

## [ECET8] RADIOTHERAPY WOUND- CLASSIFICATION AND CARE

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**Aim:** to provide new knowledge and skills to medical professionals

**Method:** search of scientific databases, clinical practice

**Results / Discussion:** Radiodermatitis (RD) is an acute skin injury caused by radiation therapy. It affects the patient's quality of life, causes pain, discomfort, limits activities and prolongs the healing process. All patients treated with radiotherapy are at potential risk of developing RD. Skin reactions are not burns, but a combination of skin damage from radiation and the resulting inflammatory response, which can occur at the site of entry or on the exit side of the radiation.

**Conclusion:** Ionized radiation damages cells and leads to seriously damaged skin integrity. Continuity of radiotherapy treatment is extremely important for optimal outcomes in the treatment of malignant disease. Breaks in radiation caused by a high degree of radiation dermatitis can be the reason for delaying radiotherapy treatment until the skin exposed to radiation has recovered. The existence of guidelines, protocols and their use (internationally accepted scales for assessing dermatitis caused by radiotherapy treatment) can have a positive effect and reduce skin damage or completely eliminate the appearance of radiation dermatitis.

## [ECET9] BIG SOULS, SMALL BODIES AND LITTLE STOMAS

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**Aim:** Pediatric stoma care nursing is challenging in both treatment and education for all involved. The professional team's goal is to proactively involve parents, children, and teenagers to improve quality of life. Stoma care is not only a science and a holistic approach but also an art that requires the capacity to interact socially with pediatric patients and parents. The only way to achieve this is by attempting to turn it into a game.

**Method:** At Hadassah Medical Center, Jerusalem, we have a primary school for pediatric patients during their hospitalization, offering formal and non-formal educational activities. To help improve treatment and education in stoma care, the teachers created a special doll that has the simulation of a stoma through which a cream that simulates feces comes out. 15 pediatric patients were treated in 1 year - 10% (N=155). 5 children and teenagers (ages 3-16) were treated using the doll. They were able to interact with the doll, change and empty the pouch, and clean the stoma.

**Results / Discussion:** Only 1 child and 2 teenagers played with the doll, gave it a name, and treated the stoma. The doll helped these patients express their feelings toward themselves and their situation. 2 teenagers weren't interested in playing but were curious to examine it.

**Conclusion:** The success lies in the approach rather than the number of participants (5). While there isn't enough data to standardize the methodology, it's important to explore new methods for interacting with and caring for pediatric patients.

## [ECET10] TREATMENT OF STOMA MUCOCUTANEOUS SEPARATION (MCS) WITH CAVITY.

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**Aim:** MCS with cavity can be circumferential or limited to a portion of the junction. This complication impacts the patient's quality of life, affecting the skin around the stoma and provoking leakage of effluents with odor. These factors together cause pain and discomfort and interfere with the appliance adhesive.

**Method:** 13 patients had MCS - 8% in 1 year (N=155). The treatment of MCS follows the same approach as managing acute contaminated wounds and consists of 5 steps:  
Step 1 - Cleanse and moisten the cavity with a solution based on active substance HOCl for at least 10-15 minutes.  
Step 2 - After cleansing, apply a moderate amount of stoma powder.  
Step 3 - Fill the cavity with hydrofiber + Ag  
Step 4 - Cut the skin barrier wafer to match the stoma size and cover the cavity with the wafer.  
Step 5 - Change the skin barrier wafer every 48-72 hours if it's not leaking before.

### **Results / Discussion:**

All MCS cases showed significant improvement: cleaner wounds, fewer leaks, reduced discomfort and pain, and formation of new granulation tissue leading to closure.

### **Conclusion:**

Wound care principles should be applied to promote healing by secondary intention. The treatment process improves the quality of life. Most of the patients underwent emergency surgeries, and the tension at the stoma skin suture line, along with other risk factors like malnutrition and poorly perfused tissue, likely contributed to the complications.

## [ECET12] RELIEVING PATIENT ANXIETY IN STOMA CARE; AN EXPERIMENTAL RESEARCH

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**Aim:** The aim of this study was to evaluate the effect of playing music during the first stoma care on the anxiety levels of individuals with stoma.

**Method:** The data of the randomized controlled trial were collected from colostomy/ileostomy patients (n=68) between November 2022 and March 2024. Patients in the experimental group (n=34) were played music during the first stoma care and their anxiety levels were evaluated at the end of the care. Anxiety levels of the patients in the control group were evaluated after care without any intervention. "Personal Information Form" and 'State Anxiety Scale (STAI)' were used to collect the data. In the evaluation of the data, number, percentage, mean and standard deviation were used as descriptive statistical methods.

**Results / Discussion:** In the study, it was observed that there was a significant difference between the experimental group patients and the control group patients in terms of state anxiety levels. The state anxiety levels of the experimental group patients were found to be lower than the control group patients ( $t=5.348$ ;  $p<0.001$ ).

**Conclusion:** Playing music to the patient during stoma care is recommended as a nursing intervention because it reduces anxiety and anxiety, has no side effects, does not bring additional cost and can be easily applied.

**[ECET13] THE CHALLENGE OF THE ENTERAL FISTULA MANAGEMENT WITH NEGATIVE PRESSURE WOUND THERAPY: CASE STUDIES**

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**Aim / Objetivo:** Enteral fistulas are challenging domains in gastrointestinal surgery among doctors as well as WOCNs (Wound ostomy continence nurses). It is associated with significant mortality rate and required multidisciplinary team approach to manage. Although the main goal of ostomy treatment is obstruction of fistula, reducing mortality and improving patients' quality of life is also an important consideration. The method of management of enteral fistulas include applying pouching system or/and Negative pressure wound therapy (NPWT). This study aims to evaluate the management of enteric fistula treated with NPWT.

**Method / Métodos:** In this study, we described a technical aspects of enteric fistula management as well as various applications of NPWT in the clinical practice.  
CASE 1. Necrotizing fasciitis. Enterocutaneous fistula (ECF) and wound management  
CASE 2. Stomach perforation d/t trauma. ECF management  
CASE 3. Small bowel perforation (past history: radiation therapy). Enteral fistula management

**Results / Resultados:** The use of NPWT for the resolution of enteric fistulas improved the outcomes, so patients can be successfully treated without the operative approach. NPWT facilitated active enteric drainage and promoted moist wound healing that enhance wound bed proliferation.

**Conclusion / Conclusiones:** Although managing of the enteral fistula is difficult, we have been helped to improve the quality of life of patient and facilitate the management of fistula using NPWT. NPWT creates favourable conditions for intestinal contents leakage and helps strengthen granules in the wound area.

## [ECET16] PATIENTS' EXPERIENCES OF THE ASSESSMENT OF A SUPPORT GARMENT IN PARASTOMAL BULGING – A QUALITATIVE STUDY

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**Aim:** Parastomal bulging is a frequent long-term complication, that may induce bothersome symptoms and impact negatively on patients' health-related quality of life. A garment is a recommended aid to manage symptoms, however many patients do not use their garment. Assessment of garments rely mainly on nurses' experiences, as there are no guidelines and hardly any evidence to support decisions. Exploring patients' experiences may provide nurses with better understanding of garment related challenges.

We wanted to investigate experiences of the assessment of a support garment in relation to a parastomal bulge.

**Method:** A literature search and field observations informed an interview guide used in 11 semi-structured qualitative interviews. Analysis used interpretive phenomenological analysis

**Results:** Assessment should include:

- Eliciting and prioritizing patients' expectations, needs, and symptoms systematically
- Assessing patients' comorbidity and independence
- Assessment of stoma function and appliance, and taking the physical appearance of the abdomen and hernia into account
- Information and follow-up should include easy access to professionals and 'hands-on-guidance' on how to use the garment
- Written information on garment use and undesirable scenarios
- Collaboration between manufacturers and stoma nurses with defined follow-up schedule

**Conclusion:** The assessment was complex and required patient resources. Eliciting patients' symptoms, comorbidity and needs were important for patients' use of the garment which underlines the importance of nurses' professional competencies. An ill-fitting garment complicated stoma care. An evidence-informed practice is needed and should be based on evidence from patients and professionals.

## [ECET17] AN EVIDENCE-INFORMED PRACTICE TO PREVENT READMISSION DUE TO DEHYDRATION IN NEWLY ILEO-OSTOMIZED PATIENTS

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**Aim:** In patients with a newly ileostomy around 40% are readmitted within 30-60 days postoperatively. Readmission is mostly due to dehydration which increases mortality, risk of renal failure, and impacts negatively on patients' quality of life. We wanted to develop an evidence-informed practice to prevent readmission due to dehydration in newly ileo-ostomized patients.

**Method:** Based on a literature search an evidence-informed intervention and guideline was developed involving pre-, per-, and postoperative interventions from patients, ward nurses, stoma care nurses, surgeons and home health nurses.

Key elements in the intervention;

- Teaching patients; correct diet and fluid intake, signs of dehydration, monitoring of output, when and where to seek help
- Written information; leaflets on prevention of dehydration to patients, home health nurses and ward nurses
- Discharge criteria; Maximum stoma-output 1500 ml/day, no need for supplementary IV fluid, urinary output and weight are stable
- Home monitoring; patients monitor daily weight and fluid intake/output. Blood tests x2
- Follow-up: Telephone x 1 within 3 + 30 days, Outpatient stoma-clinic follow-up twice within 40 days

**Results:** An audit over seven months demonstrated that the incidence of readmission because of dehydration has markedly decreased and is almost eliminated. Early education and increased focus under admission can help patients to prevent and respond in time if signs of dehydration. Monitoring, well defined discharge criteria and follow are vital to prevent dehydration.

**Conclusion:** An evidence-informed practice has the potential to prevent readmission due to dehydration after newly ileostomy-formation.

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## [ECET20] THE LIVED EXPERIENCE OF SEXUAL LIFE WITH FEMALE OSTOMATES

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### **Aim / Objetivo:**

The purpose of the study was to explore the nature of the lived experience of sexual life with female ostomates and thereby provide basic data for education program to promote sexual health in female ostomates.

### **Method / Métodos:**

This study was investigated the sexual life experience of 6 female ostomates by using the hermeneutic phenomenological research methodology developed by van Manen. Data were collected using purposive sampling and face-to-face or telephone interviews between May 2019 and October 2020.

### **Results / Resultados:**

The results of this study showed the following five themes outlining the experience of sexual life with female ostomates: 'I'm self-intimidated, looking at the body after the ostomy', 'I gave up my relationship because I had a shackle called ostomy', 'I want to ask, but I can't.' "I came out of isolation because of a partner who understand the ostomy" and "I am waiting eagerly for restoration of the ostomy repair."

### **Conclusion / Conclusiones:**

This study explored the meaning of female ostomates' sexual experience and its practical experience. The results confirm that female ostomate' partners should be include in such education program, indicating the need for further studies on the sexual life experiences of female ostomates and their partners. In addition, development of easily accessible content related to the sex life of female ostomates is also essential.

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## [ECET21] RISK FACTORS FOR PRESSURE INJURIES IN HOSPITALIZED ADULT PATIENTS: A SYSTEMATIC REVIEW

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**Aim:** To identify risk factors independently predictive of pressure injury development among hospitalized adult patients.

**Methods:** CINAHL and Pubmed databases were searched for relevant articles published in English from 2018 to 2023. Three researchers independently screened articles against the predefined inclusion and exclusion criteria, extracted data and assessed the quality of the included reviews.

**Results:** Of 422 abstracts reviewed, 68 were identified as potentially eligible and 18 fulfilled eligibility criteria. Age, male sex, mental status, immobility, hemoglobin, BMI emerged as important risk factors for pressure injury development. The underlying diseases of the patients as risk factors were DM, HTN, cardiovascular disease, and peripheral vascular disease. Other risk factors for pressure injury development included length of hospital stay, diaper use, and fecal incontinence. Malnutrition was also an important risk factor for the development of pressure injuries. Because decreased food intake leading to malnutrition compromises body tissues involved in pressure injury occurrence.

**Conclusion:** Maximal pressure injury prevention efforts are particularly important among hospitalized adult patients who are older, have altered mobility, experience poor perfusion. Accurate assessment of pressure injury risk factors, along with the Braden scale, is important for preventing pressure injuries. Assessing the patient's nutritional status, physical performance, and functional autonomies enables the effective integration of the Braden scale in identifying patients most susceptible to develop pressure injury.

## [ECET23] HYDRUSTOMAC3 - ASSESSING SAFETY AND EFFICACY OF INNOVATIVE MEDICAL DEVICES FOR COLOSTOMY PATIENTS: A RANDOMISED CONTROLLED TRIAL

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**Aim/Objetivo:** To evaluate the efficacy and safety of the innovative two-piece colostomy medical devices, Hydrustoma® C3, compared to the standard two-piece devices Coloplast Alterna®.

**Method/Métodos:** Multicentre, crossover, randomised, open-label controlled study conducted in the outpatient soma care consultations of six Portuguese health care units from September 2022 to December 2023. Subjects with colostomies aged ≥ 18 years included in the study used each device for a 2-week period. Primary endpoints included efficacy assessed through diary recordings, stoma-related quality of life, and safety evaluated through peristomal skin observations and monitoring of adverse events.

**Results/Resultados:** From 45 patients randomised, 33 completed the study. Of these, 23 (69.7%) underwent stoma formation for oncological reasons. The efficacy assessments revealed that a high proportion of diary entries, 86.4% for Hydrustoma® Plate C3 and 93.7% for Hydrustoma® Night Bag C3, reported no leakage, compared to 82.7% for the comparator device. The process of device change was primarily considered clean or easily managed in 76.4% and 86.1% instances, respectively, for Hydrustoma® Capsule C3 and Night Bag C3 in comparison with 83.9% for the comparator device. Quality of life measures at baseline and post-intervention demonstrated no differences between devices. No serious adverse events were reported, and peristomal skin integrity was maintained following device usage.

**Conclusion/Conclusiones:** This study demonstrated Hydrustoma® C3 efficacy and safety, evidenced by prevention of leakage, ease of residue management, and preserving peristomal skin, highlighting its potential as a reliable solution for stoma management.

## [ECET24] REAL-WORLD HEALTH CARE OUTCOMES AND COSTS AMONG PATIENTS WITH A STOMA IN NORWAY

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**Aim / Objetivo:** The aim of this study was to assess the cost-effectiveness of a moldable technology (MT) ostomy system compared with cut-to-fit (CTF) appliances in Norway.

**Method / Métodos:** A survey was sent to users of two-piece ostomy systems to investigate use of accessories, time spent using product, complications, overall quality of life, satisfaction with product, and challenges faced. The health economic analysis model measured the costs associated with the skin barrier itself, the use of accessories, and time spent changing the skin barrier. The health effects measured a potential change in health-related Quality-of-Life (QoL) in terms of quality-adjusted life years. Three main categories of costs included cost associated with skin barrier, consumption of accessories, and value of time associated with changing the skin barrier.

**Results / Resultados:** The analysis suggested a trend that use of MT may be more cost-saving compared to CTF in Norway, with an expected annual cost savings of 13,700 NOK (~\$1,250 USD) per user. The greatest cost saving measures were from users of MT using fewer skin barriers and accessories leading to less time spent changing both. The greatest impact on total cost savings is the nonmonetary cost of time spent on changing the skin barrier.

**Conclusion / Conclusiones:** The amount of time to change the skin barrier was the most important factor for two-piece system ostomy users and was the greatest factor in decreasing the overall cost between groups.

**[ECET25] EXPLORING LEAKAGE ONTO CLOTHES AND WORRY ABOUT LEAKAGE AMONG PEOPLE LIVING WITH A STOMA.**

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**Aim / Objetivo:** Leakage of stomal effluent may impose an emotional burden and adversely affect the quality of life for people living with a stoma. This study aimed to investigate the prevalence of leakage onto clothes and worry about leakage among Danish individuals with a stoma.

**Method / Métodos:** An online survey, encompassing demographic information and self-reported instances of leakage along with their consequences, was distributed to individuals based in Denmark and living with a stoma via patient databases. Descriptive statistical analyses were performed.

**Results / Resultados:** Among the 120 individuals with a stoma who responded to the questionnaire, 54% were male and 46% were female. Regarding stoma type, 48% had a colostomy, 44% had an ileostomy, and 12% had a urostomy. Notably, 26% reported experiencing leakage at least once a week, while 17% reported leakage onto clothes at least monthly. Furthermore, 81% expressed worry about leakage, leading to 40% changing their stoma application more frequently and 38% utilizing supporting products.

**Conclusion / Conclusiones:** The findings highlight significant leakage onto clothes and worry about leakage among Danish individuals with a stoma. The emotional burden associated with these issues may necessitate enhanced support and resources to improve quality of life. Further research is warranted to explore interventions that could alleviate these worries and leakage onto clothes.

**[ECET26] TAKING MEDICATION AFTER STOMA SURGERY – A BROCHURE FOR STOMA PATIENTS TO GET HELP FOR A CORRECT AN EFFECTIVE DRUG THERAPY**

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**Aim / Objetivo:** Taking medication after stoma surgery – a brochure for stoma patients to get help for a correct an effective drug therapy

**Method / Métodos:** Due to the shortened intestinal segment following stoma surgery, changes in the resorption must be expected. Stoma patients are well informed about nutritional advice and diet tips but insufficiently informed about potential drug absorption problems and they have no contact person to get help for this specific issue. The aim was to create a brochure to raise awareness, explain the particularities of taking medication and offer support.

**Results / Resultados:** The content of the brochure was developed in collaboration with the results of a previous survey, the assessment by the WOC nurse and the self-help groups. Finally, the brochure was distributed to relevant stakeholders in the healthcare system and feedback was requested.

**Conclusion / Conclusiones:** The illustrated brochure provides general information how medicine is absorbed by the body, differences between drug formulations, abbreviations for critical medication, information about assessing medication in stoma patients and contact persons. The brochure is handed out to ostomy patients by the WOC nurse and is available on the surgical wards. A pdf version for download in german and english language is freely available on the internet.

## [ECET27] HOW DO STOMA PATIENTS JUDGE THE RELEVANCE OF PHARMACEUTICAL MANAGEMENT IN HOSPITAL AND OUTPATIENT SETTINGS? – RESULTS OF THE PHARMENT STUDY (PART II)

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In a German university hospital, an intensified pharmaceutical management for stoma patients was performed as part of a cross-sectional prospective interventional cohort study (PharMEnt). Results from the inpatient phase (part I) revealed numerous pharmacists' interventions that were highly accepted by physicians. The second part of this study aims to evaluate the relevance of the pharmaceutical management from the patient's perspective. Within the PharMEnt-study a clinical pharmacist carried out semi-structured interviews on drug resorption and therapy during hospitalization and followed up with telephone interviews post-discharge. Stoma patients evaluated their inpatient pharmacist's consultations using anonymized questionnaires one week post-discharge. The collected data were analyzed descriptively.

A total of 80 stoma patients were recruited (54 ileostomy and 26 colostomy). Over 50% (39 out of 74) reported stoma-related problems during the telephone interviews post-discharge, with one third related to stoma care. Nearly 33% (19 out of 58) found a tablet in their stoma bag, with 89.5% being ileostomy patients. The WOC (Wound, Ostomy, and Continence) nurse was the most common contact for problems. The questionnaire response rate was 66.3% (53 out of 80). Both, patient satisfaction with the pharmacist's consultation as well its importance were rated with a median score of 5 on a Likert scale from 1 (very dissatisfied) to 5 (very satisfied).

A large number of patients experience problems with medication post-discharge, especially ileostomy patients. The positive feedback highlights the importance of the pharmaceutical counseling and its potential to enhance patient satisfaction. However, clinical pharmacists remain largely unrecognized as valuable support resources.

## [ECET29] STOMA AND PYODERMA GANGRENOZUM

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**Aim / Objetivo:** To find the therapy for the skin complications caused by pyoderma gangrenosum in the peristomal area.

With the increase in non-specific intestinal inflammation (IBD), the number of skin complications in the peristomal area is also increasing. The most serious problem is pyoderma gangrenosum. There is little experience with this disease in the context of stoma.

**Method / Métodos:** Course of problem solving, photo documentation of dressing changes included. Observations subjects are patients who arrived at the university hospital with skin problems around the stoma that outpatient care was unable to treat.

**Results / Resultados:** Presentation of several case reports in the form of a poster

**Conclusion / Conclusiones:** Presentation of the procedures suitable for the care of patients with pyoderma gangrenosum in the form of a poster.

Therapy always requires multidisciplinary cooperation and patient compliance. We would like to present our experience in treating this problem.

## [ECET30] IMPACTO DE LA IMPLEMENTACIÓN DE LAS BUENAS PRÁCTICAS EN EL PROCESO ASISTENCIAL DE LA PERSONA OSTOMIZADA

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**Objetivo:** mejorar el proceso asistencial prestando cuidados de enfermería basados en la evidencia científica y en las buenas prácticas clínicas.

**Métodos:** se realizó análisis DAFO, identificando áreas de mejora en registros, marcaje preoperatorio del estoma, atención precoz en postoperatorio, seguimiento tras alta y en formación de profesionales en manejo del estoma.

Se inició la implantación de la guía de buenas prácticas “Apoyo a adultos que esperan o viven con una ostomía” en noviembre de 2021.

Participación de equipo interdisciplinar (informática, docencia, calidad, ilustración, suministros y personal asistencial de distintos ámbitos donde es atendida la persona ostomizada) iniciando medidas para alcanzar la excelencia.

### **Resultados:**

- Mejoras en formulario de ostomías, incorporación de nuevos indicadores (complicaciones, imágenes, cuestionario de calidad de vida...)
- Inicio del marcaje en cirugía urgente por enfermeras del quirófano de urgencias logrando aumentar el porcentaje de marcado hasta un 64,5% en 2024 y reducir las complicaciones de la piel un 17,9%.
- Inicio precoz de la educación en el postoperatorio tras instaurar la interconsulta electrónica y envío del parte quirúrgico a la estomaterapeuta, reduciendo la estancia en cirugía urgente 3 días desde 2020 y 1,2 días en programada.
- Sin pérdidas de valoración y seguimiento de pacientes tras instaurar teleconsulta, móvil y correo corporativo.
- Formación de 800 profesionales en cuidado de la ostomía (presencial y online), con elaboración de infografías.

**Conclusiones:** los cuidados basados en la evidencia científica han reducido la variabilidad en la práctica clínica, mejorado el proceso asistencial, reducido las complicaciones y la estancia hospitalaria.

## [ECET31] MARCAJE PREOPERATORIO DE LA OSTOMÍA EN CIRUGÍA URGENTE. UNA INTERVENCIÓN ENFERMERA QUE REDUCE LA DERMATITIS, LA ESTANCIA HOSPITALARIA Y LOS COSTES SANITARIOS

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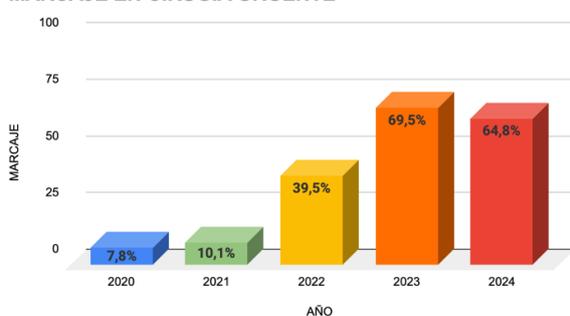
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**Objetivo:** analizar el impacto en la aparición de complicaciones del estoma y piel periestomal, en la estancia y los costes hospitalarios, que ha supuesto la implantación del marcaje en cirugía urgente iniciado en febrero de 2022, mediante formación específica al personal del quirófano de urgencias.

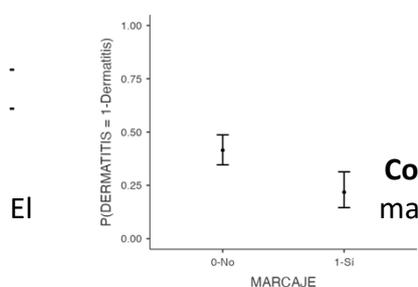
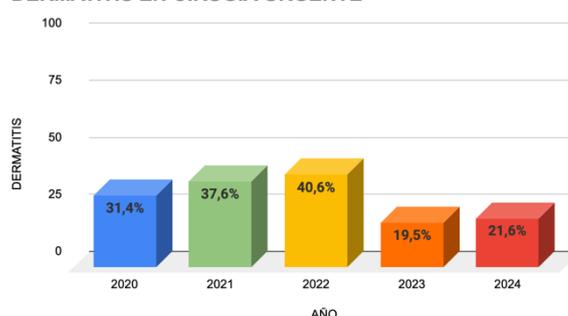
**Métodos:** estudio observacional, retrospectivo y transversal, en el que se incluyeron todos los pacientes mayores de 18 años intervenidos de urgencias entre enero 2020 y noviembre 2024 a los que se practicó una ostomía. Mediante un modelo de regresión logística se estimó el riesgo de tener o no complicaciones/dermatitis y analizar si dependen, o no, principalmente, de la realización del marcaje por la enfermera.

**Resultados:** se estudiaron 405 pacientes. La dermatitis en pacientes a los que se realizó marcaje urgente (n=155) fue del 19,3%, frente al 37,2% de no marcados (n=250). La regresión logística confirma ( $p=0,002$ ) que el marcaje es un factor protector, O.R.= 0,39 [I.C.:0,21-0,70] frente a la aparición de dermatitis y se asocia a menor estancia hospitalaria ( $p<0,001$ ) reduciéndola 3 días. En cuanto a las complicaciones del estoma no se observa relación entre el marcaje y su aparición.

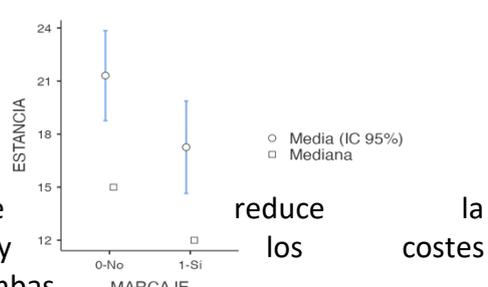
MARCAJE EN CIRUGÍA URGENTE



DERMATITIS EN CIRUGÍA URGENTE



**Conclusiones:**  
 El marcaje en cirugía urgente reduce la dermatitis, la estancia y los costes sanitarios asociados a ambas.



reduce los costes

Debe presentarse como una propuesta de mejora en la práctica hospitalaria siendo fundamental la formación a los profesionales del quirófano de urgencias para capacitarlos y la coordinación multidisciplinar.

Este estudio abre un camino a explorar pues existen escasas publicaciones sobre los resultados del marcaje en cirugía urgente.

## **[ECET33] THE FACTORS INFLUENCING THE FEELING OF SHAME IN PEOPLE WITH INCONTINENCE: THE INCOTEST STUDY**

Andrea Poliani<sup>1</sup>, Ilaria Marcomini<sup>1</sup>, Danila Maculotti<sup>2</sup>, Pier Raffaele Spena<sup>3</sup>, Duilio Manara<sup>1</sup>, Giulia Villa<sup>1</sup>

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**Aim:** To explore the feeling of shame experienced by individuals with incontinence when discussing their condition with others. Additionally, the study sought to identify factors associated with this emotion.

**Method:** This prospective observational study involved 220 incontinent patients who completed an online 17-item questionnaire. A multivariate linear regression analysis was conducted to outline the factors related to shame.

**Results:** 39.1% of participants (n=86) reported feeling very ashamed when discussing incontinence, while 38.6% (n=85) felt moderately ashamed. The highest levels of shame were reported by women with a poorer perception of their health, those who initially sought help from a general practitioner, had limited knowledge of the topic, and relied primarily on the Internet for information. Furthermore, 66.9% (n=147) stated that incontinence significantly affects their daily lives, and 18.6% (n=41) reported a very high impact on their quality of life.

**Conclusion:** The study highlights the importance of a comprehensive approach that includes the emotional and psychological aspects of incontinence. Implementing educational interventions is crucial to increase awareness, provide reliable information, and reduce social stigma. Creating a trusting environment is essential to allow individuals with incontinence to feel free to discuss their condition with healthcare professionals, promoting open and supportive dialogue.

**[ECET35] REMOTE EDUCATIONAL INTERVENTION FOR PEOPLE WITH STOMA: EXPERIENCES OF PATIENTS AND STOMATHERAPISTS. A PHENOMENOLOGICAL QUALITATIVE STUDY PROTOCOL.**

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**Aim:** To explore the experiences and perspectives of ostomy patients and stomatherapists regarding a remote educational pathway, part of the multi-center “SELF-STOMA study,” a randomized controlled trial comparing remote and face-to-face educational interventions.

**Method:** A phenomenological qualitative study will be conductive. Purposive sampling will recruit patients and stomatherapists from the experimental arm of the “SELF-STOMA study.” Data will be collected via semi-structured interviews for patients and focus groups for stomatherapists, conducted remotely using an online web app. Thematic analysis will be performed using the van Kaam method adapted by Moustakas. NVivo software will assist with coding and analysis. Data saturation will determine sample size.

**Results:** Findings will provide insights into the lived experiences of patients and therapists, highlighting benefits, challenges, and opportunities of remote educational pathways. Key themes may include accessibility, patient empowerment, convenience, and barriers related to technology.

**Conclusion:** The study will deepen understanding of remote educational pathways’ feasibility and effectiveness for ostomy care. Insights from patients and stomatherapists will inform future interventions, ensuring greater equity, accessibility, and resource efficiency in chronic care management. Results aim to guide the integration of technology into healthcare practices to enhance patient outcomes and improve care delivery.

## [ECET36] STOMA NURSE EXPERT OSTOMATES, FAMILIES AND CAREGIVERS CARE FRAMEWORK

Maria Rosa Costa Quintas<sup>1</sup>, Marta Sadurní Gràcia<sup>2</sup>, María Eugenia Zapatero Rodriguez<sup>3</sup>, Maria Antonia Viñals Sala<sup>4</sup>, Montse Pérez Baena<sup>5</sup>, Carmen del Pino Zurita<sup>6</sup>, Belen Bueno Cruz<sup>7</sup>, Mercedes Rubio Vázquez<sup>8</sup>, Cristina Quiñones Sánchez<sup>9</sup>

<sup>1</sup>Hospital Clinic Barcelona, Barcelona, Spain, <sup>2</sup>Hospital Universitario Arnau de Vilanova, Lérida, Spain, <sup>3</sup>Universitario Germans Trias i Pujol, Badalona, Spain, <sup>4</sup>Hospital de Mataró, Mataró, Spain, <sup>5</sup>Hospital Sant Pau i Santa Tecla, Tarragona, Spain, <sup>6</sup>Corporació Sanitària Parc Taulí, Sabadell, Spain, <sup>7</sup>Hospital Universitari Vall Hebron, Barcelona, Spain, <sup>8</sup>Hospital de la Santa Creu i Sant Pau, Barcelona, Spain, <sup>9</sup>Hospital de Bellvitge, Hospitalet de Llobregat, Spain

Current challenge faced by health systems is maintaining accessibility, quality and safety of nursing care given the increase of people with chronic diseases.

This has magnified the role of the Advanced Practice Nurse in different countries.

In Spain this figure is not legally accepted. With some 70,000 people with ostomies, an incidence of 16,000 cases per year and some 300 stoma nurses, we believe that it is imperative the establishment of a standard expert nurse practice to achieve the development of an advanced accreditation.

### **Aim / Objetivo:**

Establish the competency profile for the Stoma Nurse Expert.

Establish a consensus on the diagnoses and nursing interventions in the field of action according to NANDA, NIC and NOC, relating them to the 8 competency units.

Define the training contents for the acquisition of the agreed competences.

### **Method / Métodos:**

Qualitative study with nominal group following expert consensus techniques.

### **Results / Resultados:**

Ostomates, relatives and/or caregivers care action framework for Stomatotherapeutic care nurses.

81 diagnoses and more than 600 nursing interventions related to the different competence units have been detected.

Definition of the curricular training for an expert stoma nurse.

### **Conclusion / Conclusiones:**

The basic document creates a competency profile of the stoma nurse expert, ensuring equity care to Spanish ostomates, relatives and/or caregivers and enabling them to take on new emerging challenges by fostering, promoting and planning health strategies.

## [ECET37] GANGRENA DE FOURNIER: CASO CLÍNICO

Aurora Margarita Poma Villena<sup>1</sup>, Estíbaliz Álvarez Peña<sup>1</sup>, José Tomas Castell Gómez<sup>1</sup>, Amelia Aparicio Mata<sup>1</sup>, Sara García Bravo<sup>1</sup>

<sup>1</sup>Hospital Universitario La Luz, Madrid, Spain

**Aim / Objetivo:** Presentar un caso de gangrena de Fournier (GF) en nuestro centro.

**Method / Métodos:** Varón de 75 años, con antecedentes de tabaquismo, hipertensión arterial, portador de marcapasos, cardiopatía isquémica, fibrilación auricular e insuficiencia renal.

Valorado en urgencias por malestar general, deterioro progresivo, debilidad generalizada y fiebre mayor a 38º C. Refería, alteraciones miccionales y diarrea (5 días de evolución). Presenta hipotensión refractaria sin clínica proctológica, sin embargo, una anamnesis exhaustiva junto con un diagnóstico de sospecha llevo a revisar la zona perineal que mostraba un empastamiento significativo. Se realizo TC que mostró gas ectópico extraperitoneal, localizado en Retzius, extendiéndose a espacio presacro, escroto y periné por lo que se decidió revisión quirúrgica urgente.

En la intervención se realizó amplio desbridamiento por necrosis hasta plano esfinteriano y musculatura periuretral con prolongación a escroto y a pliegue inguinal derecho. Tras múltiples curas complejas diarias, requiere segunda intervención por persistencia de fiebre y empeoramiento radiológico, donde se realiza desbridamiento de espacio Retzius y colostomía

**Results / Resultados:** El paciente presentó cuadro de shock septico con necesidad de uso de drogas vasoactivas, antibioterapia de amplio espectro, control respiratorio y renal estrecho en UCI. Las curas y revisión diaria por enfermería especializada y cirugía permitieron controlar la infección y evitar la progresión de la gangrena.

**Conclusion / Conclusiones:** La GF es una patología muy grave, por lo que un diagnóstico precoz, un buen control del foco, una cobertura antibiótica de amplio espectro y realización de curas complejas son claves para su recuperación.

## [ECET38] INVESTIGATION OF METHODS FOR PROTECTING THE PERISTOMAL SKIN AT ILEOSTOMY

Hidemi Ishii<sup>1</sup>

<sup>1</sup>*kawasaki memorial hospital, 20-1,shiomidai kawasaki, Japan*

**Aim / Objetivo:** The purpose of this study was to consider appropriate care methods based on the skin conditions around the stoma of an ileostomy.

### **Method / Métodos:**

- **Study Design:** Cross-sectional survey
- **Subjects:** Ileostomy patients from a stoma clinic, studied from 2021 to 2023.
- **Data Collected:** Patient characteristics, peristomal skin conditions, and skin barrier function were investigated by WOCN.
- **Evaluation:** Transepidermal water loss (TEWL), observation of peristomal skin conditions, skin care practices, and appliance use.

### **Results / Resultados:**

- **Participants:** 32 ileostomy patients (22 males, 10 females)
- **Average Age:** 61.8 years (range 36-85 years)
- **Stoma Duration:** 4.8 ± 2.2 years
- **Peristomal Skin Conditions:** Erosion (52%), erythema (16%), granulation (13%), pigmentation (61.3%)
- **Appliance Use:** Convex appliances (75%), wafer (69%)
- **Skin Barrier Function:** The TEWL of the peristomal skin was 153% higher than that of the non-adhered area, indicating decreased skin barrier function.

**Conclusion / Conclusiones:** Even when using convex appliances and wafers, skin problems appeared in the peristomal skin at the ileostomy. The stools from an ileostomy are watery and contain many digestive enzymes, making them highly likely to cause skin problems. Therefore, to prevent skin problems around the ileostomy, it is essential to choose an appropriate appliance and a wafer with water absorption, buffering action, and sealing properties.

## [ECET39] CARE CHALLENGES FOR PERISTOMAL OVER - GRANULATION

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<sup>1</sup>JCHO Shimonoseki Medical Center, Shimonoseki, Japan, <sup>2</sup>Connect care labo, Ichikawa, Japan

### **Aim / Objetivo:**

Examining the challenges of stoma management in preventing the development of excessive granulation tissue adjacent to the stoma.

**Method / Métodos:** The subjects are patients with peristomal over-granulation who were managed between January 2020 and October 2024. The location of symptom onset, stoma management status, and course of care were investigated.

**Results / Resultados:** The subjects included 5 colostomy patients (2 males and 3 females), with an average age of 77 years. The average stoma duration period was 7.2 years. Symptoms included bleeding from over-granulation around the stoma, frequent stool leakages. Stoma complications included hernia and giant stoma. The main stool was a Bristol scale score of 5 or 6. Appliance exchange frequency ranged from 1 to 4 days. Skin care involved creating a small cut hole in the appliance. Some patients exchanged the stoma bag when stool leakage occurred.

**Conclusion / Conclusiones:** Peristomal skin is prone to inflammation and skin problems due to irritation from excrement. If skin problems persist for a long time, excessive granulation tissue can occur.

Additionally, over-granulation around the stoma is easily caused by irritation from excrement and appliances.

In subjects with conditions like abdominal hernia, the excessive granulation tissue was speculated to have worsened due to lack of proper care.

We believe that excessive granulation tissue around the stoma can be prevented by selecting appropriate appliances and skin care. Using a high-absorbency wafer may help prevent peristomal over-granulation.

**[ECET40] TELEHEALTH VS IN-PERSON EDUCATION FOR IMPROVING SELF-CARE OF OSTOMY PATIENTS (SELF-STOMA): PRELIMINARY RESULTS OF A NON-INFERIORITY RANDOMIZED CONTROLLED TRIAL**

Alessia Campoli<sup>1;2</sup>, Giulia Villa<sup>3</sup>, Maria Rosaria Esposito<sup>4</sup>, Caterina Schirò<sup>5</sup>, Carmela Tufano<sup>6</sup>, Ercole Vellone<sup>1;7</sup>, Paolo Iovino<sup>8</sup>

<sup>1</sup>Department of Biomedicine and Prevention, University of Rome Tor Vergata, Rome, Italy, <sup>2</sup>Nursing, Technical, Rehabilitation, Assistance and Research Direction, IRCCS Istituti Fisioterapici Ospitalieri, IFO, Rome, Italy, <sup>3</sup>Center for Nursing Research and Innovation, Faculty of Medicine and Surgery, Vita-Salute San Raffaele University, Milan, Italy, <sup>4</sup>Qualità Risk Management-CIO INT IRCCS "Fondazione G. Pascale", Naples, Italy, <sup>5</sup>Ospedale dei Castelli, Rome, Italy, <sup>6</sup>Azienda Ospedaliera San Giuseppe Moscati, Avellino, Italy, <sup>7</sup>Faculty of Nursing and Midwifery, Wroclaw Medical University, Wroclaw, Poland, <sup>8</sup>Health Sciences Department, University of Florence, Florence, Italy

**Aim:** To evaluate the non-inferiority of a telehealth intervention compared with a standard in-person approach to improve self-care behaviors in ostomy patients.

**Method:** Three one-way ANCOVA models were performed to estimate the between-group differences in self-care measures at one month, adjusting for baseline differences. Non-inferiority margins for these measures were set at 4.

**Results:** To date, a total of 57 patients (mean age 67.96 [SD 8.15], 12 [21%] male; 45 [79%] female) were randomly allocated to the telehealth intervention and 57 (mean age 68.42 [SD 9.09], 12 [21%] male; 45 [79%] female) to standard in-person visits. No dropouts were detected at one month. Compared to baseline, the between-group differences at one month were as follows: self-care maintenance: -1.49 (95% CI: -5.37 to 2.40),  $p = 0.450$ ; self-care monitoring: -1.85 (95% CI: -5.32 to 1.62),  $p = 0.294$ ; self-care management: 4.53 (95% CI: -2.54 to 11.60),  $p = 0.202$ , and self-care confidence: -1.06 (95% CI: -4.72 to 2.61),  $p = 0.569$ .

**Conclusion:** The preliminary results at one month suggest that the telehealth intervention is inferior to the standard in-person approach in improving self-care maintenance, monitoring, and confidence. However, this intervention seems to achieve non inferior improvements in self-care management behaviors. These findings are still inconclusive and require further testing on the total sample powered for non-inferiority.

**[ECET44] MANAGEMENT OF HYPERGRANULATION TISSUE USING DIALKYL CARBOMOYL CHLORIDE (DACC) DRESSINGS: A CASE STUDY**

huiwon seo<sup>1</sup>

<sup>1</sup>*Korea University Medical Center, Seoul, Korea, Rep. of South*

**Aim:** Hypergranulation tissue forms when wound healing is disrupted, leading to excessive granulation that prolongs healing, increases infection risk, and weakens wound strength. This case study highlights the potential effectiveness of DACC absorption dressings for managing hypergranulation in various clinical situations.

**Method:**

**Case 1:** A 74-year-old male patient, hospitalized with lung cancer, diabetes mellitus and intracerebral hemorrhage (ICH), has a stage 4 pressure ulcer with hypergranulation tissue, which prevented further epithelialization of the wound. DACC absorption dressings were applied, effectively managing the hypergranulation tissue.

**Case 2:** A 64-year-old female patient with an atrio-esophageal fistula and septic shock underwent atrio-esophageal fistulectomy. She was admitted to the ICU on ECMO support and developed an unstageable pressure injury on her scalp. After complete debridement of necrotic tissue, the wound was clean but showed hypergranulation tissue, halting further epithelialization. The dressing regimen was switched to DACC absorption dressings, successfully managing the hypergranulation tissue.

**Case 3:** A 57-year-old male patient with rectal cancer and an ileostomy presented with persistent hypergranulation tissue adjacent to the stoma causing leakage. A small DACC absorption dressing was applied to the hypergranulating area before attaching the stoma appliance. After approximately 10 days, the wound showed notable improvement.

**Results:** DACC absorption dressings, successfully managing the hypergranulation tissue and promoting wound healing.

**Conclusion:** These cases demonstrate the potential effectiveness of DACC absorption dressings, in managing hypergranulation tissue in wounds complicated by excess moisture and tissue overgrowth. By controlling exudate and hypergranulation, DACC dressings promoted wound healing.

**[ECET46] EFFECT OF TECHNOLOGY-BASED EDUCATIONAL TOOLS ON STOMA CARE EDUCATION IN NURSING STUDENTS: A SYSTEMATIC REVIEW META-ANALYSIS**

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<sup>1</sup>Koç University, Graduate School of Health Sciences, Istanbul, Türkiye, <sup>2</sup>Koç University, School of Nursing, Istanbul, Türkiye

**Aim / Objetivo:** To assess the impact of technology-based educational tools on the knowledge and skills acquisition of nursing students in stoma care education, compared to traditional instructional methods.

**Method / Métodos:** A comprehensive search was conducted across multiple databases, including PubMed, Web of Science, Cochrane Library, Ovid MEDLINE, CINAHL, and Scopus, to identify relevant studies, with no date restrictions applied. Based on 533 articles screened, 51 articles were evaluated as full text, of which six were included in the randomized controlled trials (n=5) and experimental studies (n=1). This study was performed based on the Guidelines of Systematic Reporting of Examination presented in PRISMA checklist. Meta-analyses were performed using the Comprehensive Meta-Analysis software. Effect sizes (Hedge's g) were calculated using a random-effects model, and heterogeneity was assessed with the I<sup>2</sup> statistic and Q-test.

**Results / Resultados:** This systematic review and meta-analysis included six studies involving 735 nursing students. A diversity of learning approaches was observed, including technology-based presentation techniques (n=1), virtual reality (n=1), web application (n=1), simulations (n=3). The results revealed significant improvements in stoma care knowledge and skills among nursing students (Hedge's g=2.191, 95% CI:1.088 to 3.294, p<0.001) when comparing technology-based educational tools, with traditional methods. Substantial heterogeneity was observed across studies (Q=327.049, p<0.001, I<sup>2</sup>=97.86%), indicating variability in intervention outcomes.

**Conclusion / Conclusiones:** It was found that technology-based educational tools significantly enhanced nursing students' knowledge and skills in stoma care. These tools were recommended to be integrated as a complementary approach to traditional teaching methods in modern nursing education.

**[ECET47] EFFECT OF TECHNOLOGY-BASED INTERVENTIONS ON THE SELF-EFFICACY AND ADAPTATION TO LIFE AMONG INDIVIDUALS WITH A STOMA: A SYSTEMATIC REVIEW AND META-ANALYSIS**

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<sup>1</sup>Koç University, Graduate School of Health Sciences, İstanbul, Türkiye, <sup>2</sup>Koç University, School of Nursing, İstanbul, Türkiye

**Aim / Objetivo:** To examine the effects of technology-based interventions on self-efficacy perceptions and adaptation to life among individuals with a stoma.

**Method / Métodos:** Studies were identified through a comprehensive search of databases including PubMed, CINAHL, Cochrane Library, Scopus, Ovid MEDLINE and Web of Science that met inclusion criteria. The study search and selection were performed by independent reviewers. Meta-analyses were performed using the Comprehensive Meta-Analysis software. Effect sizes (Hedge's  $g$ ) were calculated using a random-effects model, and heterogeneity was assessed with the  $I^2$  statistic and Q-test. The PROSPERO International Prospective Register of Systematic Reviews has registered the search protocol.

**Results / Resultados:** A total of seven studies involving 724 patients were analyzed, consisting of five randomized controlled trials and two experimental studies. The studies included in the meta-analysis employed a variety of technology-based interventions, such as simulation ( $n=1$ ), video-based education ( $n=2$ ), multimedia education programs ( $n=3$ ), and videoconferencing ( $n=1$ ). The meta-analysis revealed significant improvements in stoma self-efficacy perceptions (Hedge's  $g = 1.960$ , 95% CI:1.014, 2.906,  $p < 0.001$ ) and moderate improvements in the adaptation of individuals with a stoma (Hedge's  $g=0.527$ , 95% CI:0.332, 0.721,  $p < 0.001$ ) in favor of technology-based interventions. However, substantial heterogeneity was observed in both analyses (self-efficacy:  $I^2=92.53\%$ ,  $Q=53.561$ ,  $p < 0.001$ ; adaptation:  $I^2=97.17\%$ ,  $Q = 141.563$ ,  $p < 0.001$ ).

**Conclusion / Conclusiones:** Technology-based interventions significantly enhance stoma self-efficacy and adaptation in individuals with a stoma, though substantial heterogeneity highlights variability in intervention outcomes across studies.

## [ECET48] USO DE DISPOSITIVOS MOLDEABLES, ¿MEJORAN LA CALIDAD DE VIDA DEL PACIENTE?

Patricia Ferrero Sereno<sup>1</sup>, Raquel Caballero de la Calle<sup>1</sup>, Patricia Luna Castaño<sup>1</sup>, Miguel Angel Garcia Garrido<sup>1</sup>, Ana Isabel Córdoba Fernández<sup>1</sup>, Cristina Tabasco Diez<sup>1</sup>, Laura Muñoz Bermejo<sup>2</sup>

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**Título:** Uso de dispositivos Moldeables, ¿Mejoran la calidad de vida del paciente?

**Introducción:** Las ostomías representan un desafío emocional y físico significativo para los pacientes, especialmente cuando surgen complicaciones que afectan la calidad de vida. En España, con más de 30,000 personas ostomizadas, la búsqueda de soluciones efectivas es prioritaria. Este estudio se centra en los beneficios de los dispositivos moldeables planos para el manejo de complicaciones en estomas.

**Objetivo:** Evaluar la eficacia de los dispositivos moldeables planos en la mejora de complicaciones específicas (como edema, prolapso y alteraciones cutáneas) y su impacto en la calidad de vida de los pacientes.

**Métodos:** Estudio descriptivo, observacional, longitudinal y prospectivo realizado en 25 pacientes con estomas complicados. Se analizaron datos clínicos, evolución de complicaciones y encuestas de calidad de vida. Las evaluaciones incluyeron visitas iniciales y seguimientos a 7 días, 1 mes y 3 meses.

**Resultados:** Se observó una reducción significativa en complicaciones como edema (0% en la visita final) y dermatitis irritativa (0%). Además, las fugas disminuyeron del 64% al 24%, y la puntuación media de calidad de vida aumentó de 5.4 a 7 puntos. Los pacientes reportaron mayor confort y seguridad en el manejo del dispositivo.

**Conclusiones:** Los dispositivos moldeables planos son una opción eficaz para manejar complicaciones en estomas, mejorando significativamente la calidad de vida y facilitando la reintegración de los pacientes en su entorno social y laboral. Title: Use of moldable devices, do they improve the patient's quality of life?

## [ECET49] POST-SURGICAL STOMA OUTPUT MONITORING: A NEW STRATEGY TO REDUCE RE-ADMISSION RATES

Victoria Gilpin<sup>1</sup>, Chris I. R. Gill<sup>2</sup>, L. Kirsty Pourshahidi<sup>2</sup>, Ellen E. A. Simpson<sup>3</sup>, Karl McCreadie<sup>4</sup>, James Davis<sup>1</sup>

<sup>1</sup>Ulster University, School of Engineering, Belfast, Northern Ireland, <sup>2</sup>Ulster University, School of Biomedical Sciences, Coleraine, Northern Ireland, <sup>3</sup>Ulster University, School of Psychology, Coleraine, Northern Ireland, <sup>4</sup>Ulster University, School of Computing, Engineering and Intelligent Systems, Derry / Londonderry, Northern Ireland

**Aim:** Dehydration, electrolyte imbalances and peristomal skin complications have long been recognised as contributing factors in high rates of readmission (10-30%) and, within the UK, lead to increased hospital stays (13 days) and healthcare costs (£20,445 per patient). A core issue is the management of high-output stomas (HOS), typically defined as output greater than 1500-2000 mL / 24 hours. The aim here is to report on the design of a novel pouch system that could provide autonomous and accurate measurement of stomal output and composition, thereby enabling more timely interventions post-discharge and ultimately reducing readmission rates.

**Method:** A survey of ostomates conducted by the authors revealed the challenges faced in the immediate post-surgical period, which informed the design of a pouch system incorporating a series of sensors. Their application towards the automatic measurement of stomal output and molecular composition through the analysis of ileostomy fluid is described.

**Results:** An analysis of the output survey is presented and serves as context for the subsequent discussion on sensing pouch operation and performance for HOS ileostomy patients. The critical patient advance lies in the integration of sensors that are accurate, disposable and do not alter normal pouch function.

**Conclusion:** At present, output monitoring is conducted by means of measuring jugs which are unreliable and inconvenient, particularly post-discharge where the patient is attempting to return to normal everyday activities. The availability of an autonomous sensing system could significantly improve adherence and clinical outcomes and reduce complications.

**[ECET50] ENSAYO CLÍNICO ALEATORIZADO SOBRE LA EFICACIA DE LA ESTIMULACIÓN DEL ASA EFERENTE PREVIA AL CIERRE DE LA ILEOSTOMÍA Y LA REHABILITACIÓN DEL SUELO PÉLVICO POSTERIOR, EN LA CALIDAD DE VIDA DE PACIENTES INTERVENIDOS DE RESECCIÓN ANTERIOR DE RECTO.**

Cristina Vidal<sup>1</sup>, Georgia Romero<sup>1</sup>, Pablo Collera<sup>1</sup>, Celia Jane<sup>1</sup>, Anna Arnau<sup>1</sup>, Núria Torà<sup>1</sup>, Anna Rosal<sup>1</sup>

<sup>1</sup>*Althaia Xarxa Assistencial Universitària de Manresa, Manresa, Spain*

**Objetivo:** Evaluar la eficacia de la estimulación del asa eferente previa al cierre de la ileostomía y la rehabilitación del suelo pélvico después del cierre sobre la calidad de vida (EORTC QLQ-CR29), el síndrome de resección anterior (LARS) y el íleo paralítico postoperatorio.

**Métodos:** Ensayo clínico aleatorizado, controlado, abierto, con seguimiento a 12 meses tras cierre de ileostomía por cáncer de recto (mayo 2020 a agosto 2022). El Grupo Control (GC) recibió atención habitual; el Grupo Intervención (GI) realizó estimulación del asa eferente previa al cierre de la ileostomía y rehabilitación del suelo pélvico a los 3 meses del cierre de la ileostomía.

**Resultados:** Se analizaron 22 pacientes [10 GC, 12 GI; edad media 66,4 (DE 11,3), 72,7% hombres]. Ambos grupos mejoraron significativamente en dolor abdominal, percepción de peso imagen corporal. El GI mostró una disminución significativa en frecuencia urinaria, dolor glúteo, sangre/mucosidad y piel dolorida. La incontinencia fecal disminuyó -18,2 (IC95%: -43,4 a 7,1) en el GI frente a un aumento de 8,3 (IC95%: -4,6 a 21,2) en el GC (d Cohen = -0,87). A los 12 meses, la media del LARS del GI y GC fue de 22,8 (DE 14,5) y 23,4 (DE 13) respectivamente, sin diferencias significativas. Hubo un caso con íleo paralítico postoperatorio en el GI y ninguno en el GC (8,3 vs 0,0%; p=1,000).

**Conclusiones:** La estimulación del asa eferente y la rehabilitación mejoraron la calidad de vida, especialmente en la incontinencia fecal. No se observaron diferencias en el LARS ni el íleo paralítico.

## [ECET54] MANAGEMENT OF PATIENTS WITH PYODERMA GANGRENOSUM

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**Aim:** Pyoderma Gangrenosum shows worsening pain in connection with the attachment of ostomy plates, and may cause secondary problems such as softening of surrounding tissues and epidermal peeling, including lesions, due to leakage of feces, and may experience difficulties in management, such as recurrence of lesions on the skin around the stoma due to frequent replacement of the accessory plates. I would like to share the case of dressing and ostomy management in patients with Pyoderma Gangrenosum.

**Method:** The goal of treatment for Pyoderma Gangrenosum around the stoma is to control pain, heal the lesion and prevent infection, and above all, to maintain effective Ostomy management. It is important to select ostomy and wound products considering the characteristics of the lesion and the characteristics of the stoma. Appropriate foam dressing and ostomy plate were changed and managed according to the pattern of skin wounds around the stoma.

**Results:** Patients with Pyoderma Gangrenosum, who were well managed by applying appropriate dressing and Ostomy plate, had improved skin condition, reducing pain and stool leakage, and improved quality of life for ostomy patient.

**Conclusion:** It is very important to observe the presence of skin irritation around the stoma due to frequent plate exchange and leakage to detect and accurately evaluate symptoms and signs in the early stages, and for this, the clinical experience of WOCN is very important. In addition, after discharge, periodic management through WOCN outpatient is required to apply products suitable for body change and prevent complications.

## [ECET55] Benefits of one piece ostomy systems

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**Introduction:** One piece ostomy systems combine skin barrier and pouch, offering discretion, ease of use, comfort, and best fit in any type of abdomen, at the lowest cost. However, it is not always offered to the patient, even though it is available in most healthcare facilities<sup>1</sup>.

**Objective:** To identify the benefits of the use of one piece ostomy devices through the evaluation of a structured patient survey.

**Methodology:** A cross-sectional observational study was conducted by conducting a structured survey of 39 patients who tried the one piece system to identify and validate the advantages and disadvantages of this product.

**Results:** Of the patients surveyed, 97% were seen in a specialized ostomy nursing practice, of whom 97% were colostomates (those who were most willing to try it). Their device preferences were: closed pouch, one piece, with viewing window and pre-cut. Advantages noted: ease of insertion (100%), ease of removal (89.75%), comfort with the device (89.75%), discretion (82%) and adaptation to the device (89.75%). They identified no drawbacks.

**Conclusions:** The choice of one or two pieces depends on personal needs, lifestyle and type of stoma. We must give the opportunity to try. The choice of one piece systems improves comfort, discretion and ease of use. Of the 39 patients surveyed, 36 of them chose to use the one piece system exclusively and 3 alternated with the two piece systems.

**[ECET56] Prevention and/or treatment of peristomal lesions “combining hydrocolloid technology with accessories.”**

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**Introduction:** The application of hydrocolloids is effective in caring for peristomal skin in ostomates. They form a protective barrier against irritants such as feces and urine, preventing irritant contact dermatitis caused by leakage<sup>1-4</sup>. Hydrocolloid products adapt to the skin, even in folds, ensuring better adhesion. In cases of irritation or injury, they facilitate recovery by maintaining a balanced moist environment<sup>3-5</sup>.

**Objective:** To highlight the benefits of combining hydrocolloids with accessories to prevent or treat peristomal injuries.

**Method:** We reviewed the literature in bibliographic databases on the benefits of hydrocolloids and, after analysing the articles, compared them with our daily experience.

**Discussion:** The main cause of peristomal skin lesions is generated by contact with the effluent, and the causes of leaks must be detected in order for treatments to be effective<sup>1,2,6,7,8</sup>. All the studies found converge in the idea that the use of hydrocolloid products, individually or in combination, improve the adherence of ostomy devices and promote the healing of skin lesions. Some authors<sup>1,2,4,6,6,9,11</sup> advocate their use as injury prevention strategies.

**Conclusions:** In our daily practice, the use of hydrocolloids shows preventive and healing benefits, especially combined with accessories. In peristomal ulcerative lesions<sup>12</sup>, protective powder combined with barrier spray<sup>13</sup> minimizes healing time and, by adding an extra-fine hydrocolloid dressing, device pressure is reduced. In addition, the hydrocolloid paste (gelatin, pectin and sodium carboxymethylcellulose) improves sealing and evens out irregularities.

**[ECET58] SEGUIMIENTO EN PACIENTE CON COMPLICACIONES EN PIEL PERIESTOMAL Y EN MANEJO DE OSTOMIA, POR MUERTE SÚBITA DE CUIDADOR. A PROPÓSITO DE UN CASO.**

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El cáncer de recto es actualmente una de las enfermedades que implica una mayor morbimortalidad, tanto para la persona que lo sufre como para la esfera que lo rodea. Cuando la cirugía implica la construcción de un estoma, el paciente y familia se enfrentan a una nueva situación con afectación en su calidad de vida. Las guías de práctica clínica recomiendan instaurar plan de visitas de seguimiento y acceso a la enfermera estomaterapeuta.

**Objetivo:** Mostrar los resultados del seguimiento personalizado a paciente con ileostomía de protección con lesión por hiperqueratosis hasta la resolución de la complicación y el logro de la autonomía en el manejo de la ostomía, tras un evento traumático.

**Metodo:** Se establece plan de visitas de seguimiento al alta, en ese momento el manejo de la ostomía la realiza el marido. Precisa cambio de plan a los pocos días por muerte de este. Aparece una hiperqueratosis en la piel periestomal por exceso de humedad y mal manejo. Nuevo plan de curas diario, actuación en el proceso de duelo y educación en el manejo para conseguir autonomía.

**Resultados:** Mejora de la complicación a las cuatro semanas , consiguiendo autonomía en el manejo y cura de la ostomía.

**Conclusiones:** La instauración de un plan de curas y el seguimiento personalizado a los pacientes ostomizados por parte de la enfermera estoma terapeuta mejora la calidad de la vida de los pacientes. Las actividades realizadas por la estoma terapeuta contempla todas las esferas de la persona ostomizada y la acompaña en el proceso de aceptación.

## **[ECET59] Tecnologías y la Consulta de Enfermería en el Cuidado de Personas con Estomas: Relato de Experiencia**

Fernanda Simões Valadão

**Objetivo:** Relatar la experiencia en la elección del dispositivo colector y adyuvante ideal a partir de la consulta de enfermería.

**Metodología:** Relato de experiencia.

**Resultados:** Mujer de 48 años, en tratamiento con opioides para control del dolor, relató dolor intenso durante la primera consulta de enfermería. La evaluación reveló abdomen flácido, estoma por debajo del nivel de la piel y dermatitis periestomal extensa. Se cambió el dispositivo colector plano, que causaba extravasamiento, por un colector convexo flexible con cinturón y una placa de hidrocoloide infundida con Aloe vera. La placa, con cinco cortes en el borde, se adaptó a las características del abdomen de la paciente, siendo de espuma, lo que proporcionó comodidad a la zona afectada por la dermatitis. El colector, con ajuste universal para cinturón y pantalla protectora impermeable, aseguró protección y confort. El filtro de carbón activado neutralizó los olores, y el cierre de Velcro garantizó seguridad. Se aplicó un anillo de hidrocoloide moldeable con Aloe vera alrededor del estoma. Después de cinco cambios de bolsa en 15 días, la paciente reportó alivio completo del dolor y presentó reepitelización de la piel periestomal, con mejora significativa en su condición.

**Conclusión:** El uso de dispositivos con Aloe vera fue efectivo en el tratamiento de la dermatitis periestomal, destacando la importancia del acompañamiento continuo de enfermería para garantizar la elección y manejo adecuados