Telehealth and Interdiscip

Expertise of the Enterostomal Nurse The Remote Fitting of a Fistula

BY Manon Paquin

The number of health professionals with an interest in wound care is constantly increasing. This group of health-care professionals includes enterostomal therapy nurses, general practitioners, dermatologists, plastic surgeons, vascular surgeons, pharmacists, dietitians, physical therapists and occupational therapists. Each professional, depending on their field of expertise, has a vision, a role and responsibilities — but also limitations.

Therefore, the interdisciplinary approach becomes necessary for an overall and effective management of the patient. The recognition of each stakeholder's skills is essential to the communication process.

Last July, as an enterostomal nurse, I had a very rewarding experience, both professionally and personally. Using videoconferencing technology, I supervised from Montreal the fitting of an enterocutaneous fistula in a patient living in Sept-Îles, a Northern Quebec town almost 1,000 km away. This procedure made it possible for the health professionals caring for this patient to benefit from a telementoring and teletraining activity for a two-hour period. As part of the activities of the Centre Hospitalier de l'Université de Montréal (CHUM), this was a first in nursing care.

The patient, a 49-year-old man, had been suffering from bulbar ulcer and reflux esophagitis since 1999. Following a Nissen fundoplication and numerous complications leading to a diagnosis of adenocarcinoma of the stomach, he underwent a partial radical gastrectomy with chemotherapy in August 2001.

In February 2003, a relapse of the cancer with metastases of the abdominal wall was diagnosed. A last surgical procedure was done, consisting of the resection of the parietal metastatic regions, repair of the small intestine laceration and reconstruction of the wall with a polypropylene wick.

During the postoperative period, there was a deterioration of the abdominal wound. The diameter of the wound increased, and the brownish-coloured discharge became more abundant and very foul-smelling.

In May 2003, the patient was admitted to home-care service under the care of Dr. Yveline Romain, due to the deterioration of his general health and for the management of his wound. From May to July 2003, Dr. Romain

Télésanté et interdisciplinarité

Expertise de l'infirmière stomothérapeute dans une équipe de soins : appareillage d'une fistule à distance

Résumé

Au mois de juillet dernier, à titre d'infirmière stomothérapeute, j'ai vécu une expérience fort enrichissante à la fois au plan professionnel et humain. Utilisant la technologie de la visioconférence, de Montréal, j'ai dirigé l'appareillage d'une fistule entéro-cutanée chez un patient localisé à Sept-Îles, ville située à 950 km dans le nord du Québec. Cette façon de procéder a permis aux professionnels de la santé impliqués auprès de ce patient, de bénéficier d'une activité de télé-tutorat et de téléenseignement durant une période de deux heures. Dans le cadre des activités du CHUM (Centre Hospitalier de l'Université de Montréal), il s'agissait d'une première en soins infirmiers.

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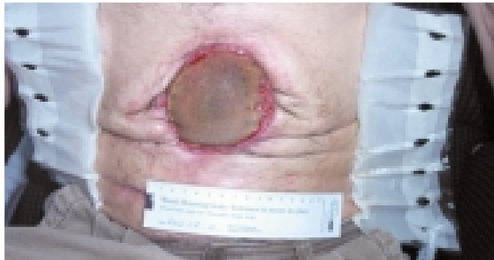
linary Wound Care
in a Health-care Team:

did her utmost to treat the wound, but unfortunately to no avail. The quantity of the discharge required a daily dressing change, despite the use of very absorbant dressings (hydrofibres, foams and others). As for the smell, despite medications such as metronidazole per os and ciprofloxacin (Cipro) – prescribed for an infection secondary to Klebsiella pneumoniae – it did not improve. A topical treatment with metronidazole in a hydrogel was also initiated, but without success.

On July 14, 2003, Dr. Romain contacted me. She wanted to discuss her patient's condition and obtain my opinion and recommendations. "The patient is terminally ill, he is 49 years old and the father of two daughters aged nine and 11," she told me. "He is very courageous, but the status of his wound depresses him and makes him irritable, which adversely affects his relationship with his daughters and his spouse. Therefore, I need your experience to find a humane solution to help this patient at the end of his life."



After the examination of digital photos showing the patient in various positions, I finally concluded that it was a low-output enterocutaneous fistula. No local or systemic procedure could help in the treatment of the wound. Palliative care focused on patient comfort was the ultimate solution.

We had to consider the fitting of the fistula. The presence of several folds around it was making the technique more complex. Also, no health professional in the area had experience in the fitting of a wound or a fistula, and needless to say they didn't have the required equipment for this type of procedure.

We thought of several alternatives. The complexity of the wound required more than telephone or electronic advice, and all scenarios considered called for costly and tiring travel for the patient. After discussions with Dr. Romain, I chose to get involved via a telehealth system. Once the appropriate action to acquire the necessary equipment was completed, we set the date and time of the procedure.

On July 25, at 1:30 p.m., I was able to see Mr. L, with his wife, Dr. Romain and two nurses. He was in front of me on a wide screen, lying down on a stretcher. I could communicate with them in real time. At my command, the wound was accessible by a simple camera move. This way, it was easy for me to observe the details of the wound: hypergranulation, groove, colouration, etc.

Step by step, I guided virtually all of the nurses' moves as well as Dr. Romain's. All participated, technically and psychologically, to the fitting installation. The team showed quick learning and great dexterity, despite the fact that they had never done this type of procedure before. The patient was very co-operative and even displayed a sense of humour. His comments at the end of the procedure were positive, saying notably that he "felt light." To my great surprise, I felt that a privileged relationship developed with Mr. L., despite the technology separating us.

The appropriate treatment for this type of wound depended on the expertise of the enterostomal nurse. Her knowledge in wound care and in the types of fitting and products related to stoma care, fistulas, tubes and drains helped make the difference.

This telehealth interdisciplinary and interregional activity

Continued on page 47

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Telehealth and Interdisciplinary ...
continued from page 11

shows the importance of the partnership of physician/nurse in the continuum of patient care. It also helps to meet the goal of accessibility for all people to specialized health-care services. Without telehealth, the patient would have had to travel to benefit from the expertise of an enterostomal nurse.

Follow-up

With the fitting of his fistula, Mr. L. was able to nurture relationships with members of his family under significantly more acceptable conditions. The problem with odour was solved, and the fitting was changed only once a week. The patient greatly appreciated this new independence; he no longer had to wait every day for the CLSC nurse's visit, he only had to empty the collecting bag a few times a day. He also felt much more comfortable. This procedure helped him live the last three months of his life with dignity. All the nurses of the home-care services felt relieved to be able to offer him not only a treatment , but also an effective solution enabling him to get the most from each precious day spent with his loved ones. Mr. L. died last October.