



## QUALITY OF LIFE AFTER COLOSTOMY

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### Abstract:

**Purpose:** To assess and improve the quality of life in colostomy patients who underwent colostomy due to various causes.

**Materials and Methods:** 112 patients with colostomy were identified and subjected for this study for past 4 years in the Hospital Sultanah Nora Ismail, BatuPahat, Johor. Some patients were identified from ward, some from surgical clinic and few patients were identified through hospital record. The questionnaires were prepared by us and the study was conducted. The patients who were identified from the record, were interviewed through telephone.

**Results:** Following this study, we identified that most of the patients were depressed and stressed. They were also found to be isolated in the family and facing multiple problems. Some patients avoided certain type of food since the smell from the colostomy bag created most of social problems. This study also identified some family members and some people in the community who were also later counseled regarding the responsibility of giving care to the colostomy patients.

**Conclusion:** This study finally identified some good solutions which will help others and new colostomy patients to improve their quality of life and minimize their mental stress and social problems.

### KEYWORDS:

Colostomy, Hospital, Quality Of Life, Surgery, Carcinoma Colon And Patients.

### INTRODUCTION

Patients with colostomy have different quality of life when compared to others who do not have colostomy. Some patients with colorectal carcinoma are advised to undergo colostomy and they have to be educated properly and the care to be provided to them by the relatives and the society. Patients<sup>1</sup> with colorectal cancer have a special need to be provided with appropriate information regarding their disease, surgical intervention which may result in the formation of either a temporary or permanent stoma, because they will be embarked on a journey with physical and functional impairment. A colostomy<sup>2</sup> is not a disease, rather, it is a change in anatomy. This results in a change in anatomy. This results in a change of normal body function to allow elimination of bowel contents following disease or injury. The real change is the experience of having a bowel movement from an opening made in the abdomen and adjustment to this new condition is possible once a colostomate has learned the necessary techniques.

Ostomy surgeries (colostomy and ileostomy) are performed frequently in Hospital Sultanah Nora Ismail, BatuPahat (HSNI). It is known that ostomy patients have psychological, social and practical problems in day-to-day living. These problems have been studied in the Western literature<sup>3</sup> to some extent. Our patients have a different socio-cultural and ethnic background and the problems they face may be different from those encountered in the Western population. In HSNI, there are general surgeons who perform ostomy and nurses who take care of stoma.. We found that there were lot problems faced by the

colostomy patients when they were put in to new lifestyle especially emptying the fecal matter from the body. These issues were more important and therefore, this study were planned.

**DEFINITION4**

Quality of life is individuals' perception of their position in life in the contest of the culture and value system in which they live, in relation to their goals, expectations, standards and concerns affecting complex ways by the person's physical health, psychological state, level of independence, social relationships to salient features of their environment.

**Aims And Objectives :**

The main aim of the study is to explore factors related to stress in the patients with colostomies, using a convenience sample, Our aim is, also to offer some solutions to improve the stoma care in HSNI and the quality of life of colostomy patients getting operated in HSNI.

**Patients And Methods :**

The study was conducted in HSNI, BatuPahat from Feb 2009 till Jan 2013. 112 adult patients with stoma were recruited for the study. Patients were identified from wards and SOPD and their treatment details from their hospital records. The patients were interviewed personally or telephonically after obtaining informed consent. A self- designed questionnaire was used to collect the demographic details of the patients and the stoma details. The questionnaire was also used to collect data on stoma information and training given to the patients. The physical difficulties faced by these patients and their social problems were recorded using a 5- point Likert scale, with 0 being the most unsatisfactory score and 4 being the best. Further, open ended interviews were conducted with sem-10 students to determine the difficulties faced by them in caring for stoma patients and their suggestions to improve stoma care were obtained.

Diagnosis/disease	Colon carcinoma	Injury bowel	Relaporatomies	Others
	81	8	12	11
Co morbid (Some had more than one)	DM	HTN	Other diseases	No other disease
	31	34	12	35
Colostomy type	Temporary	29	Permanent	83
Colostomy type	sigmoid	Ileostomy	transverse	Descending colon
	80	9	12	11
Problems (Some had more than one)	Pain	Bleeding	Skin lesions	Others
	45	9	28	32
Social	Yes		No	
	90		22	
Relatives	Yes		No	
	60		52	
Sexual	Yes		No	
	65		47	
Avoiding foods (Some had more than one)	Mutton /chicken	Fishes	Egg	Others
	23	55	90	12
Frequency of changes of bag	daily	Once in 2 days	Once in 3 days	More than wk
	89	11	9	3
Personal feeling -when compared to his previous quality of life-	1	2	3	4
1- Acceptable	6	11	13	82
2-Slightly acceptable				
3-Not acceptable				
4-very poor life				

**Table 1. Demographic data (n = 112)**

**Results :**

We were able to perform this study with 112 patients only and we could not get some more patients for this study due to some unavoidable reasons.

Out of 112 patients, (Table 1) 81 patients were underwent colostomy due to Carcinoma colon , 8 were due to Injury bowel where there were bowel injured and fecal contamination to the peritonem, 12 were due to due to relaparotomies where there were recurrent bowel obstruction due to various causes and 11 were due other causes like emergency surgeries like inflammatory bowel disease with peritonitis.

There were 83 permanent colostomies performed due to either Hartman's procedure or abdomino perineal resection and 29 temporary colostomies were performed due to temporary causes especially for cellulites of perineal and gluteal regions . There were 80 Sigmoid, 9 Ileostomy 12 transverse colostomy and 11 as Descending colostomies. These sites were chosen by the surgeon according to the diseases of the patient. The colostomy patients faced multiple problems like Pain (45), bleeding (9), Skin lesions (28) and some other problems. The pain was minimum for the early period of colostomy and later there were no pain to the same patients. The Bleeding from the colostomy were in the post operative day 1 or 2 and these were managed.

90 patients had social problems from the society since they were unable to attend the social functions and festivals due to society not accepting them. 60 patients were neglected by the persons in the family who might not be interested to mingle with them for family function.. 65 patients did not have sex with partners. Some are older people and some thought that partner might not be interested on him/her and some others avoided by thinking that colostomy bag might disturb/dislodge physically during sexual activity.

We found some changes in their lifestyle in food also.90 patients avoided taking eggs as their food since they noticed foul smell during the change of colostomy bag.

The family members do not like them to change colostomy bag while they are at home. Some time they noticed foul smell if there is air leak in colostomy bag.

55 patients avoided taking fish for the same reason. 23 patients avoided taking mutton / chicken .

Our study observed that the frequency of changes of bags among them were some (89) daily , some (11) once in 2 days, some (9) once in 3 days and the rest (3) were more than wk .

We also requested them to rate the quality of their life.

We informed them regarding our grading as 1- Acceptable, 2-Slightly acceptable, 3-Not acceptable, 4-very poor life .

They rated their quality of life as , 82 patients as 4, 13 patients as 3, 11 patients as 2 and 6 patients as 1

**Discussion :**

The quality of life is very important problem for the patients with colostomy since they underwent surgery which made them to travel in the society with a new quality of life. The Montreux study<sup>5</sup> is a study that was conducted to validate the Stoma Care Quality of Life Index instrument. Deeny et al<sup>6</sup> used open-ended interviews to evaluate how well nursing care met the needs of patients undergoing ostomy surgery. Patients perceived that physical, but not psychological, needs had been met. However, Goodwin et al<sup>7</sup> showed that enterostomal therapists (ET) often believed they delivered the best possible ostomy care within the given time and financial constraints. In our study, since there is no ET available in HSNI, the surgeon , medical officer and the staff nurses used to give proper advise to the colostomy patients during the ward rounds and the clinics when they come for review.

Similarly<sup>3</sup> our patients faced a number of physical and social problems because of their stomas, ranging from work related problems to sports, sexual activity and in activities of daily living like praying, wearing clothes etc. However, patients are able to cope with these problems because of excellent family and friends' support (mean Likert score of 3.2 and 2.8 respectively).

Zhao's<sup>8</sup> study revealed that colostomy patients with other diseases show a significant difference from those without other diseases in their adaptation to daily living . Research<sup>9</sup> has revealed the main psychological concerns of ostomy patients and routine aspects of stoma nursing care are oriented towards their prevention. These strategies include: preoperative education and counselling; assessment of risk for psychological problems; promotion of stoma self-care; assessing satisfaction with information; monitoring psychological symptoms at outpatients appointments; informing colleagues/others of risk for psychological problems. In one study, 60% of ostomates reported feeling less attractive during the first year after their surgery<sup>10</sup>. Other researchers found that 25% of ostomates were depressed or anxious ten weeks after their surgery, with 6% suffering from severe depression.<sup>11</sup>

**Suggestions For Improvement Of Quality Of Life Of Stoma Patients**

All the patients who are electively posted for colostomy should be counseled preoperatively.

There should be counselors for the colostomy patients to be appointed and there should be proper counseling to the patients as well as to the relatives who really give proper care for them. There should be colostomy club with members of all the patients with colostomy. They have to have regular club meetings also with family members.

There should be some entertainment and some competitions (like singing, dancing etc) among themselves to make them as our family members.

HSNI is experiencing more number of colostomies with adequate volume. To enhance the quality of the treatment, more number of ET nurses have to be appointed for the colostomy care. The nurses those who are in charge for colostomy patients in HSNI should attend colostomy courses, seminars and workshops conducted in other hospitals where there are well trained and skilled ET nurses.

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