



Siriraj Enterostomal Therapy Nurse Role in Continuing care

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Background

Colorectal cancer patient are undergone the ostomy surgery each year at Siriraj Hospital. The patients have faced with many multi-faceted challenges following the creation of the ostomy. Some ostomates had problems with stoma care due to lack of knowledge and skills, lack of social support which contribute to peristomal skin complications. Therefore, the collaboration between Enterostomal therapist nurses (ETN) in Siriraj ostomy clinic and primary care unit is important for continuing care to prevent complications and improve quality of life (Kamradt et al., 2015).

METHOD

The ETN has the independence roles in managing patients by working collaboratively with the multidisciplinary team since the preoperative care until continuing care. However, two of the major challenges are 1) to prepare patients in accepting the body image changes and 2) to prevent the peristomal skin complications. ETN in hospital will collaborating with ET nurses in PCU. PCU team will plan to visit patient at home within 7 day after discharge; encourage knowledge and skill, appropriate stoma appliance for problems solving. In case without caregiver and self-care deficit, PCU-ETN will be collaboration between 'Village Health Volunteers' and community health nurses for home health care. (Figure1)

Results

In 2018, the total of 13 ostomate who receive home visit. 7 case able to care themselves. The other 6 cases had peristomal skin complication due to lack of knowledge and skill and without care giver. All of patients with stoma complication were improved within 4 weeks.(Table1)

Table1 : Outcome of patients with stoma complication

Number	Name	Diagnosis	Operation	Peristomal skin Complication	Intervention	Improve with in
1	Mr. Tawat	Acute cholecystitis with Mirizzi syndrome type I	Laparoscopic Cholecystectomy + IOC	-Stomal prolapse - Erosive	Village Health Volunteers	4 wks
2	Miss. Saai	Adenocarcinoma of sigmoid colon	Sigmoidectomy with Hartmann's procedure	hyperemic	PCU-ETN	2 wks
3	Ms. Champa	Perforated descendsigmoid colon S/P descendsigmoid colectomy with necrotic tissue at left retroperitoneal area	Exploratory laprotomy with abdominal toilet with end colostomy	-Mucocutaneous suture line separate -Hyperemic	PCU-ETN	3 wks
4	Mr. Narong	Obstructed descendo-sigmoid cancer	Explore laparotomy with extended Left hemicolectomy with end colostomy	hypergranulation	PCU-ETN	4 wks
5	Miss. Mai	-Adenocarcinoma of lower rectum -Radiation cystitis with iatrogenic bladder irrigation	-Abdomino-perineal resection -Cystoscopy with intraoperative cystogram with open repair bladder with SPC	hyperemic	PCU-ETN	2 wks
6	Miss. Paop	Perforation CA splenicflexure	Exploratory laparotomy with left hemicolectomy with hartmann procedure	erosive	Village Health Volunteers	4 wks



Figure1. PCU-ETN, Village Health Volunteers and community health nurses collaboration

Conclusion

The patient care system for ostomy surgery patients revealed the better outcomes. Collaborative role of ET nurse with community network is important for continuing care to improving the patient's quality of life.

Reference

Kamradt, M., Baudendistel, I., Längst, G., Kiel, M., Eckrich, F., Winkler E, Ose D (2015). Collaboration and communication in colorectal cancer care: a qualitative study of the challenges experienced by patients and health care professionals. Family Practice, 32(6), 686-693. doi:10.1093/fampra/cmv069