



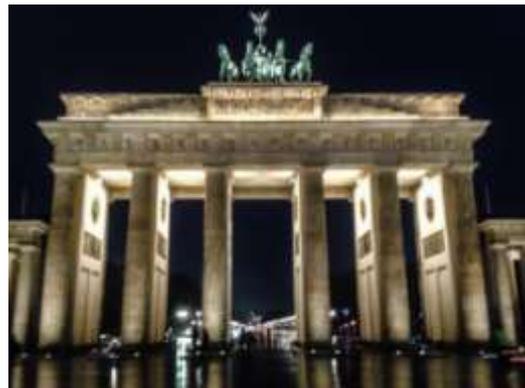
## **ECET Board meeting in Berlin – Preparations for ECET Congress 2017**

Renata Batas, RN, ET, PR & Publications of ECET

European Association of Enterostomal therapists develop its mission by organizing European conferences of enterostomal therapy. This is a unique opportunity where experts from different countries present their work, exchange experience, follow the news on the development of tools for the care and treatment of patients with stoma, acute and chronic wound and incontinence. In February 2016 was ECET Board meeting in Berlin. The two-day meeting was to choose the location for ECET Congress 2017 in Berlin and to discuss about scientific program.



*Figure 1. The Executive Committee ECET (from left to right):  
Gerlinde Wiesinger (Austria), Renata Batas (UK)  
Werner Droste (Germany), Gabrielle Kroboth (Austria)*



*Figure 2. Berlin - host ECET Congress in 2017*

## ECET Guest Session on EWMA Conference in May 2016 in Bremen, Germany



*Figure 1. ECET Guest session: speakers - members of the Executive Board of the European Association of Enterostomal Therapists after the completion of a lecture. In the picture (from left to right): Renata Batas (Slovenia), Werner Droste (Germany), Gabriele Kroboth (Austria).*

European Council of Enterostomal Therapists had Guest session on EWMA Conference in May 2016 for second year. The topic was: "Score systems and Stomatherapy", "Importance of continence and enterostomal therapy in affected patients, "and" An empirical study on the value and evaluation of enterostomal therapy. "

Damage of the peristomal skin is the most common problem at patients with ileo-, colo- and urostomy. It represents the largest percentage of various problems in patients with intestinal stoma (average 60-80%). The reason for this is the most poorly created stoma in an inappropriate place of the abdomen. Stoma, which is in the skin fold, or it is only at the level of the skin or even sunk, causes significant difficulties with selfcare of patients. Secretion often resorting under the skin lining, leading to severe inflammation or even ulceration, wounds on peristomal skin area. This requires special knowledge, skills, and knowledge of the possible use of suitable devices for stoma care. Only in this way damaged skin can be healed which improve the quality of life for ostomy patients. In the case of peristomal wounds we can also use coverings and materials for the treatment of chronic wounds. Approach to the injured peristomal skin is much easier, if we have a uniform scale, the algorithms for the assessment of peristomal skin damage. Many rating scales are known, such as SACS, LSD Score, Score DET etc. Most are relating to the effect skin itself in terms of inflammation, whether due to contact dermatitis, allergic dermatitis, skin disease etc. Only LSD grading scale - algorithm has elaborated a system where



in addition to the effect on the skin we estimate also other complications LSD Classification for assessment of peristomal skin damage was made by the group of experts in the field of enterostomal therapy from Germany. This estimate is based on criteria, which can be estimated by Enterostomal therapists as well as treating doctors. Based on this criteria, skin changes around stoma are classified into three categories: lesion (L) , status- state of the stoma (S) and the disease-disease (D). Category L describes the integrity of the skin as: normal (L0), lesions with impaired integrity of skin (L1), damaged skin (L2) and local infection (L3). The category describes the complexity of stoma care; normal (S0), increased (S1) and high but not effective enough (S2). Additional algorithm letters O. R. P. H. E. US describe anatomical - pathological changes in the stoma itself: stenosis - stenosis ostomy (O) retraction (R), prolapse (P), hernia (H). edema (E) and inappropriate – unfavorable stoma site (US). Category D (disease): Systemic pathological disorder is either absent (D0), is irrelevant (D1) or significant (D2). The final score of LSD is the basis for the assessment and stoma.care planning.

ECET is preparing Guidelines for Stoma site marking because this is very important for patients future ostomy care and also for final and optimal rehabilitation, selfcare.



*Figure 2. ECET Booth on EWMA 2016 Conference.*