



HONG KONG ENTEROSTOMAL
THERAPISTS ASSOCIATION

香港造瘻治療師學會

紫荊瘻訊 NEWSLETTER

Volume 34

Case Study

Systematic Review on Prehabilitation for Colorectal Cancer Patients Undergoing Surgery along Enhanced Recovery Pathway

HKETA Symposium cum 26th Annual General Meeting

Clinical Practice Guideline of Pressure Ulcers/Injuries

Signing Memorandum of Understanding with Wounds Australia

World Ostomy Day

Dec
2025

CONTENTS

p.1-13	Systematic Review on Prehabilitation for Colorectal Cancer Patients Undergoing Surgery along Enhanced Recovery Pathway
p.14-20	HKETA Symposium cum 26th Annual General Meeting
p.22-27	APETNA 2025 Highlights
p.28-29	World Ostomy Day
p.31-35	Worldwide Pressure Injury Prevention Day Highlights
p.36-38	HKETA Wound Care Workshop 2025 – Negative Pressure Wound Therapy
p.39	Clinical Practice Guideline of Pressure Ulcers/Injuries
p.40	Signing Memorandum of Understanding with Wounds Australia
p.41-42	Coming Conferences
p.44	Conversations with APETNA 2027 Organizing Committee Members

Disclaimer

All rights are reserved for The Hong Kong Enterostomal Therapists Association.

SYSTEMATIC REVIEW ON PREHABILITATION FOR COLORECTAL CANCER PATIENTS UNDERGOING SURGERY ALONG ENHANCED RECOVERY PATHWAY

SHUNG Hoi Ling Shering¹, YU Mei Ching²

¹ Hospital Authority & The Chinese University of Hong Kong

² Hospital Authority

ABSTRACT

Background: Enhanced Recovery After Surgery (ERAS) protocol is an interdisciplinary strategy in pursuit of optimal postoperative complications and reduced total hospital stay with accelerated recovery for patients undergoing surgery. Given the growing interest in enhancing patients' journey and surgical outcomes, prehabilitation has been advocated and integrated in parallel with ERAS protocol. Colorectal cancer (CRC) surgery has become the pioneer; however, there is a dearth of clear evidence in evaluating the synergistic effects for ERAS and prehabilitation, and the effectiveness among modality of the program. Accordingly, this systematic review of RCTs aims to evaluate the effect of prehabilitation along ERAS protocol for colorectal cancer patients.

Method: A systematic electronic search with MEDLINE, EMBASE, PsyINFO, CINAHL, Cochrane Library, SCOPUS, Web of Science were conducted under PICO from inception to January 2024. Randomized controlled trials (RCTs) evaluating unimodal or multimodal prehabilitation programme for patients undergoing colorectal cancer surgery along with ERAS protocol were included. Two authors independently extracted the data and assessed risk of bias with Cochrane RoB 2 tool. Meta-analysis was precluded due to heterogeneity across the included studies.

Results: Total 7103 records retrieved, of 12 RCTs included for review. 2 RCTs were rated as low risk of bias, 5 RCTs was deemed as some concern and 5 RCTs were at high risk of bias. 3 (25%) were from Europe, 4 (33.3%) in Asia, 4 (33.3%) in North America and 1 (8.3%) was multicenter across Canada and European countries. 11 RCTs investigated components of exercises training, of 9 (81.9%) reported difference in functional capacity (Adjusted Odd Ratio [OR] 2.1; 95% Confidence Interval [CI] 0.9-5.8). Postoperative complications were evaluated in 8 RCTs and positive impacts were demonstrated in reducing major complications (Odd Ratio [OR] 0.53, 95% CI 0.38-0.80). Gastrointestinal (GI) recovery was additionally assessed in 3 RCTs and 2 (66.7%) reported significant difference in time to flatus ($z=-2.143$, $P<0.032$) and time to bowel ($z=-5.354$, $P<0.001$). 10 RCTs reported nutritional intervention, only 1 (10%) suggested positive impact on wound infection (Risk Ratio [RR] 0.68, CI 0.40-1.01) while 9 RCTs explored the effect of psychological preparation and low-quality evidence suggest difference in anxiety and depression and quality of life. No significant difference was suggested in total hospital stay.

Conclusion: Prehabilitation showed mixed level of effectiveness across surgical outcomes, and it may be a promising intervention in optimizing patients' journey. However, low certainty evidence and great heterogeneity on clinical outcomes implies further rigorous studies is needed. Additionally, patients' compliance is essential towards the success of prehabilitation, so theory-driven behavioral change components should be considered in promoting better care delivery and the effectiveness of the programme.

INTRODUCTION

Colorectal cancer (CRC) ranks the third most prevalent forms of malignancy with second top mortality in Hong Kong, exhibiting a significant incidence at 14.7% and mortality at 15.2%, reaching about 5190 new cases and 2266 death in 2023 (Hong Kong Cancer Registry, 2024). Surgery remains the primary curative option in management of colorectal cancer. Enhanced Recovery After Surgery (ERAS) protocol, a multimodal coordinated strategy with elements of preoperative education, enhanced surgical and anesthetic approach and postoperative rehabilitation, has been promulgated in the local public hospitals. Although ERAS has demonstrated notable improvement of shortened general length of stay (LOS) (5 vs 10, $p<0.05$) and lower major surgical complications (for Clavien-Dindo [CD] III-IV; e.g. anastomotic leakage requiring reoperation, 11% vs 5%, $p<0.05$), minor postoperative complications (for CD I-II; e.g. postoperative ileus) remain controversial (Wong, 2016). Associated burdens from these postoperative complications include lengthy total hospital stay, physical deconditioning with prolonged rehabilitation care, declining respiratory function requiring invasive ventilator support and further causing mortality. In addition, little focused on preoperative optimization in current ERAS protocol due to conflicting result in research evidence (Gustafsson et al., 2025). However, CRC surgery carries significant burden in postoperative morbidity and healthcare cost. Preoperative rehabilitation or “prehabilitation”, refers to any type in either single or multimodal interdisciplinary preoperative strategy aiming to enhance physiological reserve by modifying lifestyle risk factors and strengthen psychological resilience, is called out to optimize patients’ vulnerabilities prior to surgery. (Lee et al., 2020; Wells et al., 2022).

Previous systematic reviews of prehabilitation has focused on general abdominal surgery (e.g. gynaecological surgery), specific population (e.g. frail patients), not following ERAS protocol, or introduced high risk of bias with the inclusion of non-randomised trials or active control (e.g. postoperative rehabilitation). Thus, a more rigorous analysis is warranted. This review aimed to systematically (a) identify modality of prehabilitative programmes, (b) the mode of delivery in prehabilitative programme and (c) evaluate effect of prehabilitation and ERAS programme on postoperative morbidity, total hospital stay, GI recovery, functional capacity and psychological well-being.

SEARCH STRATEGY

Seven English electronic databases including MEDLINE (incorporated with PubMed), EMBASE, PsycINFO, CINAHL, Cochrane Library, SCOPUS, Web of Science were searched from Inception to January 2024. Google scholar was also manually searched from the reference list from included studies for additional eligible search. The search included a combination of text words and Medical Subject Headings for ‘randomised controlled trials’ AND ‘preoperative’ AND ‘cancer’ AND ‘prehabilitation’ (including ‘exercise’ OR ‘nutrition’ OR ‘psychological’ interventions) AND ‘postoperative outcomes’(including ‘complications’ OR ‘length of hospital stay’ OR ‘GI recovery’ OR ‘anxiety’ OR ‘depression’ OR ‘quality of life’ OR ‘functional capacity’). (Supplementary 1).

SELECTION CRITERIA

The design of included study were restricted to randomized controlled trials (RCTs) only. Conference abstract, protocol and grey literature were excluded. Only articles published in English and Chinese were eligible for this review. The article were also selected in accordance with the following criteria:

POPULATION

Adults aged 18 or above with colorectal cancer of any TNM classification and in planned surgery or preoperative status. Population intended for palliative surgery or neoadjuvant therapy was excluded.

INTERVENTION

Prehabilitation or preoperative optimizational intervention of any types, including single or multicomponent intervention and aligning with ERAS protocol.

COMPARISON

The control was comparator with regular care under ERAS protocol.

OUTCOMES

Outcomes were postoperative complication, total hospital stay, functional capacity, GI recovery (e.g. time to first flatus, time to first bowel) and psychological wellbeing (e.g. anxiety and depression, quality of life).

STUDY SELECTION AND DATA EXTRACTION

The study selection in this review was conducted by two independent reviewers. Firstly, the identified records were screened by their title and abstract. Then, potential records were further examined by reviewing the full text in accordance with the pre-set study selection criteria. Then, two reviewers independently conducted data extraction by using a pre-set form, which included publication information, characteristics of participants, characteristics of the intervention, outcome measures and findings. The discrepancies in the article screening and extraction of results between reviewers were discussed.

QUALITY ASSESSMENT

Quality assessment was appraised by two reviewer independently with the Cochrane Risk of Bias 2.0 tool (RoB2) (Sterne et al., 2019). This tool assess the quality of studies based on five domains of risk, namely, randomisation process, intended interventions, missing outcome data, measurement of outcome and selection of the reported result. The risk- of-bias judgement of each domain was divided into three levels: low risk, some concerns, and high risk. The overall risk-of-bias judgement represented the quality of the article. Discrepancies in the quality appraisal results between the two reviewers were discussed to achieve consensus.

DATA SYNTHESIS

Descriptive data were used to summarise the characteristics of studies, including the study design, publication year, country, setting and participant characteristics (sample size, age, and sex). Details of interventions in terms of type, delivery mode, duration and limitation, were also summarised. Postoperative complication were reported as Claven-Dino scale [CD-scale] or Comprehensive Complication Index [CCI] and were calculated in odd ratio and 95% CI. Total hospital stay was reported as median and interquartile range (IQR) and were calculated the pool treatment effect (mean difference and 95% CI). Functional capacity were reported as mean and standard deviation and treatment effect was reported in odd ratio and 95% CI. GI recovery was reported in median and IQR and outcome effect was calculated in z and P value. Psychological wellbeing were mainly reported in median and IQR.

RESULT

STUDY SELECTION

Of the 7103 studies identified in the initial search, 12 trials met the eligibility criteria and were included. (Figure 1)

RISK OF BIAS

Most studies were deemed as some concern while two of them were rated as low risk of bias and five of them carried a high risk of bias. Loss of intention-to-treat principle, unclear blinding of outcome assessor and selective reporting were considered as the possibility of bias among the included studies. Due to the nature and type of intervention, three studies reported unable to blind participants. Three studies also reported high attrition rate due to the pandemic of COVID-19 (Figure 2 & 3).

STUDY CHARACTERISTICS

Total 1232 CRC patients were recruited in the included trials and the sample size ranged from 21 to 251. Of the total number of participants, distribution of intervention group and control group (n=617:615) was nearly at average, but male gender occupied a relatively higher proportion, representing a 59.8% in intervention group and 56.1% in control group, and the median age ranged from 46.3 to 80 years (Bojesen et al., 2023; Bousquet-Dion et al., 2018; Carli et al., 2020; Gillis et al., 2014; Lee et al., 2023; Li, Fang, & Su, 2021; López-Rodríguez-Arias et al., 2021; Minnella et al., 2020; Molenaar et al., 2023; Northgraves et al., 2020; Peng et al., 2021; Wang et al., 2022). Study were conducted in Asia (China, n=3; Korea, n=1), European countries (United Kingdom, n=1; Denmark, n=1; Spain, n=1), North America (Canada, n=2, United State, n=1) while one study was multicenter between Canada, Denmark, Italy, Netherland and Spain. Service delivery included home-based unsupervised approach (n=4, 33.3%), out-patient (n=6, 50%) and in-patient supervised approach (n=2, 16.7%). Modality of intervention consisted of unimodal (nutrition-alone, n=1; exercises-alone, n=2) and multimodal strategy (nutrition, exercises and psychology support, n=9). The length of programme also ranged from one week to two months and four-week prehabilitation (n=7, 58.3%) were mostly adopted by the included studies (Table 1).

INTERVENTION CHARACTERISTICS

NUTRITIONAL INTERVENTION

Nutritional interventions incorporated with preoperative risk screening and oral supplement in the prehabilitative programme were delivered in 10 studies. All studies consisted of an assessment for potential of malnutrition, and a personalized diet of nutritional needs was also recommended by a dietitian. Different oral nutritional supplements (ONS) were provided in 9 studies, where Immunocal was the most common (Bousquet-Dion et al., 2018; Carli et al., 2020; Gillis et al., 2014; Minnella et al., 2020; Wang et al., 2022), and only one study did not report any information on the use of ONS (Li, Fang, & Su, 2021). Additional use of the multivitamin or multimineral supplements were also reported in 3 studies (Bojesen et al., 2023; López-Rodríguez-Arias et al., 2021; Molenaar et al., 2023). 2 studies reported the dosage of ONS, where one study recommended daily dose of 400ml (Lee et al., 2023) and the other suggested 30g per day (Molenaar et al., 2023). The frequency of the use of ONS was reported in 7 studies, one study indicated twice per day, and a daily dose was instructed to consume within 1 hour prior to exercises regimen in six studies (Bousquet-Dion et al., 2018; Carli et al., 2020; Gillis et al., 2014; Minnella et al., 2020; Molenaar et al., 2023; Wang et al., 2022). One study did not provide specific information of both dose and frequency for the use of ONS (López-Rodríguez-Arias et al., 2021).

EXERCISE INTERVENTION

Exercise interventions were provided in 11 studies. Different combination of the exercises regimen, consisting of strength training, stretching, flexibility and breathing exercises, where resistance training was most regular components, followed by aerobic activities such as cycling, swimming and jogging (Bousquet-Dion et al., 2018; Carli et al., 2020; Gillis et al., 2014; López-Rodríguez-Arias et al., 2021; Molenaar et al., 2023; Northgraves et al., 2020; Wang et al., 2022). 3 studies were home-based unsupervised physical training, but only one study reported the initial assessment and training by a certified kinesiologist (Gillis et al., 2014). Supervised exercises either at outpatient clinic or inpatient hospitalization was conducted in 9 studies, where mainly delivered by a certified kinesiologist, one was instructed by physiotherapist (Bojesen et al., 2023), one was by a trained nurse (Wang et al., 2022), while two studies did not provide any information of the instructors (Li, Fang, & Su, 2021; Molenaar et al., 2023). The frequency of the intervention ranged from once per week to twice per day, lasting from 45 to 60 minutes, and one hour session was the most common (Bojesen et al., 2023; Bousquet-Dion et al., 2018; Carli et al., 2020; Gillis et al., 2014; Molenaar et al., 2023; Northgraves et al., 2020).

PSYCHOLOGICAL INTERVENTION

Psychological intervention was performed in 8 studies, focusing on the coping strategies on anxiety reduction and mental distress. Interventions consisted of breathing therapy, meditation and relaxation technique, where relaxation was mostly provided. Only 2 studies reported a psychological assessment was conducted prior to the intervention (Carli et al., 2020; Li et al., 2021). Interventions were delivered by trained personnel in 3 studies (Bousquet-Dion et al., 2018; Minnella et al., 2020; Molenaar et al., 2023), one study by psychologist (Gillis et al., 2014), and two studies by trained nurse (Li, Fang, & Su, 2021; Wang et al., 2022). Most studies did not indicate the frequency and duration of interventions, only 3 studies reported the number of sessions ranging from daily to three times per week (Carli et al., 202; López-Rodríguez-Arias et al., 2021; Wang et al., 2022), while 2 studies reported each session lasting for one hour (Bousquet-Dion et al., 2018; Gillis et al., 2014).

EFFECT ON POSTOPERATIVE COMPLICATION, FUNCTIONAL CAPACITY, PSYCHOLOGICAL OUTCOMES, TOTAL HOSPITAL STAY, GI RECOVERY AND WOUND INFECTION

Postoperative complication was measured in form of calculated comprehensive complication index (CCI) (n=2, 25%) and event classified by Clavien-Dino (CD) scale (n=6, 75%). 3 RCTs demonstrated statistically difference in the postoperative complication (OR 0.53, 95% CI 0.38-0.80, p<0.05) and two RCTs reinforced the clinical importance on reducing the occurrence of severe complication despite of statistically insignificance.

Functional capacity was measured in 8 RCTs with exercise component and was significantly improved in context of 6-minute-walk-test (6MWT) (OR 2.1; 95% CI 0.9-5.8, p<0.05) in 5 RCTs (62.8%), followed by anaerobic threshold (VO₂AT) (p<0.018) in one study (12.5%).

Total hospital stay was assessed in 11 RCTs and measured in day(s) or hour(s). Only one RCT (n=1, 9.1%) demonstrated significant improvement in LOS (days) between groups (12.21 vs 15.68, p<0.001).

Psychological well-being was evaluated in form of anxiety and depression and quality of life (QoL) and measured with The Hospital Anxiety and Depression Scale (HADS) (n=5), Generalized Anxiety Disorder 7-item scale (GAD-7) (n=1), Zung Self-rating Anxiety Scale (SAS) & Zung Self-rating Depression Scale (SDS) (n=1), The 36-item Short Form health survey (SF-36) and Quality of Recovery 15 (QoR-15) (n=1) and European Organization for Research And Treatment of Cancer – Quality of Life of Cancer Patients Module (EORTC QLQ-C30) (n=1) in 8 RCTs. Most RCTs reported the baseline data or score change (in mean or percentage) between groups, only one RCTs demonstrated statistically difference in anxiety and depression by SAS & SDS ($p<0.001$) while 2 RCTs reported significant improvement in quality of life by SF-36 ($p<0.001$) and QoR-15 ($P=0.0153$)

GI recovery were measured in 3 studies in form of hour(s) to first flatus, hour(s) to first bowel and I-FEED score, while 2 RCTs suggested significant difference in time to first flatus ($z=-2.143$, $P<0.032$) and one additionally reported improvement in time to first bowel ($z=-5.354$, $p<0.001$).

Wound infection was evaluated as occurrence of superficial skin infection and organ-space surgical-site infection. Both did not demonstrate significant differences between prehabilitation and control groups in most of the included studies. Only one RCT (n=1, 9.1%) found immunonutrition was associated with a lower occurrence of overall infection in CRC patient with older age ($>=75$ years) ($p=0.026$) or obesity (Body mass index [BMI] $>=25\text{kg}/\text{m}^2$) ($p=0.129$) in the subgroup analysis. In the multivariable analysis, positive impacts of nutritional intervention only limited to old age (RR 0.68, CI 0.40-1.01).

DISCUSSION

This systematic review demonstrated that prehabilitation was associated with better functional capacity and reduced occurrence of severe postoperative complications following colorectal cancer surgery under ERAS pathway. Physical training was considered as major component in the prehabilitative program, nutritional support and psychological preparation were at moderate associated in overall effect in postoperative recovery. Multimodal intervention did not appear to be more effective than single intervention may due to the rigor of the method of intervention and absence of data on compliance with different strategies in multimodal programme. Positive clinical outcomes should also be interpreted with caution due to low certainty evidence among included studies.

IMPLICATION FOR RESEARCH AND NURSING PRACTICES

Prehabilitation comprises the concept of behavioral change, therefore patients' perception towards the care delivery is vital to the success of a prehabilitation programme. Patients' compliance is underpinned by this behavioral modification intervention. To understand the influence of behaviors involved, theory-driven prehabilitation with behavioral input is advocated in designing programme in the future. Additionally, use of innovative approach in service delivery may be a feasible option in enhancing the adherence with better surgical outcomes.

CONCLUSION

In support by this review of RCTs, prehabilitation incorporating exercises (e.g. aerobic and resistance exercises), nutritional counseling and psychological support demonstrated an optimal impact on surgical outcomes such as postoperative complication and functional capacity. Despite the quality of included studies was not high due to relatively small sample size, heterogeneities in outcomes measurement and high attrition, this study generates a better understanding on the characteristic and synergetic effect of prehabilitation along ERAS, also contributes positively to the feasibility on leveraging technology in enhancing care delivery with better adherence and patients' outcomes.

FUNDING

No external funding in this study.

ETHICAL APPROVAL

Not applicable.

CONFLICT OF INTEREST

No direct conflict of interest to declare.

REFERENCES

Bojesen, R. D., Dalton, S. O., Skou, S. T., Jørgensen, L. B., Walker, L. R., Eriksen, J. R., Grube, C., Justesen, T. F., Johansen, C., Slooter, G., Carli, F., & Gögenur, I. (2023). Preoperative multimodal prehabilitation before elective colorectal cancer surgery in patients with WHO performance status I or II: randomized clinical trial. *British Journal of Surgery Open*, 7(6), 134. <https://doi.org/10.1093/bjsopen/zrad134>

Bousquet-Dion, G., Awasthi, R., Loiselle, S. È., Minnella, E. M., Agnihotram, R. V., Bergdahl, A., Carli, F., & Scheede-Bergdahl, C. (2018). Evaluation of supervised multimodal prehabilitation programme in cancer patients undergoing colorectal resection: a randomized control trial. *Acta Oncologica*, 57(6), 849-859. <https://doi.org/10.1080/0284186X.2017.1423180>

Carli, F., Bousquet-Dion, G., Awasthi, R., Elsherbini, N., Liberman, S., Boutros, M., Stein, B., Charlebois, P., Ghitulescu, G., Morin, N., Jagoe, T., Scheede-Bergdahl, C., Minnella, E. M., & Fiore, J. F. (2020). Effect of Multimodal Prehabilitation vs Postoperative Rehabilitation on 30-Day Postoperative Complications for Frail Patients Undergoing Resection of Colorectal Cancer: A Randomized Clinical Trial. *JAMA Surgery*, 155(3), 233-242. <https://doi.org/10.1001/jamasurg.2019.5474>

Gillis, C., Li, C., Lee, L., Awasthi, R., Augustin, B., Gamsa, A., Liberman, A. S., Stein, B., Charlebois, P., Feldman, L. S., & Carli, F. (2014). Prehabilitation versus rehabilitation: a randomized control trial in patients undergoing colorectal resection for cancer. *Anesthesiology*, 121(5), 937-947. <https://doi.org/10.1097/ALN.0000000000000393>

Gustafsson, U. O., Rockall, T. A., Wexner, S., How, K. Y., Emile, S., Marchuk, A., Fawcett, W. J., Sioson, M., Riedel, B., Chahal, R., Balfour, A., Baldini, G., de Groof, E. J., Romagnoli, S., Coca-Martinez, M., Grass, F., Brindle, M., & Hubner, M. (2025). Guidelines for perioperative care in elective colorectal surgery: Enhanced Recovery After Surgery (ERAS) Society recommendations 2025. *Surgery*, 184, 109397. <https://doi.org/10.1016/j.surg.2025.109397>

Hong Kong Cancer Registry. (2024). Statistics of the most common cancers – Top Five Cancers by Age. <https://www3.ha.org.hk/cancereg/topfive.html>

Lee, M. J., Vaughan-Shaw, P., Vimalachandran, D., & ACPGBI GI Recovery Group. (2020). A systematic review and meta-analysis of baseline risk factors for the development of postoperative ileus in patients undergoing gastrointestinal surgery. *The Annals of The Royal College of Surgeons of England*, 102(3), 194-203.

Lee, S. Y., Lee, J., Park, H. M., Kim, C. H., & Kim, H. R. (2023). Impact of preoperative immunonutrition on the outcomes of colon cancer surgery: results from a randomized controlled trial. *Annals of Surgery*, 277(3), 381-386. <https://doi.org/10.1097/SLA.0000000000005140>

Li, D., Fang, Y., & Su, S. (2021). Effect of nursing team-led pre-rehabilitation strategy on patients with colorectal cancer. *Journal of Qilu Nursing*, 27, 11-13.

López-Rodríguez-Arias, F., Sánchez-Guillén, L., Aranaz-Ostáriz, V., Triguero-Cánovas, D., Lario-Pérez, S., Barber-Valles, X., Lacueva, F. J., Ramirez, J. M., & Arroyo, A. (2021). Effect of home-based prehabilitation in an enhanced recovery after surgery program for patients undergoing colorectal cancer surgery during the COVID-19 pandemic. *Supportive Care in Cancer: Official Journal of the Multinational Association of Supportive Care in Cancer*, 29(12), 7785-7791. <https://doi.org/10.1007/s00520-021-06343-1>

Minnella, E. M., Ferreira, V., Awasthi, R., Charlebois, P., Stein, B., Liberman, A. S., Scheede-Bergdahl, C., Morais, J. A., & Carli, F. (2020). Effect of two different pre-operative exercise training regimens before colorectal surgery on functional capacity: A randomised controlled trial. *European Journal of Anaesthesiology*, 37(11), 969–978. <https://doi.org/10.1097/EJA.0000000000001215>

Molenaar, C. J. L., Minnella, E. M., Coca-Martinez, M., Ten Cate, D. W. G., Regis, M., Awasthi, R., Martínez-Palli, G., López-Baamonde, M., Sebio-Garcia, R., Feo, C. V., van Rooijen, S. J., Schreinemakers, J. M. J., Bojesen, R. D., Gögenur, I., van den Heuvel, E. R., Carli, F., Slooter, G. D., & PREHAB Study Group (2023). Effect of Multimodal Prehabilitation on Reducing Postoperative Complications and Enhancing Functional Capacity Following Colorectal Cancer Surgery: The PREHAB Randomized Clinical Trial. *JAMA surgery*, 158(6), 572–581. <https://doi.org/10.1001/jamasurg.2023.0198>

Northgraves, M. J., Arunachalam, L., Madden, L. A., Marshall, P., Hartley, J. E., MacFie, J., & Vince, R. V. (2020). Feasibility of a novel exercise prehabilitation programme in patients scheduled for elective colorectal surgery: a feasibility randomised controlled trial. *Supportive Care in Cancer*, 28, 3197–3206. <https://doi.org/10.1007/s00520-019-05098-0>

Peng, L. H., Wang, W. J., Chen, J., Jin, J. Y., Min, S., & Qin, P. P. (2021). Implementation of the pre-operative rehabilitation recovery protocol and its effect on the quality of recovery after colorectal surgeries. *Chinese Medical Journal*, 134(23), 2865–2873. <https://doi.org/10.1097/CM9.0000000000001709>

Sterne, J. A., Savović, J., Page, M. J., Elbers, R. G., Blencowe, N. S., Boutron, I., ... & Higgins, J. P. (2019). RoB 2: a revised tool for assessing risk of bias in randomised trials. *BMJ*, 366.

Wang, X. Y., Gu, Y. F., Chen, H., Zhang, L., Dai, X. J., Tang, A. J., Hu, X. M., Wu, Q. (2022). Effect of preoperative trimodal prehabilitation on rehabilitation of elderly patients with colorectal cancer. *Chinese Nursing Research*, 18, 3233–3238.

Wells, C. I., Milne, T. G., Seo, S. H. B., Chapman, S. J., Vather, R., Bissett, I. P., & O'Grady, G. (2022). Post-operative ileus: definitions, mechanisms and controversies. *ANZ journal of surgery*, 92(1-2), 62–68.

Wong, Y. W. (2016). Multidisciplinary Approach of Colorectal Cancer Surgery to Decrease Length of Stay, Early Experience of ERAS program in Tseung-Kwan-O Hospital. <https://www.ha.org.hk/haconvention/hac2016/proceedings/downloads/SPPE1018.pdf>

Example of search strategy

Ovid MEDLINE(R) and Epub Ahead of Print, In-Process, In-Data-Review & Other Non-Indexed Citations <1946 to January 13, 2024>

- 1./ exp Preoperative Exercise/
- 2./ (prehab* or (Preoperative and (nutrition or diet or rehab* or psycho* or mental or mobil* or ambulat*))).ab,ti,kw.
- 3./ exp Enhanced Recovery After Surgery/
- 4./ (enhanced or fast-track) and recovery).mp.
- 5./ exp Postoperative Complications/ or exp Functional Status/ or exp Physical Functional Performance/ or exp Malnutrition/ or exp Anxiety/ or exp Mental Health/ or exp Psychological Distress/
- 6./ ((Postoperative and (ileus or obstruction or anxiety or depression or distress)) or LOS or functional capacity or ((weight or muscle) and loss) or ((patient* or surgical) and outcome)).mp.
- 7./ exp Colorectal Neoplasms/ or exp Colonic Neoplasms/ or exp Rectal Neoplasms/
- 8./ ((colonic or rectal or colorectal or intestinal) and (cancer or tumor or malign* or carcinoma)).ab,ti,kw
- 9./ 1 and 2
- 10./ 3 and 4
- 11./ 5 and 6
- 12./ 7 and 8
- 13./ 1 and 3 and 5 and 7
- 14./ 1 and 4 and 6 and 8
- 15./ 2 and 3 and 5 and 7
- 16./ 2 and 4 and 5
- 17./ 2 and 4 and 5 or 6
- 18./ 2 and 4 and 6 and 8
- 19./ 2 and 6 and 7

Example of search strategy

20./ 2 and 6 and 8

21./ 5 and 7 and 9

22./ 9 and 10 and 11 and 12

23./ 9 and 11 and 12

24. 9 and 10 and 11

25. 9 and 10 and 12

Figure 1. PRISMA Flow diagram for search process

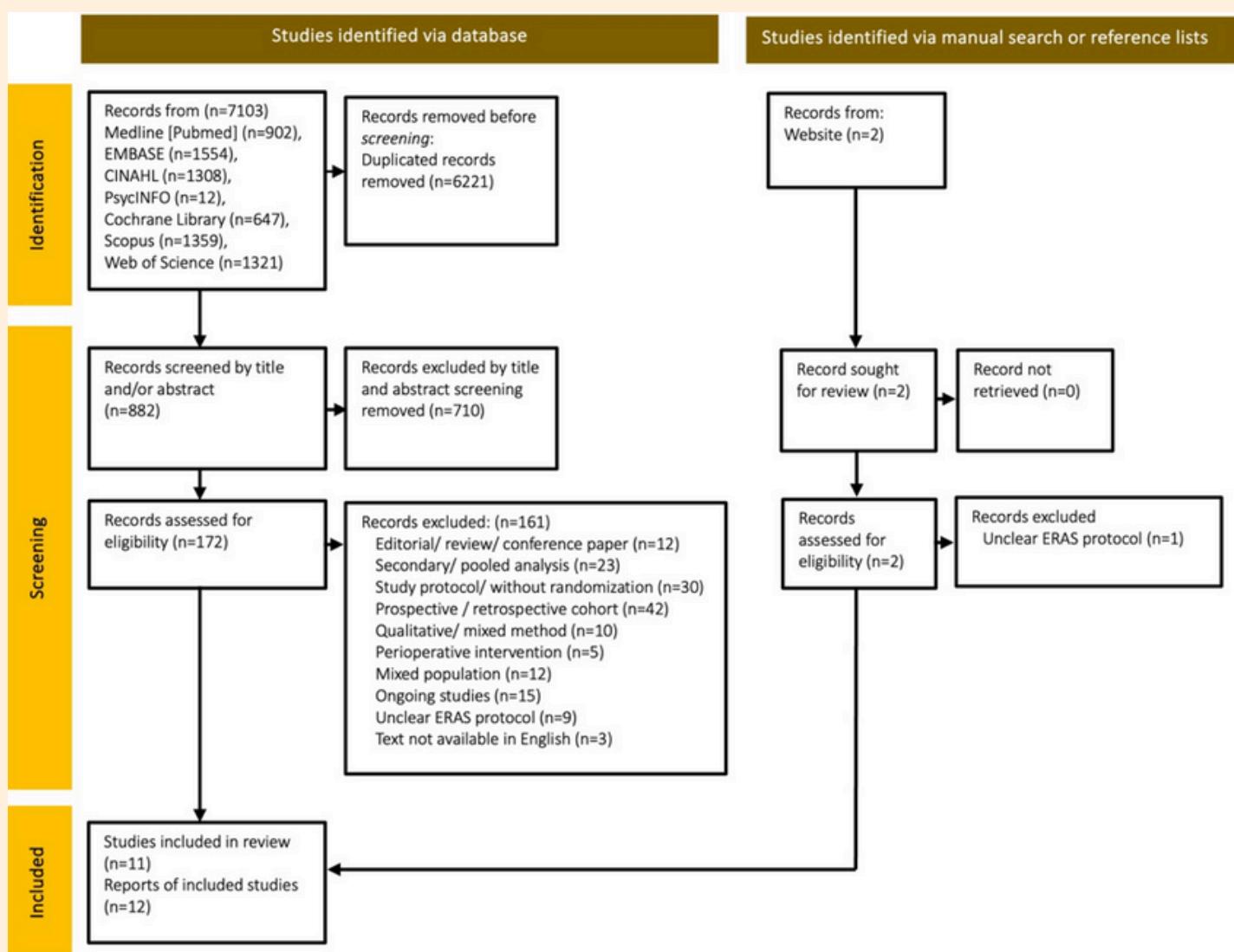


Figure 2. Quality assessment of included studies by RoB2

	Lee et al., 2021	McIsaac et al., 2022	Northgraves et al., 2020	Peng et al., 2021	Bojesen et al., 2023	Bousquet-Dion et al., 2018	Carli et al., 2020	Gillis et al., 2014	Li et al., 2021	López-Rodríguez-Arias et al., 2021	Minnella et al., 2020	Molenaar et al., 2023	Wang et al., 2022
Randomization Process	+	+	+	+	+	+	+	+	+	+	+	+	+
Deviations from the Intended Intervention	!-	-	!-	+	+	+	!-	+	+	+	+	!-	-
Missing Outcome Data	!-	+	+	+	+	+	+	+	+	!	!-	+	+
Measurement of the Outcome	!+	-	!-	+	+	+	+	!	!	+	+	+	+
Selection of the Reported Result	!-	+	!-	+	!	+	+	!	!	!	+	+	!
Overall Bias	-	!-	!-	+	!	!	+	-	!	!	!	!	-

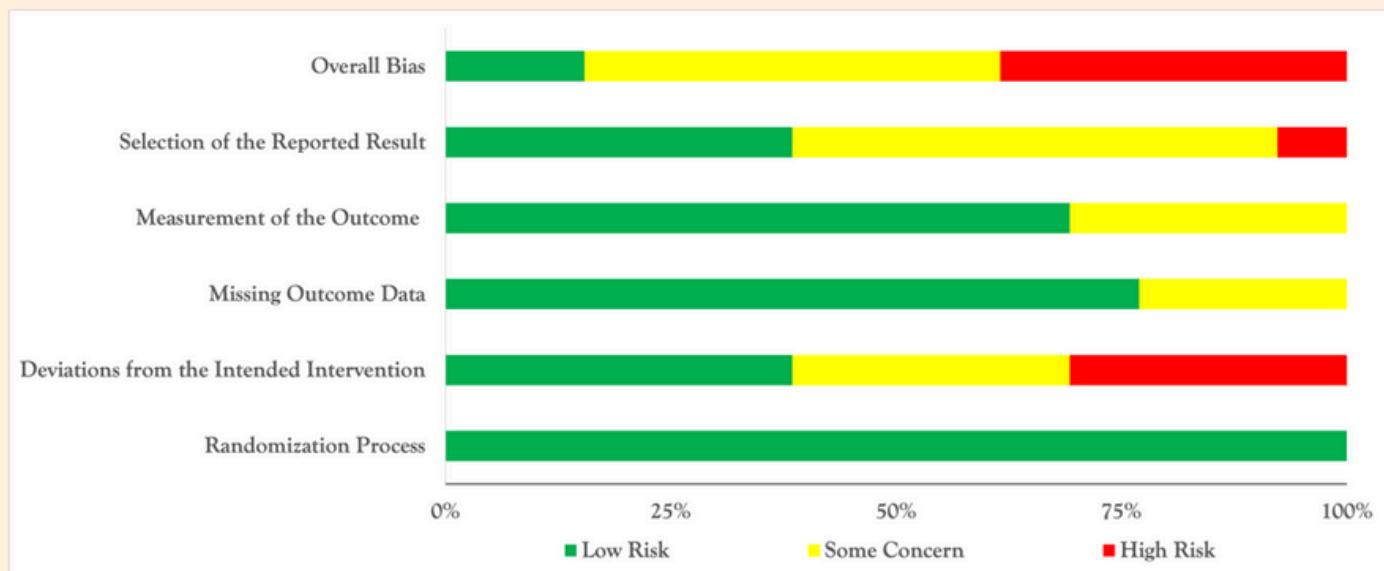
Figure 3. Summary of quality assessment for included studies in each domain of RoB2

Table 1. Summary of the characteristics of included studies

Origin	Intervention / Control		Interventional group			Control group			Outcome	Overall bias	Limitation	
	Intervention	Nature	Duration	Size	Age (Median)	F/M ratio	Size	Age (Median)	F/M ratio			
Korea	N Standard care	Home-based	1 week	79	65.3	23:56	82	65.3	32:50	③(-) ⑤(+)	H	• Small sample size of malnourish patient (n=12)
	E Standard care	Out-patient Supervised exercise	10 weeks	10	64.1	4:7	11	63.5	6:4	③(-) ④(+)	SC	• Risk of performance bias due to absence of binding • Risk of reporting bias on nutritional compliance
	E Standard care	Home-based Unsupervised exercise	2 weeks	109	63	44:65	104	62.8	51:53	①②③(-) ⑤(+)	L	• Risk of selection bias due to very low consent rate & ov • Risk of performance bias due to absence of binding • Potential confounding due to missed reporting data
UK	N+E+P Standard care	Out-patient Supervised exercise	4 weeks	16	80	5:11	20	78	14:6	②④⑤(-)	H	• Small sample due to multiple closedown • Risk of response bias due to alertness on study hypothesis
	N+E+P Standard care	Out-patient Supervised exercise	4 weeks	37	74	7:30	26	71	10:16	②③④(-)	H	• Mortality increased may due to COVID infection prior • Potential risk of bias as only PP analysis performed & ratio in two groups
	N+E+P Standard care	Out-patient Supervised exercise	4 weeks	55	78	26:29	55	82	32:23	ITT: ②③④(-) PP: ④(+)	SC	• Risk of performance bias due to absence of binding • Risk of reporting bias due to self-reported compliance • Potential risk of bias as not ITT analysis
Denmark	N+E+P Standard care	Out-patient Supervised exercise	4 weeks	39	46.3	17:22	39	46.3	18:21	①②③(+)	H	• Limited generalizability to setting with open surgery
	N+E+P Standard care	Out-patient Supervised exercise	4 weeks	21	67	11:10	21	67	5:16	②③④(-)	SC	• Risk of performance bias due to absence of binding • Risk of selection bias due to eligibility criteria
	N+E+P (HIIT) Standard care	Out-patient Supervised exercise	4 weeks	38	65.7	17:21	39	66	12:27	②③④(-) ④(+)	L	• Small sample size • Potential confounding due to >50% loss on outcome m
China	N+E+P Rehabilitation	Home-based Unsupervised exercise	4 weeks	10	66.5	4:6	10	66	3:7	②③(-)	SC	• Potential confounding due to missed data for secondary
	N+E+P Standard care	Home-based Unsupervised exercise	1 month	123	69	61:62	128	71	52:76	②④(+) ③⑤(-)	SC	• Small sample size due to lockdown
	N+E+P Standard care	In-patient Supervised exercise	4 weeks	80	73.31	29:51	80	71.29	35:45	②③(-) ①④(+)	H	• Risk of performance bias due to absence of binding & intervention
Spain	N+E+P Standard care	In-patient Supervised exercise	4 weeks	NR	NR	NR	NR	NR	NR	NR	NR	• Risk of performance bias due to absence of binding
	N+E+P Standard care	In-patient Supervised exercise	4 weeks	NR	NR	NR	NR	NR	NR	NR	NR	• Risk of performance bias due to absence of binding
	N+E+P Standard care	In-patient Supervised exercise	4 weeks	NR	NR	NR	NR	NR	NR	NR	NR	• Risk of performance bias due to absence of binding
Netherlands, Canada, Spain, Italy, Denmark	N+E+P Standard care	In-patient Supervised exercise	4 weeks	NR	NR	NR	NR	NR	NR	NR	NR	• Risk of performance bias due to absence of binding
	N+E+P Standard care	In-patient Supervised exercise	4 weeks	NR	NR	NR	NR	NR	NR	NR	NR	• Risk of performance bias due to absence of binding
	N+E+P Standard care	In-patient Supervised exercise	4 weeks	NR	NR	NR	NR	NR	NR	NR	NR	• Risk of performance bias due to absence of binding
China	N+E+P Standard care	In-patient Supervised exercise	4 weeks	NR	NR	NR	NR	NR	NR	NR	NR	• Risk of performance bias due to absence of binding
	N+E+P Standard care	In-patient Supervised exercise	4 weeks	NR	NR	NR	NR	NR	NR	NR	NR	• Risk of performance bias due to absence of binding
	N+E+P Standard care	In-patient Supervised exercise	4 weeks	NR	NR	NR	NR	NR	NR	NR	NR	• Risk of performance bias due to absence of binding

E: Physical training/ Exercises-related therapy. P: Psychological-related therapy. NR: Not reported.
 ①: Postoperative Complication ②: Postoperative Complication ③: Length of Stay ④: Functional Capacity ⑤: Anthropometric marker
 H: High risk of bias L: Low risk of bias

(+): Rehabilitation proves efficacious. (-): Rehabilitation proves ineffective
 ITT: High-Intensity Interval Training; MICT: Moderate-Intensity Continuous Training

HKETA SYMPOSIUM CUM 26TH ANNUAL GENERAL MEETING

We are thrilled to announce that our HKETA Symposium cum 26th Annual General Meeting (AGM) was successfully held on 26 July 2025, at Cordis, Hong Kong. This year's theme was **"Wound Care Excellence: From Prevention to Healing."**

The event featured high-quality presentations and an extensive industry exhibition, enriching participants with insightful expertise sharing, networking opportunities, and exposure to the latest innovations in the field.



Chairperson of HKETA: Dr SIT Tin Yan



HKETA SYMPOSIUM CUM 26TH ANNUAL GENERAL MEETING



HKETA Advisor:
Professor Eric CHAN

We were honored to have distinguished guest speakers, including Professor Kelvin Woo, Ms. Aiwei Foster, and Mr. Kelvin Chan, who shared their inspiring knowledge, local practices, and invaluable clinical experiences. Their contributions, coupled with the audience's active participation, fostered an enthusiastic atmosphere for knowledge exchange among all attendees.

'Effective Strategies and Protocol of Care to Support Hard to Heal Wound'



Guest speaker:
Professor Kelvin WOO
PhD, RN, NSWOC WOCC(C)
Queen's University
School of Nursing & School of Rehabilitation in Kingston, Canada



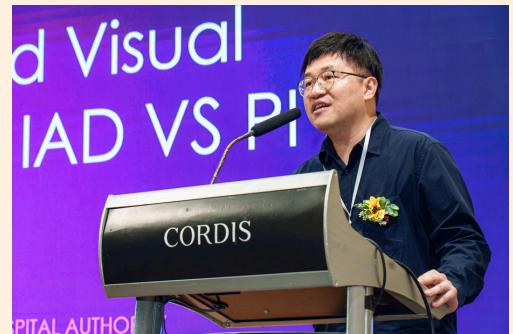
Guest speaker:
Ms Aiwei FOSTER
Wound Nurse Practitioner
Wound Nurse Consultant & Lymphedema
Practitioner
The Royal Melbourne Hospital, Australia



'Skin Integrity and Complication in Wound Care: Prevention is the Key'

HKETA SYMPOSIUM CUM 26TH ANNUAL GENERAL MEETING

'Knowledge and Visual Differentiation: IAD vs PI'



Guest speaker: Mr Kelvin CHAN
Nurse Consultant, Stoma & Wound Care
Yan Chai Hospital, Kowloon West Cluster,
Hospital Authority, Hong Kong



Modulators (from left to right):

Mr CHAN Kar Kay Steven,

Ms PUN Man Kei



HKETA SYMPOSIUM CUM 26TH ANNUAL GENERAL MEETING

In addition to the impressive presentations, the vibrant industry exhibitions showcased advanced technologies, devices, and products, enlightening participants from diverse backgrounds on how to incorporate cutting-edge technology into daily challenges in wound and stoma care.



**Collaboration
Strive for EXCELLENCE**

HKETA SYMPOSIUM CUM 26TH ANNUAL GENERAL MEETING



The event also featured networking opportunities among familiar faces, with engaging booth setups and interactive games adding a joyful touch to the experience.



Draw in Life



HKETA SYMPOSIUM CUM 26TH ANNUAL GENERAL MEETING

We would like to extend our heartfelt thanks to all members and participants whose support and enthusiasm were instrumental in making this event a resounding success. Your engagement and collaboration propel our mission forward and inspire ongoing advancements in stoma and wound care.



HKETA SYMPOSIUM CUM 26TH ANNUAL GENERAL MEETING



TOGETHER,
*we will continue to enhance the quality of care
and improve outcomes for patients.*



Time to replace hydrogel with Suprasorb® X + PHMB!



A 79-year-old woman presented to the emergency department following a fall at home, with multiple lacerations and a haemoarthrosis of the knee

Fumarola S. Polyhexamethylene biguanide dressings in wound management. Nursing Standard. 2011;25(46):63-67.



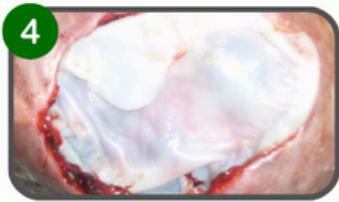
Excess exudate from the wound is **absorbed** in the dressing



Moisture is **donated** from the dressing into the wound with low levels of exudate



Microbes are killed with the release of **PHMB**



In just **13 days**

In just **2 weeks**

REPOLAR

Abilar® 10% Resin Salve



CASE STUDY

The 33-year-old female patient's finger was injured by a hand tool. Following the application of Abilar®, the wound continuously cleared up, intense granulation started and completely exfoliated **within 2 weeks**

Hever T. Initial Experience with Norway Spruce (*Picea Abies*) Resin. Biomed J Sci & Tech Res. 2024;57(4):49546-49552.



- ✓ Based on **natural resin**, a traditional medication which has been used in treating wounds in **Finland for over 400 years**
- ✓ Promotes **re-epithelialisation** of wounds
- ✓ **Highly antimicrobial**
- ✓ Exhibits **anti-inflammatory** properties



Scan QR code for samples!



APETNA 2025 HIGHLIGHTS

CRYSTAL KAM

Attending the 11th Asia Pacific Enterostomal Therapy Nurses Association (APETNA) Conference, held from July 3–6, 2025, in the vibrant city of Penang, Malaysia, was a profoundly enriching experience. The conference significantly enhanced my professional expertise in advanced wound, stoma, and continence care. Centered around the theme "Creating Connection: Building Bridges Together," the event fostered a collaborative atmosphere where international experts and practitioners freely exchanged knowledge, insights, and best practices. This meaningful engagement not only broadened my clinical perspective but also reinforced the value of global collaboration in driving excellence in Enterostomal Therapy Nursing.

Insights Gained

The diverse array of workshops, discussions, and presentations offered a valuable opportunity to engage with thought leaders and clinical experts who shared cutting-edge research and evidence-based practices. One of the key insights I gained was the critical importance of integrating evidence-based practices in the management of complex wounds and stomas. I also gained a deeper appreciation for the global advancements in wound care, highlighting the impact of multidisciplinary approaches and emerging technologies in improving patient outcomes. These experiences have reinforced my commitment to adopting innovative, research-driven strategies in clinical practice to support holistic and effective patient care.



APETNA 2025 HIGHLIGHTS

CRYSTAL KAM

Additionally, the workshops focused on nursing leadership in today's rapidly evolving healthcare landscape were particularly enlightening. They shed light on the pivotal role nurse leaders play in fostering collaborative care models, and advocating for patient-centered practices. The sessions emphasized the importance of empowering nurses through strategic leadership development, effective communication, and adaptive management skills. I gained a deeper understanding of how nurse leaders can drive innovation within multidisciplinary teams and how they navigate the complexities of today's healthcare environment—balancing clinical excellence with organizational vision and patient advocacy.

The discussions surrounding how Enterostomal Therapists across different regions have established dedicated therapy services were another moving moment of the conference. These sessions brought to light the diverse challenges faced—ranging from limited resources and cultural barriers to workforce shortages and the need for advocacy within healthcare systems. Yet, what stood out even more were the stories of perseverance, collaboration, and innovation. Presenters shared how, through unwavering commitment and visionary leadership, they transformed obstacles into opportunities. These achievements are testaments to the resilience and passion that drive our profession. Hearing these success stories reminded me that Enterostomal Therapy is more than a clinical specialty—it's a movement that empowers patients, builds healthcare capacity, and fosters dignity in care. It reignited my belief that we, as Enterostomal Therapists, have both the responsibility and the ability to advocate for change, connect across borders, and elevate care standards globally.



APETNA 2025 HIGHLIGHTS

CRYSTAL KAM

Award Recognition: Poster Presentation Competition

Receiving the Second Place Award in the Poster Presentation Competition for my paper titled "Incorporating the HOPES Strategy to Optimize Wound Healing, Well-being, and Quality of Life (QoL) in a Patient with Metastatic Breast Cancer" was a deeply meaningful personal and professional milestone.

This recognition—among a distinguished cohort of peers—was both humbling and affirming. The HOPES Strategy, grounded in holistic care principles, represents an approach I am deeply committed to advancing within clinical practice. Having my poster honored in this way strengthened my resolve to advocate for more compassionate, patient-centered models of care.

The moment my name was announced felt truly surreal. A blend of gratitude and renewed motivation surged through me—not simply because my work was acknowledged, but because the topic itself was validated as essential and impactful. The insights and encouragement I received from the judges and fellow participants were invaluable—providing fresh perspectives that not only deepened my understanding but also inspired me to pursue further exploration and innovation within my research.

Conclusion

The APETNA Conference transcended the boundaries of a traditional academic gathering—it was a dynamic celebration of our shared mission to improve the quality of life for patients facing complex health challenges. The connections I cultivated throughout this event have deeply enriched my clinical perspective and reignited a passionate commitment to research, interdisciplinary collaboration, and advocacy. The insights and inspiration gained from this conference will continue to guide my journey through as an Enterostomal Therapist devoted to advancing nursing excellence.



APETNA 2025 HIGHLIGHTS

KATHERINE LI

The Asia Pacific Enterostomal Therapy Nurse Association (APETNA) conference 2025 was a landmark event, bringing together wound, ostomy, and continence (WOC) nursing professionals from across the region to share knowledge, innovations, and best practices. As we reflect on the key takeaways, we also look ahead to the APETNA conference in Hong Kong at 2027, an opportunity to elevate the field further and ensure seamless execution.

Key Learnings from APETNA

The conference emphasised evidence-based practice, technological advancements, and patient-centred care.

Highlights included:

- Innovations in Ostomy Care: New adhesive technologies, wearable sensors, and AI-driven wound assessment tools were showcased, improving patient quality of life.
- Multidisciplinary Collaboration: The importance of teamwork among nurses, surgeons, and dieticians was emphasised, ensuring holistic patient care and management.
- Cultural Competency in Care: Discussions on adapting practices to diverse patient populations were critical, given Asia's varied healthcare systems.

These insights will shape our approach to APETNA 2027, ensuring we incorporate the latest research and foster cross-border learning.



APETNA 2025 HIGHLIGHTS

KATHERINE LI

Preparing for APETNA 2027 in Hong Kong

Hosting APETNA in Hong Kong presents a unique opportunity to showcase advancements in enterostomal therapy within a global healthcare hub. To ensure success, we must:

- Leverage 2025's Lessons – Apply best practices in conference organisation, such as hybrid (in-person/virtual) attendance options and interactive workshops.
- Enhance Regional Engagement – Collaborate with Hong Kong's nursing associations, hospitals, and universities to promote local participation.
- Focus on Practical Implementation – Include hands-on training sessions, simulation labs, and case-study discussions to bridge theory and practice.
- Address Emerging Challenges – Cover topics like stoma care in ageing populations, mental health support for ostomy patients, and cost-effective care models.



APETNA 2025 HIGHLIGHTS

KATHERINE LI

Ensuring a Smooth APETNA 2027

To avoid logistical hurdles, early planning is essential:

- Venue and Accessibility: Hong Kong's world-class facilities must be paired with clear transportation and accommodation guidance for international attendees.
- Language and Inclusivity: Providing multilingual materials and real-time translation will enhance participation.
- Post-Conference Impact: Developing a follow-up framework (e.g., online forums, research grants) will sustain momentum beyond the event.

Conclusion

The APETNA 2025 conference has set a strong foundation, and with strategic planning, APETNA 2027 in Hong Kong can further unify the Asia Pacific WOC nursing community. By integrating past experiences, fostering innovation, and prioritising seamless execution, we can make the 2027 conference a transformative milestone in enterostomal therapy nursing.

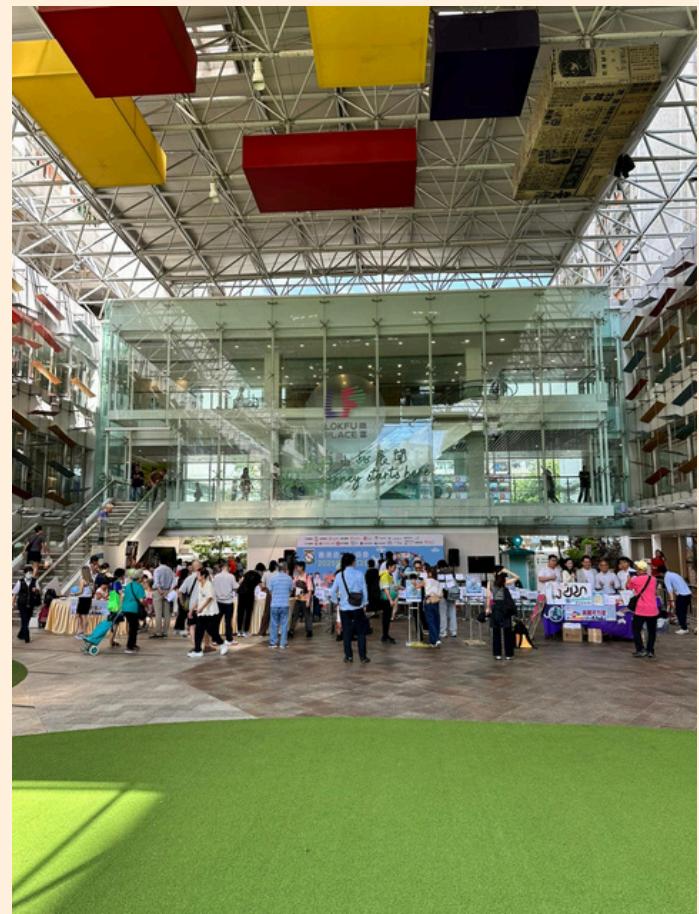
Let's work together to ensure APETNA 2027 is not just a success, but a legacy for the future of patient care.



WORLD OSTOMY DAY

4 October was World Ostomy Awareness Day. The Hong Kong Stoma Association (HKSA) organised a meaningful and empowering event, the World Ostomy Day Carnival, at Lok Fu Place in Wong Tai Sin. Under this year's theme, "Invisible Disabilities: Visible Support. The Global Unity of Ostomates", our goals were to promote global awareness and equity, emphasize visible support for those living with ostomies and foster connection within communities.

On this sunny afternoon, patients, caregivers, volunteers and healthcare providers attended the grand opening ceremony, followed by performances from various groups and health talks by colorectal specialists. Numerous exhibitors showcased their products with interactive game booths. All participants spent the afternoon filled with laughter.



WORLD OSTOMY DAY



The fit is the difference

between one-size-fits-all and finding the perfect solution

SenSura® Mio is now available in new, larger max-cut sizes for patients with large, complicated or loop stomas, and newly operated patients whose stomas are still resolving.



SenSura® Mio New, larger max-cut sizes give you more options

Larger adhesive, same comfort

Based on feedback from stoma care nurses, we have extended our range of SenSura® Mio max-cut size options so you can now provide a flexible fit to even more patients. The larger baseplates can help you to accommodate for patients with:

- Stomas which are resolving after surgery
- Large stomas
- Complicated stomas
- Loop stomas

Significantly less pain than other brands

SenSura® Mio is designed to prevent leakage, and in addition, the unique adhesive also makes SenSura® Mio baseplates easy to apply and remove. The formula is gentle to the skin, with significantly less pain than other brands.

All SenSura® Mio baseplates are designed with BodyFit Technology – an elastic adhesive technology that provides:

- Secure body contact for protection
- Flexible fit during movement



- Enhanced cutting range
- Larger adhesive coverage
- Greater volume capacity
- Wider outlet



Compare with SenSura® 1-piece open bag

SenSura® Mio Flat

Product code	Description	Cutting range
18382	SenSura® Mio Flat Baseplate, Transparent, Wide Opening Bag, Base, 70mm	10-70mm
18383	SenSura® Mio Flat Baseplate, Transparent, Wide Opening Bag, 1pc, 100mm	10-100mm

Please contact Coloplast sales representatives for more product information and detail.

Ostomy Care / Continence Care / Wound & Skin Care
Coloplast A/S, Holtedam 1, 3050 Humlebaek, Denmark
www.coloplast.com.hk The Coloplast logo is a registered trademark of Coloplast A/S. © 2025-10 All rights reserved Coloplast A/S. PM-17110



Coloplast (Hong Kong) Ltd.
Room 1202, 12/F, Billion Plaza, 8 Cheung Yue Street,
Cheung Sha Wan, Kowloon, Hong Kong
Hotline: (852) 3628 7488
WhatsApp enquiry service: (852) 6291 7291
Fax: (852) 2302 1884
Email: hkcare@coloplast.com

For more information,
please visit our YouTube Channel
 [Coloplast Hong Kong](https://www.youtube.com/c/ColoplastHongKong)



SenSura® Mio

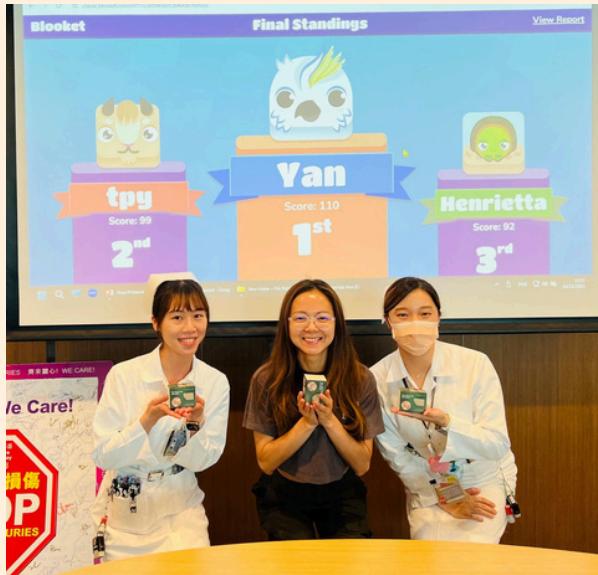
WORLDWIDE PRESSURE INJURY PREVENTION DAY HIGHLIGHTS

Worldwide Pressure Injury Prevention Day, held on the third Thursday of November every year, highlighted the ongoing global effort to “stop the pressure” by focusing on awareness, early detection, and evidence-based prevention strategies across all health care settings.

This year’s campaign highlighted the importance of early risk identification, regular skin assessment, and simple preventive measures such as repositioning and appropriate support surfaces across acute, community and long-term care settings. Multidisciplinary teams also played a pivotal role in prevention and strengthening safety and quality standards. Through webinars, local hospital events and social media activities, organisations reinforced that pressure injuries are largely preventable when evidence-based care and person-centred approaches are consistently implemented.



WORLDWIDE PRESSURE INJURY PREVENTION DAY HIGHLIGHTS



Hong Kong Sanatorium & Hospital held a wonderful event on 20 November to promote pressure injury prevention among staff, including a knowledge test for nurses to reinforce their understanding of prevention practices.

WORLDWIDE PRESSURE INJURY PREVENTION DAY HIGHLIGHTS

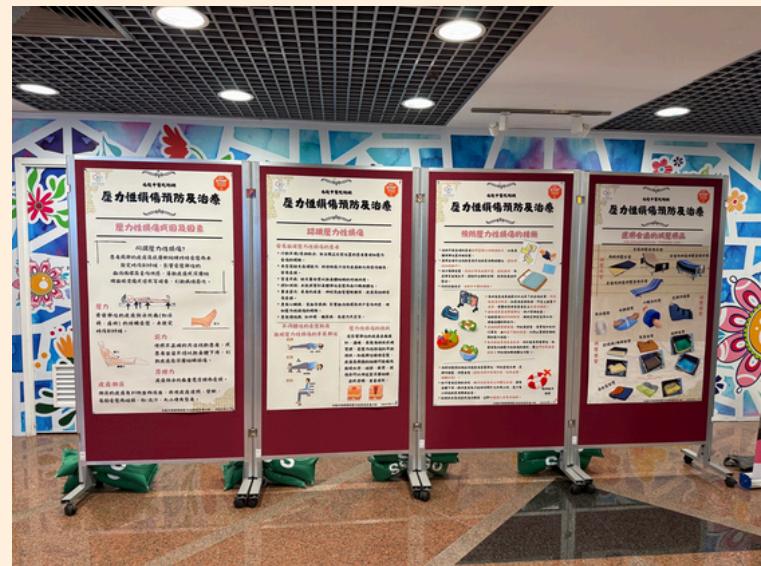


Tseung Kwan O Hospital also organised an event with the collaboration of occupational therapists to demonstrate use of a pressure mapping device, helping staff better visualise pressure distribution and optimise positioning for high-risk patients.

Industry partners were also engaged to showcase the latest pressure-relieving mattresses, cushions and other preventive products.

WORLDWIDE PRESSURE INJURY PREVENTION DAY HIGHLIGHTS

Kowloon Central Cluster hospitals of Hospital Authority organized a series of activities to arouse staff for the importance of pressure injury prevention, such as a Forum with Continuous Quality Improvement (CQI) projects presentation, booths showcase and prize quiz.



WORLDWIDE PRESSURE INJURY PREVENTION DAY HIGHLIGHTS



TWGHs Wong Tai Sin Hospital



Kowloon Hospital

HKETA WOUND CARE WORKSHOP 2025 - NEGATIVE PRESSURE WOUND THERAPY

HKETA organised the "Wound Care Workshop 2025 – Negative Pressure Wound Therapy" on 8 November to enhance nurses' knowledge and skills in managing complex wounds using NPWT. The workshop covered core principles, indications and contraindications, and troubleshooting of NPWT devices, with case discussions to link evidence to clinical practice. Through expert lectures and hands-on demonstrations, nurses had the opportunity to practise application techniques, so as to bring the knowledge and skills into their clinical setting.

 香港造瘻治療師學會
Hong Kong Enterostomal Therapists Association

**HKETA WOUND CARE WORKSHOP 2025
NEGATIVE PRESSURE WOUND THERAPY (NPWT)**

 8th November 2025, Saturday
 14:00-17:00
 AMO, Rm824-825, 8/F, Star House,
3 Salisbury Rd, Tsim Sha Tsui
(Tsim Sha Tsui MTR Station Exit L6)
香港尖沙咀梭士巴利道星光行AMO
824-825室 (尖沙咀地鐵站L6出口)

 Application before
1st November 2025
Training quota
on a first-come,
first-served basis

 Nurses with interest but less
exposure to the mechanism and
application of NPWT

 Theory
Scenario-based discussion
Demonstration
Hands on workshop

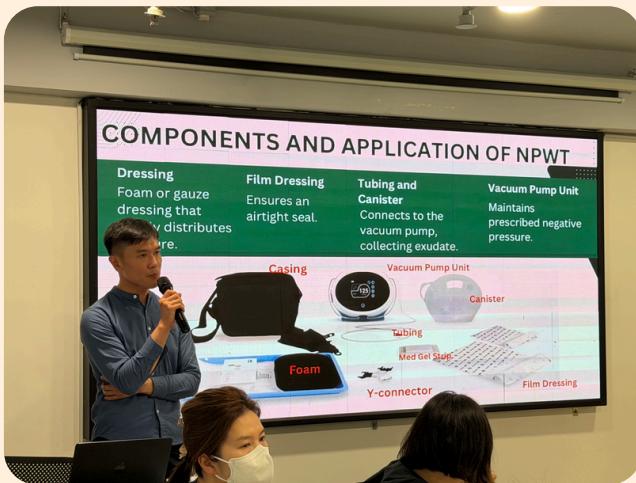
 3 CNE
1 CNE point per each contact hour

 \$600

Sponsored by 

For more information  hketnurse@gmail.com  <https://etnurse.com.hk>  [etnurse](#)  [@hketnurse](#)

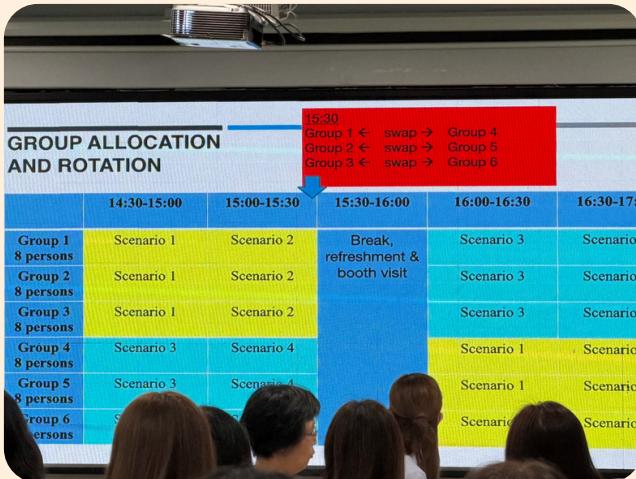
HKETA WOUND CARE WORKSHOP 2025 - NEGATIVE PRESSURE WOUND THERAPY



Mr Alfred Ho (ANC, Stoma & Wound Care) delivered an informative lecture for us.



Over 60 nurses participated in the workshop.



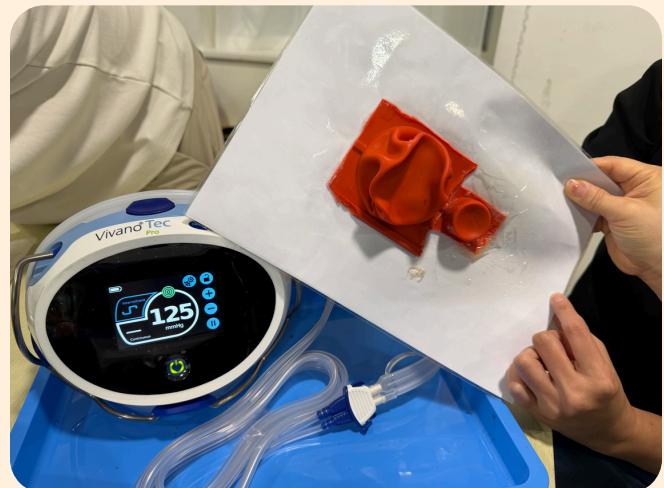
Four realistic scenarios allowed plenty of time for practice.



Participants listened carefully to the facilitator's guidance.

Fruitful and Informative

HKETA WOUND CARE WORKSHOP 2025 - NEGATIVE PRESSURE WOUND THERAPY



Creative models enhanced understanding of NPWT mechanics.



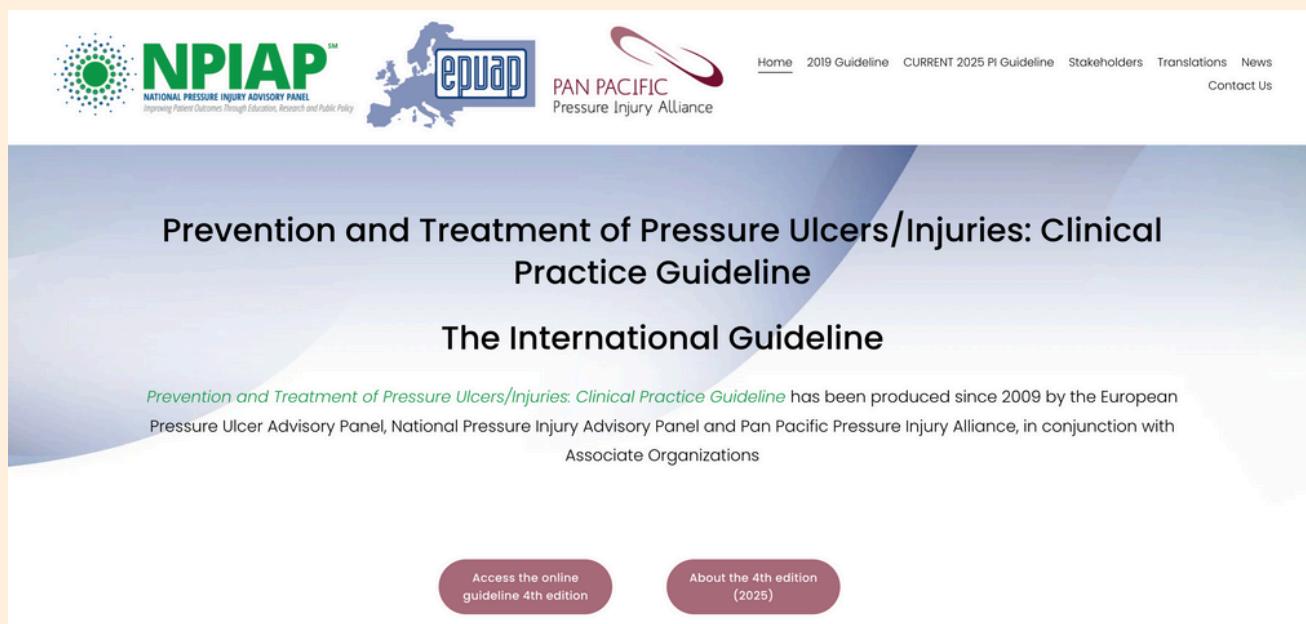
The joy of completing their NPWT task.



Tasty refreshments provided a welcome break.

What a wonderful day!

CLINICAL PRACTICE GUIDELINE OF PRESSURE ULCERS/INJURIES



Prevention and Treatment of Pressure Ulcers/Injuries: Clinical Practice Guideline

The International Guideline

Prevention and Treatment of Pressure Ulcers/Injuries: Clinical Practice Guideline has been produced since 2009 by the European Pressure Ulcer Advisory Panel, National Pressure Injury Advisory Panel and Pan Pacific Pressure Injury Alliance, in conjunction with Associate Organizations

Access the online guideline 4th edition

About the 4th edition (2025)

The “Prevention and Treatment of Pressure Ulcers/Injuries: Clinical Practice Guideline – The International Guideline” has now moved to a living, primarily online format, from the 4th edition already available as a freely accessible interactive resource. Developed by National Pressure Injury Advisory Panel (NPIAP), European Pressure Ulcer Advisory Panel (EPUAP) and Pan Pacific Pressure Injury Alliance (PPPIA) with wide international collaboration, this living guideline is updated in sections as new evidence emerges, allowing clinicians to access current recommendations, good practice statements and implementation considerations without waiting for a full new print edition. This dynamic approach supports clinicians in different care settings to integrate the latest evidence on risk assessment, prevention strategies, and treatment options into everyday practice, while also inviting stakeholder feedback to refine future chapters.

For detailed information, please refer to the following link:

<https://internationalguideline.com/>

SIGNING MEMORANDUM OF UNDERSTANDING WITH WOUNDS AUSTRALIA

A new chapter in collaboration has begun as HKETA formally establishes an affiliation with Wounds Australia since August this year. This partnership was formalized through signing a memorandum of understanding. The partnership solidifies a long-standing relationship and reflects over two decades of joint efforts that notably started with the co-development of the Venous Leg Ulcer Guidelines in 2002.

Wounds Australia is a not-for-profit charity organization that is dedicated to wound prevention, diagnosis, treatment, and healing in Australia. Its existence is to reduce the harm caused by wounds through advocacy, education, and research.

Through this agreement, we are committed to enhancing our evidence-based practices, education initiatives and international events that benefit healthcare professionals and patients.



COMING CONFERENCES



Theme: **IN IT TOGETHER: Moving mountains to create a world of better wound ostomy and continence care**

Date: 24-28 April 2026

Venue: Vancouver Convention Centre (East Building), Canada

**Please submit the sponsorship application
on or before 31 Dec 2025**

COMING CONFERENCES

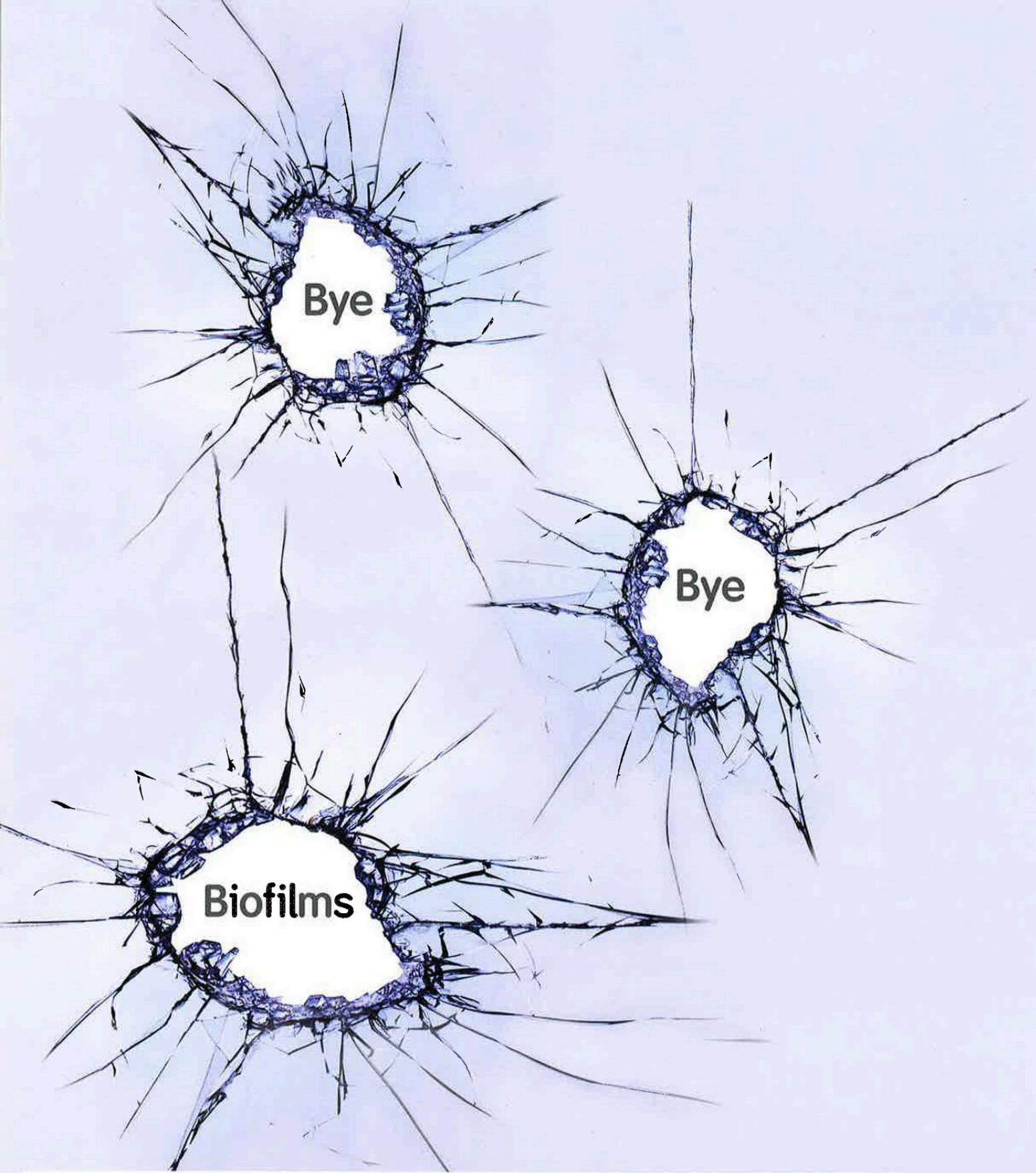


Theme: **Rebooting versus Rethinking Wound Care in a Changing World**

Date: 6-8 May 2026

Venue: Messe & Congress Centrum Bremen, Germany





60% of chronic wounds contain a biofilm¹, which could delay healing. IODOSORB's unique 4 in 1 action has been shown to disrupt and substantially eradicate mature biofilms of *P. aeruginosa* (*in-vitro*)^{2,3} and also accelerate wound healing.⁴⁻⁹

Unlike the biofilm, the results are clear to see.

 **smith&nephew**
IODOSORB®
Cadoxomer Matrix with Iodine

與APETNA 2027籌委會成員對話系列

CONVERSATIONS WITH APETNA 2027 ORGANIZING COMMITTEE MEMBERS

大家都知道，APETNA2027將於2027年11月12-14日在香港舉行。雖然仍有兩年時間，但籌委會的不同骨幹成員已密鑼緊鼓開始籌備是次國際學術交流活動。而相信最早開始動工預備的一批籌委會成員，非我今次訪問對象莫屬了，她就是Cake。我們四個可愛吉祥物就是來自Cake手筆。

As everyone knows, APETNA 2027 will be held in Hong Kong from 12 to 14 November 2027. Although there are still two years to go, organizing committees have already begun intensive preparations for this conference. I think Cake, our interviewee this time, was probably getting things ready at the very earliest stage for the conference. Our four cute mascots are also her creations.



Alvina



Cake



Cake, 可唔可以介紹一下你自己?

Cake, can you introduce yourself a bit?



大家有所不知，有唔少APETNA2027嘅設計都係來自cake嘅創作。你幾時開始鍾意畫畫？

You know what, some poster designs and booth designs are actually from her creations. When did you start loving to draw?



不如介紹一下APETNA2027 四隻吉祥物啊. 另外, 我見到喺APETNA2025和今年AGM 有好多關於吉祥物嘅附屬品, 你係點樣構思嘅?

Let's talk about the four APETNA2027 mascots? Also, I noticed there were lots of mascot-related souvenirs at APETNA2025 and our AGM. How did you come up with those ideas?



大家都很踴躍來我們攤位, 希望儲齊一套啊. 多謝CAKE抽時間和我做這次簡短訪問. 各位如果好似我一樣, 希望集齊全套的話, 記得留意我們最新的APETNA2027消息啦!!

Guests were really excited to visit our booth, hoping to collect a full set. Thanks to Cake for taking the time to have a quick chat with me. If you're as eager as I am to get the full set, make sure to keep an eye on our latest APETNA2027 updates!

我係HKETA editorial subcommittee 入面嘅Cake。喺APETNA 2027裡面，我主要係負責設計、經營社交媒体同埋一啲公共關係嘅工作。

Hi, I'm Cake from the HKETA editorial subcommittee. For APETNA 2027, I am primarily responsible for design, social media management, and public relations.



由幼稚園就開始喇。畫畫除咗係一個渾曬創意嘅時間，亦係一個抒壓嘅活動。

It started back in kindergarten. Drawing isn't just a time for pure creativity; it also serves as a way to relieve stress.



APETNA嘅吉祥物設計除咗有本身嘅傷口組織外，亦有好多關於香港嘅食物同文化設計。APETNA第一次喺香港舉行，我哋希望藉住學術交流去令造口、傷口同理遺發展得更好，亦同時宣傳香港。

The APETNA mascot design incorporates not only elements representing our wound care specialty, but also many motifs inspired by Hong Kong's food and culture. As APETNA is being hosted in Hong Kong for the first time, we hope to advance the development of stoma, wound, and continence care through academic exchange, while simultaneously promoting our city.



多謝大家咁鍾意我哋嘅設計，希望2027年APETNA見到大家啦!

Thank you all for your appreciation of our designs. We look forward to seeing you at APETNA 2027!



CONTENTS SUBMISSION INVITATION

WE WANT YOU!



WELCOME TO SUBMIT

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

FOR PUBLISHING ON HKETA NEWSLETTER

Please contact HKETA through email for any enquiry
Content submission through email: hketnurse@gmail.com



HONG KONG ENTEROSTOMAL
THERAPISTS ASSOCIATION

香港造瘻治療師學會

聯絡我們

CONTACT US



電郵 Email

hketnurse@gmail.com



Facebook



Instagram

