

# IMPROVING OSTOMY ADJUSTMENT WITH POST-DISCHARGE EDUCATION

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## INTRODUCTION

Over 1,000,000 individuals live with an ostomy in the United States. Of these, an estimated 130,000 new ostomies are created annually<sup>1</sup>. Thirty to sixty percent of ostomates will experience at least one skin complication. Time for educating new ostomates has decreased due to shortened hospital stays. Specialized post-discharge education with an ostomy nurse can be rare<sup>2</sup>. Without education, ostomy patients can experience poor adjustment and care uncertainty.

## PURPOSE

To improve ostomy adjustment utilizing a post-discharge ostomy education program

## METHODOLOGY

A descriptive design quality improvement project using Mishel's Uncertainty in Illness theory was done over 4 months at a suburban surgical office. New ostomy education was provided to ileostomates and colostomates postoperatively. They were again seen within two weeks of discharge and given education designed by the WOCN Society<sup>3</sup>. Ostomy adjustment was evaluated two weeks following education using the Ostomy Adjustment Inventory-23 (OAI-23)<sup>4</sup>. For comparison data, the OAI-23 (figure 1) was administered to new ileostomates and colostomates who received their ostomy 3 months prior to the start of the project.

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## FINDINGS

There was the same sample size in pre-implementation and post-implementation cohorts (N=12). The mean OAI-23 scores for education cohorts were similar (M pre=46.7; M post=46.3). There was less variation of mean scores for patients receiving ostomy education (M=49.5-51.5). The lowest OAI-23 scores were reported by patients not receiving post-discharge ostomy education, having an ileostomy, or having a temporary ostomy. Higher ostomy adjustment scores were obtained sooner with post-discharge education.

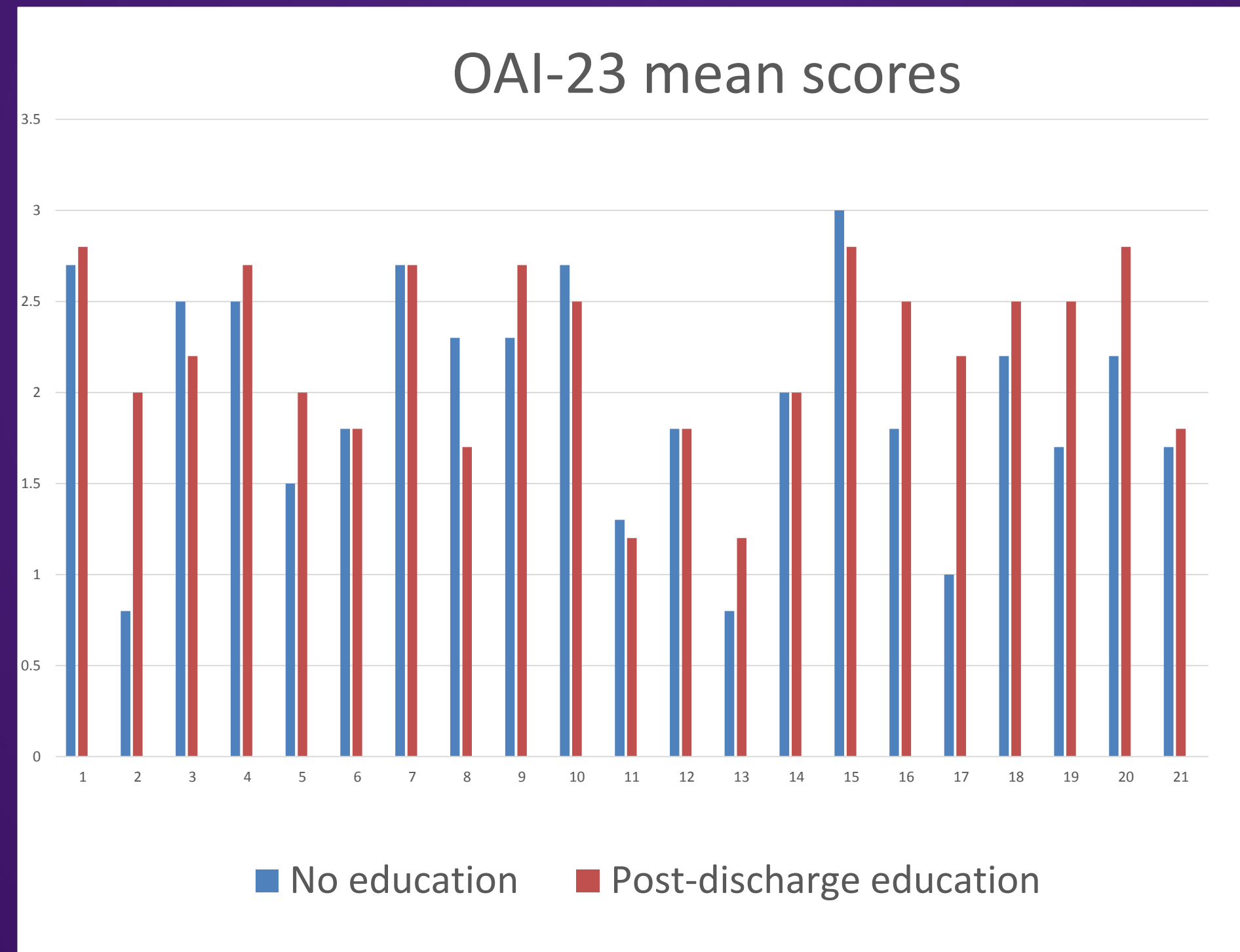


Figure 1: OAI-23 Inventory

The statements below relate to how you feel about your stoma. For each statement, please insert a ✓ in one of the boxes, "strongly agree" to "strongly disagree" to indicate your agreement with the statement. Please try to answer all of the questions.

	Strongly Agree	Agree	Unsure	Disagree	Strongly Disagree
I feel that I have recovered from my stoma operation					
I don't like to touch or see my stoma*					
I have a meaningful life even with a stoma					
I enjoy food and drinks as much as I did before my stoma					
My stoma inhibits me from having a proper bath or shower*					
I sleep well without worrying about my stoma					
Because of my stoma, I feel I am no longer in control of my life*					
I am reluctant to mix socially since having my stoma*					
I have now accepted my stoma as part of my body					
I cannot get over the shock of having a stoma*					
Because of my stoma, I limit my range of activities*					
Because of my stoma, I feel that I will always be a patient*					
I am always conscious that my stoma may leak, smell, or be noisy*					
I have accepted the changes in my appearance, which were caused by the stoma.					
I am grateful that the stoma has given me a new lease of life					
Caring for my stoma is difficult*					
I feel that I am less sexually attractive because of my stoma*					
I feel angry about having a stoma*					
Despite my stoma, I feel I have a rewarding life					
I will be able to manage my stoma in the future					
I am always anxious about my stoma*					
With my stoma, I feel that my life-threatening experience has passed					
I can engage in a variety of activities despite having a stoma					

\*Reverse scored.

## DISCUSSION

Protocols should be established to provide new ostomates education in ostomy care at the first post-discharge visit. Later follow-up should be done to improve ostomy adjustment. The small sample size, project timeframe, and urostomy exclusion makes generalizability difficult. Post-discharge education will decrease patient costs due to excessive product use and potentially decrease hospital costs due to repeat admissions. Patient satisfaction and outcomes will increase with post-discharge education.

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