

Effectiveness of self-care Education for Stoma Patients^{*}

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Abstract

A colostomy can have a negative impact on patient quality of life, so providing knowledge and teaching self-care may help persons with a colostomy make the necessary daily and social life adaptation. In addition, proper self-care also prevents peristomal skin complications.¹

Keywords: Self-care, Stoma patient.

Introduction

Self-care is the performance or practice of activities that individuals initiate and perform on their own behalf to maintain life, health and well-being. Self-Care Deficit is the inability of an individual to perform self-care. The deficit may be the effect of temporary limitations or willingness to perform the activities required to care for himself.² Prevention peristomal skin complications are critical components of ostomy care. It can be prevented if the person with a stoma received optimal knowledge and skill for caring. Thus, the Enterostomal Therapy (ET) nurse services to provide knowledge and promote the self-care education of the patient and to ensure that the patient lives are safe and supportive of his or her special needs.

Case report

This case study Thai female, known case CA Rectum s/p Lower anterior resection, concurrent radiation 35 fractions and chemotherapy 9/12 cycle since 2013. One year later, she presented with bloody stool s/p abdominal perineal resection. On January 2016, she had

* Suwannachai P, Youngkere P. Effectiveness of self-care Education for Stoma Patients. In: Poster presentation of 22nd Biennial Congress, World Council of Enterostomal Therapy (WCET); 2018 Apr 14-18; Kuala Lumpur, Malaysia.

rectovaginal fistula and was referred to Siriraj hospital. ET nurse was consulted from the surgeon for stoma care. Initial assessment found that the hole of two pieces precut flange is bigger than stoma size and she used 70% alcohol and betadine solution for cleansing peristomal skin.

The goal of this management was acknowledgement and skill in stoma care.

Clinical assessment

End colostomy at left lower quadrant, round shape, size 20 mm., red moist and flush, opening of lumen apex, mucocutaneous suture line intact, peristomal skin erosive lesion around stoma (50% of face paste) and hypergranulation at 9,11,1,2,3 o'clock, effluent yellow liquid mixed paste feces, pain score 2 points.

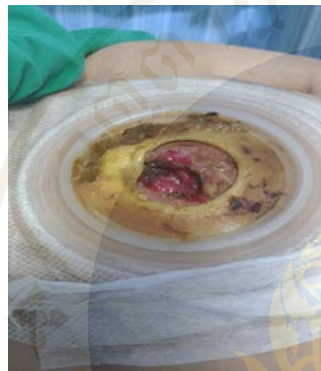


Figure 1: initial assessment pouching with two pieces precut.



Figure 2: erosive lesion and hypergranulation

Nursing Intervention

1. Teaching education about peristomal skin care and emphasize the patient do not use 70% alcohol and betadine to clean stoma.
2. Demonstrate pouching procedures to the patient and caregiver and reverse demonstration yourself Mention with
 - Cleansing stoma with Tap water.
 - Managing erosive lesion with skin barrier powder then skin barrier film 3 layers.
 - Cauterising hypergranulation with AgNO_3 .
 - Conturing peristomal skin with skin barrier paste.
 - Pouching with Convex two pieces 50mm with ostomy belt.
3. Evaluates patient's knowledge by inquire back about peristomal skin knowledge and ET nurse summarize all information to the patient.



Figure 3



Figure 4

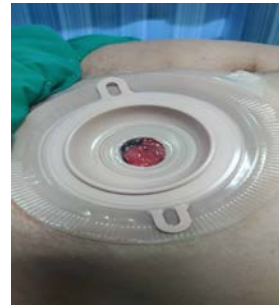


Figure 5

Figure 3-5 : Nursing intervention

Result

Two weeks after teaching knowledge and skills for stoma care, peristomal skin lesions were improved and patient ability to self-care perform effectively take care of themselves.

Conclusion

The Effectiveness of self-care education for stoma patients has an important part in development of self-care agency, independent and adaptation of individuals to prevent complications. So that self care education must be given to the patient before discharge.

Reference

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