

Opus Healthcare Stoma Care Literary Review

October 2022 to December 2022

Title	Publication	Date	Overview
The voice of stoma care nurses: an exploration of stoma care in England	British Journal of Nursing, Vol. 31, No. 22, Stoma care supplement, pages s14-s24.	15 December	Article shares the views and experiences of 108 stoma care nurses (SCNs) in England, captured via a national online survey. It is suggested that the results give valuable insights from SCNs' perspective of stoma services in England, sharing both the areas that are working well and considerations for future improvements. Overall, survey respondents felt that they provided a good standard of care, although it was clear the provision of stoma care differs nationally. The key themes identified from the survey focus around patient care, prescribing processes and industry involvement - with some SCNs reporting complex industry relationships. The article discusses how an awareness of the Nursing and Midwifery Council Code, Bribery Act 2010 and NHS England guidance on managing conflicts of interest is advocated, as is promoting transparency in funding arrangements.
Results of an audit of the Peristomal Body Profile Assessment Tool	British Journal of Nursing, Vol. 31, No. 22, Stoma care supplement, pages s4-s12.	15 December	Article shares the results of a 1-sequential, non-randomised, non-blinded, multicentre (33 sites and 147 patients) low-interventional clinical investigation, which evaluated if the usage of the Peristomal Body Profile Assessment Tool can reduce incidents of leakage, improve peristomal skin health and increase patient quality of life. The audit confirmed that the use of the body profile tool supported clinicians to 'get it right first time', ensuring that patients are fitted with the right stoma appliance that will stop leakages and maintain healthy peristomal skin. The results also support the premise that patients' peristomal body profiles need to be assessed at each appointment, as the peristomal body shape often changes over time, possibly requiring a different appliance to ensure a secure seal and to eliminate leakages.

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Contact us: t: 0800 458 7605 w: opus-healthcare.co.uk e: opus@alliancepharma.co.uk

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Statistically significant improvement in peristomal skin condition due to adhesive breakdown prevention by novel barrier ring with assisted flow	Gastrointestinal Nursing, Vol. 20, No. 8, pages 34-42.	October	Data from a study of ileostomy patients (n=19) who wore a novel barrier ring with their typical ostomy appliances over a 4-week period, suggest a very strong statistical significance in the reduction of DET scores over time. This indicates that the novel barrier ring in question effectively prevents adhesive breakdown, protects peristomal skin and manages peristomal skin complications. High scores were received for usability and comfort, and the potential of the novel barrier ring to reduce leaks and increase longevity of ostomy systems was also realised.
Experiences from practice: using a stoma output absorbent cartridge	British Journal of Nursing, Vol. 31, No. 22, Stoma care supplement, pages s26-s33.	15 December	Results from a 3-month pilot trial (n=15) of StomaGenie® (a stoma output absorbent cartridge), suggest it can effectively manage overactive stomas during appliance change and has the potential to improve patients' quality of life, restore confidence, reduce anxiety and empower patients to self-care. The device may also potentially help avoid delays in hospital discharge and facilitate stoma complication management procedures and training in new stoma patients. The product is not yet available in the UK on the Drug Tariff and so it currently has to be imported directly from the USA.
Challenges and controversies patients and (health care) professionals experience in managing vaginal, vulvar, penile or anal cancer: The SILENCE study	European Journal of Cancer Care, Vol. 31, No. 6, Article: e13676, pages 1-9.	November	Results from a study suggest that patients with anal, vaginal, vulvar or penile cancer encounter a lack of awareness and knowledge about their rare cancer type, difficulties regarding communication, and long-term changes in body image and sexuality. Fourteen patients (86% female; mean age 55.5) and 12 healthcare professionals (HCPs) participated in semi-structured interviews with questions about experiences in areas such as diagnosis, stigma, communication, relationships, sexuality and body image. Both patients and HCPs emphasised the 'double hit' patients face - that is, in addition to the diagnosis of cancer, the location of the tumour complicates communication and entails additional consequences related to body image and sexuality. One patient with a stoma went as far as saying they felt 'mutilated' and was unable to look at themselves in a mirror.

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Breakthrough cancer pain: what outpatient oncology nurses need to know	Clinical Journal of Oncology Nursing, Vol. 26, No. 5, pages 559-563.	October	Article discusses how breakthrough cancer pain (BCP) is a devastating symptom that can occur in individuals with cancer throughout the disease trajectory, particularly in those with advanced cancer. It suggests that oncology nurses have a critical role in treating BCP in the outpatient setting, with transmucosal and short-acting opioids often the treatment of choice. It also reiterates how a comprehensive assessment and patient education by an oncology nurse are also essential to managing BCP in individuals with cancer. The article also shares a case study of a patient with a history of metastatic colon cancer who is diagnosed with BCP.
Serrated polyposis: an overview	Gastrointestinal Nursing, Vol. 20, No. 9, pages 24-29.	November	Article provides an introduction to serrated polyposis - a condition that increases a patient's lifetime risk of bowel cancer, secondary to pre-malignant polyps developing in the colon. It discusses the challenges associated with the diagnosis and treatment of serrated polyposis, including the endoscopic approaches for optimising detection. It also explores current practice recommendations.
Impact of changes to the interscreening interval and faecal immunochemical test threshold in the national bowel cancer screening programme in England: results from the FIT pilot study	British Journal of Cancer, Vol. 127, No. 8, pages 1525-1533.	1 November	Article discusses the capacity challenges of the NHS Bowel Cancer Screening Programme due to COVID-19 and plans to lower the screening starting age, which may necessitate modifying the screening interval or threshold. Data analysed to see which would be most beneficial found that a higher threshold at 180µg/g would reduce required colonoscopies to 11,500, prevent 131 colorectal cancers (CRCs), and detect 1,077 CRCs, 4,961 adenomas and 3,184 advanced adenomas (AAs). A longer screening interval of 3 years would reduce required colonoscopies to 10,283, prevent 126 CRCs and detect 909 CRCs, 4,796 adenomas and 2,986 AAs. Therefore, in conclusion, increasing the faecal haemoglobin threshold is estimated to be more efficient than increasing the screening interval regarding overall colonoscopies per screen-benefited cancer. Increasing the interval was more efficient regarding colonoscopies per cancer prevented.

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Oral antibiotics before colorectal surgery? Effect of oral antimicrobial prophylaxis on surgical site infection after elective colorectal surgery	The BMJ, Vol. 379, No. 8352, Article: e071476, pages 228-229.	5 November	Results from a multicentre, randomised, double blind, placebo-controlled trial suggest that adding an oral agent may reduce surgical site infections (SSI) after elective colorectal surgery. Patients were randomised to receive either a single 1g dose of ornidazole or placebo orally 12 hours before surgery, in addition to intravenous antimicrobial prophylaxis (cefotaxime 2g) before surgical incision. Of the 926 patients included in the trial, SSI occurred in 60 of 463 patients (13%) in the oral prophylaxis group and 100 of 463 (22%) in the placebo group (absolute difference -8.6%, 95% confidence interval -13.5% to -3.8%; relative risk 0.60, 95% confidence interval 0.45 to 0.80).
GPs to manage suspected colorectal cancer patients below new FIT threshold via A&G	Pulse, Online article, pages 1-3.	10 October	NHS England has urged GPs to manage certain patients with suspected colorectal cancer with advice and guidance (A&G) from secondary care colleagues. GPs have been advised that FIT tests should be used as a triage tool, with patients testing below fHb 10µg Hb/g but with normal full blood count and no ongoing clinical concerns, no longer being referred on a lower GI urgent cancer pathway. Instead they should be 'managed in primary care or referred on an alternative pathway'. The recommendation is that 'appropriate safety netting must be in place' when patients are not referred, which could include using advice and guidance via eRS (the NHS e-referral service) to guide management of patients with persistent or troublesome symptoms.
Integrating genome-wide polygenic risk scores and non-genetic risk to predict colorectal cancer diagnosis	The BMJ, Vol. 379, No. 8353, Article: e071707, page 270.	12 November	Results from a study found that integrating polygenic risk scores with the QCancer-10 (colorectal cancer) prediction model for non-genetic risk only modestly improves risk prediction over the use of QCancer-10 alone. Given that QCancer-10 data can be obtained relatively easily from health records, it is suggested that the challenges and costs of implementing stratification based on polygenic risk scores in population screening might not be justified by the incremental benefit over QCancer-10 alone.

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Opus Healthcare, a division of Alliance Pharmaceuticals Limited
 Registered Office: Avonbridge House, Bath Road,
 Chippenham, Wiltshire, SN15 2BB
 Tel: 01249 466966 Fax: 01249 466977
 Registered in England No. 3250064

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THE OPUS RANGE

SAMPLE REQUEST FORM

We are always pleased to provide samples.

Please visit opus-healthcare.co.uk to request any of the products listed below.

Opus stoma management range

Product	Pack Size	Order Code
Lift Plus 360	1 x 50ml spray	5506
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

Product	Pack Size	Order Code
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

Opus NaturFit® one-piece pouches

Closed

	Size	Cutting Size	Sample Code
Flat	Midi	15-60mm	5035-60
	Max	15-70mm	5219-70
Convex	Midi	10-34mm	8418-34
	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
Convex	Midi	10-34mm	2212-34
	Midi	10-44mm	2768-44
	Max	10-57mm	6548-57

Urostomy

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

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