The Outlet

New Zealand Stomal Therapy Nurses

In this issue:

MARCH 2018

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The Outlet

New Zealand Stomal Therapy Nurses

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EDUCATION SECTION

ENCOURAGING MEMBERSHIP

EASY MEMBERSHIP SUBSCRIPTION CAN NOW BE GAINED ON THE WEB SITE
www.nzno.org.nz

IF YOUR ADDRESS HAS CHANGED PLEASE CONTACT
Jackie Hutchings
Email: jacquelynh@nursemaude.org.nz

Chairperson's Report

BRONNEY LAURIE

Happy New Year.

I hope this finds you all well rested and ready for another year of exciting stomal therapy.

I unfortunately do not have much to report at this stage of the year. The committee is meeting in Auckland at the end of February to set things in place for the conference in October. We have an exciting keynote speaker that I was very pleased to secure and the programme is coming together well. I am hoping that this conference will once again be well attended and would like to see some ward nurses able to attend this year. We would love to include you all within the programme and anyone that wishes to present at conference please contact Jackie Hutchings.

We have no further news in regard to pharmac and supply, we continue to keep in touch and request updates. We had a reply from the South Island DON's early this year in regard to education within stomal therapy with a possible pathway. I have yet to discuss this with the committee and we will do so at our meeting and keep you updated and also seek your opinion.

Included in this edition of The Outlet is a survey from the executive committee of The Federation of New Zealand Ostomy Societies (FNZOS). They have recently commenced a strategic review of their structure and practices. Ostomates often seek other avenues for information and support and local societies and membership numbers are decreasing around the country. The executive committee would appreciate our input as Stomal Therapists and nurses working with Ostomates to complete the survey which will help them get a better idea of what is working and what is not and how we may or may not incorporate the local societies into our practice.

I personally am excited about the year ahead and hope that it may bring some exciting advances for the future of up and coming Stomal Therapists.

Kind regards

Bronney

Your Executive Committee Members

COMMITTEE CONTACTS

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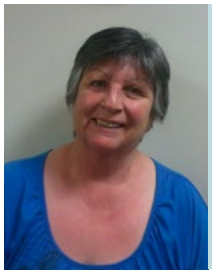

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www.nzno.org.nz/groups/sections/stomal_therapy

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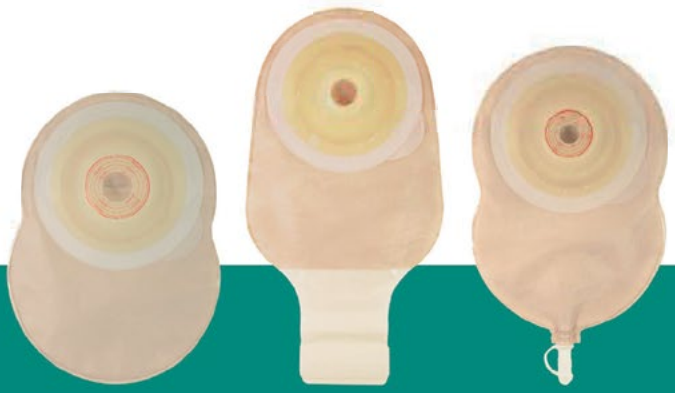

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Editor's Report

JACKIE HUTCHINGS

Welcome to our first edition for 2018.

It would be great to have a lot more case studies and research findings from around New Zealand published this year and remember that every article published can also be entered for the Liberty Publishing Award that is presented at conference in November and is worth $2000.

We are also happy to receive articles for publication from our Trade Companies as long as they are not product focussed but research based.

In this edition we have an article written by Jenny Coulson just before she retired from Stomal Therapy where she had worked in the role in Taranaki for many years. She is a life member of the College and was active on the committee as Treasurer in the past. We are really going to miss her and her wonderful sense of humour at our conferences and her knowledge of Stomal Therapy.

I recently attended an educational event where one of the main topics was the anecdotal basis of stomal therapy rather than it being evidence based. The first step towards progression is nurses writing case studies and having them published and from there moving on to research projects. We need these to progress in our specialty field. Please consider writing these case studies and forward them for publication in this journal.

Conference is not too far away now so please start making plans to attend and also to present. I look forward to receiving abstracts from anyone who would like to present. Remember that Liberty also offers a Best Presenter's Award of a further $2000. Jenny Roberts who won it at the last conference is using it to attend the Wound, Ostomy and Continence Nurses Society (WOCN) conference in Philadelphia in June this year.

Please remember that if you have a change of address to let me know so that your journal is sent to you correctly. If you are working as a Stomal Therapist and your work contact details change or there are new people working in your area please let me know so that we can update the National Contacts list.

We received an email from Robyn Hewlett who is a committee member of The New Zealand Nurses Memorial Fund (NZNMF) which is based in Dunedin. She has asked that we let our members know about this fund. Further in the journal you will see a full page poster regarding this. This is a stand alone fund and committee, of which the Chief Nursing Officer of the Ministry of Health is the patron. The aim of the fund is to provide financial relief for nurses in distress caused by sickness, age, accident, or other misfortune and to raise funds to provide this relief. The Committee meets monthly to view applications from Registered Nurses, Enrolled Nurses, Midwives, Maternity Nurses, Psychiatric Nurses and Psychopaedic Nurses. In July 2017 the New Zealand Nurses Memorial Fund Celebrated 100 years. The fund was set up as a living memorial to the 10 New Zealand nurses who lost their lives when the SS Marquette was torpedoed in the Aegean Sea in October 1915. You may know of a nurse who is working or a retired nurse that may need some financial assistance, because of illness, etc. Also, individual nurses can join the fund for $10.00 per year or $100.00 for life membership.

As I wrote this Editor's report I looked back at previous ones over the past three years and they basically all say the same thing in a variety of ways so I have decided to finish this report differently, and perhaps a little self indulgently by telling you a bit about my summer holiday! At this point you can turn the page and move on or stay to read a little more…

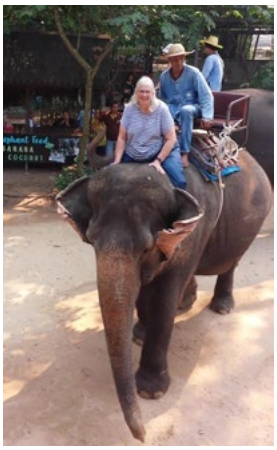
A year ago my husband started to harp on about how he wanted to go on a cruise but I really didn't feel like I was a cruisy type of person so I resisted for quite a while. We finally came up with a compromise as I wanted to see Singapore again as I hadn't been there for 30 years. So in January we headed off to Singapore and then got on a cruise ship for a 15 day trip around South East Asia and I found to my pleasure that cruising is for everyone.

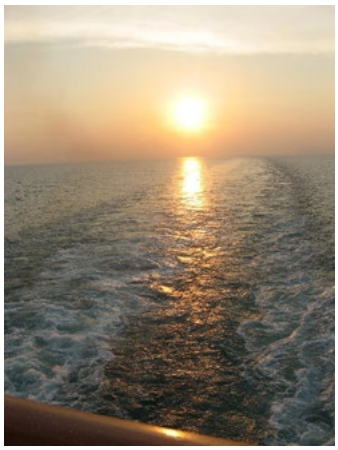
Most important was the fact that 12 of our days were land based where I got to see an overview of quite a few countries. I had never travelled to such diverse countries before where extreme poverty and wealth can live side by side which we saw as we travelled along roads teaming with motorcycles carrying whole families on them. Powerlines were overhead and in vast numbers that looked so heavy that the poles could hardly support them. I also hadn't realised how many oil rigs there are in the South China Sea!

Countries where there is an extremely low unemployment rate but only because there is no welfare state to prop you up if you can't look after yourself. We had wonderful local guides everywhere we went who told us a lot about their countries both the good and the bad. We saw the wealth of the temples which generally had schools within their grounds but we also went to a local school in Cambodia which was almost heartbreaking in its simplicity but the children were lovely. We had taken lollies with us to give to the teachers but they got us to pass them around and the children were so sweet even though they had no English.

We went to a wildlife park in Sabah to see the orangutans and the elephants in Thailand where the highlight of my trip was riding an elephant, the aquarium in Kuala Lumpur and then both the day and night zoos in Singapore. We travelled up the world's steepest cable car and learned about rice production in Langkawi. Singapore was amazing for its incredible high rise buildings and then the tourist places such as the museums, Chinatown, Gardens by the Bay and Sentosa Island with all its attractions.

I feel like I have not even scratched the surface but it was an amazing three weeks with so much to see and do and so many sights and sounds to take in with such a variety of cultures and the extremes in daily life.





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Policy for Bernadette Hart Award

PROCESS

- The Bernadette Hart Award (BHA) will be advertised in the NZNOCSTN Journal The Outlet
- The closing date for the BHA applications is 30 November each year
- The NZNOCSTN Executive Committee will consult and award the BHA within one month of the closing date
- All applicants will receive an email acknowledgement of their application
- All applicants will be notified of the outcome, in writing, within one month of the closing date
- The monetary amount of the award will be decided by the NZNOCSTN Executive Committee. The amount will be dependent on the number of successful applicants each year and the financial status of the BHA fund
- The name of the successful applicants(s) will be published in the NZNOCSTN Journal The Outlet
- The BHA Policy will be reviewed annually by the NZNOCSTN Executive Committee.

CRITERIA

- The applicant(s) must be a current member of the NZNOCSTN and have been a member for a minimum of one year
- Successful applicant(s) must indicate how they will use the award. The award must be used in relation to Stomal Therapy nursing practice
- The applicant(s) previous receipt of money (within the last five years) from the NZNOCSTN and/or the BHA will be taken into consideration by the NZNOCSTN Executive Committee when making their decision. This does not exclude a member from reapplying. Previous receipt of the BHA will be taken into account if there are multiple applicants in any one year
- The funds are to be used within 12 months following the receipt of the BHA.

FEEDBACK

- Submit an article to The Outlet within six months of receiving the BHA. The article will demonstrate the knowledge gained through use of the BHA

and/or

- Presentation at the next NZNOCSTN Conference. The presentation will encompass the knowledge/nursing practice gained through the use of the BHA.

Application for Bernadette Hart Award

CRITERIA FOR APPLICANTS

- Must be a current full or life member of the NZNO College of Stomal Therapy Nursing (NZNOCSTN) for a minimum of one year
- Present appropriate written information to support application
- Demonstrate the relevance of the proposed use of the monetary award in relation to stomal therapy practice
- Provide a receipt for which the funds were used
- Use award within twelve months of receipt
- Be committed to presenting a written report on the study/ undertaken or conference attended or write an article for publication in The Outlet or to present at the next national conference

APPLICATIONS CLOSE 30TH NOVEMBER (Annually)

SEND APPLICATION TO:

Jackie Hutchings
Email: jacquelynh@nursemaude.org.nz

BERNADETTE HART AWARD APPLICATION FORM

Name: _____

Address: _____

_____

Telephone Home: _____ Work: _____ Mob: _____

Email: _____

STOMAL THERAPY DETAILS

Practice hours Full Time: _____ Part Time: _____

Type of Membership ◯ FULL ◯ LIFE

PURPOSE FOR WHICH AWARD IS TO BE USED

(If for Conference or Course, where possible, please attach outlined programme, receipts for expenses if available)

• Outline the relevance of the proposed use of the award to Stomal Therapy

_____

_____

EXPECTED COSTS TO BE INCURRED

Fees: (Course/Conference registration) $ _____

Transport: $ _____

Accommodation: $ _____

Other: $ _____

Funding granted/Sourced from other Organisations

Organisation:

_____ $ _____

_____ $ _____

_____ $ _____

PREVIOUS COMMITMENT/MEMBERSHIP TO NZNOSTS

_____

_____

Have you been a previous recipient of the Bernadette Hart award within the last 5 years? ◯ No ◯ Yes (date) _____

Please Indicate ONE of the below: (please note this does not prevent the successful applicant from contributing in both formats).

◯ Yes I will be submitting an article for publication in 'The Outlet' (The New Zealand Stomal Therapy Journal).

◯ Yes I will be presenting at the next National Conference of NZNOCSTN.

Signed: _____ Date: _____

Omnigon Poster Competition

With the aim of facilitating attendance at the College of Stomal Therapy Nurses' conference in October 2018 Omnigon would like to invite you to participate in an educational poster competition.

OMNIGON'S COMMITMENT

- To award five full registrations, one each for the five best posters.
- To design, print and display the posters as part of the educational experience at conference.
- To provide all entrants with a participation certificate.
- To provide a poster template as a guide for participants.
- Winner to be announced in July 2018.

PARTICIPANT'S COMMITMENT

- To use any Omnigon product and display it's use in their poster.
- All posters will remain the property of Omnigon.
- To present to their Territory Manager a draft poster before the 31st June 2018.

We hope that you will take advantage of this opportunity and help us support attendance at conference.

Please contact Lorraine or Pierre for the poster template.

Lorraine Andrews

027 534 8485
lorraine@omnigon.com.au

Pierre Binette

+61 4 2336 5811
pierre@omnigon.com.au

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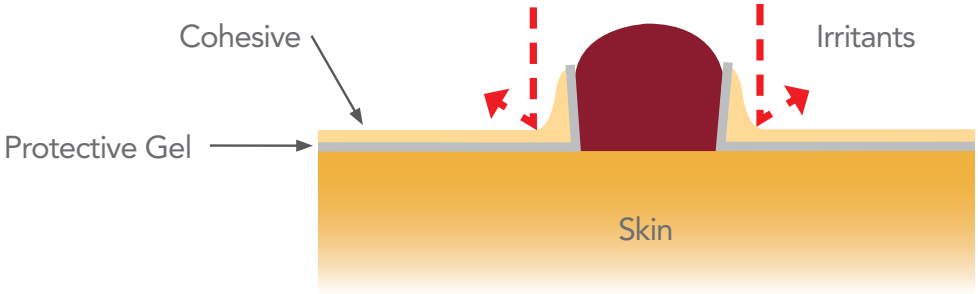

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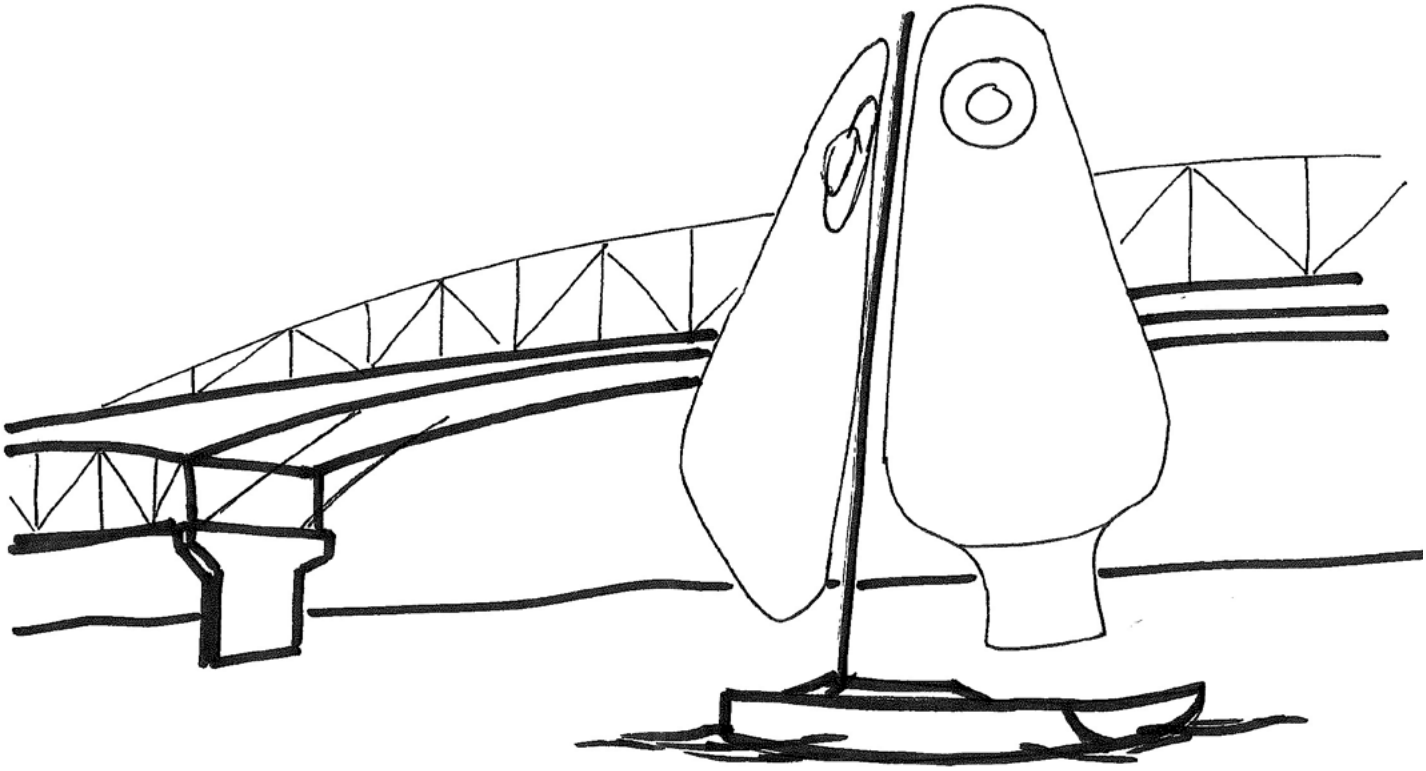

Stomal Therapy Conference

Rydges, Auckland

October 18 – 19, 2018

Set Your Sails - Tentative Programme

Thursday 18 October

0730: **Registration**
0800: **Mihi Welcome**
0830: **Nepal**
Ian Bissett – Colorectal Surgeon
0915: **Paediatric Stomas**
Mr Price – Paediatric Surgeon
0945: **Intestinal Failure Service**
Briar McLeod
1000: **Morning Tea**
1020: **Intestinal Failure**
Julian Hayes – Colorectal Surgeon
1050: **Short Gut syndrome**
Kerry McIlroy – Dietician
1110: **Fistula Management**
Mary Vendetti – Nurse Presenter
1130: **NZNOCSTN BGM**
1230: **Lunch**
1330: **Caring for the Carer**
Nic Marcon – Psychologist
1430: **Inflammatory Bowel Disease**
Jacqui Fletcher
1500: **Afternoon Tea**
1520: **Siting**
Bronney Laurie – Nurse Presenter
1540: **TBA**
Nurse Presenter
1600: **Federation NZ Ostomy Societies**
1620: **Learning Packages**
Bronney Laurie
1630: **Close**
1900: **Dinner – Ocean Eagle**

Friday 19 October

0800: **Registration**
0830: **Stoma Creation**
Nagham Al Moznay – Colorectal Surgeon
0915: **Mesh Hernia Repairs**
Colorectal Fellow
1000: **Morning Tea**
1020: **Scoping**
Debbie Perry
1040: **Role of Oncology CNS**
Felicity Drumm
1105: **Gynae Surgery**
Lois Eva – Gynae Surgeon
1155: **History of Stoma Bags**
Fran Martin – Nurse Presenter
1215: **Lunch**
1315: **Trades**
1330: **Patient Perspective**
Joshua Bardell
1400: **Q&A Session**
Panel
1500: **Close**

The above programme is subject to change.

Call for Abstracts

If you are interested in presenting at conference please forward an abstract to jacquelynh@nursemaude.org.nz

Please remember that Liberty is offering an Award of $2000 to the best presenter to be used for education.

Call for Rule Remits and Discussion Items for the BGM

If you have any Rule Remits or items for discussion at the BGM can you please forward them to: **jacquelynh@nursemaude.org.nz**

Rule Remits should be clearly written and give a rationale for the change.

Please give consideration to joining the Executive Committee – 3 members have to stand down having completed two terms. There will be 4 vacancies on the committee – training is offered. Being on this committee is a very rewarding experience and is often a lot of fun. Please approach any current committee members for further information. Nomination forms will be in the next edition of The Outlet. Any member of the College can hold an office position regardless of whether they are working in the role or not.

NZNO College of Stomal Therapy Nursing Conference

SET YOUR SAILS – REGISTRATION FORM

18 -19 October 2018

Rydges, 59 Federal Street, Auckland, New Zealand

Tax invoice GST # 10 386 969

Please print clearly

Name: _____

Address: _____

_____

Telephone Home: _____ Work: _____ Mob: _____

Email: _____

NZNO Member: ◯ YES ◯ NO

Membership number: _____

Full Fee	$320	Includes morning and afternoon teas, lunches and social event – Thursday night
Early bird before 01/09/18	$290	Includes morning and afternoon teas, lunches and social event – Thursday night
One day only	$160	Includes morning and afternoon tea and lunch
Social Event	$80	Partners or single day registrants

NB All registration fees are inclusive of GST

Social Event: Ocean Eagle Harbour Cruise – Dinner and Dance – 7pm to 11pm
Theme: Nautical

I will be attending the Thursday Evening Social Event ◯ YES ◯ NO

Do you have any special dietary requirements?

◯ GLUTEN FREE ◯ VEGETARIAN

◯ VEGAN ◯ OTHER (PLEASE SPECIFY) _____

ACCOMMODATION

Each delegate is responsible for booking their own accommodation. Special conference rate is available at Rydges – please request on booking

REGISTRATION

Please complete and return this form before 1 September 2018 for early bird registration or at the latest 10 October 2018

PAYMENTS

Internet banking/ direct, credit card: using your bank's internet banking website.

Account details: ANZ Bank, NZNO Stomal Therapy Section a/c no: 010505-0097186-00.

Please ensure that your payment quotes the initial of your first name and your full surname.

NB: Scan and send completed registration form to College Secretary: **leeann.thom@southerndhb.govt.nz**

Ostomy New Zealand Stomal Therapy Nurse Survey 2018

The executive committee of Ostomy New Zealand are currently undergoing a strategic review of our structure and practices. Feedback from the Stomal Therapy and wider nursing community is critical to this processas we begin to draft up a positive way forward for Ostomy New Zealand and our member societies.

Please take some time to consider the following questions and feel free to include any further thoughts on ways that we can enhance the support we provide to ostomates across New Zealand.

Please return to the Secretary by 30 April. Email **secretary@ostomy.org.nz** or post to **15 Totara Place, Timaru 7910.**

Name(Optional): _____

Please indicate: ◯ THERAPY NURSE ◯ WARD NURSE ◯ DISTRICT NURSE ◯ REST HOME NURSE

1. **What do you know/understand about your local ostomy society?** _____

2. **What type of interactions have you had/do you have with your local society?** _____

3. **Do you refer ostomates to your local society?** ◯ OFTEN ◯ SOMETIMES ◯ NEVER

   (If 'NEVER' please give reasons): _____

4. **Are new ostomates routinely provided with information about their local society? (What information/how?)**

5. **In your opinion, what would improve the effectiveness of your local ostomy society in supporting ostomates?**

Thank you for your time and feedback which is critical to the future planning of Ostomy New Zealand.

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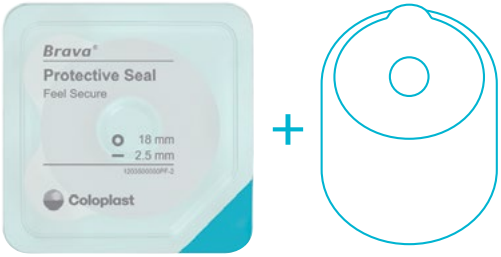
1. Data on file



For further information contact your Coloplast Territory Manager.

Code of Conduct

Lorraine Ritchie
PNA NZNO

The role of Nursing Council is to "protect the health and safety of the public by setting standards of clinical competence, ethical conduct and cultural competence of nurses"

(section 118 of the HPCA Act, 2003).

As part of this role, the Nursing Council of NZ published the Code of Conduct for Nurses and Professional Boundaries Guidelines in 2012. These documents set out professional expectations of the nursing profession and are intended to assist nurses in how to behave in certain situations in their workplace, whether that be in a hospital, the community or in consumers' homes. The guidelines are also about maintaining appropriate professional relationships with consumers.

Nurses are involved in relationships of trust with consumers and are also widely trusted by society as a whole. Honesty, integrity and being accountable for our actions are all part of what is expected as a nurse.

As well as the public's trust in individual nurses, principle 8 of the Code of Conduct states that nurses need to "maintain public trust and confidence in the nursing profession." Nursing Council wants to ensure that nurses do not bring the profession into disrepute and that we are respected and trusted by society.

There is a further expectation that nurses behave well when they are 'off duty'. Everyone is permitted to have a private life, but if, for example, a nurse writes disparagingly about her workplace, colleagues or consumers on Facebook, this could still potentially be considered as inappropriate and lead to disciplinary action. Being involved in aggressive acts, excessive drunkenness, theft and illegal acts outside of the workplace will also be judged as inappropriate and a nurse may find herself the subject of a complaint or before Nursing Council.

The majority of nurses behave well and are respected by consumers and the community. Even if incidents such as unwise use of social media occur, they are seldom maliciously intended, but rather careless and carried out without thinking or reflecting on potential consequences. I would encourage all nurses to refresh themselves, if they haven't lately, on the two above-mentioned documents as well as the NCNZ guidelines on social media use.

The Liberty NZ Stomal Therapy 'Publishing Excellence' Award

THE AIM

The aim of the Liberty New Zealand Publishing Excellence Award is to recognise the endeavors of nurses working in the field of stomal therapy, encouraging them to achieve excellence by publishing in the NZNOCSTN Journal "The Outlet".

All NZNOCSTN members, who meet the award criteria, can submit their article to be assessed for the award. The award is to the value of $2000. In the event that there is more than one worthy recipient the amount may be shared.

THE PURPOSE OF THE AWARD

The Liberty Publishing Award is to be used towards the cost of:

- Travel / accommodation / registration to attend a national or international conference related to stomal therapy

  or

- To facilitate participation in an accredited post graduate study program leading to qualification as a Stomal Therapist or appropriate study in the associated area intended to advance the knowledge and understanding of the discipline of stomal therapy

ENTRY CRITERIA

- Be a member of NZNOCSTN, both at the time of publishing and at the time the award is made
- Have submitted an article, which has been published in The Outlet and which complies with the Award Criteria
- Have completed the entry form and submitted to The Outlet editors by September in the year of the award. The Liberty Publishing Excellence Award will be made in the same year as the NZNOCSTN biennial conference.
- Only one article per author can be submitted for assessment
- The journals from which articles can be submitted for assessment will be published in the two years prior to the biennial conference as follows;
  - November 2016
  - March, July and November 2017
  - March and July 2018
- By submitting and applying for the Liberty publishing award, the publisher agrees that their name and /or article can be used by Liberty Medical for Education and Marketing.

The assessment panel will critique submitted articles for value to Stomal Therapy practice, contribution to understanding the patient experience, innovation in practice and contribution to the body of Stomal Therapy knowledge.

The successful award recipient will be announced at the NZNOCSTN biennial conference and the award will be made by a Liberty representative.

Best Published Article Entry Form

Please complete and return to The Outlet Editor by the last day of September in the year of the Award submission.

Name: _____

Address: _____

_____

_____

Telephone _____

Email: _____

Qualifications _____

Employment position _____

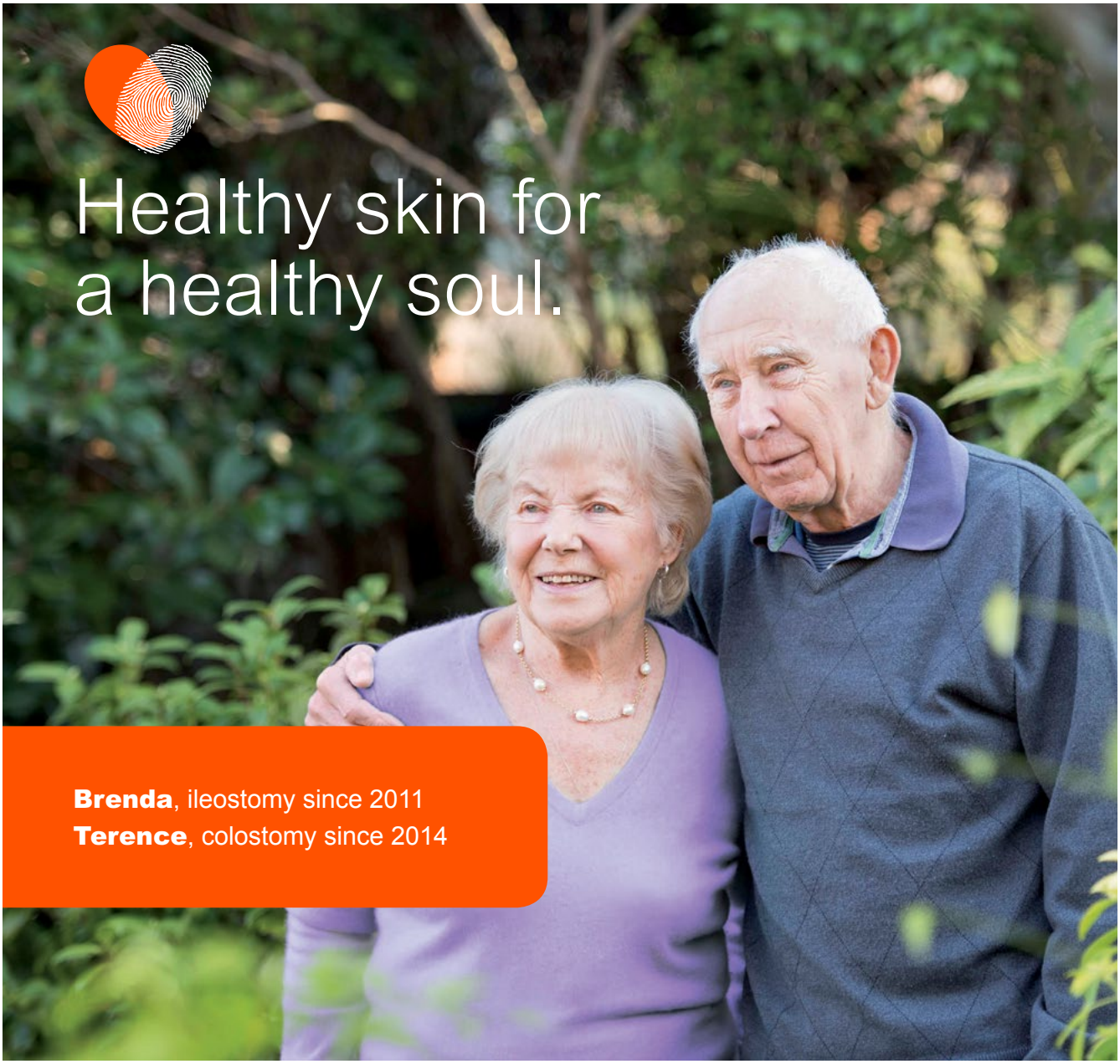
NZNO Number _____

Article Title and Date of Publication

_____

_____

Note: If there are constraints as to when you can and cannot publish your paper, please bring this to the attention of the Executive Committee or The Outlet Editors.



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Writing in The Outlet

PURPOSE

The Outlet is the journal representing the New Zealand Nurses Organisation College of Stomal Therapy Nursing (NZNOCSTN), and has a strong focus on the specialty nursing area of Stomal Therapy. Local input is encouraged and supported. The editors of The Outlet are appreciative of the opportunity to assist and mentor first time publishers or to receive articles from more experienced writers. The guidelines below are to assist you in producing a clear, easy to read, interesting article which is relevant.

The main goal of writing for the Outlet is to share research findings and clinical experiences that will add value and knowledge to clinical practice of others. The essence of writing for The Outlet is a story or research study, told well and presented in a logical, straight forward way.

Readers of The Outlet are both generalist nurses and specialist Stomal Therapists. Articles should be focused on what a nurse/patient does; how a nurse/patient behaves or feels; events that have led to the situation or on presenting your research methodology and findings. Linking findings to practice examples often increases comprehension and readability. Addressing questions related to the who, what, why, when, where, and/or how of a situation will help pull the article together.

GUIDELINES

Writing Style
Excessive use of complicated technical jargon, acronyms and abbreviations does not add to the readability of an article and should therefore be avoided if possible. Short sentences rather than long running ones are more readable and generally promote better understanding. The Outlet has a proofing service to assist with spelling, grammar etc.

Construction of the Article
It may help in planning your article if you bullet point the key concepts or points, format a logical paragraph order and then write the article from that plan.

Article Length
There are no word limits for publishing in The Outlet. First time writers may like to limit themselves to 2500-3000 words which is approximately three published pages.

Photographs, Illustrations, Diagrams, Cartoons
These are all welcome additions to any article.
Please email these with your article providing a number sequence to indicate the order in which you wish them to appear and a caption for each.

Copyright
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Referencing
The preferred referencing method for material is to be numbered in the body of the work and then to appear in the reference list as follows:

1) North, N.& Clendon, M. (2012) A multi-center study in Adaption to Life with a Stoma. Nursing Research 3:1, p4-10

Most submitted articles will have some editorial suggestions made to the author before publishing.

Example Article Format Title
As catchy and attention grabbing as possible. Be creative.

Author
A photo and a short 2-3 sentence biography are required to identify the author/s of the article.

Abstract
Usually a few sentences outlining the aim of the article, the method or style used (e.g. narrative, interview, report, grounded theory etc.) and the key message of the article.

Introduction
Attract the reader's attention with the opening sentence. Explain what you are going to tell them and how a literature review must be included.

Literature Review
If publishing a research paper.

Tell Your Story
Ask yourself all these questions when telling your story.
Who was involved, history of situation, what happened, your assessment and findings, why you took the actions you did and the rationale for these? Your goals/plan. The outcome. Your reflection and conclusions. What did you learn? What would you do differently next time?

Remember there is valuable learning in sharing plans that didn't achieve the goal you hoped for.

Patient stories are a good place to start your publishing career and nurses tell great stories. As editors we encourage you to experience the satisfaction of seeing your work in print and we undertake to assist in every way that we can to make the publishing experience a good one.

NB: Written in conjunction with NZNO Kai Tiaki Publishing Guidelines

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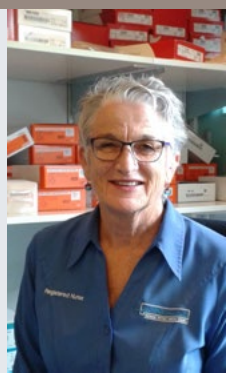
The Time Has Come The Walrus Said…

Jenny Coulson
Stomal Therapist (Retired)
Taranaki Base Hospital



The time has come the walrus said! And I have listened to that walrus and am retiring from my much loved stomal therapy nurse position of over 20 years at Taranaki Base hospital.

What a journey it has been since saying to the surgical service manager after a short trial period, rather bluntly as I do, "Yes I think I can do the job because I figure it's only 5% poos and wees and 95 % education. After all most people want to take care of their own business, don't they!

So management agreed to fund my stomal therapy study at Waiariki Polytechnic as long as I committed to two years in the position.

I never realised how addicted and passionate I would become about providing the best possible service, journey and outcomes for the ostomate and how the role would satisfy my ambition to apply a holistic partnership based nursing model to both the inpatient and community patient undergoing surgery and subsequently living with a stoma. I was probably a pain in the proverbial to the surgeons at times but as a result earned their respect, and as a bonus they generally create very user friendly stomas. I can email them these days and ask for a "generous spout please" if there is a large abdomen involved.

Technological advances have improved the outcomes for many patients but the journey whether short or long still needs supportive nursing care to enable successful adaptation. Over fifty years ago Stoma nurses provided education to empower their patients and it has been embraced by so many sectors now but I often think enterostomal therapy nurses led the way in patient education.

Aiding my practice have been innovative companies developing, designing and engineering ostomy products that make the stoma nurse and the patients lives that much easier. I thank our NZ Companies representatives and their associated office staff for supporting my education over many years and persevering in their regional visits to Taranaki to keep me up to date with improved product lines. Who'd think ostomy pouches could be so exciting!

May I also thank the companies for the support for NZNOSTS conferences and our section's magazine, both of which I have enjoyed over the years.

Being involved in the NZNOSTS committees as treasurer for a number of terms and being the convenor for the last combined Australasian stomal therapy conference have been absolute highlights and I encourage any of you who have not yet served on our committee to put your hand up at the next conference and embrace taking our College forward.

I have loved sharing my passion by teaching, writing up case studies and presenting at conference, because we often work in isolation and I have learnt so much from other stoma nurses sharing their expertise. It seemed logical to me to do the same so others might learn from my experiences.

It was a real thrill and an honour to be presented with life membership from the section last year, but most of all I feel so lucky to have enjoyed the friendship of so many dedicated colleagues along the way.

I wish you all in the Stomal Therapy College all the very best for the future and yes I would do it all again.

Fond regards

Jenny Coulson

- Jenny is pictured with flowers sent from the College of Stomal Therapy Nursing on her retirement

Jenny, thank you from all your colleagues and patients. We really appreciate all you have done for everybody over all those years and especially the time you gave on the national committee as Treasurer. We will really miss you and your humour.

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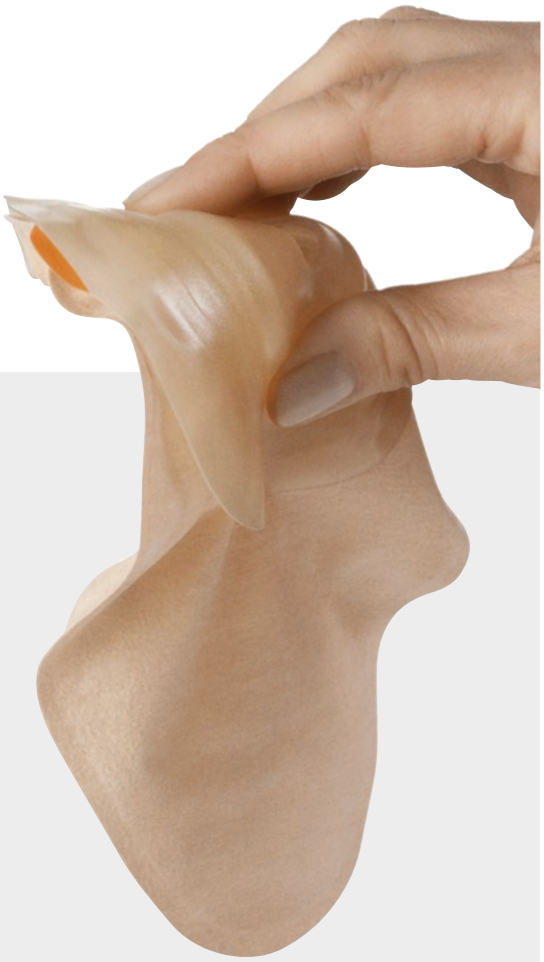

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Low Anterior Resection Syndrome (LARS)

A NURSING REVIEW OF THE LITERATURE.

Diana Hayes

Clinical Nurse Consultant/ Stomal Therapy Western Health Victoria Australia

(Master of Advanced Nursing: University of Melbourne)

INTRODUCTION

The rectum is the large intestine's depot for waste products of digestion, prior to defaecation. It measures approximately 12-15 centimetres in length extending from the sigmoid colon to the anus[1].

Its function becomes paramount when disease, infection or mechanical issues develop. An example is rectal carcinoma requiring a surgical procedure known as anterior resection. The person undergoing surgery for rectal cancer would almost certainly prefer not to have a permanent colostomy (a type of abdominal stoma) so a sphincter-preserving technique is offered. It is possibly anticipated by the patient that an anterior resection will promote a better outcome with the cancer no longer a concern.

The term anterior resection was previously used to describe rectal surgery, where surgical excision of a diseased rectal part is required. The definition has been expanded and the procedure now may also include resection of the sigmoid colon, descending colon and the distal portion of the transverse colon[2].

Anterior resection results in the construction of an anastomosis. This is the new join following the excision with a margin of 5cm at either side of the diseased part[2] or just 2cm for an ultralow anterior resection (personal communication: Colorectal Fellow S. McDonald; December 2016).

The lower the anastomosis, the more likely that the patient will need a loop ileostomy fashioned, to protect the new join. Blood supply to the anastomosed area may be compromised and there is a risk of leakage. The ileostomy, an abdominal stoma, provides a temporary alternative route for the small bowel content and allows the entire colon to rest and heal at the anastomosis.

Loop ileostomy, whilst possibly creating a lifestyle-inconvenience, particularly socially, to the patient, is considered an essential part of the recovery and healing process. Once the anastomosis site is confirmed as being fully intact and the patient is deemed fit for additional surgery, the abdominal stoma is usually reversed and bowel function returns by way of the remaining colon.

Regrettably, the patient may be left to his or her own devices if not adequately informed of the possible consequences following low or ultralow anterior resection. Those who are fully informed of the possible complications may still be experiencing a reduced quality of life. Complications such as faecal incontinence and obstructed defaecation are given the title of low anterior resection syndrome (LARS)[3].

This review examines current literature concerning low anterior resection syndrome, from a clinical nursing perspective, with a hope of further assisting patients who are within the care of Stomal Therapy Nurses.

It also provides an opportunity to implement patient information booklets, pamphlets or other formats to increase community awareness to those affected. These information packs need to be in plain English or with an easy-to-understand version of medical terminology used.

UNDERSTANDING LOW ANTERIOR RESECTION SYNDROME

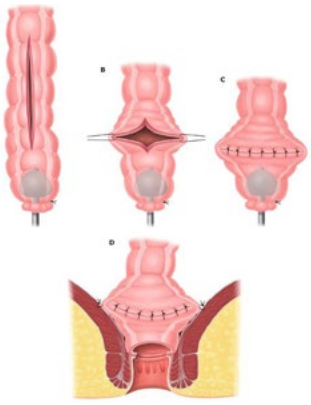
Anterior resection is the surgical excision of a diseased portion of the rectum, plus possibly the sigmoid colon, descending colon and the last part of the transverse colon with colorectal or coloanal anastomosis[3]. Coloanal anastomosis suggests that the rectum has been completely removed.

Low anterior resection syndrome (LARS) is used to describe one or more of six symptoms following anterior resection. These are: faecal incontinence; urgency; increased frequency (4+ motions per 24 hours); constipation; a feeling of incomplete bowel emptying or a change to the consistency of the stool passed[3].

Anterior resection syndrome is further defined as disordered bowel function after rectal resection, leading to a detriment in quality of life.

A definitive cause has not yet been fully recognized and it is a condition considered as entailing multiple factors[3]. The amount of rectum that is removed varies with each anterior resection procedure; therefore there is uncertainty of the ultimate functionality of the left-over rectal stump[4]. This is purported as being a contributing factor towards urgency and incontinence of stool[4].

Surgical intervention and reconstruction to help prevent this comprises: side-to-side anastomosis; colonic pouch and coloplasty.



A coloplasty is created by initially making a longitudinal colotomy proximal to the distal end of the colon, which is then widened by applying tension laterally. The longitudinal opening is then closed in a transverse fashion and then anastomosed to the anus resulting in the formation of a neorectal reservoir[5].

Coloplasty neorectal reservoir[5]

However, studies suggest that these procedures may not improve quality of life over those people having anterior resection with end-to-end anastomosis[4].

STUDIES

In a study that was undertaken in Auckland, New Zealand (2002-2012), 277 patients were screened annually between 1-5 years post procedure, with a mean duration of 2.71 years[3]. Patients who required an abdominal stoma were initially monitored following their stoma reversal[3].

Of the 277 patients, 202 (72.9%) reported experiencing LARS post procedure. The most prevailing condition was increased frequency (29%)[3]. The authors also suggest that there is still a figure of 43% of patients with one or more LARS conditions after 5 years of their surgery. This study also suggested that defunctioning the colon may be a contributing factor to the change in bowel habits post anterior resection[3]. A LARS syndrome study in Denmark between 2008 and 2009 with 260 research participants also attributed diverting loop ileostomy to LARS[6]. This offers a clinical contradiction as defunctioning the colon is historically deemed as an important part in the healing of the anastomosis.

Rectal evacuatory disorder is presented within research definitions as symptoms of difficult defaecation. Symptoms under this umbrella title include: occasional, rather than regular, bowel motions; a feeling of poor evacuation and undue straining during defaecation. Straining may contribute towards descending perineum syndrome, a weakening of the pelvic floor[4]. Other causes include weakness of the pelvic floor muscles, secondary to age-related neuropathic degeneration, or traumatic injury during pregnancy and labour[6].

In the 2008-2009 study in Denmark, of the 260, 170 patients experienced total mesorectal excision (TME), whilst 90 patients underwent surgery resulting in partial mesorectal excision (PME).

> Total mesorectal excision (TME) is a standard technique for treatment of colorectal cancer, first described in 1982 by Professor Bill Heald at the UK's Basingstoke District Hospital. A significant length of the bowel around the tumour is removed, and the removed lymph system scrutinised for cancerous activity. It is possible to re-join the two ends of the colon; however, most patients require a temporary ileostomy pouch. TME has become the gold standard treatment for rectal cancer in the west. An occasional side effect of the operation is the formation and tangling of fibrous bands from near the site of the operation with other parts of the bowel. These can lead to bowel infarction if not operated on. TME results in a lower recurrence rate than traditional approaches and a lower rate of permanent colostomy. Postoperative recuperation is somewhat increased over competing methods. When practiced with diligent attention to anatomy there is no evidence of increased risk of urinary incontinence or sexual dysfunction. However, there can be partial faecal incontinence and/or "clustering"--a series of urgent trips to the toilet separated by a few minutes, each trip producing only a very small yield. It is usually combined with neoadjuvant radiotherapy[8].

The Danish study suggests that the patients who experienced TME over PME had a significantly higher risk of LARS[6].

TME patients with major LARS complications persisting more than PME patients is demonstrated in a further Danish study between 2001 and 2007, with 980 people participating[9]. Major LARS is described as a multivariate analysis score of equal or greater than 30[9].

The benefits of sphincter-preserving surgery are purported to be diminished by poorly-rehabilitated bowel function[9].

To assist, the Danish study provided a list of definitions, used in the patient survey.

Clustering	The need to open bowels within 1 hour of the last bowel movement
Incomplete evacuation	The feeling of incomplete emptying during defaecation
Defaecational assistance	The use of laxatives, transanal or digital voiding
Quality of life	The impact of bowel dysfunction on quality of life

Definitions used in Danish study, patient questionnaire[9]

The results of this study were that of 938 patients, who had required anterior resection, 64% experienced LARS and 41% experienced severe LARS. Contributing factors to generate an increase in LARS were pre-operative neoadjuvant therapy and TME (over PME)[9]. Age-related findings were also cited in this study, with people aged 64 or less, faring worse, than those older than 64 years[9].

International validation of the LARS score was undertaken within four European countries. That is consisting of: Sweden, Spain, Germany and Denmark. 801 rectal cancer patients participated in the study between 2001 and 2009[10].

The following questionnaire was used

Question 1 Do you ever have occasions when you cannot control your flatus?	No, never Yes, less than once per week Yes at least once per week	0 4 7
Question 2 Do you ever have accidental leakage of liquid stool?	No, never Yes, less than once per week Yes at least once per week	0 3 3
Question 3 How often do you open your bowels?	More than 7 times per day (24 hours) 4-7 times per day (24 hours) 1-3 times per day (24 hours) Less than once per day (24 hours)	4 2 0 5
Question 4 Do you ever have to open your bowels again within one hour of the last bowel opening?	No, never Yes, less than once per week Yes at least once per week	0 9 11
Question 5 Do you ever have such a strong urge to open your bowels that you have to rush to the toilet?	No, never Yes, less than once per week Yes at least once per week	0 11 16

By totalling the individual question scores the participant was given one final LARS score:

- 0-20 = No LARS
- 21-29 = Minor LARS
- 30-42 = Major LARS[10].

This suggests that there may now be a validated and reliable scoring system for LARS.

SUGGESTED TREATMENT

Schwandner proposes that conservative management which includes: stool consistency management; pelvic floor retraining and biofeedback of LARS are inadequate and substandard[11]. The author describes even more indicators following surgery. They are bladder dysfunction and disorder of sexuality[11].

This researcher introduces sacral neuromodulation as an alternative. The objective was to determine viability two years post low anterior resection with TME, ileostomy and neoadjuvant chemotherapy. Ileostomy reversal was also a prerequisite. Other factors of inclusion were failure of conservative management and no known residual or recurrent disease. Those with poor follow-up; secondary malignancy, ulcerative colitis and Ileal pouch were excluded.

One doctor was allocated the task of ensuring that patient recruitment was done accurately. Patients were screened for suitable LARS signs and symptoms, investigative examination and medical techniques used in the research project.

Once deemed suitable for the procedure, there followed a two-phase process. This consisted of a percutaneous test stimulation followed by definite implant[11]. Cefuroxime and Metronidazole were given to the participants as a once only pre-procedure antibiotic to avoid infection[11].

> For diagnostic phase, the definitive, quadripolar electrode (tined lead, Medtronic model 3889-28, Minneapolis, MN, USA) was used for test stimulation[11].

No muscle relaxants were employed whilst the participants were sedated under general anaesthetic[11].

Results were documented as favourable showing improvement in continence and nocturnal defaecation ($p<0.01$)[11].

The author recommends this treatment for patients with LARS once all other managements have been deemed unsuccessful.

Other treatments for LARS include non-surgical intervention such as laxative use and physiotherapy.

Each case needs to be treated according to its severity.

CONCLUSION

This literature review has revealed a number of signs and symptoms that people may endure following low and ultralow anterior resection. These include: uncontrollable flatus; accidental stool leakage; too frequent or infrequent bowel function; the need to evacuate soon after previous time; a feeling of urgency in getting to the toilet for bowels.

Knowing that this is a potential problem for our patients undergoing anterior resection, with temporary ileostomy, may enhance the education process for Stomal Therapy Nurses.

Patient literature and teaching packs, in easy to understand wording may hold the key.

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