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Dear members,
Dear friends of ECET,

The year 2017 was successfully concluded with the ECET congress in Berlin. It was attended by more than 1,300 participants, who followed with interest all lectures and actively participated in training workshops in the field of ostomy care, continence care and wound care. Many new members of ECET actively participated in the congress either with a lecture or in the form of a poster presentation. In the New Year 2018 we have new projects, whose results we want to present at the next ECET Congress.

ECET cooperates with all the enterostomal therapists across Europe and others who are interested in. We met colleagues from several European countries who are active in the field of enterostomal therapy. Therefore, in this newsletter, we also publish reports of development of enterostomal therapy in their countries and, of course, also their achievements.

Renata Batas, RN, ET
PR Manager of ECET

Professional Group of Nurse in Enterostomal Therapy Slovenia at Nurses and Midwives Association in Slovenia celebrated 30th Anniversary

Renata Batas, RN, ET, President of Professional group of nurses in enterostomal therapy Slovenia

On 6th and 7th October 2017, the Executive Committee of the ***Professional group of nurses in enterostomal therapy Slovenia*** organized two-day professional education in Zreče (Slovenia), on topics of ostomy, wound and continence nursing care. In view of the increasing number of people over 65 years of age, there is also a rise in problems with incontinence. With the successful National Program for Early Detection of Colorectal Cancer and Rehabilitation in Slovenia (SVIT) we also more often meet with patients who have had surgery with final outcome of ostomy creation (colo-, ileostomy; temporarily or permanently and/or urostomy).

Therefore, for the mentioned patients and their optimal rehabilitation, in-depth knowledge of these areas of nursing is even more important for ensuring quality nursing care and their optimal rehabilitation. The third set of lectures at a professional meeting was devoted to health care and the provision of chronic wounds. They often occur in the elderly (e.g., ulcer) which are particularly at risk for the formation of pressure ulcer, especially if they are immobile. We must provide prevention and use appropriate devices for that. In addition it is important that the patient is treated comprehensively. That is why, when dealing with chronic wound patients, we emphasized nutritional support. Special nutritional treatment is also required in patients with high-output ileostomy, in order to avoid dehydration and electrolyte imbalance and loss of body weight of the patient with ileostomy.

Attendance at a professional meeting was high, a positive atmosphere was present, and the discussions after sessions were dynamic. We were also pleased that participants came from all regions of Slovenia and from all levels of health care, that is, from various health centers in Slovenia, community nursing departments, private clinics, rehabilitation institutes and hospitals from all regions of Slovenia, besides enterostomal therapists. The participants were able to gain new knowledge, learn skills at training workshops, exchange experiences, which will be able to transfer them to everyday practice. They were present also at the formal academy on the 30th anniversary of Professional group of nurses in enterostomal therapy Slovenia.

11th November 1987, is the day when the head nurses at the University Clinical Centre Ljubljana, Mrs. Polona Zupančič and the members of the initiative committee, Lea Zver, Darinka Klemenc, Alenka Krist, Marija Smolič, Metka Foltyn Zima and Štefka Koderman, formed a »Section of nurses in Enterostomal therapy« within the Association of nursing societies Slovenia. Her first president was Darinka Klemenc. This is how our story began and this year we have completed 30 years. The welcome and keynote speech of the president

Mrs. Renata Batas was followed by an introductory lecture, a conversation with the first enterostomal therapist in Slovenia, Mrs. Metka Zima. In 1980, in Cleveland, she successfully completed education for the enterostomal therapist. It was our honor that Mrs. Zima was able to join us, and through this conversation we learned a lot of interesting data that we cannot easily find in the written history. In addition to Mrs. Zima, Darinka Klemenc was present, the second with completed course of enterostomal therapy in London (1987) and the first president when the Professional group of nurses in enterostomal therapy was formed. She briefed us on the efforts of the first enterostomal therapist in Slovenia for development of enterostomal therapy and for enforcements the rights of people with ostomy to medical devices on recipe which was prescribed by the doctor. She presented cooperation of enterostomal therapist in the establishment of ostomy patients association in Slovenia – ILCO. At professional meeting we talked about nursing care of patients with ostomy, chronic woundc, compression therapy and continence care. The lecture was followed by workshops on compression therapy, wound care, nephrostomy care. This year, Professional group of nurses in enterostomal therapy developed National protocols for nursing care of patients with nephrostomy and cystostomy.

On our anniversary we also published a monograph »30 years of operation of Professional group of nurses in enterostomal therapy in Slovenia (1987 – 2017)« (Picture 1). Our professional group also received from the Chamber of Nurses and Midwives Association Slovenia (President Mrs. Monika Ažman), recognition for 30 years of quality and successful professional work in the field of enterostomal therapy in Slovenia (Picture 2).



Picture 1: A monograph on the 30th anniversary of the Nurses Section in Enterostomal Therapy in Slovenia (photo: Renata Batas)



Picture 2: A Professional group of nurses in enterostomal therapy received a certificate from the Chamber of Proceedings of the Union for a 30-year high-quality and successful professional work. (From left to right): Dragica Jošar, Vanja Vilar, Renata Batas (president of the professional group), Ines Prodan (vice-president of the section), Robertina Benkovič and Monika Ažman (president of the Chamber - Union) (Photo: Jovan Batas).

In addition, the Professional group of nurses in enterostomal therapy also awarded thanks, acknowledgments for the important contribution to the functioning and development of the enterostomal therapy in Slovenia to important colleagues and to former presidents (Picture 3).



Picture 3 (from left to right): Tamara Štemberger Kolnik, Alenka Šau, Dragica Tomc, Marija Smolič, Vanja Vilar, Renata Batas, Marta Gantar, Darinka Klemenc and Alenka Krist (Photo: Jovan Batas).

Invisible Body Disability

Danila Maculotti, RN, ET, Brescia, Treasurer of ECET

It was held this afternoon at 3 pm the press conference of the Invisible Body Disability adhesive project presentation. The pilot project was realized with: ECET, FAIS Onlus, A.M.I.C.I., ABIS, A.L.S.I., Municipality of Brescia, Poliambulanza Foundation, Catholic University of Sacred Heart of Brescia, IPASVI of Brescia resented. Thanks for collaboration. We hope to spread it all over the world. [FAIS ONLUS Ostomy Association](#) [RENATA BATAS](#) [Werner Droste](#) [Gabriele Kroboth](#)



Pictures 4 to 11 (from left to the right): Press conference presentation of adhesive press conference for bathrooms; Danila Maculotti with Edoardo, thirteen, testimonial of the day and Pier Raffaele Spena, national secretary of FAIS.



Pictures 12: The sticker that was presented at the press conference. It will be displayed in the bathrooms of disabled people's restaurants, bars and public bodies of the city of Brescia and province.

SALUTE. Presentata in Municipio la campagna di sensibilizzazione

La Loggia «adotta» le persone stomizzate

Un adesivo biancoblù sui bagni dei disabili degli uffici e di alcuni locali segnala la malattia invisibile

Jacopo Manessi

Un adesivo di colore biancoblù, con un uomo e una donna stilizzati e l'aggiunta di una piccola sacca vicino allo stomaco. Verrà apposto sui bagni riservati ai disabili, ed è il punto centrale del progetto «Invisible body disability», promosso dall'Associazione Stomizzati per sensibilizzare sulle malattie invisibili. Tra cui proprio la stomia, tratto di intestino o vescica abboccato sull'addome per permettere la fuoriuscita di feci e urine.

L'OBIETTIVO è rendere il segno universale, e trae ispirazione dalle numerose segnalazioni delle persone portatrici, ma anche dai disegni di Grace Warnock, bambina scozzese di 11 anni creatrice del simbolo. «È un'iniziativa che sembra scontata, ma non è affatto così. Si tratta di un progetto pilota, e siamo felici che venga sperimentato a Brescia. Abbiamo in programma un tavolo tecnico a Roma, al Ministero della Salute e c'è la volontà di ampliare la proposta» spiega Pier



I promotori dell'iniziativa con il nuovo simbolo in Loggia

Raffaele Spena, segretario nazionale Fais Onlus, durante la presentazione in Loggia. Dove il giovane Edoardo ha simbolicamente incollato il primo adesivo ufficiale, e a cui hanno partecipato i rappresentanti dei principali partner dell'iniziativa, tra cui Roberta Chiesa (direttrice socio sanitaria Asst Spedali Civili), Alessandro Signorini (direttore generale **Fondazione Poliambulanza**), Stefania Pace (presidente collegio Ipsavi di Brescia) e Danila Maculotti (responsabile Ambulatorio Stomizzati **Fondazione Poliambulanza**). Oltre al vice sindaco Laura Castelletti e alla delegata alla Sanità Donatella Albini, che hanno sottolineato la volontà di am-

pliare la presenza degli adesivi negli edifici che fanno riferimento al Comune, a partire da biblioteche e musei, e ai locali del centro. I dati forniti parlano, al 31 dicembre 2016, di ben 15.300 persone stomizzate in Lombardia, l'8% in più rispetto a un decennio fa, di cui il 62% dai 60 anni in su. Anche se cresce il numero dei pazienti giovani. Per quanto riguarda la provincia di Brescia, invece, **Poliambulanza** e Spedali Civili presentano cifre simili: per ognuno dei due poli, ogni anno ci sono circa 140-160 nuove stomie, che possono essere definitive o transitorie, mentre i due ambulatori hanno a carico circa 600 pazienti l'uno. •

29th Congress of the German Continence Society

Werner Droste, RN, ET, President FGSKW, Vice-president ECET

From 11th - 12th November 2017 in Dresden, continence experts from medicine, nursing and physiotherapy met for the 29th Congress of the German Continence Society. A comprehensive exhibition from the industry introduced experts to new developments from the therapeutic area and the supply of medical devices for people with continence disorders.

The professional society Stoma, Continence and Wound e. V. was present on the exhibition briefing the participants about the organisation's work in Germany and the activities of the European Council of Enterostomal Therapy (ECET) throughout Europe.



Pictures 13: Board members of the German association for ostomy, continence and wound care (FgSKW e.V.). L left to right: Ute Marienfeld, Gabriele Ungethüm; Werner Droste

Highly trained stomatherapists is priorities for quality care

We meet Dr. Danila Maculotti, enterostomal therapist of Poliambulanza in Brescia and first Italian nurse to join the board of ECET, for an interview.

European Council of Enterostomal Therapists.

Is your appointment on the ECET board a personal success or recognition of the Italian nursing profession?

No personal success: it is a recognition for the category of Italian nurses.

What priorities will you bring to the attention of ECET ?

At the last board meeting I presented several projects: certainly. The priority is the training of enterostomal therapist, an important objective, essential for the profession; as didactic coordinator of the Master's Degree in stomatherapy and incontinence, which will start again in February 2018 at the Catholic University of the Sacred Heart of Brescia, I believe that we must aim at quality training. There will be teachers coming from Europe, but also from Canada and there will be the possibility of internships abroad: open-mindedness, detachment from one's own reality, multicultural nursing. The opportunity to do internships in completely different structures and to deal with an international background offers a wider view than the individual environment from which we come.

How do you rate the level of assistance given to people who have stomachs in Italy? Are there any substantial differences with the rest of Europe?

I believe that the level of assistance to ostomy patients in Italy is good: there are a large number of outpatient clinics in Italy. I am sure, above all thanks to training, which the care level will be maintained at all times of high standards. It is natural that there are differences because there are differences in the basic educational path between the various countries, also for this reason it is important to support the ECET which has among its objectives to increase professional culture, stimulate research and comparison between professionals.

Future projects?

We have several of them in the pipeline: from collaboration with patients' association's stomate patients. The dialogue with the associations is fundamental to provide assistance that is not only up to standard, but also knows how to put the user at the centre as an authentic protagonist of rehabilitation pathways; research projects in the field of stomatherapy nursing in the long term, with creation of a date. the basis in which to gather as much information as possible, with the consequent possibility of studying more and more current topics.

We will tell you about the development of our work, now we have to FARE!



Picture 14: Danila Maculotti with her Canadian colleague Louise Forest Lalande, an expert in stomatherapy and wound paediatric care.

Alta formazione degli stomaterapisti è priorità per un'assistenza di qualità

Intervista alla dott.ssa Danila Maculotti, enterostomista e membro ECET

Incontriamo la dott.ssa Danila Maculotti, enterostomista della Poliambulanza di Brescia e prima infermiera italiana ad entrare nel board dell'ECET, European Council of Enterostomal Therapists.

La sua nomina nel board della ECET è un successo personale o un riconoscimento alla infermieristica italiana?

Nessun successo personale: è un riconoscimento per la categoria degli infermieri italiani. Quali sono le priorità che porterà all'attenzione della ECET?

Nell'ultima riunione del board ho presentato più progetti: sicuramente la priorità riguarda la formazione degli stomaterapisti, obiettivo importante, essenziale per la professione; come coordinatrice didattica del Master in stomaterapia e incontinenza che ripartirà a febbraio 2018 presso la sede dell'Università Cattolica del Sacro Cuore di Brescia, ritengo che si debba puntare ad una formazione di qualità.

Ci saranno docenti provenienti dall'Europa, ma anche dal Canada e ci sarà la possibilità di praticare degli stage all'estero: apertura mentale, distacco dalla propria realtà, nursing multiculturale.

L'opportunità di fare tirocinio in strutture completamente diverse e di confrontarsi con un background internazionale offre un panorama più ampio rispetto al singolo ambiente da cui proveniamo.

Come giudica il livello di assistenza riservato alle persone stomizzate in Italia? Ci sono differenze sostanziali con il resto d'Europa?

Il livello di assistenza alle persone portatrici di stomia in



La dott.ssa Danila Maculotti al congresso ECET del giugno 2017.

Italia lo reputo buono: gli ambulatori attivi, presenti sul territorio nazionale sono un numero consistente. Sono certa, grazie soprattutto alla formazione, che il livello assistenziale manterrà sempre degli standard di alto livello.

È naturale che ci siano delle differenze in quanto sussistono diversità del percorso formativo di base tra i vari Paesi, anche per tale motivo è importante sostenere l'ECET che ha

tra i suoi obiettivi quello di incrementare la cultura professionale, stimolare la ricerca e il confronto tra professionisti.

Progetti futuri?

In cantiere ne abbiamo parecchi: dalla collaborazione con le associazioni dei pazienti stomizzati.

Il dialogo con le associazioni è fondamentale per fornire un'assistenza che non sia solo all'altezza degli standard, ma che sappia anche mettere al centro l'utente come protagonista autentico dei percorsi di riabilitazione; progetti di ricerca in ambito infermieristico stomaterapico a lungo termine, con creazione di data base nei quali raccogliere più informazioni possibili, con conseguente possibilità di sviscerare argomenti sempre più attuali.

Vi racconteremo gli sviluppi del nostro lavoro, ora dobbiamo FARE!



Danila Maculotti con la collega canadese Louise Forest Lalande, esperta in stomaterapia e wound care pediatrico.

Enterostomal therapy in Croatia – Our way and vision 2010-2017

Ivanka Benčić, BSN, ET, Zagreb, Croatia



It has been a great pleasure for us Croatian nurses to say we **have first officially trained enterostomal therapists (ET)**, according to WCET (**World Council of Enterostomal Therapists**) program. We would like to share our journey with other colleagues. First initiative in this area of enterostomal therapy in Republic Croatia started from the clinic I work at. It is my wish to share our experience within neighbouring countries. My aim is to encourage them in their way by showing our model. No goal is impossible if there is passion, love and persistence. In the beginning of 2010 I started working as a head nurse in department of surgery UHC „Sestre Milosrdnice“. This particular clinic encompasses a large part of abdominal and oncology etiology. Various types of problems with complicated wounds were not rare. The rest of nursing staff, burdened with other activities and duties didn't have time to devote to those particular issues at least not the way it should be. Club of the people with ostomy encounter the same problems. Further enthusiasm, strength and persistence gave me my personal experience with malignant disease. It made me see the situations on a more personal level but also with necessary professional distance. Further knowledge in this field of healthcare and organised care in the nursing department would be of tremendous help in faster and better reconvalescence in every segment of life. I founded a society of nurses consisting of all head nurses from departments with such problems and such patients. I made contacts with all our resources from industries that supply tools for caring for wounds and stomas. Those people and their contacts in neighbouring countries are actively helping create quality professional net and encourage further cooperation with ET nurses in the region. This cooperation resulted in quality professional and personal work with Slovenian ET nurses. In my clinic I organised all expert events in ECET (European Council of Enterostomal Therapy) and WCET organisation. This kind of education brought great results. Nurses get first hand information from hands on experienced nurse and apply it in their home countries. Surgical clinic begins to apply one of key segments in process of stoma patient therapy-preoperative marking of stoma placement on the skin. Those were pioneer steps. Model I personally applied in Croatia is taken by other smaller hospitals as guidelines of better quality care for a patient. It is our vision that we want to have educated ET in Croatia and apply it in current health care system. Our year long cooperation with Slovenia resulted in including three nurses from Croatia besides me. I must give credit to great organisation expert lecturers, mentors and other participants. We encounter this education within UKC Ljubljana, Slovenia. We would like to thank all our colleagues from section Slovenia ET on accepting us into their program of education.

Also immediately after graduation in UHC Ljubljana I become a member of ECET. In 2017, Croatia is presenting for the first time in a major international conference. That was exactly the ECET conference in Berlin, where I talk about how important is the cooperation, and the exchange of knowledge. Great opportunity for new contacts, new knowledge, new skills. How many opportunities and professional challenges in one place!

Today Croatia has three ET, and we are ready to expand the level of care for our patients on a completely new level. Every beginning is difficult and it's not easy to be a pioneer in any segment of work or life. Any change, however good it is, encounters resistance and lack of trust. On a human level it's easy to understand that but producing a larger number of educated ET on job market in Croatia we make it possible to implement them in much needed segment of healthcare. This way we enable various socio-economic factors for the community as a whole 2017. ET nurses have been recognised and implemented in regular health care system of Republic Croatia. We are creating first algorithms and work standards in the area of ET therapy in accordance to real challenges of everyday work. We are building better and more efficient connection of hospital and outpatient care. Every organised and controlled way of activity always brings better results and minimizes bad factors. I am sure we are just at the beginning of one long and interesting professional way but im also sure this way is correct and efficient for all participants in the process of supplying proper healthcare to our patients .ET nurse is a key link between all professions related to this field.