An ostomate who developed a peristomal skin problem as an outpatient

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Abstract

The peristomal skin problems often affect an individual's quality of life (QOL) and can result in financial liability to the individual and to the healthcare system. We have experienced one case that takes almost two months to visit the outpatient clinic for the peristomal skin problem. The patient, a 60-year-old woman living in a neighboring prefecture far from our clinic, had a total cystectomy and ileal conduit diversion following surgery to remove a bladder tumor in 2004. On her visit to the clinic, the skin redness was easily diagnosed as the paste-induced peristomal skin trouble and thereby the use of paste was ceased, resulting in gradual improvement. As part of the case review, a telephone interview was conducted to clarify the reason for the delay in treatment. It was learned that the patient felt the skin problem was due to the innate weakness of her skin and that early visit to the clinic was probably unnecessary. Since she could not remember how to contact the clinic for urgent care, she waited for her next scheduled check-up two months later. This experience clarified the need for patient education through visual media to aid in the recognition of peristomal skin problems and the importance of early treatment when such problems occur. At the same time, there must be confirmation that the patient understands how to contact the clinic for urgent care, and information of alternative clinics near the patient should also be provided.

Key words

peristomal skin problem, stoma outpatient clinic, skin care

Introduction

The consultation of ostomy outpatients at this clinic has recently shifted from local control to other issues due to the considerable progress in surgical techniques and skin protection barrier as well as after-care techniques. However, the ostomy outpatient clinic still has a significant role to play due to the persistence of peristomal skin problems and the continuing effort to shorten the hospitalization. Outpatient clinics play a particularly important role during the several months following surgery during which the stoma varies markedly in size and the fixing plate must therefore be sized to match. Over several post-operative years, ostomy care may require changes to prevent complications due to changes in body weight and long-term use of the device. It is therefore desirable that the outpatient clinic continues post-discharge patient follow-up as long as possible. Hanzawa cited at least three years as a suitable follow-up period[1]. Although discharge instructions include the requirement of regular visits the outpatient clinic, we had the unique experience of one female ostomate who delayed visiting the outpatient clinic for two-months after developing a peristomal skin problem. Based on her reasons for this delayed response as clarified through a telephone interview, we discuss future issues facing the ostomy outpatient clinic in this report.

＜Patient profile＞

Age and Sex: 60-year-old woman, visiting our hospital as an outpatient
Period of hospitalization: October 27, 2004 to June 22, 2005
Illness: bladder tumor (T3bNoMo, stage III)
Family composition: a family of three with an eldest daughter (key-person) and a son
Anamnesis: appendicitis, hypertension and liver dysfunction
History of the present illness: She noticed hematuria in September, 2004 and anemia was diagnosed by a physician. Thereafter, she was diagnosed with a bladder tumor by cystoscopic examination and referred to the Urology Department of our hospital.

Patient's progress while hospitalized:

Tumor biopsy showed T3bN0MO, stage III. After giving her informed consent (IC below), the patient tearfully expressed her anxiety about the stoma while watching a videotape, "One can live normally even with the pack. I wonder if I can do that." On November 12, 2004, she received a total cystectomy accompanied by ileal conduit diversion and lymph node dissection. Wound infection, and both hydronephrosis in the right kidney and pyelonephritis occurred on the 7th and 16th postoperative days, respectively. She was treated with percutaneous nephrostomy followed by chemotherapy for 54 days. On the 60th day, the pyelonephritis was improved and the nephrostomy was closed. She had no subsequent fever or specific episodes, learned to do stoma self care and was discharged on January 22, 2005 after receiving discharge instructions from the ward nurses, including a recommendation to visit the outpatient clinic with her eldest daughter every 3 months for 6 months after the operation.

Progress after discharge:

On the day of discharge, the stoma's margin wrinkled deeply at positions of 2 o'clock and 10 o'clock, and the wrinkles were smoothed out by a Bali care wafer. Finally, a Dansac Duo Soft S ring-free cut and urostomy pouch were

adhered to the stoma.

On the first clinic visit one month after the operation, she complained that urine leaked more easily about every two days, and therefore the stoma harness was replaced after the urine leakage. Clinic staff visually confirmed that the wrinkles in the tissue around the stoma had become deeper due to weight gain. The urine leakage was subsequently stopped by improved self-care skills, and no skin problem was observed. However, on the 4th visit (9 months after discharge), the patient complained that the skin had become reddish and hard, suggesting that she noticed a skin problem at this moment. When the stoma harness was removed, skin redness (30 mm in the length and 20 mm in the width) was observed only in the area which had been coated with paste. The use of paste was therefore discontinued, resulting in a gradual improvement. The redness and hardness of the skin at the stoma had almost completely disappeared one month later, and the regular consultation ended at this point. However, it was deemed necessary to clarify the reasons for the delay in seeking treatment and therefore a telephone interview was conducted.

Ethical considerations for the telephone interview:

We had previously explained to the patient on the telephone about the purpose and contents of this study, voluntary participation in this study, guarantee of privacy, and our intention to present the results at a certain meeting. After receiving the patient's agreement, the telephone interview was conducted.

Results and Discussion

During the interview, the patient said that she noticed some changes in the peristomal skin but had no idea what to do. She also said she became anxious as to whether the skin condition would worsen. However, she believed this situation was mainly due to the innate weakness of her skin and consequently waited for the next regular check-up in our outpatient clinic without consulting other medical facilities. Judging from the interview, it seems unlikely that she believed this skin condition was the beginning of a peristomal skin problem. A previous study reported that almost half the ostomates suffer from peristomal skin trouble without becoming aware of it, and some do not notice it until they develop a skin ulcer[2]. The ostomates who leave the hospital without an episode of peristomal skin trouble are particularly incapable of recognizing the problem. Therefore, knowledge of peristomal skin problems differs patient by patient, and most patients seem to hesitate to visit the outpatient clinic at an early stage of peristomal skin disorder before certain symptoms appear. As an additional reason for such hesitation, it might be appropriate to mention the Japanese temperament, which highly regards stoicism as a virtue. However, it is important for the ostomate to initiate an early response to peristomal skin problems because delayed treatment increases the time needed for stoma care, pain and itching, and the difficulty of attaching the device. It is also important to inform the patient of the necessity of early treatment through education via visual media due to the possible lack of an episode of peristomal skin trouble. Considering the patient's age, education for the daughter as well as the patient might be required.

The patient also said she had no idea how to make contact or consult with the outpatient clinic on an unscheduled day, and consequently

elected to wait for the next scheduled check-up day one month later. The patient must receive information about these issues from the ward nurses on the day of discharge. Most facilities, including our hospital, provide this kind of information to the ostomates in their discharge instructions. A previous study reported that almost 50% of ostomates visit outpatient clinics regularly or on the occasion of worsened condition, but the number of ostomates ignorant of the outpatient clinic itself reaches a surprising 30%[3]. These findings might indicate that discharge instructions are apt to be provided one-sidedly. Therefore, it is the responsibility of the clinic to ascertain that the patient fully understands this information on the day of discharge and retains the information thereafter. To improve this situation, they muist repeatedly confirm and remind the patient of the content of the discharge instructions.

Judging from her manner on the telephone, the patient seemed to have no intention of visiting a clinic other than our own in spite of the long distance she must travel. What is certain, however, is that she scarcely considered other clinics near her home. We now think that information about, and an introduction to, other clinics are necessary for her convenience considering her age and the long travel time. For further convenience, it might be better to have her carry her own medical records to such clinics.

After the interview, she spoke about her present feeling that there is nothing to be anxious about self-care, and she was rather relieved to hear about extra check-ups at our outpatient clinic or another clinic if something should happen.

Conclusions

1. It is important to keep in mind that there are different levels of knowledge about peristomal skin trouble among the patients and medical staff.
2. It is important for the patient to obtain a complete understanding of the harmful effects of peristomal skin problems, and the need for prompt treatment.
3. Patients who do not experience an episode of peristomal skin trouble must be educated via visual media.
4. The patient's understanding of the need for extra check-ups must be repeatedly confirmed even if the patient visits the outpatient clinic regularly.

References

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ストーマ外来通院中にスキントラブルを起こした1例

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要　旨

ストーマ周囲皮膚障害は，オストメイトの生活の質に影響を及ぼすとともに，個人及び保健医療システムにとって経済的負担となる．これにより，患者は生活を制限されるだけでなく，皮膚障害に対処するため生活の変化を余儀なくされることもある．今回，我々はストーマ外来通院中の患者がスキントラブルを起こし，受診まで約2ヵ月を要した事例を経験した．患者は，隣県に在住する60歳代の女性．膀胱腫瘍にて膀胱全摘出術及び回腸導管造設術を施行した．皮膚保護材貼付部にペースト使用によると考えられるスキントラブルを生じており，使用を中止した結果改善した．電話調査を行った結果，患者は自分の弱い肌が原因だと思い受診の必要性を感じておらず，予約以外の受診・連絡方法が分からない，近くにストーマ外来があると助かると感じていた．本症例より，スキントラブルを視覚的媒体を用いて紹介したり，異常時の連絡方法を再確認すること，遠方の患者には，近くの相談室や病院を紹介する等の働きかけが必要と考えられた．

キーワード

ストーマ周囲皮膚障害，ストーマ外来，スキンケア