

Opus Healthcare Stoma Care Literary Review

October to December 2019

Title	Publication	Date	Overview
Factors influencing health-related quality of life of those in the Netherlands living with an ostomy	British Journal of Nursing, Vol. 28, No. 22, pages s10-s17.	12 December	A study of ostomates in the Netherlands found that key stressors influencing health-related quality of life were peristomal skin irritation, experience of leakage on to the peristomal skin and whether their surgery was planned. While peristomal skin irritation may be expected in the period immediately following surgery, the study found that within this population of established ostomates (average 6 years post-surgery), leakage and skin irritation persist, suggesting these are important issues that must be continually addressed.
A dedicated stoma care counselling service to address the psychological needs of ostomates	Gastrointestinal Nursing, Vol. 17, No. 10, pages 24-26.	December	Article discusses how support from a specialist counsellor can help overcome the emotional challenges of stoma formation. It identifies possible signs of psychological distress in ostomates, including agitation, disturbed sleep and nervousness. It also examines the impact that these difficulties may have on their daily lives. The author suggests that it is important for stoma care nurses to be able to identify these psychological problems in patients, respond to them appropriately and refer on to specialist counselling service, where appropriate.
Nurse specialists seek to spark stoma care 'social movement'	Nursing Times, Online article, pages 1-5.	18 November	Article discusses a project to promote 'the hidden value' of stoma care nurses (SCNs). As part of the project (led by four SCNs), two reports were co-produced with patients. One documents the role of SCNs and why they are deemed 'essential' and the other targets commissioners and health & social care leaders. The reports explain how SCNs prevent stomal complications, bring care closer to home, enable timely discharge and prevent potential readmissions, thus saving the NHS money. The project also includes a social media campaign and a plan to develop a stoma care symbol 'as familiar as the Marie Curie daffodil'.

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Education in stoma care: a survey and interviews with stoma care nurses	Gastrointestinal Nursing, Vol. 17, No. 8, pages 26-31	October	Article shares the results of research aiming to increase understanding of how education could be improved within stoma care. One-in-five stoma care clinical nurse specialists (CNSs) in the UK replied to an online survey, plus telephone interviews. The findings showed that accreditation of the educational course was a primary driver for course selection. It also identified three other main drivers for selecting a stoma-related course: professional development (50%); underpinning clinical knowledge (49%) and improving patient care (37%). It was noted that the majority of the respondents had undertaken a level 6 (degree level) or equivalent stoma-specific university accredited module. This is an improvement on results in 2009 when only 49% of stoma care CNSs had completed a degree-level stoma-related module, and 10% of respondents had not completed any stoma-related module.
Exercising with a stoma after bowel surgery	Gastrointestinal Nursing, Vol. 17, No. 8, page 10.	October	Article discusses a manual targeted at physical activity professionals who are helping stoma patients get back to full health. The manual is a result of research funded by the Bowel and Cancer Research charity. The research team recruited nine stoma patients and consulted stoma nurses and physical activity specialists to come up with a 12-week programme. The results showed huge potential for people with a stoma to exercise in the gym (with cardiovascular machines) or outside, reporting benefits such as reduced anxiety levels and people returning to work earlier.
Creating consensus-based practice guidelines with 2000 nurses	British Journal of Nursing, Vol. 28, No. 22, pages s18-s25.	12 December	A study has resulted in the development of consensus-based best practice guidelines for the treatment of ostomy patients. The guidelines are being championed by more than 2,000 stoma care nurses in 25 countries, and it is suggested that they are leading to changes in care regimens for thousands of stoma patients around the world.

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Surveillance in inflammatory bowel disease: an overview	Gastrointestinal Nursing, Vol. 17, No. 8, pages 32-37.	October	Article discusses how patients with inflammatory bowel disease (IBD) have an increased risk of colorectal cancer compared with the general population. Some patients are at a greater risk of this than others - those with longer disease duration, greater disease extent, more active disease or other factors, such as primary sclerosing cholangitis. It reviews available evidence for IBD surveillance, surveillance guidelines and the evidence for chromoendoscopy. An overview of the assessment, reporting of any visible abnormal lesions and management of subsequently proven dysplastic lesions is also given.
A service evaluation of specialist nurse telephone follow-up of bowel cancer patients after surgery	British Journal of Nursing, Vol. 28, No. 19, pages 1234-1238.	24 October	Article reviews a nurse-led telephone follow-up service for elective bowel cancer patients following surgery. In the study, the records of 142 patients who underwent bowel cancer resection were accessed to determine the number of telephone follow-ups and other investigations. This was used to model the potential cost saving for commissioners against traditional clinic follow-up. The authors suggest that the service can generate significant savings for local commissioners as the tariff charged is significantly less than for out-patient appointments. This, they say, fits with the 'NHS Long Term Plan' which has called for a reduction in out-patient appointments to reduce pressure on hospital services and improve access for patients. It is also suggested that the service leads to reduced carbon emissions as patients are not travelling to hospital as frequently. Of the 142 patient records accessed, 30 patients were selected to assess their patient satisfaction. Feedback on the service was overwhelmingly positive, with patients praising continuity of care, ease of access and convenience, and the standard of care received from specialist nurses.

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Gastrointestinal tract 5: the anatomy and functions of the large intestine	Nursing Times, Vol. 115, No. 10, pages 50-53.	October	Article discusses disorders of the intestines including inflammatory bowel disease, bowel obstruction and colorectal cancer (CRC). It highlights how CRC may be signalled by constipation or diarrhoea, cramping, abdominal pain and rectal bleeding. This bleeding may be either visible or hidden in the faeces (occult). It also suggests that since most colon cancers arise from benign mucosal growths (polyps), prevention should focus on identifying these polyps.
When should unexpected weight loss warrant further investigation to exclude cancer?	The BMJ, Vol. 367, No. 8216, pages 31-33.	5 October	Article uses research findings to try and understand how much weight loss, over how long and in combination with what other clinical features, makes cancer sufficiently likely to warrant urgent investigation. These findings include a suggestion that patients with weight loss are 1.6 times to 12.5 times more likely to have cancer than a patient without weight loss. It also suggests that weight loss is the second most powerful predictor of cancer after rectal bleeding in colorectal cancer (CRC). Another study used weight measurements to define weight loss in relation to the risk of CRC diagnosis and the odds ratio for a 5-9.9% weight loss was 1.2 (95% confidence interval 0.99 to 1.5), and for $\geq 10\%$ loss it was 2.5 (2.1 to 3.0). A systematic review and meta-analysis (of 25 studies) found that more than 1 in 10 people aged >60 years reporting weight loss were subsequently diagnosed with cancer; a risk of 3-7% in women and 11-14% in men. NICE recommends urgent investigation when the risk of cancer exceeds 3%.
Red flag refreshers: diarrhoea	Pulse, page 48.	October	Article discusses how although the majority of diarrhoea is short-lived, self-limiting and benign, in some cases it can represent potentially life-threatening illness including bowel cancer and inflammatory bowel disease. It highlights red flag symptoms and how, as per NICE guidelines, patients 60 and over with unexplained bowel habit change should be referred under the two-week rule, as should those under 50 with bowel habit change and rectal bleeding.

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Sample Request Form

We are always pleased to provide samples of all our products. Please call 0800 458 7605 or visit opus-healthcare.co.uk to request any of the products listed below

Product	Description	Order code
AbsorbaGel	Solidifying agent	9900
ClearWay Mini	Stoma care bridge	8800
DeoGel - bottle	Deodorising & lubricating gel	2010
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
SkinSafe - sachets	No sting protective film	6600
SkinSafe - spray	No sting protective film	6601

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Designed to be gentle on the skin...from any angle!

Lift Plus® 360, using the latest **bag on valve technology**, is a highly effective range of medical adhesive removers that helps **reduce the pain** associated with the removal of stoma pouch adhesives.

- The spray can be applied from any angle (360 degrees), offering greater reliability†
- The removal of the propellant helps ensure:†
 - the product is not cold on the skin
 - it's more environmentally friendly
 - there's more product in the can
- Suitable for all ages



AbsorbaGel

Providing freedom from colourful moments

AbsorbaGel is the **market leading** and fast-acting discharge solidifying agent.

- Transforms pouch contents into a gel thereby reducing the potential for leaks, noise and odours from stoma pouches
- Makes the use and disposal of pouches simple and discreet
- A survey found that 100% of individuals found their bags easier to empty using AbsorbaGel¹



SkinSafe

Guards and protects vulnerable skin

SkinSafe provides an **effective** barrier film.

- Protects the skin against bodily fluids and 'skin stripping' caused by the constant application and removal of adhesives
- Should not sting on application
- 93% of stoma care nurses recommend silicone as the skin preparation of choice on excoriated skin (n=363)²



References: 1. AbsorbaGel - User questionnaire. Opus Healthcare Limited. 2. Berry, J. et al. BJN 2007; 16(13): 778 - 888.



† Compared to traditional aerosol technology

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For a life more ordinary