It's now been seven years since our study on stomal complications was published ( Nastro et al 2010). However, anecdotal evidence from both patients and stoma care nurses would suggest that despite advances in skin care products, appliances and surgery, complications continue to cause problems for our patients. As many as 50% patients highlight issues with their stomas and these problems include pancaking, skin irritation and soreness, retraction, leakage, odour, ballooning, granulomas, prolapse and the development of parastomal hernias. However despite this knowledge and understanding the level of support and follow up patients varies across the UK and despite having individualised care plans it is possible that some patients will get missed and suffer alone. An audit carried out in 2014 showed a range of follow up reviews carried out by Stoma care nurses varied from 1-10 visits in the first year following surgery (Davenport 2014). The ASCN advocates for long term support for stoma patients and that is something I fully support because not all problems will materialise in the first year (ASCN 2013).Therefore it is vitally important that patients are followed up at regular basis in order that issues are identified early and managed effectively.

It is clear that there are a range of risk factors involved in the development of stoma problems that two continue to be significant. These are obesity and the presence of comorbidities. They were clearly identified as risk factors in our studyback in 2010 and they remain prevalent today (Nastro et al 2010:Husain, and Cataldo 2008).  When looking at the demographics of those undergoing stoma formation it would appear that obesity remains an issue both within the general population and amongst our patients. A key problem noted by surgeons is the significant risk of retraction which is caused by the presence of excessive subcutaneous fat and abnormal skin folds which then requires the patient to undergo further surgery and revision to rectify this problem (Ito et al 2016). Obesity has also been linked to wound infection, wound dehiscence and herniation, as well as risks during the surgery itself.

Therefore the role of the stoma nurse is key in identifying this group of patients and ensuring that they are sited correctly. When exploring the literature it is clear that there is an acute awareness that skin problems occur due to poorly sited stomas and looking back at our study findings, one key element identified was the importance of siting. Problems such as leakage, sore skin or the discomfort of having an ill-fitting appliance were reported. From our study it was evident that the majority of the issues occurred in patients undergoing emergency surgery or in those not sited by the stoma nurse. We found that patients who were sited by stoma care nurses suffered fewer complications than those who were sited by others and this remains extant today (Nastro et al 2010). This finding is supported by Watson et al (2013) who point out that placement of the stoma should ideally be always be made by the stoma nurse if possible problems are to be minimised. Therefore, we need to ensure that stoma nurses are involved in the pre-operative care of patients whether they are undergoing elective or emergency surgery if possible because I believe this will significantly reduce the problems faced by patients .

According to Jowett (2013) skin problems can have a significant problem on a patient’s quality of life by affecting their family relationships, sexuality as well as their physical and psychological wellbeing. This in turn impacts can cause distress and anxiety (Notter 2012). When reviewing many of the problems suffered by stoma patients one of the key ones is psychological wellbeing. This is important because many stomal problems are easy to recognise and successfully manage whilst the psychological impact may go unnoticed. Therefore it is imperative that we consider not only the physical issues but also the psychological ones faced by our patients. In Jowett’s case study she eloquently describes the patient becoming frustrated and depressed by her lack of progress (Jowett 2014). In a similar vein a few years ago I was interviewing a woman in her home who had recently had stoma surgery. She shared with me her story about being out with her friends having a meal a short while after having her stoma formed. During the meal she and her friends became aware of an unpleasant smell in the restaurant. She thought that the drains or that something unsavoury was being cooked in the kitchens and she was on the verge of complaining to the manager when she discovered that the smell was actually emanating from her. She was so distraught and embarrassed that she quickly had to leave the restaurant and rush home. Despite support from her friends who took it all in their stride and who were very understanding it took her a long time to venture outside her home again. On reflection it was the good care and support from her stoma nurse helped her overcome her fears however, this case clearly highlights the issues and fears faced by our patients every day.

Significant numbers of patients undergo stoma formation each year and it is essential that stoma care nurses are aware not only of the varied problems patients encounter but also the ways in which they can be managed. Not every patient will respond in the same way and therefore stoma care nurses need to have a wide range of products and accessories available as well as a good understanding of the psychological issues if they are to fully address patients’ needs in the future.

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