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Taking care of stoma: An educational material for nursing students

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Title of publication Taking care of stoma: An educational material for nursing students		
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<p data-bbox="312 689 424 719">Abstract</p> <p data-bbox="312 759 1453 949">A journey towards a life with a stoma can be a reason for anxiety and stress for many people facing ostomy surgery. The topic of this thesis is essentially important since future student nurses will care people with stoma and support both their physical and psychological needs.</p> <p data-bbox="312 1005 1453 1249">The purpose of this thesis was to produce educational material in the form of a Power-Point presentation about proper stoma care for nursing students of Satakunta University of Applied Sciences. The objective of this thesis was to increase nursing students' knowledge about stoma care to help enrich their skills and competencies as future nurses so that they can apply the knowledge gained in their future working lives.</p> <p data-bbox="312 1323 1453 1514">The theoretical framework was based on evidence and up-to-date information obtained from reliable sources. The authors took pictures of how to change and care for the ostomy bag to show how to do it correctly. All the necessary information and images are included in the Power Point presentation, which is made in the form of quality educational material.</p> <p data-bbox="312 1588 1453 1832">The project was carried out using Hybrid methodology, which is a mixture of Waterfall and Agile methods. The stages of the project consisted of 5 stages, each of which was well explained. Corrections made according to supervisor's feedback. Evaluation was made by supervisor, and the feedback that was received helped to evaluate the usefulness and overall content of the thesis.</p>		
<p data-bbox="312 1890 456 1919">Key words</p> <p data-bbox="312 1928 1426 1995">A stoma, stoma care, patient guidance, stoma complications, PowerPoint presentation, educational material</p>		

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1 INTRODUCTION

The purpose of this thesis was to produce educational material in the form of a Power-Point presentation about proper stoma care for nursing students of Satakunta University of Applied Sciences (SAMK). A stoma is an artificially created hole that has been made to bring the bowel onto the surface of the abdomen to transfer the flow of feces or urine (Hubbard, et al. ... 2017, 1421). The collaborating partner for this thesis was Satakunta University of Applied Sciences (SAMK), therefore the final product of this thesis project was allowed to use SAMK as a learning material.

The objective of this thesis was to increase nursing students' knowledge about stoma care to help enrich their skills and competencies as future nurses so that they can apply the knowledge gained in their future working lives. The project was necessary to be made because of the lack of materials provided in SAMK in the English language.

This topic was chosen because both authors found it interesting and useful, and the project will help them to learn and understand the topic more deeply as well as enrich already existing knowledge about stoma care. Both authors tried to make this thesis project useful and valuable for nursing students thus they can gain more theoretical knowledge about the proper way of taking care of the stoma and they consider that as one of their objectives. The most important thing in caring for a stoma is to look after the skin and take proper care of it since feces that can irritate the skin do not damage the surface of the skin around the stoma. (Website of the Terveyskylä 2022.) The thesis topic is vital for future nurses since all the nurses may be involved in the care of patients with a stoma should have an understanding of the reasons for stoma formation, the types of the stoma, and appliances available, education and supporting patients, and different ways to avoid any complications (Burch 2013, 49).

2 THEORETICAL BACKGROUND

The key concepts of this thesis are stoma, types of stomas, nursing stoma care, stoma appliances and pouching system. These concepts were chosen to describe and convey theoretical knowledge to readers in the best possible way.

2.1 A stoma

A stoma is a general term for ‘orifice’ or ‘mouth’ in Greek (Boyd 2013, 84). A stoma is a surgically made opening in the area of the intestines or urinary tract through the lining of the stomach. A stoma can be temporary, in which case its purpose is to calm the intestinal tract, or permanent, in which case it is lifelong. (Rautava-Nurmi, et al. ... 2020, 297.)

A stoma is red or pink in appearance as well as moist and warm to touch, and it is essential to remember to exercise universal precautions, by wearing gloves when changing or emptying a stoma appliance. Also, a stoma can be formed at different ages, for example, neonates who are born without an anus, young people who have inflammatory bowel disease, people with cancer as well as older people who have perforated diverticular disease. (Website of the National Health Service 2022.)

There are many different reasons why there might be a need for stoma formation. The most common disease leading to stoma formation is cancer. However, the other diseases that affect the gastrointestinal or urinary system might also require either a temporary or permanent stoma to be formed. These causes include bowel cancer, bladder cancer, Crohn’s disease or ulcerative colitis, diverticulitis or an obstruction to the bladder or bowel. (Website of the Bladder & Bowel Condition 2022.)

2.1.1 Colostomy

A colostomy is a surgically created opening in the large intestine (Picture 1). Colostomy is the most common type of stoma in Finland. (Website of the Finnico ry 2021.) Most often, the stoma is placed on the lower left abdomen. A colostomy is

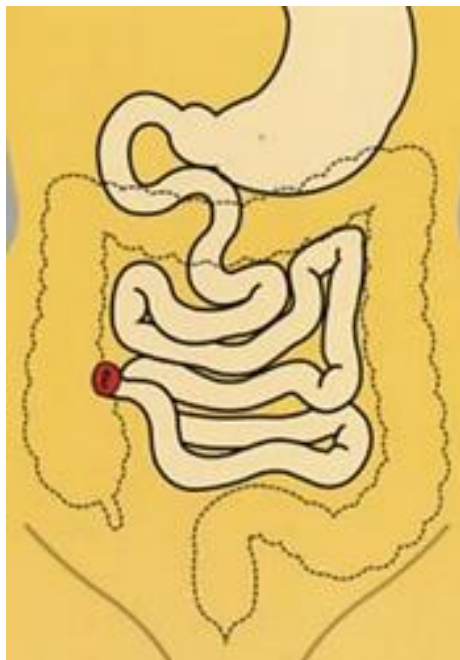
created when a part of the rectum or the colon is removed, and the remaining colon is brought to the abdominal wall. Also, it might be defined by the part of the colon involved and/or its permanency. (Website of the United Ostomy Associations of America 2022.)



Picture 1. Colostomy (Website of the Finnilco ry 2021).

2.1.2 Ileostomy

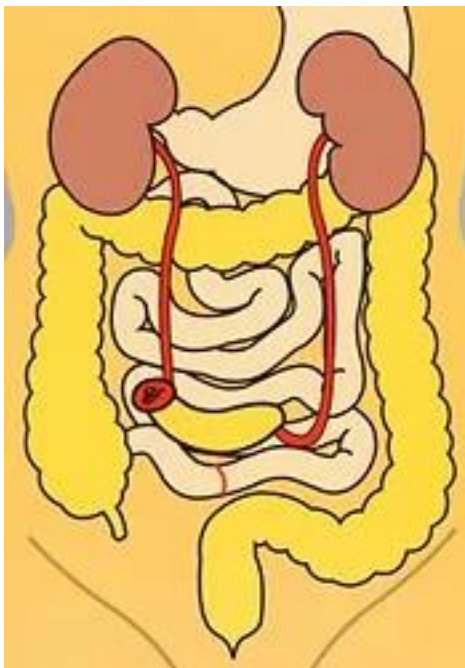
An ileostomy is the surgically created opening from the ileum, that is the lowest part of the small intestine (Picture 2). The intestine is brought through the abdominal wall to form a stoma. Ileostomies may be temporary or permanent. In addition, this may involve the removal of all or part of the colon. (Website of the United Ostomy Associations of America 2022.)



Picture 2. Ileostomy (Website of the Finnilco ry 2021).

2.1.3 Urostomy

A urostomy is a general name for a surgical procedure that diverts urine away from a diseased, infirm or defective bladder (Picture 3). The ileal or cecal conduit procedures are the most frequent urostomies. Usually in a segment at the end of the small bowel or at the beginning of the large intestine is surgically removed and relocated as a passageway for urine to pass from the kidneys to the outside of the body through a stoma. It may include removal of the diseased bladder. (Website of the United Ostomy Associations of America 2022.)



Picture 3. Urostomy (Website of the Finnilco ry 2021).

2.2 Nursing stoma care

A journey towards a life with a stoma can be a reason for concern and stress for many people facing ostomy surgery (Bird 2019, et al. 18). Patients who go through stoma formation need special nursing care to support both their physical and psychological needs. It is recommended that a well-informed, empathetic specialist nurse will have a positive influence on the patient's quality of life as he or she supports, educates and guides the patient and family members. (Rautava-Nurmi, et al. ... 2020, 297-298.) Giving reliable information and knowledge to the person at the right time can help reduce some of the worries experienced, so it is an essential part of the care nurse's role to be able to recognize, identify and respond to the needs of those in their care (Bird 2019, et al. 18).

The nurse is involved in giving the patient the information about their future stoma before surgery. Preferably, the patient will have the chance to meet the nurse in their own home or in the hospital/clinic before surgery. The nurse will discuss the operation and why it is needed, how it is going to feel during and after the procedure, what the stoma looks like and how to care for the stoma in the future. Moreover, she will give advice on lifestyle, clothing, appropriate diet, sexuality, exercise as well as optimal

placement of the stoma. Furthermore, the patient will be shown different kinds of stoma appliances and the nurse will help to choose the right ones. Also, the nurse will provide other instruction about stoma care if needed and answer all the questions patients ask as well as give moral support and make the patient feel more comfortable and relaxed. (Burch 2017, 42.) In addition, there are various clinical investigations that might need to be undertaken before and after stoma formation. These include blood tests, observations, and cardiac and/or respiratory tests. (Website of the National Institute for Health and Care Excellence 2022.)

Before the surgery in Finland the doctor will mark the abdomen where the stoma is going to be formed. This is done in discussion and consultation with the patient, consequently strengthening the sense of control over the changed body image. (Mattola 2016, p.6.) When a stoma mark is placed, patient education measures should take place usually depending on the patient's emotional and mental status. If the patient is very overwhelmed then instructions should be basic and very simple in cases where the patient is openly asking questions and is eager to learn more, it is important to discuss as many topics as possible even if just briefly, since educating straight post operation is more challenging due patient pain, body changes and drowsiness from medications may affect memorizing new information. (Burch 2017, 42.)

As a health care professional, it is vitally important to think about patients' feelings, so it is essential to be empathetic and sensitive to the emotions and thoughts of these patients, hence they get the feeling that they can discuss their fears and emotions freely without being judged or ashamed. It might be quite easy to find the best way of communication with a patient, depending on his/her needs, capability, and own preferences. It is imperative to try different ways of communication such as appropriate body language, eye contact, and methods of listening and understanding that will effectively encourage patients to communicate. (Website of the Nursing & Midwifery Council 2018.)

The transition from hospital to home in the first few weeks after stoma surgery can be a difficult period of adaptation. Patients often have doubts about their ability to cope at home with the practicalities of managing their stoma. (Davenport 2014, 1176.) That's why the nurse must deliver care based on the most accessible evidence or best practice (Website of the Nursing & Midwifery Council 2018). While the patient with

stoma recovers in the hospital, the nurse will show and give advice about stoma care, including how to empty and change the bag, inform about different kinds of complications that can occur and how to prevent them, and give advice about the diet during the first days after the surgery and later, etc. Also, teach the patient how to keep the stoma and surrounding skin clean, and free from irritation and inflammation. If needed, the nurse will explain the several types of equipment available, and where and how to get new supplies when needed. (Website of the National Health Service.)

Before sending a patient with a new stoma home, nurses have to make sure that he/she knows how the pouch system works, how to take care of the skin, understands the risks of dehydration as well as gets information about the nutrition and instructions on when to get medical attention (Wasserman & McGee 2017, 184-192). It is imperative for the patient to understand the absorption of medication changes that are occurring in his/her body depending on the ostomy that has been surgically made. For example, for women who got ileostomy the effectiveness of contraceptives pills might differ. This means that alternative contraceptives are needed, they can be found from pharmacist. Medications that consist of ibuprofen and aspirin should be decreased to a minimum or entirely kept away from because it increases the risk of forming a gastric ulcer. (Website of National Health Service 2019.)

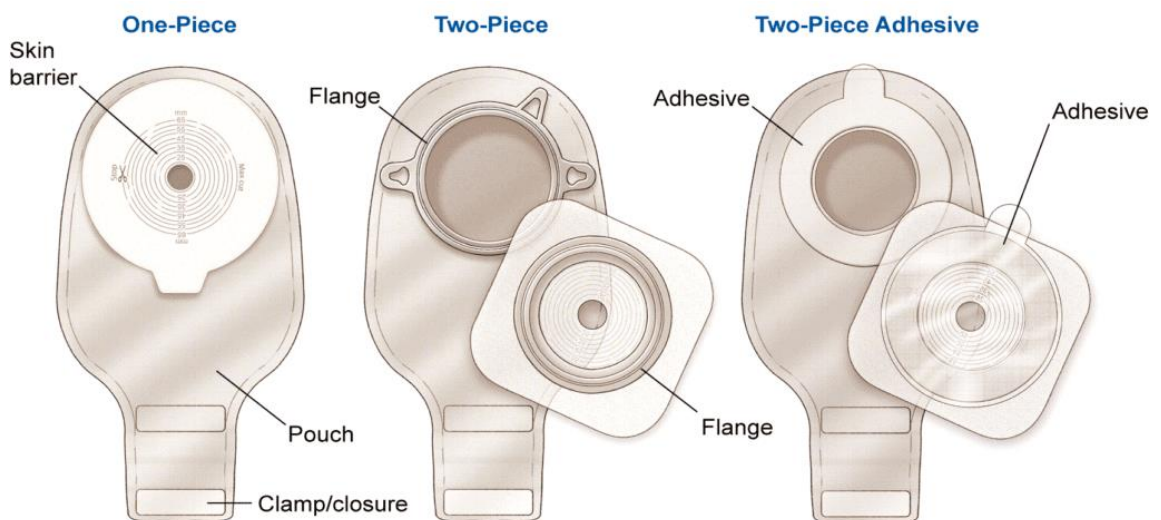
2.3 Stoma appliances and pouching system

A stoma appliance is used to contain and hold the stomal output; these are also called stoma pouches or stoma bags (Picture 4). The appliance is made to adhere to the abdominal skin around the stoma and collect and hold the stomal effluent. (Rautava-Nurmi, et al. ... 2020, 297-298.) There are 2 different kinds of stoma dressings: one- and two-piece stoma dressings. In one-piece, the bag and the skin protection plate are attached to each other. In two-piece parts connected bag and skin protection plate are independent parts that are connected to each other skin protection plate after fixing. (Ahonen et al. 2016, 554.)

A stoma appliance has a few segments: the adhesive, the bag and the softcover. The adhesive part of the appliance is called a flange, base plate, faceplate or wafer. This part is safe for skin and is generally formed from materials quite similar to

hydrocolloid dressings, therefore it is skin-friendly and do not cause allergies. It also sticks easily and has healing properties. (Burch 2011, 13-14.)

An ostomy pouching system has an odor-proof pouch, a skin barrier, and water-resistant tape. The pouch might be found in several lengths and materials. A pouch with an integrated closure that prevents complications such as loss of the closure piece. The skin barrier is a flexible hydrocolloid adhesive. It is either precut or cut-to-fit at the skin stoma junction. A snug fit prevents the stoma liquid waste from contacting the skin. The hydrocolloid adhesive erodes with moisture; pouch wear time is usually 4 days to prevent any irritation from leakage. The cut-to-fit skin barrier allows accurate adaptation as postoperative edema recedes, and the required opening size evolves. In some cases, additional products, such as skin barrier paste or skin barrier rings, are applied around the stoma to enhance and improve the seal. (Steinhagen, Colwell & Cannon 2017, 184-185.)



Picture 4. Types of Ostomy Pouches (Website of the United Ostomy Association of America).

2.3.1 Emptying an ostomy bag

Ostomy bags are available closed and emptiable. Closed ostomy dressings are used due to infrequent bowel activity and hard stool structure. Emptiable ostomy dressings are used for small bowel stoma due to loosen secretions. (Website of the Dansac 2017.) Two-piece ostomy bags must be emptied due to the fact that the inside of the bag is

removable and, since it is made of biodegradable material, can it dispose of it in the toilet bowl (Juutilainen, Hietanen & Rusanen 2012, 212).

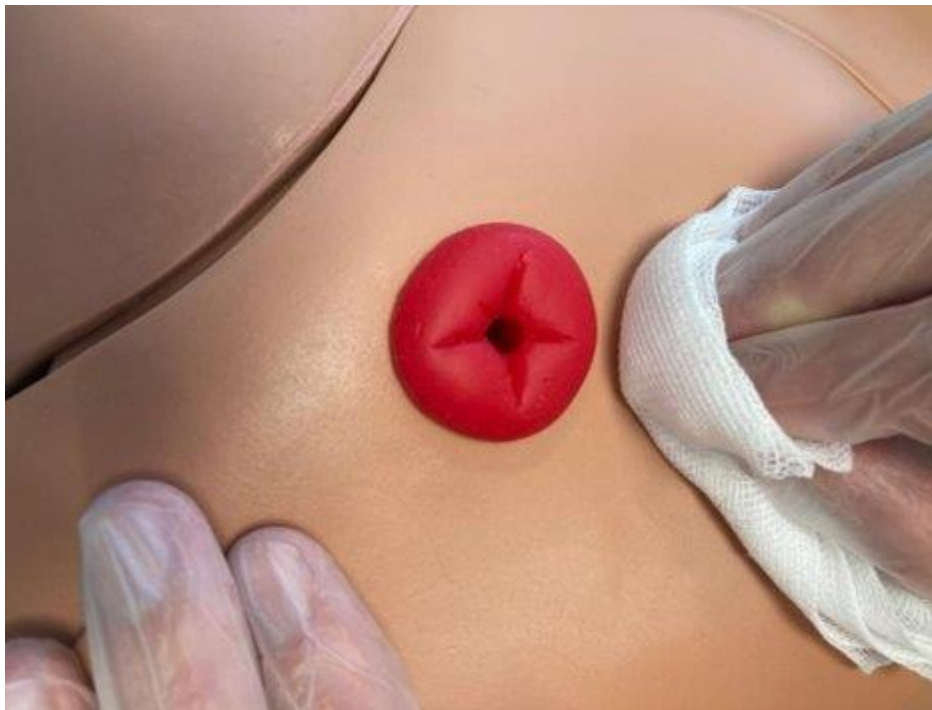
At the hospital, the nurse will help the patient empty the ostomy bag. The nurse should measure the amount of stool and empty the bag into a container/bag. The patient should watch and learn carefully so that when he/she is at home, it is easier for the patient to already know how to empty the stoma pouch. At home, the patient should empty the bag into the toilet while sitting on the toilet or simply standing in front of the toilet. (Website of the UChicago Medicine 2022.) Furthermore, the ostomy pouch should be emptied when one-third is full. It will help to prevent the pouch from becoming too heavy and avoid the stool pulling the pouch away from the skin. A person with a colostomy will need to empty the pouch two or three times in a 24-hour period and a person with ileostomy about five to six times in a 24-hour period. (Website of the Coloplast 2013.)

2.3.2 Changing an ostomy bag

The first step to change the ostomy bag includes telling the patient about the procedure, why the procedure is going to be done and how it might feel. It is essential for the nurse and patient to be aware of the size, color, and surroundings of the stoma. Also, the nurse should collect the equipment needed for stoma changing which includes clean protective gloves, garbage bag, dry towel, warm water, new stoma bag and clip, skin protection plate, stoma measuring guide, scissors and other supplies as needed. Also, it is important to remember to wash and disinfect hands and put factory-clean protective gloves. (Rautava-Nurmi, et al. ... 2020, 299.)

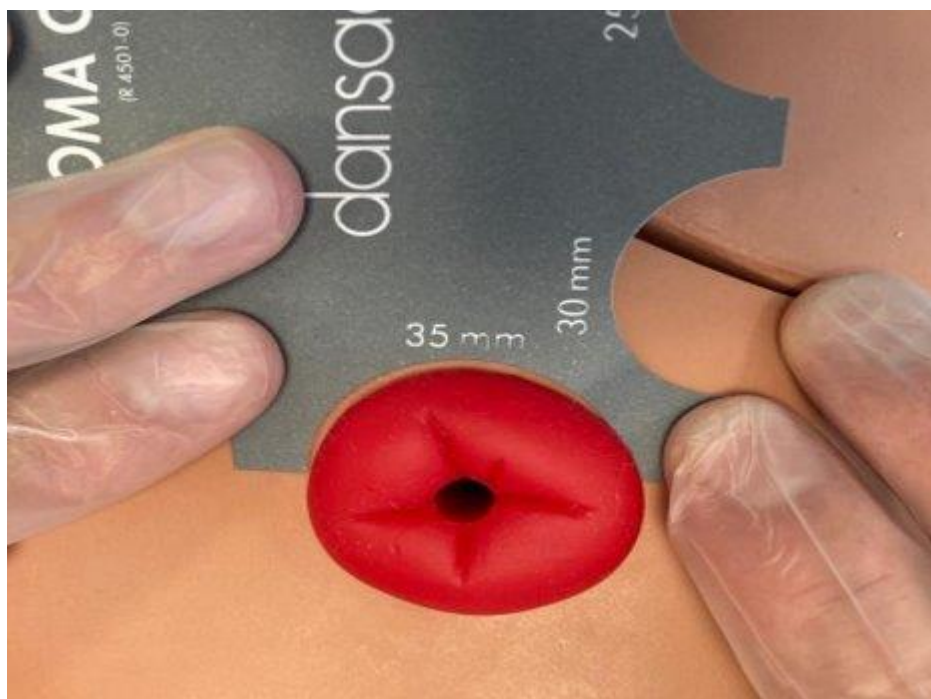
The second step includes carefully removing the skin protection plate by pulling from the top to bottom (Rautava-Nurmi, et al. ... 2020, 299). It is good to put a garbage bag or a towel under the stoma to prevent any splashes while removing the old stoma bag. When the used stoma bag and the skin protection are removed, they should be put in the garbage bag and then into the trash. (Website of the Colostomy UK 2022.) Then, a few lint-free sheets of paper or towels should be dampened with lukewarm water and the stoma, as well as the skin around it, can be easily cleaned and dried (Picture 5). (Rautava-Nurmi, et al. ... 2020, 299.) It is essential not to use any harsh solvents,

disinfectants, or soaps. Also, the stoma can start bleeding easily if it is rubbed too hard, nevertheless, bleeding must stop quickly. If blood has been noticed from the inside of the stoma, it is vital to contact the nurse or the doctor. (Website of the Colostomy UK 2022.)



Picture 5. Cleaning the skin around the stoma.

The third and fourth steps include measuring the circumference of the stoma and preparing the new stoma dressing. It is essential to size the stoma with a stoma measuring guide to prevent the stoma from leaking (Picture 6). (Rautava-Nurmi, et al. ... 2020, 299).



Picture 6. Measuring the circumstances of the stoma.

The nurse should prepare a new stoma dressing by drawing a ring the size of the stoma on the new skin protection plate using the template plate and cutting it with curved scissors (Picture 7). If the stoma is over-shaped or uneven, the hole should be cut with sharp small scissors in the skin protection place to the correct size (Rautava-Nurmi, et al. ... 2020, 299). The vital part is that the hole in the skin protection plate corresponds to the size of the stoma without being too tight (Website of Dansac 2020).



Picture 7. Cutting the protection plate with curved scissors.

The fifth and sixth step involve putting the new protection plate (Picture 8). The important part is that the skin surrounding the stoma is completely dry before applying a new stoma plate and the stoma bag. It can be useful when the skin protection plate is warmed up to stick it to the skin better. It can be done with both hands by putting a skin protection plate between them and holding for a little time. The protective film should be removed from the skin protection plate just before putting it in the place. Then, the skin protection sheet should be centered around the opening and pressed onto the skin. To do it correctly, the skin protection plate should be pressed from the center towards the edges until it is firmly attached to the skin. (Rautava-Nurmi, et al. ... 2020, 299.)



Picture 8. Placing the protective plate.

The last two steps include attaching the stoma bag to the skin protection plate by pressing around the ring with fingers to make sure that the bag is attached (Picture 9). The nurse should fasten the bag firmly to the base plate. (Rautava-Nurmi, et al. ... 2020, 299.)



Picture 9. Placing the bag on the base plate.

It is important to check that the bag is attached to the skin protection plate (Picture 10). After that, the stoma bag is completely changed. (Rautava-Nurmi, et all. ... 2020, 299.)



Picture 10. Checking that stoma bag is well putted and closed.

2.4 Patient guidance and self-care

Living with a stoma requires adaptation, and everyone handles things in their own way. The goal for everyone is to strive to live a normal life with an avant-garde: go to work, have a hobby, travel, etc. (Website of the Terveyskylä 2022). Quality patient education of how to care for their stoma improves patient outcomes and enhances quality of care and efficacy. There is a need for home visits to assist ostomates with rehabilitation of their stoma formation, as they often feel stigmatized and are likely to withdraw from social activities. It has previously been highlighted that community care is often the weakest link in rehabilitation, highlighting the need for effective teamwork and collaboration between stoma nurse specialists and community nurses. (O'Flynn 2018, 382.)

2.4.1 Nutrition

Concerns about the right diet and nutrition are common among people with stoma and their caregivers. Patients are often concerned about the food they can eat and what they should avoid. Usually, advice focuses on people with stoma as individuals, but special attention should be paid to nutrition in the management of stoma patients anyway. (Cronin 2012, 32-34.) In fact, there is a higher than usual risk of intestinal obstruction with an ostomy, but the risk decreases over some time (Rautava-Nurmi, et al. ... 2020, 297-298).

Usually, nutrition is carried out parenterally for the first few days allowing the abdomen to recover from surgery. A careful and slow beginning is also intended to avoid possible nausea and vomiting in the patient. Enteral nutrition is initiated according to the doctor's instructions and the patient's condition. It is recommended to start with some liquids, for instance clean water, juices or vegetable broth in small doses and if there are no problems consuming them, the patient is allowed to drink fluids freely and copiously. Then, liquids might be replaced with liquid food and then with solid food. (Ahonen, et al. 2016, 553.)

Moreover, carefully chewing food is very important as well as several small meals at regular intervals because they promote bowel function. Also, people with stoma should avoid certain foods that cause intestinal obstruction, constipation and flatulence. Usually, these foods are cabbage, whole grains, a lot of tough meat, large amounts of bran, large portions of raw grated cheese, seeds, nuts and citrus peels. Onions, cabbage, fish and chicken eggs can create a strong smell of intestinal gas. The smell of intestinal gases is reduced by a sour milk product, lingonberry juice and green vegetables. Also, stoma patients should remember to drink enough water, about 2 liters per day. (Rautava-Nurmi, et al. ... 2020, 297-298.) Furthermore, the other recommended drinks for stoma patients include diluted juices, low-carbonated mineral water, kisel, meat, fish, chicken or vegetable stock, low-lactose or lactose-free milk drinks (Website of Terveyskylä 2018). The recommended diet for stoma patients is a low fiber diet that includes soft melons, ripe bananas, canned fruits (except pineapple), well-cooked vegetables without skins or seeds such as peeled potatoes, peeled zucchini with the seeds removed, peeled tomatoes with the seeds removed, lettuce, strained vegetable juice (Website of Markel Sloan Kettering Cancer Centre 2021).

In addition, another recommended diet for stoma patients is a bland diet with a low residue food which is great for patients struggling with duodenal ulcers, gastroesophageal reflux disease, excess flatulence, food poisoning, gastroenteritis, traveler's diarrhea, inflammatory bowel disease. A bland diet is a great way for decreasing the stress on the gastrointestinal tract and empowers it to heal more effectively use bland diet foods are soft in consistency, cooked, low in fiber, and easily digestible foods that are by nature less acidic. Examples of foods that bland includes are low-fat dairy products, eggs, broth, pudding, fruit juices, cream of wheat, tofu, lean meats (skinless chicken, fish) as well as bland vegetables (beet, bean, spinach, etc.). Foods to avoid are non-bland foods that are fried, spicy, acidic, whole grain, high fat, non-lean meats, nuts seeds, etc. which decrease pressure from the whole gastrointestinal system. (Weir1 & Akhondi 2021, 1.)

2.4.2 Ostomy skin care

Observation before changing barrier or pouch is important because if stoma surrounding skin gets wet or red, it's a sign that the pouch may not been completely sealed on the stoma. Occasionally adhesive, paste, skin barrier and tape might damage the skin, especially patients who start their stoma use first months or years. (Website of the American Cancer Society 2022.) It is important to remember, that the skin that surrounds the stoma have to look the same way as before surgery. To achieve and keep that result patients must protect their skin in the best way possible. One of the most important ways is to use a pouch or a bag with the correct size fit for his/her stoma. A correct stoma pouch will prevent waste leakage which is a vital part of avoiding damage to the skin because the waste that comes out of the stoma can cause irritation to the skin. When redness or skin changes appear, it is important to inform your health care provider about the damage to get medicine for skin treatment. Contacting health care provider as soon as possible to prevent further damage or infections. Note if the stoma starts sticking out from the skin more than it used to, applying a cold compress, for example, ice wrapped inside a towel may help the stoma to go back in as it normally was. (Website of MedlinePlus 2020.)

Another way to protect skin is to take care of the skin that surrounds the stoma by washing it with warm water and gently drying it before attaching the pouch. Also

averting alcohol-containing skin care products because they may damage his/her epidermis. Using products that contain oils around the stoma may cause difficulties in the pouch attached to a person's skin, the same goes for body hairs around the stoma. To avoid pouch attachment difficulties caused by hairs it is recommended to regularly shave the hairs off the stoma surrounding area before attaching the pouch. (Website of MedlinePlus 2020; Website of Terveyskyla.fi.)

When stoma leakage occurs eventually it will result in sore skin when redness or skin changes appear it is important to inform your health care provider about the damage to get medicine for skin treatment. Contacting health care provider as soon as possible to prevent further damage or infections. Note if stoma starts sticking out from the skin more than it used to, applying cold compress for example ice wrapped inside towel may help stoma to go back in as it normally was. Sticking anything inside of the stoma should be avoided unless the doctor instructs so. (Website of MedlinePlus 2020; Website of Terveyskyla.fi.)

2.5 Stomal complications and their prevention

A stoma is associated with many complications and should not be viewed as a simple procedure. Serious complications require immediate re-operation, and minor problems may occur that will expose the patient to day and night stress and pressure. Nevertheless, sometimes stoma patients can experience some not serious problems that can be resolved quickly by changing a stoma product or altering the diet. (Kwiatt & Kawata 2013, 112.) Common complications include poor stoma siting, stoma leakage, blockages/ bowel obstructions with a stoma, stoma skin problems, stoma necrosis, retraction, parastomal hernia, and stomal prolapse (Kwiatt & Kawata 2013, 112-119).

2.5.1 Poor stoma sitting

A poorly positioned stoma often does not give patients the proper degree of soreness until they are discharged. Poor fit, leakage of secretions and gases, skin irritation, trauma, and poor visualization of the stoma can lead to elements of frustration and psychological suffering. Choosing the right site can be done before surgery in elective cases. In these cases, the nurse's role is important to provide the patient with education

and resources early. In addition, the site of the future stoma should be removed from the bony prominences, the alleged holes, skin folds and previous scar. (Kwiatt & Kawata 2013, 113-114.)

Unfortunately, obesity and body habits remain complex factors when misplaced. Changing position reveals problem areas of skin folds and potential areas where stoma may be hidden due to excess fat. Consideration should also be given to the patient's disability, which may dictate the position in which the patient must spend most of their time, which in turn often determines the best position for the stoma. (Kwiatt & Kawata 2013, 113-114.)

2.5.2 Stoma leakage

Typically, stoma leakage occurs because the ostomy bag has not fitted properly and correctly, or the outlet is loose, or the ostomy bag fills unexpectedly quickly. Undoubtedly, some patients with a stoma have stoma leakage, and this is nothing to worry about. However, if the ostomy bag fills up surprisingly quickly, it could be due to some dietary change, stress, or indigestion. If constant leakage appears every day, it is necessary to check once again whether the bag is installed correctly. It is important to make sure that there are no gaps in the wafer and that the hole fits exactly into the stoma. If there are any concerns related to these things, it is important to see a stoma nurse or doctor. (Website of the Bladder & Bowel Community 2022.)

2.5.3 Blockages/ Bowel Obstructions with a Stoma

Sometimes people can get a blockage in their stoma as the result of a build-up of certain foods. It happens because the bowel may find it difficult to digest this food or it can be caused by adhesions and scar tissues inside the bowel that can stop fecal waste from passing through. Symptoms of stoma blockage might include abdominal pain, no output or output is extremely watery, vomiting, nausea, cramps and swollen abdomen. (Website of the National Health Service 2020.) To relieve bowel obstruction, it is possible to stop eating solid foods, drink more clean water as well as warm liquids such as tea. However, if the person has extreme abdominal pain and vomits, then it is

important to get medical attention as soon as possible. (Website of the Bladder & Bowel Community 2022.)

2.5.4 Stoma skin problems

The most common complications about stoma are usually skin problems. When the skin around the stoma becomes irritated it can cause a lot of discomfort and stress. Fecal contact with skin, ill-fitting stoma appliance or allergies from products can be the most frequent problems about skin issues. (Kwiatt & Kawata 2013, 114-115.) To avoid any of these complications, it is important to make sure that nothing comes out of the stoma bag and that it fits properly and snugly into the stoma. Also, it is vital to make sure that the size of the hole matches the size of the stoma. In addition, it is essential to regularly measure the size of the stoma if it has become larger or smaller because weight can affect these factors. If there are any signs, then using a stoma paste can help fill them. However, if the irritation or any allergic reaction has been noticed, then it is important to contact the stoma nurse and she/he will provide other stoma care products as well as products to reduce rash. (Website of the Bladder & Bowel Community 2022.)

2.5.5 Stoma necrosis

Stoma necrosis is a postoperative problem that can occur in early stages and result from poor stomal blood supply. In general, stoma necrosis is associated with colostomies, obesity, and emergent operations and one of the main causes of stoma necrosis is devascularization of the bowel conduit used for stoma formation. (Krishnamurty, Blatnik & Mutch 2017, 196-197.) If ischemia was noticed, then the patient should be immediately checked and reconsidered. Everything depends on the extent of ischemia. In general, techniques for stoma revision are based on the length of the ischemic intestine segment. Segments that are usually <5 cm may be improved with some mobilization to bring practicable bowel to the skin surface. If the segments are longer, they may require actual resection that includes full splenic flexure mobilization and mesentery division. Additionally, immediate reoperation is required for stoma resection and modification when stoma necrosis enlarged below the peritoneal and myofascial layers. (Krishnamurty, Blatnik & Mutch 2017, 197.)

2.5.6 Retraction

Retraction is a common early complication but also can occur in the late postoperative period. Stoma retraction is the result of excessive tightness on the bowel, a poorly selected stoma place, or inadequate mobilization. Ischemia/necrosis can also cause retraction as well as stenosis in such a situation. Usually, the retracted stoma discharges liquid into the skin and may cause peristomal irritation as well as it is more prone to leakage. Moreover, acute retraction in a recently created stoma might result in dehiscence of the mucocutaneous join and intraperitoneal contamination. Stoma retraction is one of the most common causes of reoperation. (Kwiatt & Kawata 2013, 116.)

Because retraction is caused by too much tension placed upon the fully developed segment of the bowel, attempts and efforts at local revision might not succeed. It is since the underlying reason for the tension cannot be completely addressed through a peristomal incision. One of the ways to gain more length and revise the stoma in a tension-free manner is to use laparotomy. (Kwiatt & Kawata 2013, 116.)

2.5.7 Parastomal hernia

A parastomal hernia is a type of incisional hernia resulting from an abdominal stoma. It is the most common long-term complication following stoma creation in various types of stomas. A parastomal hernia may progress almost asymptotically, but usually resulting in an abdominal deformity. Nevertheless, in extreme cases it may lead to strangulation and bowel incarceration, therefore require immediate surgery. (Styliński, Alzubedi & Rudzki 2018, 1.)

In most cases, the only symptom of a parastomal hernia is a deformity of the abdominal wall around the stoma, which is the cause of the diagnosis (Styliński, Alzubedi & Rudzki 2018, 5). Clinical diagnosis needs careful and proper inspection. Also, diagnostic imaging techniques such as ultrasound or CT might sometimes be helpful since some hernias go unnoticed because of patients who are obese or find it difficult to perform a physical examination due to severe pain. (Styliński, Alzubedi & Rudzki 2018, 5-6.) Surgical options for correcting a parastomal hernia are local main repair,

repair with meshes with or without a laparoscopic approach, and relocation of the stoma (Kwiatt & Kawata 2013, 116-117).

2.5.8 Stomal prolapse

A prolapsed stoma occurs when the intestine expands to an abnormal length through the stomal opening. The amount of enlarging bowel can vary from 2-3cm to more than 10cm. Although when this happens it can look frightening and be very distressing but usually it is not serious. Nevertheless, it is essential to have a consultation with a stoma nurse or a doctor. The causes might be different such as an oversized hole that was made in the abdominal wall at the surgery, obesity, heavy lifting, and increased abdominal pressure due to varied factors such as pregnancy, tumor, sneezing, etc. (Website of the Colostomy UK 2015.)

There are 2 ways to manage a stoma prolapse that is conservative management and surgical way. Conservative management consists of avoiding heavy lifting, using a flexible pouching system, if needed then increasing the size of the pouch opening. Surgical treatment includes removal of the prolapsed section of the bowel and repositioning of the stoma. (Website of the Michigan Health 2019.)

2.6 Power Point slides as educational material

PowerPoint is a presentation program owned by Microsoft. The software development company is based in the USA. PowerPoint allows people to create anything starting from basic slide shows to complex presentations with audio, video and different animations. (Website of Techterm 2021.) Nowadays, PowerPoint is also used as an educational tool for teaching, delivering and learning information in classes (Hashemi et al., 2012). In schools and universities, there is a significant demand for PowerPoint presentation slides. This is since evidence and research have proved that PowerPoint improves learning and memorizing, raises audience interest, and helps in the explanation of complex illustrations. A lot of people, including teachers and students, use it extensively for presenting teaching materials (León & García-Martínez 2021, 173).

Proper use of PowerPoint can enhance the teaching and learning experience. This makes it easy to structure your presentation in a professional format. A presentation can be interesting and engaging with multimedia attachments. Moreover, less technical knowledge is required to use PowerPoint due to its simplicity and clarity, so this is a great advantage of PowerPoint. It is important to remember a few tips on how to make high-quality learning material in Power-Point slides. These points include avoiding too much text on the slides because it reduces readability. Furthermore, it is vital to add keywords, concepts, and bright, memorable images/photos to improve presentation understanding and remembering. (Hashemi et al., 2012.) Also, it is essential that the slides are engaging and attention-grabbing, and not overly detailed so that students remain active and involved. It is sometimes helpful to use a blank screen to allow students to think about what has just been said and discussed, or even to get their attention back. In addition, it is important to remember not to overuse graphics, slide transitions, and inappropriate use of multimedia options as well as avoid irritating noises. (Website of the Northern Illinois University 2020.) Both authors followed the SAMK standards when creating their PowerPoint presentations according to the SAMK PowerPoint template provided as well as use the theory knowledge about the high-quality educational material as Power Point presentation slides.

3 PURPOSE, OBJECTIVES, AND TASKS OF THE PROJECT

The purpose of this thesis was to produce educational material in the form of a PowerPoint presentation about proper stoma care for nursing students of Satakunta University of Applied Sciences (SAMK).

The objective of this thesis was to increase nursing students' knowledge about stoma care to help enrich their skills and competencies as future nurses so that they can apply the knowledge gained in their future working lives.

The project tasks in this thesis were to find evidence-based theoretical knowledge that is relevant to our target group, select the most important information for the PowerPoint presentation, edit the PowerPoint presentation, as well as risk analysis,

implementation, evaluation, and reflection were very important and needed to make this thesis.

4 IMPLEMENTATION OF THE PROJECT

4.1 Methodology

According to the Project Management Institute (PMI), a methodology is defined as “a system of practices, techniques, procedures, and rules used by those who work in a discipline” (Website of the Project Management 2021). Nowadays there are many different project methods such as agile, waterfall, hybrid, scrum, critical path method and many others (Cohen 2019).

For this project, the authors used the Hybrid methodology. This methodology is a mixture of two different project methods which are called Waterfall and Agile. This method perfectly suits medium-sized projects with moderately high difficulty that does not require high costs. (Cohen 2019.) Both authors agreed that this method would be the most reasonable to use since this project needed flexibility, and the authors can make changes as they are requested or by receiving feedback from their supervisors. Additionally, flexibility helped to eliminate mistakes and not repeat them as well as helped to achieve the final result.

4.2 Description of the target group

The product of this project was targeted for nursing students of Satakunta University of Applied sciences (SAMK). At SAMK, the nursing training program lasts approximately three and a half years, after which students receive a certificate of completion of the training and can use it worldwide, regardless of country. (Website of Satakunta University of Applied Sciences 2021.)

It was imperative for both authors to make this thesis project useful and valuable for the target audience, therefore, after completing the thesis, SAMK nurse students have a deeper understanding and more knowledge about stomas and all the nuances associated with them in various situations. Both authors of this thesis agreed that this topic is vital for future nurses, because everyone will encounter an ostomy at some point in their studies or work, will be involved in stoma care, so it is important to already have an understanding of the stoma care, causes of stoma formation, types of stomas, complications, nutrition, etc. This knowledge will also help to prevent future mistakes and misunderstanding between the nurse and the patient, colleagues, or doctors.

4.3 Literature retrieval and previous studies

Literature retrieval shows that the authors are familiar with the key research topic, establishes the justification for the study in the research content as whole as well as giving the readers background research of the study (Website of the University of Sydney). It is important to remember that well-found previous research and project-related topics play a vital role in producing a successful thesis project. The theoretical background of this thesis was based on excited evidence-based knowledge from different databases. Both authors used different keywords to search for up-to-date information related to their topic and choose the most important and useful knowledge. The reliable databases that have been used were Google Scholar, PubMed, SAMK Finna, CINAHL, and EBSCOhost. Moreover, reliable and trustworthy websites were used to find some additional information as well as both authors paid attention to using only up-to-date information that is less than 10 years old.

Moreover, it was influential for both authors to use as much as possible Finnish sources and Finnish guidelines in the way to know the rules and systems which are working in Finland health care. The target group will be working and having the working practices in Finnish society hence it is essential to know and have better understanding about stoma care performance in Finnish healthcare. The information has been taken from different Finnish health care sources and Finnish guidelines such as Terveyskylä, Fennilco, as well as some Finnish books and articles has been used and translated later.

4.4 Project stages and schedule

The project management process is typically broken down into clear phases that take the project from start to finish. These stages include initiation, planning, implementation, observation, and closure. (Website of Project Management 2021.)

First stage of project “Initiation of project”, which means starting of the project that ensures the need of SAMK and follows their thesis project criteria (Website of Project Management 2021). The writing of this thesis started in August 2021 by choosing the topic. The topic has been chosen by that both authors were mostly interested in. It has been “Taking care of a stoma: An educational material for nursing students”.

The second stage of the project named “Project Planning” is about specifying tasks, creating timelines, and taking the initiative (Website of Project Management 2021). In this thesis, flexible timetable with deadlines was created for efficiency and various tasks shared for fairness. To maintain good communication with each other and the supervisor teacher authors used hill meetings. From the very beginning of the thesis, both authors discussed and decided to think about how best to create a schedule that would suit both, as well as remember and remind each other of deadlines and equally divide tasks among themselves. The finished project plan was sent to supervisors for green light to start a thesis project.

Then third stage “Project implementation” phase that is where team of people are following created plans. This stage requires giving guidance to the work team and ensuring quality of work while reporting on updates of development for people the project is made for. (Website of Project Management 2021.) Project Implementation stage – in this thesis, both authors collected a well-grounded and evidence-based information from various sources to find a theoretical information about their topic as well as about the creation of PowerPoint presentation and what it should include, created a Power-Point presentation based on that, and took their own photos to make it look better and more understandable for others. It was important to meet each other in real life from time to time and discuss the progress of the work or call each other, as well as hold meetings at HILL to keep the work going. Everyone respected and appreciated the work of the other, and if misunderstandings arose, they were always resolved by talking and agreeing on something. In addition, at times when both authors

5 EVALUATION

The thesis project process was evaluated, and the feedback was received from supervisor teacher and her colleague teacher from SAMK. The authors also evaluated each other's work constantly throughout the work, by reviewing each other's written work, suggesting new ideas and by offering constructive feedback. The group had an open atmosphere for a change. Thanks to a good and hardworking team, the objectives that were to increase the knowledge of nursing students about stoma care, to help enrich their skills and competencies as future nurses, and use this final project material for self-study, have been achieved and completed. The feedback that was gathered from the supervisor teacher was in the form of an evaluation form that was provided by SAMK (evaluation can be seen in Appendix 1). This evaluation form also includes the feedback of the subscriber, SAMK. The feedback shows that the subscribers from SAMK were mostly satisfied with the project.

The initial PowerPoint had too much text and was corrected by summarizing information more efficiently. Additional feedback was also received that the presentation had to be done in accordance with the SAMK template and that took additional time to redo and improve the whole presentation, as a PowerPoint template had been used previously. One of the authors nursing courses also delayed the thesis progression on occasions. In addition, the estimated time of wait for feedback was miscalculated by the authors as well. These factors delayed the progression of the thesis at times.

In addition, at the beginning of the thesis, the authors thought to make a questionnaire for students as an assessment option, but when writing the thesis and creating a PowerPoint presentation, it was decided to take an assessment only from supervisors since teachers decide if SAMK uses this educational material as additional self-learning or not.

5.1 Resources

In general, project resources are defined as the human resources, time, capital, materials or supplies and literary resources needed for successful management and completion of a project. Project resources are what depend on to get work done. (Eubanks 2017.) The resources to be used for this thesis project included evidence-based information such as information from PubMed, Google Scholar etc. Which have been obtained from reliable sources to create the theoretical basis for this thesis work, found a few books about stoma care which could be useful for making this thesis project. Also, a lot of research was found connected to nursing care of stoma, pre- and postoperative care and patients' experiences and life/care after the surgery. Furthermore, both authors were looking for information only from reliable literature and websites to make sure that all the information is well-grounded and up to date.

To create an informative and engaging presentation, both authors needed some knowledge based on the different ways to design a PowerPoint presentation, such as creating slides that can contain images and text. Moreover, animated transitions also have been included to add extra appeal to the presentation. If authors did not know about some nuances about the presentation and the ways it works better, they used different guides from YouTube to enrich their knowledge and use some more attractions to their PowerPoint presentation.

Furthermore, both authors used resources such as laptops and phones with the access to the Internet, as well as books, literature, videos, articles, translators, etc. In addition, both authors were meeting from time to time with each other to discuss the process of the thesis, plan next stages and tasks for each other and evaluate the work that have been already done. The supervisor's role was very important and valuable. Since both authors for most parts of this thesis did not have any previous thesis writing experience, it was wise to discuss and prioritize tasks in collaboration with the supervisor teacher and stick to the plan. Additionally, the pictures were taken by the authors to avoid any copyrights issues. Taking the pictures by themselves adds personality to the project and gave a learning lesson in how to take pictures in a way that they are clear and understandable for others. Access to the equipment that was used in the pictures was given by the supervising teacher.

5.2 Risks

In projects, a risk can be almost any uncertain event associated with the work, but not all of the risks are equally important. Project leaders must focus on that can materially affect project objectives. (Kendrick 2012, 5.)

There could be many kinds of risks, for example, the lack of educational material from different databases to create an evidence-based and knowledgeable theoretical basis for the thesis, lack of time for cooperation, insufficiency of resources and knowledge, technical problems, etc. Both authors understood this from the very beginning and tried to avoid them as much as possible. In addition, both authors decided to plan their plans from the very beginning and share responsibilities for each other and decided to solve all problems together and not panic. It was important to contact, collaborate, support, and motivate each other as much as possible until the project was completed.

A SWOT (short for strengths, weaknesses, opportunities, threats) analysis was conducted to help both authors identify and implement areas of their project that have advantages and disadvantages. In general, SWOT Analysis is a business strategy tool to assess how an organization compares to its competition. Beyond the business world, SWOT Analysis can also be applied to the individual level to assess a person's situation versus their competition further. (Teoli, Sanvictores & An 2022.) For both authors, SWOT analysis provided new insight into where they were at the beginning and what they got as a result and helped to develop the right strategy for the implementation of their project (Figure 1).

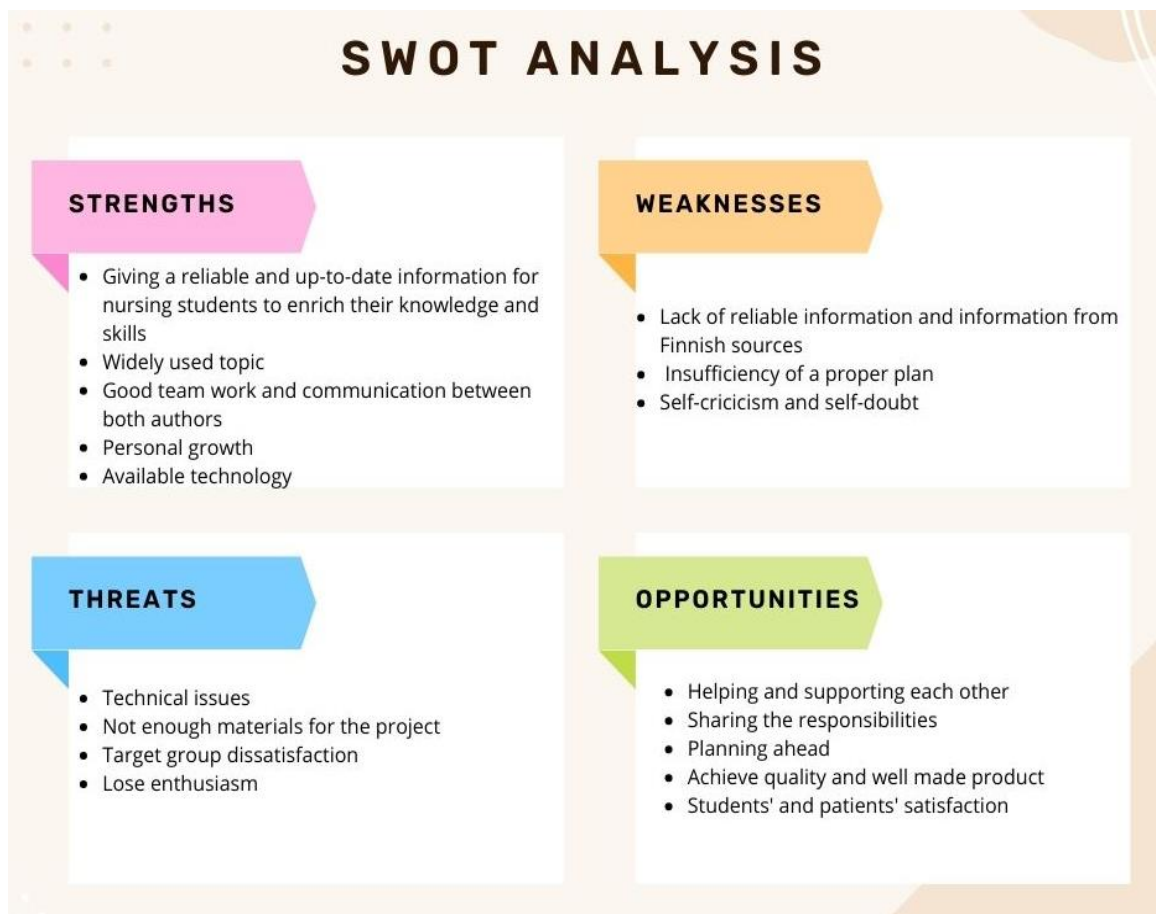


Figure 1. The SWOT-analyses of this thesis

5.3 Ethics

During the writing of the thesis, the authors followed all the necessary ethical principles and rules of Universities of Applied Sciences to advance the goals of the thesis. The ethical principles that have been used in this thesis support the values needed for collaborative work, such as mutual respect, honesty, fairness, as well as to uphold important social and moral values, especially the principle of not harming others. (Ammattikorkeakoulujen rehtorineuvosto Arene ry 2017.)

According to the Ammattikorkeakoulujen rehtorineuvosto Arene ethical principles and standards must be considered when writing a thesis. They include personal data processing and data protection, plagiarism detection and signing a cooperation agreement with a thesis commissioner and the University of Applied Sciences. When

the thesis is in the working process, it is vital to make sure that it follows personal data law as well as it is written in the authors' own words. Proper citing, linking, and mentioning authors to respect their work is essential to avoid plagiarism. (Ammattikorkeakoulujen rehtorineuvosto Arene ry 2017.)

The authors of this thesis made sure to give credit to other authors and organizations for providing information through their works by citations, in-text referencing, and providing a reference list. The authors used different books and online sources that were made for nursing students and that are used in teaching nowadays. It was made clear and certain that sources are up-to-date and contain accurate information. Most of the pictures were taken by the authors of this thesis, and they were named and numbered. All pictures taken from other sources are properly referred and credit is given to the original authors of its publication. Agreements must have been made between SAMK University and the supervisors to ensure that the work was going in the right direction. It was ensured that everyone has the same goals in mind and knowing the rules, laws and styles that the thesis must comply with. The following key rules that should be related to the thesis are supervision, topic and schedule, cost and reimbursement, deliverables and their ownership, reference materials and the right to use them, confidential materials versus public disclosure of the thesis results materials and their ownership and user rights (including possible compensation and royalties for inventions). In addition, the authors of the thesis must have always been considering moral obligations and ethical principles towards people who are a part of the thesis work. It could be the research community, the funders of the research and the professional field. Moreover, while writing a thesis, authors have been considering that in most cases, the collection and processing any confidential information is prohibited. In this regard, if the right to process any confidential information is in use, it should still be carefully checked to avoid any misunderstandings on the part of others. (Ammattikorkeakoulujen rehtorineuvosto Arene ry 2017; TENK 2013, 30.)

The ethical principles mentioned above were followed when writing the thesis. Authors signed an agreement with SAMK that the thesis will be written for them, therefore their rules were followed. For example, the school's own thesis template was

used for the word document and PowerPoint. Furthermore, the references and citations followed the criteria of SAMK. Additionally, the finished thesis has been checked by the plagiarism detection system.

6 DISCUSSION

The overall thesis process followed positively and smoothly due to great teamwork, a clear project plan and well-done communication and support from the supervising teacher. Nevertheless, there are aspects that could have been learnt and improved from the thesis process. The authors did not have any experience of how long each thesis task would take, as the plan only had estimated. Much more time was needed than initially planned. However, this is noted for any next time projects, and the authors learnt from this. The PowerPoint Presentation could have been more advanced in regards of effects and style, as that could attract the student audiences better by making it more memorable. To improve the quality of the thesis it would be possible to gain permission to take pictures of real patients from the local hospital and show more precisely how stomas are taken care of. This was not done because of the time limit in hand and low finances.

Suggestions for further studies on this topic could be to further this research and to find out whether this information is helpful to patients and is it effective in the long term. Another study could be done on what happens if these following instructions are not used, and the stoma care is neglected. There could also be other studies made regarding temporary stomas and how that differs from these permanent ones. However, the authors learned a huge amount of new information in the process of working on the thesis and were satisfied with their hard work. They have expanded their own knowledge of nursing and their ability to guide patients in their future professions related to this topic. In addition, both authors hope that the product will be used by the target group in the future as well as they will use it as a self-learning tool.

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Tilaaajan palaute Satakunnan ammattikorkeakoulun hoitotyön koulutuksen opinnäytetyöstä:

Hyvä opinnäytetyön tilaaja/yhteistyökumppani

Opiskelijan opinnäytetyö on valmistunut ja pyydämme palautetta tilaamastanne opinnäytetyöstä. Palautteenne otetaan huomioon opinnäytetyön arviointilausunnossa ja arvioinnissa.

Opiskelijan nimi:

ALEKSANDRA VOROBOVA, ERIK NASIMOV

Opinnäytetyön nimi:

TAKING CARE OF STOMA: AN EDUCATIONAL MATERIAL FOR NURSING STUDENTS

Valitkaa seuraavista vaihtoehtoista sopiva laittamalla rasti ko. kohtaan.

	täysin samaa mieltä	jokseenkin samaa mieltä	jokseenkin eri mieltä	täysin eri mieltä
Opinnäytetyö vastasi tarpeitamme.	X			
Opinnäytetyötä/ opinnäytetyön tuloksia voidaan hyödyntää työelämässä.	X			
Opinnäytetyö osoittaa kykyä luoviin ratkaisuihin.		X		
Opinnäytetyö osoittaa kykyä työelämän näkökulmasta uskottaviin ratkaisuihin.	X			
Opiskelija kykeni itsenäiseen ja itseohjautuvaan työskentelyyn opinnäytetyöprosessissaan.	X			
Ohjasimme opiskelijaa omalta osaltamme opinnäytetyön etenemisessä.	X			

Vapaamuotoinen palaute:

Opiskelijat ottivat hyvin palautetta vastaan ja tekivät korjauksia palautteen pohjalta. Yhteistyö tilaaajan kanssa sujui hyvin. Opetusmateriaali voidaan ottaa käyttöön.

Paikka ja aika: Porissa 16.11.2022

Johanna Simon-Bellamy

Anni Riikonen

Opinnäytetyön tilaaajan /tilaaajan edustajan allekirjoitus ja nimenselvennys