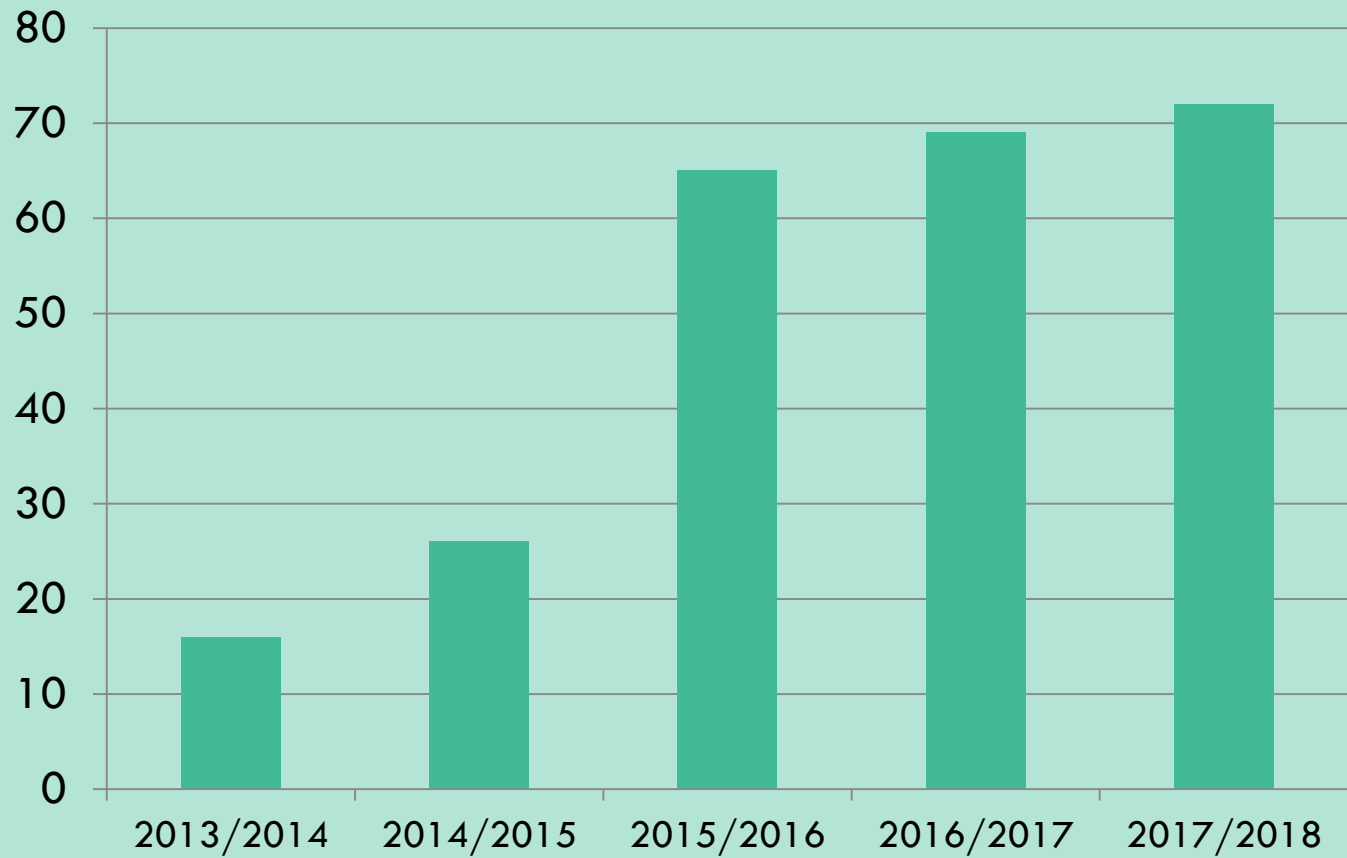


**THE ROLE OF THE STOMA NURSE  
WITHIN THE  
'ENHANCED RECOVERY PROGRAMME'**

Fiona Correia  
Stoma Nurse  
Royal Surrey County  
Hospital



## Number of Cystectomies



# TWO PRE-OPERATIVE MEETINGS

-1<sup>st</sup> in conjunction with Urology CNS...insures

- continuity of information

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

- Introduction of the 'personal trainer'



**PERSONAL TRAINER.....!!!**

---

Personal Trainer

dansac 



### Preparing the model stoma



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



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



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

### Applying the model stoma



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




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

*If your Stoma nurse has not indicated a position, then place it midway between your navel and hip.*



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





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

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

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

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

# SITING

-2<sup>nd</sup> visit with the patient is the day before surgery, when the patient is sited and any further concerns addressed.

Consider....

- Physical appearance/body shape- Anticipated changes
- Limitations/dexterity
- Scars/creases/folds
- Belt line/clothing





# IN-PATIENT CARE

- Operation undertaken on Friday, 1<sup>st</sup> review by Stoma team on Monday.
- Twice daily practice changes.
- 2 stents in-situ, no stump drain making management of application easier.
- The benefit of the patient having experience of the pouches mean they can engage easier and have confidence in what to do.
- Managing expectations.

# ISSUES THAT CAN ARISE WHILST AN IN-PATIENT

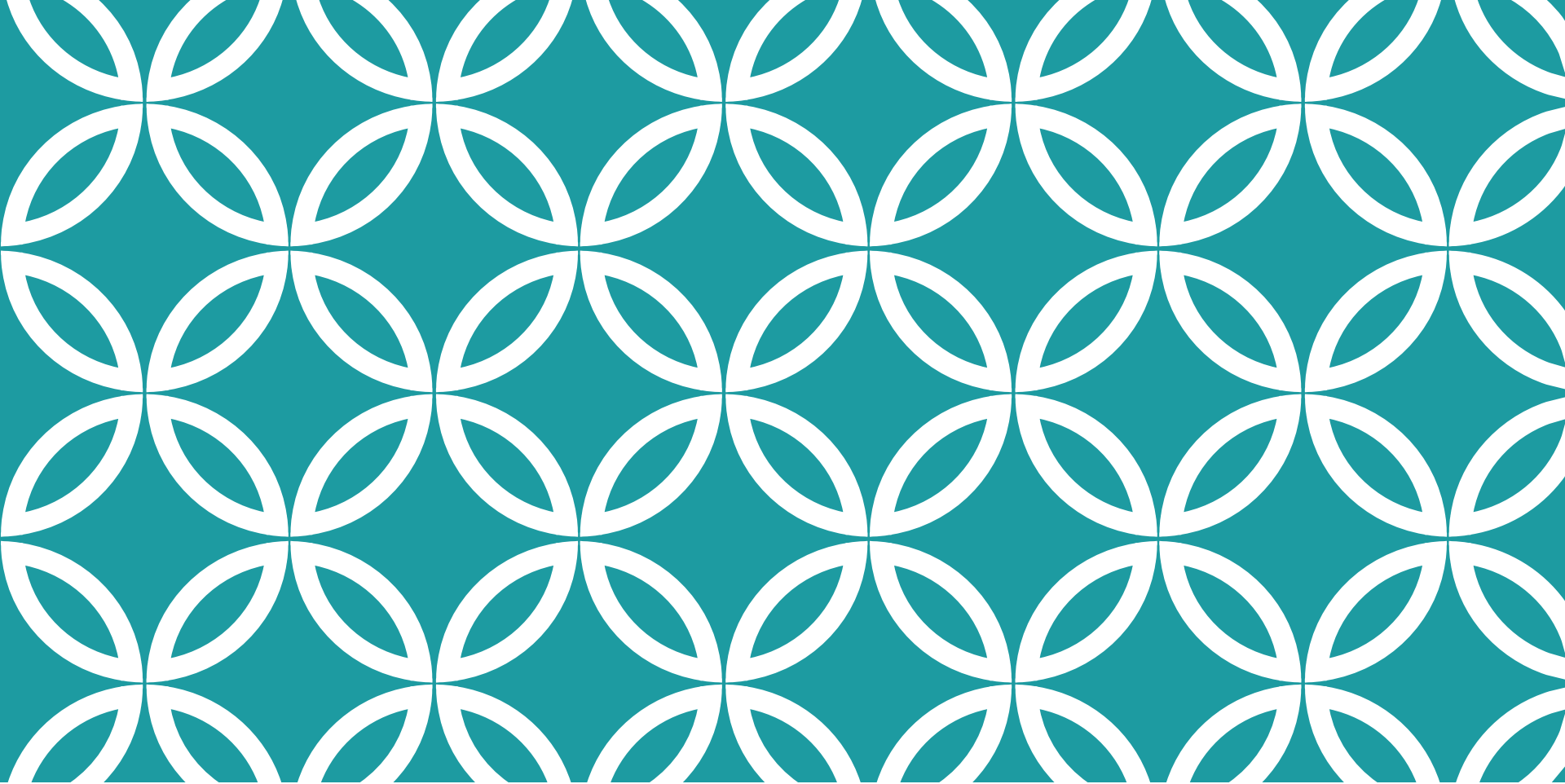
- Leaks
- Sore skin
- Difficulty in pouch alignment
- Necrosis/Retraction of the Stoma
  
- Failure to practice bag changes!

# ISSUES THAT CAN ARISE ONCE AN OUT-PATIENT

- Leaks-most likely to occur post stent removal
- Changes in abdominal shape
- Skin reaction
- Sore skin
- Hernia
  
- Obtaining Supplies
- Confusion about Stoma follow-up

# FOLLOW UP

- Upon discharge the patient will....
  - Know when their delivery of further supplies will arrive.
  - Contact details of both RSCH and their local Stoma CNS.
  - When their first follow up clinic appointment will be.
- Follow up phone call 1-3 days post discharge
- Two week following surgery an appointment for follow up in Bladder Clinic, stents are removed (no Gentamycin) and trouble shooting done.
- Local patients will be placed on a rolling program of follow up
- If out of area we insure that their local CNS has made contact.



**THANK YOU**

