Retrospective Study of Factors Affecting Pre- and Post-Operative Health Self-Assessments in Ostomates

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Introduction
All patients do not react alike when recovering from stoma surgery. If factors that increase the challenge of successful adaptation following gastrointestinal surgery can be identified, high risk patients can be identified earlier and given appropriate WOCN care to ease their transition back to health.

Purpose
The purpose of the study is to identify factors that may affect pre- and post-operative health self-assessments of ostomates.

Methodology

Data source
Ostomy Comprehensive Health and Life Assessment (N = 545)

Subset (n = 81) includes:
Single colostomy or ileostomy stoma
Less than three years post-operative

Strata
Gender
Diagnosis leading to surgery
Stoma type
Age at surgery
Expectation of surgery

Profile
An overview of characteristics of the sample is shown in the graphs below.
Results

Across the strata shown above, younger patients were more likely to report a positive health change than older patients (Odds Ratio = 3.54) and those expecting surgery were more likely to report a positive health change than those who had unexpected surgery (Odds Ratio = 4.23).

For ileostomates, those treated for gastrointestinal disease reported a positive health change more frequently than those treated for cancer. However, for colostomates, no association between diagnosis and health change was found.

Conclusions

The data suggest that ostomates who are older are more likely to have negative perceptions about their health status following ostomy surgery. This is also the case with ostomates who did not expect to have surgery. Among ileostomates, those treated for cancer are more likely to perceive their health status in a negative way than those treated for gastrointestinal disease. These groups may provide unique challenges for WOCN care.

Note: Assessments of health change are based on self-assessments of present health and recollections of health in the year prior to ostomy surgery. Both assessments were made on a four-point ordinal scale. An equal or lower assessment of present health compared to the recollection of health prior to surgery is classified as “negative or neutral” while a higher assessment of present health compared to the recollection of health prior surgery is classified as “positive”.

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