Why are stoma patients still experiencing pain one half year post-surgery?

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Introduction

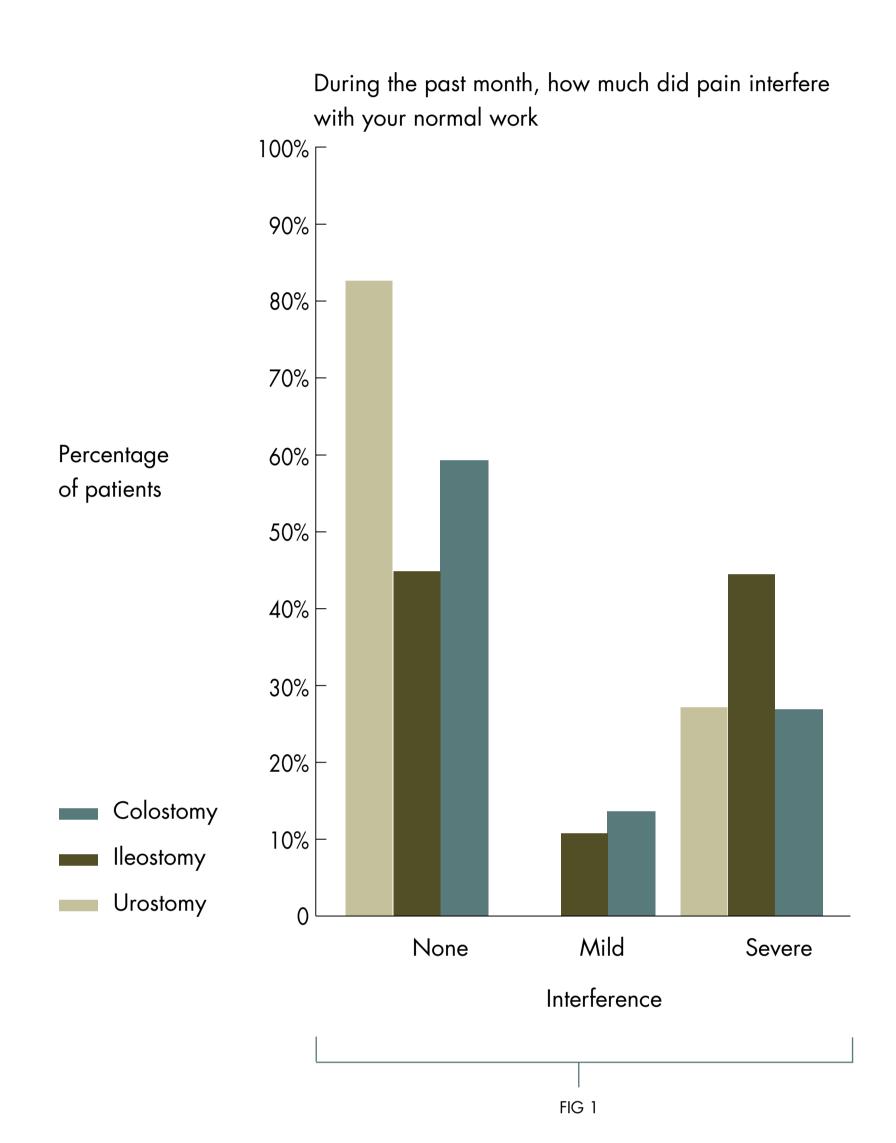
Most Stoma Care Nurses use various forms to document patient care. By using an international patient record document Stoma Care Nurses can keep track of patient progress and will be able to identify short and long term consequences following stoma surgery. The Ostomy Forum is an international project whose purpose is to promote a better quality of life for people living with a stoma.

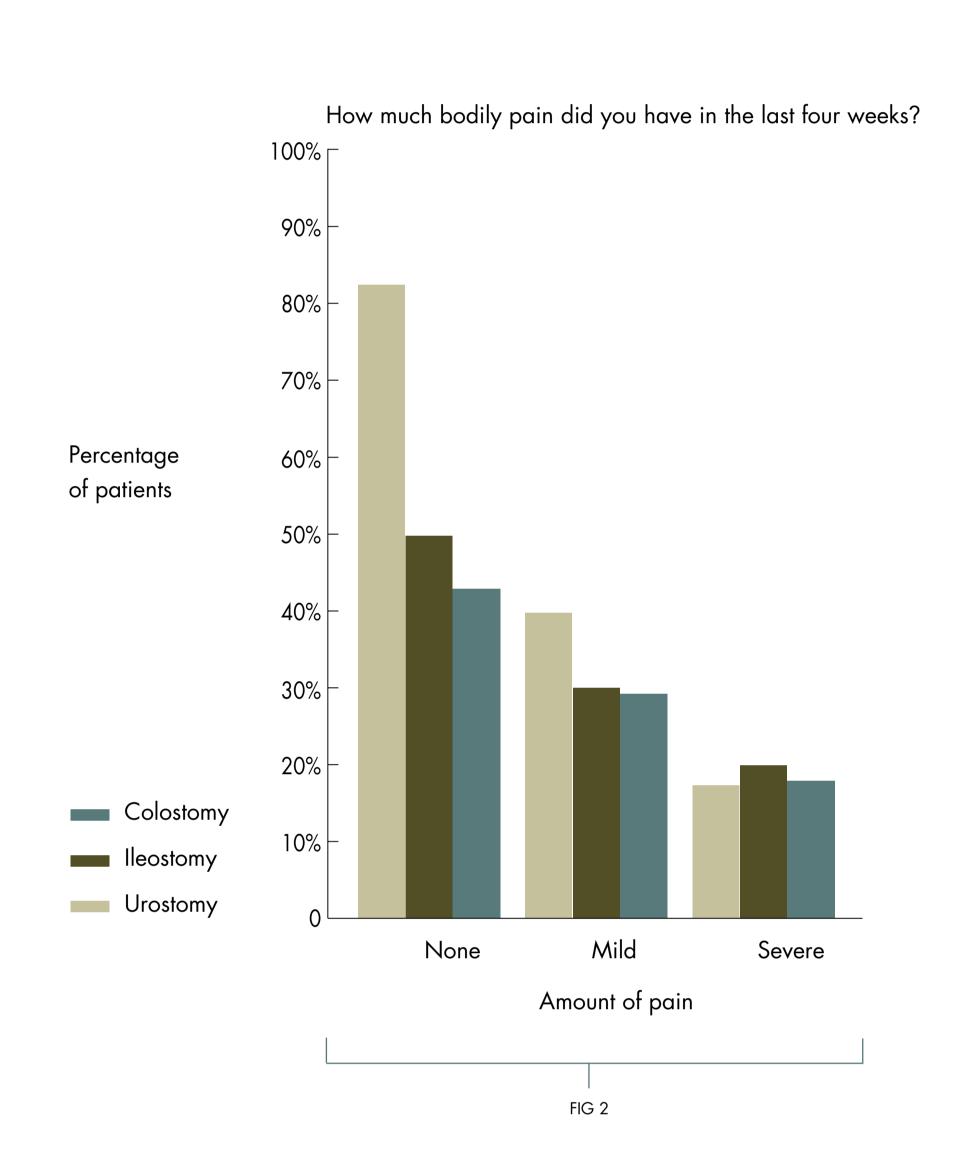
Aim

The overall aim of the study was to identify and investigate the relationship between physical and psychological factors following stoma formation. The objective of the Dutch/Polish work group was to focus on pain after surgery.

Method

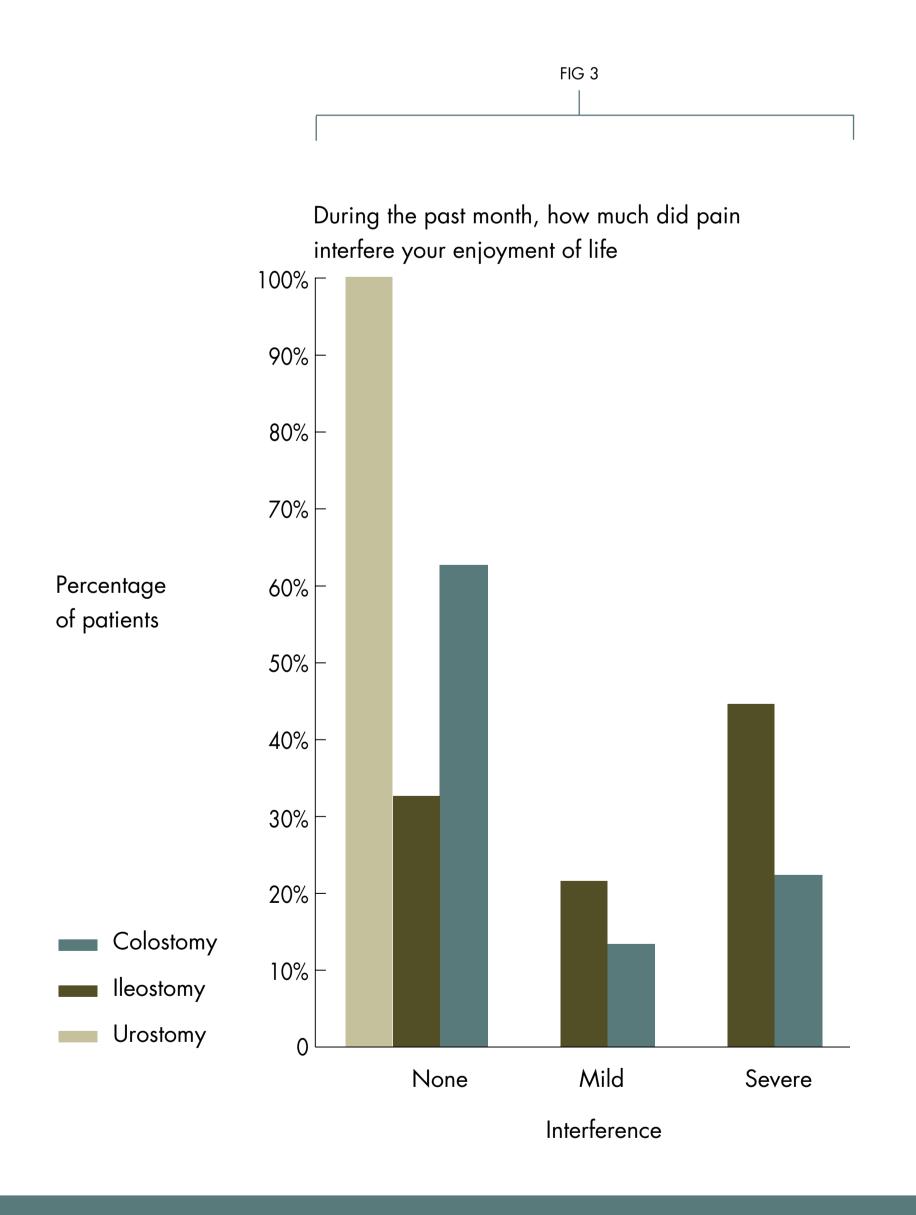
Eight countries participated in the study. In outpatient clinics patients were observed, using the standardised Follow-up Form and Observation index developed by the group. The patients were seen within specific intervals of 0-2, 3-6, 7-12, 13-26 weeks and 7-12 months. As part of the overall study (N=385) we used the Medical Outcome Scale, MOS to investigate the quality of life related to pain in a subgroup of 39 ostomy patients followed for no less than 180 days postoperatively. All stoma types are represented. The data was analyzed and processed using SAS version 9.1.2.

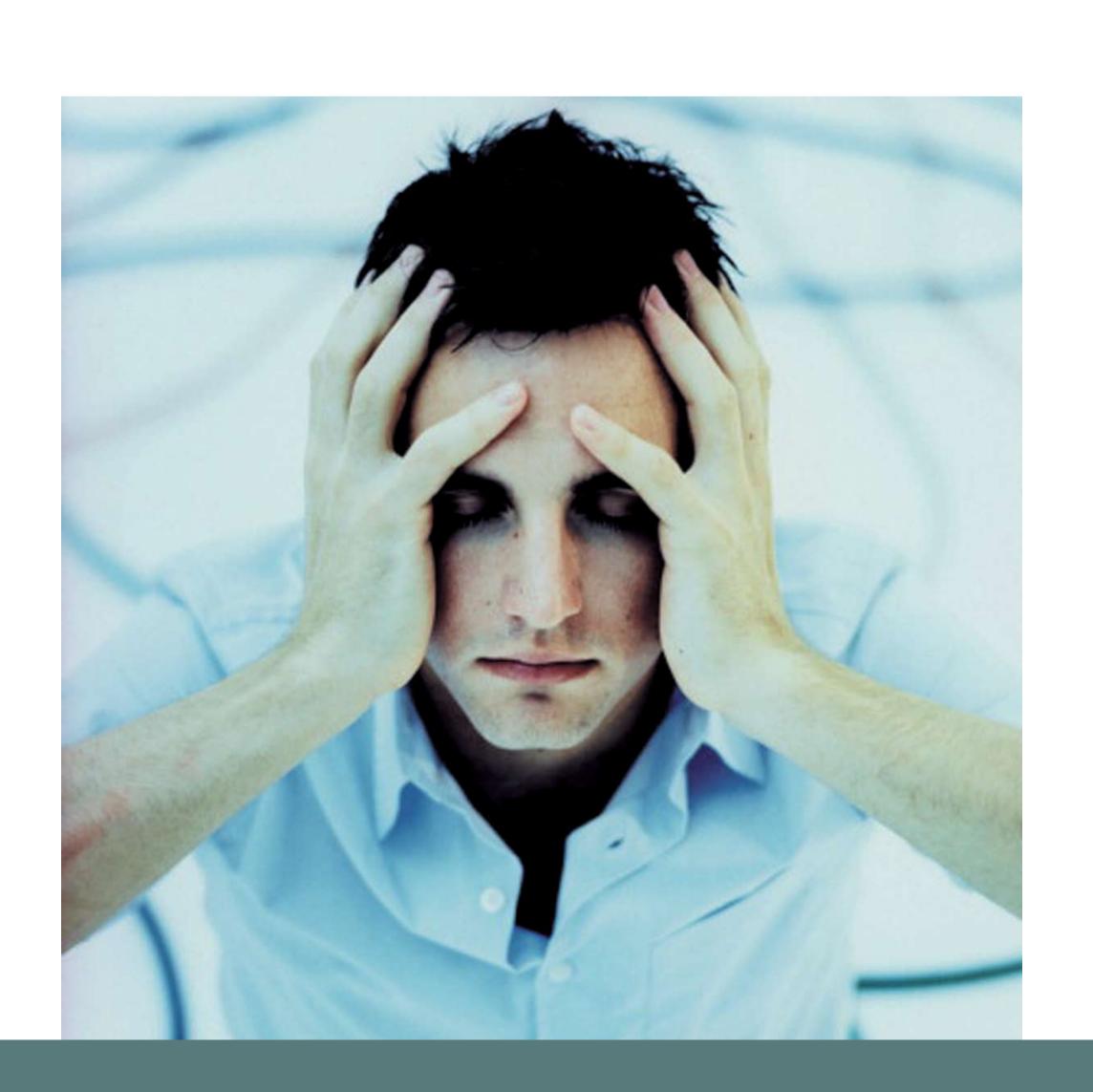




Results

Results six months after surgery showed that while patients with urostomy reported little pain (16.7 percent), a majority of the patients with an ileostomy or colostomy still reported experiencing mild to severe pain (56.5 percent, and 50.0 percent respectively). While patients with colostomies and ileostomies did not differ significantly in the amount of pain they reported, there are observed differences in the amount of interference from pain in their normal work and in their enjoyment of life. Both colostomates and ileostomates demonstrated positive correlations between pain and interference with normal work (0.73 and 0.54 respectively) and pain and interference with enjoyment of life (0.79 and 0.55 respectively).





Conclusion

We did not expect to see so many patients still suffering from pain 6 months following stoma surgery. Unresolved pain has a negative impact on quality of life as reported by the World union of Wound healing societies (WCET Journal April/June 2006) and supported by our recent findings.

Pain seems to be multidimensional and our findings support that the patients psychosocial environment will influence the experience of pain in all its different forms and whatever the cause of the pain is. In our opinion, more in-depth pain management education and training is essential to Stoma Care nursing.

References

Principles of best practise, A World Union of Wound healing societies, WCET Journal Ap 6 page 28. SAS V9.1.3, The SAS Institute, Cary NC, USA, 2004.

