

# Opus Healthcare Stoma Care Literary Review

January 2022 to March 2022

Title	Publication	Date	Overview
Gaining consensus: the challenges of living with a stoma and the impact of stoma leakage	British Journal of Nursing, Vol. 31, No. 6, pages s30-s39.	24 March	Research suggests that people with a stoma face unique and often significant physical and mental health difficulties in their day-to-day life - with leakage being both the cause of many of these difficulties and a particularly acute issue in itself. Ostomates are also said to feel that access to specialist stoma care and peer support are essential to dealing with these problems. Despite this, it was found that there are serious issues regarding the geographical variation of such care. Also, the research found that non-specialist carers frequently have little understanding of what living with a stoma means and have limited access to appropriate information and education. The authors suggest that expanding access to lifelong specialist stoma care, from pre-surgery education to regular check-ups after surgery, is key to reducing the impact leakage and its complications have on people's lives.
Adaptation of a stoma care pathway and use of telephone clinics during the pandemic: patient experience survey	British Journal of Nursing, Vol. 31, No. 1, pages 8-14.	13 January	During the COVID-19 pandemic, the Cambridge stoma service made adjustments in line with government guidelines, including running predominantly telephone clinics. A patient experience survey was then carried out to determine the need for adaptation and improvement of the standard stoma clinics pathway. A postal questionnaire was sent to patients who attended stoma clinics between April and June 2020. All elements of the virtual clinic were rated positive by more than 80% of respondents, with nearly 90% feeling that all their stoma care needs were met. However, there were negative aspects - both practical hurdles in terms of visually assessing stoma complications, and also the impact of reduced interpersonal contact on non-verbal communication and the nurse-patient relationship. When asked to indicate their preferred consultation methods (patients were allowed to choose more than one), face-to-face received 50 votes, telephone 32 votes and video clinic 5 votes.

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Impact of stoma leakage in everyday life: data from the Ostomy Life Study 2019	British Journal of Nursing, Vol. 31, No. 6, pages s48-s58.	24 March	Article discusses the results of the Ostomy Life Survey 2019, in which 92% of participants (who were all living with a stoma), worried about leakage. The survey found that new stoma patients experienced more weekly episodes of leakage onto clothes. New ostomates also showed reduced quality of life and increased worry about leakage compared with those who'd had their stoma for longer than 1 year. Of the respondents who were working, 65% were affected in their ability to work by leakage of stomal effluent or the worry regarding this. It was found that those worrying the most about leakage had an increased consumption of supporting products. Other key findings included the psychosocial impact of leakage increasing with the frequency of leakage episodes and leakage outside the baseplate (onto clothes) having greater impact on psychosocial wellbeing than leakage underneath the baseplate only.
Parastomal hernias and information retention: how and when to educate ostomates on risk minimisation	Gastrointestinal Nursing, Vol. 20, No. 1, pages 26-33.	February	Article shares survey results determining how much information about parastomal hernias and risk minimisation patients remember. Of 544 participants, most were >70 years old (55.2%) and had a stoma for 10 years+ (59.1%). Of these, 70.6% had heard of parastomal hernias and 29.4% had not. Most of those who had heard of parastomal herniation heard of it when they were diagnosed with the complication (37.3%), with only 9.8% first hearing it from a stoma care nurse. Of those who had discussed herniation with a nurse, the largest group (26.4%) had done so at a postoperative home visit or clinic appointment. The authors suggest that those with a stoma for a long time are particularly likely to have never been educated on parastomal herniation or forgotten what they had learned, so are a priority for patient education. They recommend this education is given in both verbal and written formats in a manner that considers the individual's learning style and capacity for information retention. It should be delivered early and often, and repeated at assessments throughout an ostomate's stoma journey.

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Relationship between resilience and health-related quality of life among patients with a permanent colostomy	British Journal of Nursing, Vol. 31, No. 6, pages s4-s12.	24 March	The findings of a study, which focused on colostomy patients' health-related quality of life (HRQoL) and resilience in a hospital in Egypt, indicate a positive correlation between each aspect of HRQoL and resilience. Colostomy patients had a mean HRQoL score of 129.61 (SD)=98 (interquartile range: 109-148), with a spiritual domain that was lower than any other HRQoL domain. The Resilience Scale mean score was 106 (interquartile range: 82-126). It is suggested, therefore, that the assessment of HRQoL and resilience in colostomy patients is important because it provides nurses with a reference to facilitate decision-making regarding patient care. The study revealed that patients with a colostomy had low resilience and HRQoL scores, which could suggest that colostomy patients allow the loss of bowel function to control their lives. The authors conclude that multidisciplinary, research-based intervention programmes need to be designed to promote resilience, along with measures to prevent potential complications and increase HRQoL.
Understanding colorectal cancer survivors' perceptions of dietary advice: a literature review	Cancer Nursing Practice, Vol. 21, No. 1, pages 26-34.	January	This literature review explores colorectal cancer (CRC) survivors' perceptions of dietary advice - including those living with a stoma. Despite it being recognised that lifestyle changes, including healthier diets, are positively associated with CRC survival rates, this review found that many CRC survivors feel dissatisfied with the dietary guidance they receive. It discusses how many CRC survivors fear that altering their eating patterns could lead to increased diarrhoea, flatus and stoma activity, potentially causing embarrassment and restricting their activities. The authors suggest that addressing this unmet need could support holistic oncology care. Furthermore, understanding the motivating factors and barriers related to making dietary changes identified by CRC survivors can enable nurses to support people to make sustainable lifestyle changes.

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Title	Publication	Date	Overview
Nurse-led surveillance of ileoanal pouch patients post-stoma reversal: outcomes at 12-month review	British Journal of Nursing, Vol. 31, No. 6, pages s14-s21.	24 March	Article discusses the post surgery surveillance issues around restorative proctocolectomy with pouch anal anastomosis for ulcerative colitis patients. It also shares study results of the first protocol-based pathway for nurse-led surveillance for pouch patients following stoma reversal. Using validated questionnaires, suitable pouch patients were followed up in nurse-led clinics over a 12-month period, and were then sent an online survey to report on the service they received. Overall, the study found that most patients were satisfied with nurse-led care. It is said to be advantageous to patient recovery, early detection and management of postoperative complications and can reduce the burden on consultant-led outpatient services. However, the authors suggest there remains a requirement for investment and engagement in nurse-led services in order to provide pouch patients with sustainable services while reducing the burden on consultant-led care.
Colorectal nursing and low anterior resection syndrome	British Journal of Nursing, Vol. 31, No. 4, pages 194-198.	24 February	Article shares recent evidence-based information about low anterior resection syndrome (LARS). It suggests that avoidance of a permanent stoma has come at a high cost for some patients with as many as 90% being affected by bowel dysfunction to some extent. LARS symptoms can include diarrhoea, faecal and/or flatus incontinence, urgency, frequency, fragmentation of stools, constipation and evacuatory dysfunction, incomplete emptying, painful evacuation and tenesmus. It discusses how LARS is multifactorial, and therefore likely to respond to combined treatments including dietary management, pharmacotherapy, sphincter/pelvic floor exercises and transanal irrigation. The author suggests monitoring the impact of proposed interventions is pivotal to getting the right treatment, at the right time, and recommends using patient diaries - an example of which is shared in the article. If treatment modalities, alone or combined, fail to ameliorate symptoms to an acceptable level for the patient, ongoing referral should be made.

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Lift Plus 360 Citrus	1 x 50ml spray	5507
Lift Plus Wipes	1 x 30 sachets	5502
Lift Plus Citrus	1 x 30 sachets	5504
SkinSafe	1 x 50 sachets	6600
	1 x 50ml spray	6601
AbsorbaGel	1 x 150 sachets	9900
LaVera	1 x 30 sachets	3300
	1 x 100g tube	3301

Product	Pack Size	Order Code
NaturCare Unscented	1 x 50ml	1100A
NaturCare Fragrant	1 x 50ml	1101A
NaturCare Citrus	1 x 50ml	1102A
NaturCare Mint	1 x 50ml	1103A
NaturCare IPD	1 x 50 sachets	1104
ClearWay Stoma Bridge	1 x 30 cubes	7700
ClearWay Mini Stoma Bridge	1 x 30 cubes	8800
DeoGel	1 x 200ml bottle	2010
	1 x 50 sachets	2020

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	Size	Cutting Size	Sample Code
Flat	Midi	15-60mm	5035-60
	Max	15-70mm	5219-70
	Midi	10-34mm	8418-34
Convex	Midi	10-44mm	2674-44
	Max	10-57mm	4105-57

#### Open

	Size	Cutting Size	Sample Code
Flat	Midi	15-60mm	8346-60
	Max	15-70mm	2952-70
	Midi	10-34mm	2212-34
Convex	Midi	10-44mm	2768-44
	Max	10-57mm	6548-57

#### Urostomy

	Size	Cutting Size	Sample Code
Flat	Max	15-60mm	1704-60
	Midi	10-38mm	7537-38
Convex	Midi	10-44mm	1534-44

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