

# The role of the Surgical Inflammatory Bowel Disease nurse specialist – Do we need them? A STAR analysis

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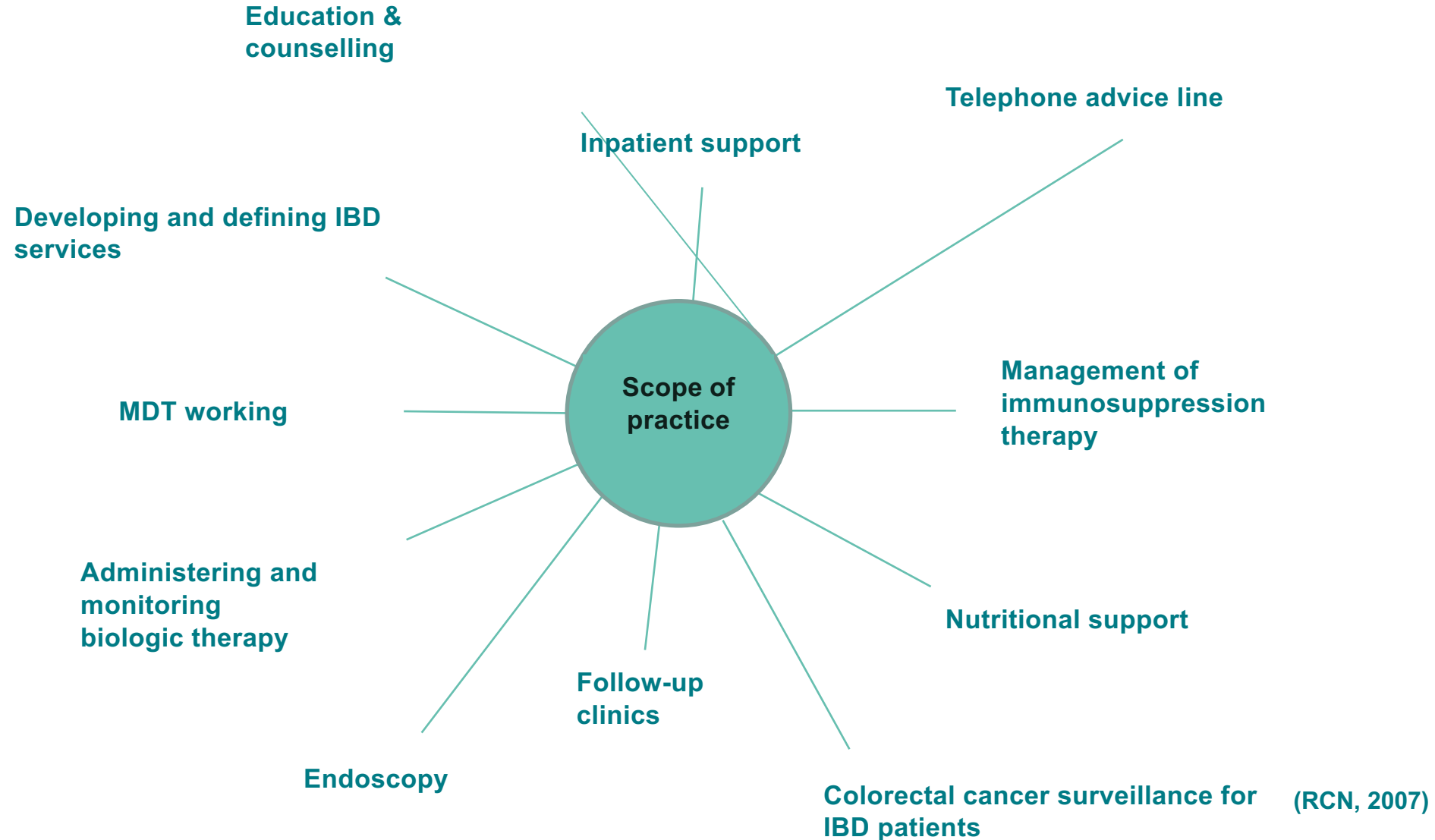
# Disclosures

- None

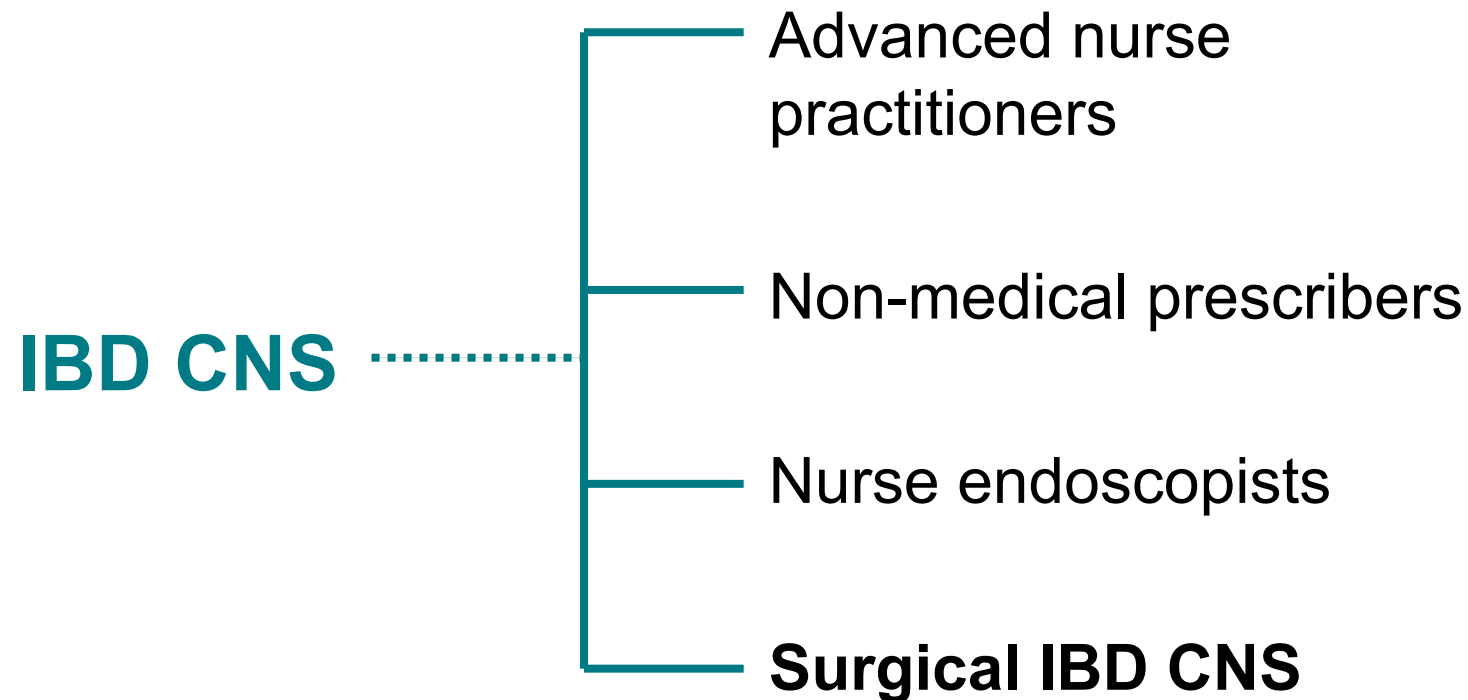
# The role of the IBD CNS

- The IBD CNS role was first developed to improve the **quality** of care, **education** and **support** for patients with IBD (Philips, 1995, cited in Whayman, Stansfield, Duncan & O'Connor, 2012)
- The IBD specialist nurse improves the **patient experience** and provides **better access to services** as required (Whayman et al., 2012).
- The IBD CNS works **autonomously** but is an integral part of the wider IBD multidisciplinary team. The role **complements and enhances** other members of the team (Whayman et al., 2012)

# What does an IBD nurse do?



# The evolution of the IBD nursing role



# STAR Analysis

## Situation

Setting the scene

## Task

Description of the purpose and goals

## Action

What we did

## Result

The outcome

# Situation

Setting the scene



# Situation at UCLH

## IBD nurse perspective – highlighted issues

MDT surgical  
outcomes

Surgical  
appointments

Surgical dates

Inpatient  
support

Wound care

Stoma care

IBD advice line  
queries

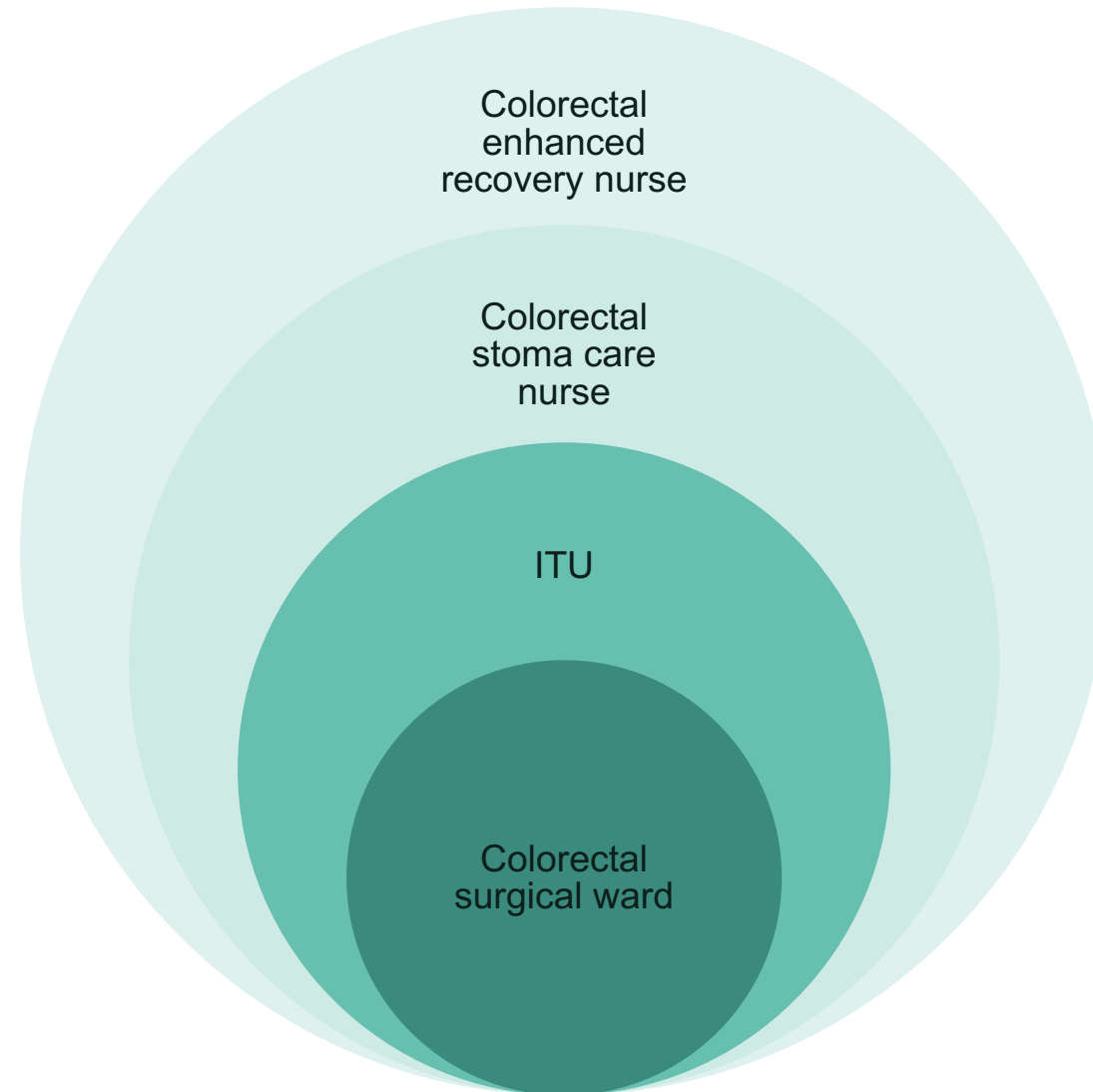
Specific  
surgical  
nursing queries

Drug related  
queries



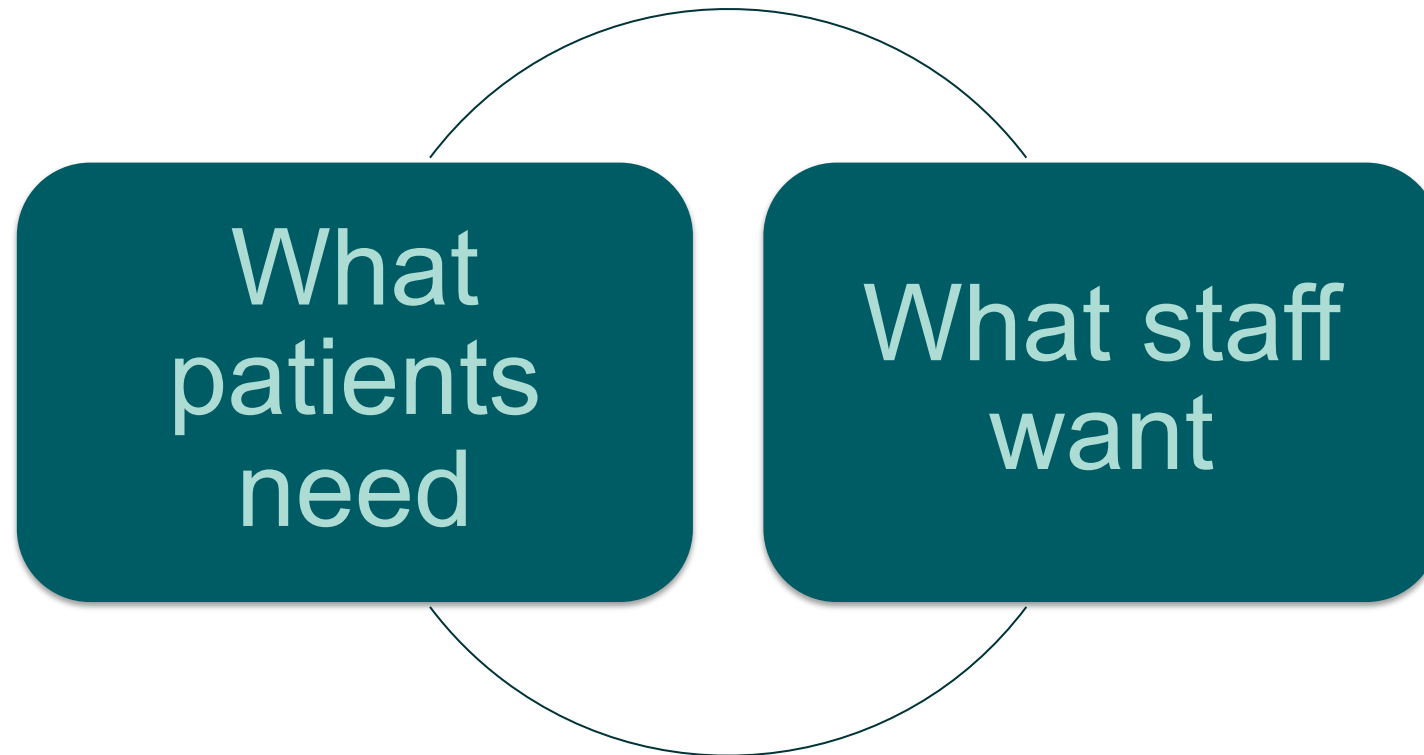
# Situation

Where was I?



# Task

The purpose and goals



# Task

## What patients need

### IBD Standards Section 5: Surgery

- Multiple disciplinary working
- Surgery by an expert
- Laparoscopic surgery
- Minimise risk of complication and aid recovery
- Surgery undertaken at the right time
- Psychological support
- Patients should fully understand their options
- Information, support and holistic care before and after surgery from CNSs
- Speak to other patients who have had similar surgery
- Understanding of potential impact on lifestyle

(IBD UK, 2019)

# Task

What staff want

IBD nurses

Gastro team

Surgical team

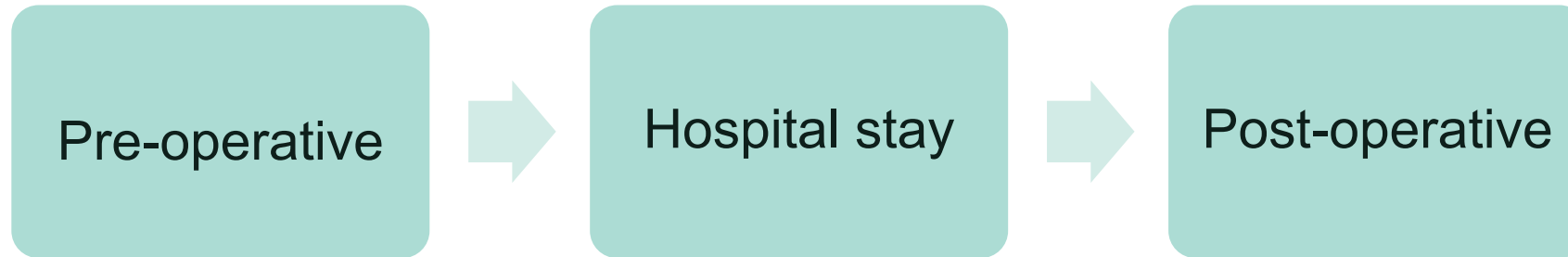
Ward nurses

Other  
colorectal  
CNSs

Administrative  
team

# Action

What did we do?



## Pre-operatively

- MDT follow-up
- Joint surgical clinic
- Joint adolescent surgical clinic
- Timely referrals to stoma care and specialist dietitian
- Close working with the surgical administrative team
- Pre-operative advice & support

## **Hospital stay**

- Inpatient ward reviews
- Ward team support
- Inform gastro team for ward review
- Discharge advice

## **Post-operatively**

- Post-operative advice & support
- Post-op histology MDT review
- Post-op medical management plan confirmation
- Telephone nurse follow-up
- Surgical nursing input in IBD advice line

# Action

What did we do?

## Other areas of focus

- Post-operative Metronidazole patient information leaflet in Crohn's resection
- Perianal disease focus
- Ileoanal pouch patients
- Emergency patients
- Further development with our specialist dietitian in pre-operative optimisation

# Results

## Patient outcomes

- Organisation and consistency
  - Knowledge
  - Experience
- 
- Room for further audit and development

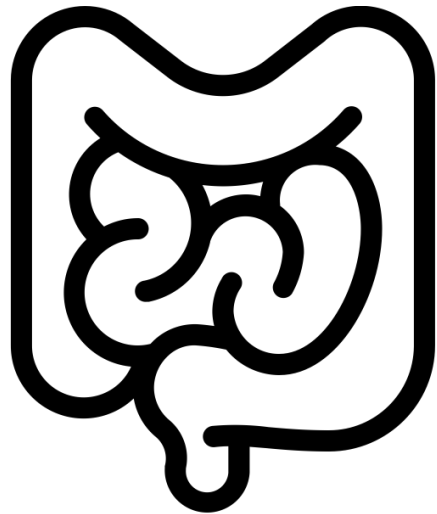
**“Wish I  
had this  
before”**

**“Would have  
struggled to make  
a decision on my  
own”**



# A snapshot

## IBD surgery 2020



- 76 total resections (including defunctioning)
- 10 emergency
- 5 urgent
- Performed at UCLH and private sector

# A snapshot

## IBD Advice line audit 2021



- 1 month audit
- Just under 20% of contacts were surgical related

Do we need the surgical IBD CNS role?

**Yes!**

# References

- IBD UK. (2019). IBD Standards Core Statements, Retrieved from <http://www.IBD Standards | IBD UK>
- Royal College of Nursing (RCN) (2007) Roles descriptives for inflammatory bowel disease nurse specialists. RCN, London.
- Whayman, K., Stansfield, C., Duncan, J., & O'Connor, M.(2012) Developing the role of the clinical nurse specialist in inflammatory bowel disease. *Gastrointestinal nursing*, 10 (8), 22-27.

# Questions?

15th National IBD  
Nurse Forum 2021

# EVER INCREASING CIRCLES THE EVOLUTION OF THE IBD NURSING ROLE

**FERRING**

PHARMACEUTICALS

