

ECET  
2024

2-3 MAY 2024  
LONDON  
UNITED KINGDOM

15<sup>th</sup> Conference of the  
European Council of  
Enterostomal Therapists

[www.ecet-stomacare.eu](http://www.ecet-stomacare.eu)



# ECET 2024

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# Index

About ECET .....	4
Welcome .....	5
General Information .....	6
Conference Dinner .....	8
Programme .....	9
Abstracts .....	19
Exhibitors .....	43
Floorplan .....	47

# About ECET

The European Council of Enterostomal Therapy (ECET) is a professional nursing society, which supports specialized nurses all over Europe with educational standards, best practice guidelines and research projects. Find more information on the society website: [www.ecet-stomacare.eu](http://www.ecet-stomacare.eu)

## **The ECET is a non-profit association and has the following objective:**

The development of a professional identity on a European level for the entire nurses and health care professionals, concerned with or active in the area of stomatherapy, incontinence care and/or treatment of wounds.

## **The main aims of the society are**

- ✔ to establish European recognition for nurses specialized in the area of stoma care, incontinence care and / or treatment of wounds
- ✔ to bring together health care professionals involved in the care of stoma patients
- ✔ the association shall ensure the protection and defense of professional interests of its members
- ✔ to promote research and to ensure that knowledge remains up to date
- ✔ to encourage contacts and collaboration with the industry, distributors or official health care insurance organizations with the aim of improving the quality of care and the various devices
- ✔ to organize conferences, seminars, and short training courses
- ✔ to break down national barriers and to promote European identity
- ✔ to promote the exchange of information between various European countries by establishing efficient communication systems
- ✔ to develop educational standards which are generally recognized in Europe
- ✔ to promote stoma care according to quality and ethical standard

# Welcome

It is a great pleasure to welcome you to the 2024 Meeting of the European Council of Enterostomal Therapy (ECET).

One of the most important objectives for this conference is to create a platform for European nurses and other health professionals working with enterostomal therapy to get together and share their academic and clinical experiences within ostomy, incontinence and wound care. Furthermore, it is also important to develop and keep improving products and treatments within ostomy, continence and wound care – this can only be done in collaboration with industry. Thus, another important objective of this conference is to create networking opportunities for participants and industry representatives, so they can meet and possibly find collaboration partners for future projects.

On the next pages, you find the scientific programme, which we hope you will find interesting and inspiring. It is a combination of keynote lectures, invited speaker presentations and abstract presentations – so there should be ample opportunity to learn something new and get inspired.

We also hope that you will enjoy the vibrant and historic city of London while you are here. After the intense days at the ECET 2024 conference you can take the opportunity to get further inspired by a visit to the city centre.

We hope you will enjoy both the scientific and the social parts of the conference!

Kind regards

On behalf of the ECET Executive Board,



**Gabriele Kroboth**  
RN, MSc  
President ECET



**Renata Batas**  
RN, ET  
Vice president ECET



**Margarete Wieczorek**  
RN, ET  
Secretary ECET

# General Information

## CONFERENCE VENUE

ExCeL London  
Royal Victoria Dock  
1 Western Gateway  
E16 1XL London, UK  
Web: [www.excel-london.co.uk](http://www.excel-london.co.uk)  
Please use the West Entrance.

## LANGUAGE/TRANSLATION

The conference language is English.  
There is no translation available in any sessions.

## INTERNET/WI-FI

Free access to Wi-Fi at the conference venue is provided. Please use the Wi-Fi name: EWMA FREE Wi-Fi  
Password: ewma2024

## CLOAKROOM / LUGGAGE STORAGE

The cloakroom and luggage storage are located in the middle of the Boulevard. From the entrance to ECET 2024/EWMA 2024 go down the hallway and then down-stairs (to level 0). You may also use a lift. The cloakroom opens/closes 30 minutes before/after the official conference hours and is free of charge to use for participants. Please note the cloakroom is unable to store any items overnight and that cameras, laptop equipment, or any other electronic devices cannot be stored in the cloakroom at any time.

## BUSINESS SERVICES

There is a shop on level 0 next to the cloakroom which sells a range of stationery items and can also do photocopying and faxing.

## BADGES

All participants and exhibitors must wear their name badges in the conference area at all times.

## EMERGENCY & FIRST AID

You can approach any of the ExCeL team who can help you with a medical emergency. Or you can find the First Aid service next to the cloakroom on level 0, by N4/S4.

## CURRENCY

British Pounds (GBP).

## BANKING/ATM

There are two ATMs near the west entrance of the venue by Costa and Orzo Deli, and another ATM in the centre of the boulevard. There is also a Barclays and an ATM located on level 0 next to the cloakroom area. Here, you will also find a shop which has its own Bureau de Change.

## CONFERENCE HOURS

### Thursday 2 May

08:00-17:30 Registration  
08:30-18:45 Scientific sessions  
09:15-17:45 Commercial exhibition  
20:00-24:00 Conference dinner  
(separate ticket required)

### Friday 3 May

08:00-17:00 Registration  
08:30-16:30 Scientific sessions  
09:30-15:00 Commercial exhibition

## ECET CONFERENCE SECRETARIAT

### ECET Secretariat

Nordre Fasanvej 113, 1.  
2000 Frederiksberg  
Denmark

[www.ewma.org](http://www.ewma.org)

Phone: +45 70 20 03 05

Email: [info@cap-partner.eu](mailto:info@cap-partner.eu)

## DISABLED ACCESS

### Disabled Parking

There are 80 bays suitable for disabled drivers on-site across the ExCeL Orange car park. These are wide bays with minimum dimensions of 5.9m by 3.6m. Access to the building from these bays is along walkways with a gradient of no more than 1:15 and via flat entrance lifts with automatic doors.

### Disabled toilets

There are 40 toilets for disabled visitors located throughout the building. You'll find them near the Business Services Centre and cloakroom, located on level 0, and near the restaurants and cafes on Level 1 and Level 2. We recognise The Hidden Disabilities Sunflower scheme, supporting venue visitors who are living with non-visible disabilities and choose to wear the Sunflower.

## CONTACT ORGANISERS OFFICE

The Organisers Office is located next to the registration area. Please see signs or go to the Exhibition overview map for the exact location. The conference telephone and email will be answered every day during the conference.  
Phone: +45 70 20 03 05  
Email: [info@cap-partner.eu](mailto:info@cap-partner.eu)

## CONFERENCE VENUE APP

The ECET 2024 programme and exhibition is available for smartphones and tablets in the EWMA 2024 mobile app. The app is available for download in the App Store or through Google Play.

## CERTIFICATES OF ATTENDANCE

You will receive a link via email to download your certificate of attendance and CME certificate after the conference.

## LOST AND FOUND

ExCeL works with a lost property partner, NotLost, to reunite you with your lost items. If you think you've lost something at ExCeL London, please complete the form at <https://notlost.com/excel-london>

## LUNCH AND COFFEE

A coffee break is offered free of charge each morning and a fruit break is offered each afternoon in the refreshment areas in the exhibition hall.

Lunch can be purchased in the 2 cafés (Cafe A & Cafe B) in the exhibition hall.

## MOBILE PHONES

All mobile phones must be on silent mode during the sessions.

We encourage you to share pictures and experiences from the conference with colleagues - both in person and on social media, but please show consideration for the people in your photographs when you share them.

## NO SMOKING POLICY

Smoking is strictly prohibited during all meetings and sessions and in the exhibition halls at all times. Smoking is permitted only outside the venue.

## TRANSPORT IN LONDON

To easily find your way around London, we recommend that you download the free app 'Citymapper', which guides you on how to get from A to B from any destination in London. You can download 'Citymapper' via App Store or Google Play.

# General Information

## PARKING INFORMATION

Paid parking is available within the purple & orange car park under the venue. The purple & orange car park is the nearest one to the areas used for ECET. You can pay at the machine in the car park lobbies or use the QR code displayed in the car park that takes you to an online booking portal.

## SPEAKERS PREPARATION ROOM (ORAL PRESENTATIONS)

Please bring your presentation to the Speakers Preparation Room at least 2 hours before your oral presentation. The Speakers Preparation Room is in the exhibition area next to the registration at Entrance S2. Please see signs or go to the Exhibition overview map for the exact location.

## The Speakers' Preparation Room opening hours are:

Tuesday 30 April:	15:00-18:00
Wednesday 1 May:	8:00-17:30
Thursday 2 May:	7:30-17:45
Friday 3 May:	7:30-15:00

A technician will assist you in transferring the presentation to a central conference server. When the transfer is complete, the technician performs a quick run of the presentation for you to check if it runs correctly and that all parts of the presentation are copied. We do not allow the use of personal laptops for presentations. Please bring your presentation on USB, CD or DVD. Unless otherwise agreed, all presentations will be deleted to ensure that no copyright issues will arise at the end of the conference.

# Conference Dinner

A separate dinner ticket is required. You can buy your ticket via the online registration system. Please note, that tickets for the conference dinner are non-refundable. Please also remember to bring the dinner ticket.

<b>Date</b>	Thursday 2 May	<b>Seats</b>	Limited number of seats.
<b>Time</b>	20:00-24:00	<b>Dress code</b>	Smart casual.
<b>Place</b>	Troxy, 490 Commercial Road, London, E1 0HX.	<b>Price</b>	102,50 £ excl. VAT / 123,00 £ incl. VAT.

*Includes welcome drink and 3 course dinner with ½ bottle of wine.  
The cash bar will also be open for purchasing of beverages.*



# Programme

Thursday, 2 May

08:30 - 09:00	<b>Welcome by ECET board</b>
09:00 - 09:20	<b>Stoma-related complications - outcome, prevention and clinical practice</b> Eva Carlsson, Associate professor and enterostomal therapist (ET), Sweden
09:20 - 09:40	<b>How to avoid stoma related complications: surgeons' perspective</b> Prof. dr. Igor Ilesalnieks, Germany
09:40 - 09:55	<b>European ostomy association as support for ostomy patient rehabilitation / A place without stoma nurses</b> Jon Thorklesson, President of EOA, Iceland
09:55 - 11.00	<b>Peristomal skin disorder</b> <b>Chairs: Margarete Wieczorek and Annika van der Linde</b>
	<p> Complications of the stoma directly as well as of the peristomal skin continually present new challenges for those patients and their care team. The causes are diverse; a precise analysis by a multi-professional team is necessary for targeted therapy and adjustment of care. The following session presents an overview of individual peristomal complications, their causes and treatment options including an observational study such as case report and review. In addition, preoperative stoma marking will be presented, which is an key factor in the prevention of complications, among other things.</p> <p> Komplikationen am Stoma direkt als auch der peristomalen Haut stellen die Betroffenen und die Pflege immer wieder vor neue Herausforderungen. Die Ursachen sind vielfältig, eine genaue Analyse im multiprofessionellen Team ist für eine zielgerichtete Therapie und Versorgungsanpassung notwendig. Im Folgenden wird ein Überblick über einzelne peristomale Komplikationen, Ursachen und Versorgungsmöglichkeiten sowie eine Beobachtungsstudie als auch Fallbeispiele hierzu präsentiert. Darüber hinaus wird die präoperative Stomamarkierung dargestellt, die einen wesentlichen Faktor in unter anderem der Prävention von Komplikationen darstellt.</p>
09:55 - 10:10	<b>Peristomal skin irritations</b> Renata Batas, Slovenia
10:10 -10:25	<b>ECET01 Observational Study on the Incidence of Stomal and Peristomal Complications: Preliminary Results Three Months after Stoma Creation,</b> Giorgia Chirco, Italy
10:25 - 10:40	<b>ECET02 Persitomal skin infections: case report and review,</b> Giulia Vidotto, Italy
10.40 - 11.00	<b>Stoma site marking</b> Ayışe Karadağ, Turkey
11.00 - 11.30	<b>Break</b>

# Programme

Thursday, 2 May

11:30 - 12.30	<b>Peristomal skin disorder and treatment</b> <b>Chair: Renata Batas</b>
	<p> New treatments for people with parastomal wounds are constantly being discovered in medicine and nursing - but where does the future lead? One of these is cold plasma therapy. Cold plasma treatment is an innovative and effective procedure for chronic wounds. It promotes the wound healing process and can bring about the closure of long-term, chronic wounds. Another innovation is blue light photobiomodulation in the treatment of peristomal skin lesions, which will be presented as part of a clinical observation. Artificial intelligence in healthcare has the potential to support medical and nursing professionals in wound care and help to improve patient treatment. AI-based tools can also support the assessment of peristomal skin diseases following diagnosis.</p> <p> In der Medizin und Pflege werden stetig neue Verfahren zur Versorgung von Menschen mit einer parastomalen Wunde entwickelt - doch wohin führt die Zukunft. Eines davon ist die Kaltplasmatherapie. Die Kaltplasma-Behandlung ist ein innovatives und wirksames Verfahren bei chronischen Wunden. Sie fördert den Wundheilungsprozess und kann den Wundverschluss von langwierigen chronischen Wunden herbeiführen. Eine weitere Innovation stellt die Blue Light Photobiomodulation bei der Behandlung peristomaler Hautveränderungen vor, die im Rahmen einer klinischen Beobachtung präsentiert wird. Künstliche Intelligenz im Gesundheitswesen hat das Potenzial, medizinisches und pflegerisches Fachpersonal in der Wundversorgung zu unterstützen und die Behandlung von Patienten zu verbessern. Auch im Anschluss an die Diagnose können KI-basierte Tools bei der Bewertung von peristomalen Hauterkrankungen unterstützen.</p>
11:30 - 11:45	<b>ECET03 Cold plasma enhances debridement efficacy of maggots</b> Georg Daeschlein, Germany
11:45 - 12:00	<b>Use of Cold Plasma in peristomal skin irritation</b> Gabriele Kroboth, Austria
12:00 - 12:15	<b>ECET04 Blue Light Photobiomodulation in the Treatment of Peristomal Skin Alterations: Clinical Observation</b> Mario Antonini, Italy
12:15 - 12:30	<b>ECET05 The Life on Mars Project (LOM): Use of Artificial Intelligence in the evaluation of peristomal skin Disorders</b> Mario Antonini, Italy
12:30 - 13:00	<b>Break</b>

## Thursday, 2 May

13:00 - 14:00	<b>IAD</b> <b>Chair: Gabriele Kroboth</b>
	<p> Incontinence-associated dermatitis, or IAD for short, includes superficial, local inflammation and lesions that occur due to constant contact of the skin with stool or urine. A challenge in practice is often the health economic aspect of the use of prophylactic dressings to avoid pressure ulcers or IAD. In this context, we look at different clinical challenges and strategies to prevent skin and surgical tissue damage in critically ill patients in prone position. In addition, aging can change the skin barrier, and the related clinical management of incontinence dermatitis will be presented with a focus on the clinical patient.</p> <p> Die Inkontinenz-assoziierte Dermatitis, kurz IAD, umfasst oberflächliche, lokale Entzündung und Läsionen, die durch den ständigen Kontakt der Haut mit Stuhl bzw. Harn entstehen. Eine Herausforderung in der Praxis stellt oftmals der gesundheitsökonomische Aspekt in der Verwendung von prophylaktischen Verbänden zur Vermeidung von Druckgeschwüren oder einer IAD dar. In dem Zusammenhang blicken wir auf unterschiedlich klinische Herausforderungen und Strategien, um Haut- und Gewebeschäden prophylaktisch entgegenzuwirken. Darüber hinaus kann zunehmendes Lebensalter zu Veränderungen der Hautbarriere führen, die zusammenhängenden Forschungsschritte bei einer Inkontinenzdermatitis werden in dem Zuge mit Fokus auf den Patienten im Krankenhaus vorgestellt.</p>
13:00 - 13:20	<b>Health economics of using prophylactic dressings to prevent pressure ulcers and strategies to prevent skin injury due to incontinence</b> Dimitri Beeckman, Belgium
13:20 - 13:40	<b>Clinical challenges and strategies to prevent skin and tissue damage in critically ill patients in prone position</b> Anika Fourie, Belgium
13:40 - 14:00	<b>ECET06 Research progress on incontinence dermatitis in elderly hospitalized patients</b> 晓燕 杨. China
14:00 - 14:30	<b>Break</b>

# Programme

Thursday, 2 May

14:30 - 15:30	<b>Fistula &amp; wound management</b> <b>Chair: Renata Batas</b>
	<p> The demand for multi-professional collaboration in the healthcare sector is not a novelty, but is already being put forward in many countries. The coming together of different professional groups is undisputed in healthcare and cooperation between these different professions, occupations and qualifications is essential in practice in order to develop an individual therapy plan for those affected, provided that the shared goal is the best possible well-being of patients and those in need of care. In the context of peristomal or fistula care, the interface in the interprofessional team between wound therapists and stoma therapists is important for the therapeutic result of wound closure. Particularly in specialized therapeutic areas such as a possible "chyme reinfusion" in the care of enterocutaneous fistulas and stomas with high output or ensuring clinical nutrition in the treatment of pressure ulcers, an interdisciplinary procedure is essential for wound healing. How the interactions between community nurses and general practitioners are used in the assessment of wound, diagnosis and treatment plan is described below.</p> <p> Die Forderung nach multiprofessioneller Zusammenarbeit im Gesundheitsbereich ist kein Novum, sondern wird in vielen Ländern bereits vorgebracht. Das Zusammentreffen verschiedener Berufsgruppen ist in der Gesundheitsversorgung unbestritten gegeben und eine Zusammenarbeit dieser unterschiedlichen Professionen, Berufe, Qualifikationen ist unter der Voraussetzung des geteilten Ziels, eines bestmöglichen Patienten- und Pflegebedürftigenwohls, in der Praxis unumgänglich, um einen individuellen Therapieplan für die Betroffenen zu eruiieren. So ist die Schnittstelle im interprofessionellen Team zwischen Wundtherapeuten und Stomatherapeuten im Zusammenhang bei einer peristomalen Wunde oder Fistelversorgung wichtig für das Therapieziel Wundverschluss. Besonders bei spezialisierten Therapiefeldern wie einer möglichen "Chymus-Reinfusion" bei der Pflege von enterokutanen Fisteln und Stomata mit hohem Ausfluss oder der Gewährleistung der klinischen Ernährung bei der Behandlung von Druckgeschwüren ist ein Schnittstellen übergreifendes Prozedere unumgänglich für eine Wundheilung. Wie die Schnittstelle zwischen Gemeindeschwestern und Allgemeinmedizinerinnen hinsichtlich der Beurteilung von Wunddiagnose und Behandlungsplan aussieht wird im Folgenden aufgeführt.</p>
14:30 - 14:45	<b>Interprofessional cooperation between enterostoma therapists and wound managers'</b> Norbert Kolbig, Germany
14:45 - 15:00	<b>ECET07 "Chyme reinfusion" technique, should we use it in care for enterocutaneous fistulas and high output stoma?</b> Ivanka Bencic, Croatia
15:00 - 15:15	<b>How do community nurses and general practitioners reason when making a wound diagnosis and treatment plan?</b> Steven Smet, Belgium
15:15 - 15:30	<b>The role of clinical nutrition in the management of pressure ulcers</b> Tim Torsy, Belgium
15:30 - 17:30	<b>Break</b>

## Thursday, 2 May

17:30 - 18:30	<p><b>Education</b>  <b>Chair: Gabriele Kroboth</b></p>
	<p> The holistic, scientifically based nursing care concept represents a central competence of the healthcare specialists and is the basis of nursing care activities in all therapeutic and functional areas. In the today's world, there are various possibilities for modern educational methods and technologies for people with a stoma. For example, the use of internet video platforms can be an educational added benefit. But what about the analysis of content, reliability and quality of the content? In addition, in order to meet new challenges in professional specialized healthcare, it is essential to develop new curricula, such as those for the care of fistulas. In this way, necessary nursing aspects can be included in a professional and educational form.</p> <p> Der ganzheitlich-wissenschaftlich basierte Pflegeansatz stellt gleichzeitig eine Kernkompetenz von Pflegeexperten dar und liegt der Pflgetätigkeit in allen Therapie- und Funktionsbereichen zugrunde. So bieten sich im heutigen Zeitalter unterschiedliche Möglichkeiten an modernen edukativen Methoden sowie Technologien für Menschen mit einem Stoma an. So kann beispielsweise die Nutzung von Internet-Videoplattformen einen pädagogischen Mehrwert darstellen. Aber wie sieht es in dem Zusammenhang mit Analyse von Inhalt, Verlässlichkeit und Qualität der Inhalte aus? Um neuen Herausforderungen in der spezialisierten Pflege professionell zu begegnen ist es zudem unabdingbar neue Curricular, wie für die Versorgung von Fisteln zu entwickeln. So können notwendigen pflegerische Belange in fachlicher sowie edukativer Form aufgegriffen werden.</p>
17:30 - 17:50	<p><b>Modern technologies in ostomy consulting</b>  Benjamin Spiegelberg Austria</p>
17:50 - 18:10	<p><b>ECET08 Educational Value of YouTube Videos on Ileostomy, Colostomy, Urostomy Care &amp; Pouch Change: Analyzing Content, Reliability, and Quality</b>  Aleyna Uçanbebe, Turkey</p>
18:10 - 18:30	<p><b>ECET09 New curriculum offered by the German Wound, Ostomy and Continence Association: Nursing management of enteral fistulas</b>  Margarete Wiczorek and Florian Spahn, Germany</p>

# Programme

Friday, 3 May

08:30 - 09:50	<b>Quality of life or psychophysical aspects</b> <b>Chairs: Margarete Wieczorek and Annika van der Linde</b>
	<p> The creation of a stoma can often lead to a worsening of the quality of life. Various patient-, disease- and stoma-related factors play a role here, knowledge of which is necessary for the identification and care of patients and their "self" if their quality of life is affected by the creation of a stoma. The extent to which an ostomy as part of rehabilitation can affect an individual's well-being in everyday life depends on many factors. The Silent Stoma Study provides survey results with regard to sexual well-being after stoma placement. People with a malignant wound can also experience limitations in terms of their emotional well-being and autonomy. Phase-specific wound care is a diagnosis-dependent piece of the treatment strategy puzzle. Dressing changes, pain, exudate and smell are disruptive factors that reduce the quality of life and represent a significant burden for those affected. A rehabilitation and recovery exercise programme can help those affected by ostomy surgery to adapt to their new situation. The results of a multinational online survey will be presented.</p> <p> Die Anlage eines Stomas kann häufig zu einer Verschlechterung der Lebensqualität führen. Verschiedene patienten-, krankheits- und stomaassoziierte Faktoren spielen hierbei eine Rolle, deren Kenntnis für die Identifizierung und Betreuung von Patienten und deren „Selbst“ notwendig ist, wenn deren Lebensqualität durch die Anlage eines Stomas gefährdet ist. Inwiefern eine Stomaanlage im Rahmen der Rehabilitation das individuelle Wohlbefinden im alltäglichen Leben beeinträchtigen kann, ist von vielen Faktoren abhängig. Mit Blick auf das sexuelle Wohlbefinden nach der Stomaanlage liefert die Silent-Stoma-Studie Umfrageergebnisse. Auch Menschen mit einer bösartigen Wunde können Einschränkungen hinsichtlich ihres emotionalen Wohlbefindens und ihrer Autonomie erfahren. Die phasengerechte Wundversorgung ist ein diagnoseabhängiger Puzzleteil der Behandlungsstrategie. Verbandwechsel, Schmerz, Exsudat und Geruch sind Störfaktoren, welche die Lebensqualität reduzieren und eine große Belastung für Betroffene darstellen. Ein Rehabilitations- und Genesungsübungsprogramms kann nach einer Stomaoperation Betroffenen helfen sich mit der neuen Situation vertraut zu machen, Ergebnisse hierzu werden im Folgenden einer multinationalen Online-Umfrage präsentiert.</p>
08:30 - 08:50	<b>ECET10 Advanced colorectal disease, the "stoma" and the "self"</b> Sandra Martins Paranhos, Portugal
08:50 - 09:10	<b>ECET11 Exploring sexual wellbeing experiences after stoma formation. Survey results from Silent stoma study</b> Simona Fourie, United Kingdom
09:10 - 09:30	<b>ECET12 Emotional well-being and autonomy in the presence of a malignant wound</b> Sandra Martins Paranhos, Portugal
09:30 - 09:50	<b>ECET13 Users' perceptions of a rehabilitation and recovery exercise programme after ostomy surgery: results from a multinational online survey</b> Julie Mills, United Kingdom
09:50-10:30	<b>Break</b>

## Friday, 3 May

10:30 - 11:30	<b>Ostomy care</b> <b>Chair: Renata Batas</b>
	<p> The professional therapy, care and treatment of people with a stoma and continence problems has also been a challenge for nursing care for years. Due to the ongoing removal of taboos and the growth of multi-professional team interactions, there is now a great awareness of the need to introduce preventive treatment methods in order to avoid possible complications such as dehydration or non-absorbed medication. Both scenarios are presented in a study design. We also learn about new procedural proposals that represent an handling ureteral catheters.</p> <p> Auch die professionelle Therapie, Pflege und Versorgung von Menschen mit einem Stoma und Kontinenzproblemen stellt seit Jahren eine Herausforderung für die Pflege dar. Durch die zunehmende Enttabuisierung wie auch zunehmenden Schnittstellen im multiprofessionellen Team- besteht für die Therapien heute ein großes Problembewusstsein hinsichtlich der Einführung von präventiven Maßnahmen, um möglichen Komplikationen wie einer Dehydration oder nicht resorbierten Medikamenten vorzubeugen. Beide Szenarien werden in einem Studiendesign dargestellt. Zudem erfahren wir neue Verfahrensvorschläge, die im Umgang mit Harnleiterschienen eine Alternative darstellen.</p>
10.30 - 10.50	<b>ECET14 Implementation of Prevention Bundle Effectively Reduces Ileostomy-Induced Dehydration-Related Complications and Readmissions: Prospective Cohort Study</b> Tuğçe Aksan, Turkey
10.50 - 11.10	<b>ECET15 Pharmaceutical management of inpatient enterostomy patients in the PharMEnt study</b> Vivien Berger, Germany
11:10 - 11:30	<b>ECET16 Replacement of ureteral catheters in patients with ureterocutaneostomy: a new procedure proposal</b> Mario Antonini, Italy
11:30 - 13:35	<b>Break</b>

# Programme

Friday, 3 May

13:30 - 16:00	<b>State of the art Stoma</b> <b>Chair: Gabriele Kroboth</b>
	<p> Appropriate stoma materials are a constant partner for stoma patients. A description of the erosion-resistance of a novel ostomy seal with assisted flow is presented in comparison with market-leading seals. With a diverse selection of modern assistive products, today's market provides products suitable for different situations as well as for individual stoma and body types. In this context, it is often important to understand the characteristics and use of a convex baseplate in order to care for the patient correctly. The focus here is particularly on secure adhesion of the ostomy appliance, protection against leakage and reliable protection of the skin in order to support the flow. We also take a look at the Novel flow assist barrier ring and its indications for use in stoma care setting and the following theme of using deep convexity in the immediate postoperative period to cure cutaneous dehiscences. The extent to which hydrocolloid breakdown is a root cause of leakage and which innovative solution can provide assisted flow will be discussed.</p> <p> Für Stomaträger sind entsprechende Stomamaterialien ein permanenter Begleiter. So wird ein Vergleich zu der Erosionsbeständigkeit einer neuartigen Stomaversiegelung mit Strömungsunterstützung mit marktführenden Versiegelungen präsentiert. Mit einer vielfältigen Auswahl an modernen Hilfsmittelprodukten bietet der heutige Markt sowohl für unterschiedliche Situationen als auch für individuelle Stoma- und Körperformen geeignete Lösungen, oftmals sind in dem Kontext die Eigenschaften sowie der Einsatz einer konvexen Versorgung wichtig zu verstehen, um den Patient adäquat zu versorgen. Dabei steht besonders eine sichere Haftung der Stomaversorgung, der Schutz vor Leckagen sowie eine verlässliche Protektion der Haut im Fokus, um den Durchfluss zu unterstützen. Zudem werfen wir einen Blick auf den Novel flow assist barrier Ring und seine Indikationen für den Einsatz in der Stomaversorgung unter Verwendung einer tiefen Konvexität in der unmittelbaren postoperativen Phase zur Heilung kutaner Dehiszenzen. Inwiefern der Abbau von Hydrokolloid als Hauptursache für Leckagen darstellt und welche innovative Lösung einen assistierten Flusses gewährleisten kann wird aufgeführt.</p>



## Friday, 3 May

13:30 - 13:50	<b>ECET17 Benchmarking the erosion-resistance properties of a novel ostomy seal with assisted flow against market-leading seals</b> Kevin Kelleher, Ireland
13:50 - 14:10	<b>ECET18 Understanding stoma baseplate convexity characteristics: The journey from bench to bedside</b> Tod Brindle, United States
14:10 - 14:30	<b>ECET19 Solving leakage challenges using a novel ostomy seal with assisted flow</b> Leanne Fielding, United Kingdom
14:30 - 14:50	<b>ECET20 A practical look at the Novel flow assist barrier ring and its indications for use in the stoma care setting</b> Mary Quigley, Ireland
14:50 - 15:10	<b>ECET21 Use of deep convexity in the immediate postoperative period to cure cutaneous dehiscence</b> Maria Rosa Costa Quintas, Spain
15:10 - 15:30	<b>ECET22 Hydrocolloid breakdown as a root cause of leakage, and the introduction of assisted flow as an innovative solution</b> Kevin Kelleher, Ireland
15:30 - 16:00	<b>Q&amp;A</b>
16:00 - 16:30	<b>Closing of ECET 2024</b>



# Abstracts

INFORMATION

PROGRAMME

ABSTRACTS

EXHIBITORS

FLOOR PLAN

## [ECET01] OBSERVATIONAL STUDY ON THE INCIDENCE OF STOMAL AND PERISTOMAL COMPLICATIONS: PRELIMINARY RESULTS THREE MONTHS AFTER STOMA CREATION

Giorgia Chirco<sup>1</sup>, Mario Antonini<sup>2</sup>

<sup>1</sup>*Don Carlo Gnocchi Foundation, Florence, Italy*, <sup>2</sup>*Local Health Authority Toscana Centro - Zona Empolese, Empoli, Italy*

**Aim:** The aim of this study was to determine the incidence of and risk factors for ostomy and peristomal skin complications in the first three months after surgery

**Method:** Patients were followed up for three months at fixed intervals (T0 to T5), noting the onset and evolution of any complications. The SACS 2.0 Scale was used to assess complications. The incidence rate of complications was studied both cumulatively and individually at each observation time. Fisher's Test and Chi-quadro's Test were used to evaluate the correlation between risk factors and the occurrence complications of stomal complex

**Results / Discussion:** It was observed that the incidence of complications decreased over time, from 54.14% in the immediate postoperative period to 13.95% at three months. Complications showed different characteristics depending on the type of ostomy and time point. The prevalence of stomal complications was higher than peristomal complications (75.78% vs. 24.22%) at T0 and then reversed in the remaining observation periods (T1-T5), with a final ratio of 1:3. Statistical analysis revealed the presence of a generic preoperative comorbidity as the determining factor for the development of a complication

**Conclusion:** This study will provide important information on the incidence of and risk factors for stomal and peristomal complications and may help in the development of better management and treatment strategies

## [ECET02] PERITOMAL SKIN INFECTIONS: CASE REPORT AND REVIEW

Giulia Vidotto<sup>1</sup>, Francesco Carlo Denti<sup>1</sup>, Davide Brambilla<sup>1</sup>

<sup>1</sup>*Ospedale san Raffaele, Milano, Italy*

**Aim:** 7% of peritomal skin infections are caused by bacterial or fungal infections. Candida Albicans overgrowth in peristomal skin can cause clinical sign of infection: oedema, erythema followed by erosion, itching and satellite lesion. This study aims to identify a multiprofessional approach in peristomal skin Candida Albicans infection management.

**Method:** The patient himself recognized the clinical sign of infection from the beginning: such as redness and itching. Next an MD evaluated the patient and prescribed antifungal medication (fluconazole). Meanwhile a ET nurse evaluated the patient: during the first week a topical antifungal treatment was applied under the stoma pouch, after he took tablets for 3 weeks. The device change pattern that the patient used was: cleansing the skin with neutral soap and using a one-piece convex device with Manuka infusion that was changed 2 times a day.

**Results / Discussion:** in 4 weeks we obtain the complete healing of the peristomal skin infection

**Conclusion:** the management of peristomal skin infection may consider: patient education, skin care professionals team, different stoma care product to ensure optimal response to patient's needs.

## [ECET03] COLD PLASMA ENHANCES DEBRIDEMENT EFFICACY OF MAGGOTS

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<sup>1</sup>University of Greifswald, Greifswald, Germany, <sup>2</sup>University Greifswald, Greifswald, Germany

**Aim:** Maggot debridement as well as cold plasma are proven therapeutics in chronic wound management. Plasma primarily focus antimicrobial decontamination and healing stimulation, maggots mainly debride necrotic material but usually are not applied in parallel. Therefore it is of interest whether both may be combined to obtain maximal benefit in wound therapy.

**Method:** In an in vitro wound model we exposed medical larvae (instar stage 1 and 2, and biobags) to cold plasma (1mm distance to glass electrode of a medical high-frequency plasma source, 30 to 60s exposure time) and monitored debridement in parallel to antimicrobial efficacy on semisolid blood agar contaminated with 10e3 cfu *Staphylococcus aureus* (MSSA, ATCC 6538). Bacterial burden and agar weight were daily monitored over 5 days and compared with controls. The ingestion efficacy IE was calculated as mean agar reduction over 24h (mg/24h) after 5d, the bioburden reduction calculated as logarithmic reduction factor (RF).

**Results / Discussion:** 30 to 60s plasma treatment was well tolerated by larvae of all stages. Whereas fast (24h) and complete MSSA eradication (RF=3) was not affected by plasma exposure, plasma treatment was followed by triple agar reduction efficacy compared to controls (13,4 vs 4,4mg/h).

**Conclusion:** 30s Plasma treatment of larvae did not hamper larval vitality nor antimicrobial activity but strongly enhances ingestion capacity of solid agar heavily contaminated with important pathogens (MSSA) in a wound model. This may be of concern optimizing chronic wound therapy combining plasma and maggot therapy resulting in significantly enhanced larval debridement.

## [ECET04] BLUE LIGHT PHOTOBIMODULATION IN THE TREATMENT OF PERISTOMAL SKIN ALTERATIONS: CLINICAL OBSERVATION

Mario Antonini<sup>1</sup>, Stefano Gasperini<sup>2</sup>, Giorgia Chirco<sup>3</sup>

<sup>1</sup>Local Health Authority Toscana Centro - Zona Empolese, Empoli, <sup>2</sup>Medical Advisor, Pisa, Italy, <sup>3</sup>Centro IRCCS "Don Gnocchi", Firenze, Italy

**Aim:** To verify the effectiveness of 4 weeks Blue Light (BL) treatment in reactivating the healing process of peristomal skin alterations in patients who did not respond to Standard of Care (SoC)

**Method:** 11 patients were enrolled, with peristomal skin alterations L2, L3, L4, L5, according to the SACS Classification 2.0<sup>1</sup>, that hadn't shown an improvement after 4 weeks of SoC. The peristomal alterations were treated with BL twice a week for 4 weeks, keeping unchanged the SoC in use. The treatment was performed for 120 seconds in case of inflammatory injury or 60 seconds in all other conditions, with a medical device that uses LED sources emitting Blue Light (EmoLED). Tissue repair was evaluated through WBS<sup>2</sup> and pain was measured through VAS scale. WBS and VAS scores were collected at first treatment visit and at week four

**Results / Discussion:** All patients responded to BL treatment. At first treatment visit WBS ranged between 5 to 8 (average 5,9), and VAS score ranged between 3 and 8 (average 5,5). At week four the average WBS had increased to 14,2 (range 10-16) and average VAS had decreased to 1,9 (range 0-3)

**Conclusion:** Based on our small experience Blue Light can reactivate and accelerate the healing of peristomal skin alterations in patients who did not respond to Standard of Care

## **[ECET05] THE LIFE ON MARS PROJECT (LOM): USE OF ARTIFICIAL INTELLIGENCE IN THE EVALUATION OF PERISTOMAL SKIN DISORDERS**

Mario Antonini<sup>1</sup>, Giorgia Chirco<sup>2</sup>, Stefano Gasperini<sup>3</sup>, Michele Pantaleo<sup>4</sup>

<sup>1</sup>Local Health Authority Toscana Centro - Zona Empolese, Empoli, Italy, <sup>2</sup>IRCCS Don Carlo Gnocchi, Florence, Italy, Florence, Italy, <sup>3</sup>Medical Advisor, Pisa, Italy, <sup>4</sup>Politecnico di Torino, Computer Engineering, Torino, Italy

**Aim:** The L.O.M. project aims to develop an artificial intelligence algorithm such that it can recognize the type of lesion present on the peristomal skin and calculate with accuracy, the size within the same

**Method:** The development of the AI tool was preceded by the collection of iconographic material, approximately 6000 photographs of ostomies, with or without peristomal skin changes. The photographs were classified by type of lesions present from those provided within the SACS 2.0 classification and subsequently, analyzed in terms of measuring the peristomal area involved in the lesion through the use of Photoshop and through the use of the manual planimetric method. The collected data were then entered into Excel tables anonymously, distinguishing them by lesion classification and lesion size. These tables allow data to be provided to the Artificial Neural Network, in Supervision mode, so that it can best calibrate itself to the newly proposed images

**Results / Discussion:** The instrument, once the ostomy and peristomal area are visualized, will be able to define exactly the size of one or more lesions present and determine their type. To obtain an instrument with optimal sensitivity and specificity, the collected iconographic data, which should be at least 100000 per type of lesion, are not enough: therefore, as the work is complex and lengthy, it needs the support of other dedicated centers

**Conclusion:** The L.O.M. project, in the context of telemedicine, will enable more appropriate use of human and economic resources in the health care system, increasing patient empowerment



## [ECET06] RESEARCH PROGRESS ON INCONTINENCE DERMATITIS IN ELDERLY HOSPITALIZED PATIENTS

晓燕 杨<sup>1</sup>

<sup>1</sup>上海市杨浦区中心医院, ShangHai, China

### **Aim:**

with the arrival of the aging population wave, it is inevitable that there will also be a problem of skin dysfunction in the elderly. This article reviews the research progress of incontinence dermatitis in elderly hospitalized patients at home and abroad, providing reference for further nursing.

### **Method:**

The related literature on the incidence rate, risk factors, assessment tools, prevention and treatment of incontinence dermatitis in elderly inpatients at home and abroad was retrieved and summarized.

### **Results / Discussion:**

urinary and fecal incontinence is very common among elderly patients, with a high incidence rate in hospitals and grassroots medical institutions, especially in acute, critically ill, and paralyzed patients. Elderly patients often have multiple underlying diseases, which increases the difficulty of nursing. This improves the awareness of incontinence dermatitis among nursing staff, achieves targeted treatment, meets clinical needs, and improves the quality of life of elderly patients.

### **Conclusion:**

Because most elderly hospitalized patients have complex conditions and comorbidities, there are many factors that affect the level of care, and the requirements for nursing are also high. Medical staff need to pay attention to the occurrence and development of incontinence dermatitis in elderly hospitalized patients, identify risk factors as soon as possible, intervene in elderly patients with high-risk factors of incontinence dermatitis as soon as possible, achieve early detection and treatment, and establish warning mechanisms to improve the quality of nursing, Improve patient satisfaction and promote the progress and development of the nursing profession.

## [ECET07] “CHYME REINFUSION” TECHNIQUE, SHOULD WE USE IT IN CARE FOR ENTEROCUTANEOUS FISTULAS AND HIGH OUTPUT STOMA?

Ivanka Bencic<sup>1,1</sup>

<sup>1</sup>*UHC Sestre milosrdnice, Zagreb, Croatia*

**Aim:** The goal is to continuously inform and educate medical professionals in the field of stoma care about the benefits of using “chyme reinfusion(CR)”

**Method:** Searching of literature and scientific databases, overview research

**Results / Discussion:** Chyme reinfusion is a kind of enteral nutrition technique which reestablishes the small bowel continuity by reinfusing the chyme collected from the afferent, i.e. upstream, small bowel, in the efferent, i.e. downstream, small bowel through an extracorporeal circulation of the chyme [Automated chyme reinfusion in patients with intestinal failure (IF) and a temporary double enterostomy (TDE) restores intestinal function and protects against liver injury. Patients with high enterostomy outputs are exposed to intestinal failure (IF) due to type 1 short bowel syndrome (small bowel ended by a terminal stoma without colon in circuit).

**Conclusion:** A review of the available databases of scientific and professional articles shows confirmation of the positive effects of the use of the “Chyme reinfusion” technique. In case of IF secondary to high output temporary enterostomy, CR is an efficient and reliable technique of enteral nutrition which corrects IF by restoring intestinal absorption. CR contributes to improve nutritional status and to reduce plasma liver tests abnormalities, and is feasible at home in well selected patients. It is important to continuously increase the level of knowledge and skills of medical professionals working in this area.

## [ECET08] EDUCATIONAL VALUE OF YOUTUBE VIDEOS ON ILEOSTOMY, COLOSTOMY, UROSTOMY CARE & POUCH CHANGE: ANALYZING CONTENT, RELIABILITY, AND QUALITY

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<sup>1</sup>Koç University, Istanbul, Turkey

**Aim:** This study evaluated the content, reliability, and quality of YouTube videos on fecal and urinary ostomy care and pouch change.

**Method:** Ostomy care was searched on YouTube using relevant keywords from October to December 2023 without year limitation. A total of 101 videos were examined, and 36 videos that met the inclusion criteria were included in the study. The content was assessed using the 'Assessment Tool for Stoma Care Skill: The Rubric,' reliability with the 'DISCERN Questionnaire,' and quality via the 'Global Quality Scale (GQS). Videos were categorized by length, total views, theme, speaker/presenter, upload source, likes, dislikes, comments, and days on YouTube and analyzed statistically.

**Results:** A total of 36 videos were assessed, including 11 (30.56%) on colostomy, 7 (19.45%) on ileostomy, 4 (11.10%) on urostomy, and 14 (38.89%) on general ostomy care and pouch change. Of the analyzed videos, 47.2% are intended for educational purposes, with 47.2% uploaded by academic/professional individuals and 58.3% speaker/presenter by healthcare professionals. The scores for content, evaluated using The Rubric, were  $(20.89 \pm 7.494)$ , quality with GQS was  $(2.08 \pm 0.996)$  and reliability with DISCERN was  $(2.47 \pm 0.810)$  were determined to be below average and statistically significant.

**Conclusion:** YouTube videos used for educational purposes in fecal and urinary ostomy care and pouch changing carry various risks regarding content, quality, and reliability, potentially leading viewers to incorrect care practices. It is recommended that these widely viewed videos be created using best practice guidelines to enhance their content, reliability, and quality levels.

## **[ECET09] NEW CURRICULUM OFFERED BY THE GERMAN WOUND, OSTOMY AND CONTINENCE ASSOCIATION**

Margarete Wieczorek<sup>1</sup>, Florian Spahn<sup>1</sup>

<sup>1</sup>*Fachgesellschaft Stoma, Kontinenz und Wunde e.V. (German Wound, Ostomy and Continence Association), Selm, Germany*

Enteral fistulas often represent a major burden for affected patients and entail a particular challenge for all persons involved in the treatment and care process.

It should be emphasized that individual nursing interventions are essential as well as a holistic procedure comprising members of several healthcare professions within an interdisciplinary team (with the objective of 'fistula closure').

The objective and concept of the new curriculum offered by the German Wound, Ostomy and Continence Association regarding the 'Nursing management of enteral fistulas' is to deepen and expand the knowledge and skills of nursing staff caring for fistula patients. In this context, the content is targeted to provide basic knowledge, reasons and mechanisms of the development of enteral fistulas, their effects on the individual as well as medical / nursing intervention options and their evaluation. In addition, the content of the curriculum extends beyond the objectives of nursing education.

The objective of the training is, among other things, to enable nurses to professionally solve complex care situations in fistula care and challenges in everyday inpatient and outpatient care by teaching specific skills.

## [ECET10] ADVANCED COLORECTAL DISEASE, THE STOMA AND THE “SELF”

Sandra Martins Paranhos<sup>1</sup>

<sup>1</sup>*Instituto Português de Oncologia de Lisboa, Lisboa, Portugal*

This presentation delves into the intricate intersection of advanced colorectal disease, the creation of stomas, and the profound impact on an individual's sense of self. Colorectal diseases, especially in their advanced stages, often necessitate surgical interventions such as the formation of a stoma, profoundly altering patients' physical and emotional landscapes. The presentation explores the multifaceted challenges faced by individuals grappling with advanced colorectal disease and the implications of stoma surgery on their body image, identity, and overall well-being.

The discussion emphasizes the importance of a holistic approach to patient care, integrating medical expertise with psychological support to address the complex psychosocial aspects of living with a stoma. Insights into patient experiences, coping mechanisms, and the evolving concept of the “self” in the context of altered bodily functions are explored. Additionally, advancements in stoma care technology and psychological support strategies are highlighted to empower healthcare professionals in providing comprehensive and patient-centered care.

The presentation aims to enhance the understanding of the nuanced dynamics surrounding advanced colorectal disease, stoma creation, and the profound impact on an individual's self-perception. By fostering a holistic approach that recognizes the physical and psychological dimensions of the patient experience, healthcare practitioners can optimize care delivery and contribute to improved quality of life for individuals navigating these complex medical challenges.

## [ECET11] EXPLORING SEXUAL WELLBEING EXPERIENCES AFTER STOMA FORMATION. SURVEY RESULTS FROM SILENT STOMA STUDY

Simona Fourie<sup>1</sup>

<sup>1</sup>*University of Oxford, Oxford, United Kingdom*

**Aim:** Stoma can have a negative impact on body image and psycho-emotional health, altering intimacy and sexual function. The study aims to explore ostomates' experiences related to sexual wellbeing (SWB) care after permanent stoma formation.

**Method:** This is an international sequential exploratory mixed method study. Data were collected via an anonymous online survey advertised on social media platforms. Up to 30 interviews will take place in the next phase.

**Results / Discussion:** These are the preliminary quantitative results from 289 (F=168, M=121) participants who responded to an anonymous survey. From these, 177 (61.2%) had an ileostomy, 100 (34.5%) colostomy and 12 (4.2%) urostomy. More than 55% had inflammatory bowel disease, 159 (55%) were married, and 76 (26.3%) single. Some 68% reported they had received no information pertaining to SWB at the time of stoma formation. Around 33% reported a low score of SWB concern (3 out of 10) prior to stoma formation. After their operation, the level of concern raised to 6.7 and the percentage of those who had SWB concerns increased to 46%. All participants reported wanting sexual wellbeing discussed routinely at any point of care, 61% suggested that all members of multidisciplinary team should broach SWB, and 68% wanted partners involved in these discussions.

**Conclusion:** Lack of information on sexual wellbeing during stoma care can lead to concerns within this group, with a negative impact on their quality of life. Ostomates want such conversations to be part of their routine care, yet results suggest this is not happening.

## [ECET12] EMOTIONAL WELL-BEING AND AUTONOMY IN THE PRESENCE OF A MALIGNANT WOUND

Sandra Martins Paranhos<sup>1</sup>

<sup>1</sup>*Instituto Português de Oncologia de Lisboa, Lisboa, Portugal*

This presentation explores the intricate interplay between emotional well-being and autonomy for individuals confronted with the challenges of a malignant wound. Malignant wounds, often associated with advanced cancer, pose unique physical and psychological burdens, disrupting the delicate balance between one's sense of self and the demands of medical intervention. The abstract delves into the profound impact of malignant wounds on emotional well-being, addressing the spectrum of emotions ranging from fear, anxiety to resilience and coping strategies.

A central theme of presentation is the preservation of autonomy in the face of medical interventions. Maintaining a sense of control over one's life becomes particularly pivotal when grappling with the uncertainties and vulnerabilities associated with malignant wounds. The discussion explores innovative approaches in patient-centered care, empowering individuals to actively participate in decision-making processes, thus fostering a sense of autonomy and agency.

Moreover, the presentation emphasizes the collaborative efforts of healthcare professionals, including wound care specialists, mental health practitioners, and palliative care teams, in creating a comprehensive support system. The integration of psychological support, pain management, and tailored interventions not only addresses the emotional toll of malignant wounds but also enhances the overall quality of life for individuals navigating these complex health challenges.

By shedding light on the emotional intricacies and autonomy concerns associated with malignant wounds, this presentation aims to enhance healthcare professionals' understanding and sensitivity, ultimately contributing to a more compassionate and patient-centric approach in the management of individuals facing the multifaceted impact of malignant wounds on their emotional well-being and autonomy.

## [ECET13] USERS' PERCEPTIONS OF A REHABILITATION AND RECOVERY EXERCISE PROGRAMME AFTER OSTOMY SURGERY: RESULTS FROM A MULTINATIONAL ONLINE SURVEY

Julie Mills<sup>1</sup>

<sup>1</sup>Convatec Limited , London , United Kingdom

**Aim:** Many ostomates experience a reduction in physical activity<sup>1</sup>. We aimed to understand the use and perceptions of an exercise-based rehabilitation programme.

**Method:** This online survey took place in 5 European countries in September 2022. Invited participants (aged ≥16 years) had previous ostomy surgery with ≥1 stoma and were registered in a patient support programme that included access to a rehabilitation programme.

**Results:** 1347 participants responded (43% women, 57% men); 54% had a colostomy, 23% an ileostomy, 20% a urostomy, and 3% ≥1 ostomy type. 36% had a diagnosed or suspected parastomal hernia, of which 57% perceived an impact on QoL. 76% were not given information about rehabilitation before or after surgery, despite 64% feeling this would have been a benefit. 9% of all participants had done rehabilitation exercises in the programme. On average, it took 2.6 years to start the programme. Most (93%) found the instructions and supporting materials clear and easy to follow, 72% felt the programme provided benefits. Benefits included improvement in wellbeing and QoL (42%), ability to return to regular life and movement (16%), improvement and easier management of their hernia (6%), and a quick recovery (6%)

**Conclusion:** A structured rehabilitation programme seemed easy to follow and could be beneficial to ostomates. Lack of information about rehabilitation and the fact that patients are still looking for support in their physical recovery years after surgery indicates an unmet need to better implement rehabilitation programmes in clinical practice.

Russell S. *Br J Nurs* 2017;26(5):S20-S26.

Me+recovery



## [ECET14] IMPLEMENTATION OF PREVENTION BUNDLE EFFECTIVELY REDUCES ILEOSTOMY-INDUCED DEHYDRATION-RELATED COMPLICATIONS AND READMISSIONS: PROSPECTIVE COHORT STUDY

İbrahim Özata<sup>1</sup>, Tutku Tüfekçi<sup>1</sup>, Tuğçe Aksan<sup>2</sup>, Ecem Eren<sup>2</sup>, Salih Karahan<sup>1</sup>

<sup>1</sup>Koç University School of Medicine, İstanbul, Turkey, <sup>2</sup>Koç University Hospital, İstanbul, Turkey

**Aim:** The aim of this study was to examine the effect of preventive measures applied to prevent dehydration-related complications and readmissions in individuals who underwent ileostomy after colorectal surgery.

**Method:** This was a prospective cohort study conducted at a high-volume colorectal surgery department. The Prospective Ileostomy-induced Dehydration Prevention Bundle Project (PIDBP) included prophylactic measures to reduce dehydration-related complications (fluid-electrolyte imbalances, dehydration and/or acute kidney injury) after colorectal surgery. Preventive measures are as follows: two educational meetings with stoma therapy team before surgery and discharge, providing a comprehensive patient follow-up brochure, eight e-visits via phone application or internet addressing, ileostomy flow rates, consistency, urine color, total input-output, general condition, and vital signs within the first 28 days after discharge. An algorithm consisting of conservative approach and medical treatment, when indicated, was tracked. Ileostomy related dehydration and subsequent complications were measured in bundle period (March 2021 and March 2022) and compared with same period a year before the implementation of bundle elements.

**Results:** During the study period, total of 104 individuals with an ileostomy were included (pre-bundle:54 and bundle:50). Patient characteristics and comorbidities were similar in both periods. Compliance with preventive measures was ensured for all patients in the bundle period. The overall dehydration-related readmission rate decreased from 22% pre-bundle to 2% bundle period ( $p=0,002$ ). Similar significant decrease was observed in the overall readmission rate (33% pre-bundle to 6% bundle period,  $p<0,001$ ).

**Conclusion:** The Prospective Ileostomy-induced Dehydration Prevention Bundle Project resulted in a significant reduction in readmission rates after colorectal surgery

## **[ECET15] PHARMACEUTICAL MANAGEMENT OF INPATIENT ENTEROSTOMY PATIENTS IN THE PHARMENT STUDY**

Vivien Berger<sup>1</sup>, Annika Van der Linde<sup>1</sup>, Claudia Langebrake<sup>1,2</sup>

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### **Conflict of Interest: None declared**

Stoma patients face special challenges regarding their medication. In many hospitals, interdisciplinary care by wound, ostomy and continence (WOC) nurses and healthcare professionals is already well established. However, there is limited data on the impact of pharmacists' interventions (PIs), which will be characterized in this study.

In a German university hospital, an intensified pharmaceutical management with level 3 medication reviews was performed as part of a cross-sectional prospective interventional cohort study (PharMEnt). PIs were classified according to ADKA-DokuPIK and ostomy-specific criteria. The study data were analyzed descriptively.

Overall 80 stoma patients (male 43/female 37) were recruited (54 ileo-/26 colostomy); no significant differences in age or in number of drugs were detected. Within this study 288 PIs were documented (234 ileo/54 colo) with an acceptance rate of 94%. The proportion of ostomy-related PIs (n=130) was higher in ileostomy patients (48.3% ileo vs. 31.5% colo;  $p=0.025$ ). In both groups, a missing drug even though indicated (e.g. no loperamide, but high stoma output) was the most common reason for PIs (29.6% ileo/26.1% colo). The second most common reason was a change of drug formulation (e.g. switch from sustained-release tablet to transdermal patch) in ileostomy patients (16.2%) and an increased need for advisory services in colostomy patients (25.9%).

Overall, the results show that numerous PIs with high acceptance rates were implemented. PIs for ileostomy patients differed in both frequency and type. In the next step, study data will be analysed with regard to relevance of this intensified pharmaceutical management from the patient's perspective.

## [ECET16] REPLACEMENT OF URETERAL CATHETERS IN PATIENTS WITH URETEROCUTANEOSTOMY: A NEW PROCEDURE PROPOSAL

Mario Antonini<sup>1</sup>, Giorgia Chirco<sup>2</sup>

<sup>1</sup>Local Health Authority Toscana Centro - Zona Empolese, Empoli, Italy, <sup>2</sup>IRCCS Don Carlo Gnocchi, Florence, Italy

**Aim:** Radical cystectomy (RC) remains the gold standard in treatment of muscle invasive bladder cancer. The simplest way of urine diversion is cutaneous ureterostomy that could potentially minimize complication rate and preserve life quality. A review of the international literature revealed a total lack of articles regarding the procedure of ureteral catheter replacement in patients with ureterocutaneostomy. The aim of the study was to describe a new procedure for the replacement of ureteral catheters

**Method:** A special procedure has been written for replacing ureteral catheters in patients with ureterocutaneostomy. In each patient referred to the Ostomy Outpatient Clinic of “San Giuseppe” Hospital in Empoli, catheter replacement was carried out with sterile technique and use of hydrophilic guide wire with the new procedure. The description of the procedure performed and the labels for the traceability of the sterile material used were recorded on a special folder, which was also specially prepared

**Results / Discussion:** The new procedure has been administered since the year 2020 for a total of more than 2000 ureteral catheter replacements. Each procedure was carefully recorded

**Conclusion:** The data obtained are still being processed but there seems to be a clear reduction in the related infection rate compared to previous years when any coded procedure was absent

## [ECET17] BENCHMARKING THE EROSION-RESISTANCE PROPERTIES OF A NOVEL OSTOMY SEAL WITH ASSISTED FLOW AGAINST MARKET-LEADING SEALS.

Eoghan Spain<sup>1</sup>, [Kevin Kelleher](#)<sup>1</sup>

<sup>1</sup>*Ostiform, Mullingar, Ireland*

**Aim:** This study aims to evaluate the erosion-resistance properties of a novel ostomy seal with assisted flow against market-leading seals, focusing on hydrocolloid absorbency and integrity under physiological bench-testing conditions.

**Method:** ISO12505-derived benchtop testing protocols for water-absorbency and wet integrity were used in testing, exposing hydrocolloid to physiological saline solution. An additional custom test simulated practical use conditions. Five ostomy seal types, including one with assisted flow and four market-leading seals, were evaluated with a sample size of 3 for each testing protocol.

**Results / Discussion:** The novel seal with assisted flow exhibited superior performance, as evidenced by a % increase in mass over 24 hours. Two-tailed t-tests ( $\alpha=0.05$ ) revealed significant superiority in wet integrity compared to all market-leading seals ( $P < 0.01$ ). The assisted flow seal also outperformed in water-absorption testing. Simulated use testing demonstrated erosion in all market-leading seals after an 8-hour cycle, in contrast to the sustained integrity of the novel seal with assisted flow.

**Conclusion:** The ostomy seal with assisted flow showcased superior wet integrity, water-absorption, and simulated use performance compared to market-leading seals. This provides a solid indication for the potential of assisted flow technology in minimizing leaks by preventing hydrocolloid breakdown, thereby extending appliance wear time.

## [ECET18] UNDERSTANDING STOMA BASEPLATE CONVEXITY CHARACTERISTICS: THE JOURNEY FROM BENCH TO BEDSIDE

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**Aim:** Evidence supporting the use of convex pouching systems is increasing in the literature. Multiple consensus statements have been published to help describe principles of convex baseplates and considerations for use in clinical practice. However, clinicians have difficulty implementing the use of convexity characteristics into clinical practice. There is a need to help translate emerging evidence to support clinicians in practice. We aimed to visually simulate the tension locations of baseplates and how convexity characteristics influenced their magnitude and location.

**Method:** A novel, simulated abdominal model was created using a comparative finite element analysis (FEA) investigation to explore the relationship between eight different convex baseplates. Each convex baseplate was investigated on the abdominal model to explore the relative force applied to the skin, subcutaneous tissue, connective tissue and muscle. Next, the results were compared to actual clinical cases to determine product selection.

**Results / Discussion:** High variation was seen in the magnitude and location of the tension applied by different convex base plates. The simulations help explain and visualize expectations for central and peripheral tension for clinicians when matched to real-world cases. Eight different tension locations (four central and four peripheral) were identified with the products tested. The case studies reinforce the convexity characteristics and explain why a variety of tension locations should be employed to respond to high clinical variability in practice.

**Conclusion:** The results highlight that this novel abdominal model and FEA modelling are useful tools to help the ostomy provider consider product selection in clinical practice.

## [ECET19] SOLVING LEAKAGE CHALLENGES USING A NOVEL OSTOMY SEAL WITH ASSISTED FLOW.

Leanne Fielding<sup>1</sup>

<sup>1</sup>*Liverpool Foundation Trust, Liverpool, United Kingdom*

**Aim:** Ostomy and fistula patients commonly encounter appliance leakage, severely impacting their quality of life (Stoia Davis J et al 2013). Furthermore, the increased occurrence of leaks in this patient population can result in more frequent pouch changes, resulting in increased costs to healthcare systems. The objective of the evaluation was to determine whether the novel seal would prevent leaks resulting in improvement of daily life for the patient and a reduction of pouch change frequency.

**Method:** Four UK patients who were frequently experiencing leakage trialed a novel ostomy seal with assisted flow. A 4-week qualitative survey focused on product usage, leakage incidents, and quality of life. Stoma nurses assessed skin condition before and after the trial period.

**Results / Discussion:** For all cases, the novel ostomy seal prevented leakage, markedly improving skin condition, and decreasing pouch changes. Patients reported increased confidence in resuming daily activities without constant fear of leakage. Stoma nurses identified significant potential cost-saving opportunities associated with reduced pouch changes and better skin health due to the seal's efficacy.

**Conclusion:** The study demonstrated the potential of the novel ostomy seal with assisted flow to significantly benefit patients dealing with high fluid output, poorly functioning surgical spouts or complex fistulas. The inclusion of a novel ostomy seal with assisted flow effectively reduced leakage, managed skin complications, and notably reduced pouch change frequency. These findings suggest substantial potential for healthcare cost savings while notably enhancing quality of life for these patient populations.

## [ECET20] A PRACTICAL LOOK AT THE NOVEL FLOW ASSIST BARRIER RING AND ITS INDICATIONS FOR USE IN THE STOMA CARE SETTING

Mary Quigley<sup>1</sup>

<sup>1</sup>Saolta HSE , Galway University Hospital, Galway, Ireland

**Aim:** To evaluate the performance of a novel barrier ring by assessing changes in skin condition and user experiences of participants through a single-arm, open-label, practical application study conducted among people with an ileostomy

**Method:** Participants used their standard ostomy pouching system along with the novel barrier ring for a period of 4 weeks. Skin condition was assessed using the OST at the beginning & end of study. Change in skin condition over the four-week period was recorded. Participants' experience was measured rating questions on a scale from 1 to 5 where 5 indicated a positive experience.

**Results:** 80% of participants completed the trial. Of the participants who completed, 7 experienced an improvement in skin condition, 11 experienced no change and 2 got worse. 71% of participants stated that the new seal lasts longer than their current seal, and participants scored very high on user experience ratings.

**Discussion:** As a clinician, I want to look at case studies that have benefitted from using the new seal but also share my experiences, looking at indications for use, not only with ileostomy patients. I have also used this new seal on a number of other stoma and fistulae management cases with improved wear times.

**Conclusion:** In the months after the trial there are 9 of the participants who continue to use the seal (Supplied by the stoma care unit while awaiting listing on the Drug tariff) and reported significant improvements in their quality of life.

## **[ECET21] USE OF DEEP CONVEXITY IN THE IMMEDIATE POSTOPERATIVE PERIOD TO CURE CUTANEOUS DEHISCENCE**

Maria Rosa Costa Quintas<sup>1</sup>

<sup>1</sup>*Hospital Clinic, Barcelona, Spain*

**Aim:** To show that the use of deep convexity in the immediate postoperative period does not create a mucocutaneous dehiscence.

**Method:** I present the case of a 64 years old male patient who underwent emergency surgery for an ulcerated lesion at rectosigmoid junction with an extension of 12cm causing bleeding and a lot of pain. Multiple neoplasms with neoadjuvant and adjuvant chemotherapy since 2018. The patient is undergoing adjuvant chemotherapy actually.

After surgery he presented a mucocutaneous separation of more than 75% of the perimeter with significant invagination. Convex disc cures were performed 2-3 days per week.

**Results / Discussion:** During the follow-up we can observe how the deep convexity helps us to cure the cutaneous dehiscence, protruding the stoma without damaging the % that was not dehiscent. After 30 days the dehiscence is completely resolved and he has not had any leakage during the treatment. He has been able to continue with the chemotherapy and to carry on with her daily activities without any added difficulty due to the ostomy.

**Conclusion:** This case leads me to support the latest consensus on the use of deep convexity in the immediate postoperative period, the convexity will not produce a separation of the mucocutaneous junction. However, if its use reduces or eliminates leaks and peristomal problems, this will help the patient to adapt better to life with the stoma.



## [ECET22] HYDROCOLLOID BREAKDOWN AS A ROOT CAUSE OF LEAKAGE, AND THE INTRODUCTION OF ASSISTED FLOW AS AN INNOVATIVE SOLUTION

Kevin Kelleher<sup>1</sup>

<sup>1</sup>*Ostofarm Limited, Mullingar, Ireland*

**Aim:** This study aims to address peristomal moisture-associated skin damage (MASD) by introducing an innovative ostomy seal designed to prevent hydrocolloid breakdown and minimize leakage, thereby improving skin protection and extending wear time.






**Method:** The comparative evaluation utilized ISO standard tests for ostomy skin barriers, subjecting market standard ostomy seals and the novel seal to controlled conditions simulating real-world usage. The study assessed hydrocolloid breakdown, leakage incidence, and wear time under standardized parameters, including saturation levels, pressure, and dynamic movements.

**Results / Discussion:** Bench testing demonstrated a significant reduction in hydrocolloid breakdown for the novel seal compared to market standard ostomy seals. The assisted flow mechanism effectively redirected stoma output, minimizing contact with the hydrocolloid and reducing the risk of leakage. Wear time for the novel seal surpassed that of traditional seals under various simulated conditions, indicating its potential for extended use.

**Conclusion:** The study's outcomes highlight the efficacy of the novel ostomy seal in preventing hydrocolloid breakdown, suggesting extended wear time and enhanced skin protection. Supported by positive user feedback from four clinical studies, this research underscores the promising impact of the innovative solution in advancing ostomy care.



# Exhibitors

<p><b>Ostoform Limited</b> www.ostofrom.com</p> 	<p>Ostoform's groundbreaking FLOWASSIST technology effectively manages ostomy-related challenges, such as appliance leaks and damaged peristomal skin, enhancing skin health and quality of life for individuals with ostomies.</p> <p><b>Booth H80</b></p>
<p><b>StoCare</b> www.stocare.co.uk</p> 	<p>StoCare... skin deserves the best care. We are committed to conserving healthcare resources, by developing quality, efficient, cost-effective solutions for ostomy and wound care, these valuable resources can then be better allocated towards improving patient outcomes.</p> <p><b>Booth H80</b></p>
<p><b>KEM Enterprises, Inc.</b> www.OstoEZVent.com</p> 	<p>Creator and manufacturer of the Osto-EZ-Vent® air release device for Ostomy pouches.</p> <p><b>Booth H82</b></p>
<p><b>Hollister Incorporated</b> www.hollister.com</p> 	<p>Hollister Incorporated, founded in 1921, is a global healthcare company specializing in the development, manufacturing, and marketing of medical products. Their portfolio includes ostomy (Hollister &amp; Dansac), continence, and critical care products, designed to enhance the quality of life for people with healthcare needs. Hollister is known for its commitment to service and innovation.</p> <p><b>Booth H84</b></p>
<p><b>Eakin Healthcare</b> www.eakinhealthcare.com</p> 	<p>Eakin Healthcare is a family-owned business based in Northern Ireland, manufacturing and supplying medical devices for ostomy, wound, respiratory and surgical needs. All our manufacturing takes place in the UK and our products and services are available in over 60 countries.</p> <p><b>Booth A50</b></p>

# Exhibitors

3M Health Care	D20	CD Medical Ltd	F74
Accelerate CIC	L11	Cerdak	A52
Accel-Heal Technologies Limited	B57	Chemviron Cloth Division	H30
ActivCell Group AG	G74	Cica Biomedical	F60
ACTO	G79	Clinimed	J72
Adtec Healthcare Ltd	G70	COLDPLASMATECH	B50
Advanced Medical Solutions	F65	Coloplast	G30
Advanced Oxygen Therapy Inc.	D40	Convatec	F10
Advancis Medical	F50	Cook Biotech	E60
AIUC	K32	CorrMed Limited	F12
AKTISCHICHT & ADLER GMBH	E13	Covestro Deutschland AG	E70
ALPS	J82	Creed Medical Ltd	G78
ARANZ Medical Limited	F61	curasonix GmbH	C16
Arjo	K20	cureVision	B66
Aroa Biosurgery Limited	E76	DARCO	J32
Arthrex GmbH	F64	Datt Mediproducts Pvt. Ltd.	E20
ATD emolda	D73	Daylong Direct	D81
Avita Medical	C12	DEBRA International	K12
B. Braun Avitum AG	C24	DEBx Medical BV	F30
Bactiguard	G62	Diaspective Vision	D46
BAP Medical	J60	Eakin Healthcare (ECET 2024)	A50
BDK	F24	ELKEM	B72
Beier Drawtex Healthcare	C14	Emoled	D54
BenQ Materials Corp.	C50	Energenesis Biomedical Co., Ltd.	F72
Bio Compression Systems	G76	Erbagil	C76
Biocomposites	G40	Essity	G20
bioXXmed AG	E74	Eurofarm	C74
BlueDop Medical	J30	European Pressure Ulcer Advisory Panel (EPUAP)	L19
Bonalive Biomaterials Ltd	B54	Evolan Pharma	H20
Bravida Medical	C72	EWMA Innovation Alliance	K22
British Lymphology Society	L16	FeelTect	D76
CANFIELD SCIENTIFIC	D82	Ferris Mfg. Corp. - Manufacturer of PolyMem	G10
Carilex Medical Limited	F63		

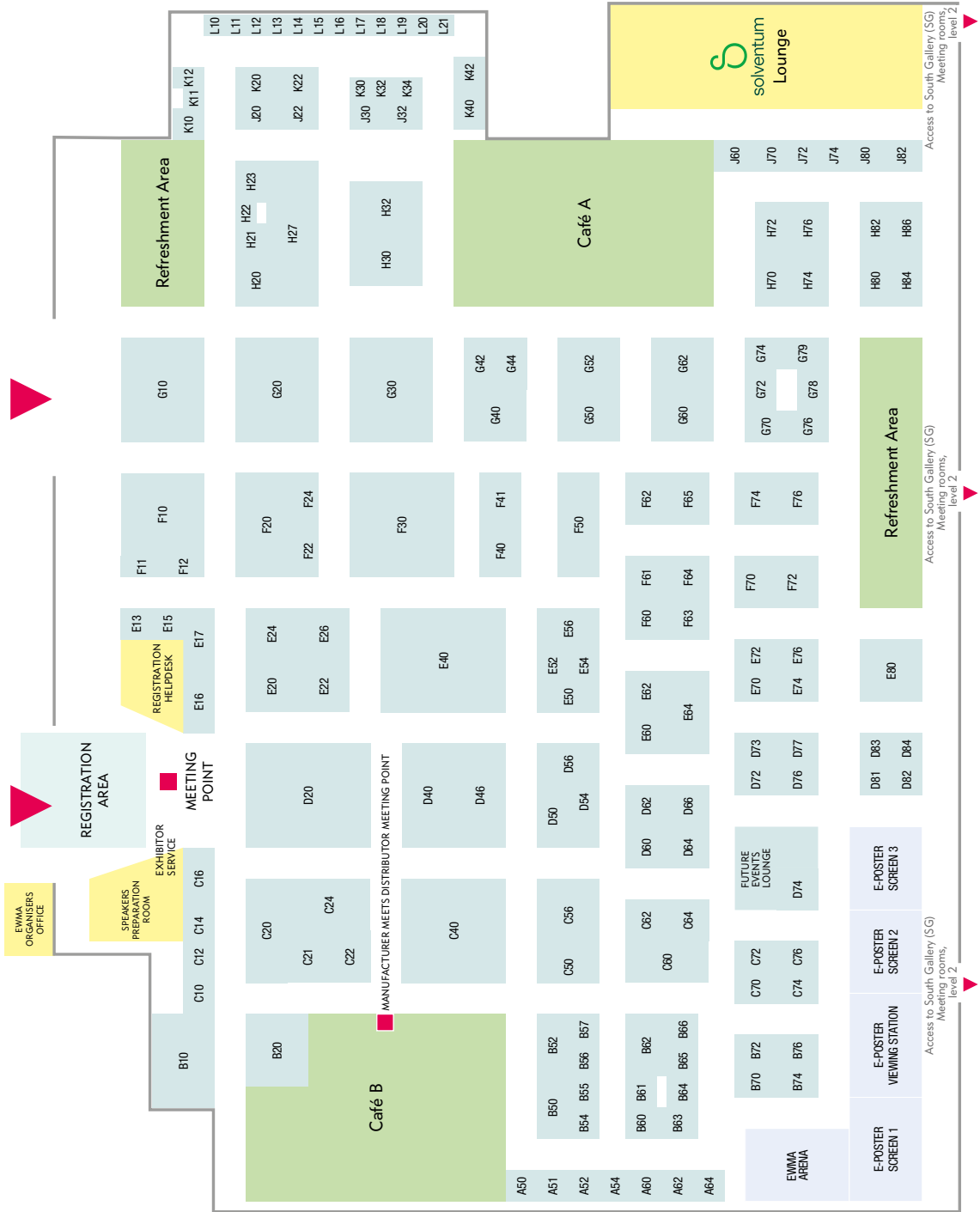
Fidia Farmaceutici S.p.A.	B20 +B10
Firstkind Ltd	G72
Flen Health	D56
FORCE REPAIR	K42
Freudenberg Performance Materials GmbH & Co. KG	E56
GAMA Healthcare Ltd	H21
Genadyne Biotechnologies	E62
Gentell	D74
GERGONNE INDUSTRIE	A60
Global Health & Safety Ltd	E16
Global Health Technology AS	B56
GNEAUPP EWMA-GNEAUPP 2025	K10
Gunze International Europe GmbH	B64
Haddenham Healthcare	E17
HARTMANN	G50
Hollister Incorporated (ECET 2024)	H84
Huntleigh	F70
imito AG	D72
Initiative Chronische Wunden e.V.	L10
INOAC	F40
Integra LifeSciences	C22
International Skin Tear Advisory Panel (ISTAP)	L21
JeNaCell GmbH	F76
Journal of Wound Care	B63
JRS Pharma GmbH & Co KG // JRS Medic	G52
Juzo	C62
KEM Enterprises, Inc. (ECET 2024)	H82
Kent Imaging	A64
Kerecis	G30
Laboratoires Urgo	H27

Levabo	F11
LimBO Waterproof Protectors	H22
LINLINE Medical Systems, SIA	E24
L-MESITRAN	H70
Lohmann & Rauscher GmbH & Co.KG	F20
Lumina Adhesives AB	B65
MEBO International	C20
Medaxis AG	D64
MedCu	D46
medi GmbH & Co KG	C56
MEDICAL FX Germany	G42
Medicareplus International	J20
Mediq	H32
MedSkin Solutions Dr. Suwelack AG	C64
MESI	E50
MinuteFul for Wound	B76
MOSS S.p.A	C10
MUB Medical Solutions AS	K11
Mölnlycke Health Care	E40
NAMSA	B55
NANOMEDIC TECHNOLOGIES	B52
National Wound Care Strategy Programme (NWCSP)	L14
NATROX® Wound Care	E26
neoplas med GmbH	G44
Noventure	F41
Ostoform Limited (ECET 2024)	H80
OVIK Health	F62
Piomic Medical AG	D72
Pixacare	K34
PLASTOD SPA	C70
PolyMedics Innovations GmbH	B60
PolyNovo UK Limited	B62

# Exhibitors

Practical Patient Care	L18	TalarMade Ltd	H72
Primex Iceland	J74	Tavger LTD	K30
Protex Healthcare	D46	terraplasma medical GmbH	D77
Public Policy Projects	L15	THE KATIE PIPER FOUNDATION	L17
QRSKIN® GmbH	E54	The Lindsay Leg Club Foundation	L12
RedDress	D60	TOPIVAC	A51
Regenlab SA	E72	UPM Biomedicals	B70
Repolar Pharmaceuticals	D83	Vulnamin Professional Dietetics spa	E64
Rigenera HBW	B74	Walgreen Health Solutions	E52
Rociale Healthcare	G60	Welcare Industries S.p.A	D50
ROKIT HEALTHCARE Inc.	D84	Wellell Inc.	E80
Safe Innovative Debridement (SID)	L13	Winner Medical Co., Ltd.	C60
Schülke & Mayr UK Ltd.	D62	Wound Care People Ltd	K40
Smith+Nephew	C40	Wound Masterclass	C21
Society of Tissue Viability	J22	WoundEL Health Care	E15
Solventum	D20	Wounds Canada	L20
Spectral MD	F22	Wounds International	H76
StoCare (ECET 2024)	H80	ZheJiang Longterm Medical Technology Co., Ltd	E22
Synkotech Biocompatible Materials SL	A54		
SYNOVIS Micro	H23		

# Floorplan



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