Pre- and postoperative steps to improve body image following stoma surgery

Abstract

The formation of a stoma creates many issues for patients undergoing stoma surgery. Of the 100,000 people with stomas in the UK (Burch, 2005), many may fear ridicule and embarrassment, and may struggle with issues of body image and sexuality. However, studies have suggested that these issues remain overlooked by nurses (Borwell, 1997). Through the use of a case study, Paula Noone explores practical steps that can be taken to minimize these concerns in patients with newly-formed stomas, focusing on pre- and postoperative counselling, education and psychological support, as well as best practice in providing holistic care.

Surgery to the bowel that results in a stoma is designed to improve patients' condition and quality of life. However, the creation of an ostomy produces a change in external appearance and function (White, 1998). There are estimated to be 100,000 people in the UK with a stoma of whom at least 20% will experience clinically significant problems following their stoma-forming surgery (Burch, 2005), such as high stoma outputs, electrolyte imbalance and skin disorders.

However, patients undergoing stoma surgery can perceive a profound threat to their sense of physical integrity and self-concept with the change of body image in relation to bodily functions (Black, 2004). Body image can be defined as the mental picture of the patient's physical being that begins at birth and continues throughout life (Price, 1990). Grogan (2008) argued that women in particular suffer with low self-esteem, especially between 18-25 years, because of the ideals placed on them. Any change in a woman's body image can have psychological implications and may lead to low self-esteem, poor self-concept and sexual dysfunction (Grogan, 2008). In this article, a case study will be considered to demonstrate the potential psychological effects of stoma formation.

Preoperative support

Patients' reaction to a stoma can depend on the reason it was formed (Taylor, 2008). For example, patients undergoing elective surgery where stoma formation is planned should have had some preoperative counselling and had an opportunity to meet with a stoma care nurse (McCaon, 1999). Preoperative counselling with the stoma care nurse should include both education and support, involving physical, psychological and emotional support for patients and their partners. Preoperative counselling should ensure that patients have the time to ask questions regarding their forthcoming surgery and the management of the stoma itself (Williams, 2006).

Patients should also be sited at this time and provided with the appropriate literature regarding surgery. It is important for the stoma care nurse to consider offering information relating to admission to hospital, the use of intravenous infusions, postoperative pain relief and the prevention of potential surgical complications such as deep vein thrombosis, chest infection and wound infection (Hallett, 2000). Clinch (1997) highlighted that patients found such information valuable as a means of alleviating stress and that those who were dissatisfied with their preoperative preparation were more likely to develop significant psychological problems following surgery.

In emergency situations, patients usually do not have access to these preoperative services and often no mention of a stoma is ever made (McCaon, 1999). An example of an emergency...
Psychological preparation is of great importance to patients and their relatives and can aid recovery and rehabilitation.

Psychological preparation is of great importance to patients and their relatives and can aid recovery and rehabilitation. In Anne’s situation, emergency surgery was required which meant she was not adequately counselled nor sited for stoma formation. Indeed, for 24 hours postoperatively, the stoma care team were not aware that Anne had emergency surgery—this could be avoided in future by the use of ‘link’ nurses who could liaise with the stoma nurse on a daily basis regarding any new referrals.

During the initial postoperative period Anne became very distressed when she realized that she had a stoma. She became very tearful when the stoma was mentioned and was reluctant to look at it or indeed participate in her stoma care. In general, if stoma surgery is planned the stoma care nurse should begin preoperative preparation and teaching as soon as possible. It has been suggested that patients are most receptive to preparatory information during the interval between learning of the need for the stoma and the surgery taking place (O’Connor, 2005).

It has been shown in numerous pieces of research that careful preoperative psychological preparation is of great importance to patients and their relatives and can aid recovery and rehabilitation (Borwell, 1997; Black, 2004; O’Connor, 2005). In this case, Anne could have been better psychologically prepared had she been assessed by a stoma care team at the earliest opportunity.

### Postoperative support

#### Embarrassment and relationships

During the postoperative period, coping mechanisms become overloaded as a result of loss of confidence, independence and often dignity as patients may struggle to cope with their stoma (Metcalf, 1999). Many patients with a stoma fear ridicule or rejection from friends and family (Galt and Hill, 2002). These worries include feeling unattractive, others noticing the bag under clothing, and concerns about odour, leaking and the appliance coming off during sexual activity (Taylor, 2008). Many patients have great concerns regarding intimacy and sexual relationships while they have a stoma (Galt and Hill, 2002). Ostomates may feel less attractive sexually and this can significantly impair on their ability to maintain sexual relationships and may jeopardize long-term partnerships (Salter, 1992).

Porrett and McGrath (2005) suggested that patients are more worried about body image with regards to sexuality, than sexual experiences.

### Case Study

Anne is 20 years old with an 8-month history of rectal bleeding and abdominal pain. She had been extremely reluctant to visit her GP because she was embarrassed about her symptoms. While on holiday in France she collapsed and was taken to a local hospital where she was found to have a haemoglobin level of 7.8 g/dl. She was transfused appropriately and was discharged on the condition that she would return to England for investigations as to the cause of her anaemia.

Anne visited her GP within a week of her return to England and was referred for a colonoscopy, which she had within 2 weeks. During the colonoscopy she was found to have a tumour on her caecum. Biopsies were taken and she was given a date for admission to the hospital in 2 weeks. Being the eldest of three children, Anne was just beginning her second year of an economics degree at a university in London and was in a new relationship with her boyfriend of 6 months.

Anne was admitted for surgery and underwent a right hemicolectomy. Before admission Anne was assessed in a pre-admissions clinic by her surgeons, the stoma care nurse and the nurse specialist in colorectal cancer. During this period she was given information and counselling regarding the fact that she may have to have an ileostomy.

Initially, postoperative recovery was uneventful, with no need for a temporary ileostomy. However, 4 days after surgery Anne developed an anastomotic leak and required emergency intervention resulting in the formation of a temporary loop ileostomy.
Table 1. Steps that can be taken to minimize patients’ pre- and postoperative concerns

<table>
<thead>
<tr>
<th>Support</th>
<th>Action</th>
</tr>
</thead>
</table>
| Ensuring nurses are aware which patients are having stomas | • Designated stoma care ‘link’ nurses  
• Stoma care nurses attending daily handover with ward staff |
| Counselling | • Patient to be given appropriate amount of time and one-to-one sessions with stoma care nurses to discuss fears and anxieties  
• Putting patients in touch with existing stoma patients to share experiences |
| Relationships | • Meeting with spouses/carers  
• Stoma care nurses raise potential issues and talk with both partners during preoperative assessments |
| Appropriate verbal and written information | • Provision of leaflets and relevant literature  
• The use of visual aids such as videos and DVDs  
• Nurses can inform patients about relevant associations and can help with membership |

function. This is true in Anne’s case as her main concern was the reaction of her boyfriend. She expressed concern that he would be ‘disgusted’ by the thought of her having a stoma and was worried their relationship would not survive this experience.

Manderson (2005) found that the majority of patients with a stoma felt that their partners would struggle with the physical change in their bodies and would be repulsed by them. In the same study, the partners interviewed voiced concern only for their loved one’s health, not with how they would deal with a stoma. Anne’s boyfriend stated that he was very happy to be involved in helping with practical issues and wanted to act as a good support.

While before stoma surgery patients’ partners tend only to be concerned with the survival of their partner, in the months following surgery, they can suffer as many sexuality issues as the patient (Persson et al, 2004). For this reason it is often appropriate to include partners in this aspect of care. It may also be beneficial to discuss patients’ concerns alone since they may hold back some information if their partners are present (Taylor, 2008). However, Borwell (1997) highlighted that only 18% of stoma care nurses discussed sexual concerns with their patients. As Black (2000) suggested, this could be related to inexperience on the part of nurses, as sexual health issues were commonly omitted from nursing assessments. While some health professionals believe that discussing sexuality will make patients feel uncomfortable, a comprehensive study by White (1998) found that ostomates have a need for such information.

Body image and psychological support

Body image can be described in three essential components: body reality—how we perceive our bodies; body ideal—how we think our bodies should be; and body presentation—how we present ourselves. According to Price (1990), any changes in these three components can have an effect on body image.

Nurses are in an ideal position to help patients achieve a satisfactory body image and contribute to positive self-concept (Price, 1990). Nurses are able to offer psychological support for the stoma patient through the milestones of physical and social skills and their ability to talk about the stoma and its integration into the patients’ lives (Borwell, 1997) (Table 1).

In Anne’s case, she was young and very interested in her physical appearance. She demonstrated concerns about having to change her style of clothing and worried about whether she would be able to take showers. When Anne was experiencing problems with her appliances she became very tearful and angry, making comments like ‘this is something old people deal with’. While Watson (1999) argued that the majority of those patients who may have to have a stoma formed are concerned with how effective their treatment will be (rather than the formation of a stoma), Anne’s main concern was not the diagnosis of cancer but the fact that she had to have an ileostomy. Black (2004) suggested that the psychological effects of stoma surgery are greater than either physical or pharmacological effects.

Education and information

The diagnosis and treatment of cancer requires a team of experts with different skills and training. The multidisciplinary team (MDT) usually includes a cancer nurse specialist, a consultant physician or surgeon, a radiologist, pathologist and an oncologist. MDT meetings offer the opportunity to facilitate the planning of the patient care
pathway and ensuring the needs of patients are met, particularly if ongoing treatment is required. Access to stoma care nurse specialists provides better education to staff nurses on a ward level and would improve stoma care practice (White, 1998). Studies have shown that nurse specialists spend more time talking with their patients, tailoring care to suit patient needs and providing counselling and health promotion (Vennings et al., 2000).

Information can be given at an early stage to help patients come to terms with their diagnosis, as well as learning about the disease and its treatments. It is, however, important to follow up the information provided in order to evaluate the patients’ understanding and ensure the information provided remains in context. Information leaflets, booklets and recognized websites can help patients access the information they need about the surgery. These can be accessed from the Colostomy Association and the Ileostomy and Internal Pouch Support Group. Support groups provide an opportunity for patients to meet others who have been through a similar experience. This support can also extend to significant family members and friends. Patients can access these groups before their treatment, on discharge, or when they feel they need to, allowing patients to come into contact with people with similar experiences.

Acknowledgments
Thanks need to go to Anne for agreeing to share her story.


Conclusions
Anne’s case study highlights patients’ need for appropriate preoperative verbal and written information as well as careful counselling tailored to their needs with regard to their stoma care issues. It also offers some insight into the many issues encountered by patients following stoma formation. It is clear that providing effective psychological stoma care is a complex area and one that requires a holistic approach to nursing care. As in the case study considered in this article, patients with newly formed stomas may fear ridicule and embarrassment, and may struggle with body image issues and feel unattractive. However, these are issues which can be minimized with appropriate pre- and postoperative counselling, education and psychological support.