

# The Role of the Colorectal/Pouch Nurse prior to surgery

## Aims and Objectives

- The role of the colorectal/pouch nurse
- The MDT process
- Pre operatively counselling

#### Current pouch service

- History of SRFT Pouch service
- 7 Colorectal surgeons
- Mr Soop Lead Pouch surgeon
- 7 Colorectal nurses, 5 Stoma nurses and 1 Support worker
- 8-12 pouches a year

#### A Specialist Nurse Role :-

- Clinician
- Educator
- Researcher
- Consultant/resource
- Administrator/manager/change agent

#### **Direct Care**

- Expert practitioner
- Role model
- Patient advocate

#### **Indirect Care**

- Clinical teacher/supervisor
- Communicator
- Researcher
- Liaison
- Enabler

## Is Pouch surgery for me?

- unresponsive to medical therapy,
- Familial adenomatous polyposis (FAP)
- Function is effecting QOL
- You have just had enough of your symptoms

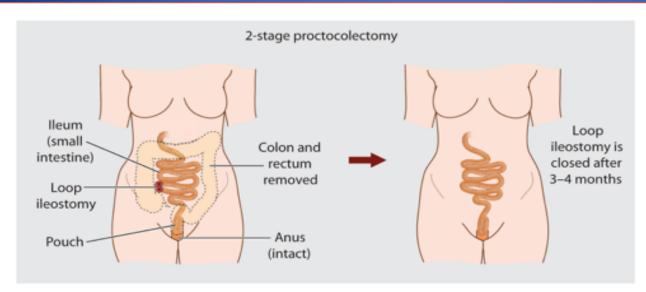
# Multidisciplinary Team Meeting

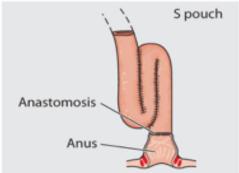


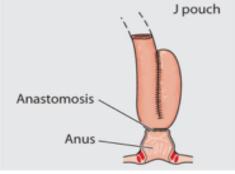
#### Successful outcomes

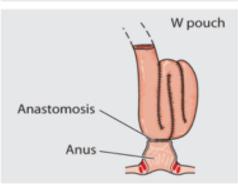
- Sensible patient selection
- Contraindicated: crohns disease, weak anal sphincters, obesity
- Clear pre operative counselling
- Realistic expectations

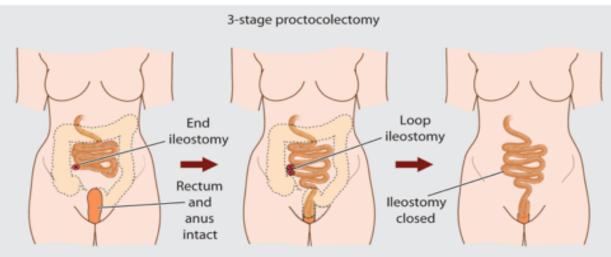
## **Staged Operation**











## Role of the nurse specialist

- Role of the nurse practitioner/specialist
- Early introduction to patient and reassurance of long-term point of contact
- Realistic expectations of pouch function and lifestyle (written information)
- Comprehensive understanding of the process and stoma caredifferentiate
- between end and loop stoma
- Introduce an established patient with similar background
- Assess psychological, physical, spiritual, religious, cultural and socioeconomic
- needs
- Patients informed as to what will happen post-operatively/stoma care

## In Summary

The colorectal specialist nurse primary aim is

 To co-ordinate & deliver care to the colorectal pouch patient from the point of referral, always there to provide advice