



# The Outlet

*New Zealand Stomal Therapy Nurses*

## **In this issue:**

- The Liberty NZ Stomal Therapy 'Publishing Excellence' Award
- NZNOSTS Treasurer's Report
- NZNOSTS National Contacts
- NZNOSTS Conference 2016
- A man's journey through the ravages of metastatic Bladder cancer and incontinence
- Her never ending story

NOVEMBER 2015



NEW  
SenSura®  
Mio

# Everything about SenSura® Mio 1 piece is NEW

The new SenSura® Mio is now available

- Elastic double layer adhesive
- Discreet bag design
- Full circle filter
- Inspection window

Phone Ebos 0800 265 675 to register



**SenSura® Mio**



The Coloplast logo is a registered trademark of Coloplast A/S. © 2015-05 OST288. All rights reserved Coloplast A/S, 3050 Humlebaek, Denmark.

# The Outlet

*New Zealand Stomal Therapy Nurses*

## CONTENTS

### PROFESSIONAL SECTION

---

- 4 COMMITTEE PROFILES
- 5 CHAIRPERSON'S REPORT
- 6 CO-EDITORS REPORT
- 10 BERNADETTE HART AWARD
- 12 LIBERTY PUBLISHING AWARD
- 14 NZNOSTS TREASURER'S REPORT 2014/15
- 15 NZNOSTS NATIONAL CONTACTS
- 21 2016 NZNOSTS CONFERENCE
- 24 COLLEGE & SECTION DAY AND NZNO AGM AND CONFERENCE REPORT

### EDUCATION SECTION

---

- 28 A MAN'S JOURNEY THROUGH THE RAVAGES OF METASTATIC BLADDER CANCER AND INCONTINENCE
- 22 CASE STUDY: HER NEVER ENDING STORY

## ENCOURAGING MEMBERSHIP

---

EASY MEMBERSHIP SUBSCRIPTION CAN NOW BE GAINED ON THE WEB SITE  
[www.nzno.org.nz](http://www.nzno.org.nz)

### IF YOUR ADDRESS HAS CHANGED PLEASE CONTACT

Ginnie Kevey-Melville, *Executive Committee Secretary*

Email: [ginnie.kevey-melville@northlanddhb.org.nz](mailto:ginnie.kevey-melville@northlanddhb.org.nz)

# Your Executive Committee Members

## COMMITTEE CONTACTS



### CHAIRPERSON

**Marie Buchanan**  
Clinical Nurse Specialist Ostomy  
Waitemata Community Health  
**Phone** 09 486 8945 ext 7557  
**Email** marie.buchanan@waitematadhb.govt.nz



### TREASURER

**Mary Vendetti**  
Stomal Therapy Clinical Nurse Specialist  
Auckland DHB  
**Phone** 09 307 4949 ext 28532  
**Email** maryv@adhb.govt.nz



### SECRETARY

**Ginnie Kevey-Melville**  
Clinical Nurse Specialist Stomal Therapy  
District Nurse  
Northland DHB  
**Phone** 021 876 914  
**Email** ginnie.kevey-melville@northlanddhb.org.nz



### CO-EDITOR

**Jackie Hutchings**  
Stomal Therapist  
Nurse Maude  
**Phone** 027 236 4554  
**Email** jacquelynh@nursemaude.org.nz



### CO-EDITOR

**Bronney Laurie**  
Stomal Therapy Nurse  
South Canterbury DHB  
**Phone** 027 246 2193  
**Email** dnstomal@scdhb.health.nz



### COMMITTEE MEMBER

**Sharon Elson**  
Clinical Nurse Specialist Stomal Therapy  
Hawkes Bay DHB  
**Phone** 06 878 8109 ext 2135  
**Email** sharon.elson@hbdhb.govt.nz



### NZNO PNA

**Lorraine Ritchie**  
Professional Nursing Adviser  
NZNO  
**Phone** 0800 28 38 48  
**Email** lorrainer@nzno.org.nz

ISSN 2324-4968 (Print) ISSN 2324-4976 (Online)

Copyright ©February 2013 by the New Zealand Nurses Organization Stomal Therapy Section.

[www.nzno.org.nz/groups/sections/stomal\\_therapy](http://www.nzno.org.nz/groups/sections/stomal_therapy)

**Disclaimer:** The Outlet is the official journal of New Zealand Nurses Organization Stomal Therapy Section. The opinions and views expressed in the Outlet are those of the authors and not necessarily those of NZNOSTS, the editor or executive committee.

Published three times a year by Blacksheepdesign

[www.blacksheepdesign.co.nz](http://www.blacksheepdesign.co.nz)

# NZNOSTS Section: Chairperson's Report

MARIE BUCHANAN

Kia Ora, Hello and Hi.

So glad we are on the summer side of winter. I love seeing spring arrive as I know summer isn't far away. It seems to make everything much brighter.

At the end of June the executive committee meet in Wellington for a 2 day face to face meeting. It was good to be together and we were able to achieve a lot especially in regards to the transition from Section to College documentation. I hope you have been able to review the documents that had been put up on the web site. We received some feedback in regards to the documents which has been taken into consideration for the final drafts. The transition process continues, it is a long process but we are getting there. Currently we are putting the portfolio together to present to NZNO for review. We are hoping to have this together by the end of November.

During our meeting we discussed the importance of maintaining a partnership with our international colleagues, in particular Australia. I support that these relationships must be nurtured and maintained to ensure the best opportunities for ongoing education and contacts. The committee agrees with this and it was decided that I will attend the Australian Association of Stomal Therapy Nurses (AASTN) conference on 4-6th October in Melbourne to represent the NZNOSTS so as to maintain this relationship as well as observing for ideas for our own conference. I have arranged to meet with the Chair of AASTN and the College of Nursing distant education facilitator. This is in anticipation of building closer relationships and with the thought of extending an invitation to attend our conference and possible presentations to share their knowledge and experience. The section has funded my attendance for which I am very thankful. I'm excited about attending the conference. The programme seems very interesting as well as busy and I look forward to feeding back to you all in the next journal.

Preparation is underway for the biannual conference in Christchurch; October 27 and 28th 2016. It would be great to see as many members attending the conference as possible. I can assure you that it will be a great learning opportunity and loads of fun. If anyone has any ideas for speakers or topics please can you forward them to a committee member so we can discuss and follow up.

Last week Bronney and I attended the College and Section day followed by the NZNO conference. A detailed report is included in this journal. During the conference Marion Guy handed over the Chair to Grant Brookes. On behalf of the section I thank Marion for all her hard work and wish her well in the future. I look forward to working with Grant in the future. I believe it is important to acknowledge that this change of Chair occurred following the recent election which saw a very concerning 13% of the entire NZNO membership voting. I see this fact as a great concern to us as a professional body. We as nurses must ensure we are heard and to do this we must take an interest in what is happening within our profession. I urge everyone to take the time to read information, keep yourself up to date on what is happening within NZNO and voice your opinion. Remember there is always strength in numbers. Get involved, it is your profession.

Although I have had no official confirmation or communication I believe the supply contract has now been signed and there are 6 companies available to make your clinical choice from that would best meet your patients' needs. I will endeavour to obtain a full explanation of the contract and distribute it to you as soon as possible. In August the Ostomy Federation held their conference in Auckland. Along with several other STNs I attended and I spoke to the group re our role and commented that the contract had now been signed and that there are 6 supply companies back on the contract. Unfortunately I have had some feedback that this was interpreted as patients have a free choice to use whatever they want. Obviously this is not correct and use must be based on clinical need. I apologise if this comment has caused any confusion within your area.

Kind regards  
Marie Buchanan, Chair NZNOSTS

Together we Achieve More

# Co-editors Report

BRONNEY LAURIE AND JACKIE HUTCHINGS

Another four months have passed since the last Journal came out and the end of the year is in sight. Thank you to everyone who has contributed to this year's editions of The Outlet.

As we head into 2016 we would like to start a new section - Letters to the Editor - this could be a forum for you to comment on previous articles, address issues that affect Stomal Therapy in New Zealand, ask questions of or make suggestions to the National committee or simply use it as an avenue to ask for help with problems you encounter (photos could be included). It would be wonderful to see this section used so please think about contributing.

The middle pages of this edition feature an updated national contacts list which you can pull out for future reference. This will also be updated on the NZNO Stomal Therapy Section website. This is a valuable tool as so many patients are more transient nowadays.

The next edition of The Outlet is due out in March 2016 and we would like to invite all our members in the upper North Island to consider contributing an article or case study for that edition. Also we did not have such a good response from the Lower North Island for this edition but I did have lots of promises for the next edition so please remember that all articles for the next edition are due in by the end of the first week in February. We hope to have a bumper edition!

Remember that the application form for the Bernadette art Award is included in the journal and the closing date for this is November 30 so please consider applying if you have a project or conference in mind for next year.

We would like to remind all members about the Liberty publishing excellence award which is open to anyone who has published articles in the July and November 2015 or March and July 2016 editions of The Outlet and who have submitted an entry form. The entry form does not have to be submitted with the article but must be received by 30 September 2016. The award will be presented at the NZNO Stomal Therapy section conference in Christchurch in 2016. Please consider submitting material to be published so that you may enter this.

Health Alliance has still not provided us with any information to send out to members. Many of you may know from your own procurement or supply managers that this is still an ongoing process as many DHBs have still not signed off on all the contracts. You may also have heard that the majority of companies have a tiered pricing scheme.

On a personal note I don't like the tiered pricing as it may cause difficulty within some DHBs where once again pressure is put on you to use products on the cheaper tiers. The tiers are worked out on the percentage spend with each company within your individual DHB. This could end up to the detriment of your patient. It could also end up affecting patients who shift around New Zealand as each DHB will have their own tiers and Stomal therapists may have pressure applied to change what people are on. Remember to stay strong, you are your patients advocate and please let a committee member know if you are having issues or use the Letters to the Editor forum to let all members know what is happening

Finally we hope that everyone gets something from the information we are presenting to you and please take up the challenge to contribute.

We wish you all a Happy Christmas, enjoy yourself with family and friends and start afresh in 2016. Hopefully the weather will be kind to us all.

# Technically brilliant *Naturally* better

**"We source the highest-grade, lowest-irritant raw materials to ensure the highest standards of skincare for our users."**

Salts Healthcare is a 300-year-old family company that prides itself on developing **life-changing appliances** which are as comfortable and safe as possible.

*That's why:*

- **All raw materials** in our hydrocolloids are **approved for use in food** by the USA's Food and Drug Administration, and assessed by dermatologically accredited laboratories.
- Each batch of raw material is **tested and quality controlled** throughout the production process, eliminating any variation in our hydrocolloids.
- Our hydrocolloids are as **pure and natural** as they possibly can be.

**Change your patients' lives with superior hydrocolloids.**



**FOR FREE SAMPLES call TOLL FREE 1300 784 737 (NZ 0800 100 146)**  
or visit [www.ainscorp.com.au](http://www.ainscorp.com.au)



Recognising Salts research  
into healthy stoma skin



DERMATOLOGICALLY  
ACCREDITED

**SALTS**  
HEALTHCARE  
[www.salts.co.uk](http://www.salts.co.uk)

© Registered trade marks of Salts Healthcare Ltd. © Salts Healthcare Ltd 2015. Products and trade marks of Salts Healthcare Ltd are protected by UK and foreign patents, registered designs and trade marks.

# Policy for Bernadette Hart Award Selection

## PROCESS

---

- The Bernadette Hart Award (BHA) will be advertised in the NZNOSTS Journal “The Outlet”.
- The closing date for the BHA applications is 30 November each year.
- The NZNOSTS National 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 NZNOSTS National 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 applicant(s) will be published in the NZNOSTS Journal “The Outlet”.
- The BHA Policy will be reviewed annually by the NZNOSTS National Committee

## CRITERIA

---

- The applicant(s) must be a current member of the NZNOSTS 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 NZNOSTS and/or the BHA will be taken into consideration by the NZNOSTS National 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

---

- (a) 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
- (b) To present at the next NZNOSTS 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 Stomal Therapy Section 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 30TH NOVEMBER (Annually)

### SEND APPLICATION TO:

**Ginnie Kevey-Melville**

**Email:** ginnie.kevey-melville@northlanddhhb.org.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 NZNO STS

\_\_\_\_\_

**Have you been a previous recipient of the Bernadette Hart award within the last 5 years?**  No  Yes (date) \_\_\_\_\_

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

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

Presenting at the next National Stomal Therapy Section Conference.

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

# The Liberty NZ Stomal Therapy 'Publishing Excellence' Award



## THE AIM

---

The Aim: of the Liberty New Zealand Publishing Excellence Award is to recognise the endeavors of nurses working in the field of stomal therapy, encouraging them to achieve excellence by publishing in the NZNOSTS Journal "The Outlet".

All NZNOSTS members, who meet the award criteria, can submit their article to be assessed for the award. The award is to the value of \$1000. In the event that there is more than one worthy recipient the amount may be shared.

## THE PURPOSE OF THE AWARD

---

The Liberty Publishing Award is to be used towards the cost of:

- Travel / accommodation / registration to attend a national or international conference related to stomal therapy  
or
- To facilitate participation in an accredited post graduate study program leading to qualification as a Stomal Therapist or appropriate study in the associated area intended to advance the knowledge and understanding of the discipline of stomal therapy

## ENTRY CRITERIA

---

- Be a member of NZNOSTS, both at the time of publishing and at the time the award is made
- Have submitted an article, which has been published in The Outlet and which complies with the Award Criteria
- Have completed the entry form and submitted to The Outlet editors by September in the year of the award. The Liberty Publishing Excellence Award will be made in the same year as the NZNOSTS biennial conference.
- Only one article per author can be submitted for assessment
- The journals from which articles can be submitted for assessment will be published in the two years prior to the biennial conference as follows;
  - First Year: July and November 2015
  - Second Year : March and July 2016
- By submitting and applying for the Liberty publishing award, the publisher agrees that their name and /or article can be used by Liberty Medical for Education and Marketing.

The assessment panel will critique submitted articles for value to Stomal Therapy practice, contribution to understanding the patient experience, innovation in practice and contribution to the body of Stomal Therapy knowledge.

The successful award recipient will be announced at the NZNOSTS biennial conference and the award will be made by a Liberty representative.

# Best Published Article Entry Form



Please complete and return to The Outlet Editor by the last day of September in the year of the Award submission.

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

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

**Telephone** \_\_\_\_\_

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

**Qualifications** \_\_\_\_\_

**Employment position** \_\_\_\_\_

**NZNO Number** \_\_\_\_\_

**Article Title and Date of Publication**  
\_\_\_\_\_  
\_\_\_\_\_

Note: If there are constraints as to when you can and cannot publish your paper, please bring this to the attention of the Executive Committee or The Outlet Editors.

# NZNOSTS Treasurer's Report 2014/15

## Financial year - ended 31st March 2015

This year we have no General Meeting to present the annual financial report at, therefore please accept this summary and the statements of financial performance, movements in equity and financial position as a true and accurate record of the NZNOSTS as at 31st March 2015. If you have any questions or concerns please contact Mary Vendetti at [maryv@adhb.govt.nz](mailto:maryv@adhb.govt.nz).

### SUMMARY

---

Total income earned for the financial year was \$57,054. Total expenses incurred for the financial year (including taxation) was \$50,099 resulting in a deficit after taxation of \$6,955. This deficit is reflected in the statement of movements in equity as the difference between the 2013/14 and 2014/15 financial years. Equity has moved from \$54,867 at the end of the 2013/14 financial year to \$61,821 at the end of the 2014/15 financial year.

### INCOME & EXPENDITURE

---

Total income includes funding received from national office for core activities (meeting, travel costs) amounting to &8,374.

### EXPENSES

---

Total expenses (including taxation) were \$50,099.

Please refer to the financial statement for details.

### CURRENT ASSETS

---

Working cheque account	\$10,015.99
Bernadette Hart Award - term investment account	\$11,295.00
General term investment account	\$27,403.00

### CURRENT LIABILITIES

---

Please refer to statement of position

M.W. Vendetti  
Treasurer, NZNOSTS

# NZNO STOMAS Treasurer's Report 2014/15

## Financial year - ended 31st March 2015

### NZNO STOMAL THERAPY NURSES SECTION STATEMENT OF FINANCIAL PERFORMANCE FOR THE YEAR ENDED 31 MARCH 2015

	Apr 2014 - Mar 2015 (12 months) \$	Apr 2013 - Mar 2014 (12 months) \$
<b>REVENUE</b>		
Advertising	8,174	11,684
Conference	38,778	0
Interest	1,727	1,542
National Office Funding	8,374	2,691
<b>Total Income</b>	<b>57,054</b>	<b>15,917</b>
<b>LESS EXPENSES</b>		
Accommodation and Meals	791	955
Awards	700	0
Bank Charges & Fees	5	0
Conference	29,865	0
Journal Expenses	15,084	12,884
Loss on disposal of fixed assets	0	17
Postage & Stationery	26	0
Telephone, Tolls and Internet	274	102
Travel - Air	4,435	3,647
Travel - Other	591	445
<b>Total Expenses</b>	<b>51,771</b>	<b>18,049</b>
<b>NET SURPLUS/(DEFICIT) BEFORE TAXATION</b>	<b>5,283</b>	<b>(2,132)</b>
Plus: Current year tax credit	1,671	0
Less: Income tax expense	0	(96)
<b>NET SURPLUS/(DEFICIT) AFTER TAXATION</b>	<b>6,955</b>	<b>(2,228)</b>

### NZNO STOMAL THERAPY NURSES SECTION STATEMENT OF MOVEMENTS IN EQUITY FOR THE YEAR ENDED 31 MARCH 2015

	Apr 2014 - Mar 2015 (12 months) \$	Apr 2013 - Mar 2014 (12 months) \$
<b>EQUITY AT START OF PERIOD</b>	<b>54,867</b>	<b>57,095</b>
<b>SURPLUS &amp; REVALUATIONS</b>		
Net Surplus/(Deficit) after taxation	6,955	(2,228)
<b>Total Recognised Revenues &amp; Expenses</b>	<b>6,955</b>	<b>(2,228)</b>
<b>EQUITY AT END OF PERIOD</b>	<b>61,821</b>	<b>54,867</b>

### NZNO STOMAL THERAPY NURSES SECTION STATEMENT OF FINANCIAL POSITION AS AT 31 MARCH 2015

	31 March 2015 \$	31 March 2014 \$
<b>CURRENT ASSETS</b>		
Accounts Receivable	0	6,400
ANZ - Cheque Account	24,841	14,313
ANZ - Term Deposit (7502)	27,403	26,680
ANZ- Term Deposit (B Hart Award)	11,295	10,993
GST Refund Due	2,145	0
Income Tax Receivable - 2014/2015 Financial Year	1,671	0
Interest Receivable	729	649
Prepaid Expenses	0	4,182
RWT Paid - 2013/2014 Financial Year	439	439
RWT Paid - 2014/2015 Financial Year	461	0
<b>TOTAL ASSETS</b>	<b>68,985</b>	<b>63,655</b>
<b>CURRENT LIABILITIES</b>		
Accounts Payable	7,068	0
GST Due for Payment	0	518
Income Received in Advance	0	8,174
Income Tax Payable - 2013/2014 Financial Year	96	96
<b>TOTAL LIABILITIES</b>	<b>7,164</b>	<b>8,788</b>
<b>NET ASSETS Represented by:</b>	<b>61,821</b>	<b>54,867</b>
<b>TOTAL EQUITY</b>	<b>61,821</b>	<b>1,542</b>

Now with  
EasiView™ Viewing Option  
on all Closed NovaLife  
pouches



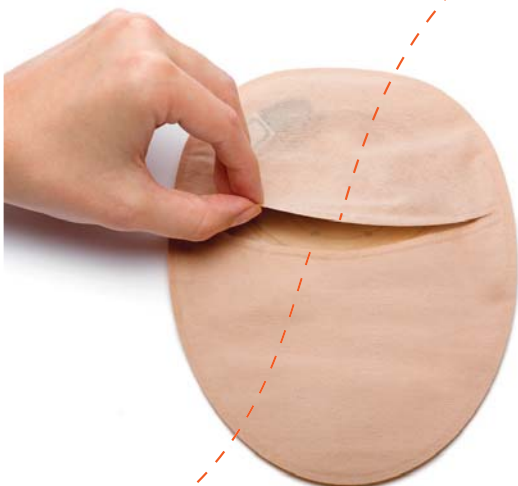
Mariam, Colostomy since 2006

## The path to **confidence** for you and your patients

### **The EasiView™ Viewing Option**

The simple solution for ensuring  
everything is in place

The design of the new EasiView™ viewing option gives you the opportunity to easily and discreetly inspect the stoma and seal by lifting the serrated edge to reveal the clear panel. When you're not looking, the flap covers the stoma and lays flat against the pouch. It's the perfect balance of assurance and discretion.



NovaLife 1  
Closed Flat



NovaLife  
Soft Convex



NovaLife 1  
Firm Convex

**NOVALIFE**  
The next generation

For more information and samples please call  
**0800 678 669**

**dansac**   
www.dansac.com.au



*New Zealand Stomal Therapy Nurses*

# Contact Details

2015

# New Zealand Stomal Therapy Nurses Contact Details 2015

## NORTHLAND DISTRICT HEALTH BOARD

---

### Ginnie Kevey-Melville

Clinical Nurse Specialist Stomal Therapy  
Private Bag 9742  
Whangarei 0148

Phone: 09 430 4101 ext 7952  
Cellphone: 021 876 914  
Fax: 09 438 8065  
Email: [ginnie.kevey-melville@northlanddhb.org.nz](mailto:ginnie.kevey-melville@northlanddhb.org.nz)  
Hours: Monday - Tuesday 0800-1630

Covers Hospital and Community.

### Rachel Pasley

Clinical Nurse Specialist Stomal Therapy  
Private Bag 9742  
Whangarei 0148

Cellphone: 021 363 057  
Fax: 09 438 8065  
Email: [rachel.pasley@northlanddhb.org.nz](mailto:rachel.pasley@northlanddhb.org.nz)  
Hours: Wednesday - Friday 0800-1630

Covers Hospital and Community.

## WAITEMATA DISTRICT HEALTH BOARD

---

### Marie Buchanan

Clinical Nurse Specialist, Ostomy  
Waitemata Community Health  
Private Bag 93-503  
Takapuna  
Auckland

Phone: 09 486 8945 ext 7557  
Email: [marie.buchanan@waitematadhb.govt.nz](mailto:marie.buchanan@waitematadhb.govt.nz)  
Hours: Usually Monday, Tuesday & Thursday (.7 FTE)

Covers Community North Shore.

### Sandy Izard

Clinical Nurse Specialist, Ostomy  
District Nursing  
Waitakere Hospital  
Lincoln Road  
Henderson  
Auckland

Phone: 09 837 6620 ext 6342  
Fax: 09 837 6618  
Email: [sandy.izard@waitematadhb.govt.nz](mailto:sandy.izard@waitematadhb.govt.nz)  
Hours: Varied hours

### Julie Skinner

Clinical Nurse Specialist Ostomy and Continence  
Department of Surgery  
PO Box 29  
Red Beach  
Auckland 0945

Phone: 09 427 0367  
Fax: 09 427 0391  
Email: [julie.skinner@waitematadhb.govt.nz](mailto:julie.skinner@waitematadhb.govt.nz)  
Hours: Tuesday - Friday

Covers Community Rodney District

### Angela Makwana

Ostomy Clinical Nurse Specialist  
North shore Hospital  
Private Bag 93-503  
Takapuna  
Auckland 0740

Phone: 09 486 8920 ext 4125  
Cellphone: 021 533 685  
Fax: 09 488 4621  
Email: [angela.makwana@waitematadhb.govt.nz](mailto:angela.makwana@waitematadhb.govt.nz)  
Hours: Monday, Tuesday & Friday

Covers Hospital

## AUCKLAND DISTRICT HEALTH BOARD

---

### Mary W. Vendetti

Stomal Therapy Nurse Specialist  
Greenlane Clinical Centre  
Building 17  
Greenlane  
Auckland

Phone: 09 307 4949 ext 28532  
Cellphone: 021 348 406  
Fax: 09 623 6472  
Email: [maryv@adhb.govt.nz](mailto:maryv@adhb.govt.nz)  
Hours: Fulltime

### Francesca Martin

Stoma Nurse Specialist  
Greenlane Clinical Centre  
Building 17  
Greenlane  
Auckland

Phone: 09 307 4949 ext 28530  
Cellphone: 021 715 224  
Fax: 09 623 6472  
Email: [francescam@adhb.govt.nz](mailto:francescam@adhb.govt.nz)  
Hours: Fulltime



# New Zealand Stomal Therapy Nurses Contact Details 2015 *...continued*

## COUNTIES MANAKAU DISTRICT HEALTH BOARD

### Maree McKee

Stoma Nurse Specialist  
Home Health Team  
Building 38  
Orakau Road  
Mangere East  
Auckland  
Phone: 09 276 0044 ext 2621  
Cellphone: 021 516 903  
Fax: 09 270 4733  
Email: mckeem@middlemore.co.nz  
Hours: Monday - Tuesday

Covers community.

### Erica Crosby

Stoma Nurse Specialist  
Address as above.  
Cellphone: 027 531 7763  
Fax: 09 438 8065  
Email: rachel.pasley@northlanddhhb.org.nz  
Hours: Wednesday - Friday

## WAIKATO DISTRICT HEALTH BOARD

### Carol Lee

Clinical Nurse Specialist, Stomal Therapy  
Waikato Hospital  
Private Bag 3200  
Hamilton 3240  
Phone: 07 839 8899 ext 96801  
Cellphone: 021 2414360  
Fax: 07 839 8878  
Email: carol.lee@waikatodhb.health.nz  
Hours: Fulltime

## LAKES DISTRICT HEALTH BOARD

### Sid Obregon

Stoma/Continenence CNS  
Rotorua Hospital  
Private Bag 3023  
Rotorua Mail Centre  
Rotorua 3046  
Phone: 07 349 7955 ext 8687  
Cellphone: 027 629 9266  
Fax: 07 349 7939  
Email: sid.obregon@lakesdhhb.govt.nz  
Hours: Fulltime

Covers Hospital and Community

## BAY OF PLENTY DISTRICT HEALTH BOARD

### Helen Collins

Colorectal CNS  
Bay of Plenty DHB  
Private Bag 12024  
Tauranga 3143  
Phone: 07 579 8652  
Cellphone: 027 703 8227  
Email: helen.collins@bopdhhb.govt.nz  
Hours: Fulltime

## TAIRAWHITI DISTRICT HEALTH BOARD

### Karen Armstrong

Clinical Nurse Specialist, Ostomy & Continence  
Gisborne Hospital  
Private Bag 7001  
Gisborne  
Phone: 06 869 0500 ext 8135  
Pager: 077  
Cellphone: 027 226 3158  
Fax: 06 869 0554  
Email: karen.armstrong@tdh.org.nz

### Anna Veitch

Stomal Therapist  
Contact details as above  
Email: anna.veitch@tdh.org.nz

### Kate Petro

Ostomy & Continence RN  
Contact details as above  
Email: kate.petro@tdh.org.nz

## TARANAKI DISTRICT HEALTH BOARD

### Sonia O'Connell

Ostomy Nurse / District Nurse  
District Nursing  
Taranaki District Health Board  
Private Bag 2016  
New Plymouth  
Phone: 06 753 7797 ext 8793  
Cellphone: 027 249 8716  
Fax: 06 753 7836  
Email: sonia.oconnell@tdhb.org.nz  
Hours: Monday, Wednesday & Friday

### Jenny Coulson

SCN Stomal Therapy  
Contact details as above  
Email: jenny.coulson@tdhb.org.nz

# New Zealand Stomal Therapy Nurses Contact Details 2015 *...continued*

**Lily Murray**

Stomal Therapist / District Nurse

Contact details as above

Email: lily-annemurray@tdhb.org.nz

**Alison Meerman**

SCN Continence / Stomal Therapy

Address as above.

Phone: 06 753 7797 ext 8564

Cellphone: 027 440 2877

Email: alison.meerman@tdhb.org.nz

Hours: Monday - Wednesday and alternate Thursdays

**WANGANUI DISTRICT HEALTH BOARD****Nicky Bates**

CNS Ostomy

Community Health

Wanganui Hospital

Private Bag 3003

Wanganui

Phone: 06 348 1301

Cellphone: 027 334 4272

Fax: 06 348 1209

Email: nicky.bates@wdhb.org.nz

Hours: Monday - Thursday

Covers Community and Hospital

**MIDCENTRAL DISTRICT HEALTH BOARD****Lawrence Mutale**

Clinical Nurse Specialist - Lead: GI Cancer &amp; Stomal Therapy

Palmerston North Hospital

5TH Floor Clinical Services Block

Private Bag 11036

Palmerston North

Phone: 06 350 8073

Cellphone: 027 2727592

Fax: 06 350 8069

Email: nlawrence.mutale@midcentraldhhb.govt.nz

Hours: Fulltime

Covers Hospital and Community.

**Annet Nicholls**

Clinical Nurse Specialist GI Cancer &amp; Stomal Therapy

Address as above

Phone: 06 350 8072

Cellphone: 027 272 7592

Email: annet.nicholls@midcentraldhhb.govt.nz

Hours: Fulltime

Covers Hospital and Community

**HAWKES BAY DISTRICT HEALTH BOARD****Dorothy Ferguson**

CNS Stomal Therapy

Hawkes Bay Fallen Soldiers' Memorial Hospital

Private Bag 9014

Hastings 4120

Phone: 06 878 1635

Pager: 3400

Fax: 06 878 1310

Email: dorothy.fergusson@hbdhb.govt.nz

Hours: Monday - Wednesday

Covers Hospital and Community

**Sharon Elson**

CNS Stomal therapy

Contact details as above

Email: sharon.elson@hbdhb.govt.nz

Hours: Monday - Friday

Covers Hospital and Community

**WAIRARAPA DISTRICT HEALTH BOARD****Christina Cameron**

Stomal / Continence Clinical Nurse Specialist

Wairarapa Hospital

PO Box 96

Masterton

Phone: 06 946 9800 ext 5701

Cellphone: 027 602 2155

Fax: 06 946 9837

Email: christina.cameron@wairarapa.dhb.org.nz

Hours: Fulltime

Covers Community and Hospital

**HUTT VALLEY DISTRICT HEALTH BOARD****Vicky Beban**

Clinical Nurse Specialist - Stomaltherapy Community Health

Hutt Hospital

High Street

Lower Hutt

Phone: 04 570 9148

Cellphone: 027 2214247

Fax: 04 570 9210

Email: vicky.beban@huttvalleydhhb.org.nz

Hours: Monday - Thursday 0800 - 1630

Friday 0800 - 1200

Covers Community and Hospital

# New Zealand Stomal Therapy Nurses Contact Details 2015 *...continued*

## CAPITAL & COAST DISTRICT HEALTH BOARD

---

### Sue Wolyncewicz

CNS Stomaltherapy

Ewart Building

Community Health

2 Coromandel Street

Newtown

Wellington

Phone: 04 9186375 or 04 3855999 ext 6375

Cellphone: 027 281 0942

Fax: 04 385 5868

Email: [sue.wolyncewicz@ccdhb.org.nz](mailto:sue.wolyncewicz@ccdhb.org.nz)

Hours Fulltime

Covers Hospital and Community

### Sarah Kelcher

Stoma Nurse

Contact details as above

Cellphone: 027 226 3259

Email: [sarah.kelcher@ccdhb.org.nz](mailto:sarah.kelcher@ccdhb.org.nz)

Hours Wednesday - Friday

Covers Community and Hospital

### Diane Morgan

Stoma Nurse

Contact details as above

Cellphone: 027 226 3259

Email: [diane.morgan@ccdhb.org.nz](mailto:diane.morgan@ccdhb.org.nz)

Hours Monday - Tuesday

Covers Community and Hospital

## NELSON MARLBOROUGH DISTRICT HEALTH BOARD

---

### Sue Rossiter

Specialty Clinic Nurse: Stomal Therapy

District Nursing

281 Queen Street

Richmond

Nelson

Phone: 03 543 7980

Cellphone: 027 221 2886

Fax: 03 544 6832

Email: [sue.rossiter@nmhs.govt.nz](mailto:sue.rossiter@nmhs.govt.nz)

Hours Fulltime

Covers Community and Hospital

### Dianne Devlin

Specialty Clinical Nurse Stomal Therapist

PO Box 46

Blenheim

Phone: 03 520 9927

Cellphone: 027 451 6888

Fax: 03 520 9906

Email: [dianne.devlin@nmdhb.govt.nz](mailto:dianne.devlin@nmdhb.govt.nz)

Hours Wednesday & Thursday 0800 - 1630

Can also be accessed on DN days

## WEST COAST DISTRICT HEALTH BOARD

---

### Di Longstaff

District Nursing Service

Buller Hospital

Cobden Street

Westport

Phone: 03 788 9030 Extn 8716

Fax: 03 789 7678

Email: [bullerdn@westcoastdhhb.health.nz](mailto:bullerdn@westcoastdhhb.health.nz)

### Paula Smith

District Nursing Service

Reefton Hospital

Broadway

Reefton

Phone: 03 769 7432

Fax: 03 769 7439

Email: [reeftondn@westcoastdhhb.health.nz](mailto:reeftondn@westcoastdhhb.health.nz)

### Deborah Hughes or Kat Nieman

District Nursing Service

Grey Base Hospital

High Street

Greymouth

Phone: 03 768 0499 Extn 2721

Fax: 03 769 7793

Email: [greydn@westcoastdhhb.health.nz](mailto:greydn@westcoastdhhb.health.nz)

### Annie Hughes

District Nursing Service

Hokitika Health Centre

59 Sewell Street

Hokitika

Phone: 03 756 9906

Fax: 03 755 5058

Email: [hokidn@westcoastdhhb.health.nz](mailto:hokidn@westcoastdhhb.health.nz)

# New Zealand Stomal Therapy Nurses Contact Details 2015 *...continued*

## CANTERBURY DISTRICT HEALTH BOARD

### Beth Dunstan

Stomal Therapist  
Nurse Maude  
35 Mansfield Avenue  
Merivale  
Christchurch

Phone: 03 375 4289  
Cellphone: 027 285 1294  
Fax: 03 375 4270  
Email: bethd@nursemaude.org.nz  
Hours Fulltime

Covers Hospital and Community

### Jackie Hutchings

Stomal Therapist  
Contact details as above

Cellphone: 027 236 4554  
Email: jacquelynh@nursemaude.org.nz  
Hours Fulltime

Covers Hospital and Community

### Jenny Roberts

Stomal Therapist  
Contact details as above

Cellphone: 027 223 0703  
Email: jennyr@nursemaude.org.nz  
Hours Fulltime

Covers Hospital and Community

### Claire Ward

Stomal Therapist  
Contact details as above

Email: claire.ward@nursemaude.org.nz  
Hours Thursday - Friday

Covers Hospital and Community

### Jude Matheson

Woundcare and Stoma CNS  
Ashburton Community Services  
Private Bag 801  
Ashburton 7700

Phone: 03 3078450 ext 28879 or 03 3078465  
Fax: 03 307 8460  
Email: jude.matheson@cdhb.govt.nz  
Hours Wednesday

Covers Hospital and Community

## SOUTH CANTERBURY DISTRICT HEALTH BOARD

### Bronney Laurie

Stomal Therapist  
District Nursing  
Private Bag 911  
Timaru

Phone: 03 687 2310  
Cellphone: 027 273 4809  
Fax: 03 687 2309  
Email: dnstomal@scdhb.health.nz  
Hours Varied

Covers Community

## OTAGO DISTRICT HEALTH BOARD

### Leeann Thom

Stomal Therapist  
ISIS Centre  
Private Bag 1921  
Dunedin 9054

Phone: 03 4769724  
Cellphone: 027 273 1505  
Fax: 03 476 9727  
Email: leeann.thom@southernndhb.govt.nz  
Hours Thursday - Friday

Covers Hospital and Community

### Maree O'Connor

CNS Stomal / Colorectal  
Contact details as above

Email: maree.oconnor@southernndhb.govt.nz  
Hours Fulltime

Covers Hospital and Community

### Clayton Hopewell

RN Stomal therapy  
Contact details as above

Cellphone: 027 2016691  
Email: clayton.hopewell@southernndhb.govt.nz  
Hours (.5 FTE)

Covers Hospital and Community

# New Zealand Stomal Therapy Nurses Contact Details 2015 *...continued*

## **SOUTHLAND DISTRICT HEALTH BOARD**

---

### **Nicola Braven**

Stomal Therapy Nurse

Southland Hospital

PO Box 828

Invercargill

Phone: 03 214 5783 ext 8456

Cellphone: 027 2947531

Fax: 03 2148919

Email: nicola.braven@southerndhb.govt.nz

Hours Monday - Wednesday 0900 - 1500

### **Kim Snoep**

Stomal Therapy Nurse

Contact details as above

Email: kim.snoep@southerndhb.govt.nz

Hours Monday - Friday 0900 - 1500

## **TRADE COMPANY CONTACTS**

---

### **COLOPLAST**

0800 265675

### **OMNIGON**

0800 440027

### **CONVATEC**

0800 441763

### **SALTS**

0800 100 146

### **LIBERTY (Dansac and Hollister)**

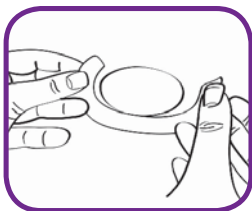
0800 678669

# A unique new product from Eakin Cohesive®



## We have skin protection all *Wrapped* up

- ✓ Ideal for large or oval shaped stomas
- ✓ Perfect for those with limited dexterity
- ✓ Extremely quick and easy to fit - simply wrap and overlap for a secure seal
- ✓ The same skin friendly properties as Eakin Cohesive® Seals and SLIMS®.



*Wrap...*



*and overlap.*

eakin® 

**For more information & samples**

contact our Customer Service Team

**0800 440 027** | [www.omnigon.com.au](http://www.omnigon.com.au)

 **omnigon**  
Your healthcare partner

0102-15-1D7

# For all your patients' stoma therapy needs, choose Medicina



- ACE-MACE stoppers
- Gastrostomy tubes
- Buttons
- Caecostomy kits
- Silos
- Washout equipment
- Feeding tubes
- Bolus sets
- Specialised dressings
- Direct dilation sets



At NZMS Medical we're dedicated to providing the very best in healthcare technology. Our committed and friendly team are devoted to providing expert advice and unparalleled support.

P 09 259 4062 E [nzms@nzms.co.nz](mailto:nzms@nzms.co.nz) W [www.nzms.co.nz](http://www.nzms.co.nz)



# New Beginnings

Stomal Therapy Conference

Rydges Latimer, Christchurch  
October 27 - 28, 2016





# NZNOSTS Conference: New Beginnings

OCTOBER 27TH & 28TH 2016 (THURSDAY & FRIDAY)  
THE RYDGES HOTEL, LATIMER SQUARE, CHRISTCHURCH

Come and join us in Christchurch for this special occasion and also take the opportunity to see the progress with the rebuild following the 2010 and 2011 earthquakes.

**Theme:** Graduation - as we progress from Section to College

**Topics include:** Inflammatory Bowel Disease  
Chemoradiation Therapies  
Familial Bowel Cancer registry  
Paediatric Stomas and Post Reversal Issues

If you have any topics you would like included please contact Jackie Hutchings by email  
[jacquelyn@nursemaude.org.nz](mailto:jacquelyn@nursemaude.org.nz)

The Conference Dinner will be held on the Thursday night at The Rydges with the Graduation theme.

Accommodation is available at the venue or there are a variety of other options in the vicinity.

The venue is 5 minutes walk from The Square which is the hub of Christchurch City.

# College & Section Day and NZNO AGM and Conference Report

BY MARIE BUCHANAN AND BRONNEY LAURIE.

In September we attended the College & Section (C&S) day to represent the Stomal Therapy Section. The C&S day was held in Wellington at Te Papa and was attended by over 40 delegates representing 21 Colleges/Sections.

Each one gave a brief report on the work their College/ Section was currently involved in which was interesting and offered some ideas that our section may be able to pursue in the future, for example on line surveys to obtain an accurate representation of our membership. Several sections have or are in the process of transitioning from Section to College with the general consensus that it was a lot of work. It was an ideal time to network, share information and ideas. It has been suggested that there may be breakout groups on topics of interest such as the transition process of Section to College or other topics of interest. It was agreed that these could be very productive and helpful especially to new committee members and the introduction of these will be considered for next year's C & S day.

We were privileged to have Robin Youngson speak with us about "The critical importance of compassion and healing". His commitment and passion in ensuring compassion is in all types of care was very evident. He was a very inspirational speaker and it is always a timely reminder that we must never lose sight of the fact that we are in a caring and compassionate profession. It was a very enjoyable and informative day which we both enjoyed.

The next day was the NZNO AGM which saw the hearing of several remits. The outcome of these will be available for review in the NZNO 2015, AGM minutes if anyone is interested in reading them.

The awards dinner/evening was a time of celebration. Several well deserving, dedicated and inspirational Nurses were presented with awards for their ongoing commitment to nursing within their specific fields. It was an honour to be a part of this celebration and bestowed a great sense of pride to have these people as part of our nursing fraternity.

The final day was the NZNO conference that ensured a full programme of speakers and workshops. The Minister of Health, Honourable Dr Jonathon Coleman, opened the conference discussing the government's plan for health over the next year. He was followed by the keynote speaker Dr Peter Carter, Chief Executive and General Secretary Royal college of Nursing UK. Dr Carter shared his insight of contemporary issues facing nurses and nursing from an international perspective.

Dr Heather Came, lecturer and Head of Postgraduate Studies AUT University asked us to consider health promotion and the pursuit of equity. The choice of attending one of four workshops followed and this option was also offered after lunch. A presentation was given by two nurses whom we involved in introducing the Whanaungatanga Model of Care in Tauranga. Finally Dr Janice Wilson Chief Executive of the Health and Safety Commission discussed being open to improvement: the leadership of nurses.

The three days encompassed a great deal of information and debate pertinent to nurses being heard and becoming leaders. It was an opportunity to consider where we are and what we can achieve as a College. It is also important to point out that the NZNO President Marion Guy stood down at this conference, we thank her for the important part she has played during her time as President.

# Take the pressure off pouch application



Natura® Flat Mouldable Accordion Flange lifts easily to provide generous finger room so coupling is easy and comfortable. Designed for tender abdomens or for anyone who wants everyday comfort.

**Get a trial pack NOW! – Call 0800 441 763  
or your local ConvaTec representative**

## Natura® Flat Mouldable Accordion Flange

See package insert for complete Instructions for Use. Natura is a trade mark of ConvaTec Inc. All other trade marks are the property of their respective owners.

ConvaTec (Australia) Pty Limited, ABN 70 131 232 570, PO Box 63, Mulgrave, VIC 3170, Phone: (03) 9239 2700 Facsimile: (03) 9239 2742.  
ConvaTec (New Zealand) Limited, AK2135265 PO Box 62663, Greenlane 1546 New Zealand, Phone: 0800 441 763, www.convatec.com.au  
© 2015 ConvaTec Inc. AP-015095-MM October 2015 ADO034



# A man's journey through the ravages of metastatic Bladder cancer and incontinence

LAWRENCE MUTALE

## Lawrence Mutale

RN, DipNEd, MN  
(Hons), PG Cert. STN  
Clinical Nurse Specialist  
- GI Cancer & Stomal  
Therapy Nursing Service  
MidCentral District  
Health Board, Palmerston  
North Hospital.



## INTRODUCTION

Excretion and excretory behaviour are rigidly controlled in each culture and in each society, and in Western societies there are strong prohibitions on the uncontrolled passage of urine and faeces (Black, 2000: 4). Black adds that most people feel that bodily elimination is a private function, best managed in one's own home. Incontinence is a loss of bladder or bowel control that may result in involuntary leakage of urine or faeces (New Zealand continence Association, 2008: 1). Incontinence is due to many problems related to disease or other concerns. Incontinence is not a topic that can easily be discussed in public as it is associated with shame and disgrace. In this discussion, I will discuss a case study which involved a man with metastatic bladder cancer. He became incontinent of both urine and faeces. The study highlights the importance of carrying out assessments and need to provide quality and individualized care to people with issues of incontinence. Confidentiality is vital to successful establishment of a mutually trusting professional relationship between the person with incontinence and the nurse or health care provider.

## DISCUSSION

This case study involves Dominic (not his real name), male aged 74 years old. Dominic was diagnosed with metastatic bladder cancer, with high grade invasive urothelial carcinoma. Staging CT scans showed a thickened abnormal pelvis. The bladder was grossly thickened and there was considerable radiotherapy fibrosis in the pelvic soft tissues. There was a fistulous tract between the bladder and the rectum. Recto vesico fistulae are commonly caused by bladder or colorectal carcinomas (Pandey, Sonawalla and Trivedi, 1987). Dominic experienced urine and faecal incontinence via anus with foul smelling rectal ooze. He received chemo radiation which was followed later by palliative pelvic extenuative surgery, with formation of conduit urinary diversion and permanent colostomy. Prior to this operation, Dominic was incontinent of both urine and faeces for a considerable period of time. During that time he would not go out or socialize, he was totally confined to his home.

Dominic was miserable; he experienced abdominal pain, anxiety, distress and felt socially isolated. The misery, distress and social isolation was mainly due to incontinence as he thought he was inconveniencing other people due to smell of his urine and rectal discharge. How is incontinence managed? Is

this a topic for public consumption/discussion? This was not an easy case to deal with as Dominic was also depressed. What can be done?

If appropriate assessment, support and information are provided to the person with incontinence there can be a reduction in the effects of anxiety and distress. A Continence or Stomal Therapy CNS or continence advisor can have a positive influence as they play a crucial role in the assessment and management of patients with incontinence. In this Case Study, I will discuss the continence assessment and management strategies which were initiated for Dominic. Informed consent was obtained from the patient to use his clinical record for study and conference purposes. It is hoped that this discussion will assist nurse clinicians to identify tools to use to do comprehensive continence assessment, care planning, execution and evaluation of care outcomes.

Incontinence affects people socially, emotionally, physically, psychologically and economically (Australian Government, n.d.). Continence continues to be a taboo topic and many people will denigrate it as having no place in the health service (Williams, 2007: 4). Faecal incontinence is a neglected problem that receives limited medical attention, and despite its profound negative impact most patients do not tell their doctor about it (Norton, Thomas and Hill, 2007: 1). Bowel incontinence is viewed by many people as a socially stigmatised condition. It is a common problem among elderly people and can affect anyone. The authors add that simple, low cost interventions will often improve or even cure symptoms. Joseph's condition was very complex and simple treatment measures wouldn't help much apart from advanced surgical procedures.

An individual assessment was essential for Dominic so that the causes or contributing factors of his incontinence were identified. A continence assessment based on Marjory Gordon's framework of functional health patterns (Gordon, 2002: n.p.) was conducted. Gordon's framework enables the nurse to complete a comprehensive assessment of client's health problems with a holistic approach. The assessment incorporated interview, physical examination, documentation of bowel habits, and dietary habits.

## HEALTH ASSESSMENT

Dominic was a European New Zealander, with no special beliefs or cultural needs of concern. Dominic was married with an adult

# A man's journey through the ravages of metastatic Bladder cancer and incontinence ...continued

LAWRENCE MUTALE

daughter. Both wife and daughter were very supportive. No concerns about home situation. He was retired, liked gardening and helping his wife with house work. He had no cognitive impairment, affect; appropriate, mood; slightly elated possibly due to metastatic cancer diagnosis and incontinence, but generally cool and soft spoken. Once in a while, he experienced lower quadrant pain, pain rating scale 7-8/10 on rest and movement, precipitated by movement and deep breathing. He was on oral analgesics and they were effective.

Dominic understood the reason for his admission to hospital. He ate a normal diet, but his appetite was generally poor due to nausea and vomiting. He lost weight  $\geq 16$ kg and was somehow dehydrated.

Prior to surgery, he had incontinence of urine via anus, foul smelling rectal discharge. Types of continence problem/s identified: Mixed incontinence: Continuous urinary incontinence, as Dominic experienced continuous urine leakage. He also had Passive faecal leakage. Passive leakage is involuntary soiling of liquid or solid stool without patient awareness (Staskin et al, 2005: 489). Precipitating factors: Coughing and sneezing. He was using pads, faecal collector and deodorizers to reduce smell. None of these products were effective, henceforth the indication for palliative surgery. Following surgery, he had a regular bowel motion once daily via colostomy. Stool was of normal consistency and brownish in colour. Dominic had stoma education and he was confident and independent with pouch management of both colostomy and ileal conduit. He lacked sleep due to worry, anxiety and distress. Dominic was independent with activities of daily living, but has been inactive due to malaise and general body weakness. He had no risk of falls. He experienced occasional shortness of breath. He was a former smoker. He had a cough and had previous history of emphysema. Dominic had chronic obstructive pulmonary disease, and he was on medications. Dominic reported erectile dysfunction since the last bowel operation and that was not a concern for him or his wife.

## HEALTH ISSUES

Based on the assessment of Dominic, the following health issues or nursing diagnoses were formulated in order to design the plan of care:

- Pain related to cancer diagnosis.
- Anxiety and emotional distress related to metastatic cancer diagnosis, incontinence, hospitalisation and unknown outcome of condition.
- Risk for loss of self esteem related to incontinence and foul smelling rectal ooze.
- Risk for social isolation (stigma) associated with incontinence.
- Risk for fluid volume deficit (dehydration) related to nausea and vomiting.
- Altered nutrition; less than body requirements related to nausea, vomiting and inadequate intake of essential nutrients.
- Impaired urinary elimination related to urine leakage due to fistula.
- Altered body temperature related to infection and pain.
- Self care deficit; activities of daily living related to lack of energy and body weakness.
- Activity intolerance related to fever, weakness, fatigue and general malaise.
- Risk for complications related to surgical procedures and infection.

## ATTITUDES OR BELIEFS ASSOCIATED WITH CONTINENCE

There are various attitudes or beliefs associated with incontinence such as:

- Dominic believed that incontinence is not a common problem; he believed he was probably the only unlucky person suffering from it. Dominic was informed that it is a very common problem in western countries and the rest of the world. Incontinence commonly affects elderly people due to mobility, cognitive issues and chronic health problems etc. People don't just talk about it due to shyness.
- It is a simple condition: Incontinence is not as simple as most people think. It affects a wide age range of people and it can be due to many different causes. Williams (2007: 1-12) advises that if incontinence goes untreated it can have devastating psychological impact on people, affecting their self esteem, confidence, social life and everyday activities.
- Some people believe that incontinence is a problem of elderly people: this is not true because getting older alone does not cause urine or faecal incontinence. Incontinence is never normal (Williams, 2007: 1-11). Dominic developed incontinence not because of his age but mainly due to his metastatic bladder cancer.
- Some people believe that incontinence has no treatment. Dominic never thought that he would be treated prior to surgery. Incontinence is treatable and with good assessment and advice it can be controlled and treated depending on the cause. Faecal incontinence is a neglected problem that receives limited medical attention, and despite its profound negative

# A man's journey through the ravages of metastatic Bladder cancer and incontinence *...continued*

LAWRENCE MUTALE

impact most patients do not tell their doctor about it (Norton, Thomas and Hill, 2007: 1). This statement may be disputed in some places as most patients will be given treatment as soon as the problem is identified. What is true about this is the fact that most people would prefer not to discuss their elimination pattern (taboo) and as such the doctor may not be aware that they are incontinent of faeces. Williams (2007: 4) states that continence continues to be a taboo topic and many people will denigrate it as having no place in the health service.

- Surgery is the only way to treat incontinence (Williams, 2007: 1-11). Surgery is usually the last option for treatment. Dominic had to have surgery as the first and last option due to the nature of his problems. The nurse needs to be aware of these beliefs as ignorance may influence the way they plan and deliver care.

## CONTINENCE MANAGEMENT PLAN

The principle underlying continence management is to treat the underlying condition or cause. The management plan was broad and very comprehensive in nature; it was based on the above identified health issues or nursing diagnoses. Dominic was referred to the Cancer Psychology Service for counselling. His family were involved and were very supportive.

Initially, Dominic used several naps in a day which did not stop or prevent the rectal discharge and malodour. The stoma therapy nurse recommended a faecal collector (for rectal ooze) and M9 drops (deodoriser by Hollister) to help with reduction of smell. To some extent the drops helped with containment of smell. The faecal collector was changed daily as he required several pouch changes. Dominic was also referred to the continence nurse who approved the management plan. Dominic was taking regular oral analgesics; which could not give him comfort or relief of pain. Therefore, morphine sulphate was given for breakthrough pain. Morphine is an opioid analgesic which is used for relief of severe, intractable pain and associated anxiety, especially in neoplastic disease, MI and surgery (MIMS New Zealand, 2010). These measures (above) assisted in offering temporary relief and comfort to the patient but he remained frustrated till he underwent surgery.

He was referred to the dietician who recommended nutrition supplements; oral impact and Fortisip. He was encouraged to increase oral intake though his appetite was not so good. He was commenced on antibiotics for infection. Dominic stopped smoking and was being encouraged to do other things instead. He was checked for urinary tract infections, neurological disease and diabetes mellitus and fortunately none of these

conditions was identified. The stoma therapy nurse made regular contact and visits with the patient. This was just to help with reassurance, to provide ongoing support and alleviation of discomfort.

## JUSTIFICATION OF MANAGEMENT PLAN

The management plan of care for Dominic was designed to include all professionals relevant to this case. Therefore, professionals such as clinical psychologist, dietician, continence nurse, surgeons, general nursing staff, and physiotherapists were all involved in his care. A thorough continence assessment was conducted to identify problems and design care plans accordingly. A continence assessment is necessary to determine the impact of the condition on a patient's lifestyle and quality of life (Statskin et al, 2005: 489). The surgical procedures were very costly and one may argue whether it was worth doing them considering that Dominic's metastatic cancer was so advanced and was already being considered for palliative care. The value or cost of surgery was not important at the time but Dominic's quality of life was more important to him and the professional health care team.

Initially, the patient had lost hope, appeared miserable and helpless. However, after surgery, the patient and his wife have expressed satisfaction with the outcome of the operation. He has no incontinence of urine, no foul odour, no pain and has good sleep. His appetite has improved and has started to gain some weight. Dominic's quality of life has somehow improved after surgery. Dominic and his wife feel good about the outcome. Dominic is aware that he doesn't have much time left in his life but the outcome of surgery has given him some comfort and hope. He now believes that he might probably add a few more months or years to his life. His wife has been assisting him with stoma cares. Dominic has started to engage in some activities of daily living for example gardening, walking, and helping the wife with house chores. The meeting and ongoing support with stoma nurse to discuss continence management, preoperative teaching and counselling has contributed to the patient's achievement of positive care outcomes.

# A man's journey through the ravages of metastatic Bladder cancer and incontinence ...continued

LAWRENCE MUTALE

## SUMMARY

The clinical challenge that this patient represented has encouraged the staff to re-evaluate the care and policy around continence management. Ongoing surveillance, as well as emotional and physical support is an integral part of the relationship between the nursing staff and the patient. Nutritional support is necessary for patients with bowel cancer, incontinence, and wounds as it helps with good recovery. A multi disciplinary team approach is very vital to provision of quality and comprehensive health care. Some of the achievements and successes which were gained in this complex case would not have been possible without the involvement of the multidisciplinary team. This case study illustrates a point that the role of the stomal therapy nurse is one of educator, counsellor, researcher, and advocate, and this is not just limited to those patients with problems of incontinence or formation of a stoma but can be extended to other patients in the health care system.

## REFERENCES

- Australian Government, n.d. *Urinary Incontinence What is it?: The National Management Strategy*. n.p. Available URL: <http://www.bladderbowel.gov.au/ncms/default.htm> <Accessed 2008, November 08>
- Australian Government, n.d. *What is a Continence Assessment?: The National Management Strategy*. n.p. Available URL: <http://www.bladderbowel.gov.au/ncms/default.htm> <Accessed 2008, November 08>
- Black, P.K. 2000 *Holistic Stoma Care*. Bailliere Tindall, Edinburgh
- Gordon, M. 2002 *Manual of nursing diagnosis*. 10th edn, Mosby, St. Louis.
- MIMS New Zealand. (2010). *MIMS New Ethicals*. Auckland: Author.
- Norton, C., Thomas, L., and Hill, J. 2007 *Management of faecal incontinence in adults: summary of NICE guidance*. Available URL: <http://www.bmj.com> <Accessed 2008, October 31>
- Pandey, M. B., Sonawalla, F. P., & Trivedi, V. D. (1987). Recto-vesical fistula (report of an unusual case). Retrieved June 30, 2008, from: <http://www.jpgmonline.com>
- Staskin, D., Hilton, P., Emmanuel, A., Goode, P., Mills, I., Shull, B., Yoshida, M. and Zubieta, R. 2005 Initial assessment of incontinence. In Abrams, P., Cardoza, L., Khoury, S. and Wein, A. (eds) *Incontinence*. The College of Nursing, Burwood.
- Williams, J. 2007 *Continence Management: Learning Guide*. 2nd edn, The College of Nursing, Burwood.
- First published: Mutale, L (2013). New Zealand Urological Nurses Society Newsletter Quarterly Report, Issue 42 September, 2013. Republished with permission of the author and publisher.**



# Aurum

with Manuka Honey

## Bee kind to your skin with New Zealand Medical Grade Manuka Honey

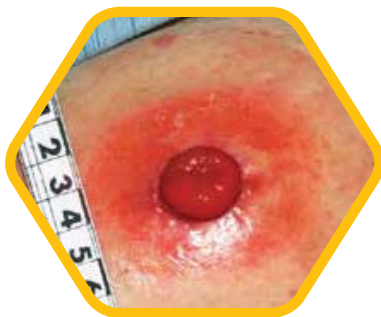






Fig 1 Peristomal skin, red and macerated



Fig 2 Peristomal skin after 1 week application of Aurum†

**Aurum, with Welland's tried and tested skin barrier, now infused with Manuka honey to help improve skin condition around your stoma.**

-  Promotes healthy skin around the stoma
-  Latest design filter for advanced deodorisation and control
-  Super soft, water-repellent cover
-  Ergonomic pouch designs to suit all body shapes



† Great Western Hospitals NHS Foundation Trust. The Benefits of Welland Aura on Sore Peristomal Skin; Case Study

**For more information & samples**  
contact our Customer Service Team  
**0800 440 027** | [www.omnigon.com.au](http://www.omnigon.com.au)

 **omnigon**  
Your healthcare partner

0101 - 15 - D6



# Case Study: Her never ending story

BY JACKIE HUTCHINGS

Jackie Hutchings  
Stomal Therapist  
Nurse Maude



The following case study is about a young woman who I will call Courtney. She has given permission for her story to be told and has supplied some of the photos.

Courtney is aged 28 and recently married. She works as a beautician and lives about 45 minutes north of Christchurch. She has good support especially from her husband, mother and two sisters. She is a Jehovah's Witness which she converted to when she met her husband. As a Jehovah she declines blood products. She also has a history of depression.

Courtney was diagnosed with Crohn's at 6 years of age. She has had multiple colon fistulae with severe perianal disease and also small bowel disease ever since diagnosis. She had required blood transfusions in the past as well. In 2007 she had laparoscopic formation of a loop ileostomy and it was thought at the time this would be permanent due to the severity of her perianal Crohn's but it was reversed in 2010.

With her ileostomy Courtney had a stitch abscess for the first few months causing skin irritation. The area was excised and after that she had no real issues. She used a flat drainable bag and paste.

Following her reversal she continued to have flare ups with abscesses. She was on humira but the perianal disease was extensive and so an open abdominoperineal resection of the rectum was performed on 23 May 2014.

Courtney had multiple problems post operatively with a collection that required insertion of a percutaneous drain and then breakdown of both her abdominal and perineal wounds. She was finally discharged home on 10 June with a 6 week course of antibiotics (ciprofloxacin and metronidazole).

Right from the start her colostomy was quite retracted especially at the lower edge. Over the first week a lot of slough developed around the edge of the stoma and stomahesive powder was used on this as a debriding agent. On day 14 post op the stoma dehiscd from 6 – 11 o'clock at the skin margin. The defect was very superficial and so stomahesive powder was again used, this time to aid in granulation. As the stoma was retracted a deep convex drainable bag had been used from day 1 and a belt was added in the first week.

By 24 June 2014 the stoma had retracted more and strictured. Digital examination was unable to be done due to the stricture. Also on that day it was noted that she had total breakdown of her perineal wound and emotionally she was not coping at all. The following day she was assessed by the surgeon at Outpatients and arrangements were made for her to be readmitted to hospital the next morning.

On 27 June 2014 she went to theatre for stoma dilatation, application of VAC dressing (negative pressure wound therapy) to her abdominal wound and the perineal wound was washed out and packed with betadine soaked packing. She also had a catheter (IDC) inserted.

By the 16 August she had had a further 19 trips to theatre with general anaesthetics for change of abdominal VAC dressings and repacking of the perineal wound. At times it was noted that she had "pus pouring from her perineal wound". They had added a perineal vac on 16 July and then a perineal wound repair done in conjunction with the plastics team on 15 August followed by EUA and stomal dilatation the following day.

She was finally discharged home on 21 August 2015, almost 2 months after admission with a perineal drain still in. This was removed on 12 September 2015.

On 10 November Courtney managed her first 4 hour shift at work since prior to admission in May. Financially this had been quite a struggle for Courtney and her husband, fortunately her employer had been very understanding of the situation of the long absence. The stoma, following dilatation, proceeded to stricture again and was dilated again under general anaesthetic on 21 November.



*The above photos show Courtney's stoma in November 2014. Notice the size of the small fingernail in relation to the stoma. The next shows the retraction and then the side view shows this as well.*

Over this whole period her stoma had been problematic. Due to the retraction the surrounding skin tended to break down at the skin edge. We had tried a variety of bags and had also used sudocrem (zinc based cream) just at the skin margin to try and protect that exposed skin.

# Case Study: Her never ending story ...continued

BY JACKIE HUTCHINGS

Courtney was very upset that the surgeon was not prepared to revise her stoma. She began to develop ulcers around her stoma that the surgeon was convinced was Crohn's but no biopsy was done to rule out pyoderma.

By February 2015 Courtney was not coping with the pain from her stoma as it was badly strictured so that it hurt even with a soft output. She was also taking at least 8 codeine 30mg per day for the pain. The main problem was that the surgical team would not look at stoma revision until she was back on humira, the gastroenterology team would not put her back on humira until her perineal wound was healed and the plastics team hadn't followed her up.

It was finally at the end of June 2015 that all three teams agreed she could restart humira. By this time she was also taking gabapentin as well as the codeine for the pain and was on citalopram which was changed to venlafaxine for her depression. She was referred to the chronic pain management team (who never contacted her!) and also in August 2015 the surgeon and her GP had agreed that she now had an addiction problem with the codeine and so a referral was made to the addiction service regarding this.



*Strictured colostomy with surrounding ulcers February 2015*



*Ulcer above stoma May 2015. This remained like this until revision*

Courtney came forward for revision of her stoma on 11 September 2015. The surgeon had decided he only wanted to do a local revision as he felt that if she had a laparotomy they would return to the non-healing state and humira would have to be stopped again.

Day 1, just hours post-surgery I viewed her stoma and was really upset for her. She had hoped to have a stoma that she could easily look after and move on with her life. She had even shown the surgeon a photo of a stoma she had taken off the internet and said that was what she wanted! She had lost her job not long before this due to the amount of time she had been unwell and was hoping to find a new one soon.

But, the colostomy was already retracted and quite dark in colour with a deep crease pulled in across the bottom of the stoma. The ulcer above, which she had expected to have been excised, remained. The tissue from the previous colostomy had been sent for histology and showed Crohn's but the ulcer wasn't biopsied.

Paste was used into the creases at the sides and a deep convex drainable bag. It was reviewed three days later after the weekend and it was very sloughy at all the edges so stomahesive powder was applied liberally to this. The ulcer looked slightly better. I had used aquacel and covered it with comfeel transparent to get a good seal to allow the bag to stick. This treatment has continued since and she changes her bag every second day.

On 29 September the ulcer had started over granulating so the aquacel use was stopped. The stoma was much pinker and more healthy looking. The creases were smoothing out especially at 8 o'clock but paste is still being used at the 4 – 5 o'clock position. A digital examination of her stoma was performed and was very tight so already stricturing. I have arranged for a set of dilators and will see her within the next week when I receive them and then teach her self dilatation as she will need to continue to do this on an ongoing basis as it is expected that her stoma will stricture again if it is not done.



**Day 1**  
*Dark colostomy, ulcer still evident and deep creases through bottom plane*

**Day 4**  
*Slough evident at skin margin, ulcer healing slowly*

**29 September**  
*Ulcer over granulating, crease at 8 o'clock flattened out*

Her colostomy also has a limited life, according to the surgeon. When he did this local revision the bowel was noted to be very fragile and so he feels that within the next 5 years she will probably require a colectomy and formation of an end ileostomy.

Courtney is feeling better and has found another beautician job. She plans on getting back to the gym which she hasn't been able to do for over a year as pain and non-healing wounds have ruled her life. Her perineal wound has still not entirely healed but she dresses this herself with algisite.

She is hoping to work on her addiction issues. She leaves her codeine with her mother and only has enough at home to allow a maximum of four 60mg tablets per day. She said that she "had been taking them like lollies" whenever she had any pain at all. She does however also still continue with Panadol, gabapentin and venlafaxine as well as the codeine. Her first appointment with the addiction services was cancelled (as she drove in) due to the person there suddenly being unavailable so she is hoping for a new appointment soon.

Meantime Courtney is trying hard to stay positive and move on with her life.



# Hollister New Image

**Designed with  
security in mind.**

## **Hollister New Image Pouching System – Secure, Flexible, Convenient, Durable.**

- > Flexible Adhesive Border for enhanced security
- > FlexWear Extended Wear barrier material for strength and flexibility
- > Hollister Centrepoint Locking System

“...a stoma product with an adhesive border is not a luxury but a necessity for a large number of people with a stoma.” <sup>1</sup>



Closed | Drainable | Flat | Convex | Tape | No Tape | Pre-cut | Cut to Fit

For more information or samples  
please call Customer Service on:

Australia **1800 335 911**  
New Zealand **0800 678 669**

[www.hollister.com](http://www.hollister.com)

 **Hollister**

Hollister Ostomy. **Details Matter.**



# The Outlet

*New Zealand Stomal Therapy Nurses*