

DEFINITIONS

BOWEL INCONTINENCE

- Syndrome that involves the unintentional loss of solid or liquid stool
 - Urge bowel incontinence: Unable to reach a toilet in time
 - Passive incontinence: No sensation before soiling
- Causes
 - Diarrhoea
 - Constipation
 - Weakening of the Sphincter
 - Diabetes
 - Multiple sclerosis
 - Dementia



DEFINITIONS

URINE INCONTINENCE

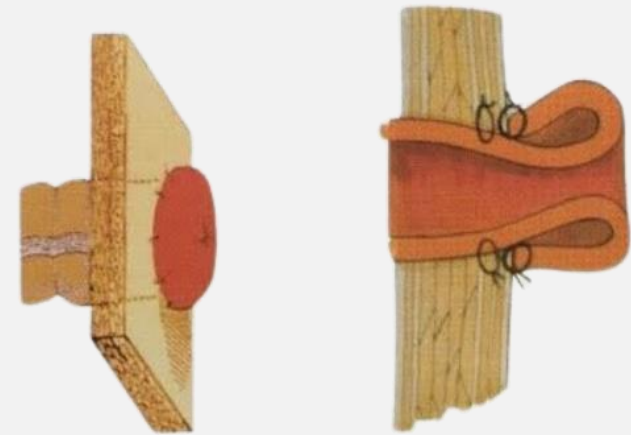
- Unintentional passing of urine
 - Stress incontinence: Bladder under pressure
 - Urgency incontinence: Intense urge to pee, or soon afterwards
 - Chronic urinary retention: Unable to empty the bladder -> leaking
 - Total incontinence: Bladder cannot store urine -> leaking
- Causes
 - Damaged pelvic floor muscles and urethral sphincter
 - Overactivity of detrusor muscles
 - Obstruction or blockage in bladder
 - Problem with the bladder from birth, spinal injury, fistula, etc



DEFINITIONS

OSTOMY

- Artificial communication viscera → outside
- Urine, faeces, others
- Temporary - permanent
- Indications: Cancer, IBD, others



DEFINITIONS

STOMATHERAPIST

- APN → Master expertise + APN course
- 1961 USA Stomatherapy → profession
- 1971 IAET → International Association of Enterostomal Therapists. **PATIENTS**
- 1975 WCET → World Council on Enterostomal Therapy. **NURSES**

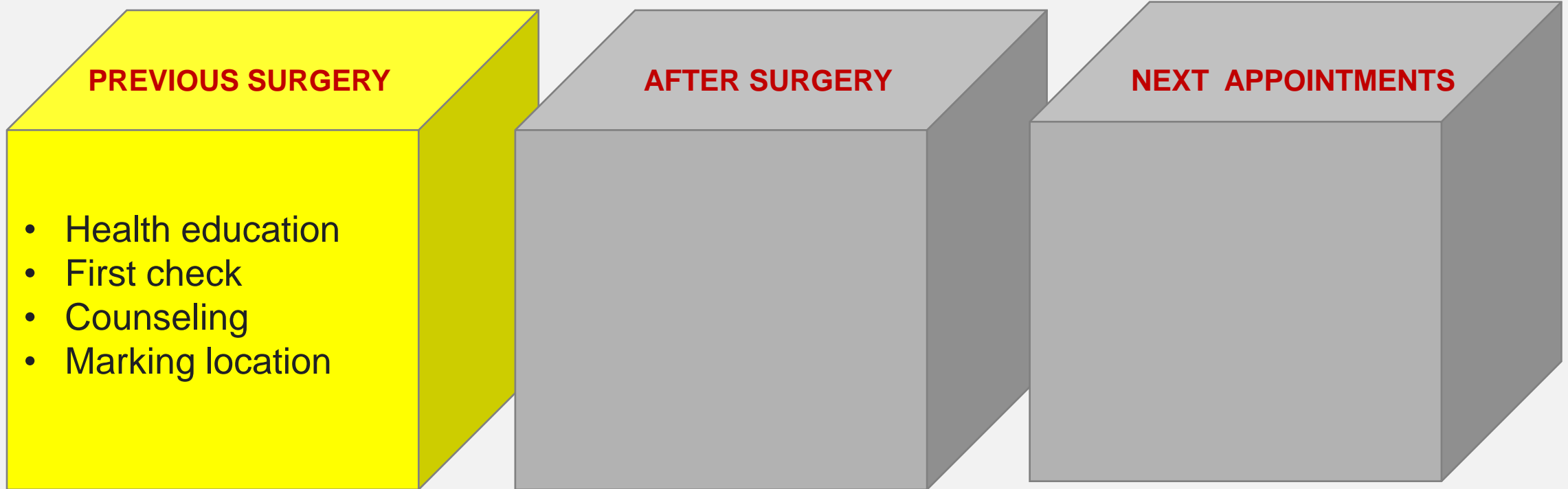
WE ARE NOT REGULATED

STOMATHERAPISTS: RESPONSIBILITIES

- ✓ Expert professionals in care plans
- ✓ Integrative holistic vision
- ✓ Value capacities and adaptation skills
- ✓ Prevent complications
- ✓ Qualities in resource management, teaching and consultancy
- ✓ Leaders in investigation
- ✓ Trained to lead investigation groups



STOMATHERAPISTS: RESPONSIBILITIES



STOMATHERAPISTS: RESPONSIBILITIES



STOMATHERAPISTS: RESPONSIBILITIES

PREVIOUS SURGERY

- Health education
- First check
- Counseling
- Marking location

AFTER SURGERY

- Healing wound
- Assessment
- Health education
- Discharge report
- Contact
- Prescription

NEXT APPOINTMENTS

- Holistic assessment
- Appointment to specialist
- Adapt prescription
- Resolve complications
- Health education

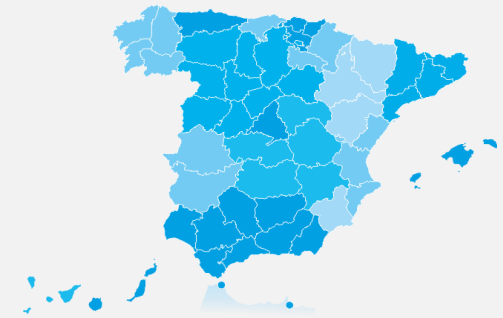
EPIDEMIOLOGY: IMPORTANCE OF THE PROBLEM, PREVALENCE



3.000.000
1,9 permanent
2-4 x1.000



731.0000
170.000 new (3,8%)
1 x 1.000



70.000
16.000 new (5%)
40% permanent

PATIENT ADVOCACY ORGANIZATIONS



Spanish patient forum (2004)



POP:
Patient Organizations Platform



Federation ostomized people
(2001)



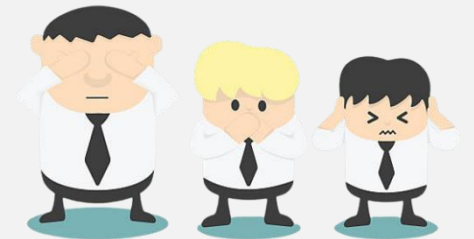
Spanish Society of Nursing
Expert in Stomatherapy
(1988)



Association of People with
Spinal Cord Injury (1979)



Association Incontinence **Slogan:** Fecal Incontinence should not be mute (patients hide it), deaf (institutions do not listen) blind (doctors don't know how to treat it)



OSTOMIZED AND INCONTINENT PEOPLE NEEDS

Adapted bathrooms



Signage of toilets



OSTOMIZED AND INCONTINENT PEOPLE NEEDS

Financing products



Regulation parking



OSTOMIZED AND INCONTINENT PEOPLE NEEDS

Holistic care  Quick access to:

Physiotherapist



OSTOMIZED AND INCONTINENT PEOPLE NEEDS

Holistic care  Quick access to:

Physiotherapist



Psychologist



OSTOMIZED AND INCONTINENT PEOPLE NEEDS

Holistic care  Quick access to:

Physiotherapist



Psychologist



Nutritionist



OSTOMIZED AND INCONTINENT PEOPLE NEEDS

Holistic care  Quick access to:

Physiotherapist



Psychologist



Nutritionist



Stomatherapist



CITIZEN INFORMATION AND SOCIAL RESOURCES

Sunflower Cord



Medical certificate for travel

 **Medical Certificate**

Date: _____

To be filled by you the participant:

First Name: _____ Sure Name: _____

Address: _____

Town: _____ City: _____ Country: _____

Tel: _____ Emergency contact number: _____

To be filled by your Medical Practitioner

I the undersigned _____ Doctor of Medicine have found him/her:

Free of Following Illness	Suffering from Following Illness
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CITIZEN INFORMATION AND SOCIAL RESOURCES

Toys



Workshops



HOW TO INVOLVE SOCIETY

Shared decision-making

- ✓ Attention to the care of the human aspect of Medicine
- ✓ Facilitate communication between health professionals
- ✓ Reliable and accurate information
- ✓ Improve the understanding, optimizing the patient experience



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Investment of economic and material resources

- ✓ Acquisition of new technologies
- ✓ Construction of smart operating theatres
- ✓ High qualification of surgeons
- ✓ Quality controls
- ✓ Application of clinical pathways and 'check lists'



VISIBILITY: OSTOMY AND INCONTINENCE WITHOUT TABOOS

"What doesn't appear in the media, doesn't exist"

- ➔ Standardization
- ➔ Information
- ➔ Awareness- raising



EUROPEAN TRAINING SEMINAR



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