

Original Article

Quality of Life in Patients with Stoma

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ABSTRACT

Objective: To determine the quality of life of patients with stoma at tertiary care Hospital.**Methodology:** This prospective study has been conducted at the general surgery department, Pakistan Institute of Medical Sciences hospital Islamabad (PIMS). The study was conducted from September 2019 to February 2020. All the patients having age more than 12 years, underwent intestinal stoma formation and either gender were included for study. Patients were interviewed regarding their routine activities after stoma and the impact of it on their social life including working status, sexual activities and life satisfaction. All the information of patients including demographic data was documented via self-derived proforma. Analysis of data was done by SPSS version 20.**Results:** Total 46 patients were studied having a stoma and were interviewed regarding their quality of life. The patient's mean age was 44.93±6.78 years. Out of all 34.8% were working currently and rest of the patients were still on bed rest. 34.8% were satisfied with sexual life. 71.7% were depressed after stoma surgery and 52.2% were hopeful about their future. 63% were socialised with peoples as before, 58.7% replied that stoma has affected their recreational activities and 52.2% answered that they can't travel in any way. However according to overall satisfaction, 32.6% of patients were disagreeing, 34.8% were agreeing and 30.4% were undecided.**Conclusion:** It was concluded that almost half of the patients were satisfied and they are performing social and daily life activities however almost half of the patients needed psychological, financial, and relative support.**Keywords:** Quality of life, Stoma.**Cite this article as:** Irshad A, Ahsan MF, Khan MA, Rasheed I, Asif M. Quality of Life in Patients with Stoma. *Ann Pak Inst Med Sci.* 2021; 17(3):255-259. doi.10.48036/apims.v17i3.388

Introduction

An ostomy is a procedure carried out for multiple reasons for the treatment of bowel dysfunction.¹ Intestinal stomas are the result of small and large intestine related surgical procedures (ileostomy and colostomy, respectively).²

They comprise of intestinal segment exteriorizations via the abdominal wall, providing an artificial space for the removal of flatus and waste.² These surgical interventions are undertaken because of benign/malignant causes (congenital defects, ischemia, obstruction, trauma or inflammatory conditions) that involve diversion of urine or faeces.³⁻⁵ The ostomy formation is a significant life experience that could be correlated in many ways with a lower standard of living (or quality of life - QOL).^{6,7} These patients also have to

manage sensitive issues such as changed body image, odor, loss of control over the elimination of faeces and gases, managing the stoma, and continuing normal activities, these additional stresses result in psychological distress, stigma embarrassment, and social isolation.⁸⁻¹⁰

Restriction of physical activities, dietary restrictions, and sexual difficulties are some of the physical factors which influence the QOL.¹¹ A low standard of living is a widely recorded issue among stoma patients because of confusion and suspicions in their minds.¹² For every person, a good standard of living is distinct, however, can be viewed as the potential of an individual to enjoy activities that can involve work, meals, hobbies, and interpersonal relationships. Living with a stoma can impact a person's standard of living.¹² The stoma's effect on patients' health-associated QOL (HRQoL) does not

depend upon faith. However, the counselling for the patients and their families is important for improving the stoma patients' QOL and sexual and psychological consultation may also improve patients' QOL.⁹ Standard of living challenges are a globally relevant health concern among stoma patients. Currently, unawareness of the factors affecting the standards of living after colostomy hinders healthcare providers' abilities to provide sufficient guidance and care required to enhance a patient's standards of living.¹³ However the current study has been conducted to evaluate the quality of life among stoma carrying patients at tertiary care Hospital.

Methodology

This prospective study was carried out at department of general surgery of the Pakistan Institute of Medical Sciences hospital Islamabad (PIMS). Study was conducted during the six months from September 2019 to February 2020. The study was conducted after taking Ethical approval from ethical review board committee. All the patients older than 12 years, underwent intestinal stoma formation and either gender were included for the study. All the patients and those were unwilling to contribute to this study were excluded. Informed was taken from each patient. All the patients were interviewed at OPD during follow-up regarding their routine activities after stoma and impact of it on their social life including working status, sexual activities, life satisfaction, and social status questions regarding sexual activities were only done with married patients. All the information of patients including demographic data was recorded via self-made proforma. Data was analyzed by using SPSS version 20. Numerical data was presented in the form of mean and standard deviation. Categorical data was analyzed in the form of frequency and percentage. Chi-square test was applied and a p-value <0.05 was considered statistically significant.

Results

Total 46 patients were studied having a stoma and were interviewed regarding their quality of life. Patients' mean age was 44.93±6.78 years and females were most common 26 (56.5%), while males were 20 (43.5%). Most of the patients 30(65.2%) were married and 16(34.8%) were unmarried. Infection was seen in 54.3% of the patients, 26.1% had trauma and 19.6% had other indications. (Table I)

Table I: Patients information regarding age, gender and marital status (n=46)

Variables	Statistics
Age	
(mean+SD)	44.93±6.78 years
Minimum	20 years
Maximum	70 years
Marital status	
Married	30(65.2%)
unmarried	16(34.8%)
Gender	
Male	20 (43.5%)
Female	26 (56.5%)
Indication of stoma	
Infection	25(54.3%)
Trauma	12(26.1%)
Malignancy	09(19.6%)
Type of ostomy	
Ileostomy	23 (50.0%)
Colostomy	23(50.0%)

Out of all, 34.8% were working currently and the rest of the patients was still on bed rest. 56.5% were sexually active; however, 34.8% were satisfied with sexual life. According to the psychological status, 71.75 were depressed after stoma surgery, 63.0% were suffered from anxiety disorder after surgery, 52.2% were hopeful about their future. However, 73.9% of patients' families were also depressed. (Table II)

According to the social life of the patients, 63% were socialized with peoples as before, 58.7% replied that stoma has affected their recreational activities, 52.2% answered that they can't travel in any way, 63.0% had support from family/friends is good enough, 56.5% said that the support from doctors/staff is sufficient and 37.0% had found other persons with a stoma and how helpful it has been. (Table III)

Table II: Current working, sexual and psychological status of the patients (n=46)

Questions	Frequency (%)
Are you working currently?	Yes 16(34.8%)
	No 30(65.2%)
Are you sexually active?	Yes 26(56.5%)
	No 20(43.5%)
You are satisfied with your sexual life? (n=30)	Yes 16(53.3%)
	No 14(46.7%)
You felt depressed after stoma surgery	Yes 33(71.7%)
	No 13(28.3%)
You have suffered anxiety disorder after surgery	Yes 29(63.0%)
	No 17(37.0%)
You feel hopeful about your future	Yes 24(52.2%)
	No 22(47.8%)
It has been stress full for your family	Yes 34(73.9%)
	No 12(26.1%)

Table III: Social status of the patients (n=46)

Questions		N(%)
Do you socialized with peoples as before	Yes	29(63.0%)
	No	17(37.0%)
How much it has affected your recreational activities	Yes	26(56.5%)
	No	20(43.5%)
Has it affected your traveling in any way	Yes	24(52.2%)
	No	22(47.8%)
Is support from family/friends is good enough	Yes	29(63.0%)
	No	17(37.0%)
Is support from doctors/staff is sufficient	Yes	26(56.5%)
	No	20(43.5%)
Have you found any other person with stoma and how helpful it has been	Yes	17(37.0%)
	No	29(63.0%)

Table IV: Overall satisfaction of the patients having stoma (n=46)

Overall satisfaction	N	%
Strongly disagree	01	02.2
Disagree	15	32.6
Undecided	14	30.4
Agree	16	34.8

Discussion

Each year, several patients undergo surgical stoma formation, and a few are irreversible. Very little has been reported regarding the QOL of such patients or regarding modifiable factors influencing their QOL. The standard of life of the stoma carrying local community is far less documented. Stoma can affect all aspects of a person's life, including sexual, physical, psychological, and sociocultural factors. In our study, patients' mean age was 44.93±6.78 years, and females were most common, at 26 (56.5%), while males were 20 (43.5%). Most of the patients (43.5%) were married and (34.8%) were unmarried. A study conducted by Altuntas YE et al¹⁴ studied overall 72 patients [44 males (61.1%); mean age 56.8 ± 13.6 years]. Colorectal in 84.7 % cases, or genitourinary melanoma in 9.7 % cases or benign conditions in 5.6% cases have been the indicators for needing a stoma, and 7 (1-75) months had been the median time between surgical procedure and education. Ileostomy in 51(70.8 %) cases, colostomy in 18(25.0 percent), and urostomy in 3 (4.2%) cases were performed for stomas.

In present study, according to the indications, infection was seen in 54.3%, followed by 26.1% had trauma and 19.6% had malignancy. Out of all 50% were undergone colostomy and 50% ileostomy. In contrast to our findings, Ahmad N et al¹⁵ documented that most of

stomas (80%) were made because of infective factors, whereas 12 and 8 stomas were made because of trauma and malignant condition respective. Another study conducted by Jansen L et al¹⁶ reported that in their part of the world most stomas are made as an emergency for benign condition, and most of them have been loop ileostomies. For ileal perforations, typhoid is the most frequent cause, which has been found among 63.8% of cases, followed by 21.3% cases having intestinal tuberculosis.

In this study, 34.8% were working currently and the rest of the patients were still on bed rest. According to the psychological status, 71.75 were depressed after stoma surgery, 63.0% were suffered from anxiety disorder after surgery, 52.2% were hopeful about their future. However, 73.9% of patients' families were also depressed. In contrast to our findings, Elshatarat RA et al¹⁷ documented that nearly 22% of cases had a depression of 'moderately severe' to 'severe' form (9-item Patient Health Questionnaire score ≥15) and anxiety of moderate to severe form was found among 33.9% cases (7-item General Anxiety Disorder questionnaire score ≥10). Low psychological health has a substantial negative effect on the social aspect of QOL in particular. These findings are in line with similar reports from studies of Knowles SR et al and Ross L et al.^{18,19} Salsman et al²⁰ documented that upon stoma surgical procedure, QoL decreased to some extent. In the meantime, Yilmaz et al²¹ studied QoL among colostomates cases from Turkey and reported it to be poor, generally. Depression, variations in body appearance, sexual relationship issues, obstructed defecation, trouble travelling and dressing and guilt feelings associated with evacuating inside a stoma bag are factors that minimize QoL in intestinal stoma patients. In less industrialized nations, where stoma treatment facilities are not advanced like other more developed nations, these factors may be exacerbated.

In the present study, only 56.5% were sexually active; however, 34.8% were satisfied with sexual life. Most respondents who had been sexually active before ostomy failed to resume their post-operative sexual activity. Sexual activity was regained by only 33.3% of respondents. These results are also in line with other comparable research, too.^{22,23} Despite the fact that the percentage of subjects who resumed sexual activity in our population was significantly low, the percentage of those who were satisfied with sexual activity was also low. This could be attributable to our patients' lack of

appropriate therapy. In addition, out of shame, patients don't directly address these concerns with healthcare professionals. Thus, it is important to advise patients preoperatively, particularly those undergoing rectal surgical procedure, on possible sexual problems and the likelihood of impotence after rectal surgical procedures.

In our study, according to overall satisfaction, 32.6% of patients disagreed, 34.8% agreed, and 30.4% were undecided. Another study performed by Habib A et al⁹ documented that patients having stomas are known to avoid or reduce sitting in social gatherings due to perceived inferior hygiene and fear of leakage. The Jayarajah U et al²⁴ mentioned in their study that higher QOL has been correlated with female gender, comfortable income colostomies, and adequate sexual activity. Considerably lower QOL, in general, was found among those who claimed a noteworthy variation in their dressing styles ($p < 0.05$), those with depressed feeling ($p < 0.05$), and those with feelings of self-impairment soon following the surgical procedure ($p < 0.05$). The positive association between self-efficacy and QOL was significant ($p < 0.01$). There was poorer QOL ($p < 0.05$) for those who spent a prolonged time learning to ensure stoma care.

Conclusion

It was concluded that almost half of the patients were satisfied, performing social and daily life activities; however, almost half of the patients needed psychological, financial and relative support.

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