Opus Healthcare Stoma Care Literary Review

January to March 2020

Title	Publication	Date	Overview
About coronavirus	Gastrointestinal Nursing, Vol. 18, No. 2, page 5.	March	Article discusses the impact of the novel coronavirus Covid-19 on gastrointestinal patients. It explains that as Covid-19 is much more dangerous in immunocompromised people, there is a greater chance of complications in those taking immunosuppressive medications. In inflammatory bowel disease (IBD), these include steroids, immunomodulators and biologics. It suggests patients with IBD should continue taking medication as normal, but make a particular effort to minimise risk of infection and get in touch with their nurse at the first sign of a flair or Covid-19 symptoms. It discusses the shortage of relevant information for ostomates, and how they would welcome informed advice from stoma care nurses. It also recommends that support groups are moved online to maintain social distancing while still bringing people together.
Medical adhesive-related skin injury	British Journal of Nursing, Vol. 29, No. 6, page s20-s26.	26 March	Article discusses how medical adhesive-related skin injury (MARSI) is a prevalent and under-reported skin condition which affects quality of life, particularly for ostomates. It explores how repeated applications and removal of appliances, including stoma pouches, can increase the likelihood of MARSI occurring. It suggests that prevention is key and can be achieved by following four steps: skin preparation (ensure the area is clean/dry and apply a non-stinging barrier film to protect the skin); selecting the appropriate medical adhesive (look for flexibility with dressings); product application (use a firm but gentle pressure to obtain adhesion); and product removal (consider the benefit of silicone adhesive remover). The authors also discuss the financial burden of MARSI suggesting that barrier products provide rapid improvement to peristomal skin, thereby reducing healthcare costs.

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Enhanced recovery after surgery (ERAS): a literature review of implications for ostomates and stoma care nurses	Gastrointestinal Nursing, Vol. 18, No. 1, pages 32-37.	February	Article explores enhanced recovery after surgery (ERAS), and the implications for both patients and stoma care nurses (SCNs). Literature reviewed suggests that ERAS can be considered safe for stoma patients, decreasing both length of stay and rates of complications. It suggests that SCNs play a key role in educating ostomates on ERAS and how the need for patient education in stoma care should not delay discharge. SCNs need to be accessible for patient support and review, preventing unnecessary readmission to hospital. The authors suggest that as skin-related stoma complications appear to be common, and often go unrecognised by the patient, these can be detected and treated by the SCN at such follow-up appointments.
Recognising the importance of stoma care nurse specialists	British Journal of Nursing, Vol. 29, No. 6, page s4.	26 March	Article discusses how, with an estimated 42,000 new bowel cancer cases in the UK every year, coupled with poor diet and nutrition, rising levels of obesity and inflammatory bowel disease, more than ever, the NHS needs to invest in its stoma care services. It encourages all commissioners to pay heed to the recommendations set out in the new *Excellence in Stoma Care* guidelines. It suggests the guidelines enable local services to ensure patients have access to the care they need. Also, in the medium to longer term, they will provide essential cost-savings and help tackle the variation in stoma care across the UK.
Assessing physical activity levels in people living with a stoma	Nursing Standard Online, Vol. 35, No. 1, pages 70-77.	January	A study to assess physical activity levels in adults living with a stoma in the community found that most participants were physically inactive with 83% (n=71/86) not achieving government-recommended levels of physical activity. The study found that less active participants perceived greater barriers to physical activity and had lower self-efficacy for exercise than those who were more active. Reported physical activity was not associated with body image, depression or stoma-related quality of life. The authors conclude that interventions which reduce barriers to exercise and support self-efficacy in people with a stoma may assist them to increase their physical activity levels.

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Developments in silicone technology for use in stoma care	British Journal of Nursing, Vol. 29, No. 6, page s6-s15.	26 March	Article discusses how promoting skin health in stoma care is a high clinical priority, essential to the patient's physical and psychological wellbeing. It explores the use of silicone in stoma accessories and how it is well established in barrier films to prevent contact dermatitis, adhesive removers to prevent skin stripping and filler gels to prevent appliance leaks. It also discusses how in the past silicone was not used for flanges due to the challenge of moisture management. However, it suggests that this challenge has been met with the development of new silicone compounds that have a breathable matrix, providing a more natural environment and allowing the skin to stay healthy. The authors claim this new material has a proven ability to effectively both adhere to and protect peristomal skin, without causing damage from maceration or excoriation.
Colorectal cancer prevention, screening, treatment and survivorship recommendations	Clinical Journal of Oncology Nursing: ONS Voice, Online article, pages 1-5.	17 March	Article examines how colorectal cancer (CRC) is the third most common cancer in the US and how, if found at an early stage before it has spread, the five-year relative survival rate is about 90%. The article shares the latest recommendations in the US for screening which include screening those at average risk at age 45 with visual examination of the colon or stool-based tests. It also discusses diagnostic biomarkers and treatment options, including surgery which may require an ostomy, adjuvant chemotherapy and immunotherapy. In terms of survivorship, it discusses how patients should follow a healthy lifestyle with careful consideration of other cancer screening recommendations, smoking cessation, and nutritious diet. Also, depending on treatment, CRC survivors may need ongoing support to care for a permanent ostomy.

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Prophylactic biological mesh reinforcement versus standard closure of stoma site (ROCSS): a multicentre, randomised controlled trial	The Lancet, Vol. 395, No. 10222, pages 417-426.	8 February	Results from a study found that reinforcement of the abdominal wall with a biological mesh at the time of stoma closure reduced clinically detectable incisional hernia within 24 months of surgery, with an acceptable safety profile. Of 790 patients, 50% were randomly assigned to mesh closure and 50% to standard closure. The clinically detectable hernia rate, the primary outcome, at 2 years was 12% (39/323) in the mesh group and 20% (64/327) in the control group (adjusted relative risk [RR] 0·62, 95% CI 0·43–0·90; p=0·012). The authors suggest the results support the use of biological mesh in stoma closure site reinforcement to reduce the early formation of incisional hernias.
Colorectal cancer: improving quality of life and survival	Cancer Nursing Practice, Online article, pages 1-5.	24 February	Article shares new NICE guidance published to improve the quality of life and survival of people diagnosed with colorectal cancer (CRC). Replacing guidance from 2011, it covers the management of local disease and secondary tumours. It also highlights the importance of recognition of low anterior resection syndrome (LARS) following sphincter-preserving surgery. It states risk factors for CRC including increasing age, genetics and family history (particularly syndromes like familial adenomatous polyposis and Lynch syndrome), inflammatory bowel disease and other dietary/ lifestyle factors. NICE suggest people with Lynch syndrome have an increased risk of CRC (lifetime risk estimated to be 50-80%) and recommend that people with Lynch syndrome consider taking aspirin daily to help prevent them developing CRC.
The association between colorectal cancer and prior antibiotic prescriptions: case control study	British Journal of Cancer, Vol. 122, No. 6, pages 912-917.	17 March	Results from a study suggest that antibiotic use over previous years is associated with subsequent colorectal cancer (CRC). The study found that the strength of the association increased with both the duration of the exposure and broadly with the number of prescriptions. Reassuringly the 'risks' from taking an antibiotic seem to decline over time; if the oncogenic mechanism is damage to the gut microbiome this might indicate it is given the opportunity for recovery. The authors conclude that the study adds to the emerging hypothesis that antibiotic consumption is related to the occurrence of CRC and suggest a further reason for caution in antibiotic prescribing.

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