General Concepts in Ostomy Care

O1. Food Fight: Dietary Choices Made by People After Stoma Formation

Article Type: Research study
Description/Results:
• A cross-sectional, exploratory design study with both quantitative and qualitative measures included the question. Does having an ostomy affect what is eaten?
• N = 301—86 with colostomies, 174 with ileostomies, and 41 with urostomies.
• 78.7% reported that having a stoma did not interfere with enjoyment of food, but 58.1% of colostomates and 67.9% of ileostomates said it did affect their food choices. Nearly 95% of urostomates reported no dietary changes.
What does this mean for me and my practice?
This study supports the nurse in counseling patients before and after surgery with stoma formation that they do not have to expect any major changes in their diet habits after recovery from their surgery.

O2. Caring for the Patient With a Fecal or Urinary Diversion in Palliative or Hospice Settings: A Literature Review

Article Type: Integrative review
Description/Results:
• Provides insight to WOC nurses regarding stoma care needs for patients at end of life; emphasizes importance of holistic assessment and need for simplified care procedures in order to prevent complications caused by inadequate stoma care.
What does this mean for me and my practice?
Very helpful article for any ostomy nurse caring for patients at end of life.

O3. Irrigation Practices in Long-term Survivors of Colorectal Cancer With Colostomies

Article Type: Research study
Description/Results:
• Multisite, multi-investigator study of quality of life in 101 colostomy patients using a cross-sectional mailed survey followed by focus groups to explore the challenges of living with a colostomy.
• Results: 50% never irrigated, 30% irrigated every 1 to 3 days, 4% irrigated > once a day, 5% irrigated sporadically, and 11% had irrigated for a number of years and then quit (usually after retirement).
• Authors conclude that colostomy irrigation can increase quality of life in patients who are able to do the procedure, and that all patients who meet the criteria for irrigation should be given information and the option to learn. Authors note that irrigation teaching has decreased in recent years.
What does this mean for me and my practice?
Teaching colostomy irrigation should be considered for patients who have permanent colostomies especially those who are in the workforce.

O4. Randomized Controlled Trial of Laxative Use in Postcolostomy Surgery Patients

Article Type: Research study
Description/Results:
• Forty-five patients who underwent colostomy surgery in 2 acute care facilities were randomly assigned either to a standardized nurse-initiated laxative protocol or to laxatives provided on an ad hoc basis by the surgical team.
• Constipation was measured as fecal loading evidenced by x-ray films and lack of fecal output.
• The group who followed the laxative protocol had less incidence of fecal loading and more fecal output, suggesting that the standardized protocol was more effective than the ad hoc approach.
What does this mean to me and my practice?
The findings of this study support the benefits of a standardized laxative protocol for prevention of constipation.

O5. The Challenges of Managing a Complex Stoma With NPWT

Article Type: Case study
Description/Results:
• Authors provide detailed description of the care of an ileostomy with a large peristomal wound causing a deep mucocutaneous separation and retracted stoma.
• Clinicians used a combination of NPWT and pouching and achieved a wear time of 3 to 4 days.
What does this mean to me and my practice?
Could be a valuable resource for clinicians caring for complex stomas associated with peristomal wounds.

O6. Growth and Development Issues in Adolescents With Ostomies: A Primer for the WOC Nurse

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Article Type: Integrative review
Description/Results:
- Authors review impact of ostomy surgery on adolescent growth and development and provides strategies to assist the WOC nurse in minimizing potential growth and development alterations.
- Author also discusses conditions resulting in ostomies in adolescents and prevalence of inflammatory bowel disease among adolescents.

What does this mean to me and my practice?
This article would be helpful to any WOC nurse providing ostomy care for adolescents.

O7. Factors Affecting Closure of a Temporary Stoma

Article Type: Research study
Description/Results:
- Authors used literature review and postal study of patients who underwent stoma closure in 2009 to explore time to reversal of a temporary ostomy, reasons for delayed closure, and patient satisfaction with the scheduling of their closure and related hospital care. Sample population: N = 61.
- The patient survey revealed that half of the patients waited over 6 months for reversal and some waited over a year. The key factors found to cause delayed closure included age, type of stoma, surgical complications, and additional cancer treatment.

What does this mean to me and my practice?
Helpful information for all ostomy nurses involved in ostomy patient education and counseling; information provided will assist ostomy nurses to provide appropriate information to individuals with temporary ostomies.

O8. Self-disclosing My Ostomy to the Dominant Culture

Article Type: Case study
Description/Results:
- Author describes his approach to communicating about his ostomy to nonostomates from the perspective of cocultural theory.

What does this mean to me and my practice?
This is an interesting examination of one person’s story of communication about his experience as an ostomate. Provides helpful insights to ostomy nurses in talking with patients about self-disclosure.

Peristomal Skin Breakdown

O9. Complications of Peristomal Recurrence of Crohn’s Disease

Article Type: Case study
Description/Results:
- Authors use the case study of a 51-year-old male who experienced recurrence of Crohn’s disease following proctocolectomy and end ileostomy to illustrate potential complications related to disease recurrence following ostomy surgery: peristomal fistula formation, abscesses, stoma retraction, or strictures.
- Authors emphasize importance of detailed assessment of the peristomal area and of stomal function in patients undergoing surgery for Crohn’s disease.

What does this mean to me and my practice?
Very relevant for any ostomy nurse caring for patients undergoing ileostomy for Crohn’s disease; reinforces potential for disease recurrence, the subtle changes that are indicators of complications, and the need for knowledgeable assessment.

O10. Peristomal and Generalized Bullous Pemphigoid in Patients With Underlying Inflammatory Bowel Disease: Is Plectin the Missing Link?

Article Type: Case series
Description/Results:
- Authors present a case series of 5 patients with inflammatory bowel disease (IBD) (3 with UC, 2 with CD) and peristomal and generalized bullous pemphigoid (BP), and present data suggesting that a plectin abnormality may be the link between IBD and BP (plectin is a cytoskeletal protein present in both the skin and small bowel mucosa).
- Authors note the need for further research to provide prevention or early treatment of BP in IBD patients.

What does this mean to me and my practice?
Provides helpful information regarding the clinical presentation of peristomal bullous pemphigoid and the importance of early treatment to prevent generalized disease.

Patient Education

O11. Traditional Nurse Instruction Versus 2-Session Nurse Instruction Plus DVD for Teaching Ostomy Care: A Multisite Randomized Controlled Trial

Article Type: Research study
Description/Results:
- Authors report on a randomized controlled trial (N = 68) comparing 2 methods of ostomy care instruction (traditional face-to-face nurse instruction vs limited face-to-face nurse instruction + DVD); outcomes measures included patients’ knowledge, skills, and confidence related to ostomy self-care.
- Study results suggest that limited face-to-face instruction + DVD is as effective as traditional face-to-face instruction in education of new ostomy patients. Authors also address other approaches to provision of education such as the use of closed circuit TV and Internet resources.

What does this mean to me and my practice?
Provides extremely helpful data regarding efficacy of nontraditional approaches to providing self-care education for new ostomy patients; an essential article for any ostomy nurse working with ostomy patients in a short-stay environment.

Quality of Life With an Ostomy

O12. The Relationship Between Spiritual Well-Being and Psychosocial Adjustment in Taiwanese Patients With Colorectal Cancer and a Colostomy

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Article Type: Research study
Description/Results:
- Authors report on a descriptive study exploring spiritual well-being and psychosocial adjustment following colostomy surgery for colorectal cancer (N = 45); patients completed personal data questionnaire, Spiritual Well Being Scale, and Psychosocial Adjustment to Illness Scale-Self Report.
- In this study, spiritual well-being was significantly related to patient adjustment; sexual adjustment was found to be poor.

What does this mean to me and my practice?
Reinforces importance of holistic approach to patient care, and specifically the importance of spiritual care and sexual counseling. Valuable reference for any ostomy nurse providing preoperative and postoperative education and counseling.

O13. Prospective Longitudinal Evaluation of Quality of Life in Patients With Permanent Colostomy After Curative Resection for Rectal Cancer

Article Type: Research study
Description/Results:
- Authors report on a longitudinal study designed to evaluate health-related quality of life in patients with colostomy immediately before and during the first year after surgery (N = 7). Patients completed Short Form–36 version 2 questionnaires before surgery and at 2, 6, and 12 months after surgery.
- Mean quality-of-life scores in most domains were lower than normal prior to surgery, and scores 2 months postoperatively were lower than the preoperative scores. However, at 12 months postoperatively, quality-of-life scores improved to near normal levels.

What does this mean to me and my practice?
WOC nurses should be aware that health-related quality of life may decrease in permanent colostomy patients in the first 2 months following surgery and achieve near normal levels by 1 year postop. This finding may be helpful to include in pre- and postoperative counseling of colostomy patients.

O14. Factors Impacting the Quality of Life of People With an Ostomy in North America

Article Type: Research study
Description/Results:
- Authors report on open label, noncomparative, multicenter global study, The Dialogue Study. Study included more than 3000 ostomates in 18 countries and focused on skin condition and quality of life.
- This article addresses responses from 743 people in North America. Peristomal skin condition and health-related quality of life were compared for ostomates using a double-layer adhesive pouching system and being seen by a WOC nurse as compared to those using standard self-care.
- Results indicate that the combination of regular contact with a WOC nurse and the use of a double-layer adhesive pouch significantly reduced pouch leakage and accessory use, and improved peristomal skin condition and health-related quality of life.
- Study also indicated that many study participants did not realize that they had a peristomal skin disorder; authors point out that this highlights the need for routine follow-up by a WOC nurse.

What does this mean to me and my practice?
Provides very helpful information for any ostomy nurse and reinforces the critical importance of routine postoperative follow-up for ostomy patients to prevent peristomal and pouching problems that adversely impact quality of life.