Opus Healthcare Stoma Care Literary Review

April 2021 to June 2021

Title	Publication	Date	Overview
Colostomy irrigation (part 1): impact on quality of life	Gastrointestinal Nursing, Vol. 19, No. 3, pages 24-29.	April	This literature review discusses colostomy irrigation (CI) - which involves instillation of water via the stoma into the colon, where it stimulates peristalsis, causing expulsion of stool and water from the stoma. Evidence presented in the article indicates that CI is an effective management option that can facilitate control, continence and routine in evacuation, as well as reduce the risk of odour, leakage and peristomal skin complications. It is suggested that these advantages can help colostomates build their confidence and improve their quality of life in terms of both physical health and psychological wellbeing. The article also suggests that the absence of CI-related complications in the past 40 years of literature suggests that it is a safe management method. However, the author concludes that there is a lack of robust and recent research in stoma care in general and CI in particular.
The effect of pre-operative stoma-site marking on peristomal skin health and quality of life	Gastrointestinal Nursing, Vol. 19, Supp. No. 3, pages s34-s41.	May	Findings from a study in Spain suggest that stoma siting is a first-line opportunity to reduce the occurrence of peristomal skin complications. Stoma siting was found to be associated with an absence of effluent leakage (p=.008), an absence of stoma-related complications (p<.0001) and healthier peristomal skin (a lower discolouration, erosion, tissue overgrowth [DET] score (p.0007)). Ostomates with pre-operative stoma siting also had higher self-perceived quality of life, measured by their Stoma-QoL score (58.3±10.2 vs 57±10.3; p=.018) and Global Wellbeing scales (7.6±1.8 vs 7.19±1.9; p=.0018). The authors suggest that more effort is needed to extend this practice to the majority of patients undergoing stoma-forming surgery.

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Constipation: how can nurses help to reduce the scale of the problem	Nursing Times, Vol. 117, No. 5, pages 53-54.	May	Article discusses how, if left untreated for too long, constipation can cause chronic pain as well as additional complications, such as urinary tract infections, haemorrhoids, anal fissures or rectal prolapse. It can also have a serious impact on quality of life and lead to feelings of embarrassment or anxiety.The article presents a treatment pyramid (based on the National Institute of Health and Care Excellence's clinical knowledge summary) to show a range of therapeutic alternatives when laxatives no longer work. It also gives recommended durations for trialling each therapy so patients receive the right treatment as soon as possible. After initial approaches, the pyramid leads to minimally invasive treatments, such as transanal irrigation and, if this proves ineffective, more-invasive options such as colonic irrigation. Once all treatment options have been exhausted, a permanent stoma may be needed. The author suggests that better management of chronic constipation can help to alleviate some of this pressure and, crucially, reduce the number of avoidable emergency admissions.
The Nazareth Community Oncology Unit: the oncology nurse's role to provide care in the environment of COVID-19	Clinical Journal of Oncology Nursing, Vol. 25, No. 3, pages 347-350.	May	Article explores the challenging role of an oncology unit in Israel during the pandemic. It shares the case study of a patient diagnosed with stage III rectal adenocarcinoma who underwent surgery to have colostomy fitted due to rectal cancer obstruction. This ostomate already had various complex medical issues, including pain and problems handling his stoma, when he then tested positive to COVID-19 and his chemotherapy was put on hold. The article explains how a nurse from the unit continued to manage the patient at his home, administering IV fluids and supplying him with a COVID-19 patient kit - which included an inhalation device and a prescription for steroids - whilst still supporting him with his pain and stoma care.

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Low anterior resection syndrome: impact on quality of life and nurse led management	Gastrointestinal Nursing, Vol. 19, Supp. No. 3, pages s15-s20.	May	Article examines how rectal cancer is often treated with surgical removal of the rectum, potentially including chemoradiation. It suggests that despite improvements in surgical technique, this may have lasting negative impacts on the patient's bowel function including faecal incontinence, constipation and urgency - collectively termed low anterior resection syndrome (LARS). This in turn can negatively impact quality of life in a number of areas, including work, relationships and mental wellbeing. The author suggests LARS symptoms can be eased with conservative management techniques, such as dietary modification, pelvic floor exercises and medication. If these are insufficient, patients can try specialist nurse-led interventions, including biofeedback, hypnotherapy, nerve stimulation and/or transanal irrigation. However, if all minimally invasive options fail to control the symptoms of LARS, the rectum can be bypassed with the formation of a colostomy.
Effects of cancer screening restart strategies after COVID-19 disruption	British Journal of Cancer, Vol. 124, No. 9, pages 1516–1523.	27 April	Article discusses how many cancer screening programmes (including those for colorectal cancer [CRC]) were disrupted due to COVID-19. It shares the results of a study which used microsimulation models to simulate five restart strategies for CRC screening (and also breast and cervical screening). The models estimated required screening capacity, cancer incidence, and cancer-specific mortality after a disruption of 6 months. The results showed that disruption in screening programmes without catch-up of missed screens led to an increase of 2.5 CRC deaths per 100,000 individuals in 10 years. Catching up on the delayed screening activity would result in the smallest effects on cancer incidence and cancer-specific mortality. However, this strategy requires a very high screening capacity in a short time period. Delaying screening, but still offering all screening rounds gave the best balance between required capacity, incidence, and mortality.

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The association of body fat composition with risk of breast, endometrial, ovarian and colorectal cancers among normal weight participants in the UK Biobank	British Journal of Cancer, Vol. 124, No. 9, pages 1592–1605.	27 April	The findings of a study suggest that the current normal weight category based on BMI includes individuals who are at increased risk of some obesity-related cancers. The study examined the association of measures of adiposity with risk of incident cancers of the colon/rectum, breast (postmenopausal), endometrium and ovary among 149,928 normal weight individuals (40–70 years) who were enrolled in the UK Biobank cohort between 2006 and 2010. Among the male subjects, trunk fat:trunk fat free mass ratio, trunk fat:leg fat mass ratio and (HRQ5 vs Q1: 1.63, 95% CI: 1.02–2.60; 1.92, 1.20–3.07 and 1.68, 1.05–2.66, respectively) were positively associated with colon cancer risk. None of the body fat measures were associated with risk of colorectal cancer in women. The authors conclude that the current categorisation of individuals as normal weight according to their BMI may need to bere-evaluated in order to better characterise their risk of obesity-related cancers.
Risk of colorectal cancer of cancer in first degree relatives of patients with colorectal polyps	The BMJ, Vol. 373, No. 8290, Article n877, page 190.	8 May	Findings from a study suggest that early screening for colorectal cancer (CRC) might be considered for first degree relatives of patients with polyps. This case-control study assessed colorectal polyps in the first-degree relatives (parents and full siblings) of 68,060 patients with CRC and 333,753 matched controls. After adjusting for family history of CRC and other covariates, having a first degree relative with a polyp (8.4% (n=5742) in cases and 5.7% (n=18 860) in controls) was associated with a higher risk of colorectal cancer (odds ratio 1.40, 95% confidence interval 1.35 to 1.45). The association between family history of polyps and risk of CRC was strengthened by the increasing number of first degree relatives with polyps (≥2 first degree relatives: 1.70, 1.52 to 1.90, P<0.001 for trend) and decreasing age at polyp diagnosis (<50 years: 1.77, 1.57 to 1.99, P<0.001 for trend). A particularly strong association was found for early onset CRC diagnosed before age 50 years (≥2 first degree relatives: 3.34, 2.05 to 5.43, P=0.002 for heterogeneity.

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Job bag: JB-000971 Date of prep: July 2021.

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