HONG KONG ENTEROSTOMAL THERAPISTS ASSOCIATION
香港造瘻治療師學會

紫荊瘻訊 NEWSLETTER

Volume 31

HKETA 25th AGM cum Seminar & 30th Dinner Symposium

Case Study

The Challenges of Managing a Complex Enteroatmospheric Fistula (EAF) in a Patient with Vascular Type of Ehlers Danlos Syndrome (vEDS): A Case Review

Sharing

Conference highlights
HKETA Stoma Care Course highlights

Stoma & Wound Nurse Diary

July 2024

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THE JOURNEY OF ENTEROSTOMAL THERAPY NURSING IN HONG KONG

Chak Hau PANG (ET)

Founding member of HKCET and HKETA

In the heart of the 1980s, the novel of Enterostomal Therapy (ET) Nursing in Hong Kong began and penned by enthusiastic nurses at Queen Mary Hospital. It was here that the novel first took shape. These early days were filled with determination and vision for the future, but it was not until 1994 that the journey hit a pivotal milestone with the birth of the Hong Kong Council of Enterostomal Therapists (HKCET). This council became a beacon, drawing the attention of healthcare professionals everywhere, and, most importantly, offering new hope to countless stoma patients. Local training programs began to take root, blossoming into robust groups of dedicated ET nurses.

The dawn of the new millennium brought with it another stride forward. In the year 2000, the Hong Kong Enterostomal Therapists Association (HKETA) rose from the foundations laid by the HKCET, embodied with renewed ambition and goals. The ET nurses, set their sights on an ambitious dream: to organize the World Council of Enterostomal Therapists (WCET) congress in 2006. The turn of the century also marked the beginning of Hong Kong's significant contribution to the WCET Twinning project, where ET nurses extended their expertise to mainland China, and fostering the growth of ET services there. The success of the 2006 WCET congress was not just a local triumph but a global one, underscoring Hong Kong’s rising influence and the critical role of ET nurses in the healthcare system.

In the next chapter of this inspiring story, partnerships blossomed between ET nurses in Hong Kong and their counterparts across mainland China. These collaborative efforts bore fruit as ET services spread across the country, and trained thousands of new ET nurse. Within Hong Kong itself, the second ET course - Recognised Education Program (REP) was established for nurses in the Hospital Authority, shaping the skills of hundreds. By 2016, Hong Kong had gained permission from WCET to independently manage local ET courses. Even amidst the unprecedented challenges posed by the COVID-19 pandemic and shifting societal landscapes, the unwavering spirit of these healthcare pioneers endured.

Now, as we stand on the brink of 2024, gazing back over three decades of unwavering commitment and progress, the narrative of HKETA reaches a new crescendo. This thirtieth anniversary is not just a celebration; it is a testament to the relentless dedication that has fueled this journey. It’s a call to arms, urging us to continue supporting our ET colleagues and the association as they forge ahead into the future. With the unity and shared purposes, the impact of ET services will grow stronger, etching new milestones into the annals of healthcare history.

Hong Kong Enterostomal Therapists Association

THE HKETA 25TH ANNUAL GENERAL MEETING CUM SEMINAR & DINNER Symposium

Celebrating HKETA 30 YEARS ANNIVERSARY

3 AUG 2024 SATURDAY

INNOVATIONS IN WOUND CARE: MEETING THE DEMANDS OF A CHANGING WORLD

AGM CUM SEMINAR

14:00-17:00

Tea refreshment included

Venue : 7/F, The Ballroom, Cordis Hong Kong
CNE : 1.5 points
Fee : HKD$50

Attendees who are our members will receive a Starbucks coupon valued at HKD$50.

DINNER SYMPOSIUM

18:00-23:00

Lucky draw included!

Venue : 42/F, Star Room, Cordis Hong Kong
Fee : HKD$100(Member)
HKD$200 (Non-member)
Highlight : Lucky draw

MR PANG CHAK HAU

Ex-Nurse Consultant (Stoma and Wound)
Yan Chai Hospital, Hospital Authority

30 Years of Excellence: Celebrating the History, Achievements, and Behind-the-scenes Insights of HKETA

MR FRANK GUERRIERO

Nurse Practitioner
Vascular and Endovascular Surgery Department
Flinders Medical Centre. Adelaide. South Australia

Adoption of Synthetic Biodegradable Matrix Technology in a Vascular Surgery Setting.

MS PANG YUK KAM

Nurse Consultant (Stoma and Wound)
Kowloon Central Cluster, Hospital Authority

Local Experience Using Biodegradable Skin Substitutes to Treat Challenging Chronic Wounds

DR LAW SIU SHAN, JASON

Otorhinolarynologist
Associate Consultant
Department of Ear, Nose & Throat
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ORIGINAL ARTICLE

THE CHALLENGES OF MANAGING A COMPLEX ENTEROATMOSPHERIC FISTULA (EAF) IN A PATIENT WITH VASCULAR TYPE OF EHLERS DANLOS SYNDROME (VEDS): A CASE REVIEW

AUTHORS

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Disclaimer:
The content, including patient's information and photographs are consented to be used in this article.

Introduction

Vascular Ehlers-Danlos Syndrome (vEDS) is a rare genetic connective tissue disorder characterized by the abnormalities in collagen production, especially type III collagen. The congenital condition leads to fragility of blood vessels and weakened connective tissue, resulting in severe complications such as vasculature disruption, intestinal perforation, and organ prolapse (Elhattabi, et. al., 2021).

In extreme condition, the fragility of the blood vessels may lead to internal rupture even patient is standing up or coughing. Hence, vEDS patient's prognosis is generally poor.

This article reviews a 24-year-old young gentleman named Jason, who suffers from vEDS and experiences a series of complicated medical conditions related to the disorder. The aim of this review is to explore the strategies employed to address the challenges faced by Jason: including complicated stoma care; the use of modified indirect negative pressure therapy (NPT) for the huge abdominal defect; the isolation of the abdominal defect after the subsequent development of an enteroatmospheric fistula (EAF); the containment of erosive effluent and protection of the surrounding skin. Through implementation of these tailor-made strategies, it is hoped to optimize his physical, psychological and social well-beings.

Background

Jason, the protagonist of this case review, is a 24-year-old young man. He is an optimistic person and always stays a positive mind whenever in difficult situation. Jason experienced a series of complex medical conditions since his birth: he presented with pyloric stenosis at 1-month of age; spontaneous intestinal rupture in 2008; recurrent shoulder dislocation since 2014; left thigh injury with severe haematoma in 2015. All these phenomena were so abnormal to a young child, until his age of 15, Jason's parents brought him to have a detailed genetic investigation and finally was diagnosed to have a rare genetic condition: vEDS.

In April 2022, Jason was admitted to the casualty with severe abdominal pain and hypovolemia shock. Computed Tomography (CT) revealed massive haemoperitoneum with active arterial contrast extravasation and venous pooling at his lower abdominal compartment. Emergency exploratory laparotomy was arranged and 2 liters of blood with clots in peritoneal cavity was evacuated. In addition, sigmoid colectomy with exteriorization and a double barrel sigmoid colostomy was fashioned at his left lower quadrant of abdomen.

A month after the initial surgery, Jason developed left carotid cavernous fistula, required another emergency surgical intervention of deployment of endovascular stenting of intracranial vessels.

To make matters worse, two weeks later, his right radial artery was ruptured and a pseudo-aneurysm with compartment syndrome was developed. It required another ligation operation to settle this off.

It never rains but pours! Haemoperitoneum was redeveloped again in mid-June 2022 and he was required to received multiple life-saving operations, ending up with subtotal colectomy and a double barrel ileocolostomy. With the consideration of potential abdominal compartment syndrome, the operative surgeons decided to close the extensive abdominal wall defect with a porcine dermal collagen prosthesis (Permacol mesh) as a temporary measure. (Figure 1)

Figure 1

Initially, the surgeons planned for a reconstructive surgery when his condition was stable enough. However, 2 months later, an unexpected EAF was developed in mid-August 2022, bringing an additional challenge to manage his complex condition. (Figure 2)

Figure 2

Patient-centered management approach

Giving to Jason's unique physical condition, our team was referred for managing the wound condition post-operatively. Copious amount of exudate from the large abdominal wound, with the consideration of intestinal organ was situated underneath the biological prosthesis; adjacent skin and soft tissue fragility and potential injury and bleeding to the tissue, with the support by the colorectal team surgeons, we adopted a modified indirect NPT system to manage Jason's condition.

The setup of the indirect NPT system gave the following benefits:

- Evacuation of exudate and reduce microorganisms load
- Control exudate from wound and maintain moisture balance
- Protect adjacent skin to avoid moist associated skin damage
- While the biological prosthesis is degrading, NPT shrinks the overall wound size, promote granulation and epithelization from the edge
- Reduce ward nurse attending time and resource in wound care
- Promote patients comfort

In fact, the initial reconstructive surgical plan was to repair the defect by skin or tissue flap coverage once the wound condition was stable enough by filling with good vasculature of granulation coverage.

To achieve the goals, we performed as follow: (Figure 3-5)

1. Apply hydrocolloid sheet around wound border to give a foundation of anchoring and protection at adjacent skin against moist-associated damage
2. Fix Nelaton catheter with side holes created along wound edges with stitches on hydrocolloid sheet
3. Apply non-adherent wound contact layer to cover the meshed defect
4. Use medium to transduce the suction force from Nelaton catheter to the wound bed (we use dampened saline gauze roll in this review)
5. Seal up the entire system with film dressing

Figure 3

Figure 4

Figure 5

Comparing to the conventional NPT method with a suction catheter placing on top of the wound, the indirectly deployed suction catheter gives an even distribution of suction force without creating particular a pressure area over the delicate wound bed, especially deep and vital structures are underneath.

Simultaneous management of EAF from the abdominal defect

EAF is defined as an abnormal communication between the intestine and the external environment through an open wound, leading to enormous drainage of intestinal contents. (Cho, Sung and Lee, 2022) The effluent volume can be up to 1 litre per day.

Jason underwent multiple complex abdominal operations within a relative short period of time, adhesion bands between the edematous intestine and the abdominal wall was anticipated.

2 months after Jason's total colectomy and double barrel ileocolostomy, an unexpected EAF was developed while he was being transferred between beds. The reason was unknown but a sudden build-up in intra-abdominal pressure during transfer on a patient with known defected abdominal wall as a predisposing factor could not be excluded.

The development of an EAF posed additional challenges on managing Jason's wound condition as the indirect NPT system no longer capable to serve the purpose of maintaining a well-sealed wound NPT system; while there was copious amount of corrosive EAF effluent draining from the centre of the open wound.

In this connection, our team attempted to adopt strategies to isolate the EAF away from the original defected wound, so as to contain the EAF effluent while continue NPT management to the rest of the abdominal wound, aiming at further contraction of the open wound around the EAF, making an eventual possible solution for the EAF simply by pouching.

To achieve the goal at this stage, we performed as follows: (Figure 6-8)

- Wall-off the EAF with skin barrier product, such as non-alcohol paste, stoma seal etc. to create a foundation for subsequent pouching system to the EAF
- Adopt management strategies as stated in indirect NPT
- In addition, seal the NPT system with film dressing onto the barrier product and apply suction to archive sealing of the NPT system until the suction medium collapsed
- Apply fistula pouch on the EAF to contain the effluent

Figure 6

Figure 7

Figure 8

The success of application will support granulation and epithelization at the area adjacent to the EAF. Once aggregation of epithelization at this area take place, it will assist the closure of the open abdominal wound and allow the development for more solid and secure skin foundation for the application of containment device. (Figure 9)

Figure 9

Containment of the corrosive effluent and skin protection

The management approach for Jason seemed effective, after an 8 months' effort, aside from the protruded EAF and serosal area of the exposed bowel loops, the adjacent skin was completely epithelialized. NPT was discontinued and the remaining EAF was managed by pouch containment.

Giving that the prognosis of vEDS is poor; and with the multiple episodes of life-threatening complications, the clinical management team regarded surgical intervention for closure of Jason's abdominal wound deemed risky and impossible as further attempts might result in irreversible tissue damage or even endanger to his life.

Therefore, it became a blinded alley for Jason on his rehabilitation journey as his physical condition poses great difficulties for home care; even sitting out from the bed would consider a big challenge for this young man with his weak abdomen. Although the open wound adjacent to the EAF was healed, pouching to his fistula was never an easy job. Jason received multiple abdominal surgery, that contributed to very complex abdominal contour at the peri-EAF skin, particularly there was a very narrow skin bridge between the EAF and the double barrel ileo-colostomy over his lower abdomen. Jason could tolerate normal diet, the high volume and unstable consistency of the irritable fistula content also made the containment device leak easily.

To tackle with this, our team takes the following to aim at optimizing his peri-fistula skin: (Figure 10-14)

- Thorough skin cleansing on every visit
- Irritated skin management and protection by crusting technique and durable polymeric skin barrier product
- Meticulous application of protective skin wafer/ skin filler/ paste product to iron out possible skin creases and scar
- Selection of suitable containment device
- Ongoing monitoring of the effluent volume, consistency and skin condition and adjust technique accordingly

In general, the durability of the containment system could be sustained for 3-4 days without major skin compromise.

Figure 10

Figure 11

Figure 12

Figure 13

Figure 14

Optimization of physical, psychological and social well-beings

Physical aspect

To maximize the amplitude of Jason's mobility, the healthcare team designed a tailor-made abdominal binder for him to provide support and protection over his weak abdomen while he was away from bed. It allowed Jason to engage in controlled physical activities, such as sitting or standing with aid.

Psychological aspect

Though Jason behaved to be positive, the healthcare team watched closely to his emotions and provided regular counselling and supportive visits. Regular meetings with the clinical psychologist helped Jason cope with the uncertainties and a channel for ventilation.

Social aspect

Jason's family and friends played a very significant role in giving him support and helping him to stay positive. His peers visited him very often during his stay, and provided practical and emotional assistance. The healthcare team was aware of this and worked closely with them to ensure a comprehensive approach to his well-being.

Outcome and Discussion

The misfortune of Jason is inevitable as vEDS is a rare and incurable congenital condition. It is difficult to measure the management outcome by simply quantifying the wound size reduction, or effluent volume reduction rate. While a complete cure of vEDS patient is challenging, the focus of management will be regarded as optimization of the overall status and quality of life.

After a 48-month journey of taking care of Jason, he is still surviving. Although the open abdominal wound is not completely epithelialized and undergone reconstructive surgery as initially expected, we are still able to contain the EAF irritated effluent and preserve the surrounding skin.

Despite Jason is limited to his mobility, he is able to enjoy various activities, such as web surfing, reading, composing music, enjoying the brief moment of standing out from the bed with the special aid.

These every little thing, though it is hard to quantify, can demonstrate the success of multi-disciplinary healthcare teams' effort to strike for Jason's maximum benefits, as it keeps his functional well-being and prevent him from further deterioration.

The strategies employed for Jason, such as modified NPT system, isolation technique of EAF and wound, meticulous pouching skill and the focus on physical, psychological, and social well-being, contributed part of the success of Jason's management.

Ongoing monitoring and education to Jason, his family and ward colleagues also played a significant role to effectively carried out the management plan.

Conclusion

This case review highlights the challenges faced in managing a complex EAF in a patient with vEDS.

By adopting conscientious management by collaboration among healthcare team, the quality of management for the patients with this rare congenital condition will be further enhanced.

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Reference: Atkin et al. (2020). Evaluation of a superabsorbent wound dressing, patient and clinician perspective: a case series. Journal of Wound Care.

CONFERENCE HIGHLIGHTS (1)

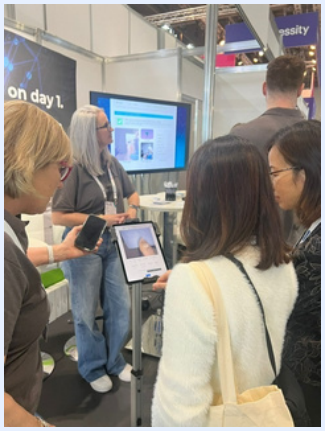
Erica CHAN

On 1-3 May 2024, though it was cloudy with drizzle in London ExCel, it did nothing to quell our great enthusiasm for attending the 34th Conference of the European Wound Management Association (EWMA) 2024.

The conference was organized in collaboration with The Society of Tissue Viability in the UK, and a wide range of topics on wounds were covered during the 3-day event. Compared with a decade ago when I first attended an international wound care conference, the importance of technology had drastically increased, such as dedicated Apps to the event, the electronic devices used as well as the topics on how artificial intelligence could be used in healthcare services to facilitate a better patient outcome in wound care.

I was also able to witness the first-hand demonstration of various innovative new wound care products around the world, and look forward to their launch in Hong Kong in the future, such as biological dressing like fish-skin and wound dressing derived from blood.

During the conference, I met some friends as well. One of them was Bates-Jensen from the US, who had been well known for her wound assessment tool since years ago. And the other was Mandy from New Zealand, who was currently working on an international venous leg ulcer committee with us. The conference presented an opportunity to broaden the networking needs for any further collaboration among us, and allowed us to appreciate how our peers in different parts of the world had been doing their best to enhance the professionalism of the field.



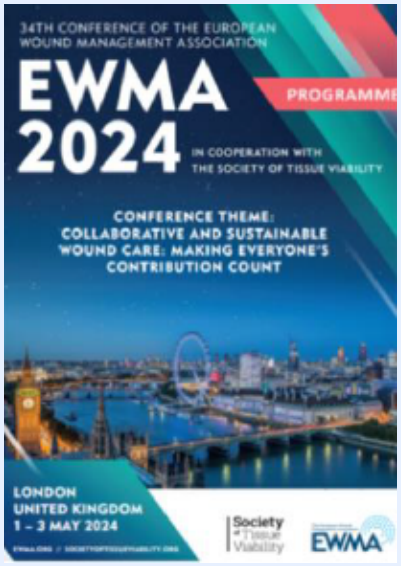
The most impressive presentation in the conference was the sharing by the Superhumans Center on addressing war trauma and managing conflict-related injuries. Through a showcase of ongoing efforts and expertise in this critical field, I was able to realise the profound impact of wars on individuals' mental and physical well-being, and draw insights from treating patients affected by the conflict in Ukraine. May the wars come to an end soon.

CONFERENCE HIGHLIGHTS (2)

Chun Kit Alfred HO

The 34th conference of the European Wound Management Association (EWMA) 2024 was held successfully on 1-3 May in London. The theme was: "Collaborative and sustainable wound care: making everyone's contribution count" with over 5000 participants from 95 countries!

In the conference, I was honored to present two enhancement projects conducted in Hong Kong namely, (1) "Patient empowerment program to enhance collaboration and sustainable wound care at home in primary healthcare setting" and (2) "Quality assurance of wound care service through staff cultivation in primary healthcare setting". To my surprise, more than 50 overseas experts participated in my sharing. They expressed interest in knowing how effective the two projects would be in Chinese society. It was an opportunity for them to understand our efforts to maintain nursing standard and training in primary healthcare setting.



The conference also included a diverse scientific program covering not only epidemiology, pathology, assessment and management of complicated wounds, but also advanced technology of wound treatment and research. One impressive session is about biofilm which explored controversial issues in the definition, identification, quantification, and interpretation of the role of biofilm in chronic wound.

Chun Kit Alfred HO

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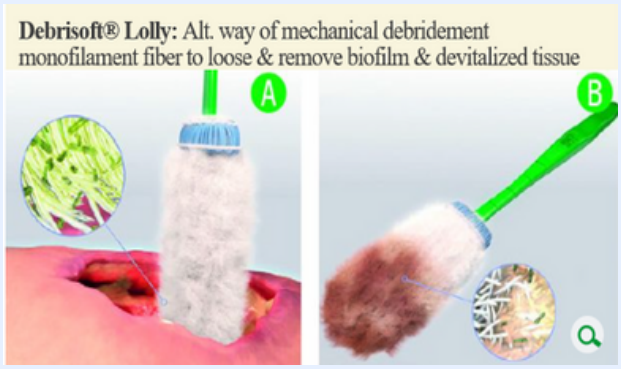

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Furthermore, there were over 160 exhibiting booths demonstrating latest updates on wound care products and new technologies. Latest management of biofilm and wound infection were also explored. Apart from silver dressing and iodine dressing, other dressing materials including copper ion and technology with absorption of bacteria, fungi and endotoxin, debridement solution, tools for mechanical debridement, technology of micro current electrical stimulation therapy for painful & hard-to-heal wounds, and dressing materials for malodorous wounds were available in the management.

Chun Kit Alfred HO

Moreover, I joined the masterclass focusing on atypical wound management. It was very interactive and engaging. The experts presented assessment and management of atypical wound types such as pyoderma gangrenosum calciphylaxis and Martorell ulcer. Participants also shared local management of atypical wounds with each other and identified when is appropriate to take biopsy for diagnosis.

In conclusion, EWMA is one of world's largest European wound care conference, where everyone participates to achieve the goal of high quality and sustainable wound care services.

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CONFERENCE HIGHLIGHTS (3)

Virginia LEE

WHAT'S NEW AT EWMA 2024

The 34th European Wound Management Association (EWMA) Annual Conference unfolded at the London Excel Centre from May 1st to 3rd, 2024. As a seasoned attendee, I embarked on my third EWMA congress, bracing myself for the labyrinth of booths and lectures that awaited.

EWMA 2024 boasted an impressive lineup: over 250 exhibition booths and more than 150 enlightening lectures. Navigating this bustling venue, even armed with the road map and the EWMA 2024 application, proved no small feat. Like its wound care counterparts, EWMA 2024 curated a diverse array of talks, catering to the multifaceted interests and professional needs of the wound care community. Attendees immersed themselves in a rich tapestry of products, services, and cutting-edge innovations presented by global exhibitors. Moreover, they gleaned invaluable insights from leading experts through keynote presentations, symposiums, and interactive workshops.

Interesting fight between doctors and nurses perspective on wound management

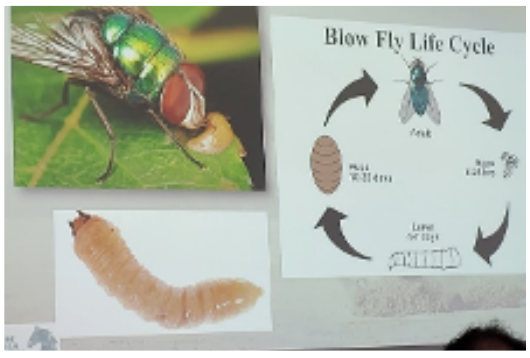
Virginia LEE

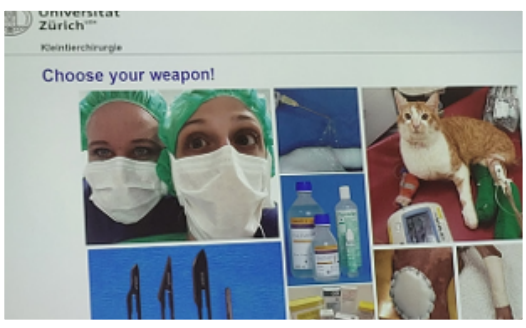
Yet, beyond the official program about wound cares, there were intriguing nuances that set the EWMA conference apart from ordinary wound-focused gatherings.

Parallel to the EWMA Conference, the 15th Conference of the European Council of Enterostomal Therapy (ECET) unfolded in London, UK, from May 2nd to 3rd, 2024. While specific sessions focused on Enterostomal Therapy, the conference offered two full days of high-level scientific and clinical sessions, workshops, and networking opportunities. Attendees had excellent chances to exchange knowledge and experiences with international colleagues. Additionally, the ECET exhibition was integrated into the expansive EWMA exhibition, featuring over 150 companies in the field of wound care.

Live demonstration on management of lymphoedema

The 34th EWMA Conference had incorporated a Veterinary Wound Healing Association (VWHA) conference within its program. This specialized conference, conducted in collaboration with the British Equine Veterinary Association (BEVA) and the British Small Animal Veterinary Association (BSAVA), which focused on wound care and management for both horses and small animals. From everyday wound care to advanced techniques, this session aimed to address the unique challenges faced by veterinary professionals in wound healing. Interestingly, treatments for human wounds often drew insights from managing wounds in other animals, and vice versa. By treating animals beyond humans, we gained valuable perspectives on fundamental wound management practices.

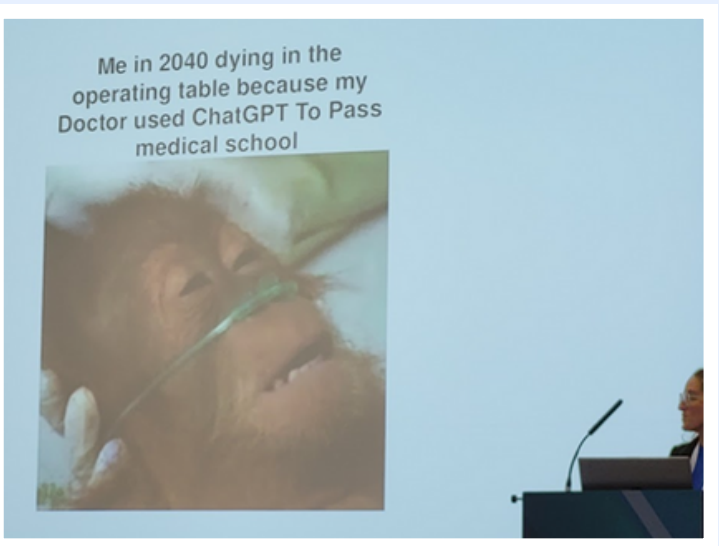


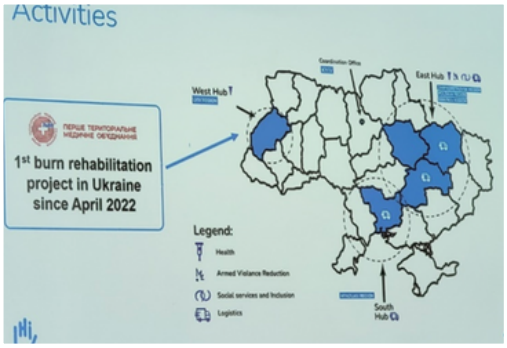


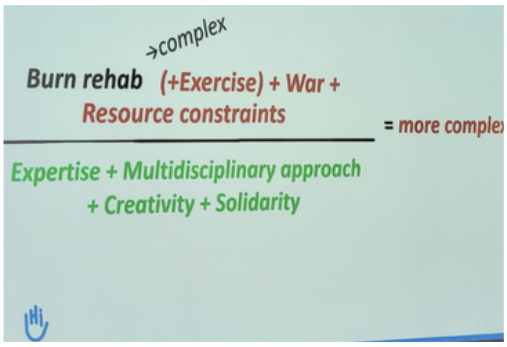
Virginia LEE

During the conference, I had the privilege of attending sessions on "Wound Care in Conflict Zones." These sessions highlighted the exceptional challenges posed by harsh conditions, limited resources, and urgent medical needs in war zones. The lectures provided deeper insights into managing trauma in resource-constrained environments. Additionally, addressing patients with disfigurement and amputation after life-saving interventions presents an even greater challenge. One remarkable initiative was the Superhumans Center in Ukraine, which offered specialized care for individuals affected by war-related injuries. Their comprehensive services included prosthetics, rehabilitation, PTSD treatment, and reconstructive surgery. Collaborating with international partners, the Superhumans Center aimed to serve 3,000 patients annually across six regions of Ukraine by 2025. It exemplified resilience, compassion, and innovation, providing hope and healing to those impacted by war.

Another noteworthy organization operating in conflict zones is Humanity & Inclusion (HI). HI works in contexts of poverty, exclusion, conflict, and disaster. At the EWMA conference, they presented their projects related to managing burn cases and establishing burn rehabilitation programs in Ukraine since 2022.







In this dynamic conference, we witnessed the ongoing advancement of wound care, embracing cutting-edge technologies from molecular science to nanotechnology and artificial intelligence to robots. However, amidst these innovations, the fundamental truth remains: the need for compassionate care for those who are in need should never be overlooked. Human touch remains an essential aspect of healing.

(Ms LEE is one of the HKETA conference sponsorship recipients)

HKETA STOMA CARE COURSE HIGHLIGHTS

Tin Yan Cecilia SIT

The HKETA Stoma Care Course 2024, held from May 23 to June 13, 2024, was an outstanding success. This online course brought together medical and nursing experts to cover a range of topics related to stoma care for both adult and pediatric patients.

The dedicated team behind the class - Committed individuals from the executive committees and various subcommittee of HKETA

The four online classes included discussions on stoma and continent diversion surgeries, congenital pediatric abnormalities, and preoperative, postoperative, and rehabilitative nursing care. The speakers provided rich theoretical input supplemented with real-life examples, promoting stomal care principles and practices to nurses interested in stoma care. The course also featured an interactive product display board on the website that serve as a versatile and accessible resource hub for nurses, providing them with a continuous and convenient platform to access information whenever they need it. The support of Hollister, Coloplast, Convatec, and Welland was instrumental in making the course a success. These companies joined the workshop and introduced their products to students, enhancing the learning experience. The 136 participants had excellent interaction via Zoom with the speakers, and the course received outstanding evaluations.

Feedback from participants:

Very useful for clinical use

Rich in example to explain how to manage a complicated stoma

Speakers are very familiar with their topics. Appreciated very much of them in using live samples in which impress the participants.

Rich in examples to demonstrate pediatric stoma care, easy to understand

More frequent educational opportunities like this course.

RTD™

WOUND DRESSING

SYNERGISTIC INTERACTION

- A high energy form of oxygen which is highly reactive with bacteria
- Co-combine into O^2 which locally encourages healing
- No known antimicrobial resistance to singlet oxygen
- Natural antimicrobial defense
- Derived from methylene blue
- Green technology

SINGLET OXYGEN GREEN TECHNOLOGY

THE POWER OF ONE.

ONE DRESSING FOR ALL YOUR WOUNDCARE NEEDS.

RTD® WOUND DRESSING

Inter-Active Elements: Silver Ions, Methylene Blue, Gentian Violet, and Capillary-Suction-Therapy (CST) Polyurethane Foam

Non-ionic surfactant function to degrade biofilm

99.9% broad spectrum antimicrobial protection against common wound pathogens!

Interactive Ingredients:
Superior Bioburden Control

Log_{10} Reduction	Staphylococcus aureus (ATCC 12600)	Enterococcus faecalis (ATCC 19433)	Pseudomonas aeruginosa (ATCC 10145)	Klebsiella pneumoniae (ATCC 49472)
≥ 5	1 hour	>24 hours	30 mins	24 hours
≥ 4	10 mins	>24 hours	10 mins	6 hours
≥ 3	10 mins	24 hours	10 mins	6 hours
≥ 2	10 mins	24 hours	10 mins	1 hour

UPCOMING CONFERENCES 2024 - 2025

WCET-ASCN UK 2024 Join Congress

Theme: Weaving Culture & Expertise to Offer the Best Patient Care

Picture credit to: WCET-ASCN UK 2024 Joint Congress Website

Date: 28 Sept - 01 Oct 2024
Venue: Glasgow, United Kingdom
Website: https://wcet-ascnuk2024.com/

APETNA 2025

Theme: Creating Connection: Building Bridges Together

Picture credit to: https://www.facebook.com/apetna2025

Date: 04-06 July 2025
Venue: Penang Malaysia
Website: https://www.apetna2025.com/

STOMA & WOUND NURSE DIARY
造口及傷口護士日記

Wendy SHUM

昨天返了母校，同畢業十多年的大學同學聚會。原來仲喺clinical做嘅，唔夠一半。
#clinical對我來說 #還是meaningful而有趣的 #起碼到今天都仲係

「你係咪做緊兒科？」是寫得小朋友故事太多嗎？小朋友的故事，特別容易touch到人心。
是因為孩子們的反應是估計唔到？無論如何，那個反差萌，是可愛的。但其實，無論男女老幼，內外婦兒骨精神科腫瘤科痛症科even急症室.....我哋都會去睇case嘅。

好，今天就唔寫小孩子，寫老人家。

今個星期，小妹做了幾個stoma pre-op counseling 同 site marking
其中有一個93歲無病史嘅伯伯，正喺度排隊輪候緊急手術。病房同事call for EOT stoma siting

無病史 Good past health (GPH)分兩種，一種係精靈醒目，識行識走，可照顧自己的，真GPH；另一種係有病但唔睇醫生，直到有日暈咗響街畀人捉入院，先發現一籮問題的，偽GPH。伯伯係第一種，真GPH。

Stoma pre-op education即係咩呢？我們會同病人傾，了解病人嘅social background，發掘吓post op會有咩困難/ support。了解背景之後會介紹生理結構，手術方式，解釋什麼是造口，造口引起的生活轉變，造口袋介紹等等等.....令病人喺physically，psychologically同socially都有個預備先會開始siting。

👴93歲伯伯，頭腦清醒

👩‍🦰：伯伯你好！我係造口科護士，今日上嚟同你傾吓關於造口嘅問題。你平時同邊個住㗎?
👴：我自己一個住，自己照顧自己。
👩‍🦰：平日買餸煮飯你自己做唔做到呀?
👴：都可以嘅，自己煮。
👩‍🦰：咁叻仔呀？咁揸較剪揸唔揸到？睇嘢清唔清楚?
👴：都還可以，不過我剩一隻眼睇得到
👩‍🦰：咁有冇後生住附近?
👴：我冇結婚冇仔女，有個家姐嘅女，佢住新界。

通常遇上預計術後難以自理的病人，我都會抽時間打個電話畀家人，
同佢哋打個底起碼post op唔會俾個造口嚇親。

外甥女電話接通，簡單講解後
「姑娘多謝你講解，不過我自己都72歲，要揸拐杖行路.....可能都要幫佢搵老人院.....」

生老病死 #動物走唔甩的定律 Age gracefully已是最大的blessing
但aged gracefully如good past health93歲伯伯，也會有需要依靠的一天。

老來，有錢，有保險，就可以解決？就算入住院舍，交了額外4位數字的造口護理附加費
無數病人的故事告訴我，他們得到嘅造口照顧，極其minimal。

有兒有女，就放心了嗎？上星期，有個siting婆婆，兒子早年因depression passed away
今個星期有個DB stoma叔叔，女兒鐵定唔肯學stoma care。#父母兒女間的緣份 #有厚有薄#沒有無緣無故的愛#沒有無緣無故的恨

以老護老，在香港越來越常見。他日老來，我倆又可靠誰照顧?

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Research/ Case study/
New advanced technique/
Highlights of education event/
Daily work of stoma & wound nurse

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Please contact HKETA through email for any enquiry
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