

Stoma Care Nurse Specialist

The hidden value of this
expert nursing role and
service

Introduction

There are currently around 600 expert Stoma Care Nurse Specialists (SCNS) working within acute and primary care settings across the UK.

SCNS are essential if people are to rehabilitate, adapt and live the life they want⁵.

The formation of a stoma is a life-changing event.

The patient's recovery, following surgery, focuses on independent self-care, supporting the continual psychological adaptation to an altered body image and the potential social and psycho-sexual complications.

Psychological rehabilitation is lengthy and for some lifelong.



What is a SCNS?

“Expert, autonomous nursing role held by experienced and highly trained registered nurses bringing the strengths and unique characteristics of holistic, patient focused care specific to the nursing role.”

There are >122,000 people in the UK living with a stoma¹. >21,000 new stomas formed per annum and 50% are permanent.

The cost to the NHS for appliances and supporting products enabling essential stoma management ranges from £780 - £2,300 per annum³, per patient.

The focus of expert SCNS care is on survivorship, enabling the person with a stoma to live with their new ‘normal’.

For many, a stoma formation is a long term or permanent situation, with support during the palliative stages, a key component of the SCNS role.

The impact of stoma formation

The formation of a stoma is a life-changing event. The patient’s recovery, following surgery, focuses on independent self-care, supporting the continual psychological adaptation to an altered body image and the potential social and psycho-sexual complications.

Psychological rehabilitation is lengthy and for some lifelong. Stomal complications and management issues can arise at any time during a person’s life with a stoma and can affect every aspect of their life.

Therefore, expert specialist stoma care support is required not just in the acute post-operative period but in the long term to enable full rehabilitation and independence to an optimal level for the individual.

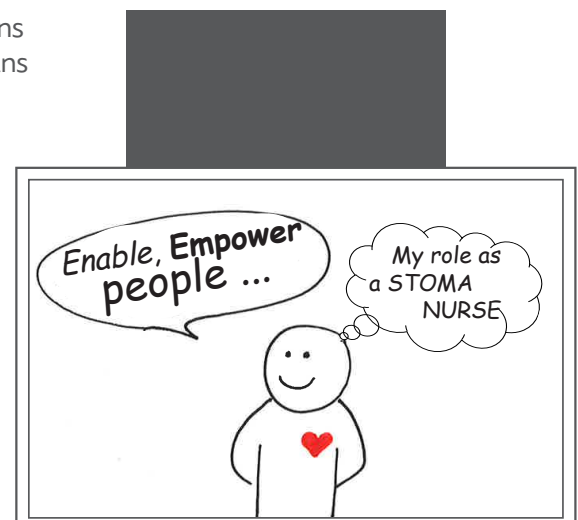
Consequently, a long term integrated pathway is required. This should be bespoke depending on the needs of the patient, community and trust¹⁰.

Why are Stoma Care Nursing Services essential for ostomists?

Increasing pressures on the NHS due to long-term conditions (alongside an aging population, obesity and dementia) means health and social care are becoming more complex and fragmented.

Evidence show that SCNSs deliver cost efficiency savings, greater service efficiencies, better patient recorded outcomes and bridge gaps in the system leading to a more seamless journey, resulting in improved patient experience and the prevention of re-admission to hospital^{2,3,4,5,6,7}.

SCNSs approach patients in a truly holistic way with knowledge and expertise gained from education and experiential learning, identifying and responding to change and deterioration and as part of the discharge team with detailed patient knowledge, they can ensure safe, appropriate and lasting discharge^{1,2,6,7,8}.



Adding value

- Deliver expert quality care with efficiency and reduced cost.
- Role modelling– SCNSs are a resource for ward based teaching and are a valuable senior teaching resource.
- Expert advice and clinical leadership enabling the brokerage of seamless integrated care within a case management role.
- Monitoring other aspects of patient care.
- Holistic approach providing both physical and psychological care depending on the individual's needs.
- Bringing care closer to home and reducing the burden of long-term conditions.
- Prevent stomal complications^{8,9,10,12}.
- Cost efficiency savings through expert product knowledge and reduced prescribing costs^{3,5}.
- Enabling timely discharge, preventing delayed discharge and potential readmission^{6,7}.

The following 3 case studies demonstrate the positive impact of specialist stoma care nursing intervention.

Case study 1:

Expert assessment and diagnostic skills prevent serious complications from sepsis and Acute Kidney Injury (AKI)



History

Male, 50s, three days post anterior resection and loop ileostomy for bowel cancer. Routine daily review by SCNS found patient visibly unwell with pyrexia, raised respiratory rate and reduced urinary output and high output from his ileostomy. Ward staff aware of condition but no doctor had reviewed. SCNS called doctor for urgent review, prepared sepsis screen and sepsis 6 pathway. Stoma appliance removed, circumferential mucocutaneous separation

with offensive purulent discharge was observed. Discussed with doctor and patient had an urgent surgical revision in theatre alongside fluid resuscitation.

Expert skills

Patient received the appropriate urgent medical treatment required due to the expert assessment and SCNS diagnosis. This prevented sepsis and AKI complications.

SCNS supported the patient and wife whilst awaiting surgery thus reassuring them throughout this emergency surgery showing expert knowledge in potential post operative complications and care needed.

Continuity of care and the development of long term relationships empowers and enables SCNS to have the confidence to make urgent decisions and escalate care as needed. Continual holistic care to both patient and family.

Case study 2:

Complex enterocutaneous fistula

History

A 79-year-old male; following complex abdominal surgery referred to SCNS with high output enterocutaneous fistula. The peristomal skin was broken and excoriated, he was bedridden, in pain and no pouching solution had been successful.

Treatment

Twice daily visits to optimise a pouching solution which remained secure and leak-free for 48 hours. Advice to MDT to ensure patient nil by mouth and on Total Parenteral Nutrition (TPN).

Outcome

Within seven days a secure pouching solution was found. The abdominal skin healed, and he was pain free. Leading to improved psychological wellbeing of patient and provided increased dignity. Expert

teaching ensured ward staff continuity of care and no deterioration of the patient at weekends.

Expert skills enabled

Facilitation of multidisciplinary working to optimise care. The SCNS multi-focal experience, expertise and advice changed care management. Expert teaching for ward team and a detailed photographic care plan was developed. The patient's skin fully healed, he was pain free. His wife was taught to care for the fistula and the patient was discharged after three and a half months to his home rather than a nursing care home in a safe, timely and well-managed discharge process. Facilitated patient choice in discharge location because of the expert care he was mobilising, pain free, able to eat for comfort and sustained at home with his wife's care.

Case study 3:

Prevention of admission by early management of high output stoma utilising a nurse-led clinic with urgent access

History

A woman in her late 20s, with an ileostomy, living at home with her husband and two small children. Rang for advice due to sore skin and daily leakage. Appointment given to be reviewed by the SCNS the same day. On presentation she was pale, thin, lethargic and her urinary output was reduced. On examination the peristomal skin was excoriated and ulcerated. The stoma had reduced in diameter and retracted and had a high watery output.

Treatment

Peristomal skin excoriation treated by resizing template to ensure correct fit and use of a deep convex product to stop leakage. Observations demonstrated slightly low blood pressure but no tachycardia. Concern regarding dehydration managed in negotiation with the patient who needed to return home as she had no childcare arranged. Bloods were taken, the patient was given diet and nutritional advice and advice on fluid intake to reduce the output. A review appointment was made for the following day.

On review

The following day the skin had already begun to improve and there had been no pain or leakage overnight – resulting in a good night's sleep for the first time in weeks. Blood results showed deranged urea and electrolytes but no AKI. Diet and fluid advice had reduced output slightly.

Plan

Continue with pouch solution and the agreed diet/ fluid restrictions and review in a further 24 hours. Discussed potential medication such as Loperamide.

On third review

No leakage, skin almost fully healed. Urine output increasing, stoma output thickening. Less tired and feeling more “like herself”.

Reinforced self management plan, follow up appointment with SCNS for one week and urgent referral made to Gastroenterologist for medical review to investigate cause of deterioration.

Expert skills

Clinical expertise, management and product solution and selection knowledge. Brokering care to avoid admission, patient education and empowerment to modify diet and fluid to resolve the high output and dehydration.





A stoma care service should include:

- The ability for patient self-referral into the service
- The patient being seen in the correct setting with appropriate referral to an expert specialist nurse
- Education, (formal and informal) of staff, students and colleagues. This education and role modelling from expert senior nurses also supports succession planning
- Telephone and appropriate multi-media resource e.g. Skype, Facetime, allowing easier access to SCNS
- Timely access to clinic
- Referral to other relevant clinical experts e.g. psychologist, dermatologists

Conclusion

Specialist stoma care nursing services are essential if people are to rehabilitate to the optimum and live a productive life with a stoma.

Expert SCNSs, as demonstrated within this document, provide expert, cost-effective and cost-efficient services which empower patients and enable them to live as independently as possible.

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