

## **Scottish Stoma Nurse Group**

### **Support Garment Review Short Life Working Group**

**Dear Colleagues,**

**The questionnaire v1.0 which had been circulated following the initial meeting in November 17<sup>th</sup> 2016 has been re written to include comments that have now come to light following the draft analysis.**

**The aim of the questionnaire is to survey the NHS Scotland Stoma Service current access and prescribing practice for support garments required for a parastomal hernia.**

**The SLWG meeting on 16.02.17 agreed that the questionnaire would be helpful to provide baseline information that will support the proposed NHS Scotland national guidance for the management of parastomal hernia.**

**The collation of this information will be disseminated to the group to provide discussion and direction at the next SLWG meeting in April 2017.**

**All information shared is confidential for discussion only with Short Life Working Group under direction of Scottish Stoma Care Nurse Group**

**Send completed questionnaires by March 30th 2017 to: [alice.macleod1@nhs.net](mailto:alice.macleod1@nhs.net)**

**Yours Sincerely**

**Tracy McMeekin**

**Stoma CNS NHS Ayrshire & Arran**

**Chair Support Garment Short Life Working Group**

**OSTOMY SUPPORT GAREMENT QUESTIONNAIRE Version 2.0**

<b>NHS Health Board</b>	
<b>Stoma CNS /ANP</b>	

<b>Q1. Does your stoma care practice have a Stoma Nurse Led Clinic?</b>			<b>YES</b>	<b>NO</b>
<b>Q2. If a patient develops a parastomal hernia, how is this identified?</b>			<b>(insert X or Tick in Box)</b>	
<b>Primary Care G.P</b>				
<b>Acute Care Surgical Clinic</b>				
<b>Acute Care Stoma Nurse Led Clinic</b>				
<b>Q3. Does your Health Board have a protocol for the nursing management of parastomal hernia? ( this includes prevention &amp; management)</b>			<b>YES</b>	<b>NO</b>
<b>If yes can you send a copy of the protocol</b>				
<b>Q4. If a patient requires a support garment for the management of a parastomal hernia who initiates this</b>			<b>(insert X or Tick box)</b>	
<b>Stoma CNS/ANP</b>				
<b>G.P</b>				
<b>District Nurse</b>				
<b>Other ( Please state )</b>				
<b>Q5. How do patients receive support garments</b>			<b>( Insert X or Tick Box)</b>	
<b>Via NHS Prescription</b>				
<b>Via invoice to supplier</b>				
<b>Other ( Please state)</b>				
<b>Q6 When would a stoma nurse advise on prescription of a support garment</b>			<b>( insert X or Tick Box)</b>	
<b>To prevent a parastomal hernia</b>				
<b>To support an established parastomal hernia</b>				
<b>Q7. If an NHS Prescription is required, who completes prescription</b>			<b>( insert X or Tick Box)</b>	
<b>G.P</b>				
<b>Stoma CNS /ANP</b>				
<b>Surgeon</b>				

**THANK YOU FOR YOUR COOPERATION**