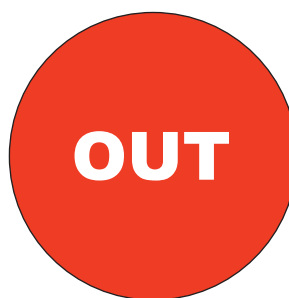


**Summer
2010
Newsletter**



**Volume 4
Issue 1**

STOMA SUPPORT GROUP WORKING WITH ST. MARKS AND NORTHWICK PARK HOSPITAL
Incorporated with St. Mark's Hospital Foundation Charity Registration No. 1088119

Bob's Hello!

Dear Friends,

I can only apologise for the delay in getting out this issue of your newsletter. In fact we will be one short this year. This is due to the fact that I myself had to attend an appointment with my Consultant who spent a little time with his hands inside and practising his crocheting for four hours.

All's well, and the hernia has been repaired and I have duly stayed off my driving for an agonising 8 weeks. To get back to it is like the relief of the Mafeking.

I was hoping to have some great news for you with regards to the ordering of our stoma appliances. Unfortunately, I can not report back to you as I'm still waiting to hear back from them. I have written to the head of the Pharmacy Department at the PCT, Anna Jenkins. In it I have pointed out that there is a pharmacy company advertising on the television stating that they will order your prescription from your GP, collect, and make up your order and even deliver it to you. Now, if that is not what we have been doing in the past with our own prescriptions to companies like Fittleworths etc. Then, in my view, we should be able to revert back to our original system.

I will, of course, keep you updated as and when I'm informed of the outcome, either in the next newsletter or on our web-site www.iossg.org.uk hot gossip page.

We are holding a Open / Information Day on the 5th of June at the Windsock Club, Eastcote Lane off Eastcote Avenue, South Harrow HA3 8AL. We had booked it at St Mark's Hospital, Himsworth Room but the Car Park Co do not wish to continue our contract. Where up to three years ago, we could park for nothing on car park 4, then it changed to the first four hours, now it is for the whole day which would work out about £10. So, I have taken it on myself to cancel and for it to move to the Windsock (please see flier insert for directions and timings). Our theme this year is getting you back on track and for you to take control of your life. We will have speakers and a demonstration from one of them. I will not say anymore as I am hoping that

they will entice you to come along and see, meet up with some old friends, make new ones and see what company reps have new. There will also be a buffet lunch and our AGM of course.

In January, I received a phone call from Ostomy Lifestyle who invited me along to their Bracknell office to pick up an award for the volunteer of the year. I had no idea that I had been nominated yet alone to win. A big thank you to all those who selected and voted for me, it is a great honour.



Shirley Stabler (Ostomy Lifestyle Trustee), Me & Neil Basil (CEO of Ostomy Lifestyle)

I was back in Ostomy Lifestyle offices last week where representatives from the three main organisations (IA, UA & CA), a number of support groups from around the country and a few Stoma Care Nurse were meeting. The reason for this meeting was to try to establish a format which could be of help to other support groups wishing to start up in areas of the UK, by support from the three main established associations in the UK to start up, i.e., costs, introductions to Stoma Care Nurses in their area or just by providing a source of information. Even to produce a directory of support groups through the country for ostomist to go too. We will wait to see what comes from this, hopefully it will help.

Kind Regards,

Bob

Hi there fellow Inside Outers,

In the last issue of 'Inside Out' I hope that you missed my usual article with some interesting, inspirational and poetic words full of encouragement. No! Well, I'll keep persevering.

In this issue you will find a flier about our forthcoming 'Open Day' and AGM. This year it will be held on Saturday, 5th June 2010 at the Windsoc Club in Eastcote Road, South Harrow. The post code is also included for those of you who own a Sat. nav. / Tomtom and find difficulty reading a map!!

The committee really hope that you will put the date in your diary and come along, not only to support your committee but also the speakers. It is also the chance to pay your subscriptions!!

Having asked you to put the date in your diary and to keep it free so that you can attend I have to apologise – I will not be able to make it. I will be on my way back from Scotland where I would have been doing a sponsored walk from Fort William to Inverness in aid of the local hospice – St. Luke's. St. Luke's serves the whole of Harrow and North Brent and like most hospices only gets a very small amount of funding from the government, the rest has to be raised by fund raising events. At the time of writing this I

completed a 13 mile practice walk yesterday. It is getting harder everytime I decide to do this – anno Domini and all that!

Have I forgotten to mention SUBS? Some of you are terrific and have standing orders set up. Well done. Some of you send me cheques in the first 2 months of the year. Thank you. Some of you forget! We all forget things as we get older and I am no different, but please check whether you have paid or not. If 'not' please forward to me the £5 due and I remind you that it has been £5 since we started over 10 years ago.

Lastly, we should all congratulate our venerable chairman who was voted volunteer of 2009 at the Ostomy Life Style Award evening. Bob so deserves this award. Most of you won't realise the time and effort Bob puts in to organising all aspects related to 'Inside Out', the time he's spent fighting 'Live Consultation' where you cannot now get you appliances direct from the manufacturers, you have to go to your doctors to get a prescription. And he's still fighting it! CONGRATULATIONS BOB, YOU DESERVE IT!

Again, I'm sorry that I won't be meeting with you in June but hopefully next year.

Keep well,

Diane

Secretary/Treasurer

Inside Out

Coffee Mornings

10.00am - 12.00pm

Coffee Mornings to be held in the Post Graduate Common Room on Level 5 at St. Mark's Hospital.

We are there to enable you to seek advice about your stoma, or if you just want a chat and a cup of tea or coffee then you are more than welcome. We are fortunate to have visits from manufacturers at some coffee mornings - please see below. This is an excellent way of viewing the latest products and / or simply chat to the experts.

May	Fri 14th	Mon 24th
June	Tues 8th	Wed 23rd
July	Thurs 8th	Fri 23rd
August	Holiday Recess	
September	Mon 6th	Tues 21st
October	Wed 6th	Thurs 21st
November	Fri 5th	Mon 15th Tue 30th
December	Wed 15th	

Enhanced recovery after surgery (ERAS)

By Jennie Burch –
enhanced recovery facilitator RN, MSc

This article is designed to give an overview of what enhanced recovery means. It should be pointed out that this information is very general and may not apply to all hospitals. It may also not be appropriate to all people undergoing colorectal surgery or be appropriate in all situations. To understand care related to enhanced recovery it is essential to start before the operation.

The surgeon has told you that you require bowel or colorectal surgery. This might be for a bowel cancer or for other reasons. The plan for many people is then to come to the hospital for pre-assessment. Here your operation and subsequent care will be explained to you. You will also be given written information to take home which you should read. It is useful to bring someone with you to the clinic if that is possible.

The structure of this preassessment might vary but it is important as it assesses your fitness for surgery while also preparing you for the operation, making this assessment evaluates your fitness for surgery. This visit may include some tests such as blood tests. You will also be given information on the principles of enhanced recovery, if this is the care pathway that you will be receiving.

So what is enhanced recovery? It was developed in Denmark over ten ago. It is still reasonably new in the UK, although some centres have been using this care pathway for many years. The principles can be used for other types of operations, such as orthopaedic surgery, but this article will only focus on bowel surgery.

There are several principles that are important in the care pathway. These will be explored under three headings, namely pre-operative (what happens to you before the operation), intra-operative (what happens to you during the operation) and finally post-operative (what happens to you after the operation).

Pre-operative care in enhanced recovery

You will have to stop eating for a period of time before your operation. This is normal procedure and is to prevent vomiting and complications relate to this. The general rule is to stop eating or having drinks which contain fat such as milk for six hours before the operation. Then only to have drinks which are clear, finally to stop drinking anything for two hours before the operation. This may vary for certain individuals. The difference in relation to enhanced recovery is that before the operation you may be given a special carbohydrate drink that is quickly emptied from the stomach. This is made by different manufacturers and may be called preOp or Preload. The reason this is given is that research suggests this reduces complications after the surgery. Having a carbohydrate drink before the operation can also reduce anxiety and stress. After drinking this carbohydrate drink you need to be 'nil by mouth' until the operation.

Also before your procedure you might expect to have a laxative which is taken by mouth in order to cleanse your bowel - you may have received this before a colonoscopy. Within the enhanced recovery programme such a laxative is only necessary in about 20% of our patients. This is because research has shown that the disadvantages of this outweigh the benefits in most cases.

During surgery

To aid recovery following the operation the use of fluids is guided by specialist equipment, the anaesthetics have improved and now have less side-effects. Furthermore medications are used to try and reduce nausea. There are a number of things that are avoided such as the use of a nasogastric tube after the operation, which have been found not to have benefits for most patients. The use of drains is also restricted in most cases for the same reason.

After the operation

Generally after surgery, while you are still in the recovery room you can drink. Water is the first drink that you should try. Once fluids are tolerated food can be eaten on the same day after the operation. A general guideline is that anything can be eaten. However most people find that small meals are better and something a bit lighter is usually suitable. It seems unusual to eat straight away after the operation but research shows that this helps recovery. Most people do tolerate food soon after surgery, but sometimes drowsiness or nausea prevents people eating immediately.

Movement is also important after the operation; this means that pain relief is necessary. Pain is not unusual after an operation and is the body's response to the operation. However, the level of pain should be bearable, meaning you should be able to breathe normally and move about. Some activities such as coughing can be painful. To reduce pain levels it is generally advisable to hold the abdomen when coughing.

Early mobilisation is encouraged to try and prevent problems from occurring such as a chest infection or a clot in the leg (deep vein thrombosis - DVT). Initially we encourage people to sit up in bed, which also helps the breathing. Some patients are able to sit in the chair after the operation, on the same day as the surgery. Generally, on the morning after the operation, most people will be helped to get out of bed and be able to walk along the corridor. Sitting in a chair on the day after the operation, is a form of mobilisation and is useful for many reasons, apart from it being a better position for eating. Most people can walk without assistance very quickly and often by the end of the first day after the operation. Mobilisation out of the bed and walking after surgery, several times a day, is important as it reduces the complications associated with surgery and improves recovery.

To help you mobilise the intravenous drip and urinary catheter (the tube which drains urine from the bladder) are removed soon after surgery. The urinary catheter will be removed between one and three days after the operation depending on the operation. Early removal helps to prevent urinary infections. Generally the drip

is removed on the day following the operation. The removal of the drip encourages drinking and the patient should aim to drink throughout the day. Eating is also beneficial and to further help you recover nutritional supplements are often given in the form of drinks. To aid this process there is a dining room on Frederick Salmon ward in St Marks Hospital, in which patients are encouraged to eat their meals.

Research shows that combining the principles of enhanced recovery that have been described will generally mean that there are fewer problems encountered after the operation and that recovery is better and faster. Thus it is generally possible for people to go home within a few days of the operation.

Not all hospitals offer an enhanced recovery programme and different centres have a slightly different approach to this. The programme will be explained and tailored to the individual in the pre-assessment clinic for each patient.

For enhanced recovery to work it is important to follow the guidance given. If everything goes according to plan patients will feel well enough to go home a few days after the operation. However once home it is still important to continue to mobilise each day, eat well and take appropriate pain relief.

We have been practising this type of approach at St Marks Hospital for over four years now and it is clear that patients benefit from it. This applies to people of all ages and for a variety of different bowel operations. However for it to work it requires a whole team of people such as the doctors, nurses, physiotherapists, dietitians etc.

By Jennie Burch

A stylized, handwritten signature in red ink that reads "Jennie".

enhanced recovery facilitator RN, MSc

'Cradle for life International' is a small UK registered charity that provides medical equipment and specialist nurse training, in particular in stoma care to developing countries. This training has enabled several hospitals in Pakistan to set up free stoma care clinics for those too poor to afford either the care or the equipment. Our charity also provided aid for the survivors of the 2005 earthquake in the Northern region of Pakistan.

Stoma Clinics

The supplies and nurse training that we provide has enabled a few hospitals to set up their own stoma care service. They provide an in hospital stoma care service to the general population. These clinics are available to those too poor to afford any kind of stoma care or appliances.

At present, two clinics have been set up in Pakistan at the Sheik Zayed Hospital and the Shukat Khanum Memorial Cancer Hospital (set up by Imran Khan in memory of his mother who died of cancer). These are two of the first hospitals to benefit from stoma care training and the pouches we supply.

Patients travel many, many miles to attend these clinics where they are fully assessed and provided with appropriate equipment. These ostomates would not normally have any access to a stoma care nurse or any basic stoma pouches.



Earthquake



Jacqui Ward & Mehmood Wain

In 2005, shortly after one of our containers arrived in Pakistan, a major earthquake hit the Northern region and resulted in massive loss of life with 100,000 dead and left hundreds of thousands of survivors homeless and injured; many losing limbs or suffering disabling injuries. Our consignment reached survivors within days and included a wide range of equipment including theatre drapes and dressings.

My co-director, Mehmood Wain who is a consultant surgeon, obtained leave to fly to the earthquake zone and help with the rescue effort. Many of the injured suffered broken limbs and crush injuries and temporary hospitals and trauma theatres were set up rapidly. A hospital was established where many British surgeons attended in rota providing care free of charge and this was kept going for six months. When we returned to the earthquake zone last year, we met many patients that Mehmood had operated on and we were delighted to see them well and recovered.

The charity also helped these survivors financially, funding was provided initially after they were treated for food and shelter. The charity is still helping many of these families financially by funding school fees for children, and helping to rebuild their lives and homes. The aim being to help the families in the long term, as education will improve the long term prospects of their community. Following the earthquake last year in Balochistan, Cradle for Life International sent a truck load of food and another truck load in the form of goats, sheep and cows. These were all slaughtered locally to provide fresh meat when required.

During the current conflict in the Northern areas, we are in the process of collecting funds to send humanitarian aid in the form of medical supplies and financial support where it is needed.

Medical equipment



To date, we have sent six full sized (40 foot) containers loaded with medical equipment to Pakistan and two huge consignments to Iraq. Nurses all over the UK have been sending returned equipment to me with the help of Fittleworth. We have also joined forces with Friends of Ostomates Worldwide (FOW) USA. They approached us as a reliable contact, avoiding black market traders, and they now supply directly to two hospitals in Lahore, Pakistan.

Our containers go directly to Rawal Pindi where they are counted and catalogued with the aid of General Malik who runs the Al-mustafa trust. From here they are sent by trucks to the designated hospitals. At present we supply three major teaching hospitals, the Mayo, Jinnah and Lahore general (a state of the art Cancer centre) and some smaller clinics.

We are working on contacts to supply Karachi in the Southern area on the Arabian Sea and Peshawar near the Khyber pass which is an area in major need at present due to conflicts. Due to aid from FOW, we can now expand our supplies to other hospitals in the Southern most areas and we have recently started to distribute to the province of Sindh (home of the Indus Civilisation).

Nurse Training

We aim to encourage nurses to seek personal and professional development and thus increase their profiles and roles within their working environment. To date we have provided training to several hundred nurses in developing countries including Pakistan, India and Iran.

The input we have provided has enabled them to commence their own training courses for which we provide regular support. We are trying to raise enough funds to bring some nurses over to the UK to attend recognised courses and encourage their further development. These nurses are some of the most dedicated and enthusiastic people I have ever worked with, they have an amazing thirst for knowledge that I find admirable.



Cradle for Life International would like to thank everyone who has supported our charity particularly all the nurses who send us equipment.

We would also like to thank Fittleworth for their help with distribution and their contribution to our trips, also to Hollister for their substantial funding for our trips to Pakistan.

We desperately need funds to continue our essential work. You could help us in a variety of ways:

- Donations can be given at the Hollister stand
- Cheques or other donations payable to Cradle for Life International and can be posted to:
111 Mawney Road, Romford, Essex RM7 7JA
- I am happy to attend any open days to present the charity and raise funds.

You can contact me Jacqui North (Ward), on 07711 498302

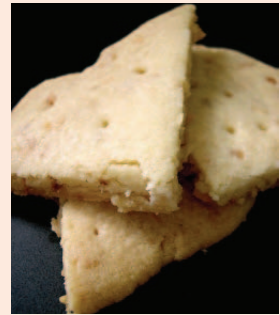
Attention! Important! Please Read:

Whilst every care has been taken to ensure that the information in this publication is accurate and complete, the contents of this newsletter are provided for general information only and should not be relied upon for any specific purpose. Inside Out Stoma Group accepts no responsibility for the accuracy or statements made. Anyone acting upon them does so entirely at their own risk. We recommend that you consult your stoma nurse or doctor before changing your procedures.

Scotch Shortbread

- 12oz Plain Flour**
- 8oz Butter / Margarine**
- 4oz Caster Sugar**

Cream butter and sugar, add flour, work into a dough with hands. Roll out. Cut into portions, prod with fork. Place on a greased tin in a moderate oven.



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Editor -

We have a vacancy for this position, please contact Bob for more information.

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NACC

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Urostomy Association

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Want to join the support group?

If you have a colostomy, ileostomy or a urostomy and you would like more information, please complete the form below and send it to: Sarah Varma c/o Stoma Care Department, St Mark's & Northwick Park Hospital, Watford Road, Harrow, Middlesex, HA1 3UJ

Name _____

Address _____

Postcode _____ Telephone _____

Annual membership subscription £5.00. Cheques payable to "St Mark's Hospital Foundation (Inside Out)
Diane Owen, 170 Malvern Avenue, Harrow, Middlesex, HA2 9HD