Colorectal: a dynamic and underrated specialty

Choosing a specialty seen as unglamorous was never an issue for colorectal consultant nurse Fiona Hibberts, who approaches her work with humour and passion.

By Jennifer Trueland

It was an encounter with one particular patient that led Fiona Hibberts to discover her passion for colorectal nursing.

Ms Hibberts, pictured, was newly qualified and working as a cardiac staff nurse when the patient, who had received a heart transplant, needed surgery for a bowel obstruction. Watching his progress made Ms Hibberts reassess her priorities.

‘Even though cardiac was exciting, this episode taught me that we often overlook the fundamental,’ she says. ‘The heart transplant had worked, but it was the bowel obstruction that was causing the real problem for that patient at that time. It made me rethink what I wanted to do, and the first step involved widening my experience.’

Today Ms Hibberts is an experienced colorectal consultant nurse at Guy’s and St Thomas’ NHS Foundation Trust in London. She joined the trust in 2000 after working in general surgery nursing, first as a staff nurse, then as a sister, practice development nurse and lecturer practitioner – gaining a postgraduate certificate of education and a master’s degree along the way.

Misrepresented area of nursing

Since joining the trust as a clinical nurse specialist she has challenged herself and learned new skills to develop her practice, training as an endoscopist and a non-medical prescriber and taking on trust-wide roles in strategy and service development.

Ms Hibberts became a nurse consultant in 2006 – and loves it. ‘There is so much variety. I sometimes think that colorectal nursing is a misrepresented part of nursing. It’s a fast-moving specialty and there are a lot of exciting things happening surgically and medically.’

In her current role she has developed a number of nurse-led clinics, covering areas such as family history screening, rapid access one-stop clinics, perianal surgery and telephone triage.

She also set up a nurse-led biofeedback clinic, which involves holistic and conservative management of patients with bowel dysfunction, such as fecal incontinence or chronic constipation.

Other innovations include developing what is known as the ‘bowl’ of the bowel: an educational tool that explains the role of nurses in this area of care. Ms Hibberts recently taught the tool to 70 nurses at a regional conference.

Mark Hakansson

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Diet study offers hope for people with epilepsy

Gut bacteria may play an important role in a diet that helps patients with epilepsy to control seizures, a study has found.

The high-fat, low-carbohydrate ketogenic diet forces the body to use fat as its fuel source, producing compounds called ketones instead of the sugars that are created by breaking down carbohydrates.

Previous studies have shown that the diet has anti-seizure effects, and researchers from the University of California, Los Angeles (UCLA) used mice to investigate why.

Fewer seizures

The study found that after four days, mice on the ketogenic diet had elevated levels of two gut bacteria and experienced fewer seizures than the mice in the non-ketogenic control group.

The diet was found to be ineffective in mice where the bacteria were not present in the gut. However, the effects of the diet were seen immediately after the two bacteria were transplanted.

Lead study author Christine Olson, from UCLA, said: ‘If we gave either species [of bacteria] alone, the bacteria did not protect against seizures. ‘This suggests that these different bacteria perform a unique function when they are together.’

Future studies are needed to look into whether microbiome-based treatments, known as probiotics, could be effective for treating seizures in people, the researchers said.