

Opus Healthcare Stoma Care Literary Review

October 2020 to December 2020

Title	Publication	Date	Overview
Embracing the changes imposed by COVID-19 to shape future stoma care service provision	Gastrointestinal Nursing, Vol. 18, No. 10, pages 16-18.	December/January	Article reflects on the provision of stoma care services during the COVID-19 pandemic. It discusses how many stoma care nurses (SCNs) have employed innovative ways of maintaining their service to patients during the pandemic and that the experiences of 2020 should be used as a catalyst for change. The authors suggest this will help shape the future of stoma care services and offer patients greater choice in the way they choose to receive their stoma care. This provision includes the use of video calls, with many patients now actively choosing to maintain all future contact via video or telephone appointments. It is suggested that as some patients are less able to access technology, SCNs also need to ensure services provide equity of access, remaining flexible to the needs of everyone.
Stoma care: procedures, appliances and nursing considerations	British Journal of Nursing, Vol. 29, No. 22, pages s14-s19.	10 December	Article suggests that planned, individualised preoperative preparation, postoperative care and teaching will help to minimise stoma complications and enable patients to cope better and achieve stoma self-care. It discusses the need for nurses to have an understanding of the problems that patients face, as well as a good knowledge of the range of stoma appliances and accessory products available so they can offer ostomates acceptable solutions. Products discussed to improve daily living for a patient with a stoma include adhesive remover sprays, deodorisers, and protective skin wipes.
Using creative arts therapy workshops to explore stoma patients' feelings	British Journal of Nursing, Vol. 29, No. 22, pages s6-s8.	10 December	Article discusses the benefits of creative arts workshops, developed to provide a safe place for people who have a stoma, to explore their emotions around illness and surgery and their life with a stoma. It suggests that certain strong emotions can be more easily understood and expressed by physically attaching them to a created image or object.

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Development and psychometric evaluation of the colostomy disgust scale in patients with colostomy	European Journal of Cancer Care, Vol. 29, No. 6, Article no. 13323, pages 1-12.	November	Article explores a 22-item self-reported questionnaire - the Colostomy Disgust Scale (CDS) - established to assess colostomy-specific disgust experienced by ostomates. The questions are split into two factors - core disgust (interpreted as an internal cause of disgust mainly towards the physiological changes triggered by disease), and interpersonal disgust (an external cause of disgust that is perceived from the outside due to the profound physical changes). Notably, these two factors were found to be moderately correlated with each other in the study. Example statements, which patients were asked to answer using a 5-point Likert-type scale (1=strongly disagree; 5=strongly agree), included 'The stoma on my body makes me feel sick' and 'I avoid going out to dinner because of the stoma'. The initial evaluation of the study shows that the CDS has a robust psychometric profile, suggesting that the scale is worthy of promotion and use in clinical settings.
Sociodemographic characteristics and self-care management knowledge of patients with an ostomy	British Journal of Nursing, Vol. 29, No. 22, pages s20-s26.	10 December	Article discusses the importance of healthcare professionals (HCPs) providing ostomy patients with timely and comprehensive information and guidance on how to manage their stoma devices. It shares the findings of a study of 433 Italian ostomates, in which participants responded to a nine-item survey assessing their knowledge of stoma management. The results demonstrated that many patients (64.4%) felt that they had received extensive or adequate information from their HCP. However, 35.6% of patients received little or no information at any time and only 38.3% were informed of the stoma siting. In most cases (73.7%), patients were familiar with accessories for dealing with complications and in the case of irritated skin, more than half (68.1%) applied a protective coating on the skin.

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Stomal bleeding: assessment, management and a case study of caput medusae	Gastrointestinal Nursing, Vol. 18, No. 8, pages 16-20.	October	Article aims to support clinical practice in the assessment and treatment of an ostomate presenting with bleeding from their stoma or peristomal skin. It suggests that the first step is to determine if the stomal bleeding is minor or major, and to ascertain whether the source of the bleeding is external (mucosal) or internal (luminal). Minor stomal bleeding commonly results from the presence of small granulomas that easily bleed on touch. Causes include cleaning the stoma too vigorously, friction of an ill-fitting stoma appliance, or catching the stoma with a fingernail. Major bleeding can result from external trauma or larger granulomas. However, it usually has an internal cause and can be an indication of gastrointestinal bleeding. The article also presents the case of an ostomate with stomal bleeding and caput medusae resulting from alcohol-related liver disease, suggesting that alcohol consumption should be considered in assessments and lifestyle advice in stoma care.
One-year mortality of colorectal cancer patients: development and validation of a prediction model using linked national electronic data	British Journal of Cancer, Vol. 123, No. 10, pages 1474-1480.	10 November	A study has found that a model to predict colorectal cancer (CRC) death within 90, 180 and 365 days after diagnosis is valid for predicting short-term mortality. The study analysed national electronic hospital records linked to official mortality data from England and Wales. The model discriminated very well between patients who did and did not die from CRC, such that the former group typically had much higher predicted probabilities of death. These predictions were well calibrated with observed outcomes. The T-stage of the tumour had the largest adjusted association with the risk of death, followed by the treatment intent and performance status of the patient. The authors suggest that the model's predictions could be used to provide accurate prognostic information to patients, so that they can make informed decisions together with their clinicians.

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The effect of vitamin D supplementation on survival in patients with colorectal cancer: systematic review and meta-analysis of randomised controlled trials	British Journal of Cancer, Vol. 123, No. 11, pages 1705-1712.	24 November	Article is a systematic review with meta-analysis of randomised controlled trials to examine the effect of vitamin D supplementation on survival outcomes in patients with colorectal cancer (CRC). It found that supplementation imparts a 30% reduction in adverse survival outcomes overall, with a 24% reduction in CRC-specific death and a 33% reduction in disease progression or death. The effect on survival was consistently observed in sub-group analyses, both in trials specifically including CRC patients and in population trials reporting outcomes in incident CRC cases.
Enhanced recovery after surgery in patients with colorectal cancer: a non-systematic summary of the evidence	Cancer Nursing Practice, Vol. 19, No. 6, pages 37-42.	November	Patients with colorectal cancer may require colorectal surgery as part of their treatment. Enhanced recovery after surgery (ERAS) is an evidence-based multimodal pathway that improves patients' outcomes by attending to specific aspects of patients' needs from pre-admission to post-discharge. This article reports findings of a non-systematic review of the literature on ERAS, in the context of patients undergoing colorectal surgery. Evidence suggests that ERAS improves patients' outcomes by decreasing post-surgical complications and therefore reducing length of stay in hospital. The article also discusses how nurses are fundamental to the implementation of an ERAS pathway.
Molecular biomarkers: a review of multiple applications in clinical care of colorectal cancer	Clinical Journal of Oncology Nursing, Vol. 24, No. 6, pages 635-643.	December	Article discusses how genomic biomarkers are increasingly used for the prevention, diagnosis, prognostication, and management of colorectal cancer (CRC). It suggests that information provided by predictive and prognostic biomarkers allows for greater individualised treatments, often resulting in improved clinical outcomes for patients. It also explores how the approval of tumour tissue-agnostic treatments for CRC, based on a specific genomic biomarker rather than the location of tumour, represents a subtle but significant change in the selection of treatment. The author believes that this trend toward genomic-guided treatment for cancer is likely to continue to grow exponentially and that nurses need to understand the science behind this evolving research and technology.

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Job bag: JB-000764 Date of prep: January 2021.



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DeoGel - sachets	Deodorising & lubricating gel	2020
LaVera - sachets	Barrier cream	3300
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
NaturCare	Unscented	1100A
NaturCare Citrus	Citrus	1102A
NaturCare Fragrant	Lightly perfumed	1101A
NaturCare Mint	Mint	1103A
NaturCare IPD	In Pouch Deodorant Powder	1104
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