

# Uro-stoma care Where are we now?

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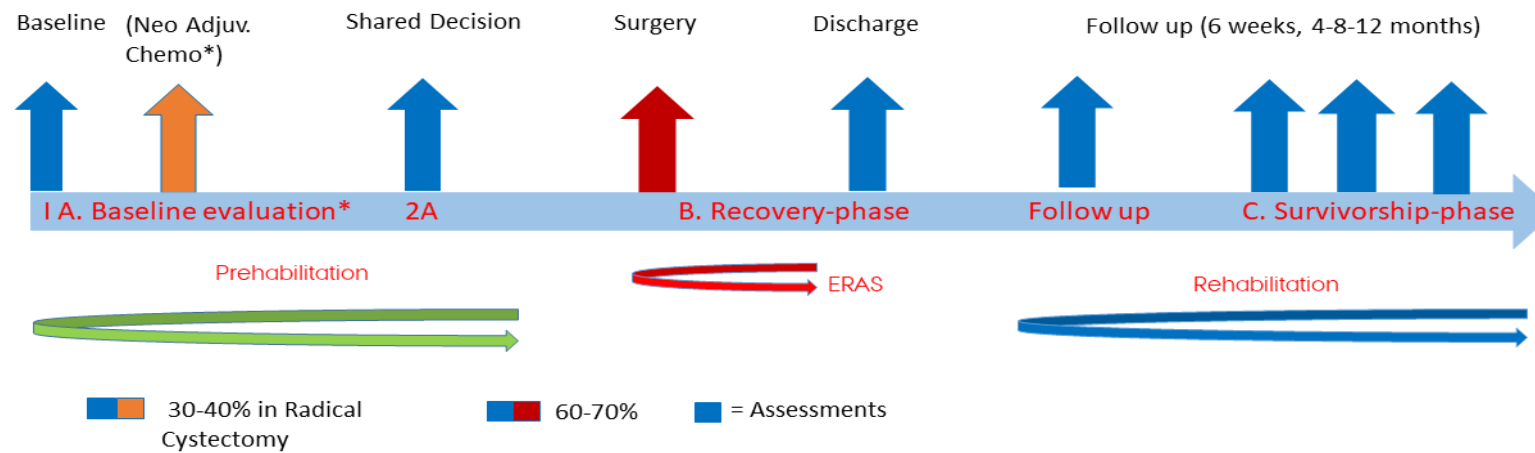
# Conflicts of interest

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Type of affiliation / financial interest	Name of commercial company
Receipt of grants/research supports	NOVO –Nordic Nursing Grants, Aarhus University Hospital
Receipt of honoraria or consultation fees	None
Stock shareholder	None
Other support (please specify):	None

# Stoma Care in a Prehabilitation Context

## The Multi-professional Cancer Care Continuum – Urology



Courtesy of B. T. Jensen 2019

Early stoma intervention may enhance stoma self-efficacy ( Jensen , BT et al 2017)

# Stoma Self-care

Stoma self-care involves skills needed to change a stoma appliance

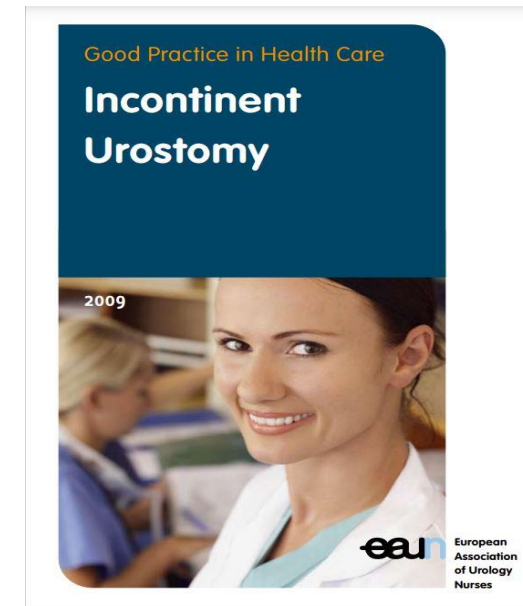
The patient's ability to collectively perform these skills is defined as stoma self-care

Goal setting in a shared decision process (Ultimately performing an independent change of a stoma appliance )

Stoma marking

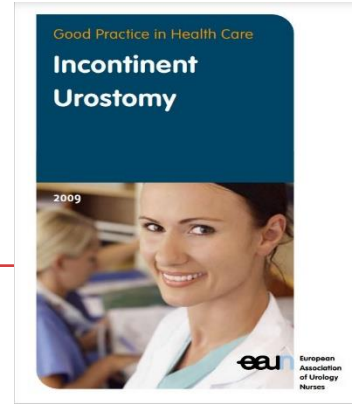
Stoma education

Stoma supportive care pre and postoperatively



Bekkers 1996, Metcalf 1999, S. Amnitzbøll Rasmussen 2013, B.Thoft Jensen 2016, 2017

# Pre-op counselling EAUN Guideline



The formation of a stoma can be traumatic and life-changing for patients. It is a challenge for patients to live successfully with their stoma and continue in their employment and with other activities. ADLs provide a useful measurement for assessing the ostomate and the impact of the stoma upon daily living.

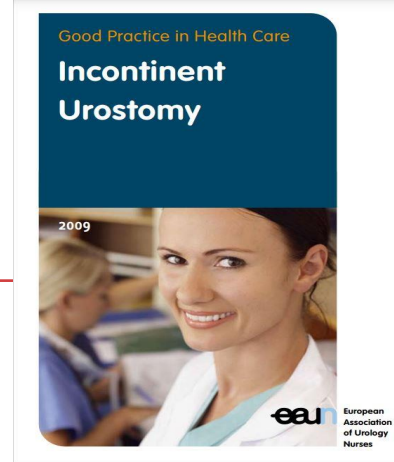
Pre-operative counselling from NS about the ostomy, self-care activities and resumption of activities outside the home results in better long-term adjustment to an incontinent ostomy.

## Recommendation

- Pre-operative assessment of the functional status of the patient including data about work, sport activities and home-making.

LE	GR
4	C

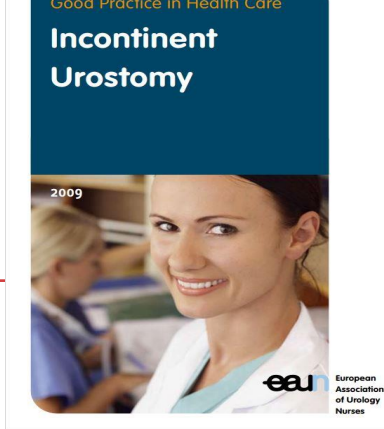
# Preoperative assessment EAUN guideline ...



## Recommendations

	LE	GR
• Pre-operative assessment of social circumstances to identify any requirement for physical alterations to home	3	C
• Inclusion of family member at pre-operative assessment to establish support mechanism	3	C
• Provision of written information at pre-operative stage to clarify and support discussions	3	C

# Special attention – Mental illness



## Recommendations

- |                                                                      | LE | GR |
|----------------------------------------------------------------------|----|----|
| • Pay special attention to patients with a history of mental illness | 4  | C  |
| • Pre-operative assessment of psychological capability essential     | 4  | C  |
| • Audio or visual information should be provided                     | 4  | C  |

Nye kilder se artikel bente

# Stoma Self-care

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## Comprehensive Literature review in 2012 & 2021:

### Stoma care includes:

- Skills and counseling about living with an ostomy, stomal and peristomal skin care and skills needed to change an ostomy pouch
- The ability to manage an ostomy appliance independently is the single most important factor for predicting positive psychological adjustment to life with a stoma (Geng 2009; O`Connor 2005; Piwonka 1999)
- Key skills include emptying the pouch, removing the pouching system, and cleaning and observing the stoma and the peristomal skin, followed by preparing and applying the new appliance (Metcalf 2005; Bryant 1999)
- The patient's ability to collectively perform these skills is defined as stoma self-care (O`Connor 2005)

Listed in Figure 1 next slide



# Stoma self-efficacy (evidence-based skills to measure self-efficacy)

**Figure 1. The Urostomy Education Scale<sup>©</sup>**

Skill	0 points	1 point	2 points	3 points	
<b>1. Reaction to the stoma</b>	The patient shows no interest in/has difficulty coping with the stoma.	The patient has seen and touched the stoma on the initiative of the nurse	The patient has seen and touched the stoma on his/her own initiative	The patient copes with the stoma and is preparing for the future	
<b>2. Removing the stoma appliance</b>	The nurse removes the stoma appliance.	The patient needs assistance to remove the stoma appliance	The patient needs verbal guidance to remove the stoma appliance	The patient can remove the stoma appliance independently	
<b>3. Measuring the stoma diameter</b>	The nurse measures the stoma diameter	The patient needs assistance to measure the stoma diameter correctly	The patient needs verbal guidance to measure the stoma diameter correctly	The patient can measure the stoma diameter correctly independently	
<b>4. Adjusting the size of the urostomy diameter in a new stoma appliance</b>	The nurse cuts the size of the urostomy diameter	The patient needs assistance to cut the size of the urostomy diameter	The patient needs verbal guidance to cut the size of the urostomy diameter	The patient can cut the size of the urostomy diameter independently	
<b>5. Skin care</b>	The nurse cleans and dries the skin	The patient needs assistance to clean and dry the skin	The patient needs verbal guidance to clean and dry the skin	The patient can clean and dry the skin independently	
<b>6. Fitting a new stoma appliance</b>	The nurse fits a new stoma appliance	The patient needs assistance to fit a new stoma appliance	The patient needs verbal guidance to fit a new stoma appliance	The patient can fit a new stoma appliance independently	
<b>7. Emptying procedure. (Emptying bag and attaching/detaching night bag)</b>	The nurse performs the emptying procedure	The patient needs assistance to perform the emptying procedure	The patient needs verbal guidance to perform the emptying procedure	The patient can perform the emptying procedure independently	
				<b>Total points:</b>	

S. A. kristenen, Jensen, BT 2012,2013

# Stoma education plans

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## Stoma- education

- To assure quality of care, standardised supportive care plans should be available that allow for the key areas of care intervention to be identified pre and postoperatively.
- Standardised care plans is not intended to offer a 'one size fits all approach to care' and patients' individual needs must be considered and used to individualise the standardised plans (Muhamed 2026, Metcalf, 1999; O'Connor, 2005; O'Shea, 2001).
- Currently, there are no evidence based standard care plans available although international societies in the field of uro-stoma care have provided practice guidelines and recommendations (Geng et al., 2009; Wound, 2010; Zulkowski et al., 2014) that could assist their construction- However the UES was developed and tested from 2012-2016

Thank you

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[www.eaun.uroweb.org](http://www.eaun.uroweb.org)



# ↑ Stoma Self-efficacy ➤ ↑ HRQoI

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Goal setting in a shared decision process ( Prehab setting)



Stoma self-care skills needed to change a stoma appliance (Baseline)



Individual stoma education (Pre and post and follow up in rehab)



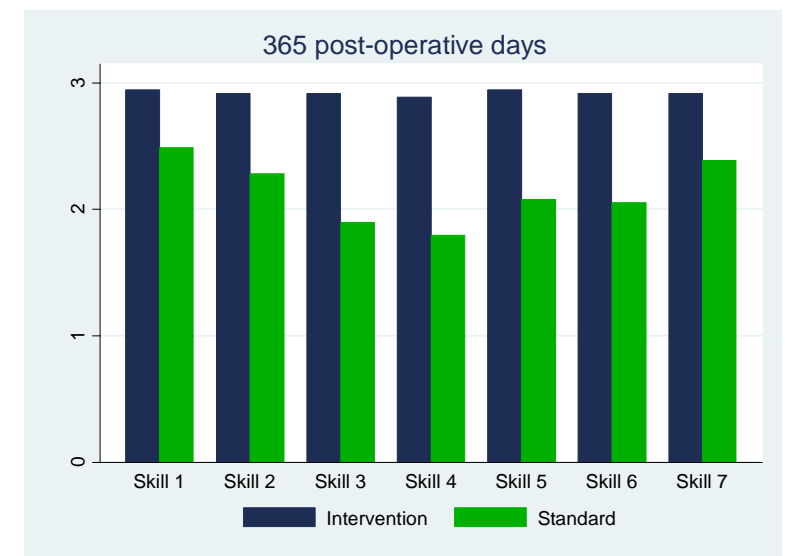
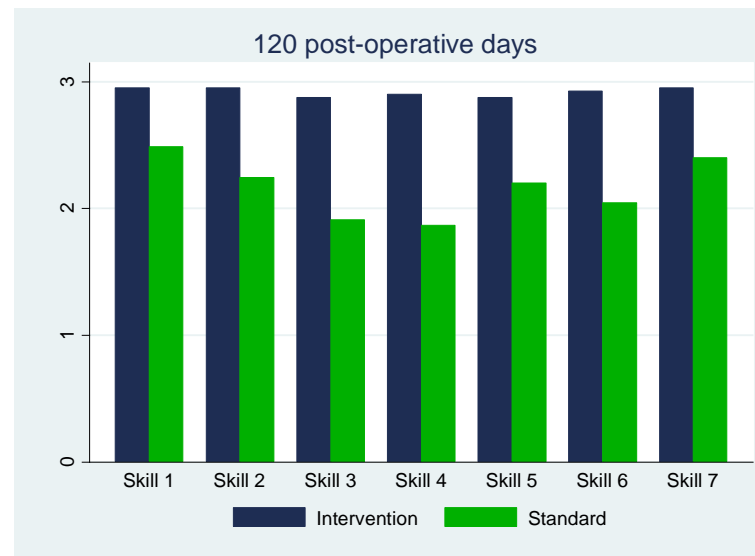
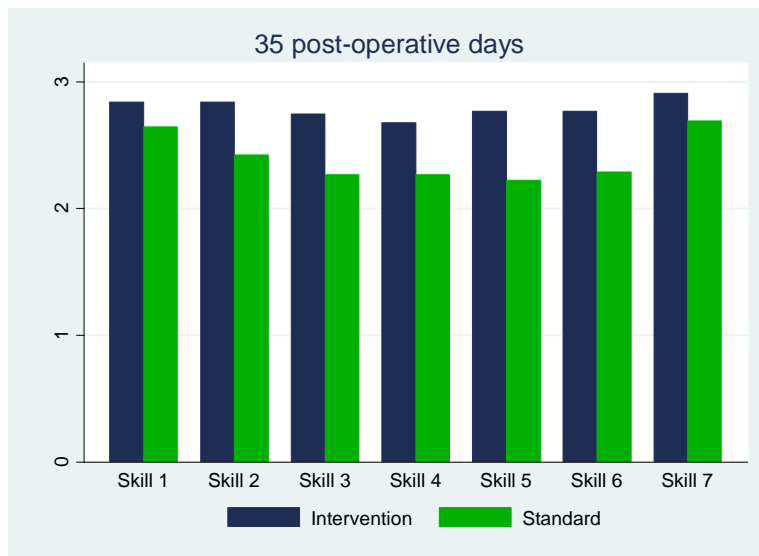
Supportive care during follow up

Ultimately performing an independent change of a stoma appliance

Bekkers 1996, Metcalf 1999, S. Amnitzbøll Rasmussen 2013, B.Thoft Jensen 2016, 2017

# Efficacy of Stoma- Prehabilitation

B. Thoft Jensen et al. 2017 ( Eur Onc Nursing) – Level 1 B



# Increase knowledge of Stoma- Prehabilitation to improve self-efficacy

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- Stoma prehabilitation is effective
- Measuring stoma self-care skills is possible using the UES (evidence-based tool)
- Secure a common language between the patient, the ward nurses, stoma-nurses and primary care
- UES can initiate early involving of the patient and inform practice and improve a target and tailored stoma-care
- Improved stoma self-efficacy can improve HRQoL after stoma-formation (Bekker 1996, Metcalf 2005)