Opus Healthcare Stoma Care Literary Review

January to March 2019

Title	Publication	Date	Overview
Peristomal skin damage: assessment, prevention and treatment	British Journal of Nursing, Vol. 28, No. 5, pages s6-s12.	14 March	Article focuses on good skin care regimens for ostomates and how to prevent skin damage (particularly peristomal damage). It covers assessing and treating specific peristomal skin conditions including skin stripping, for which it recommends using adhesive removers to prevent irritation to peristomal skin, and applying a barrier film. Other conditions it covers include skin creases, leaks, sore skin and folliculitis and it suggests several products that can be used to protect and treat the skin, including barrier creams and films, adhesive removers, powders, pastes, seals, cleansers and lotions.
A multinational evaluation assessing the relationship between peristomal skin health and health utility	British Journal of Nursing, Vol. 28, No. 5, pages s14-s19.	14 March	Data from a study indicate that successful treatment of a peristomal skin problem can have a positive impact on health-related quality of life, health utility and regaining quality time in the patient's life. It was found that individuals lose 4.56 quality-adjusted life days when they experience severe peristomal skin irritation. The authors suggest that by addressing skin health, clinicians and caregivers have an opportunity to give back quality days to an individual's life.
Have stoma, will fly	Gastrointestinal Nursing, Vol. 17, No. 2, pages 14-18.	March	Article recounts an ostomy awareness course at Belfast Airport which discussed common fears of ostomates. These included leaks, flatulence, noise, odour, and fear of having to display the appliance in public or it showing up on a body scanner. The author also introduces a poster to help ostomates fly with comfort and confidence.

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Managing symptoms associated with the redundant distal colon and rectum: a pilot scoping exercise	Gastrointestinal Nursing, Vol. 17, No. 1, pages 20-24.	February	Article discusses how during stoma formation, the redundant distal colon and rectum (RDCR) is often left in situ. A pilot study using a questionnaire to determine patient experience of RDCR-associated symptoms, their impact and how they are managed, highlighted the variation in symptoms and severity in RDCR. It found rectal discharge and pressure from a RDCR had a detrimental effect on social, emotional, psychological and physical wellbeing. Further large-scale in-depth research is required to provide more clarity on the nature of this population's symptoms and experiences.
Mucocutaneous separation in stoma patients: a critical review	Gastrointestinal Nursing, Vol. 16, No. 10, pages 26-34.	December/ January	Article discusses mucocutaneous separation, which affects up to a quarter of new ostomates. It occurs in the first month following surgery and is caused by a breakdown in the wound healing process. The resulting cavity between the stoma and peristomal skin causes pain and discomfort, as well as impeding appliance adherence, increasing the potential of leaks. The author suggests stoma care nurses have an essential role in assessing and treating this common and challenging condition.
Educating patients in stoma care	British Journal of Nursing, Vol. 28, No. 5, pages s4-s5.	14 March	The aim of this article is to identify the opportunities for stoma care nurses (SCNs) to deliver education to new ostomates. It covers the subjects they discuss including preoperative preparation followed by the immediate postoperative period within the hospital setting. It suggests a pouch change demonstration is given, together with an assessment of the peristomal skin condition using the Ostomy Skin Tool. It then moves on to the long-term period after discharge from hospital and highlights barriers to delivering this education. The authors conclude that education and information-giving is vital and that SCNs can help to ensure that the journey into and through life with an ostomy is a healthy and fulfilling one.

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Meeting report: managing peristomal skin complications	British Journal of Nursing, Vol. 28, No. 5, pages s20-s23.	14 March	This report from a meeting of stoma care experts suggests that they all agreed that there is a high frequency of stoma patients who present with peristomal skin-related complications and that prevention is key to avoid peristomal complications. When discussing choosing the right products for their patients they agreed that the key drivers in product selection are cost, efficacy and simplicity.
In brief…	Gastrointestinal Nursing, Vol. 16, No. 10, page 10.	December/ January	According to Cancer Research UK, bowel cancer is the second most common cause of cancer death in the UK, with around 16,000 deaths a year. Over the last 20 years, the number of people between 25 and 49 who are diagnosed with bowel cancer has increased in the UK (and in Europe), with obesity thought to be a significant factor. To reduce the risk they recommend keeping a healthy weight, not smoking and eating plenty of foods high in fibre.
Familial colorectal cancer risk in half siblings and siblings	The BMJ, Vol. 364, No. 8191, page 437.	16 March	Results of a study found that the family history of colorectal cancer in half siblings had a much stronger association with increased risk of colorectal cancer than that in other second degree relatives, such as a grandparent or uncle/aunt. The authors suggest therefore that having a family history of colorectal cancer in a half sibling should be handled similarly to having it in a sibling (or in general a first degree relative).
Gastrointestinal care: why we all have a role in detecting bowel cancer	Nursing Standard, Vol. 34, No. 1, page 67.	January	Article discusses the importance of vigilance for symptoms of bowel cancer - the most common being a change in bowel habit, rectal bleeding and abdominal discomfort. It suggests that as bowel cancer can be difficult to diagnose by symptoms alone, it's important for nurses to have a basic understanding of what is involved in screening and encourage patients to participate. Faecal occult blood (FOB) tests will be replaced by the faecal immunochemical test (FIT). While the FOB test requires 6 samples, the FIT only requires one.

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How the NHS long-term plan will affect your clinical practice	Pulse, pages 10-11.	February	Article presents new clinical aspirations set out by NHS England that will change GPs' care of patients. They include lowering the bowel cancer screening age from 60 to 50 and the use of the faecal immunochemical test for haemoglobin to boost uptake. NHS England also wants to maximise the number of cancers found through screening so that by 2028, the proportion diagnosed at stages 1 and 2 rises from 50% to 75%. This includes the use of personalised & risk stratified screening and testing family members of cancer patients who are at increased risk. In addition GPs will have lower thresholds for referral as well as access to rapid diagnostic centres that will be rolled out from 2019. In 2020, a new 28-day target for definitive diagnosis or ruling out of cancer will be introduced.
Whole-colon investigation vs. flexible sigmoidoscopy for suspected colorectal cancer based on presenting symptoms and signs: a multicentre cohort study	British Journal of Cancer, Vol. 120, No. 2, pages 154-164.	22 January	A study has investigated which patients with suspected colorectal cancer (CRC) could undergo flexible sigmoidoscopy (FS) alone, rather than whole-colon investigation (WCI.) The findings showed that 80% of proximal cancer patients in the study cohort met the criteria for broad definition anaemia. It is therefore suggested that all patients with suspected CRC should have a full blood count, unless an emergency investigation is needed, and patients identified as anaemic should be referred for WCI. Conversely, in patients without broad definition anaemia and/or abdominal mass, with rectal bleeding or increased stool frequency, proximal cancer is rare and FS should suffice.
Predictive values of colorectal cancer alarm symptoms in the general population: a nationwide cohort study	British Journal of Cancer, Vol. 120, No. 6, pages 595-600.	19 March	A study found that the alarm symptom with highest postive predictive values of colorectal cancer (CRC) was rectal bleeding. It is suggested that as this is associated with a less advanced stage of CRC and increased survival rate, future campaigns on early diagnosis of CRC should focus on encouraging patients to seek healthcare advice when experiencing rectal bleeding and target older people with the highest incidence.

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THE OPUS RANGE
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Sample Request Form

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

Product	Description	Order code
AbsorbaGel	Solidifying agent	9900
ClearWay Mini	Stoma care bridge	8800
DeoGel - bottle	Deodorising & lubricating gel	2010
DeoGel - sachets	Deodorising & lubricating gel	2020
LaVera - sachets	Barrier cream	3300
LaVera - tubes	Barrier cream	3301
Lift Plus 360	No sting adhesive remover	5506
Lift Plus - sachets	No sting adhesive remover	5502
Lift Plus Citrus - sachets	No sting adhesive remover	5504
Lift Plus 360 Citrus	No sting adhesive remover	5507
NaturCare	Unscented	1100A
NaturCare Citrus	Citrus	1102A
NaturCare Fragrant	Lightly perfumed	1101A
NaturCare Mint	Mint	1103A
NaturCare IPD	In Pouch Deodorant Powder	1104
SkinSafe - sachets	No sting protective film	6600
SkinSafe - spray	No sting protective film	6601

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Lift Plus 360 | Lift Plus 360 Citrus

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

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



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

AbsorbaGel

Providing freedom from colourful moments

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



- Transforms pouch contents into a gel thereby reducing the potential for leaks, noise and odours from stoma pouches
- Makes the use and disposal of pouches simple and discreet
- A survey found that 100% of individuals found their bags easier to empty using AbsorbaGel[1]

SkinSafe

Guards and protects vulnerable skin

SkinSafe provides an **effective** barrier film.



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

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

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† Compared to traditional aerosol technology

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