



# The Outlet

NEW ZEALAND STOMAL  
THERAPY NURSES

## IN THIS ISSUE:

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PATIENT- LED TEACHING FOR STUDENT  
STOMAL THERAPY NURSES (STN)

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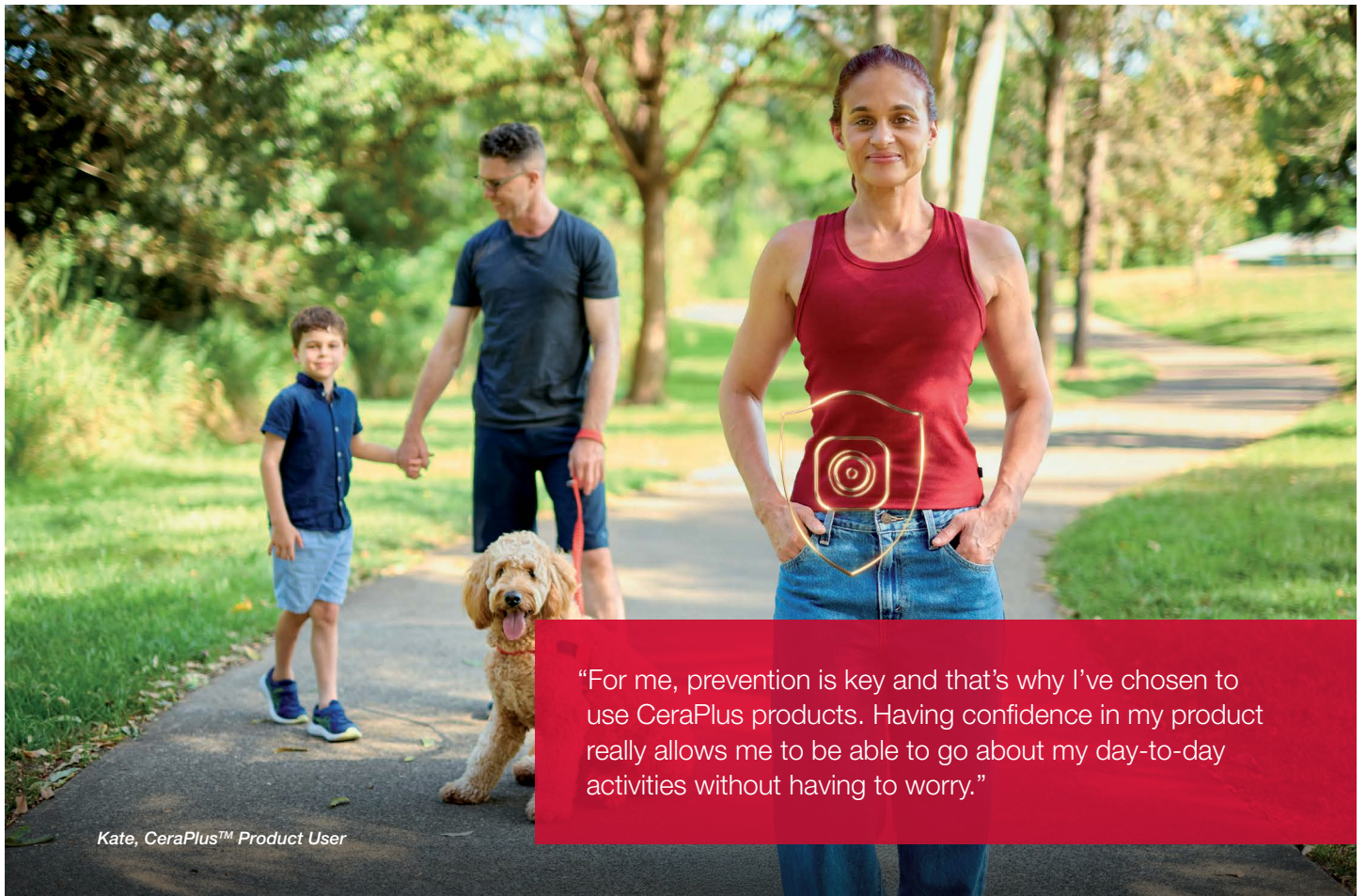
ONE YEAR ON - LINE OSTOMY COURSE  
THROUGH THE AUSTRALIAN COLLEGE  
OF NURSING

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ANTEGRADE COLONIC ENEMA (ACE)  
AND THE CHAIT TUBE

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# The Outlet

NEW ZEALAND STOMAL  
THERAPY NURSES

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### ENCOURAGING MEMBERSHIP

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# Chairperson's Report

MAREE WARNE



## Mānawatia a Matariki,

I'm writing this report during our very first celebration of Stomal Therapy week in New Zealand. I would like to extend my gratitude to the Australian Association of Stomal Therapy Nurses for leading this initiative, highlighting the vital connection between Ostomates and those who support them.

Stomal Therapy Week emphasises the importance of education, advocacy, and high-quality stoma care to ensure that Ostomates receive the support they need to live confidently. It also recognises the invaluable role of all supporters who empower ostomates to manage their stomas with dignity.

I hope everyone has enjoyed this special week as much as we have here in Hawke's Bay.

Looking ahead, the committee is excited to continue planning our upcoming conference in Christchurch in March next year. The programme has been finalised and promises to be informative, educational, and enjoyable.

A highlight will be the special evening event planned for the night of March 5th, and we look forward to welcoming you all there.

Additionally, I would like to highlight the scholarships endorsed by the College:

- The Patricia Blackley Postgraduate Education Scholarship, in conjunction with Coloplast, offering \$5,000 to support nurses working in ostomy care to pursue postgraduate studies in stomal therapy management or related fields. Applications close on September 30th.
- The Bernadette Hart Award, which provides assistance with conference or course costs for College members. The deadline for applications is July 30th.

The committee is also organising a face-to-face meeting in Wellington in September. During this meeting, we will continue planning the conference and work alongside NZNO to address the important issue of the absence of a stoma nurse at Auckland Hospital.

Ngā mihi me te aroha nui  
**Maree Warne**

# Editors' Report

ERICA AND PREETI

**As we reflect on the past few months, one of the key highlights has been our collaboration with the AASTN to celebrate Stomal Therapy Week.**

It was inspiring to see the collective enthusiasm and dedication within our community during this time, and a wonderful opportunity to acknowledge the essential role Stomal Therapy plays in patient care across Aotearoa and beyond.

We wish to extend a heartfelt thank you to each of you – for the clinical expertise you share so generously, for your commitment to education, and for continuing to promote the incredible work you do through contributions to The Outlet. Your efforts not only strengthen our profession but also shine a light on the compassionate and specialised care we provide.

We continue to see strong engagement with the online Outlet platform, with consistently high open and read rates. It's encouraging to know that our stories, research, and reflections are resonating with colleagues and contributing to professional growth across the country.

You will have noted in our chairs report planning for the 2026 conference is well underway. This will be held in beautiful Christchurch March 5th & 6th – Save the date!

Registration will be forthcoming. We will have a focus on promoting and developing resilience at the conference, and as I write this, with Mother Nature delivering yet another storm outside, I am reminded that resilience is often needed this season!

Thank you all for what you do – for your patients, for our profession, and for each other. I look forward to continuing this important work together.

Warm regards,

**Preeti Charan**

**Erica Crosby**

**Naku te rourou**

**Nau te rourou**

**Ka ora ai e iwi**

**With my contribution**

**With your contribution**

**The people will be cared for**

## CALLING FOR SUBMISSIONS

### CALLING FOR SUBMISSIONS

We know there are A LOT of patients that have benefitted from the expertise and persistence of Stomal Therapists or those nurses with an interest in caring for people with a stoma or fistula. WE WANT YOUR STORIES for this journal. Spread your good work for the benefit of others. We would LOVE to hear from you. Please send your submissions to either:

**Please send your submissions to either:**

- [Preeti.charan@waitematadhb.govt.nz](mailto:Preeti.charan@waitematadhb.govt.nz) or
- [Erica.Crosby@middlemore.co.nz](mailto:Erica.Crosby@middlemore.co.nz)





# Celebrating ostomateship!

Stomal Therapy  
Week 2025

23-29th June 2025

Recognising the connection between  
ostomates and those who support them

For resources,  
information and  
support visit the  
STN websites



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# Thanks to Lorraine Andrews

MARIE BUCHANAN



**After 48 years of commitment to her nursing career, Lorraine Andrews has made the decision to hang up her curved scissors for secateurs' and retire from her chosen career of nursing.**

Lorraine began her nursing training on her birthday of all days, in 1977 as what she described as "back in the ark". This was when nursing training was hospital based on the wards at Auckland Hospital. For those of us who remember this was in the time when the whole class had to do a prelim and living in the staff residence was mandatory. There were 45 nursing students in class of '77, all of whom stayed in the "nurses home" for the 3 years at the exorbitant cost of \$4 per week for board which included meals. Their class occupied a whole floor in Islington House, which housed an indoor heated swimming pool on the same floor. Needless to say, there was a lot of fun had and lifelong friendships made during that time.

Following graduation in 1980, Lorraine was employed as a Staff Nurse on a medical endocrinology ward where she met an incredible Charge Nurse who had a huge impact on her future nursing career. The CNM had built an amazing team of nurses who strived in mentoring and teaching juniors. Lorraine believes that it was here that she gained invaluable skills that she carried throughout her career where juniors were supported to have every opportunity to learn and grow. These skills lead to one of Lorraine's proudest achievements of when she became a CNM herself, she supported over 14 new nurses through those early stages of their careers to grow them from novices to senior nurses while under her guidance.

Another proud time she reflects on was being awarded the Good Fellow cup for clinic excellence. She recalls the call to the matron's office, of which turned out to be not the usual reason for being called to her office! She had all her excuses ready to go for whatever crime she had or may have committed! Some of the excuses were good ones and very creative too and she is sure that matron often struggled not to laugh. But on this occasion it was to tell her she had won the award for her clinical excellence. She was and still is very proud of this award.

1984 saw a move from Auckland to Northshore hospital and working in general medical, gastroenterology and ED. During this time, she completed her Advanced Diploma of Nursing then returned to NSH as CNM of an acute general medical ward.

In 1989 Lorraine was shoulder tapped to move to Counties Manukau, Middlemore hospital, (MMH), to become Charge Nurse of staff and service management. She has no idea what she was getting into but very quickly found out! Staff and service development was an education unit attached to a general surgical ward focusing on colorectal. In hindsight Lorraine feels this was a career high light but it certainly did not start that way. When she arrived, it felt that the practice on the ward was still within a 1950 framework of care delivery. She walked into an environment of: all decisions were to be made by the CN, 5 staff were on disciplinary processes, no students allowed on this ward. She described some of the practices on the ward as unbelievable bordering on unsafe. Despite this start, she managed to build a team and new culture within the ward and turned out to be possibly the best ward that she managed. Again meeting amazing nurses that would become lifelong friends.



Over the next couple of years Lorraine had time out for the birth of her 2 daughters. Over this time she continued to work in surgical and colorectal wards.

Lorraine has always had an interest in Colorectal surgery/management. When the opportunity presented itself to become the 1st Colorectal Nurse Specialist at MMH Lorraine grabbed it. It was during this time that her interest in stoma therapy grew and she completed her STN course through New South Wales College in 2000.

Lorraine continued at MMH as the colorectal/stoma therapy nurse specialist for 15+ years. She was instrumental to mentoring several nurse to achieve the practical requirements for the STN programme through Australia. She became an expert in fistula management and has achieved local and international publishing of her learnings. Over this time she spent terms on the NZNO College of Stomal Therapy Executive committee.

In 2015 Lorraine had a change in career path and went to work for Omnigon as their territory manager for stoma products. She enjoyed this change and challenge of a new direction and found it to be an excellent opportunity to learn how ostomy product industry worked. Together with her practical knowledge and care for the patients, she did well within the industry but missed the patient/clinical contact.

Lorraine returned to A+ in 2020. She enjoyed the return to the clinical side back to hands on stoma therapy. It wasn't an easy decision to finally retire after a long, dedicated, nursing career but Lorraine feels she was ready to do it now. There are many changes occurring within the current health systems and not all of which are easy or understandable.

So it is with enormous thanks to Lorraine for all her dedication and commitment to the nursing profession in particular stoma therapy that we wish her all the very best wishes for her retirement. Enjoy your garden, well-earned rest and enjoy your travel to visit your grown up girls.

**Kai ora, Ka pai to mahi.**



**Celebrating ostomateship!**  
**Stomal Therapy Week 2025**

**AASTN + NZNOCSTN**

**23-29TH June 2025**

Recognising the connection  
between ostomates and those  
who support them.

**Wishing everyone a meaningful  
Stomal Therapy Week!**

Embracing the mutual bonds  
of respect, equality and  
dependability between ostomates  
and those that support them.

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**For Stomates:** you are more than your stoma – your strength, resilience and journey inspire us all. Living with a stoma is not just about adapting; it's about thriving. You are not alone – we are here to support you every step of the way.

**For Stomal Therapy Nurses:** Your expertise, compassion and dedication transform lives every day. Thank you for empowering ostomates with knowledge, confidence and dignity. Your work makes a difference beyond measure.

**For Supporters:** Expressing gratitude to the supporters of ostomates and acknowledging your invaluable role in providing emotional support, practical assistance and encouragement. Your contributions have not gone unnoticed and are deeply appreciated.

# Patient-led teaching for student Stomal Therapy Nurses (STN)

BY CATHY ENRIGHT

Recently, Preeti and I attended the biennial AASTN conference in Melbourne. During the three days we were treated to many interesting speakers and listened to a plethora of valuable information, so it was difficult to focus on a subject to review.

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However, one area stood out for me, and that was the talk given by Lorrie Gray, a retired Stomal Therapy Nurse (STN), on patient-led teaching. Lorrie volunteers full time as the West Australian Ostomy Association (WAOA) manager and secretary and is responsible for the Clinical Coordination of the Curtin University Graduate Certificate in Wound, Ostomy and Continence.

The WAOA regularly holds open days for student STN's at their clinic. Ostomates who belong to the WAOA volunteer to spend the day teaching students in practical, hands on sessions where students observe and assist Ostomates with pouch changing, pouch emptying and any other forms of stoma management that the Ostomates require on the day. This gives the students a unique opportunity to experience first-hand the practical aspects of stoma management. It also gives them valuable information about the patients journey beyond the early post-operative period and the reality of managing a stoma day to day. They gain useful insights from discussions with Ostomates about use of specific stoma products, managing stoma related complications and are able to

observe and participate in all aspects of pouch changing and management. The day is designed to provide students with a deeper, more holistic understanding of the realities of living with a stoma.

Students report that the hands on learning improves their practical skills and increases their confidence in caring for Ostomates. Many of the students find the hands on aspect the best way for them to learn and improves their skills at pouch changing, developing competence through experience, with one commenting that 'the more times you do it, the better you get'. They also find it valuable discussing stoma care with Ostomates and being able to ask questions directly, as Ostomates are the experts in their own care and know a lot of tips and tricks. Students find the learning day helps them gain insight into the emotional aspect of life with a stoma and increases their empathy towards Ostomates, while the Ostomates themselves report feeling empowered by taking an active role in educating future professionals. With the positive feedback from both students and Ostomates, regular, integrated, patient-led teaching may improve patient outcomes in the future...

*(Thanks to Lorrie Gray with notes taken from her talk 'Teaching Nursing Students. Hands-on Patient-led Teaching' at the AASTN conference and also off her abstract on the AASTN conference app. Also thanks to Sharon McLean and her talk on the research findings from a mixed methods study, titled 'Exploring Student Registered Nurses Experiences and Perspectives on Bedside Teaching with Ostomates').*



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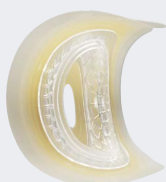
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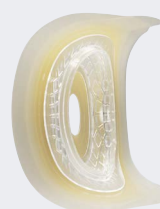
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# My experience of undertaking the one year on-line ostomy course through The Australian College of Nursing

BY KAREN SPOONER



Throughout my nursing career I have worked in a number of different areas of nursing including general practice, mental health and surgical. Becoming a stomal therapy nurse wasn't really something I had imagined myself doing until I started working for a private surgical centre approximately 4 years ago supporting the colorectal surgeons.

As part of my role, I was asked if I would like to start siting patients and providing preoperative education for patients which I said I was keen to do. It was then suggested to me that if I was going to carry out siting and education then I should really be undertaking post graduate study to obtain a formal qualification as a stomal therapy nurse. I was very fortunate to have had the support of Angela Makwana, Satoko Kaneko and Preeti Charan who supported me on my journey to becoming a stomal therapy nurse. Working in a private practice largely on my own with limited resources was at times very daunting, so I was very appreciative of the support they gave me.

I then went through the process of applying for two scholarships through the College of Stomal Therapy which were the Patricia Blackley postgraduate scholarship and the Bernadette Hart Award. I was lucky enough to be awarded both scholarships totalling \$7,000 AUD which paid for half of my tuition fees. I had never applied for a scholarship before so it was pretty exciting being awarded both scholarships. I have just completed the one year post graduate course which consists of four units of study on-line with the stomal therapy component also requiring a clinical placement which I completed again with the help of Angela Makwana and Preeti Charan in the hospital and in the community.

I have found the study on-line through the Australian College of Nursing to be very professional and well organised. The units of study were very interesting and comprehensive and largely applicable to where I was working. I really enjoyed and got a huge amount of benefit out of the one-week clinical placement and I feel that I gained a much better understanding of what stoma patients have to deal with on a daily basis and the emotional impact it has on them.

I would have liked a longer clinical placement of at least two weeks to consolidate my learning. I found it really beneficial spending time both at the hospital and in the community to see a range of patients postoperatively, and to see the number of different appliances and skin care products being used. I would strongly encourage any nurse thinking of doing this course to give it a go.

My journey into stomal therapy nursing has been both unexpected and a huge learning opportunity. What began as a new responsibility within my surgical support role quickly evolved into a rewarding and purposeful career path. The support from experienced stomal therapy nurses, coupled with the generosity of scholarship opportunities, has been instrumental in helping me gain the knowledge and confidence to provide comprehensive care to stoma patients. Completing the postgraduate course through the Australian College of Nursing has not only enhanced my clinical skills but also deepened my understanding of the physical and emotional challenges faced by those living with a stoma. I look forward to continuing to grow in this specialised field and to using my experiences to support and advocate for patients as they navigate their own unique journeys.

I just want to finish by saying a huge thank you to the past and present members of the stomal therapy committee that have continued to support me and for allowing me to join your meetings. I felt very fortunate to be around so much knowledge and experience. I think it is a real shame that we have no stomal therapy course in New Zealand as there is a lot of benefit from shared experiences and learning from peers that is difficult to gain from an on-line course.



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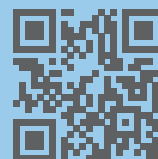
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1. Dansac data on file, LN-06224,07/22.

2. When compared to Nova urostomy pouch.

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# Reporting back on Melbourne AASTN Conference 2025

BY PREETI CHARAN  
OSTOMY CLINICAL NURSE SPECIALIST- TE WHATU ORA WAITEMATA

## The 44th Australian Association of Stomal Therapy Nurses (AASTN) Conference – “Making Every Connection Matter”

I am excited to share my insights and experiences from the recent AASTN (Australian Association of Stomal Therapy Nurses) Conference held in Melbourne. This year's event was a dynamic gathering of stoma care specialists, featuring enlightening sessions on innovative practices, patient-centred care strategies, and the latest advancements in stoma management.

The conference spanned three days, and on behalf of the NZNO College of Stomal Therapy Committee, two committee members—Cathy Enright and I (Preeti Charan)—had the privilege of attending. Most of the presenters were from Australia and covered a wide range of topics, from intestinal transplantation and the role of diet in IBD to patient experiences and breakout sessions on various areas of interest. A special thanks to Emma Ludlow from New Zealand for her presentation on Chyme Reinfusion Therapy Across the Lifespan.

One highlight was the presentation “Back to the Future and Future Possibilities” by Chris Raftery—a national healthcare leader and practising Nurse Practitioner. Chris, who works across clinical, operational, and strategic roles, discussed the importance of advanced practice nurses in today's evolving health sector. He introduced the idea of the “elevator pitch”—a brief (30-second) way to introduce yourself and your role, designed to make impactful connections. He stressed the importance of integrating specialist roles like stomal therapy into mainstream health planning and funding conversations.

One of the most moving sessions was delivered by Dr. Bushra Othman, a Palestinian–Australian General Surgeon based in Melbourne. Dr. Othman, who teaches at Monash University, serves as an instructor for the RACS CCrISP course, and has supported surgical training in Fiji, shared a powerful account of providing surgical care in Gaza. Her stories and images illustrated the resilience, creativity, and compassion of surgical teams working with minimal supplies in a conflict zone. There were few dry eyes in the room—her presentation left a profound impact.





Patient presenters Sophie Edwards and Kellie Finlayon spoke on “Living with a Stoma and Cancer Diagnosis.” They shared their personal journeys from diagnosis and surgery to post-stoma reversal life. Both are passionate advocates for bowel cancer awareness and co-host the Sh!t Talkers Pod, where they discuss important and often underrepresented topics.

Simon Knowles, Associate Professor of Clinical and Health Psychology at Swinburne University, presented on the psychosocial impact of living with a stoma. He discussed the Common Sense Model (CSM)—a theoretical framework explaining how individuals interpret and respond to health threats. He emphasized the importance of promoting adaptive rather than maladaptive coping strategies and using strength-based approaches. Thought-provoking questions like “What advice would you give a friend in this situation?” can help guide patients toward resilience. Look for exceptions (past successful coping strategies) and strengths based approach (Link to patient’s intelligence, motivation, insight, skills and resources).

Simone Sheridan, Sexual Health Nurse Consultant at Austin Hospital, tackled the often-avoided topic of sex and intimacy in stoma care. She encouraged normalising the conversation, providing reassurance with statements like:

- It’s OK to ask.
- It’s OK not to know how to ask.
- It’s OK to feel anxious or awkward.
- It’s OK not to have all the answers.

She recommended several podcasts including The OZtomy Nurse Project, Stoma Talk, and The Kya Jeub Podcast. Her closing message reminded us to consider our own values about sex, to signal openness to patients, and to share learning as a team.

Other notable presentations included:

- “Redefining the High Output Stoma” by Parris Purnell (Hollister) and M. Carr
- “Peristomal Skin Contact Dermatitis Prevention” by Amanda Palmer
- “Body Image and Sexuality in Adults with Permanent Stomas” by Bronwyn Overall

Parastomal Hernia Prevention and Exercise by Monica Stankiewicz, Nurse Practitioner in wound management and Stoma Therapy.

Her cross-sectional survey highlighted decreased activity post-stoma formation and insufficient evidence-based advice regarding return to exercise. Many of us can relate to this gap when supporting patients with parastomal hernias. There is a clear need for more education and structured guidance.

Amanda McGee, a Stomal Therapy Nurse in SA, shared her entrepreneurial journey. She discussed challenges in starting her own stoma care business and the importance of understanding customer needs and using technology effectively. Amanda now runs the Stomal Therapy Clinic at the Ostomy Association of SA, offering both local and regional clinics.

Karla Mac Taggart presented a remarkable case study on teaching colostomy irrigation to a visually impaired patient with Stargardt’s Retinal Dystrophy. Her patient-centred approach focused on:

- Assessing the degree of impairment
- Providing tactile and verbal instruction
- Building patient confidence through gradual independence

This presentation was a testament to the belief that nothing is impossible with the right support and determination.

A heartfelt thank you to the NZNO College of Stomal Therapy for enabling Cathy and me to attend this conference. Events like these offer valuable opportunities to network with international colleagues, share knowledge, and broaden our perspectives. The AASTN organising committee did a fantastic job putting together such a rich and inspiring programme. I thoroughly enjoyed the experience—and made time to explore Melbourne’s vibrant culture too! .

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# Antegrade Colonic Enema (ACE) and the Chait Tube

BY ROCHELLE PRYCE,  
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TE WHATU ORA, WELLINGTON



## INTRODUCTION

As practicing Stomal Therapists we need to have excellent knowledge and skills pertaining to all aspects of stomal therapy care. This not only includes management of colostomies, ileostomies and urostomies but also other surgical procedures that patients choose for their bowel management.

This article will discuss Malone Antegrade Continence Enema (MACE), Antegrade Continence Enema (ACE), appendicostomy and cecostomy, management of the chait tube (trapdoor), troubleshooting and education needed to assist patients to continue with improved quality of life.

ACE or chait patients are not common in the writer's demographic region, however in recent months we have had several created for the adult patient. Therefore, in response to limited knowledge regarding this topic, I felt I should undertake some research and share my findings to assist other stomal therapist nurses (STNs) who may be caring for this specific group of patients.

## BACKGROUND

Patients who experience fecal incontinence, loss of anal control or severe constipation could benefit from a Malone Antegrade Continence Enema, (MACE) or Antegrade Continence Enema (ACE).<sup>1,8</sup> The term antegrade refers to "forward moving" suggesting an enema is inserted at the beginning of the large intestine and moves the stool to the end, and out through the anus.<sup>2</sup> This procedure is an alternative to receiving a stoma and is ideal for patients diagnosed with anorectal malformations, Hirschsprung's disease, myelomeningocele (defect in the backbone and spinal cord), spina bifida and quadriplegia.<sup>3,6</sup> The purpose of this surgery is designed to assist patients with emptying of their bowel in a timely manner preventing unexpected leakage, eliminating embarrassing situations and enabling them to gain greater independence to improve their quality of life.<sup>2,7</sup>

Initial management strategies may have included dietary manipulation, bowel training, and a variety of medications.<sup>4,7</sup> In addition, prescribed rectal enemas and suppositories can become problematic to some patients and may cause discomfort and create challenges when self-administering.<sup>7</sup> If these interventions fail, doctors may recommend an ACE procedure with formation of either an appendicostomy or cecostomy, and insertion of a chait tube to administer antegrade enemas which will significantly reduce difficulties encountered during rectal enema administration.<sup>5</sup> Today, the fluid used for irrigation is generally tepid tap water, but historically phosphate (fleet) enemas and normal saline were utilized.<sup>5</sup> Patients who prefer to still use a salt solution, can make their own. It is recommended to use cooled boiled water, and for every 500mls 1 teaspoon of salt should be added and allowed to dissolve.<sup>4</sup>

Originally titled MACE was introduced in 1990 and founded by Dr Malone.<sup>5</sup> He discovered a method that involved the creation of an intestinal conduit for antegrade enema administration via the appendix or caecum.<sup>5,9</sup> Today, the term is more commonly known to us as an ACE. Dependent on the part of the bowel used defines whether the patient receives an appendicostomy or cecostomy.<sup>11</sup> If the appendix is used, an appendicostomy is formed, if the patient no longer has an appendix, then the cecum is used and referred to as a cecostomy.<sup>11</sup> Both are also referred to as an "continent ostomy" which means that fluids are only inserted into the opening.<sup>3</sup> The successful ACE procedure avoids patients receiving a colostomy and therefore not needing to wear an ostomy pouch.<sup>7</sup> Additionally, the chait button is very discrete and hidden under patients clothing. Both surgeries involve the placement of a C tube or Chait tube (which has a trapdoor) which is used to insert the antegrade enema into the colon.<sup>1</sup> The formation and differences between the appendicostomy and the cecostomy will now be discussed.

## THE APPENDICOSTOMY

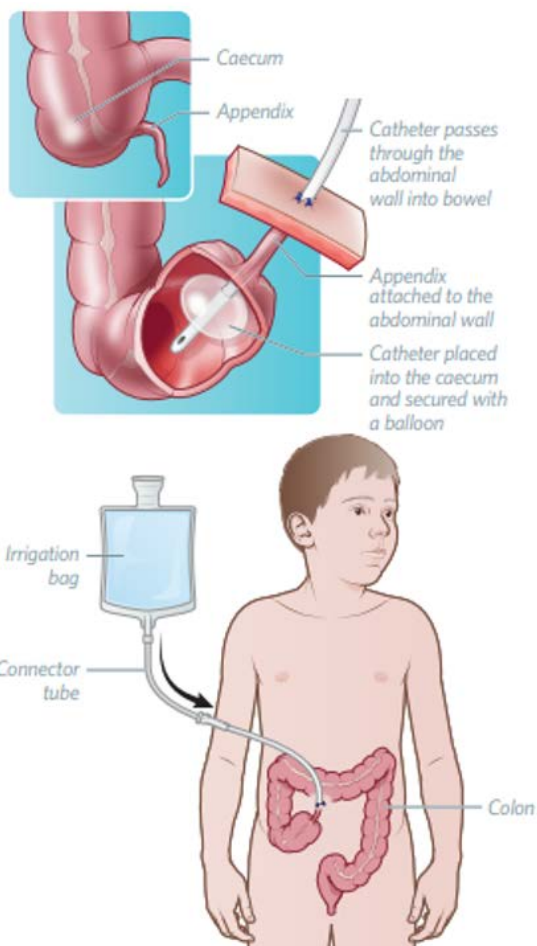
The Appendicostomy pronounced (ah-pen-di-koss-toh-me) is performed laparoscopically.<sup>2</sup> The surgeon will make a small cut into the right lower quadrant of the abdomen and bring the appendix out to the surface to make an outer opening. The appendix is a small finger like tube attached to the cecum.<sup>11</sup>

The surgeon inserts a tube known as a chait or trapdoor into the new appendix opening which will enable water or an enema to be inserted, assisting the patient to empty their colon. The chait tube acts as a one-way valve limiting the amount of stool and body fluids that may come out onto the abdominal wall.<sup>6,11</sup>

There are some risks associated with this surgery which will be discussed with the patient prior to surgery. They may include infection in the abdomen, abscess, skin excoriation, bleeding or injury to the colon or surrounding structures.<sup>12</sup>

### Appendicostomy

During the formation of an appendicostomy, the appendix is used to form the stoma.



Picture 1 – formation of appendicostomy

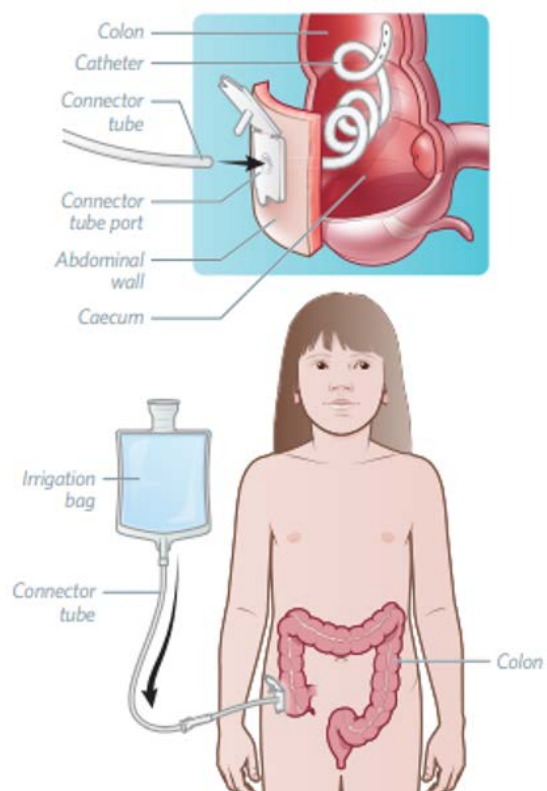
## CECOSTOMY

A cecostomy, pronounced (see-koss-toe-me) is also done laparoscopically.<sup>2</sup> This is when a portion of the caecum (the first part of the large bowel) is brought to the surface of the abdomen wall and secured into place and the chait tube is placed.<sup>11</sup>

The chait keeps the cecostomy open, has a one-way valve which prevents leakage and enables a convenient channel for antegrade enemas to be inserted.<sup>6,11</sup>

### Caecostomy

During the formation of a caecostomy, a portion of the caecum is used to form the stoma. The caecum is the first part of the large bowel.



Picture 2 – formation of cecostomy

## THE CHAIT TUBE

Both surgeries described above, are created laparoscopically under a general anesthetic (GA) or using interventional radiology.<sup>2</sup> The chait is described a soft plastic tube made from ultra-thane, which has been in widespread use for gastrostomy and nephrostomy tubes.<sup>10</sup> One end has a curly tail (like a pig's tail) which coils around and secures the tube in place within the cecum, the other end is secured to the abdomen with two small dissolving sutures and has a trap door that opens and closes (see picture 3 and 4).

In some circumstances, the surgery is done in a two-step process. This involves the initial placement of a temporary C tube catheter which is held in place in the cecum with an inflated balloon (see picture 5). After approximately four weeks, the C tube is removed and replaced with the Chait trapdoor (see picture 3).

## POST-SURGERY MANAGEMENT

Post-surgery management involves a course of antibiotics to prevent infection around the chait<sup>11,12</sup> and teaching the patient how to attach the chait adaptor to the chait trapdoor. The patient should return from surgery with their chait adaptor (this is very important). Initially as an inpatient, the new chait will need to be flushed daily with approximately 20mls of tepid tap water with a catheter tip syringe to keep the chait tube patent.<sup>7</sup>

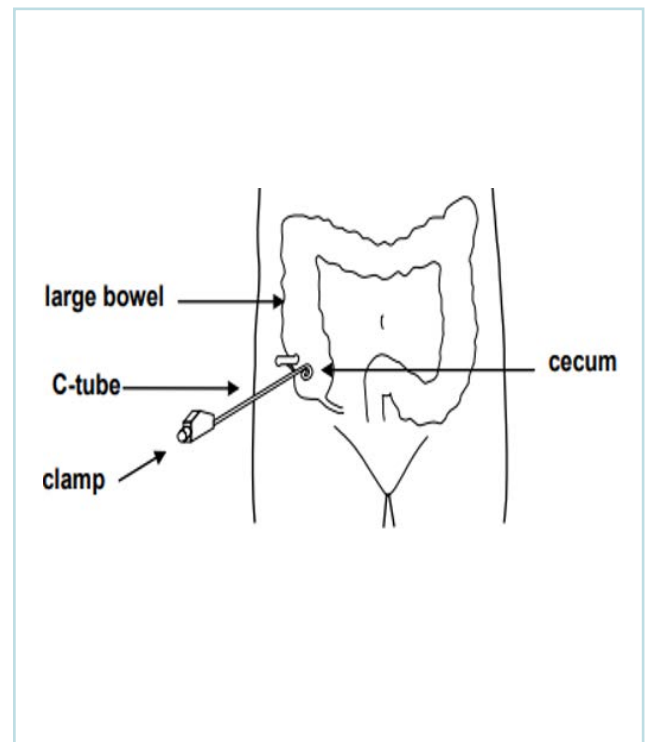
After one or two weeks and clearance from the surgeon, the STN will visit the patient at home and teach irrigation directly into the chait and begin training of the colon for evacuation of stool into the toilet. The irrigation process from start to finish can take from 30 minutes to an hour, and patients need to be aware a great deal of commitment is necessary to establish a reliable washout routine.<sup>4,13</sup> Results are not instantaneous, and it may take several weeks for the bowel to settle into a good regime. Ideally, irrigation should occur at the same time each day, and half an hour after eating is best, as this is when the colon has increased activity and will maximize the likelihood of good bowel clearance.<sup>13</sup> In conjunction with the above, patients should also be advised to keep the chait tube clean and dry, ensure it is well secured to the skin, keep well hydrated and prevent constipation by eating a diet high in fibre.<sup>7,13</sup>



Picture 3 – Chait tube with coil



Picture 4 – Trap door on abdomen

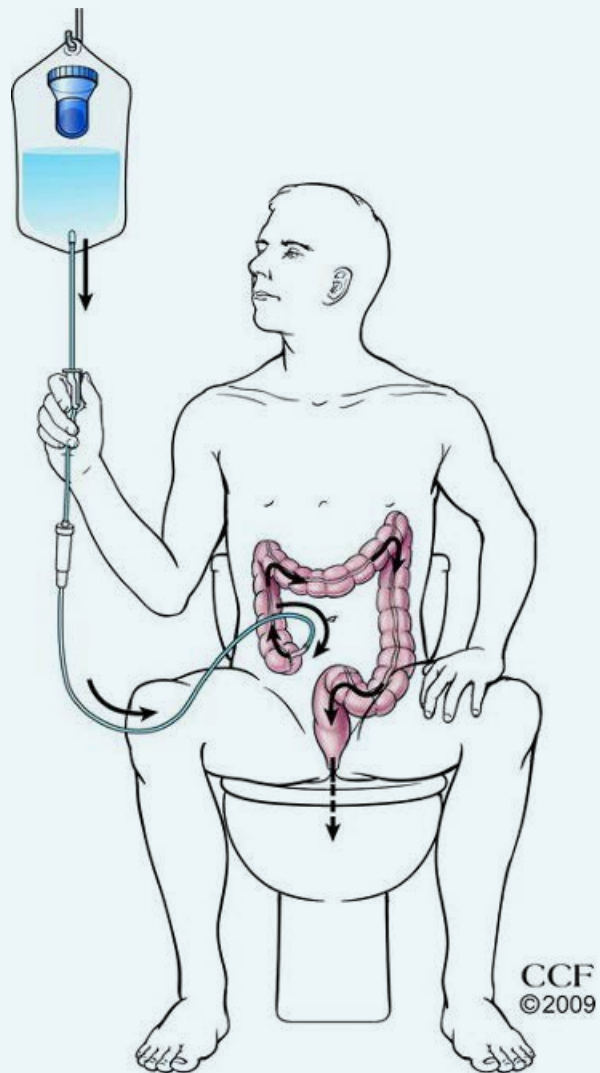


Picture 5 – Temporary C Tube placement



## TEACHING IRRIGATION – STEP BY STEP

1. All equipment should be shown and explained to the patient ensuring they understand
2. Close the clamp on the water bag and fill with approximately 800mls of tepid tap water (this can be increased as needed)
3. Hang the water bag above the toilet (using a hook, towel bar or shower rod) – ideally at shoulder height, the water bag needs gravity to work
4. Attach the chait adaptor to the end of the tubing of the water bag
5. Open both clamps on the water bag tubing and chait adaptor to prime and remove any air bubbles, then clamp them both off
6. Ensure patient comfort on the toilet
7. Gently open the chait trapdoor
8. Attach the chait adaptor (which is connected to the tubing and water bag) into the small hole in the chait tube trap door
9. Open the clamps on both the chait connector and the water bag.
10. Using the hand controller, slowly allow the water to flow into the bowel checking patient comfort throughout
11. When the required amount of water has entered the colon, close the clamps on both chait adaptor and water bag and disconnect the adaptor from the chait
12. As peristalsis waves occur within the colon the water will flow through the bowel and empty the contents into the toilet
13. It is important to carry out irrigation at the same time every day to train the colon



At the conclusion of irrigating, wash the water bag, tubing and chait adaptor with warm soapy water and then rinse with clear water. Let all equipment dry before putting away and store in a clean dry place. If the equipment is cleaned daily, it should last for approximately six months. Replacement irrigation kits can be sourced from STNs in conjunction with Ministry of Health Guidelines who specify one kit will be provided every six months.<sup>14</sup> For patients who have had their chait removed but continue to irrigate daily with an in/out catheter, can source their supplies from the continence nurse.

## TROUBLE SHOOTING

Like most surgeries, there can be some complications that may arise. As STNs we need to be aware of some common problems patients may experience when managing their ACE/Chait tube. From personal experience these are some of the problems I have encountered when teaching chait irrigation to patients under my care.

Problem	Description	Resolution
Skin around the opening is red, swollen or sore	Leaking around the tube may irritate the skin and cause redness. Redness, swelling, excess pain, fever, increased warmth at the site and greenish drainage are signs of infection	If the skin is red, clean the area more often, cover the site with a dry dressing, change the dressing often If severe, refer to GP for antibiotics
A buildup of skin around the opening that is shiny, thick and bumpy	Granulation tissue, this is a normal body function in relation to a foreign body	Continue with daily skin care, STN may need to apply silver nitrate to the area
Constipation	Some medications can cause constipation	STN to be aware of what medications cause constipation
	Patient is not getting enough oral fluids and fibre	Advise patient to drink plenty of water and eat foods high in fibre such as whole grain bread, cereals, fruit and vegetables
Leaking around the chait/trapdoor	Leaking can irritate the skin and cause pain and discomfort	Check the tube is securely in place at skin level Continue with skin care and keep area as dry as possible, trial crusting technique if skin is severe Check amount of water being used for irrigation, too much may result in backflow Trial the use of a stoma cap to contain excess fluids
Water not going easily into Chait	Water is leaking out and not flowing into the chait	Check patient position on toilet, ensure sitting upright The tip of the chait may be blocked, trial using syringe tip catheter with 20mls water to flush to dislodge any foreign matter
Chait tube becomes dislodged	Tube has come out	Cover the hole with a clean dry gauze Place a small catheter into the opening to keep open STN to contact surgeon for re-insertion
Chait trap door becomes cracked	Chait tube lid is unable to close or becomes split or cracked	Chait tubes are replaced every 12 months, if trapdoor is split or cracked, contact surgeon for replacement of tube
Cramps when administering irrigation fluid	Abdomen feels crampy and uncomfortable	Ensure water temperature is tepid, if too cold will cause abdominal cramps, if too hot will burn the colon Check speed of water being instilled, if too fast can also cause abdominal cramps
How much water do I use to irrigate?	Amount of water being used for irrigation	This varies for each person, initially STNs should start with 800mls and increase to a total of 1200mls – keep in mind each person is different
I've misplaced my ACE adaptor	Unable to irrigate due to no adaptor	STN to contact surgeon or outpatient clinic to obtain new adaptor
Chait irrigation is not working for me	Water is not going in easily, too much back flow, spending too much time on the toilet	In some instances, the chait trap door can be removed and the patient can be taught how to irrigate directly into the hole with a small in/out catheter and then covered with a small dry dressing The hole will need to be accessed each day with the catheter to avoid it closing over and an ACE stopper placed between irrigations
My chait was removed and my opening is closing over	Unable to get catheter into the opening	The bodies instinct is to try and heal the opening, the STN should ensure the patient has an ACE stopper (small plastic bung) which should be inserted into the hole to prevent closing over

## CONCLUSION

Irrigating the bowel regularly with antegrade continence enemas via a chait will significantly improve a patient's lifestyle who experience fecal incontinence, loss of anal control and severe constipation. The ACE procedure is a minimally invasive surgical procedure that can have a positive outcome enabling patients to become more confident, active and independent and is an alternate to having a colostomy. As practicing stomal therapists our roles can be complex and as a result we need to adopt many different roles including excellent knowledge and understanding relating to all aspects of bowel management and alternate therapies. This article has enabled the writer to research and share information relating to MACE, ACE and the chait. Hope you have found it useful.

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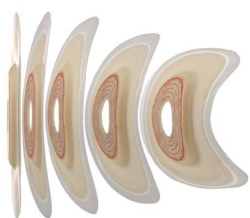
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# Writing in The Outlet

## PURPOSE

The Outlet is the journal representing the New Zealand Nurses Organisation College of Stomal Therapy Nursing (NZNOCSTN), and has a strong focus on the specialty nursing area of Stomal Therapy. Local input is encouraged and supported. The editors of The Outlet are appreciative of the opportunity to assist and mentor first time publishers or to receive articles from more experienced writers. The guidelines below are to assist you in producing a clear, easy to read, interesting article which is relevant.

The main goal of writing for the Outlet is to share research findings and clinical experiences that will add value and knowledge to clinical practice of others. The essence of writing for The Outlet is a story or research study, told well and presented in a logical, straight forward way.

Readers of The Outlet are both generalist nurses and specialist Stomal Therapists. Articles should be focused on what a nurse/patient does; how a nurse/patient behaves or feels; events that have led to the situation or on presenting your research methodology and findings. Linking findings to practice examples often increases comprehension and readability. Addressing questions related to the who, what, why, when, where, and/or how of a situation will help pull the article together.

## GUIDELINES

### Writing Style

Excessive use of complicated technical jargon, acronyms and abbreviations does not add to the readability of an article and should therefore be avoided if possible. Short sentences rather than long running ones are more readable and generally promote better understanding. The Outlet has a proofing service to assist with spelling, grammar etc.

### Construction of the Article

It may help in planning your article if you bullet point the key concepts or points, format a logical paragraph order and then write the article from that plan.

### Article Length

There are no word limits for publishing in The Outlet. First time writers may like to limit themselves to 2500-3000 words which is approximately three published pages.

### Photographs, Illustrations, Diagrams, Cartoons

These are all welcome additions to any article. Please email these with your article providing a number sequence to indicate the order in which you wish them to appear and a caption for each.

## Copyright

The NZNOCSTN retains copyright for material published in The Outlet. Authors wanting to republish material elsewhere are free to do so provided prior permission is sought, the material is used in context and The Outlet is acknowledged as the first publisher. Manuscripts must not be submitted simultaneously to any other journals.

## Referencing

The preferred referencing method for material is to be numbered in the body of the work and then to appear in the reference list as follows:

1) North, N. & Clendon, M. (2012) A multi-center study in Adaption to Life with a Stoma. *Nursing Research* 3:1, p4-10

Most submitted articles will have some editorial suggestions made to the author before publishing.

## Example Article Format Title

As catchy and attention grabbing as possible. Be creative.

## Author

A photo and a short 2-3 sentence biography are required to identify the author/s of the article.

## Abstract

Usually a few sentences outlining the aim of the article, the method or style used (e.g. narrative, interview, report, grounded theory etc.) and the key message of the article.

## Introduction

Attract the reader's attention with the opening sentence. Explain what you are going to tell them and how a literature review must be included.

## Literature Review

If publishing a research paper.

## Tell Your Story

Ask yourself all these questions when telling your story. Who was involved, history of situation, what happened, your assessment and findings, why you took the actions you did and the rationale for these? Your goals/plan. The outcome. Your reflection and conclusions. What did you learn? What would you do differently next time?

Remember there is valuable learning in sharing plans that didn't achieve the goal you hoped for.

Patient stories are a good place to start your publishing career and nurses tell great stories. As editors we encourage you to experience the satisfaction of seeing your work in print and we undertake to assist in every way that we can to make the publishing experience a good one.

NB: Written in conjunction with NZNO Kai Tiaki Publishing Guidelines



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Review full information on NZNOCSTN web site.

## Bernadette Hart Award

Section members may make application annually for the Bernadette Hart Award. The award is for conference or course costs. See full history of award on NZNOCSTN web site.

**Applications close on 20 July annually.**



## Congratulations! Patricia Blackley Scholarship 2024

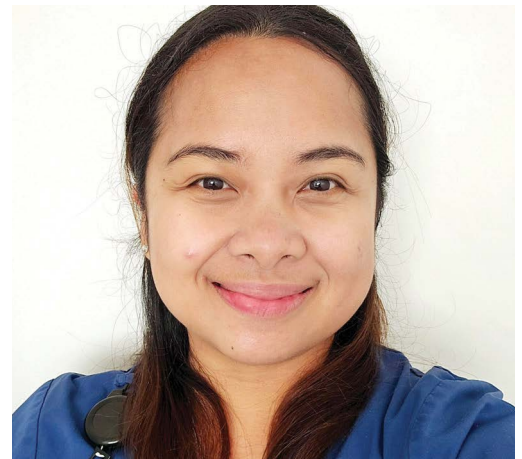
Coloplast in collaboration with the Australian Association of Stomal Therapy Nurses (AASTN) and the New Zealand Nurses Organisation College of Stomal Therapy Nursing (NZNOCSTN) are pleased to award the Patricia Blackley Post Graduate Educational Scholarships 2024 to:

- Yangyang Fan (Brisbane, Queensland)
- Kate Hallett (Port Macquarie, New South Wales)
- Freizza Pinto (Auckland, New Zealand)

Each recipient will receive \$5000 (AUD) to undertake and advance post graduate education in stomal therapy management or a related practice to improve the quality of care for people in Australian and New Zealand.

**To learn about the 2025 Scholarship, please contact your local Coloplast Territory Manager**

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# Patricia Blackley Postgraduate Education Scholarships 2025

As proud supporters of professional nursing education in ostomy care, Coloplast Australia and New Zealand (ANZ) are pleased to announce the Patricia Blackley Postgraduate Education Scholarships. These scholarships honour the pioneering work of Patricia Blackley as a clinician, educator, author, and journal editor in stomal therapy nursing.

This educational initiative is being conducted in collaboration with the Australian Association of Stomal Therapy Nurses (AASTN) and the New Zealand Nurses Organisation College of Stomal Therapy Nursing (NZNOCSTN).

## Could you be the next scholarship recipient?



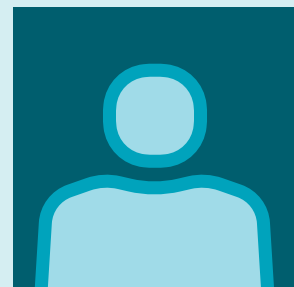
Yangyang Fan  
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Freizza Pinto  
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2024 Recipient



Kate Hallet  
(Port Macquarie)  
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*"Receiving the 2024 Patricia Blackley Scholarship is a great honour and a pivotal moment in my professional journey. It enables me to further develop my expertise, advance clinical practice in stomal therapy nursing, and contribute meaningfully to improving patient care while making a positive impact on our local ostomy community."*

Yangyang Fan (Brisbane, Queensland)

*"Continuous professional education allows me to practice my speciality with confidence and efficiency. This scholarship provided an opportunity for me to boost my learning in Ostomy nursing to deliver safe and effective care to all my clients."* Freizza Pinto (Auckland, New Zealand)

*"I am a strong supporter of further education for Nurses and believe that expanding knowledge within Nursing specialties allows us to provide the best most up to date specialty care to patients and their families."*

Kate Hallet (Port Macquarie, New South Wales)

### What is the purpose of the scholarships?

- To enable Registered Nurses working in ostomy care to undertake postgraduate education in Stomal Therapy Nursing or a related area of practice.
- To improve the quality of ostomy care for people in Australia and New Zealand by advancing postgraduate nursing education.

### What is the value of the scholarships?

- Three scholarships are available. The value of each scholarship is \$5000 Australian Dollars.
- If there are no applicants who successfully meet the selection criteria, the scholarships will not be awarded.

### What courses are eligible for the scholarships?

These scholarships may be used to support:

- Course fees for the Graduate Certificate of Stomal Therapy Nursing through the Australian College of Nursing or the Graduate Certificate in Wound, Ostomy and Continence Practice through Curtin University, OR
- Course fees for another post graduate course relevant to Stomal Therapy Nursing practice. For example; Master of Nursing, Master of Advanced Nursing Practice, Master of Counselling, Master of Business Administration, or Master/Graduate Certificate in another relevant skill set.

### What is the selection criteria?

Applicants must:

- Be a Registered Nurse with the Australian Health Practitioners Regulation Agency (AHPRA) OR the Nursing Council of New Zealand (NCNZ).
- Be able to provide evidence of being employed in an appropriate clinical setting.
- Have the support of their manager or head of department.
- Be a member of the AASTN or NZNOCSTN or be willing to become a member or associate student member once the scholarship has been awarded and remain a member for the duration of the study program.
- If awarded the scholarship, agree to the public promotion of their success.
- If awarded the scholarship, agree to deliver an education session at an AASTN/NZNOCSTN meeting/conference OR prepare a journal article for the Journal of Stomal Therapy Australia/The Outlet (NZ).

### How do I apply?

Please include separate pages in your application for each of the following:

- The completed application form (photocopy last page or visit: [www.stomaltherapy.au/scholarships](http://www.stomaltherapy.au/scholarships) for electronic copy).
- Resume: include your full work history and details of membership/participation in professional organisations.
- A letter of support from line manager including how the furthered education will help the organisation
- Proof of current AHPRA or NCNZ registration as a Registered Nurse.
- Cover letter: include an outline of how you plan to utilise and disseminate the knowledge gained from the course and your anticipated commitment to Stomal Therapy Nursing (up to 300 words).
- Other funding sources: Please give details in your cover letter if you have received funding from any other source.

### What are the important dates?

Applications open  
1 March 2025



Applications close  
30 September 2025



Application outcome  
November 2025



Applications must be lodged with the chairperson AASTN Education and Professional Development Subcommittee before the closing date of 30th Sept 2025. Late applications will not be considered. The email address for lodgement is: [education@stomaltherapy.au](mailto:education@stomaltherapy.au)



## Frequently Asked Questions

### What is the selection process?

Applications will be reviewed by a selection panel comprised of at least two AASTN Education and Professional Development Subcommittee members and at least one member from the NZNOCSTN.

If the selection criteria and guidelines have been met, a short-list of finalists will be agreed by the selection panel, and if necessary, a brief video conference interview will be arranged with each of the short-listed applicants.

The interview will explore the applicant's commitment to the specialty of Stomal Therapy Nursing and how they will use the knowledge gained from the course.

This interview will occur within 6 weeks of the applications closing and will assist the final decision on the scholarship award.

If the existing panel members have a conflict of interest, a maximum of two proxies may be selected from the AASTN Education and Professional Development Subcommittee membership or one proxy from the NZNOCSTN membership.

The decision of the interview panel will be final and applicants will be notified of the result.

### When will the scholarships be awarded?

The successful scholarship recipients will be announced by the AASTN and the NZNOCSTN in November 2025.

If awarded the scholarship, the successful applicant must provide to the AASTN Education and Professional Development Subcommittee:

- Confirmation of enrolment in the nominated postgraduate course as soon as possible after enrolment.
- Proof of AASTN or NZNOCSTN membership.
- A copy of the Degree Certificate (testamur) or Statement of Completion of the nominated postgraduate course as soon as is reasonably possible after completion of the course.

Documents should be emailed to: [education@stomaltherapy.au](mailto:education@stomaltherapy.au)

### What happens if I am awarded the scholarship, but do not complete the course?

Withdrawal from course or failure to successfully complete the course within a two-year period, unless agreed as below, will require all scholarship funds to be returned to the AASTN or the NZNOCSTN.

Unexpected program interruptions which delay completion will be considered for retaining the financial assistance after written application to the Chairperson of the AASTN Education and Professional Development Subcommittee, outlining the reasons for delay. This should be sent via the email address:

[education@stomaltherapy.au](mailto:education@stomaltherapy.au)

Return of scholarship funds must be made within 30 days of enrolment cancellation or notification of unsuccessful results.

# Application form

## Patricia Blackley Postgraduate Education Scholarships 2025

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Mobile: \_\_\_\_\_ Work: \_\_\_\_\_

Email: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Name of Course and Education Institution: \_\_\_\_\_

Course Commencement Date: \_\_\_\_\_ Anticipated Completion Date: \_\_\_\_\_

### Applicant Agreement:

- Payment of the scholarship is subject to the successful completion of the nominated course.
- I understand and accept that if I withdraw from the above course for any reason or do not successfully complete the course within a two-year period (unless otherwise agreed), all scholarship funds must be returned to the AASTN/NZNOCASTN within 30 days.
- I understand that I must provide proof of completion to the AASTN Education and Professional Development Subcommittee as soon as is reasonably possible after course completion.
- If awarded the scholarship, I agree to public promotion of my success.
- I agree to deliver an education session at an AASTN/NZNOCASTN meeting/conference OR prepare a journal article for the Journal of Stomal Therapy Australia/The Outlet (NZ).

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Manager/Head of Department Endorsement:

I \_\_\_\_\_, fully endorse the application of \_\_\_\_\_  
\_\_\_\_\_ for the Patricia Blackley Postgraduate Education Scholarship.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Position: \_\_\_\_\_

Facility: \_\_\_\_\_

This application for together with accompanying documents must be lodged before the closing date of 30<sup>th</sup> Sept 2025 to [education@stomaltherapy.au](mailto:education@stomaltherapy.au)

# Policy for Bernadette Hart Award

## PROCESS

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- The Bernadette Hart Award (BHA) will be advertised in the NZNOCSTN Journal The Outlet
- The closing date for the BHA applications is 20 July each year
- The NZNOCSTN Executive Committee will consult and award the BHA within one month of the closing date
- All applicants will receive an email acknowledgement of their application
- All applicants will be notified of the outcome, in writing, within one month of the closing date
- The monetary amount of the award will be decided by the NZNOCSTN Executive Committee. The amount will be dependent on the number of successful applicants each year and the financial status of the BHA fund
- The name of the successful applicants(s) will be published in the NZNOCSTN Journal The Outlet
- The BHA Policy will be reviewed annually by the NZNOCSTN Executive Committee.

## CRITERIA

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- The applicant(s) must be a current member of the NZNOCSTN and have been a member for a minimum of one year
- Successful applicant(s) must indicate how they will use the award. The award must be used in relation to Stomal Therapy nursing practice
- The applicant(s) previous receipt of money (within the last five years) from the NZNOCSTN and/or the BHA will be taken into consideration by the NZNOCSTN Executive Committee when making their decision. This does not exclude a member from reapplying. Previous receipt of the BHA will be taken into account if there are multiple applicants in any one year
- The funds are to be used within 12 months following the receipt of the BHA.

## FEEDBACK

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- Submit an article to The Outlet within six months of receiving the BHA. The article will demonstrate the knowledge gained through use of the BHA

and/or

- Presentation at the next NZNOCSTN Conference. The presentation will encompass the knowledge/nursing practice gained through the use of the BHA.



# Application for Bernadette Hart Award

## CRITERIA FOR APPLICANTS

- Must be a current full or life member of the NZNO College of Stomal Therapy Nursing (NZNOCSTN) for a minimum of one year
- Present appropriate written information to support application
- Demonstrate the relevance of the proposed use of the monetary award in relation to stomal therapy practice
- Provide a receipt for which the funds were used
- Use award within twelve months of receipt
- Be committed to presenting a written report on the study/undertaken or conference attended or write an article for publication in The Outlet or to present at the next national conference

## APPLICATIONS CLOSE 20 JULY (ANNUALLY)

### SEND APPLICATION TO:

Email: emma.ludlow@middlemore.co.nz

## BERNADETTE HART AWARD APPLICATION FORM

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mob: \_\_\_\_\_

Email: \_\_\_\_\_

## STOMAL THERAPY DETAILS

Practice hours Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_

Type of Membership ☐ FULL ☐ LIFE

## PURPOSE FOR WHICH AWARD IS TO BE USED

(If for Conference or Course, where possible, please attach outlined programme, receipts for expenses if available)

- Outline the relevance of the proposed use of the award to Stomal Therapy

## EXPECTED COSTS TO BE INCURRED

Fees: (Course/Conference registration)

\$ \_\_\_\_\_

Transport: \$ \_\_\_\_\_

Accommodation: \$ \_\_\_\_\_

Other: \$ \_\_\_\_\_

Funding granted/Sourced from other Organisations

Organisation:

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

## PREVIOUS COMMITMENT/MEMBERSHIP TO NZNOSTS

Have you been a previous recipient of the Bernadette Hart award within the last 5 years?

☐ Yes (date) \_\_\_\_\_

☐ No

Please Indicate ONE of the below: (please note this does not prevent the successful applicant from contributing in both formats).

☐ Yes I will be submitting an article for publication in 'The Outlet' (The New Zealand Stomal Therapy Journal).

☐ Yes I will be presenting at the next National Conference of NZNOCSTN.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_



# The Outlet

NEW ZEALAND STOMAL  
THERAPY NURSES



NGĀ MIHI NUI