

Quality of Life and Influencing Factors in Ostomates Less Than 24 Months Post-Surgery

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Introduction

Perceptions of quality of life are associated with perceptions of health status. This is particularly true in a population that has undergone life-altering surgery, such as ostomy surgery. This study examines the association between perceptions of health status and life satisfaction in a sample of 224 ostomates defined as being polar opposites, selected from a sample of 663 adult ostomates being less than 24 months post-surgery.

Methods

The study respondents (53% colostomates, 35% ileostomates, 10% urostomates, and 2% with multiple stomas) answered a series of Likert-style questions in regard to life satisfaction factors and health status within the Ostomy Comprehensive Health and Life Assessment¹. A life satisfaction index was then compiled. Cronbach's alpha, as a measure of reliability, is assessed at 0.83. The life satisfaction index identified two groups that are defined as polar opposites. The first group (Group 1, $n=157$) consists of those in which the life

satisfaction index is positive and respondents also report the stoma having a positive effect on their lives. The polar opposite group (Group 2, $n=67$) is found to have a negative life satisfaction index and report that the stoma has a negative impact on their lives.

Results

The ostomates self-reported their perception of health status both prior to surgery (within the year prior to surgery) and post-surgery (current health). Group 1 respondents report statistically significant positive changes in post-surgical health perception compared to pre-surgical health perception, while Group 2 respondents report no statistically significant change between pre- and post-surgical health perception.

Note: While time from surgery is similar in both groups, 29.9% of Group 1 respondents have an originating diagnosis of cancer, as compared to 46.3% for Group 2.

Table 1: Self-reported health status

	Reported Good Health Prior to Surgery	Reported Good Health After Surgery	Status
Group 1: <i>n</i> =157	35.0%	82.2%	Improvement
Group 2: <i>n</i> = 67	46.2%	38.5%	No change

In addition, 24% of Group 2 report not having adapted to living with a stoma. None of Group 1 respondents report this. Group 2 also is more likely to consider themselves disabled because of their stoma than Group 1 (odds ratio=11.3). Interestingly,

Group 1 is almost twice as likely to have the assistance of an ET/WOCN both pre- and post-surgery (odds ratio=1.93). Table 2 presents associated factors.

Table 2 Associated factors

		Group 1 Percent	Group 2 Percent
Was your surgery planned/expected?	Yes	66.0%	45.4%
Have you adapted to living with a stoma?	Not at all	0%	23.9%
Do you consider yourself disabled because of your stoma?	Yes	7.7%	48.5%
Do you continue to undergo treatment of the disease or injury that caused your ostomy surgery?	Yes	33.8%	43.3%
Assistance of an ET/WOCN prior to and post-surgery	Yes	62.4%	46.2%
Group 1: (<i>n</i> = 157) Positive life satisfaction index score, stoma perceived to have a positive effect on their life.			
Group 2: (<i>n</i> = 67) Negative life satisfaction index score, stoma perceived to have a negative effect on their life.			

Table 3 (shown below) presents the differences between Groups 1 and 2 for life factors.

Table 3: Dissatisfaction with life factors

Respondents indicating dissatisfaction	Group 1 Percent	Group 2 Percent	<i>p</i> -value
With sexual life	15.6%	68.3%	<0.001
With social life	0%	82.1%	<0.001
With life with spouse/partner	0%	16.7%	<0.001
With family life	0.6%	23.9%	<0.001
With leisure time	1.3%	74.6%	<0.001
With financial situation	15.3%	68.7%	<0.001
Overall contentment	1.3%	83.6%	<0.001
Group 1: (<i>n</i> = 157) Positive life satisfaction index score, stoma perceived to have a positive effect on their life.			
Group 2: (<i>n</i> = 67) Negative life satisfaction index score, stoma perceived to have a negative effect on their life.			

Discussion

While the data does not explore the correlation between health perception and life satisfaction, nor does it explore causality, it is fairly conclusive in what can be expected within each of the defined groups. The data indicates significant associations within groups and disparities between groups. The data from the study strongly suggests that ostomates in the Group 2 definition will be more likely to perceive no change in their post-surgical health status, may be less likely to adapt to their stoma, will be more likely to consider themselves disabled because of their stoma, and will report greater dissatisfaction with quality of life factors. Of interest here is the observation that Group 1 respondents are almost twice as likely to have the assistance of an ET/WOCN both pre- and post-surgery.

Conclusion

The association between poor health perception and poor life satisfaction exists and manifests itself in various ways. While many factors may influence the post-surgical experience of the ostomy patient, ET/WOCN pre-and post-surgical care is seen to be a positive experience and should be further investigated to determine the magnitude of the ET/WOCN experience as a health intervention.

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Bibliography

1: Hollister Ostomy Comprehensive Health and Life Assessment,
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