

# Opus Healthcare Stoma Care Literary Review

April to June 2020

Title	Publication	Date	Overview
Colorectal cancer surgery in the coronavirus (COVID-19) pandemic	Gastrointestinal Nursing, Vol. 18, No. 4, pages 20-24.	May	Article discusses the effects of COVID-19 on colorectal cancer (CRC) surgery and explains how a recent newsletter from the Association of Coloproctology of Great Britain and Ireland (ACPGBI) suggested that elective patients having colorectal surgery who develop hospital-acquired COVID-19 have a postoperative 30-day mortality of 16.2%, which is far higher than national average mortality rates of under 6% pre- COVID-19. The article examines how specialist nurses can help patients decide whether to go ahead with or defer surgery for CRC during the pandemic. It also explores how to guide them through new pathways, address their concerns and provide pre-operative assessment and support.
The consequences of COVID-19 for gastroenterology nursing	British Journal of Nursing, Vol. 29, No. 7, pages 390-392.	9 April	Article discusses the ramifications of coronavirus and the guidelines available to professionals working in gastroenterology, including how to keep patients and staff safe when performing essential surgery. Although many elective colorectal surgeries have been cancelled, the author suggests that for surgery that is undertaken, there might be an increase in stoma formations, to reduce the risk of anastomotic leakage. This may also result in prolonged hospital stays or reoperations. The article also discusses the concerns for patients about the continuation of chemotherapy, immunosuppressant medication and obtaining stoma equipment. The British Society of Gastroenterology guidelines for people with inflammatory bowel disease (IBD) provides stratified actions that are needed by patients with IBD, with some needing to take more stringent isolation measures; termed 'shielding'. Advice is to keep taking medication as the risks of immunosuppression were not outweighed by the risks of a disease flare.

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Stoma care accessory products: responsible prescribing and cost-effective use	Gastrointestinal Nursing, Vol. 18, No. 5, pages 13-16.	June	Article discusses how stoma care nurses can reduce unnecessary, inappropriate or incorrect use of stoma care accessory products. It discusses how the use of stoma accessories is often essential, and when used correctly, can reduce the incidence or severity of complications including leaks and peristomal skin conditions. It suggests that significant savings for the NHS can be made by ensuring that products are only used as often, and in such quantities, as they need to be. Also, it recommends using the most cost-effective product of that type as there are many different companies supplying stoma care products and some equivalent products are considerably more expensive than others. Money can be saved by encouraging patients to switch to a more cost-effective alternative, which the author suggests, they will be happy to do once they see the product is just as, if not more, effective.
How to change a stoma bag	Nursing, Standard, Vol. 35, No. 5, page 69-74.	May	Article examines the need for nurses to understand the different types of stoma, and the stoma bags available, to provide effective stoma care to patients. It discusses how involuntary soiling of the skin and clothes can occur which may be highly embarrassing for the patient, and require a sensitive and empathetic approach. The authors suggest that changing a patient's stoma bag is an ideal opportunity to teach them how to do it themselves, so that they are able to undertake their stoma care independently. Physical issues that can arise with any type of stoma, with the most common being skin soreness and leakage, are also discussed.
Goals-to-discharge patient checklist	Clinical Journal of Oncology Nursing, Vol. 24, No. 3, pages 316-319.	June	Article explores enhanced recovery after surgery (ERAS) pathways for colorectal cancer patients. It discusses a pilot project which introduced a laminated bedside goals-to-discharge checklist following surgery. Patients were asked to note real-time progress on each discharge milestone, and it served as a visual cue for the patient, nurse, and surgical team to remember to address all discharge teaching needs, including education regarding care of an ostomy. The author suggests that such goals-to-discharge checklists can add value as a patient-centred and evidence-based tool and can promote patient self-management, education, early discharge and reduced length of stay.

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Stoma support garments: a survey on patient information needs, product selection and equity of provision	Gastrointestinal Nursing, Vol. 18, No. 3, pages 18-26.	April	Responses to a survey of 1,528 ostomates indicate a desire for stoma care nurses to provide greater explanation and choice of selection for support garments in the early recovery phase, with opportunity for subsequent review. The authors suggest that if ostomates are to receive the full benefits from support garments, they need to be informed about the range of products available and what benefits they may offer. It is also recommended that ostomates are advised about the number of garments they are entitled to receive on prescription per year.
Is surveillance colonoscopy necessary for all patients with bowel polyps?	The BMJ, Vol. 369, No. 8247, pages 328-330. (BMJ 2020;369:m1706)	30 May	Article presents recently updated guidelines in the UK, which recommend a one-off surveillance colonoscopy at three years in patients deemed at high risk of bowel cancer post-polypectomy. It also discusses how uncertainty remains regarding whether certain patients with polyps require surveillance (such as those with multiple diminutive ( $\leq 5$ mm) adenomas). Whilst the authors recommend following national guidelines, they suggest that in a resource-limited setting (and considering the risks of colonoscopy), surveillance should ideally be reserved for patients at increased risk of bowel cancer after polypectomy compared with the general population. They suggest encouraging patients at low risk of bowel cancer to participate in the national screening programme, and promptly visit their GP if they experience symptoms such as rectal bleeding or blood in the stool, a persistent change in bowel habit, abdominal pain, or unexplained weight loss.

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Regular clinical supervision to enhance wellbeing in inflammatory bowel disease specialist nurses: a small pilot study	Gastrointestinal Nursing, Vol. 18, No. 3, pages 36-42.	May	Article examines if cognitive behavioural therapy (CBT)-based clinical supervision has the potential to enhance the wellbeing of inflammatory bowel disease clinical nurse specialists (IBD-CNSs) who may be experiencing work-related stress. The findings of an exploratory qualitative study, which involved interviewing four IBD-CNSs who had participated in CBT-based clinical supervision, suggest this has the potential to improve both staff wellbeing and patient care. Participants found the group sessions helpful for thinking differently about work-related challenges and all wanted to continue, despite concerns about accommodating this in already-busy schedules. The researchers plan to conduct further qualitative studies with IBD-CNSs who have recently left or are considering leaving the NHS due to stress and/ or burnout, to generate robust evidence on the impact of this specialist role on wellbeing. It is hoped the findings, together with those from this small pilot study, will support an application for funding to deliver a larger clinical supervision study for IBD nurses across the UK.
Smoking, alcohol consumption and colorectal cancer risk by molecular pathological subtypes and pathways	British Journal of Cancer, Vol. 122, No. 11, pages 1604-1610.	26 May	Article shares the results of a large population-based case-control study which included 2,444 cases with first-diagnosis colorectal cancer (CRC) and 2,475 controls. Tumour tissue was analysed for MSI (microsatellite instability), CIMP (CpG island methylator phenotype), BRAF (B-Raf proto-oncogene serine/threonine kinase gene) and KRAS (Kirsten rat sarcoma viral oncogene homologue gene) mutations. Odds ratios (ORs) and 95% confidence intervals (95% CIs) were estimated for associations between alcohol and smoking and CRC molecular subtypes and pathways. The study found that smoking, and particularly current smoking, showed the strongest association with increased risk of molecular subtypes of colorectal cancer (CRC) - MSI-high and KRAS-wt). No major differences were observed for the association of alcohol with subtypes, but the authors suggest potential differences according to pathways should be investigated in future studies.

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LaVera - tubes	Barrier cream	3301
Lift Plus 360	No sting adhesive remover	5506
Lift Plus - sachets	No sting adhesive remover	5502
Lift Plus Citrus - sachets	No sting adhesive remover	5504
Lift Plus 360 Citrus	No sting adhesive remover	5507
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NaturCare Citrus	Citrus	1102A
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NaturCare Mint	Mint	1103A
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