Ensuring optimum quality of life in community patients with a stoma

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Community nurses are frequently involved in the care of patients after they are discharged from hospital, including many who have undergone stoma-forming surgery. There is evidence that it takes some time to adjust to life with a stoma, with much of this adjustment occurring in the first three months following surgery. During this period, nurses can use their skills to resolve any problems that might occur, helping patients to adapt and improve their quality of life. If community nurses cannot resolve any issues patients may have with their stomas, referral to a specialist such as the local stoma specialist nurse, might be necessary.

KEYWORDS:
Skin care ■ Stoma ■ Colostomy ■ Ileostomy ■ Urostomy

Quality of life can be adversely affected in patients with a stoma (also sometimes known as ostomates), particularly where their ability to cope is impaired in the immediate postoperative period. Support from friends, family and healthcare professionals, including community nurses, will assist patients to adjust to what can be a life-changing condition.

Community nurses are in an ideal position to help patients with a stoma and it is important to enable them to adapt to life and learn to accept their new body image (Grant et al, 2013).

Concerns related to stomas include fears that the appliance will leak or that resumption of previous activities, including exercise and sexual relations, will not be possible.

STOMAS AND HOSPITAL CARE

There are three main types of stoma:
- Colostomy
- Ileostomy
- Urostomy — also termed an ileal conduit (Black, 2013).

When the person with a stoma is in hospital, they will be taught about the practical care of their stoma and, anecdotally, this is their main focus (Burch, 2008). Being discharged home with a good understanding of the newly-formed stoma is essential to ensure that patients can have a positive effect on their own quality of life (Danielsen et al, 2013), as well as adjusting to their new body image (Piwonka and Merino, 1999).

However, being in hospital is often a time of high anxiety and patients may forget much of the information that they are told during this period. Verbal information is usually backed-up with written information, such as leaflets, but these may not be consulted by patients once they leave hospital, or may not be enough to resolve their concerns once they arrive home and have to start living with the stoma.

Initiatives such as enhanced recovery (Table 1) affect the surgical care of in-patients. Enhanced recovery is the use of research to help patients through the surgical process. Patients mobilise, eat and drink sooner after the operation than in the past, which results in less stress on the body. Earlier cessation of medical interventions such as intravenous fluids and urinary catheters also reduces the risk of infections. Advantages of the enhanced recovery pathway include a reduction in the length of hospital stay to a few days (Gustafsson et al, 2012; Nygren et al, 2012), and a 50% reduction in complications (Varadhan et al, 2010). However, shorter hospital stays also mean that staff have less time to educate patients on managing their stoma, therefore training requirements need to be addressed.

Chaudhri et al (2005) report on the benefits of commencing patients’ stoma training before they undergo surgery. Similarly, as patients recover more quickly after their operation on the enhanced recovery pathway, it may be possible to begin stoma education on the day after surgery. Furthermore, intensive stoma care training, which involves instruction in cleaning and changing the appliance and managing the skin around the stoma site for example, can be provided and has been found to be acceptable to patients (Bryan and Dukes, 2010).

One of the first goals in accepting a stoma is the patient being able to self-care. Reassuringly, researchers in one study found that patients with stomas felt that they could confidently self-care for the stoma when they were discharged home (Wu et al, 2007). It should also be noted that community nurses can get involved in the care of patients in the pre-operative period, that is before they undergo stoma-forming surgery. It is essential, for example, that pre-existing conditions such as diabetes, anaemia and hypertension are as well-controlled as possible before surgery, and community nurses can have a role in this. Also, it
is important to ensure that patients are in the best physical condition that they can be for their surgery, which means reducing smoking and alcohol consumption and improving fitness and nutritional intake, all areas that community nurses can help with.

Before discharge each patient needs to be well-prepared (Fiore et al 2010). To ensure a safe discharge, Francis (2008) suggests that a number of factors need to be met, including:
- The patient should be mobilising
- Pain should be well-controlled
- Bowel function should be resumed
- The patient should be able to independently manage stoma care
- The patient should be medically stable

It is unlikely that in patients will be able to focus on issues such as returning to their normal activities of daily living. These and other issues will need to be addressed once the patient is back at home, potentially with the input of community nurses.

It is also important for community nurses to address issues such as how patients are coping mentally and physically, their quality of life, and whether there are any physical problems with the stoma itself, as well as more general concerns around related medical conditions such as diabetes. Wu et al (2007) state that healthcare professionals can assist patients to cope with their newly-formed stoma using a variety of methods such as teaching self-care techniques.

### ADJUSTING TO LIFE WITH A STOMA

It has been reported that postoperative complications (which might include leakage and infection, for example) delay healing and adversely affect how patients cope with daily activities following surgery (Bloemen et al, 2009).

Community nurses are likely to be involved in the post-discharge care of patients with a stoma and their support in offering treatment (such as the use of laxatives in constipated patients) and advice around complications (such as preventing leakage by emptying the appliance regularly) is essential.

Salter (1992) studied the concerns of patients with a stoma and found they included noise, appliance leakage, fear of soiling their clothes, and fear of regressing to childhood. Salter also reported low self-esteem among this patient group. Wu et al (2007) reported embarrassment in relation to gas and odour. Both studies were undertaken some time ago and flatus filters and stoma bag adhesives have improved since then. However, it is important for community nurses to remind patients to regularly empty the appliance — this reduces the risk of leakage and of it being visible under clothing (empty appliances sit flatter against the abdominal wall).

Community nurses also need to assess how well patients are coping psychologically (Krouse et al, 2009). Although many community nurses are not specifically trained in mental health or psychology, they do possess the ability to support patients through regular visits, asking after their welfare and attempting to resolve any issues that are concerning the patient or, if necessary, referring on to a GP or counsellor.

Psychological problems are common, with Wade (1990) reporting 20% and White and Hunt (1997) approximately 25% of patients being affected. Krouse et al (2009) suggest that women report a poorer quality of life than men, and that twice as many woman as men felt depressed after their surgery, even though both sexes might be depressed and/or suicidal after stoma-forming surgery.

Wu et al (2007) found similar results but suggested that men might be less able to freely discuss their feelings. Interestingly, women are also more likely to seek social support (talking to friends, spiritual activities, such as church-going) than men (Krouse et al, 2009). Thus, if appropriate, it might be beneficial to encourage patients to make regular contact with their friends, family and/ or their spiritual groups.

Pittman et al (2009) found that having a stoma impaired health-related quality of life, although they also report that improvements did occur in the first year, predominantly in the three months after surgery. They suggest that several factors contribute to poor quality of life, namely:
- Stoma-related complications
- Poor postoperative sexual function
- Increased age
- Financial issues.

According to Pittman et al (2009), one method of improving quality of life is intensive follow-up by healthcare professionals. Community
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nurses can assist in the coping process by offering support and advice and incorporating this into the patient’s holistic care. Interestingly, Pachler and Wille-Jørgensen (2012) found that patients with a stoma cope just as well as those without, suggesting that this patient group do learn how to adjust over time.

It has been demonstrated that there is often a general lack of information provided for this patient group (Kerr et al, 2003), and this can be avoided by community nurses providing as much information as possible. Beaver et al (2010) state that patients frequently learn about their stoma care through ‘trial and error’, especially problems such as sore skin or leaking appliances. The internet can be a great source of information, but needs to be appropriately used as there are many websites and some are more useful than others. The better ones include those provided by hospitals, the Department of Health and stoma support groups.

**ACTIVITIES OF DAILY LIVING**

When patients with a stoma are discharged home from hospital, they are generally able to walk unaided, care practically for their stoma and undertake simple, light-weight tasks.

They may need to restrict some foods and are advised not to undertake strenuous activities for up to three months. However, it is difficult for patients to know exactly when to experiment with food, exercise and the resumption of sexual relations, for example.

Wu et al (2007) report that patients with a stoma were often not confident undertaking activities that they could perform before their operation, possibly due to concerns that they could damage their stoma or experience parastomal hernia. Therefore, community nurses can assist patients by explaining when it is appropriate to reintroduce activities after surgery. To prevent a parastomal hernia for example, patients can be advised to wear a support belt that is available on prescription, and undertake exercises to strengthen the abdominal muscles (Thompson and Trainor, 2005; Thompson and Trainor, 2007). The local stoma specialist nurse can be contacted for further advice on this.

**Sexual relations**

Resuming sexual relations is an issue that affects both men and women (Krouse et al, 2009) and is often a difficult issue to address — nurses may find it a sensitive topic to discuss with their patients and indeed patients with their partners. Wu et al (2007) report that 30% of patients with a stoma lacked confidence in relation to sexual activities.

There are a number of reasons that sexual relations may not be resumed after stoma-forming surgery. Ayaz and Kubilay (2008) suggest that patients may be affected by their altered body image and concerns about their appliance leaking. It is also possible that nerve damage to the sex organs can result from the operation. Furthermore, patients may feel lonely and angry resulting in a lack of interest or avoidance of sexual contact. Ayaz and Kubilay (2008) state that over time more positive feelings about having a stoma replace negative ones, and this benefits patients’ sex life as well.

In some cases, however, permanent sexual dysfunction may result from surgery and a referral to the GP or surgical team for further assistance may be necessary.

**MOVING FORWARD**

There are a number of factors that affect how well patients adjust to having a newly-formed stoma. Supportive friends and family can be of enormous benefit, with Salter (1992) stating that a supportive partner assists greatly in adapting to life with a stoma, although not all researchers agree with this. For example, Krouse et al (2009) reported that a supportive partner was not necessary for a good quality of life.

Similarly, even though good adjustment to life with a stoma is generally associated with being accepted by friends and family (Piwonka and Merino, 1999), Notter and Chalmers (2012) reported that many people with a colostomy (40%) restricted their social activities with friends and family. Thus, it can be seen that although there are ways of assisting people with a stoma to cope, many will still not resume all the activities that they enjoyed before their operation.

Nichols and Reimer (2009) examined patients with a stoma and found that although social isolation was an issue, quality of life was not entirely related to living alone. Rather, the quality of life of patients who did not adjust to life with a stoma was adversely affected by issues such as sex, social life, family and leisure time.

However, bearing all of this in mind, community nurses should still encourage the involvement of significant others to help patients cope with newly-formed stomas. This is supported by Wu et al (2007), who stated that communication can result in a positive adaptation and increased confidence.

**CONCLUSION**

Community nurses are frequently involved with patients in the period after they are discharged home from hospital with a stoma.

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**Five-minute test**

Answer the following questions about this, either to test the new knowledge you have gained or to form part of your ongoing practice development portfolio.

1 – What are the different types of stoma?
2 – What are some complications involved in having a stoma?
3 – Can you explain why activities of daily living are important?
4 – Name some of the main techniques for helping a person with a stoma?
5 – What is the importance of sexuality in regards to stoma care?
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This is a period of uncertainty for this patient group, particularly around what they can do and when and how to resume activities of daily living, such as exercise or sexual activity. With the support, advice and understanding of community nurses, friends and family, patients are more likely to adapt to life with a stoma.

Good communication is key to this process. However, if community nurses feel that they cannot resolve the patient’s issues, they should feel comfortable in making the appropriate referrals.

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KEY POINTS

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- During this period, nurses can use their skills to resolve any problems that might occur, helping patients to adapt and improve their quality of life.

- If community nurses cannot resolve any issues patients may have with their stomas, referral to a specialist such as the local stoma specialist nurse, might be necessary.
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