supervisor.

Result: Two Stoma Care Nurses have been trained. A clinical guideline has been developed and tested. The clinical guideline also describes the responsibility delegated to the Stoma Care Nurses. This ensures the Stoma Care Nurse’s judicial protection. The last two years ArgonPlasmaCoagulation has been carried out independently by Stoma Care Nurses. A total of 40 patients have successfully been treated. No negative consequences were experienced by the patients due to ArgonPlasmaCoagulation performed by Stoma Care Nurses. There is a much better workflow, as immediately upon diagnosis, the patient can be treated. Conclusion: It has been uncomplicated to implement ArgonPlasmaCoagulation in the stoma care clinic. Therefore a traditional medical treatment now can be managed by Stoma Care Nurses. The method can be adapted in other stoma care clinics. For patients, the increased availability of ArgonPlasmaCoagulation, means that complications and inconveniences related to peristomal granulomas are resolved quickly and efficiently.

0-039
A Study On The Time Taken For Patients To Achieve The Ability To Self Care Their New Stoma

Rebecca Foot-Connolly ; Bernadette Hadfield
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Introduction: Enhanced recovery after surgery (ERAS) has become standard protocol for patients undergoing laparoscopic and open colorectal surgery. The authors investigated the impact of stoma creation on length of stay

Aim: To identify:
1. Time taken to achieve independence with stoma care
2. The proportion of patients independent with stoma care at discharge
3. The proportion where stoma care delayed discharge

Method: Ethics application was completed
A Bondy assessment tool was used
Inclusion criteria: Elective colorectal surgery patients, having a planned ileostomy or colostomy
Exclusion criteria: Acute and trauma patients.

Participants read and completed a formal written consent

Assessment as per Bondy scale identified the level of independence of patients with ileostomy or colostomy.

Results: This study included 107 participants. At time of discharge mean length of stay, was 10.9 days. 29% patients did not achieve complete independence with their
stoma. Those who achieved independent self-care did so at mean post-operative day 8.2 following 5.2 visits from a stomal therapist with an average 152 minutes of face-to-face contact.

2.4% had a delayed discharge related to stoma, due to clinical manifestations; resulting in delayed educational outcomes.  

**Conclusion:** Prolonged and intensive education is required postoperatively for patients to achieve independent self care of their stoma following colorectal surgery, and may delay discharge of otherwise recovered patients.

**0-040**

**Use Of Regional Data Base To Improve Quality Of Care To Acute Stoma Patients**

Vibeke Kaufmann 1; Anne Røftøtt 2; Per Høltsøen

**Introduction:** The combination of ostomy surgery from three hospitals to a new center did result in a different distribution between elective/acute ostomy surgery. Total number of the new center is now about 300 ostomy surgeries a year. How was the new distribution? Earlier there were mainly elective surgeries. The acute ostomy operations were now a major part of the SCN’s daily practice. Were the existing nursing services to the acute stoma patients optimal? Should new initiatives be arranged?

**Aim:**
- To describe the new distribution between elective/acute stoma operations.
- To establish new nursing interventions to improve the quality facing acute stoma patients.

**Method:** An analysis of systematically collected data in the Regional Clinical Database concerning the distribution between acute/elective ostomy operations

**Result:**
- A knowledge of the actual division between acute/elective surgery were 50% each.
- New organization of daily life for SCN, in form of daily registration of acute stoma operations.
- Establishing a board to have a comprehensive view of the hospitalized patients with acute ostomy surgery.
- Establishing of nursing interventions targeted at the acute ostomy patients, in form of systematic visits of the SCN for each acute ostomy patient.

**Conclusion:** Using data from the Regional Ostomy Database, we know the exact division between the acute/elective ostomy surgery. It is possible to organize the daily practice of SCN based on this distribution. It has been possible to establish targeted nursing interventions against the acute ostomists, resulting in interventions matching the ones we have for the elective ostomists.

**0-041**

**Recovering From Colorectal Cancer Surgery- A Longitudinal Follow-up Study**

Nelly Jakobsson 1; Ewa Isbäck 1; Christine Wann-Hansson 1

**Introduction:** Colorectal cancer is the third most common cancer in the world. Since late 1990s the concept Enhanced Recovery After Surgery, ERAS, has been a popular regime of care and numerous studies have proven its beneficial impact on recovery. However, little is known about patients’ continuing recovery after discharge.

**Aim:** To describe patient reported postoperative recovery in colorectal cancer patients from the day of discharge until one and six months after surgery.

**Method:** This longitudinal questionnaire study used a multi-item questionnaire, The Postoperative Recovery Profile, PRP. Assessments were made at discharge, one and six months after surgery.

**Result:** 120 patients completed all three questionnaires. Global score of recovery showed that no patient experienced themselves fully recovered at discharge. Rectal resections reported highest incidence of being not at all recovered one month after surgery patients recovering from colonic resection reported significant improvements in 11 out of 17 items whereas abdominoperineal resection patients reported no significant improvements in any item. Instead, significant higher levels of problems were reported in fatigue, muscle weakness and feeling down. Rectal resection patients reported significant improvements between one and six months after surgery in seven out of 19 item. However, the item Gastrointestinal function distinguished as it reported significant deterioration towards higher level of problem at six months after surgery.

**Conclusion:** This study elucidate the difference between groups of colorectal patients and the diverge pattern of their recovery implying the different need of prolonged support.

**0-042**

**Using The Quality Cycle To Enhance Patient Centered Care**

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**Introduction:** A skills gap analysis using the ‘Bondy Scale’ was undertaken during the ‘Planning’ phase of our Education quality plan. It identified six clinical risks in a newly established gastroenterology ward. During the ‘Doing’ phase of the cycle, a specialty education program was implemented addressing the knowledge deficits while focusing on the patient experience and the National Standards.

**Aim:** To address identified knowledge gaps and provide an evidence based, multidisciplinary approach to care for patients transitioning through the gastroenterology service.

**Method:** A quantitative methodology with a purposive sampling technique was chosen for the ‘Checking’ phase of the cycle. A pre and post questionnaire was utilized to ascertain the effectiveness of the course in addressing identified knowledge gaps and empowering staff to provide patient centered care.

**Result:** Twenty five clinicians from various disciplines participated. This constituted a return rate of 100%. Staff reported increased confidence in skills relating to gastroenterology care and improved interdisciplinary relationships. Fifty percent of participants reported enhanced understanding of patient centered care and felt more empowered to plan care with their patients. The ‘Act’ phase of the cycle resulted in refinement to the course structure and identification of future research projects.

**Conclusion:** This study identifies the importance of a quality cycle approach to education and how it contributes to patient centered care. When working in partnership, quality and safety of health care rises, costs decrease, provider satisfaction increases and patient care experience improves.

**0-043**

**Building Capacity. An International Collaborative Effort**

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**Introduction:** Stakeholder collaboration and a long term vision are needed when establishing a program of stoma, wound and continence care in another country.

**Aim:** This presentation describes the establishment of an Enterostomal Therapy Nursing Education Program (ETNEP) in Kenya through a twinning project between the Aga Khan University Hospital, Nairobi (AKUHN) and the Australian Association of Stomal Therapy Nurses (AASTN).

**Method:** Program planning commenced five years ago. Program champions were identified in both countries and partnerships were established with the Aga Khan University Advanced School of Nursing Studies (ANS), hospitals in the region and the AASTN. A curriculum was developed and supported in principle by the Kenya Nursing
Council and recognised by WCET. Results: Twenty nurses from the East African region enrolled for the program which was delivered as two on-site modules at the AKUHN by Australian tutors. The original vision of building capacity in Kenya was expanded to include nurses from Tanzania.

**Conclusion:** This project demonstrates the considerations which should be in place when planning a twinning program across continents. Successful implementation of the stoma, wound and continence program is possible when the following elements are in place: Nursing Champions on both sides of the globe Support from the university infrastructure and local Nursing Council Openness to capacity building across the region Embracing a long-term vision such that nurses from the host country can sustain the program independently.

**0-044**

From Australia To Kenya. It’s Not Just A Long Flight. It’s A Journey In Personal And Professional Development

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**Introduction:** Ten Stomal Therapy Nurses from Australia visited Kenya for four weeks to conduct the 1st module of the WCET:AASTN Kenya:Australia Twinning Project ETNEP. Undertaking such a journey involved challenges for all the tutors on both a professional and personal level.

**Aim:** To document commonalities in experiences of these nurses changing from a developed western environment to a much less developed environment.

**Method:** The nurses reviewed their experience through a reflective journal. Common themes were identified and expanded.

**Results:** The themes identified throughout the journey were culture shock, adaption, practice modification and reflection. Culture shock involved personal disorientation in moving from a highly developed, secure environment to a much less developed, potentially dangerous and unfamiliar environment. Adaption required changes in behaviour to accommodate increased awareness of personal security, consciously changing language to improve communication and adjusting to dietary changes. Practice modification included adjusting clinical practice to fit the available resources and circumstances. This included exposure to unfamiliar diseases, patient characteristics, foreign nursing practices and environment. Reflection was completed informally at team meetings over meals and personally through individual journals. The use of humour was evident throughout the reflective process.

**Conclusion:** The nurses were profoundly affected by their experiences in Kenya. The journey proved to be an intense period of personal growth. Despite the nurses travelling to Kenya with the aim of teaching, all felt it was a journey in personal and professional development.

**0-045**

CAET & WCET Working Together To Build Et Nursing Capacity In Nepal

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**Introduction:** Nepal has 27.5 M people. Approximately 3000 — 4000 people have an ostomy. There are 3 Enterostomal Therapy Nurses and no specific wound or continence specialists. Wound care delivery is traditional and access to modern products non-existent, due to cost and absence of supply. Most persons with an ostomy use ineffective plastic bags to manage effluent. Quality of life is poor.

**Method:** In 2011, in recognition of the need to increase worldwide capacity to ET Nurses, the Canadian Association for Enterostomal Therapy (CAET) and the World Council of Enterostomal Therapy (WCET) initiated discussions to support nurses to complete the 12 month CAET ETNEP; students would complete the theory online and WCET would support their clinical experience (225 hours) in a country close to home.

Their requirements for acceptance would be identical to Canadian students and CAET waived the fees. Two Nepalese Registered Nurses started the program in September 2013.

**Results:** The students appreciate the online, problem based learning approach. They enjoy communicating with Canadian students and sharing their experiences. Some challenges included delivery of textbooks and for one student, language.

**Conclusion:** This collaboration represents a new and promising way to build capacity in ET Nursing that will have a positive impact on quality of life of patients in developing countries living with challenges in wound, ostomy and continence.
The Effect Of Siriraj Prevention Pressure Ulcer Guideline

Kwadee Kestsumpun 1; Kanchana Rungsangjun 2; Vimalux Chaisakchatree 2; Chulaporn Prasungsit 2; Nongluk Sansom 2; Yuwadee Kestsumpun 2

Introduction: Pressure ulcers (PUs) remain a challenge for University Hospitals where critical patients are referred for complex care. The development of “Siriraj Pressure Ulcer Prevention Guideline (SPUPG)” used an evidence-based practice model, modified to fit hospital resources and nursing staff compliance in following the implementation of those guidelines, which was seen as the solution for the prevention of PU.

Aims:
1. To compare PU Incident rate between medical and surgical wards using usual care as well as SPUPG.
2. Staff compliance and satisfactory results when using SPUPG in their unit.

Method: Quasi-experimental study was conducted to compare the effectiveness of SPUPG with that of usual daily hospital PU prevention care. The intervention group consisted of 207 patients who were admitted to 2 medical wards and 2 surgical wards in which SPUPG had been implemented. The control group consisted of 212 patients, similarly admitted to 2 medical wards and 2 surgical wards where usual daily hospital PU prevention care was administered. Satisfactory compliance of nursing staff in the Intervention wards was assessed 3 months after SPUPG implementation and at the end of study.

Results: The incidence of PU within the intervention group was 9.3%, with an incidence of 24.5% within the control group. The incidence of PU within the implementing group was significantly lower than the control group (P=0.00). Nursing staff satisfactory compliance at the end of the study was higher than for the 3 months after implementation of SPUPG.

Conclusion: Results clearly show that SPUPG can be successfully implemented within University Hospitals.

Effects Of A Pressure Ulcer Prevention Protocol On Nurses’ Performance During ICU Patients’ Bed Bath

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Introduction: Pressure ulcer prevention still represents an important challenge in acute care settings in Brazil, where patients have high risk for the problem and some aspects of prevention are highly routinized during nursing care.

Objective: To evaluate the effect of a prevention protocol on nurses’ performance during patient care. It was done in an ICU before and after implementation of a prevention protocol that included multiple interventions.

Methodology: The study was IRB approved. Data was obtained by directed observation of patients’ bed bath, which should include skin assessment and care, patient repositioning and use of pressure relieving devices to protect bone prominences. Descriptive analyses were applied, using frequencies and percentages. The Chi-square test was used to examine the pre-post effect of the protocol on frequency of staff use of evidenced-based recommendations.

Results: 38 bed baths were observed before and 44 after implementation of the protocol. An increase was observed in the frequency of skin inspection (p<0.001), use of moisturizers for dry skin (p<0.001), elevation of heels off bed with pillows (p<0.005) use of pillows between knees (p=0.01) and use of draw sheet to pull patient up in bed (p=0.001). However, most patients remained in dorsal position after the procedure (p=0.001) and had the bed head elevated more than 30 degrees (p=0.05).

Conclusion: There were significant differences in nurses’ use of the evidences after implementation of the protocol, but some aspects still need more investigation in order to understand the reasons for inadequate repositioning.

The multicenter pressure ulcer prevalence survey in China: a pilot study

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Introduction: Numerous pressure ulcer prevalence studies have been conducted in many countries, but there is no multicenter pressure ulcer prevalence and prevention study in China.

Aim: To get a benchmarking pressure ulcers prevalence and prevention in China.

Method: A cross-sectional survey design was conducted in 12 general acute care hospitals. A convenience sample of 12 participating hospitals from nine cities in China with the Minimum Data Set (MDS) developed and tested by the European Pressure Ulcer Advisory Panel. All patients stayed in hospitals more than 24 hours and older than 18 years were included. 453 registered nurses from 12 participating hospitals were trained how to use the MDS and the update pressure ulcer stages by National Pressure Ulcer Advisory Panel in 2007. Teams of two trained nurses were established to collect the data on the wards at a single day every month from May to July in 2011.

Results: The MDS and study procedures were effective by all patients. Totally 39952 patients were analyzed. 631 patients with 1024 locations had pressure ulcers and 251 patients with 323 locations had hospital-acquired pressure ulcers. The prevalence of pressure ulcers and hospital-acquired pressure ulcers was 1.58 % & 0.63 %, respectively. The sacrum, heels were the most affected locations. Only 61.81% of 4710 patients in risk of pressure ulcer of pressure ulcer (Braden scores <17) received adequate preventive care.

Conclusion: The pressure ulcers prevalence in China was lower than expected and relatively half of patients received adequate prevention. This indicates that more attention to prevention is needed in China.

Evaluating Pressure Ulcer Prevention In The Emergency Department: An Evidence-Based System Change Quality Improvement Project

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Purpose: The purpose of this evidence-based system change capstone quality improvement project is evaluation of pressure ulcer prevention (PUP) in the Emergency Department (ED) for non-ambulatory individuals with pre-existing full-thickness pressure ulcers (PUs) being boarded in the ED for four hours or longer.

Background: Pressure ulcers (PUs) represent a significant health care problem. Current clinical practice guidelines (CPGs) recommend PUP start on admission. Non-ambulatory individuals are at risk for developing suspected deep tissue injury (SDTI) PUs due to extended ED length of stay (LOS).

Objectives: After viewing this poster, the learner will be able to:
1. State why PUP should begin in the ED
2. Define the six steps of Larrabee’s evidence-based change model
3. Define the role of the emergency nurse’s in PUP

Design: Pre/post implementation prospective design conducted in the ED in a 272-
**W-05**

Prevalence Of Surgical Desbrideement Related To The Pressure Ulcer (PU) In A Municipal General Hospital Of Teresina -- Piauí (Brazil)

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Pressure Ulcers (PU) are alterations affecting mainly elderly and bedridden and, in severe situations, undertake deep structures requiring surgical debridement. The study aimed to evaluate the prevalence of surgical debridement related to the PU in a General Hospital, to describe the social demographic profile and clinic and to describe the pressure ulcers anatomic localization. The research was retrospective, descriptive and exploratory with quantitative approach executed with 416 medical records of patients that underwent to surgical procedures in the period of August 2011 to June 2013. The data were collected by the analysis of medical records and research in the Records Book by the researched period. Of the total of surgical procedures performed, evidenced prevalence was 11.29% (47) of surgical debridement related to PU, these 58.6% (27) were males gender, 56.52% (26) elderly and 64% (29) were bedridden The reasons why patients were bedridden were 38.29% (18) for Cerebrovascular Accident and 19.14% (9) related to diseases (the child care with epidermolysis bullosa) with excellent individual and global CVI.

**Conclusion:** In conclusion, it was determined that the prevalence of pressure ulcer was not high at the hospital where the study was conducted, the prevalence of nosocomial pressure ulcer was high, and nursing initiatives for preventing pressure ulcers were not at a desired level and required improvement. In line with these results, it is recommended that strategies are developed for preventing pressure ulcers.

**Key word:** Pressure Ulcers, Nursing Interventions, prevalence study.

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**W-06**

The Determination Of The Prevalence Of Pressure Ulcers And Nursing Interventions For The Prevention Of Pressure Ulcers At A University Hospital

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Introduction: Pressure Ulcers (PU) which causes great harm to patients, health professionals, health institutions, and the economy of the country, is a case that can be prevented with nursing practices.

Aim: This study was conducted for the purpose of evaluating the prevalence of PUs among patients staying at a university hospital in Turkey and nursing interventions for preventing pressure ulcers. Method: The universe of the study was constituted by 508 adult patients at 33 clinics of a 913 bed capacity university hospital of a metropolitan city in Turkey. In data collection, an international standard form consisting of 35 questions. Number and percentile calculations were utilized in the assessment of data.

Result: In the study, the pressure ulcer prevalence of the hospital was determine to be 8.3%, and nosocomial prevalence was determined to be 5.7%. It was determined that 72.6% of patients did not have a skin assessment within 24 hours, 78.7% did not have a pressure ulcer risk assessment documentation, 17% had not been turned, 95.5% did not have an alarm system in their beds, and 65% did not have their risk of falling assessed.

Conclusion: In conclusion, it was determined that the prevalence of pressure ulcer was not high at the hospital where the study was conducted, the prevalence of nosocomial pressure ulcer was high, and nursing initiatives for preventing pressure ulcers were not at a desired level and required improvement. In line with these results, it is recommended that strategies are developed for preventing pressure ulcers.

Key word: Pressure Ulcers, Nursing Interventions, prevalence study.

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**W-07**

Validation Of A Guide Of Care Of Patients With Epidermolysis Bullosa For Caregivers

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Introduction: Epidermolysis bullosa is a disease highly complex, systemic, with serious types and devastating effects on the quality and life expectancy of affected patients and their families. It is characterized by blistering of the skin that result from mechanical trauma or friction.

Aim: To develop and validate the content of a “guide of care of patients with epidermolysis bullosa” for caregivers.

Method: Methodological research. The guide was based on literature review and the experience of the Researchers. The content validation was performed through the consideration of a Committee consisting of ten judges, with outstanding knowledge in education and epidermolysis bullosa. To analyse the content validity was used Content Validity Index (CVI). It was considered valid the item whose agreement among the judges was equal to or greater than 0.80.

Result: The final version of the manual has the following sections: explanation of the disease, skin protection, and care at bath time, skin hydration, care of clothes and shoes, care of the skin blisters and how to prevent infection and eating tips. The overall CVI obtained showed an excellent level of agreement among experts (CVI = 0.90).

Conclusion: The judges’ evaluation showed that the guide constitutes an instrument of content relevant and valid with respect to the construct that wished to evaluate (the child care with epidermolysis bullosa) with excellent individual and global CVI.

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**W-08**

Radiation-induced Dermatitis Grade Four Management With Far Infra-red Radiation

Ya-chun Liu

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Goal: To reduce the number of dressing changes and promote comfort and healing the skin.

Case report: This is a female patient, 63 years old with breast cancer history. After receiving right side mammectomy and following chemotherapy and radiotherapy. She suffered from skin wet desquamation with moderate amount of exudates almost all over her right chest and back. Using Aquacel to treat the wound for 4 days , the treatment did not improved but lager and some ulcerations with massive discharges . The patient was afraid of dressing change due to severe accompanying pain . Far infra-red radiation was then used locally for 20-30 mins daily , on medium intensity . after 3-4 days her wound condition improved significantly. The pain analogue scale was shifted from 9 to 3.
Conclusion: Radiodermatitis is a common side effect of radiotherapy that is associated with pain, decreased quality of life and treatment delays. Nursing wound management with Aqueacel and Far infra-red radiation saved the time of dressing changes, decreased the pain and promoted healing. Without using Aqueacel, we needed to change the dressings twice a day. By using Aqueacel, to cover the wound the dressings were changed only once a day. And by using Far infra-red radiation it helps wound healing significantly. Proper wound management provide quality care for cancer patients and reduce the discomfort of radiation-induced skin reaction.

W-09
Interdisciplinary Challenges In The Treatment Of Ulcer Martorell: Case Report

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Martorell ulcers occur in patients with high blood pressure that is longstanding and often poorly controlled. The lesions initially appear as small, painful blisters which may be associated with trauma that can develop into a rounded ulcer, with necrotic edges, and extremely painful.

Aim: To report a clinical case of a Martorell ulcer and interdisciplinary challenges in the treatment.

Method: After signing the informed consent the data were collected using a structured instrument and photographic records during home visits and hospitalization in the period from August 2012 to September 2013.

Case Report: A 67 years old woman with rheumatoid arthritis and hypertension. Initial treatment was conduct by a infectologist with systemic antibiotics and topical ineffective wound care. On the first ET physical exam she had ankle/brachial index=0.8, 5 points in the Verbal Numeric Rating Scale (VNRE), a partial/tickness ulcer with 44 cm2, signs of critically colonized. On the 16th day we observed increased pain (VNRE = 10), perilesional cellulitis, fever, and confusion. She was hospitalized and after adjustment of antimicrobial therapy, the cellulitis area was evolved with coagulative necrosis on the front and back of the leg and was requested surgical debridement, performed simultaneously with the mesh graft and negative pressure in the receiving area. Remained hospitalized for 58 days and the graft integration was approximately 70%.

Result: Complete treatment included monitoring during hospitalization and 32 home visits totaling 11 months.

Considerations: The main challenges were the etiologic diagnosis delayed and initial ineffective systemic antimicrobial treatment.

W-010
Treatment Strategies For A Wagner Grade IV Diabetic Foot Ulcer: A Case Report

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Background: Diabetic foot ulcer is a severe complication of DM. Appropriately and timely treatment helps the patient avoid the risk of extremity amputation.

Aim: To summarize the key points of treating a Wagner Grade IV diabetic foot ulcer (DFU).

Method: This case demonstrates the strategies in dealing with a complicated Grade IV DFU case through description and several images, including effective glycemic control, antiinflammatory treatment and nutritional support, local application of Nano silver antibacterial dressing, 3% saline for drainage, KCl negative pressure as supplementary treatment for wound healing, tissue ultrastructural straining to eliminate edema, increase blood supply and promote granulation tissue formation, macrostrain to shrink the wound edges, remove the drainage and infected tissue, moist wound healing using sesame oil/gauze, alginate piece/powder, foam dressings to promote granulation growth and epithelial crawling.

Result: The patient healed completely in four months.

Conclusion: The key point of successfully managing this case lies in the accurate and timely therapeutic and nursing strategies, that is, effective drainage, effective control of blood glucose level and infection controlling, which helped avoid low extremity amputation and improved the patient’s quality of life.

W-011
Short-Term Outcomes Of Burn Patients Requiring Management In Intensive Care Unit

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Introduction: Major burn injury often requires management in intensive care unit (ICU). It is unknown how evidence-based resuscitation and wound management is associated with positive patient outcomes.

Aim: To evaluate outcomes of major burn patients requiring management in an ICU of a regional burn centre in Hong Kong.

Method: A retrospective study was conducted on ten burn patients admitted to ICU from October 2012 to October 2013. Patient demographic data, characteristics of burn injury, treatment modalities and outcomes were evaluated.

Results: Six males and four females were managed, with mean age of 43.7±15.3 years. Median burn size was 30.0% (range 10% - 80%) and five cases had both full and partial thickness burn. Among survivors, median ICU and hospital length of stay were 3.0 and 55.0 days respectively. No significant difference in overall ICU length of stay, nursing management and dressing methods was observed between survivors and non-survivors. Two patients did not require operation, 90% required less than three operations and one patient underwent 14 operations over a nine-month period. No wound infection or burn wound sepsis developed during ICU stay. Complications in ICU included compartment syndrome (1 case) and massive pulmonary embolism (1 case), while surgical complications included hypertrophic scarring (2 cases), elbow contracture (1 case) and cicatricial lagophthalmos (1 case). Two survivors were unable to return to work 2 months after hospital discharge.

Conclusion: Burn remains one of the most devastating traumas. There is still a long road of rehabilitation ahead for patients discharged from ICU.

W-012
Ferrans And Powers Quality Of Life Index -- Wound Version: A Study About Responsiveness

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Introduction: Health Related Quality of Life (HRQOL) tools must be proven to accurately measure what they are supposed to. Psychometric properties, such as content validity, reliability and responsiveness, remain the key parameters used to assess HRQOL instruments and need to be validated.

Aim: To analyze responsiveness of Ferrans & Powers Quality of Life Index: Wound Version (FPQI-W) in patients with chronic wounds.

Methods: This is a methodological prospective observational quantitative study conducted with 39 chronic wound patients undergoing treatment at two outpatient services. Patients were assessed three times using FPQI-W (baseline, 30 days and 60 days). The FPQI-W consists of 34 items distributed into 4 domains: health and functioning (HF), socio-economic (SE), psychological/spiritual (PS) and family (F).

Conclusion: Wound healing significantly. Proper wound manegement provide quality care for cancer patients and reduce the discomfort of radiation-induced skin reaction.
Responsiveness was studied through data distribution methods, using effect size as well as anchor-based methods, using global assessment of change, intensity of pain and wound healing.

**Results:** Mean total scores of FPQLI-WV in the three assessments were 21.2, 23.1 and 24.2, respectively. Regarding responsiveness, small changes were detected at 30 days of treatment. This was confirmed at 60 days with even better results, with effect size of 0.86 for total score and 1.01 in the HF domain and 0.66 for SE domain, with p-value <0.001 for all these scores. The minimally important difference obtained for the anchors in total quality of life score (QOL) was 2.0 for global assessment of change; 2.0 for pain and 2.4 for wound healing. Conclusions: The study showed that FPQLI-WV is responsive and able to detect change along time in patients with chronic wounds.

**W-014**

Predictors Of Quality Of Life Of People With Chronic Wounds

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**Introduction:** Quality of life (QoL) has been evaluated in patients with chronic wounds due to their negative impacts in several dimensions affected by different factors.

**Aim:** Evaluate QoL and associated predictive factors of outpatients with chronic wounds.

**Method:** Prospective, qualitative and secondary study from Ferrans & Powers Quality of Life Index -- Wound Version (FPQLI-WV) responsiveness study developed by Oliveira and Santos. Twenty-seven adult outpatients, mainly men (59%), aged 50.1±12.55 years with chronic ulcers, mainly venous (48.2%) and diabetic (29.6%) ulcers, who consented to participate in the study were interviewed at two moments: baseline and after 60 days. Instruments: FPQLI-WV, Pressure Ulcer Scale for Healing (PUSH), Numerical Pain Scale and Global Change Assessment Scale. The data were analyzed through Mann-Whitney test, Spearman correlation and linear regression.

**Result:** The average scores of Total QoL in baseline were 21.4, and 24.5 after 60 days. Significant improvements (p < 0.10) were observed in the outpatient after 60 days comparing to their baseline: Total QoL (Effect Size=0.89), Health Functioning domain (Effect Size=1.01) and Socio-Economic domain (Effect Size=0.66). Pain was associated as a significant predictor of QoL. Pain was associated with health/functioning and psychological/spiritual domains as well.

**Conclusion:** Total and Physical QoL improved after 60 days in patients attended at a specialized outpatient care. Patient negatively impacts on QoL. This study contributes for a better understanding of main predictive factors related to changes in QoL of people with chronic wounds under specialized care.

**W-015**

International Skin Tear Advisory Panel: Introducing a validated Skin Tear Classification System and Skin Tear Tool Kit

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**Aim:** To Validate a New International Skin Tear Classification System Rational: Skin tears are wounds caused by shear, friction, and/or blunt force resulting in separation of skin layers. Despite preliminary studies that suggest skin tears may be more prevalent than pressure ulcers, there remains a paucity of literature to guide prevention, assessment, and treatment of skin tears. An international survey by LeBlanc and Baranowski (2011) indicated that healthcare professionals would like a simplistic skin tear classification system.

In an effort to shift awareness towards this largely unheeded healthcare issue, an International Skin Tear Advisory Panel (ISTAP) was established and resulted in the development and publication of 12 key consensus statements and a definition for skin tears (LeBlanc et al. 2011). A follow up meeting, resulted in the development and validation of a new classification.

**Methodology:** The ISTAP Skin Tear Classification System was validated for internal, external and intra-reliability.

**Results:** The validation process demonstrated an over 86% agreement for internal, external and intra-reliability. Kappa testing was conducted according to the Landis and Koch interpretation and demonstrated substantial agreement (Fleiss Kappa =0.619).

**Discussion:** The development of a universally accepted classification system for skin tears is an important component of the ISTAP guidelines for the prevention, prediction, assessment and management of skin tears. It is essential that these wounds be distinguished from other wound types in order to reach this goal and to raise the global awareness of these unique wounds.

**W-016**

Conservative Sharp Wound Debridement: Sharpening Your Knowledge And Skills

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**Introduction:** Debridement is the removal of devitalized tissue for wound bed preparation that is required to enhance wound healing.

**Aim:** The workshop will provide learners a comprehensive overview of evidence based practice including indications and contraindications for methods of debridement. * Autolytic * Biosurgical (maggots) * Chemical * Electrical stimulation * Enzymatic * Hydrodusurgical * Mechanical * Sharp * Surgical * Ultrasonic

**Method:** Case studies will be utilized for an interactive discussion to promote critical thinking in determining the appropriate method of debridement to promote positive patient outcomes. Hands on experience will allow the learner to become familiar with handling the instruments for conservative sharp wound debridement.

**Results:** The learner will be able to identify and locate their professional provincial college standards, competencies and organizational policies for debridement to be able to recognize their scope of practice and understand one’s own level of knowledge, skill and ability.

**Conclusion:** The interactive workshop will empower the healthcare professional in being able to provide evidence based advanced wound care to ensure positive patient outcomes.

**W-017**

Comparative Study Of The Quality Of Life Between People With Vasculogenic Ulcers And The General Population

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**Introduction:** Vasculogenic ulcers are an important health problem, with prevalence from 0.6 % to 3 %.

**Objective:** Comparatively analyze quality of life (QoL) and its associated factors between people with vasculogenic ulcers (VU) and healthy people of general population (GP).

**Methods:** A quantitative, descriptive and cross-sectional study, secondary to Yamada and Santos, approved by the Ethics Committee. Convenience samples, composed by 222/362 people with VU and 208/624 of GP (paired sample from the database Kimura*) were interviewed using, respectively, Ferrans & Powers Quality of Life Index,
Introduction: Malodorous wounds are often poly-microbial, that is they contain both anaerobes and aerobes (Bowler et al, 1999), and the level and type of bacteria present will affect the wound environment. Anaerobic bacteria that cause infection include bacteroides such as Bacteroides fragilis, prevotella, Fusobacterium nucleatum, Clostridium perfringens and anaerobic cocci, which generate odor by emitting compounds such as putrescine or cadaverine (1). Gas gangrene are produced by anaerobes microbial, which are lives beneath the intact skin and factoty is the recommended treatment to evacuate all anaerobes microbial and malodour. Antiseptic cleanser is the first intervention to control microbial development, in clinical finding if the malodour minimized it means the microbial amount decrease, if not means need topical antimicrobials and others. Wound cleanser that usually used and provided in Indonesia are iodine, alcohol, wound soap, hydrogen peroxide, NaCl 0.9%, renavil which not helping to minimized malodour. In MOIST care we found that modified sodium hypochlorite able to use to minimized gas gangrene malodour.

Aim: The aims of this case study are to identify the effectiveness of modified sodium hypochlorite for gas gangrene malodour management.

Methods: The case study developed from 3 cases with similar clinical finding: gas gangrene malodour. After 4 times cleansing of the wound with sodium hypochlorite it’s able to manage gas gangrene malodour and minimized microbial development. CONCLUSION: Modified sodium hypochlorite able to use to minimized gas gangrene malodour and it’s more cheaper and available in Indonesia.
W-022

Validity And Reliability Of The Bates-Jensen Wound Assessment Tool - Brazilian Version Among Adults With Chronic Wounds

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Introduction: The Bates-Jensen Wound Assessment Tool (BWAT) contains 13 items which assess and monitor healing in chronic wounds. The wound characteristics are evaluated by the means of Likert scale from 1 to 5 points, where the score 1 indicates the healthiest and score 5 indicates the most unhealthy characteristic of the wound. The scores range from 13 to 65 points.

Aim: To evaluate the Brazilian version psychometric properties of the Bates-Jensen Wound Assessment Tool.

Method: The English version of the BWAT was translated and adapted into Portuguese and administered to adults with chronic wounds by two independent observers, at the same clinic visit. Patient and wound characteristics, pain, area of wound and granulation tissue percentage were also assessed. The reliability was measured by homogeneity and equivalence. The validity was assessed by Spearman correlation among BWAT and score of pain, area of wound, and the granulation tissue percentage.

Results: The BWAT was applied to a sample of 39 adults with chronic wounds. The tool demonstrated a satisfactory internal consistency (Cronbach’s alpha = 0.77) and excellent equivalence with intra-class correlation coefficient of 0.83 (95% CI:0.69,0.91). The correlations between the BWAT with area of wound and granulation tissue percentage were significant (p< 0.05). There was no significant correlation between the BWAT and pain scores.

Conclusion: The BWAT exhibits good psychometric properties for evaluation of adults with chronic wounds. The instrument is easy to administer, score, interpret and it could be a useful tool in research and clinical practice.

W-023

Using SNaP® (Smart Negative Atmospheric Pressure) An Ultra Portable Negative Pressure Wound Therapy Device* For The Treatment Of Pilonidal Sinus And Paediatric Surgery

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Negative wound pressure therapy has been around since the mid 1990’s and used for both acute and chronic wounds. There has been a worldwide increase in its use. Traditionally they have been electrically powered, bulky and in more recent times battery operated. In 2010 Spiracur launched the worlds first atmospheric wound pressure device called SNaP. It is silent, discreet and can hold up to 60 ml of exudate.

Aim: There is an increasing number of pilonidal sinus occurring in children. These wounds are very painful and dressing changes are challenging. Often patients need sedation at dressing change. Surgical debridement of Pilonidal Sinus results in an open wound, these wounds heal by secondary intention with advanced wound dressings. Healing by secondary intention can be time consuming and impact negatively on quality of life. Negative pressure increases the wound-healing rate. We report on our experience after surgery using an ultra-portable, mechanically powered negative pressure wound therapy device for open surgical wounds.

Method: * We enrolled 5 patients following pilonidal sinus or general surgery. * Data regarding co-morbid conditions, location & size of wound was collected for each patient. * A SNaP® Wound Care System was applied to each wound. * These patients were followed prospectively with twice-weekly clinic visits during which photos wound measurements and wound tracings were taken. * At the completion of the study, patients were asked to complete a brief survey regarding their QOL experience with this treatment.

Results: * All patients were followed to wound closure * Time to wound closure was averaged * Survey results showed that wounds healed faster with limited impact of patient quality of life.

Conclusion: SNaP® (Smart Negative Atmospheric Pressure can be a cost effective approach with minimal impact on quality of life for patients treated post surgery. Following surgery the application of SNaP® can facilitate wound closure at a faster rate. This study demonstrates acceptable wound closer and high patient satisfaction scores.

W-024

Management Of Peristomal Skin Complications With Negative Pressure Wound Therapy: A Case Study

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Introduction: The occurrence of a complex peristomal lesion in an ostomy patient implies many difficulties. It makes the severe clinical situation worse, especially because of the hard stoma management and the delay in the wound healing.

Aim: Evaluate the effectiveness of the Negative Pressure Wound Therapy to manage a severe peristomal skin complication in a urostomy patient. The objective was the improvement of the skin conditions in order to allow the stoma management with an ostomy device. The clinical status of the patient was aggravated by her overall condition: advanced neoplasia, impairment and diabetes.

Method: The female patient had a urostomy because of an advanced bladder neoplasia; she had a peristomal skin lesion L4-TV (S.A.C.S. Classification). The treatment using advanced dressings as per current protocol did not bring any improvement of her clinical situation. In a second phase the patient was treated with Negative Pressure Therapy. Four dressings were used and changed every 72 hours.

Result: After 12 days the lesion had a significant improvement to L3; T1-T4; this allowed the management of the stoma with an ostomy device for the following one month. At any follow-up visit we assessed a continuous better condition of her peristomal skin. The treatment was well accepted by the patient; neither negative effects nor intolerance occurred.

Conclusion: The case study allow us to consider the Negative Pressure Therapy
W-025

Using LFUD (Low Frequency Ultra Sonic Debridement) In Conjunction With SNaP® (Smart Negative Atmospheric Pressure Device) For Open Wounds

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Aim: Surgical debridement of soft tissue infections often result in open wounds, these wounds are often treated with powered negative pressure devices. * Surgical debridement can be expensive, time consuming and painful. * Powered negative pressure systems are costly, require a home nursing service, noisy, impact on quality of life and limits mobility. * We report on our experience using Low Frequency Ultra Sonic Debridement in conjunction with an ultra-portable, mechanically powered negative pressure wound therapy device for open surgical wounds.

Method: * We enrolled 10 patients following debridement of soft tissue infections. * Data was collected on patient demographics, co-morbidities and location of the wound. * Low Frequency Ultra Sonic Debridement was used to debride each wound. * A SNaP® Wound Care System was applied to each wound. * Patients were followed prospectively with twice-weekly clinic visits. * At the completion of the study, patients were asked to complete a brief survey regarding their experience with this treatment.

Result: * All patients were followed to wound closure. * Location of wounds included abdomen * Co-morbidities included diabetes, obesity * Time to wound closure was averaged. * Survey results showed that there was increased healing rates, decreased cost and increased quality of life using LFUD and the SNaP® Negative Pressure Device.

Conclusion: * LFUD (Low Frequency Ultra Sonic Debridement) in conjunction with SNaP® (Smart Negative Atmospheric Pressure) can be a cost effective and useful approach to debridement of soft tissue infection. * The use of LFUD can prevent the need for surgical debridement saving around $2,800 per treatment. * Following debridement procedures the application of SNaP® can facilitate wound closure. * This study demonstrates acceptable wound closer and high patient satisfaction scores.

W-026

International Interprofessional Wound Care Course (IIWCC) Model For Key Opinion Leader Training

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Introduction: The USA Institute of Medicine (IOM) report advocates for healthcare provider interprofessional education to enhance practice outcomes. The International Interprofessional Wound Care Course (IIWCC) has been educating health care professionals for 15 years (founded 1999) with courses conducted worldwide including Canada, West Asia, South Africa and the USA. The IIWCC is a key opinion leader/champion wound care training course with 3 components: two 4-day residential weekends, 9 self-study modules and a selective project. The course process models educational evidence base through interprofessional faculty co-teaching and patient care with collaborative interprofessional team assessments.

Aim: To evaluate the student outcomes of over 20 IIWCC courses worldwide.

Method: Data will be presented from a number of sources including student exit and entry interviews, selectives results, student surveys, focus groups, and narratives.

Results: The course has enrolled over 1600 students; 1200 in North America, 150 in Africa, and 250 in West Asia. Completion rates average over 70%. Graduates have established new programs, interprofessional wound care teams/clinics and participated in country wide and regional innovative programs. Some students are course coordinators and faculty along with roles as local, national and international key opinion leaders. These individuals have presented at key wound care meetings, chaired national/international guidelines/consensus statements, published book chapters and other scientific publications.

Conclusion: This is a successful model for interprofessional education combining wound care evidence base with collaboration of doctors, nurses and allied health professionals. Course graduates have played a key role in enhancing wound care globally.

W-027

Management Of Care For People With Wound, A Decade Of Experience With Self-care Approach DREM

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Introduction: The theory of Dorothy Orem self-care, is the frame of reference, to provide quality nursing care to individuals attending the program “Wound Clinic” of the Faculty of Nursing at the National University of Colombia, is a scenario where roles and skills are fully reflected throughout the process, taking as starting the nursing, emphasizing self-care according to their own abilities of people with wounds of various etiologies through direct care, thus contributing to improve the quality of life and clients and their families.

Objectives: To share successful experience of leadership in the care management and coordination of teaching, research and extension for 10 years.

Method: Systematic recording of practice.

Results: In this outreach experience, you get a true articulation between teaching, research and extension, in which scenarios were generated internships for undergraduate and graduate students and guests own domestic and foreign, while have generated relevant research results, which serve as references have similar programs.

Conclusions: Having a theory to support nursing care is guaranteed to qualify the experience of health care.

W-028

Challenges Of Healing A Kenyan Patient’s Severe Pressure Injuries In A Kenyan Mission Hospital.

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Background: During a clinical education day to Kijabe Mission Hospital, Kenya, two tutors with four Kenyan students attended a young female patient with systemic lupus erythematosus, congestive cardiac failure and bilateral below knee amputations. Presented were four pressure injuries ranging from a stage two to stage four and an un-stageable to both hips and buttocks.

Aim: (i)To identify problems with current wound management and to describe the clinical interventions used. (ii)To ensure the intervention would be cost effective and sustainable. (iii)To educate staff unfamiliar with modern woundcare products. (iv)To educate patient, staff and students on pressure injury prevention and staging.

Method: The patient was visited twice. A combination of hydrofiber and foam dressings were used. Extensive bedside education was provided to the students and ward staff. The continuity of care was maintained by a comprehensive and extensive wound care plan.

Conclusion: To ensure sustainability, considered were the use of existing products available in the hospital. A decision was made to use modern products in conjunction with detailed written information. There was a significant improvement in healing.
Efficacy Of Adjunctive Models And Alternatives Treatment Of Zinc Cream Mix With Cadexomer Iodine In The Treatment Of Chronic Diabetic Foot Ulcers (DFUs): A Prospective Study

W-029

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Amputation phenomena through chronic DFUs are a common clinical side effect problem among productive young people. This condition is very complicated effect and has a dramatic impact on quality of life. Regardless of their causes, chronic DFUs remain unresolved of wound care management. These related to lack of TIME concept such us untreated of necrotic tissue and uncontrolled of infection. In recent years, evidence base modern dressings are very acceptable in many cases but some of people could not afford because of reasonable price. There has been increasing interest of zinc cream as a base product and mix with cadexomer iodine.

Objective: to evaluate efficacy of Adjunctive treatment with alternatives zinc cream mix with cadexomer iodine as a dressing in the treatment of DFUs.

Methods: Study with included ten patients with chronic (mean duration 3 month) DFUs who had received non- evidence base dressing with neglected for amputation from hospital. Adjunctive treatment with hydropressure and electrical stimulation and Zinc creams mix with cadexomer iodine was applied as impregnated gauze twice a week as the only treatment.

Results: Nine patients experienced 2 -- 4 weeks complete of wound bed preparation and 6 -- 8 weeks completed healing of their chronic DFUs in a mean time rate less than 12 weeks. The remaining of one patient show a significant reduction in wound size, which was healing in mean time 18 weeks.

Conclusion: Adjunctive treatment and alternatives Zinc cream mix with cadexomer iodine as a topical evidence base dressing appears to be a more efficient, cost effective and easy to use treatment for DFUs.

Keywords: DFUs, zinc cream, cadexomer iodine

W-030

The Effectiveness Of Topical Bromelain To Diabetic Wound Rats: The Expression Of MMP-9 And TIMP-1 In Phases Of Wound Healing

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Introduction/ Aim: Proteolytic activity is required for the turnover of the extracellular matrix during wound healing. Persistently high levels of matrix metalloproteinase-9 and the reduce of tissue inhibitor metalloproteinase-1 contribute to wound chronicity in diabetes. Bromelain is a proteolytic enzymes derived from the pineapple plant demonstrating both in vitro and in vivo effective as an anti inflammation and immunomodulator. The aim of this study was to investigate the effect of topical bromelain to diabetic rats wound and its mechanism to the expression of MMP-9, and TIMP-1 during inflammation, proliferation and maturation phase.

Methods: Twenty four Sprague Dawley rats weighing 150 - 200 gram were randomly divided into four groups and treated accordingly until the 13th day post-incision. Topical bromelain (standar from Sigma Aldrich #B-5882 & local product) was applied to treatment groups and normal saline were used to control groups. Observations were made on day 3, 7 and 13 after wounding by analyzing the rate of wound healing and measuring expression of MMP-9 and TIMP-1.

Results: The rate of wound healing in bromelain treatment groups is faster than control. Bromelain affects the balance of MMP-9 and TIMP-1 in the inflammatory, proliferation and maturation phase based on the percentage and intensity of fibroblast and endothel cells, although not statistically differences.

Conclusions: The local treatment with bromelain has a beneficial effect on diabetic wound healing. However, further studies should be carried out to ensure its safety for human usage.

Keywords: wound diabetic rats, topical bromelain, MMP-9, TIMP-1
The Role Of Enterostomal Therapists In The Management Of Complex Cases With Enterostomies And Challenging Abdominal Wounds

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Background: The stoma care unit (SCU) at the Cantonal Hospital in Fribourg is staffed with enterostomal and wound care specialists. The SCU offers an in- and outpatients consultation service to the HFR-hospital network with 557 beds.

Aim: This case is presented in the context of a quality control concerning the skills and role of SCU specialists in managing complex patients with the challenging combination of an enterostomy together with a laparostoma. The management of such cases requires technical skills and also a competent interpersonal, educational and logistic approach.

Case Report: We present here the case of a 36-year-old woman with morbid obesity, who underwent a laparoscopic gastric bypass procedure. She developed postoperatively an anastomotic leakage of the jejunojejunoanastomosis with severe peritonitis and multi-organ failure. To control peritonitis different revisions with a diverting jejunostomy and laparostomy were necessary. SCU specialists managed the laparostoma wound with negative pressure dressings and also a special stoma equipment to prepare the abdominal wall for later reconstruction. To avoid repeated general anesthesia, the patient underwent hypnosis for the wound dressing changes. After a 3 months hospital stay and another 2 months of outpatient follow-up, the abdominal wound was completely epithelialized with the attended persistence of the incisional hemia. 6 weeks later the jejunostomy has been closed. The patient is doing well today.

Conclusion: By managing and leading an entire interdisciplinary care team SCU specialists assure that patients become able to cope with such difficult situations.

Prevention Of Pressure Ulcers In Athletes With Physical And Motordisabilities

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Rehabilitation is an important step in the life of the physically handicapped, it is a gradual process of developing knowledge, skills and attitudes those aim to minimize their independence or dependence in daily activities. The adapted sport positively influences self-esteem, social life, body perception and quality of life. However, like any sportstors risk, Prolonged pressure, friction and humidity increase the risk of pressure ulcers.

Objective: To evaluate the risk and propose strategies for the prevention of pressure ulcers with a group of disabled athletes from the Association of Physical Disabled of Parana.

Method: This exploratory, descriptive quantitative approach was conducted within 14 care aged care facilities (2,169 beds) in Western Australia to investigate the effectiveness of the application of twice daily skin moisturising as compared to usual skin care practices, for reducing skin tear incidence. Skin tear incidence was reduced by 50% in the intervention group.

Aim: To determine the cost-effectiveness of skin tear prevention and costs and time for healing skin tears.

Method: A retrospective economic evaluation was conducted to determine the costs associated with the application of twice daily moisturiser and the time and costs associated with the management of skin tears in both groups. The data were also used in a prospective economic analysis to identify the financial implications if the twice daily moisturising regimen was adopted in 20%, 40% and 60% of Australian aged care facilities.

Results: Cost outcomes were measured based on the number of skin-tear-free days, and the average cost per skin-tear-free day. The data were also used to investigate the national benefits and cost-effectiveness should the prevention intervention be adopted in 20%, 40% and 60% of aged care facilities across Australia. These results will be presented.

Conclusion: The relatively inexpensive cost of twice daily application of moisturiser to the extremities of older adults was proven to be a therapeutic and cost effective intervention for reducing skin tear incidence.
C-01

Conservative Treatment For Faecal Incontinence In Nurse Led Clinic

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Objectives: To present the concept of treatment, follow up and satisfaction of patients with faecal incontinence treated by specialist nurse in a dedicated unit.

Introduction: Since 2010 a specialist nurse initiated management program has been established in our department. Most of the patients referred to our unit with fecal incontinence and other defecation disorders are seen by a specialized nurse. The nurse examines the patient and initiates the conservative treatment including regulation of bowel habits, enemas, bio-feed-back, and transanal irrigation. If the treatment was successful the patient was discharged. If the patient was not completely satisfied with the functional outcome she/he was offered a full work up with anal physiology and evaluation by a colorectal surgeon.

Method and results: To document the quality and the patient satisfaction of this referral plan we conducted a survey among 100 consecutive patients. 72 patients (72%) were satisfied with the treatment. 27 patients were not completely satisfied and of these 18 patients requested an evaluation by a colorectal surgeon. After evaluation 9 patients had no further treatment, 6 patients had additional conservative treatment, 2 patients were treated with bulking agents and one patient had a sigmoidostomy.

Conclusion: Only three patients in the study needed further surgical treatment. Specialist nurse initiated management of patients with fecal incontinence and defecation disorders is highly effective and satisfactory for the patients.


C-02

Promoting quality continence care through research, collaboration and advocacy

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Introduction: Incontinence Associated Dermatitis (IAD). Moisture associated skin damage can be prevented using skin protectants before injury or infections occurs and reversed by assessment and treatment interventions. Communications between health care providers (HCPs) in the USA, and HCPs in the Philippines concluded that PGH hospital needed an effective product to treat IAD and tissue damage.

First step was educational programs and clinical trial on the effectiveness of two ointments used for the management of IAD. There is minimal quality evidence on the effectiveness of these products in IAD.

Aim: Describe the challenges our IAD research team encountered in development of the trial and its methodology that required extensive collaboration between both countries.

Method: Literature search required identifying assessment and data collection tools. Three scales were modified for the patient population and those uncomfortable in English. Study Investigators received education on IAD, the study protocol, use of tools/procedures, interviewing study participants, photography, measuring, skin care, and computer reporting. Didactic and clinical teaching sessions on wound care, ointments used for the management of IAD. There is minimal quality evidence on the effectiveness of these products in IAD.

Results: Data collection continues; the research processes a huge learning curve for the study investigators and nurses who have taken this education back to their respected units.


C-03

20 Years Experience With Appendicostomy And ACE

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Introduction: At Oslo University Hospital we have 20 years experience with the procedure appendicostomy for children with problems with constipation and/or soiling. More than 100 children have gone through the procedure. Three main diagnosis for appendicostomy are: Myelomeningoce; anorectal malformation and Hirschsprung disease. This is one of the largest single center experience, I would like to share.

Aim: Systematic preparation and follow up by enterostoma therapist for patients and families when appendicostomy and antegrade colonic enema (ACE) is the chosen solution for constipation and/or soiling.

Method: 20 years experiences from clinical practice. What experiences are learned, and what changes have been made throughout the years and why. Based on this, what is our clinical approach today? We always have individual and interdisciplinary approach before deciding if appendicostomy and ACE is the chosen treatment. Every patient is viewed individually, and pediatric psychiatry plays an important role in decision making process.

Result: Most patient experience better quality of life after appendicostomy and ACE in place.

• ACE with Bisokadyl is a good solution for some.
• Irrigation with phosphate is a solution few.
• Hospital stay has gone from 7 days to 3 days. One day surgery might be next?
• Various experiences with amount of water, tap water vs NaCl, time of day for irrigation and number irrigations pr week.

Conclusion: Appendicostomy is a good solution in term of limit soiling and avoid constipation for many of the patients. Many express they have a better life after surgery.


C-04

Long-Term Outcome Of Transanal Irrigation For Children With Spina Bifida

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Introduction: Fecal incontinence and constipation affect the quality of life of children with spina bifida and their caregivers.

Aim: We evaluated the long-term clinical efficacy of transanal irrigation (TAI) and its effect on the quality of life of children and their caregivers. Method: Forty-four patients with constipation, fecal incontinence or both underwent TAI program at our spina bifida clinic between December 2010 and October 2013. The children and their caregivers were evaluated before and at 3 and 33 months after initiation of this program using a self-administered questionnaire.

Results: Successful outcome was achieved in 30(66.4%) children after a mean follow-up of 33 months (range, 30-36). The mean number of episodes of fecal incontinence per week, number of diaper changes and total time for bowel care per day before the program and at latest follow up decreased from 7.1 to 0.5 (p<0.001), 1.7 to 0.2 (p<0.001), and 29.1 to 19.8 min (p=0.053), respectively. These results persisted until short-term follow up at 3 months. Caregivers and children were able to go out more often (p=0.001), and caregivers’ bothersomeness, anxiety and depression due to bowel care decreased (p<0.001). The minor side effects were abdominal discomfort or pain during irrigation procedure (63.6%). The reported overall satisfaction with TAI was average 7.6 out of 10 points.

Conclusion: We observed significant improvement in defecation symptoms and quality of life which were sustained over time in spina bifida children who underwent TAI. TAI is safe and can be even applied to children with spina bifida suffering from fecal incontinence and constipation.
Mrs N had an ultra-low anterior resection (ULAR) in 2009 for a T3, N0, M0 rectal cancer with neoadjuvant, chemo/radiotherapy. The ileostomy was reversed nine months later. According to the psychiatrist at the time, Mrs N stated that she was ‘disgusted by the stoma’. She had suffered from depression and anxiety before her diagnosis and treatment. Post reversal of the ileostomy, she suffered from a disordered bowel habit that has severely impacted on her quality of life. She has an issue of laxative abuse and is unable to attend social events and interact with family and friends, as she fears being embarrassed by faecal incontinence.

In essence, the ‘anterior resection syndrome’ is a collection of symptoms after anterior resection (usually ULAR) and anastomosis that ranges from increased bowel frequency to incontinence or evacuatory dysfunction. It affects quality of life and can be detrimental to a person’s general wellbeing. However, most patients do improve with time, presumably due to increasing capacity (volume) and compliance (stretch) of the neo-rectum (the colon brought down to the anastomosis), which slowly assumes the function of a normal rectum. The aim of this presentation is to discuss a plan for patients whose life becomes intolerable.

It was recommended that Mrs. N attends biofeedback training and continue with psychological counselling. At her insistence she is on a waiting list for a loop ileostomy. The stoma was not tolerated well in the first instance, so will she manage after reinstatement of the stoma?
The International Children's ostomy Education Foundation Using gastronaut puppets to aid rehabilitation for child patients

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Introduction: Children undergoing emergency stoma surgery are often traumatised and take time to come to terms with their changed body image. A charity based in the United Kingdom is working hard to provide free puppets with the same features as the child and the anatomically correct stoma (including mitrofanoff stomas) to aid children’s understanding and also psychological recovery.

Aim: To use case studies to show the effectiveness of puppets on child rehabilitation.

I will use case study and anecdotal evidence to show the major impact that a puppet can have on a child’s recovery.

Case Studies:

One 5 year old child was catatonic until she received the puppet and then slowly began to communicate. One child was able to go home days earlier than expected using a puppet. Another 3 year old child learned to irrigate using a puppet; he is now in an Australian video on irrigation.

Conclusion: This charity concentrates on child ostomates and their parents worldwide. We know that in each country there are sufficient ostomy organisations (i.e. Ostomy Lifestyle in the UK) that provide excellent advice for adults but few specifically cater for children. The Charity is also working on a forum for parents and children to be able to connect directly (through skype etc) with each other. The fact the stoma can be placed anatomically correctly for each child and also they can have as many stomas and ports as the child has to cover multiple stomas or feeding tubes etc, is a tribute to the organisation but also a valuable tool that all stoma nurses need to be aware of.

Building A Fortress: The Parent’s Experience Of Caring For A Child With A Colostomy

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Objective: The primary purpose of this presentation will be to present the findings from a research study that explores the parent’s experience of caring for a child with a colostomy. Although a number of studies have examined the impact of the ostomy child in the family, little is known about how parents in South America experience providing care for their child or how they define their experience.

Methods: In-depth qualitative interviews were conducted with the parents of 10 children with a colostomy, living in Sao Paulo (Brazil) and Bogota (Colombia). The study used the Symbolic Interactionism perspective and Grounded Theory methods to guide data analysis.

Results: “Feeling weak” and “Becoming strong” are the pillar categories that support the experience. They show the tension between being a parent and having to provide specialized care to the child. “Building a fortress” emerged as the central category showing the parents developing strategies to constructing identities, roles and interactions. Parent’s caring experience is revealed as a personal transition process, where “Building a fortress” is a necessary condition to protect the child, transform meanings and build different scene of caring for a child with colostomy.

Conclusion: The caring experience of a child with colostomy is deeply determined by the parent’s definitions of the situation, skills and perceived support and their relationship with the child.

Complications Experienced By Children With Gastrostomy

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Introduction: Numerous children experience stoma related complications after insertion of gastrostomy tube. Minor complications tend to be trivialized in literature.

Aim: What is the role of a stoma nurse when it comes to discharge teaching and follow up for children with gastrostomy tube?

Method: Search for literature in PubMed and Cinahl and a thorough review of published material in order to identify stoma related complications and the role of a stoma nurse. The role of a stoma nurse for this group of patient is almost absent in literature.

Result: Findings confirm that gastrostomy related complications with a gastrostomy inserted are significant (33%-76%). Information related to systematic follow up for minor gastrostomy related complications and data relating to the role of a stoma nurse are inadequate, and a need for closer follow up seems to be confirmed.

Conclusion: Stoma related complications in children with gastrostomy are significant. Documentation of systematic discharge teaching and follow up care by stoma nurse is insufficient. A need for closer follow up and more teaching are documented.

Building A Working Relationship With The Paediatric Ostomate

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Introduction: This case study outlines the journey of a young boy who has managed to overcome the difficulties faced with complex medical problems and associated surgical procedures, a predominant fear of hospitals and migration to a new country. It highlights how the use of distraction techniques and play therapy enabled one to build a trusting and working relationship. The child first presented to the emergency department of our children’s hospital in October 2012 (age 21/2 years). This presentation revealed a complex medical history that included bilateral hydronephrosis, anorectal malformation, hypoplastic coccyx and multiple stomas. There was the issue of constant faecal and urinary incontinence, frequent nappy changes, malodour, social alienation and expenses associated with continence products. He was referred to the stomal therapy clinical nurse consultant for assessment, however due to his anxiety, fear and a language barrier this was initially impossible.

Interventions: Distraction techniques, play therapy, gradual introduction to changes in stoma appliance, parental support, clear plans of care, and education were all strategies employed to address John’s profound fear of stoma care and hospitalisation.

Outcome: Over a number of weeks John displayed trust in the nursing and medical staff and his anxiety reduced. Successful pouching of his stoma ensued with the resulting comfort of faecal containment.

Conclusion: Whilst John’s medical journey is far from over his progress on a personal level has been excellent. His case highlights the importance of building trust with the paediatric ostomate.