

**NURSING INTERVENTION TO PROMOTE QUALITY  
OF LIFE AMONG PATIENTS WITH COLOSTOMY AT  
GEM HOSPITAL, COIMBATORE**

**REG. NO. 30101403**

A Dissertation Submitted to  
**The Tamilnadu Dr. M. G. R. Medical University,**  
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In Partial Fulfillment of the Requirement for the

Award of the Degree of

**MASTER OF SCIENCE IN NURSING**

**2012**

## **NURSING INTERVENTION TO PROMOTE QUALITY OF LIFE AMONG PATIENTS WITH COLOSTOMY AT GEM HOSPITAL, COIMBATORE**

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**2012**

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**Abstract**

A study was conducted on nursing intervention to promote quality of life among patients with colostomy at Gem hospital, Coimbatore. Objectives considered for the study were to assess the condition of patient post operatively, to render nursing intervention and to assess the quality of life after nursing intervention among patients with colostomy. Descriptive case study design was adopted to conduct the study. Convenient sampling technique was used and 7 patients were selected for the study. Patients were selected on the second post operative day. The history collection and physical examination was done, individualized holistic colostomy nursing care including colostomy nursing care package was rendered based on needs and problem identified till the day of discharge. Quality of life of patients was assessed using Stoma QOL questionnaire. The study revealed that colostomy nursing care including colostomy care package is effective in promotion of quality of life among patients with colostomy.

## **Nursing Intervention to Promote Quality of Life among Patients with Colostomy at Gem Hospital, Coimbatore**

Cancer affects the basic unit of the body, the Cell. Cancer refers to abnormal proliferation of immature cells. Colorectal cancer is the fourth most common form of cancer and the third leading cause of cancer-related death in the Western world. Colorectal cancer includes cancerous growths of colon, rectum and appendix. Along with colorectal cancer variety of other gastro-intestinal etiologies like Ulcerative colitis, Crohn's disease, Diverticulitis, trauma, Ehlers-Danlos syndrome, congenital defects, Hirschsprung's Disease and ischemia may necessitate the creation of fecal diversion known as colostomy or following resection of both benign and malignant diseases.

A colostomy is an incision into the colon to create a stoma to the exterior of the abdomen. This opening serves as a substitute anus through which the intestines can eliminate waste products until the colon can heal or other corrective surgery can be done. The bowel contents fall into a collection pouch. After a colostomy has been created, the intestines will work just like they did before except for the colon and rectum beyond the colostomy is disconnected or removed and the anus is no longer the exit for stool. Colostomy can be temporary or permanent and can be made in any part of the colon as ascending, transverse, descending and sigmoid. There are different types of colostomies as Loop colostomy, End colostomy and Double barrel colostomy. Creation of colostomy alters the patient's quality of life to a greater extent.

The deprivation of normal control and alteration in physical appearance can have profound psychological impact. Ostomates face problems such as bleeding,

infection, retraction, dehiscence, fistula, ileus, hernia, skin complications, constipation, diarrhea, bag ballooning, intense fear of loneliness, fear of rejection from their loved ones, self esteem disturbances anxieties about personal unattractiveness affects their marriage, sex and pregnancy. The fear of offending others because of malodorous secretions and physical disfigurement can make ostomates avoid social contacts even with family and friends and undergo severe depression which ultimately affects their quality of life.

Care of patients with colostomy is more essential as patient undergoes a radical change in body image which affects their quality of life as a whole. Quality of life refers to the individual's personal perception regarding their cultural, emotional, psychosocial, intellectual beliefs under which they live as distinct from material comfort. Therapeutic procedures may not only treat disease but also affect patient quality of life. Therefore, quality of life should be measured in order to assess the impact of disease and therapeutic procedures. Quality Of life is badly affected in colostomy patients as it affects all aspects of life. Hence, in order to promote their quality of life direct patient care, education, compassionate understanding and guidance will help regain their self esteem, that help them to resume to their normal social and business activities. Promotional measures to improve their nutrition, personal hygiene, appliance hygiene, bathing, skin care, clothing, job, social gathering tips, importance of complication prevention, exercise, ostomy associations and appliance information, follow up along with counseling on sex, marriage and pregnancy need to be given to improve their quality of life.

### **1.1. NEED FOR THE STUDY**

Colostomy surgeries are becoming common surgical intervention all over the world as the prevalence and incidence of cancerous and non cancerous diseases of colon are steadily increasing.

Nugent (1992) conducted a study to assess the problems faced by patients with stoma. A questionnaire was designed to assess postoperative care, quality of life issues, and equipment problems. Responses were recorded on either a visual analog scale, a choice of yes-or-no alternatives, or by selection from a list of responses. Population of about 391 patients participated in the study. Major stomal problems were identified as rashes (51 %), leakage (36 %), and ballooning (90 %) of patients. The majority of patients experienced some change in lifestyle (80 %), and more than 40 % of patients had problems with their sex lives. Assessed that patients with colostomy face many difficulties both physical and psychological that create greater impact on life style. His study concluded that physical concerns were affected around 58 % and psychological concerns were affected around 40%.

Black (2004) conducted a study on Psychological, sexual and cultural issues for patients with a stoma. Patients with stoma experience a profound threat to their sense of physical integrity and self-concept with the change of body image in relation to bodily functions. Sexuality is an integral part of the whole person. Cultural background plays an important part in patients' lives, including their beliefs, whether personal or religious, their perceptions of recovery, behavior and concepts of and attitude towards the disease process. Nursing has moved away from mechanistic, task-oriented care to holistic care and, apart from the physical changes that a stoma will



cause, there are other areas to be considered to improve the patient's quality of life after surgery. Hence study concluded that nurses to improve patient care and satisfaction to bring about improvement in quality of life.

Chirugickaklinika (2000) conducted a study and stated Quality of life is an important issue for patients with stomas. They have undergone mutilating surgery that can cause a permanent change in body image and affect quality of life. Most patients who receive stoma surgery have colorectal cancer; therefore, they have to cope with having cancer as well as face the impact of extensive surgery. Both can significantly influence quality of life more than 50 % in their life.

Sprangers, Taal & Aaronson (2005) conducted a study and stated marked improvement in nursing care has achieved improvement in the quality of their life. The author made a survey, using questionnaires, among patients with stomas operated at the author's department. About half the patients in productive age returned to their jobs, sexual life was discontinued only in one third of the patients less than 60 years of age. As regards social life, sports and travel activities in these spheres increased by 9-15 %, as compared with a similar survey made in 1990 in the same department. In the study 75 % of the patients with stomas consider the stoma bearable. Lack of care of stoma patients involves in particular poor information on the patient's part during the preoperative period and as regards the social sphere.

Goozen, et al., (2000) conducted a study on quality of life with temporary stoma between ileostomy and colostomy patients. A prospective clinical trial studying complications and social well-being of 37 patients with loop ileostomy and 39

patients with a loop colostomy was done. Chi-squared test and Spearman correlation coefficient was employed. The association between the degree of social restriction and the presence of stoma care problems and complications was assessed. Results show that there is no relation between stoma type (ileostomy or colostomy) and degree of social restriction (chi-squared test,  $P = 0.42$ ). The more stoma care problems, higher the degree of social restriction. Significantly more stoma care problems were seen in the completely isolated group of patients when compared with the patients who were less socially restricted (Spearman correlation coefficient  $r = 0.35$ ,  $P = 0.003$ ). Stoma leakage, peristomal skin irritation, dietary prescriptions, retraction, and prolapse of the stoma have significant impact on the patient's daily life. Study concluded that Stoma surgery has a great influence on a patient's daily life. There is a clear relation between the number of stoma care problems and the degree of social restriction.

Nursing interventions influence quality of life towards positive side to greater extent. So the present researcher focused on nursing interventions in improving quality of life of patients with colostomy.

## **1.2. STATEMENT OF THE PROBLEM**

NURSING INTERVENTION TO PROMOTE QUALITY OF LIFE  
AMONG PATIENTS WITH COLOSTOMY AT GEM HOSPITAL, COIMBATORE

### **1.3. OBJECTIVES**

1.3.1. Assessment of patients underwent colostomy

1.3.2. Nursing intervention to promote quality of life among patients with colostomy

1.3.3. Assessment of quality of life after nursing intervention among patients with colostomy

### **1.4. OPERATIONAL DEFINITIONS**

1.4.1. *Nursing interventions*

Nursing interventions are individualized nursing care activities planned and designed to reduce the individual alignments and improve quality of life among patients with colostomy at Gem hospital, Coimbatore.

1.4.2. *Quality of life*

Quality of Life refers to superior well being in physical, emotional, social, spiritual, psychological, intellectual and cultural aspects of patient with colostomy at Gem hospital, Coimbatore, as assessed by using Stoma QOL questionnaire.

1.4.3. *Colostomy patients*

Patients who were admitted for temporary and permanent colostomy surgeries at Gem hospital, Coimbatore.

### **1.5. CONCEPTUAL FRAMEWORK**

Conceptualization refers to the process of developing and refining abstract ideas (Polit & Hungler, 1998). Conceptual model provide a conceptual perspective regarding inter selected phenomenon. A conceptual model broadly presents an

understanding of the phenomenon of interest and reflects the assumption and philosophical views.

In the present study the researcher has adopted Orlando's theory of deliberative nursing process. This theory consists of 4 major tenets such as patient behavior, nurse's response, nurse activity and the ultimate outcome that is patient's response to nursing care. Through this theory the nurse thoroughly assess the client's needs, recognize the impact of the need on the client's level of health and then act deliberately to meet the need, ultimately reducing the client's distress.

**(i) Patient behavior**

The patient behavior may represent the need for help. The patient who cannot resolve the needs feels helpless and patient behavior reflects this feeling. The patient behavior can be either verbal or nonverbal.

**(ii) Nurse's reaction**

Nurse's reaction to a patient's behavior forms the basis for determining how a nurse acts. Here the nurse has to communicate clearly to the patient.

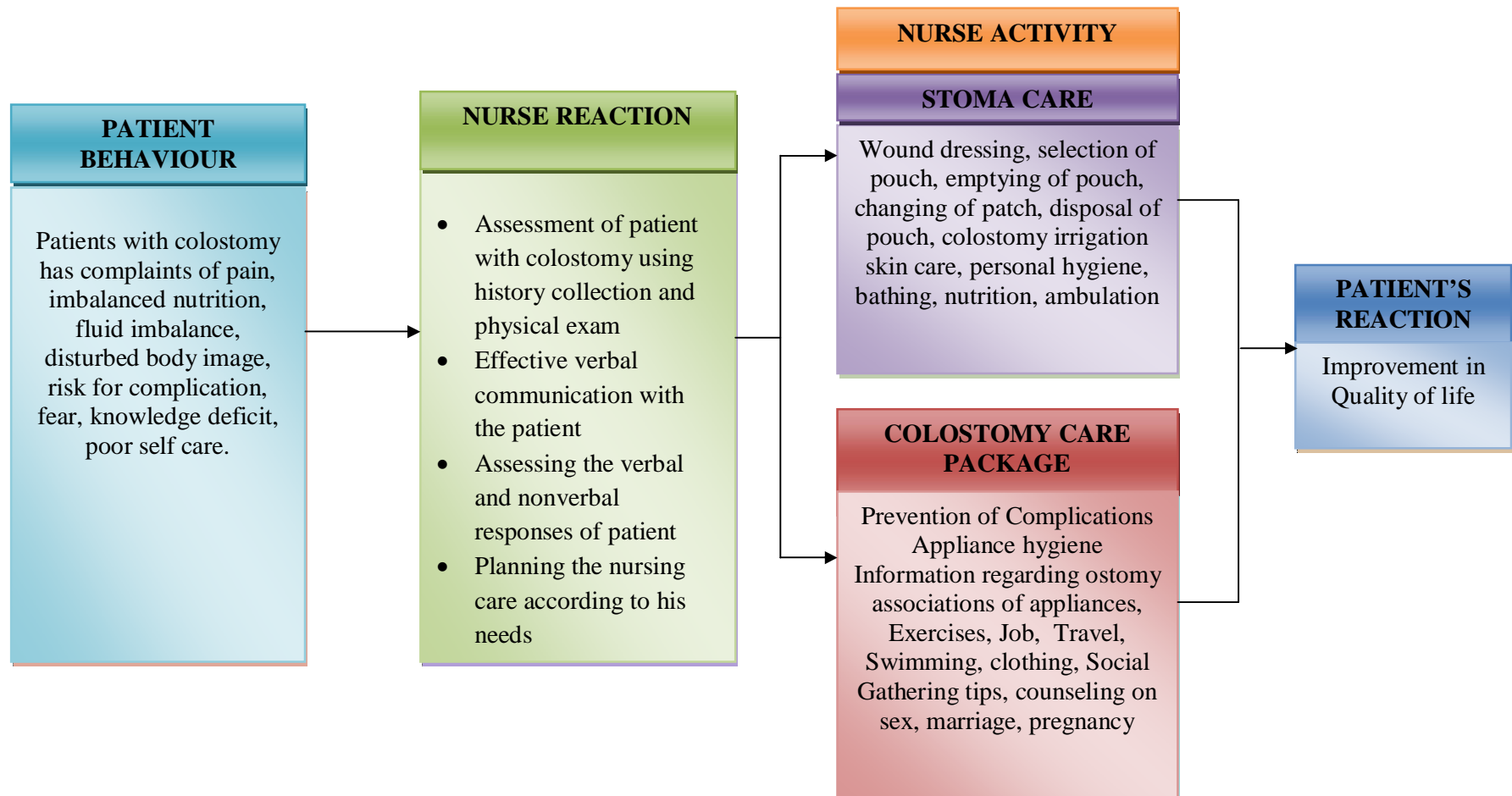
**(iii) Nurse activity**

Nurse activity is whatever the nurse says or does to the benefit of the patient. It occurs after the nurse interprets the patient behavior.

**(iv) Patient's reaction**

Patient's reaction is final outcome of the nursing care rendered by the nurse in response to nurse activity.

**FIG. 1.1. ORLANDO’S NURSING PROCESS THEORY- 1961**



Source: Sowa Kim, (2007)

### **1.6. PROJECTED OUTCOME**

Nursing intervention will improve the quality of life among patients with colostomy.

## **REVIEW OF LITERATURE**

In the present chapter the researcher reviewed the related literature in order to understand about patients with colostomy and their quality of life. It consists of the following subjects.

- 1) Literature related to quality of life
- 2) Literature related to nursing interventions

The following literatures are the base for the present study

### **2.1. LITERATURE RELATED TO QUALITY OF LIFE**

Durban 2010 conducted a study to evaluate the quality of life through “Stoma QoL” and to study the correlation between quality of life and the peristomal skin condition. Open label non-comparative, multinational post market study design was used. Stoma QOL and Ostomy Skin Tool were the measurement scales used in the study. The study revealed, at end of study as for quality of life in the initial visit, the mean score was of 59 out of 100 (SD=8.8), while the final study visit had the mean score of 59.6 out of 100 (SD=9.3) and significant improvement in peristomal skin condition at the end of the study.

Krouse et al., 2010 conducted another study to overcome challenges with an ostomy in life. Qualitative analysis was performed on basis of City of Hope Quality of Life for Ostomates format of quality of life (physical, social, psychological and spiritual) among colostomy patients. Common domain discussed were colostomy specific, psychological (family and spousal relationship) and social (sexual issue). The results revealed that awareness to patient’s social, psychological and medical status allowed themselves to overcome challenges.

Kuza, et al., 2010 conducted a study to evaluate the quality of life of spouses whose partners had undergone surgery for rectal carcinoma. 56 couples, male spouses (n=26) and female spouses (n=30) were included for the study. Questionnaire constructed by the Department of Public Health, General Surgery and Psychology was used. Results revealed that 16 of 26 male spouses and 10 of 30 female spouses ( $p \leq 0.05$  male spouses versus female spouses) increased time spent at home. 20 of 26 male spouses and 10 of 30 female spouses ( $p \leq 0.01$  male spouses versus female spouses) were sexually inactive. 10 male and 3 female patients needed their spouses for colostomy care. Hence study revealed that social and sexual aspects of the life of the patient's spouses are affected. Hence they have to be preoperatively counseled regarding the possible problems after surgery should not only include the patient but also the spouse.

Elbetti, et al., (2008) conducted a comparative study on the quality of life of five-year survivors treated for low rectal cancer with complex coloanal procedure with the quality of life of patients submitted to a standard abdomino-perineal excision with a definitive abdominal stoma. 62 samples were studied in which 30 (group 1) samples had permanent abdominal stoma and 32 (group 2) had temporary abdominal stoma. QOL questionnaire were given. The Mann-Whitney U-test and chi (2) Fisher test were employed for statistical analysis. Study concluded that patients with temporary stoma had better scores.

Liles, Bobb, Smith & Simmons (2007) conducted a study to examine adjustment and its relationship with stoma acceptance and social interaction and the link between stoma care self efficacy and adjustment in the presence of acceptance



and social interactions. 51 patients with colostomy were included in the study after 6 months of surgery. Multiple regression analysis showed that stoma self care efficacy, stoma acceptance, interpersonal relationship and location of stoma were strongly associated with adjustment. The model explained 77 % of variance. Stoma self care efficacy accounts for 57.5 %, the psychological variables 13 % and location of stoma 4.6 %. The study concluded that addressing psychological concerns should become a part the care routinely given to stoma patients and recommended on dispelling negative thoughts and encouraging social interactions.

Chu, et al., (2007) conducted a comparative study to determine the Quality of life outcomes in 599 cancer and non cancer patients with colostomies. Colostomy impact negatively on patient's QOL. Concerns include incontinence, rectal discharge, gas, difficulties in returning to work, decreased sexual activity, travel and leisure challenges. Among 599 samples 517 had colorectal cancer. Results confirmed the negative impact of a colostomy on QOL. These results provide health practitioners with information useful in discussing QOL concerns during pre operation treatment decisions and post operative teaching and follow up.

Williams, et al., (2006) conducted another multicentre cross-sectional correlational study to evaluate the relationship between colostomy pouch change and disposal practices and psychological wellbeing. Population of about 86 patients was involved in the study. Five questionnaires were used for the study. Patients were assessed 1 month post operatively. The results say that 25 % felt difficulty in pouch change and disposal, 50 % felt their body is not in their control, 33 % felt avoiding social and leisure activities were disturbing to them.

Ito, Tanaka & Kazuma (2005) conducted a correlational survey to compare the health related quality of life (HRQOL) with permanent colostomy to that of general Japanese population and explore the factors influencing HRQOL. Population of about 255 persons were involved SF-36 questionnaire was used and logistic regression analysis was used to explore the influencing factors. Factors potentially influencing the HRQOL were age, sex, marital status, employment status, number of people in the household, time since colostomy, and diagnosis. The scores were low than those of national norm scores in role physical and social functioning scales. Employed people have a negative impact on quality of life. The study thus underscores the importance of support for persons with a colostomy.

Karadag, Menten & Ayaz (2005) conducted a study on colostomy irrigation to contribute to quality of life. Colostomy irrigation is a useful method of achieving fecal continence and may improve quality of life. The digestive disease quality of life questionnaire-15 (DDQ-15) and Short Form-36 were used. The study was conducted between to analyze quality of life before and 12 months after stoma therapy in a series of 25 irrigating patients with permanent end colostomies. Ten similar patients with left-end colostomies who received counseling but did not consent to colostomy irrigation were also analyzed for comparison. Colostomy irrigation was found to be effective ( $P < 0.0001$  and  $P = 0.009$  in the irrigating and non-irrigating groups). Stoma therapy with CI resulted in significant improvements in role limitation due to physical problems, social functioning, role limitation due to emotional problems, general mental health, vitality and bodily pain ( $P < 0.05$  for all comparisons). On the contrary, the non-irrigating patient group showed significant improvements only in social functioning and general mental health. Colostomy irrigation is free from

complications and significant side-effects, and it may serve as a useful adjunct to conventional stoma therapy. Therefore, the enterostomal therapy nurse should assess the appropriateness of routine irrigation as a method of stoma management for patients with left-end colostomy.

Krouse, et al., (2009) conducted a cross sectional study to examine the gender differences in sleep and fatigue of men and women with intestinal ostomies and associated health related quality of life (HRQOL). City of Hope QOL Ostomy questionnaire and The Short Form-36 Version 2 (SF-36v2) were used to collect data. Data were analyzed using chi-square for nominal variables, Student t-tests for continuous variables, and logistic regression. On the ostomy specific measure women (n=118) compared to men (n=168) reported more sleep disruption and greater values of fatigue ( $p < 0.01$ ). Results revealed that women survivors with ostomies report more sleep disruption and fatigue compared to men their stated reasons for disrupted sleep are similar to male counterparts. These studies provide basis for gender related ostomy interventions to improve sleep and HRQOL in patient population.

Krouse, et al., (2007) conducted an exploratory analysis study to explore significant relationship between difficulty paying ostomy supplies and overall quality of life among a sample of ostomates. The data was collected from 511 respondents in which 239 cases and controls modified City of Hope Quality of Life questionnaire. Hierarchical Regression analysis was used  $SE = 0.481$  and significant relationship between difficulty paying for ostomy supplies and overall quality of life after adjusting for age, income, race/ethnicity, and physical health.

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involves in particular poor information on the patient's part during the preoperative period and as regards the social sphere.

Naomi Ito (2010) conducted a preliminary study among 13 samples to investigate the impact of response shift in quality of life for cancer patients undergoing surgical resection with resultant permanent colostomy. Response shift was assessed by difference pretest and then test scores and effect size. Findings revealed that significant response shift was observed.

Krouse, et al., (2009) conducted a study on coping and acceptance; the greatest challenge for patients with intestinal stomas. Qualitative analysis was used in this study. Survey method was used for data collection. Modified city of hope quality of life questionnaire was used. Results revealed that the most addressed theme were coping and acceptance. Most frequently addressed information was related to positive thinking and insight regarding adjustment over time. Coping strategies preferred by the ostomates were humor, recognition of positive changes resulting from the stoma and normalization of life with an ostomy. Hence, ostomy self management strategies should be taught to patients.

## **2.2. LITERATURE RELATED TO NURSING INTERVENTIONS TO PATIENTS WITH COLOSTOMY**

Clinical pathways are used worldwide to recognize care process. They are used by multi-disciplinary team in their search towards excellence.

Brindani, et al., 2011 conducted an observational study to identify the importance of perioperative nursing education and client satisfaction and identified

that Client plays an important role in caring process. Population of about 100 postoperative samples were involved in the study, questionnaire were given to assess the client satisfaction about the effectiveness of teaching process before discharge. Results showed that patient were satisfied with the information they received during hospitalization regarding postoperative pain, prevention of infection, colostomy care, medical therapy, mobilization and return to his normal day to day activities.

Johnson (2011) conducted a study to know the basics of ostomy care. The study concluded that patient with ostomy needs encouragement, support, counseling to learn how to integrate self care activities in daily living. Nurses and patients were included in the study. Checklist was given identify the importance of ostomy care.

Collette, Bucks (2002) conducted a study to identify the practical aspects of stoma management. The author provides the overview of common stoma complications and ways to manage it. The nurse's role in caring of these patients was also discussed. The study was conducted in a hospital and only nurses were involved. Questionnaire were given the practical problems of stoma management was identified.

Erwin (2003) conducted a study was to identify the ostomy pearls: a concise guide to stoma siting, pouching systems, patient education and more. En numbers of literatures were reviewed and physicians, nurses were involved in the study. Study concluded the essential care and pearls of ostomy care included appliance hygiene, nutrition, exercise, social gathering tips. Stoma site also plays an important role in the well being of the patient, hence proper post operative education and regular follow up

of patient helps patient to lead a better life. Colostomy care has to be taught to patient to improve his standard of life after colostomy surgeries.

Lazenby, Morris & Rhodes (2011) conducted a study to identify the importance of nursing care in healthcare settings among colostomy patients. He stated to promote the image of nurses to be both knowledgeable and caring. The author reviewed many literatures and conducted his research using survey method and analysis and reports their findings regarding student motivations and perceptions of competence and caring in nursing. He concluded that nursing comes to its best only through its competence and caring.

Stoner (2011) conducted a study to know the value of nursing care and teaching to patients with colostomy. Patient and family members will be more disturbed by change in body image and change in day to day activities of the patient. Hence study concluded that it is also essential to include the family members along with patient in health teaching of colostomy patients. Variety of instructional modules can be used to teach patients and family members about the colostomy care strategies. The author has also mentioned about concept of silver hour to nursing education.

Barrett & Hodqson (2011) conducted a study was to know the importance of hospital simulated teaching program. In recognition of the need to provide practice opportunities for staff nurses to hone their capacity to communicate effectively with patients, qualified teachers has to be prepared. The simulated patients are skilled in helping the nurses reflect on the conversation. This model has been adapted to meet the 'topic' needs and scheduling requirements of other staff in care of patients with colostomy. and hospital-based student groups. The teaching program helps the

physicians, nurses and other health care professionals to help patients understand about their role in care process. The study concluded that teaching program along with nursing care helped the patients to involve themselves better in their individualized care. It helped in such a way that even after their discharge it helped them to take care of themselves in day to day activities and participate themselves in social activities.

Collins & Bradshaw (2008) conducted a study was to manage a colostomy and ileostomy in community nursing practice. This study provides broad overview of some of the key points pertaining to stoma care. After stoma formation the patient should be independent with their own stoma care. Hence community health nurses who at reach should be known more about stoma care. Study focused on care of ostomates and ileostomates in relation to available appliances and also discussed about dietary recommendations.

Cleveland Clinic Foundation (2006) conducted a study to review ostomy care in colorectal cancer, current trends in assessment, management and treatment with the role of enterostomal therapy (ET) nurse in cancer care was conducted. The study concluded that care of patient with colorectal cancer requiring an ostomy involves both physical and psychological rehabilitation. Colostomy is not a handicapping procedure. Living well with colostomy can be achieved through proper patient preparation, education, planning with provision of individualized comprehensive care facilities physical and psychological rehabilitation.

Espirac, et al., (2010) conducted a prospective longitudinal cohort study for quality of life evaluation of an intensive follow up program for patients with a stoma.



Duration of the study was 3 months. Population of about 149 patients participated in the study, SQLI score was employed. Stoma patient quality of life those receiving standard clinical follow-up (S) and those receiving intensive follow-up via telephone (I) were studied. Stoma Quality of Life Index (SQLI) was used. At 3 months, statistically significant changes were observed between the overall SQLI score of both groups - scores were 58.8 (17.7) and 72.8 (14.6) at baseline and 3 months, respectively ( $P < 0.0001$ ). In particular for patient satisfaction ( $P = 0.0173$ ) and medical experience ( $P = 0.0330$ ). Preoperative ostomy nurse care was found to be associated with a greater probability for improvement in select SQLI subscales. The results of this study confirm that personal support and help received pre- and post surgery from ostomy care nurses may enhance ostomate overall quality of life and when additional intensive follow-up was introduced, certain aspects of quality of life improved. The study underscores the need for clinician awareness of their role in patient quality of life.

Black (2004) conducted a study on Psychological, sexual and cultural issues for patients with a stoma. Patients with stoma experience a profound threat to their sense of physical integrity and self-concept with the change of body image in relation to bodily functions. Sexuality is an integral part of the whole person. Cultural background plays an important part in patients' lives, including their beliefs, whether personal or religious, their perceptions of recovery, behavior and concepts of and attitude towards the disease process. Nursing has moved away from mechanistic, task-oriented care to holistic care and, apart from the physical changes that a stoma will cause, there are other areas to be considered to improve the patient's quality of life

after surgery. Hence study concluded that nurses to improve patient care and satisfaction to bring about improvement in quality of life.

Chirugickaklinika (1995) conducted a study and stated marked improvement of nursing care as achieved and also improvement of the quality of their life. The author made a survey, using questionnaires, among patients with stomas operated at the author's department. About half the patients in productive age returned to their jobs, sexual life was discontinued only in one third of the patients less than 60 years of age. As regards social life, sports and travel activities in these spheres increased by 9-15%, as compared with a similar survey made in 1990 in the same department. 75% of the patients with stomas consider the stoma bearable. Lack of care of stoma patients involves in particular poor information on the patient's part during the preoperative period and as regards the social sphere.

A study to review ostomy care in colorectal cancer, current trends in assessment, management and treatment with the role of enterostomal therapy (ET) nurse in cancer care was conducted. The study concluded that care of patient with colorectal cancer requiring an ostomy involves both physical and psychological rehabilitation. Colostomy is not a handicapping procedure. Living well with colostomy can be achieved through proper patient preparation, education, planning with provision of individualized comprehensive care facilities physical and psychological rehabilitation.

## **METHODOLOGY**

This chapter describes the research methodology adopted to provide nursing intervention to promote quality of life among patients with colostomy. The methodology of the present study includes research approach, research design, setting, population, criteria for sample selection, sampling technique, variables of the study, development and description of tools and technique of data analysis and interpretation.

### **3.1. RESEARCH APPROACH**

The present study aimed to render nursing intervention to promote quality of life among patients with colostomy. Hence, a qualitative approach was considered appropriate, to render nursing intervention to promote quality of life among patients with colostomy.

### **3.2. RESEARCH DESIGN**

The research design adopted to carry out the present study was descriptive case study design.

### **3.3. SETTING**

The study was conducted in GEM HOSPITAL, Coimbatore. It is the first most advanced Gastro intestinal laparoscopic surgery and Research center in India with 150 beds.

### **3.4. POPULATION**

The accessible population of the present study was patients with temporary and permanent colostomy at GEM hospital, Coimbatore.

### **3.5. CRITERIA FOR SAMPLE SELECTION**

The patients were selected based on following inclusion and exclusion criteria.

#### **3.5.1. Inclusion Criteria**

The patients with following criteria were selected for the study

1. Patients with colostomy
2. Both genders (Males and females)

#### **3.5.2. Exclusion Criteria**

The patients with following criteria were excluded for the study

1. Patients who were critically ill and was unable to participate themselves in the study

### **3.6. SAMPLING**

Convenient sampling technique was employed. The sample size of the present study was 7.

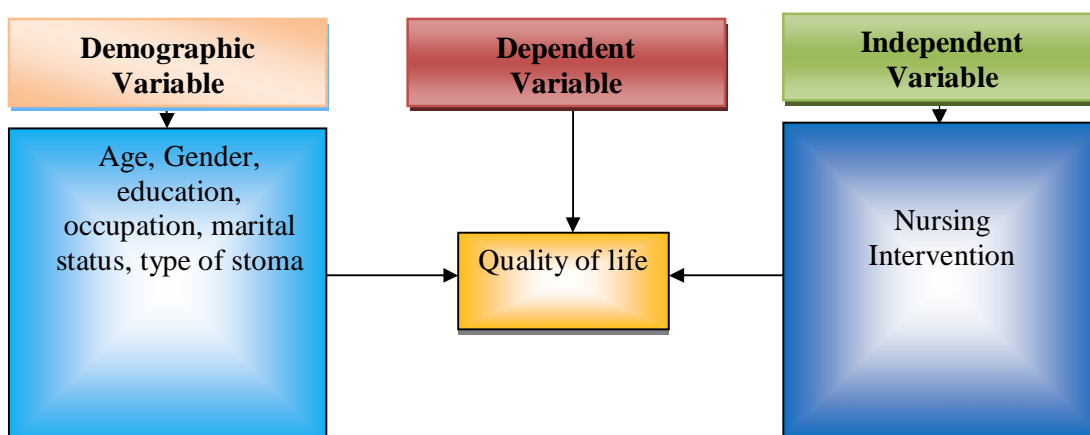
### **3.7. VARIABLES OF THE STUDY**

#### **Independent variable**

The independent variable in the present study was nursing intervention.

### Dependent variable

The dependent variable in the present study was Quality of life among patients with colostomy



### 3.8. MATERIALS

The following materials were used for data collection.

1. Demographic profile to collect the basic information about the patients with colostomy.
2. History and physical examination of patients underwent colostomy surgery.
3. Nursing intervention to promote comfort of patients with colostomy
4. Nursing intervention including Colostomy care package to improve quality of care among patients with colostomy.
5. Stoma QOL Questionnaire was used to measure the quality of life among patients with colostomy. (Coloplast, Ostomy division)

3.8.1. Demographic data profile : Demographic data profile included age, gender, education, occupation, marital status and type of stoma among patients with colostomy.

3.8.2. History Collection and Physical Examination : History collection includes present health history, past health history, family history, personal history, investigations and history of medications prescribed to patients with colostomy.

Physical examination includes anthropometric measurements like height, weight, body built, vital signs and digestive system assessment including inspection, auscultation, percussion and palpation of the abdomen.

3.8.3. Nursing care process : An individualized nursing care process was carefully planned and applied as an intervention to patients for reducing stoma pain, maintain normal fluid status, maintain normal skin integrity, improve self's perception of body image, reduce infection in colostomy care, help patient resume sexual relationship as appropriate and improve patient's knowledge regarding disease process, prognosis and self care.

3.8.4. Colostomy care package : Colostomy care package is a standard manual given to improve the patient's quality of life as presence of colostomy and pouch may disturb his/her day to day activities to a greater extent. Colostomy care package comprises of standard procedures to meet physical care, emotional support and social concerns to improve the quality of life. The care package improves the quality of life helping by patient to tackle with problems of day to day activities. This care

package was started employed to patients from second post operative day till date of discharge followed by pamphlet of same was issued.

3.8.5. Stoma QOL Questionnaire : Coloplast, Ostomy division, Clinical documentation department developed stoma QOL questionnaire in 1998 to assess the quality of life in both colostomy and ileostomy patients. Stoma QOL questionnaire can be administered self, face to face or telephone interview. It takes only 5-10 minutes to complete.

Stoma QOL questionnaire is a 37 item questionnaire presented in multiple choice format covering 5 domains such as follows, Sleep with 5 items, Food with 3 items, Intimate relations with 8 items, Relationship with family and friends with 8 items, Relationship with other than family and friends with 13 items.

The 4 point scale is used for scaling the patients response as, Always as '1', Sometimes as '2', Rarely as '3', Not at all as '4'. The score of QOL is interpreted as worst QOL: 1-37, average QOL: 38-74, good QOL: 75-111, better QOL: 111- 147, best QOL: 148.

The type of assessment method used is rating scale in the form of questionnaires. Patients with colostomy are assessed after surgery, nursing interventions are given and Stoma QOL questionnaire is used to assess the quality of life of patients with colostomy. The reliability co-efficient obtained for this tool is ranging from 0.917 – 0.946 and yield high validity (Coloplast, Ostomy division)

### **3.9. PILOT STUDY**

The pilot study was conducted to check the feasibility, practicability, validity and QOL reliability of the tool. The study was conducted in GEM hospital, Coimbatore. Data collection period was for 10 days. Convenient sample of 1 sample was selected for the study. The sample after surgery was carefully assessed, history was collected, physical examination was done nursing intervention was given for about 7 days and Stoma QOL questionnaire was used to assess the QOL patients with colostomy. The data collected was carefully analyzed descriptively and the QOL of patient improved after intervention. Hence, the study is feasible and practical.

### **3.10. MAIN STUDY**

The main study was conducted to meet the objectives of the present study. The data was collected for the period of 30 days in GEM hospital, Coimbatore. Descriptive case study design was selected for the study. Throughout the study period 7 samples were selected conveniently. The sample after surgery was carefully assessed, history was collected, physical examination was done nursing intervention along with colostomy care package was given for about 7 days till the day of discharge. On the day of discharge Stoma QOL questionnaire was used to assess the QOL patients with colostomy followed by an issue of pamphlet of colostomy care package for their use at home setup.

### **3.11. TECHNIQUES FOR DATA ANALYSIS AND INTERPRETATION**

Descriptive statistics was used to analyze and interpret the demographic variables and quality of life domains among patients with colostomy.



## **DATA ANALYSIS AND INTERPRETATION**

This chapter represents the method of analysis and interpretation of data. Individualized nursing intervention was provided to 7 subjects with colostomy. Thorough history collection, physical and digestive system assessment was done. Nursing intervention including colostomy care package was provided till the day of discharge. Quality of life of patients with colostomy was assessed using Stoma QOL questionnaire. The findings were tabulated, analyzed and interpreted in this chapter. The data was computed using descriptive statistics.

### **SECTION I**

#### **4.1. DISTRIBUTION OF DEMOGRAPHIC VARIABLES**

The demographic data consists of age, sex, education, occupation, marital status and type of stoma. The data collected are presented in the form of tables and graphs.

**TABLE 4.1**  
**DISTRIBUTION OF SUBJECTS BY DEMOGRAPHIC DATA**

(N=7)

Demographic data	No. of Subjects	Percentage (%)
<b>Age in years</b>		
82	1	14.3
38	1	14.3
76	1	14.3
75	1	14.3
40	1	14.3
76	1	14.3
23	1	14.3
<b>Sex</b>		
Male	6	86
Female	1	14
<b>Education</b>		
Uneducated	3	43
Primary	2	29
Under graduate	2	29

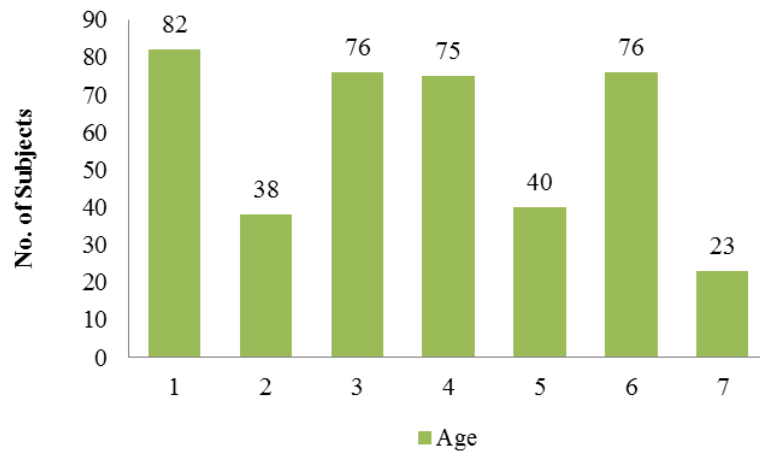
<b>Marital status</b>		
Married	6	86
Unmarried	1	14

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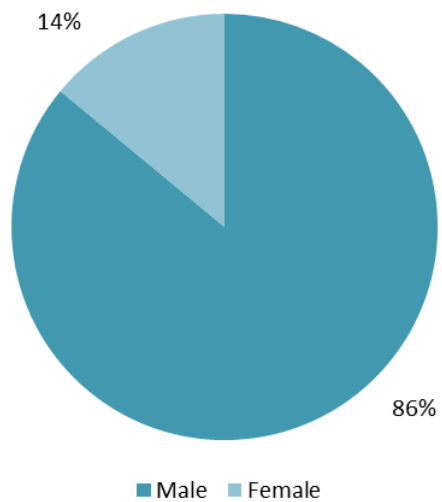
<b>Demographic data</b>	<b>No. of Subjects</b>	<b>Percentage (%)</b>
<b>Occupation</b>		
Daily wages	4	57
Monthly wages	3	43
<b>Diagnosis</b>		
Cancerous disease	5	71
Non cancerous disease	2	29
<b>Type of stoma</b>		
Temporary	4	57
Permanent	3	43

Distribution of patients by gender shows that 86 % of subjects are male and 14 % are female. In relation to education 43 % of patients are uneducated and 29 % of subjects had primary education and under graduation respectively. In relation to marital status 86 % are married and 14 % are unmarried where as by occupation 57 % of subjects are with daily wages and 43 % of subjects are with monthly wages. With regard to diagnosis 71 % had cancerous disease and 29 % had non cancerous disease and in relation to type of stoma present 57 % had temporary type and 43 % had permanent type of colostomy.

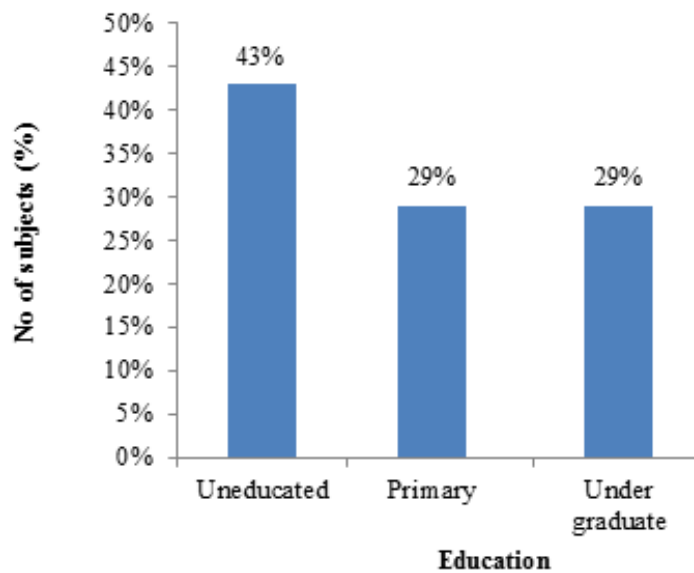
**FIG.4.1**  
**DISTRIBUTION OF SUBJECTS BY AGE**



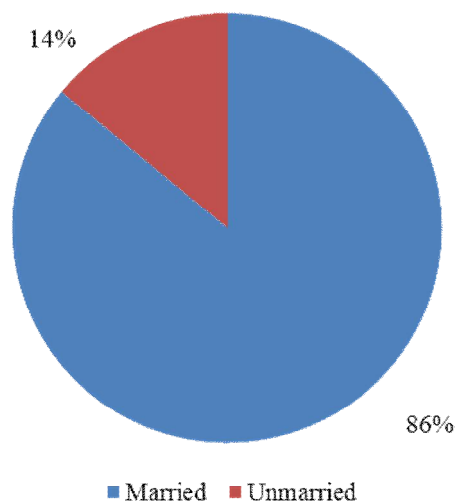
**FIG. 4.2**  
**DISTRIBUTION OF SUBJECTS BY SEX**



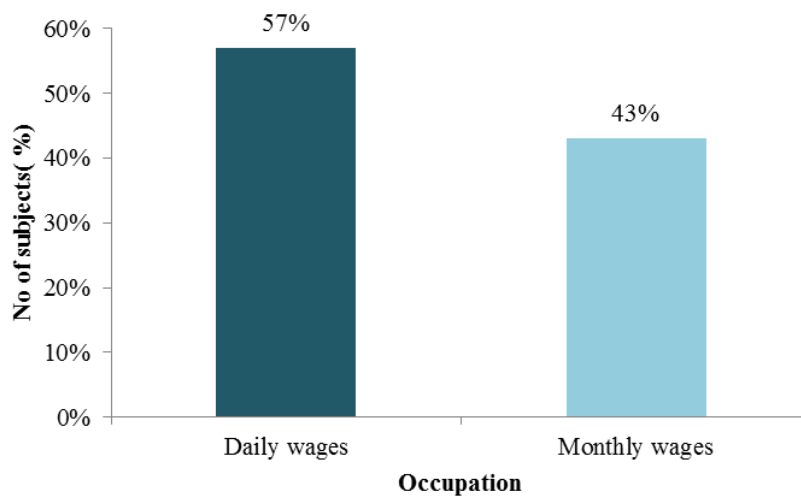
**FIG. 4.3**  
**DISTRIBUTION OF SUBJECTS BY EDUCATION**



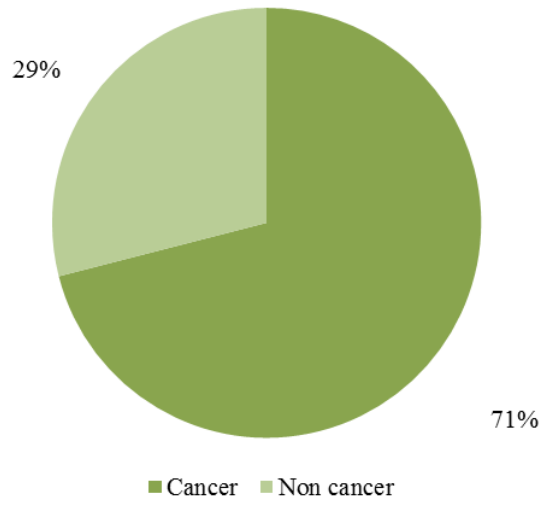
**FIG. 4.4**  
**DISTRIBUTION OF SUBJECTS BY MARITAL STATUS**



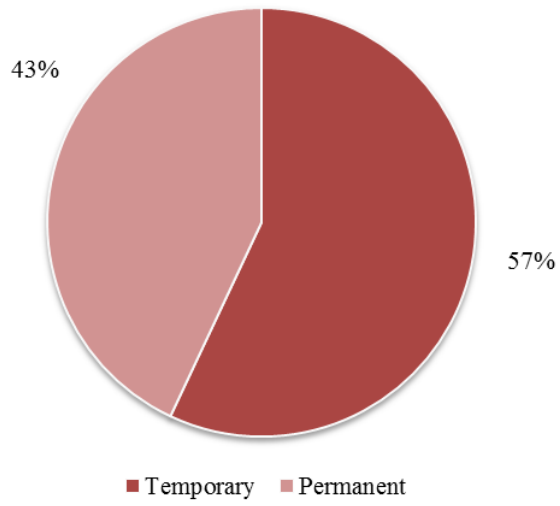
**FIG. 4.5**  
**DISTRIBUTION OF SUBJECTS BY OCCUPATION**



**FIG. 4.6**  
**DISTRIBUTION OF SUBJECTS BY DIAGNOSIS**



**FIG. 4.7**  
**DISTRIBUTION OF SUBJECTS BY TYPE OF STOMA**



**TABLE 4.2**  
**DISTRIBUTION OF SUBJECTS BY MEDICAL HISTORY**

(N=7)

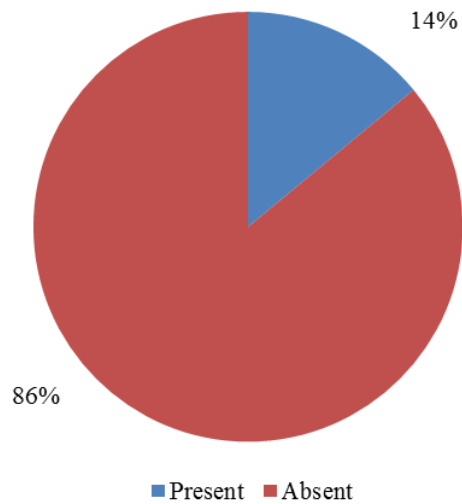
<b>MEDICAL HISTORY</b>	<b>NO. OF SUBJECTS</b>	<b>PERCENTAGE%</b>
<b>Family history of cancer</b>		
Present	1	14
Absent	6	86
<b>Past medical history</b>		
Hypertension	1	14
Diabetes mellitus	2	29
No history	4	57
<b>Diet history</b>		
Vegetarian	1	14
Non vegetarian	6	86

Table 4.2 describes the medical history of the patients. In relation to family history of cancer 14 % of patients had family history of cancer and rest 86 % had no such family history.

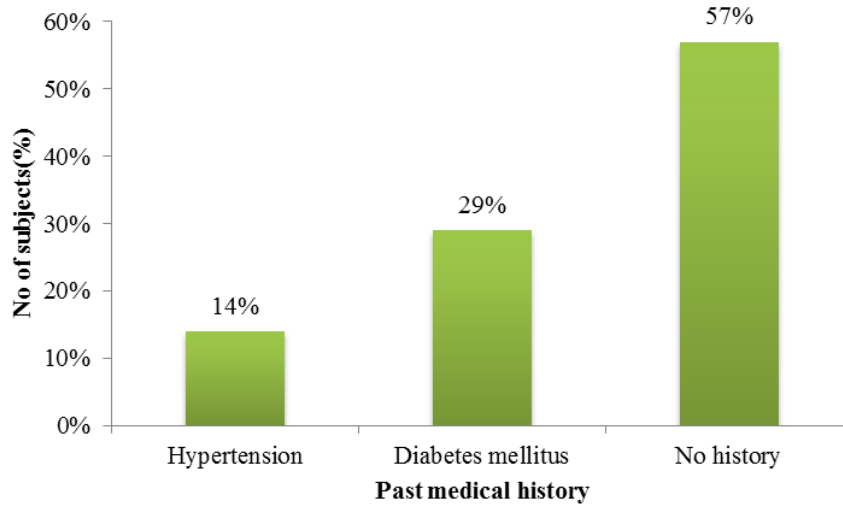


Whereas 14 % of patients had hypertension, 29 % of patients had diabetes mellitus and 57 % had no such history. In relation to diet history 14 % of subjects are vegetarian and rest 86 % of subjects are non-vegetarian.

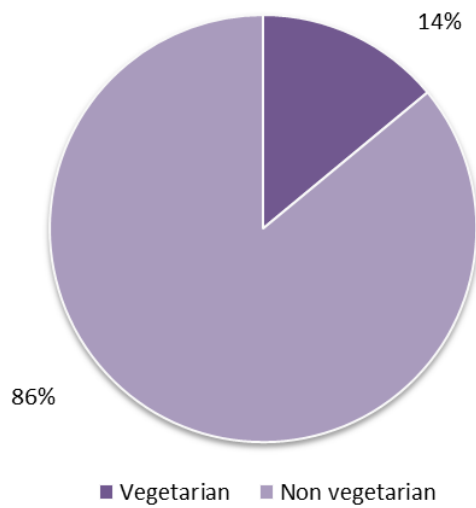
**FIG. 4.8**  
**DISTRIBUTION OF SUBJECTS BY FAMILY HISTORY OF CANCER**



**FIG. 4.9**  
**DISTRIBUTION OF SUBJECTS BY PAST MEDICAL HISTORY**



**FIG. 4.10**  
**DISTRIBUTION OF SUBJECTS BY DIET HISTORY**



## SECTION II

### **4.2. NURSING INTERVENTION INCLUDING COLOSTOMY CARE PACKAGE AMONG PATIENTS WITH COLOSTOMY**

Nursing intervention to patients with colostomy include direct patient care such as stoma care involving selection of the pouch, changing of the pouch, emptying of the pouch, disposal of pouch, colostomy irrigation, skin care, nutrition, personal hygiene and appliance hygiene of colostomy patients. Along with stoma care, education, compassionate understanding and guidance will help regain patients their self-esteem, that help them to resume to their normal social and business activities. Promotional measures to improve their clothing, job, social gathering tips, importance of complication prevention, exercise and information regarding ostomy associations and appliance information, follow up along with counseling on sex, marriage and pregnancy are given to improve their quality of life.

Ongoing physical and digestive system assessment was done to ensure the general condition of subjects underwent colostomy and thus ensure proper planning of care to be given to all 7 subjects.

Among 7 patients, 2 patients had past history of diabetes mellitus, were on treatment and blood sugar were kept under control. Among 7 patients, 1 patient was a known hypertensive and blood pressure was also under control.

Temperature, pulse, respiration were normal in all subjects.

Pain was assessed using numerical intensity pain scale. Pain was found around stoma area and was high in early post-operative day with score around 7 reduced to score 2 among 5 patients and score 3 among 2 patients.

The amount of drain was noted and measured. Two drains tubes were present on either side of the stoma among which, one drain was removed around third post-operative day with 30 ml of drain in 4 subjects and 40 ml in 3 patients and other drain was removed on the fourth post-operative day in 4 patients and fifth post-operative day in 3 patients.

Wound assessment was done daily in all patients during dressing, stoma appeared bright red and pain score was around 7 – 8 over suture area on second post-operative day. Pain settled on proceeding post-operative days and patients cooperated well as pain score reduced to 2 – 3 on the day of discharge.

Stoma care including the emptying of pouch contents was done daily in the morning and evening in all subjects and 3 times in 2 patients. Dressing of wound and drain was done in all subjects using betadine solution once in the morning daily in all post-operative days till discharge. Kidney tray was kept on the open end of the pouch, clamp removed, pouch held up and the contents were emptied. Tissue paper was used to clean if soiling of pouch occurred and again the pouch is replaced. They were also taught to empty the pouch themselves in the closet along with changing and disposal of pouch as a part of colostomy care package to improve their quality of life. Pouches were selected based on patient preferences. Four patients used open end pouches and 3 patients used reusable pouches. Changing of pouch was done with the help of skin safe adhesives in all samples and also was demonstrated to all patients.

Two patients had complaints of belching and fullness of stomach, hence colostomy irrigation was done on the fifth post-operative day by the physician among two subjects and the researcher assisted the physician during the procedure. Normal saline of about 200 ml was used as irrigating solution and rest of the contents was clear. Then pouch was attached to the stoma and rest was allowed to drain inside the pouch itself. Colostomy irrigation procedure was demonstrated to all the patients, since they need to be carried out to promote their quality of life.

Intake and output chart was maintained in all the subjects, 1500 – 2000 ml of normal saline, ringer lactate and dextrose with normal saline and oral fluid intake were prescribed for all subjects on second post-operative day, then IV infusions were tapered based on patients needs. Hydration was well maintained.

Adequate rest and sleep was provided for all the subjects. A calm and quiet environment was provided. Visitors were restricted to reduce the spread of infection.

Diets including clear liquid diet like tender coconut water, fresh juices, Horlicks, milk, butter milk, dhal water, vegetable soup, white portion of the egg were given to all non-vegetarians and vegetarians except for egg. More water was given to subjects to maintain their hydration. Later soft diet like idly with milk, idly with sambar, boiled rice kanchi were also included. Diet that produces odor and gas like yellow portion of the egg, caffeinated beverages, spicy foods, tea, coffee, soda were excluded in their diet. Diets to be included and excluded once discharged from hospital were taught to patients to promote their quality of life.

Selection of pouch was also demonstrated to patient as most of the stomas are always not rounded. So to make sure that pouch fits very properly, the easiest way to measure stoma is by using the backing paper of the skin barrier as a pattern. Ask the patient to stand in front of the mirror to perform this procedure. During first three months check the size of the stoma, as it may change. Complications of Stoma and their prevention were taught to patient as most stoma problems happen during the first year after surgery

Patients were assisted during ambulation for 1 hour daily depending on their convenience either half an hour in the morning and evening or complete one hour in the evening. Importance of early ambulation, with importance of jogging, walking, cycling for 30 minutes daily that improves quality of life was taught to patients.

To improve his Psycho-Social Concerns among patients with colostomy such as Ostomy and Lifestyle including work, exercise, bathing, swimming, travelling was discussed with the patient and his family members as it improved his quality of life and removed feelings of loneliness and rejection.

To improve his emotional concerns among patients with colostomy, concerns regarding relationship and clothing were discussed with the patient and his family members as it improved his quality of life in terms of his self-esteem and removed worthlessness. Ways to overcome the feeling of worthlessness and burden to others were discussed with the subjects.

To improve his sexual and social concerns among patients with colostomy, concerns regarding sex were discussed with the patient and his wife and about ostomy

associations and appliances were discussed with the patient his family members as it improved his quality of life in terms of his self-esteem and removed worthlessness. Learning to live with a colostomy may be difficult for both patient and his spouse

Travelling tips like need to carry extra ostomy appliances, its storage, Putting of Seat belts, were explained to subjects as it improves their quality of life in aspects of relationship with society.

Information regarding Ostomy Associations and Appliances are given to patients. Stoma Care Products such as different types of reusable pouches, clamps, adhesives, odor less pouches, LBF (Liquid Barrier Film) is a 'no sting' skin barrier for ostomates and continence patients, Silicone based medical adhesive remover, An antibacterial skin cleanser, A motion management sachet carefully designed to gel the contents of your pouch., An ostomy deodorant spray and tablets, Thin and flexible hydrocolloid extension were discussed with patient and his family members.

On the seventh postoperative day 4 patients were discharged and 3 subjects on eighth post operative day. On the day of discharge Stoma QOL questionnaire was used to assess the quality of life of patients with colostomy.

### SECTION III

#### 4.3. QUALITY OF LIFE AMONG PATIENTS WITH COLOSTOMY AFTER NURSING INTERVENTION

Stoma QOL questionnaire was used to assess the quality of life in both colostomy and ileostomy patients. Stoma QOL questionnaire is a 37 item questionnaire presented in multiple choice format covering 5 domains as follows, Sleep containing 5 items, Food containing 3 items, Intimate relations containing 8 items, Relationship with family and friends containing 8 items and Relationship with other than family and friends containing 13 items. The 4 point scale is used for scaling the patients response as, Always as '1', Sometimes as '2', Rarely as '3', Not at all as '4'. The score of QOL is interpreted as worst QOL: 1-37, average QOL: 38-74, good QOL: 75-111, better QOL: 111- 147, best QOL: 148.

The nursing care was rendered to all patients in 1:1 ratio based on needs and problems. Vitals and blood sugar were normal in all patients. Stoma was healthy and had no signs of infection. Among 7 samples, 4 patients were discharged on seventh post-operative day and 3 subjects on eighth post-operative day. None of the patients developed stoma complications. Stoma QOL questionnaire was given to all the subjects on their day of discharge and QOL assessed. Four patients had better quality of life and three patients had good quality of life. Colostomy care package was taught again to and pamphlet of the same issued to all the patients.



**TABLE 4.3**  
**DISTRIBUTION OF SUBJECTS BY DOMAINS OF QUALITY OF LIFE**

(N=7)

<b>DOMAINS OF QOL (%)</b>	<b>SAMPLES</b>						
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>5</b>	<b>7</b>
<b>Sleep</b>	90	50	80	70	65	70	90
<b>Food</b>	83	83	67	67	75	75	67
<b>Intimate relations</b>	81	81	94	81	84	88	41
<b>Relationship with family and friends</b>	97	81	94	81	81	97	72
<b>Relationship with society</b>	77	77	75	66	66	81	69
<b>Total percentage</b>	84	76	83	74	74	75	63

Stoma QOL questionnaire was given to patients on their day of discharge and quality of life assessed. Assessment showed, sample 1 had better quality of life with 84 % of quality of life. In relation to his domain of quality of life he had 90 % of sleep with rare disruptions with presence of stoma; rarely avoided certain positions. Food domain had 83 % with rarely preoccupied with what to drink and eat and rarely avoided the drinks he likes. Intimate relationship domain had 81 % concerning rarely avoided sexual intimacy, rarely worry about pouch leaking, rarely feel embarrassed about the presence of stoma, rarely avoided outside stay at home and sometimes worry about pouch smelling. relationship with family and friends domain had 97 % such as rarely worry about pouch rustling and relationship with society had 77 % such as rarely worry about need of toilet nearby, sometimes become anxious when the pouch is full, rarely avoided that situations that perspire, rarely getting changed in front of others, rarely makes him difficult to stay with others, rarely plans his day with

pouch, sometimes worry about the noises from stoma and always worry that the pouch may loosen.

Sample 2 had better quality of life with 76 % of quality of life. In relation to his domain of quality of life he had 50 % of sleep with sometimes disrupted with presence of stoma during sleep, sometimes avoided certain positions and always needed rest during day. Food domain had 83 % with rarely preoccupied with what to drink and eat and rarely avoided the drinks he likes. Intimate relationships domain had 81 % such as rarely avoided sexual intimacy sometimes worry about pouch leaking, sometimes avoided outside stay at home and rarely worry about pouch smelling. Relationship with family and friends domain had 81 % such as rarely worry that he may be burden to others, always worry about pouch rustling and rarely avoid close physical contact with family. and relationship with society domain had 77 % such as sometimes worry about need of toilet nearby, rarely feel tied during day, always avoided that situations that perspire, rarely getting changed in front of others, rarely limits the choice of clothes, rarely makes him difficult to stay with others, rarely plans his day with pouch and always worry that the pouch may loosen.

Sample 3 had better quality of life with 83 % of quality of life. In relation to his domain of quality of life he had 80 % of sleep such as rarely disrupted with presence of stoma during sleep, rarely avoided certain positions, rarely have problems falling asleep and rarely needed rest during day. Food domain had 67 % with always prefer eating at home and rarely avoided the drinks he likes. Intimate relationships domain had 94 %. Relationship with family and friends had 94 % such as rarely worry that he may be burden to others, always worry about pouch rustling and rarely avoid

close physical contact with family. and relationship with society had 75 % such as sometimes worry about need of toilet nearby, rarely feel tied during day, always avoided that situations that perspire, rarely getting changed in front of others, rarely limits the choice of clothes, rarely makes him difficult to stay with others, rarely plans his day with pouch and always worry that the pouch may loosen.

Sample 4 had good quality of life with 74 % of quality of life. In relation to his domain of quality of life he had 70 % of sleep, rarely his sleep gets interrupted with presence of stoma, rarely avoid certain positions to sleep, rarely sleeps badly during night and always needed rest during day. Food domain had 65 % with rarely prefer eating at home, rarely preoccupied with what to drink and eat and sometimes avoided the drinks he likes. Intimate relationships domain had 87 % such as always avoided sexual intimacy sometimes worry about pouch leaking and rarely felt difficult to stay away from home. Relationship with family and friends had 81 % such as rarely feeling lonely even when with others nearby, rarely worry that he may be burden to others, sometimes worry about pouch rustling and rarely avoid close physical contact with family and relationship with society had 66 % such as sometimes worry about the skin problems where the skin attaches, always worry about need of toilet nearby, rarely feel tied during day, rarely avoided that situations that perspire, sometimes worry getting changed in front of others, rarely makes him difficult to stay with others, rarely plans his day with pouch and always worry that the pouch may loosen.

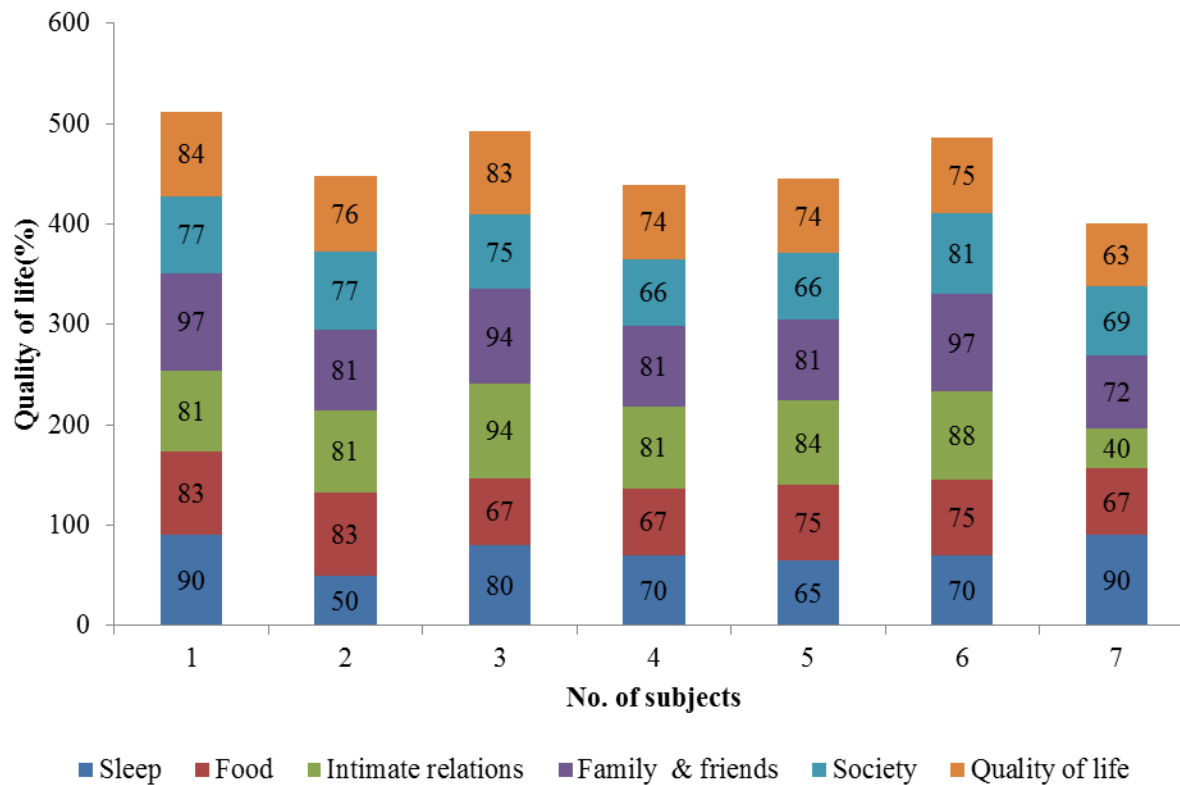
Sample 5 had better quality of life with 74 % of quality of life. In relation to his domain of quality of life he had 65 % of sleep sometimes his sleep gets interrupted with presence of stoma, rarely avoid certain positions to sleep, sometimes have problem in falling asleep and sometimes needed rest during day. Food domain had 75 % with rarely prefer eating at home, rarely preoccupied with what to drink and eat and rarely avoided the drinks she likes. Intimate relationships domain had 84 % such as rarely worry about pouch leaking, sometimes feel embarrassed with the presence of stoma, rarely felt difficult to stay away from home and sometimes worry about the pouch odor. Relationship with family and friends had 81 % such as always worry about pouch rustling and sometimes avoid close physical contact with family and relationship with society had 66 % such as always worry about the skin problems where the skin attaches, sometimes worry about need of toilet nearby, sometimes becomes anxious when the pouch is full, sometimes feel tired during day, rarely feels that her stoma makes it difficult to be with other people, rarely avoided that situations that perspire, sometimes worry getting changed in front of others, rarely makes him difficult to stay with others, rarely plans his day with pouch and rarely worry that the pouch may loosen.

Sample 6 had better quality of life with 75 % of quality of life. In relation to his domain of quality of life he had 70 % of rarely his sleep gets interrupted with presence of stoma, sometimes avoids certain positions to sleep and always needed rest during day. Food domain had 75 %, sometimes prefer eating at home. Intimate relationships domain had 88 % such as always felt difficult to stay away from home and rarely worry about the pouch odor. Relationship with family and friends domain had 97 % such as rarely worry about pouch rustling and relationship with society had

81 % such as rarely becomes anxious when the pouch is full, rarely feel tired during day, rarely worry about the noises from the stoma, always worry about the choice of clothes and sometimes worries getting changed in front of others.

Sample 7 had better quality of life with 84 % of quality of life. In relation to his domain of quality of life he had 90 % of sleep as rarely sleeps badly during night and rarely needed rest during day. Food domain had 88 % with sometimes prefer eating at home, rarely preoccupied with what to drink and eat and rarely avoided the drinks he likes. Intimate relationships domain had 41 % such as sometimes worry about pouch leaking; always feel embarrassed about the presence of stoma, always felt difficult to stay away from home and rarely worry about the pouch smell. Relationship with family and friends had 72 % such as rarely feel that his family may reject him, rarely feeling lonely even when with others nearby, rarely feel that his condition may be a burden to other people, sometimes feel that his family may feel awkward around him, rarely worry that the pouch smell and rarely avoid close physical contact with family and relationship with society had 69 % such as rarely worry about the skin problems where the skin attaches, sometimes feel tired during day, sometimes fear of meeting new people, rarely feel difficult to wear the pouch, sometimes avoided that situations that perspire, sometimes worry getting changed in front of others, sometimes makes him difficult to stay with others, rarely plans his day with pouch and always worry that the pouch may loosen.

**FIG.4.11**  
**DISTRIBUTION OF SUBJECTS BY DOMAINS OF QUALITY OF LIFE**



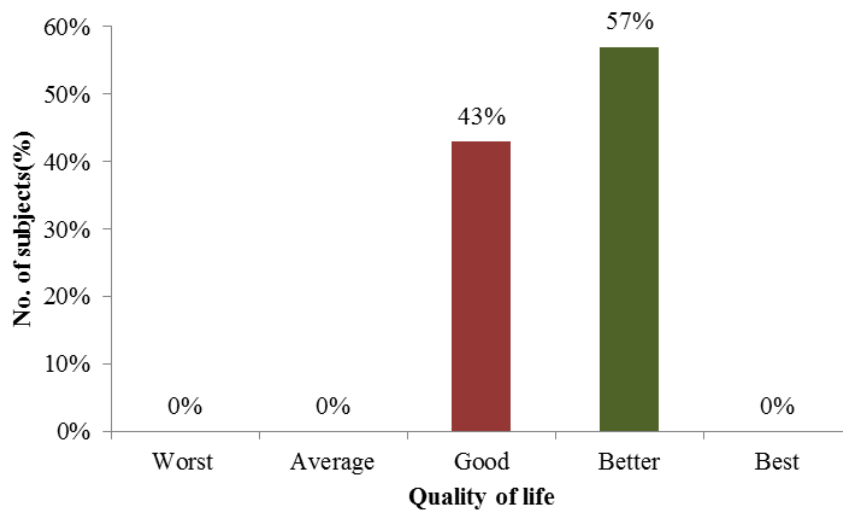
**TAB 4.4**  
**DISTRIBUTION OF SUBJECTS BY QUALITY OF LIFE**

(N=7)

Quality of Life	No. of Subjects	Percentage (%)
Worst	0	0
Average	0	0
Good	3	43
Better	4	57
Best	0	0

Distribution of patients by quality of life shows that nursing intervention promoted better quality of life among 57 % and good quality of life in 43 % of patients.

**Fig.4.11**  
**DISTRIBUTION OF SUBJECTS BY QUALITY OF LIFE**



## **RESULTS AND DISCUSSION**

The study was conducted at Gem Hospital, Coimbatore with the main focus to render nursing intervention to promote quality of life among patients with colostomy. Patients with colostomy were included for the study. Colostomy nursing care including colostomy care package was given to patients with colostomy postoperatively till the day of discharge. Quality of life of patients with colostomy was assessed using Stoma QOL questionnaire on the day of discharge. The results were interpreted and discussed in this chapter.

### **5.1. FINDINGS RELATED TO DEMOGRAPHIC VARIABLES**

#### **5.1.1. AGE**

In this study out of 7 patients, 57 % patients are elderly population.

#### **5.1.2. SEX**

In this study out of 7 patients, 86 % patients are male and remaining 14 % patients are female.

#### **5.1.3. EDUCATION**

In this study out of 7 patients, 43 % patients are uneducated, 29 % patients had primary education and 29 % patients had under graduation.

#### **5.1.4. MARITAL STATUS**

In this study out of 7 patients, 86 % patients are married and 14 % are unmarried.



### **5.1.5. OCCUPATION**

In this study out of 7 patients, 57 % patients are having daily wages and 43 % are having monthly wages.

### **5.1.6. DIAGNOSIS**

In this study of 7 patients, 71 % patients are with cancerous disease and 29 % patients are with non-cancerous disease.

### **5.1.7. TYPE OF STOMA**

In this study out of 7 patients, 57 % patients are with temporary colostomy and 43 % patients are with permanent colostomy.

## **5.2. FINDINGS RELATED TO MEDICAL HISTORY**

### **5.2.1. FAMILY HISTORY OF CANCER**

In this study out of 7 patients, 86 % patients had no family history of cancer and 14 % patients had family history of cancer.

### **5.2.2. PAST MEDICAL HISTORY**

In this study out of 7 patients, 14 % patients had hypertension, 29 % had diabetes mellitus and rest 57 % patients had no such history.

### **5.2.3. DIET HISTORY**

In this study out of 7 patients, 86 % respondents are non vegetarian and 14 % respondents are vegetarian.

Sinha (2010) conducted a study to evaluate the quality of life of ostomates. Population of 50 ostamates was included in the study. Purposive sampling method

was used. Structured interview technique was used for data collection. Results revealed that Female ostomates had higher mean QOL (118.33) than males, mean QOL scores (108.54). Ostomates above secondary education had higher mean QOL scores (109.48) than below secondary education (98.80). Ostomates who were unemployed had higher mean QOL scores (117.21) than ostomates who were employed (109.10). Unmarried ostomates mean QOL scores were higher (110.00) than married ostomates, mean QOL scores (106.42). Majority of the ostomates with ca rectum had colostomy; and possessed best quality of life.

### **5.3. ASSESSMENT OF PATIENT POST OPERATIVELY**

History collection and physical examination was done to ensure the condition of the subject post operatively. All the patients were assessed to identify the needs and problems. All the patients were assessed on the second post operative day, vitals checked and recorded and were normal for all the patients. Baseline data was obtained from the patients with regard to previous health records and physical examination.

Among 7 patients, 5 patients were diagnosed with cancer rectum and 2 had ulcerative colitis had undergone surgery for colostomy. Among 7 patients, 4 patients had temporary colostomy and 3 had permanent colostomy. Among 7 Patients, 2 patients had diabetes mellitus and 1 patient was hypertensive.

Physical assessments for all the patients were done. The main focus was given on digestive system. Colostomy was found on left lower abdomen in 4 patients and right lower abdomen in 3 patients. All the patients had 2 drain tubes were present on either side of colostomy. Contour of the abdomen was flat in all patients, Stoma appeared bright red in color. Umbilicus appeared normal. Bowel sounds were heard in

all patients. No organomegaly, guarding or masses was found in patients. Palpation caused moderate pain and tenderness around stoma and drain area.

#### **5.4. NURSING INTERVENTION TO PROMOTE QUALITY OF LIFE AMONG PATIENTS WITH COLOSTOMY**

Ongoing physical and digestive system assessment was done to ensure the general condition of patients underwent colostomy and thus ensure proper planning of care to be given to all 7 patients.

Among 7 patients, 2 patients had past history of diabetes mellitus, were on treatment and blood sugar were kept under control. Among 7 patients, 1 patient was a known hypertensive was on treatment and his blood pressure was also under control.

Temperature, pulse, respiration were normal in all patients. Pain was assessed using numerical intensity pain scale. Pain was found around stoma area and was high in early post operative day with score around 7 and reduced to 2 in four patients and 3 among three patients.

The amount of drain was noted and measured. Two drains were present on either side of the stoma among which, one drain was removed around third post operative day with 30 ml of drain in all patients and other drain was removed on the forth post operative day.

Wound assessment was done daily in all patients during dressing, stoma appeared bright red and pain score was around 7 – 8 over suture area on second post operative day. Pain settled on proceeding post operative days and patients co operated well as pain score reduced to 2 – 3 on day of discharge.

Stoma care including the emptying of pouch contents was done daily in the morning and evening in all patients and 3 times in 2 patients. Dressing of wound and drain was done in all patients using betadine solution once in the morning daily in all post operative days till discharge. Kidney tray was kept on the open end of the pouch, clamp removed, pouch held up and the contents were emptied. Tissue paper was used to clean if soiling of pouch occurred and again the pouch is replaced. They were also taught to empty the pouch themselves in the closet along with changing and disposal of pouch as a part of colostomy care package to improve their quality of life. Pouches were selected based on patient preferences. 4 patients used open end pouches and 3 patients used reusable pouches. Changing of pouch was demonstrated to all patients.

Two patients had complaints of belching and fullness of stomach, hence colostomy irrigation was done on the fifth post operative day by the physician among 2 subjects and the researcher assisted the physician during the procedure. Normal saline of about 200 ml was used as irrigating solution and rest of the contents were clear. Then pouch was attached to the stoma and rest was allowed to drain inside the pouch itself. Colostomy irrigation procedure was demonstrated to all the patients, since they need to be carried out to promote their quality of life.

Intake and output chart was maintained in all the patients, 1500 – 2000 ml of normal saline, ringer lactate and dextrose with normal saline with oral fluid intake were prescribed for all patients on second post operative day, then tapered based on patients needs. Hydration was well maintained.

Adequate rest and sleep was provided for all. A calm and quiet environment was provided. Visitors were restricted to reduce the spread of infection.

Diets including clear liquid diet like tender coconut water, fresh juices, horlicks, milk, butter milk, dhal water, vegetable soup, white portion of the egg were given. More water was given to subjects to maintain their hydration. Later soft diet like idly with milk, idly with sambar, boiled rice kanchi were also included. Diet that produces odor and gas like yellow portion of the egg, caffeinated beverages, spicy foods, tea, coffee, soda were excluded in their diet. Diets to be included and excluded once discharged from hospital were taught to patient to promote their quality of life.

Patients were assisted during their ambulation for 1 hour daily depending on their convenience either half an hour in the morning and evening. Or complete one hour in the evening. Importance of early ambulation, with importance of jogging, walking, cycling for 30 minutes daily that improves quality of life of patients.

Pain with score of +7 was found around stoma and drain site. Hot fomentation over tenderness area was given twice daily for period of half an hour. Inj. Spasmoproxyvon 2ml IV sos, Zonac suppository were administered as prescribed. Pain reduced to +2 by the end of intervention period.

Patients were on antibiotics to combat infection, Inj. Pantacid to prevent stress ulcer and systematic management were given to all the patients.

Emotional Concerns like relationship with family friends and society were discussed and ways to overcome the feeling of worthlessness and burden to others were discussed with the subjects to improve their quality of life. Travelling tips like need to carry extra ostomy appliances, its storage, Putting of Seat belts, were demonstrated to patients.

## **5.5. ASSESSMENT OF QUALITY OF LIFE AFTER NURSING INTERVENTION AMONG PATIENTS WITH COLOSTOMY**

The nursing care was rendered to all patients in 1:1 ratio based on needs and problems. Vitals and blood sugar were normal in all patients. Stoma was healthy and had no signs of infection. 4 patients were discharged on seventh post operative day and 3 patients on eighth post operative day. None of the patients developed stoma complications. Stoma QOL questionnaire was given to all the patients on their day of discharge and QOL assessed. Among 7 patients, 4 patients had better quality of life and 3 patients had good quality of life. Colostomy care package was taught again to all the patients and pamphlet was given.

## **5.6. FINDINGS RELATED TO DOMAINS OF QUALITY OF LIFE**

Tab. 4.3 reveals, Distribution of patients by domains of quality of life showed the on the whole the patients had 73.5 % in the domain of sleep, 74 % in the domain of food, 79 % in intimate relationship with their family, 86 % in relationship with family and friends and 73 % in relationship with society.

Liles, Bobb, Smith & Simmons (2007) conducted a study to examine adjustment and its relationship with stoma acceptance and social interaction and the link between stoma care self efficacy and adjustment in the presence of acceptance and social interactions. Population of about 51 patients with colostomy was included in the study. Multiple regression analysis showed that stoma self care efficacy, stoma acceptance, interpersonal relationship and location of stoma were strongly associated with adjustment. The model explained 77 % of variance. Stoma self care efficacy accounts for 57.5 %, the psychological variables 13 % and location of stoma 4.6 %.

The study concluded that addressing psychological concerns should become a part the care routinely given to stoma patients and recommended on dispelling negative thoughts and encouraging social interactions.

### **5.7. FINDINGS RELATED TO QUALITY OF LIFE**

Tab. 4.4 reveals, in this study out of 7 patients, 57 % respondents had better quality of care and 43 % had good quality of life after nursing intervention.

Sinha (2010) conducted a study to evaluate the quality of life of ostomates. Population of 50 ostamates was included in the study. Purposive sampling method was used. Structured interview technique was used for data collection. The range of QOL score were from 50-150. Majority (44 percent) of ostomates were in the range of 117-150. Forty-eight percent of the ostomates were practicing irrigation to regulate their bowl. Majority (66 percent) of the ostomates had a change in their diet because of ostomy. Thirty-eight percent of ostomates had problem while travelling due to ostomy.

## **SUMMARY AND CONCLUSION**

This chapter summarizes the major findings, limitations, implications in the field of nursing education, nursing practice, nursing research and recommendations.

The study was conducted on nursing intervention to improve quality of life among patients with colostomy. History collection and physical examination was done post operatively and ongoing assessment was done until discharge. Orlando's theory of deliberative nursing process was used to conceptualize the nursing intervention rendered to promote the quality of life among patients with colostomy. This theory focuses on patient behavior, nurse's response, nurse activity and the patient's response to nursing care.

Literature was reviewed on the following aspects, such as colostomy, quality of life of patients with colostomy, nursing interventions rendered to promote quality of life of patients with colostomy. As per literature appropriate nursing intervention were rendered to promote faster recovery, prevent complications and improve their quality of life. A descriptive case study method was adopted to render nursing intervention to promote quality of life among patients with colostomy. The study was conducted in Gem hospital, Coimbatore. Convenient sample of 7 patients were selected for the study.

The content validity of the tool was tested by experts. The feasibility and practicability of the tool was confirmed by pilot study. Tool assessment consists of demographic profile, present health history, past health history, family history, personal history, investigations, and medications. Physical examination included



digestive system assessment as main focus based on which individualized nursing care plan was prepared on expected needs and problems of the patients with colostomy. Colostomy care package was also rendered along with nursing intervention to promote quality of life.

The prime focus of the present research is 1:1 nursing intervention to promote quality of life among patients with colostomy.

### **6.1. MAJOR FINDINGS OF THE STUDY**

1. Assessment of needs and problems post operatively after surgery revealed that they had incision pain and pain around stoma for 3 days, difficulty in walking, sleeping.
2. The highlight of the present study was 1:1 individualized holistic nursing care including colostomy care package that helped to improve quality of life after colostomy surgery.
3. Among 7 patients, 57 % had better quality of life and rest 43 % had good quality of life.
4. None of the patients developed complications.
5. Patients Quality of life in relationship with family and friends domain and intimate relationships domain had better scores.

### **6.2. LIMITATIONS OF THE STUDY**

1. The study was conducted on less number of subjects
2. Shorter period of data collection period limits the generalization

### **6.3. NURSING IMPLICATIONS**

#### **6.3.1. Nursing Education**

Creation of colostomy alters quality of life of patients to greater extent. Ostomates face problems such as bleeding, infection, retraction, dehiscence, fistula, ileus, hernia, skin complications, constipation, diarrhea, bag ballooning, intense fear of loneliness, fear of rejection from their loved ones, self esteem disturbances anxieties about personal unattractiveness affects their marriage, sex and pregnancy. The fear of offending others because of malodorous secretions and physical disfigurement can make ostomates avoid social contacts even with family and friends and undergo severe depression which ultimately affects their quality of life. Ostomy care is treated just as other post operative surgery management and no specific steps are taken to improve their quality of life. Hence to improve their quality of life colostomy care package has to be emphasized.

In the field of nursing education, nursing intervention to improve quality of life is concerned with holistic care of patients. Colostomy care package in practice will help nurses to improve the patient's quality of life for rest of their life. Thus, it is appropriate to incorporate ostomy nursing as a separate entity in nursing into nursing curriculum.

Learning opportunities should be given to nursing students in encouraging clients to restore their quality of life. Shift from emphasis on curing the symptoms to maximizing the quality of life has to be brought.

### **6.3.2. Nursing Practice**

The nurse working in the ostomy care unit should be intensively trained in implementing colostomy care package to bring out positive physical, psychological, personal, social, intellectual, cultural, economical, sexual aspects of life to promote quality of life of colostomy patients.

Efforts should be made in preparing education material for home management of ostomates.

The existing health services have emphasis on medical aspects of care of ostomates but the psychological care is unfocused. A more holistic approach is required to improve health outcomes and increase QOL.

### **6.3.3. Nursing Research**

The nursing research need to be focus more on the evidence based and holistic practice by understanding the various techniques that can bring about significant positive and psychological outcomes for patients with colostomy.

Nursing research should be directed to further explore and update knowledge and attitude of ostomy unit nurses for patients.

## **6.4. RECOMMENDATIONS**

1. Ostomycare nurses can include colostomy care package in routine care protocol.
2. An extensive study can be conducted for larger number of samples in the health care settings.

3. Further research can be conducted with the help of other quality of life assessment scale.
4. The study can be conducted among patients with ileostomy.
5. Longitudinal studies can be conducted on various time periods to assess the quality of life.
6. Assessment studies on knowledge regarding ostomy care can be conducted.
7. Further studies can be done on practical aspects of stoma management and rehabilitation.

#### **6.5. CONCLUSION**

The study emphasized that planned individualistic nursing intervention including colostomy care package for patients with colostomy will promote quality of life and prevent complications.

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FORMAT FOR CONTENT VALIDITY

Name of the expert: Mr.P. Kuzhanthaivel,  
Address: Associate Professor,  
KMCH College of Nursing,  
Post Box. No. 320a, KMCH campus,  
avinashi road, Coimbatore - 14.

Kindly validate each tool and tick wherever applicable

S.No	Sections of the tool	Strongly agree	Agree	Needs modification	Remarks
1	SECTION A			✓	
2	SECTION B		✓		
3	SECTION C			✓	Scoring interpretation to be modified by

Total content for the tool : Adequate /Inadequate

Date: 13.06.2011




P. Kuzhanthaivel  
Signature of the expert

**APPENDIX – V**  
**CERTIFICATE FOR TAMIL EDITING**

TO WHOMSOEVER IT MAY CONCERN

This is to certify that the dissertation, "Nursing Intevention to promote Qualkity of Life among Patients with Colostomy, GEM Hospital, Coimbatore". done by Pauline. J.C II year M.Sc. Nursing , College of Nursing, Sri Ramakrishna Institute of Paramedical Sciences, Coimbatore, has been edited for Tamil language appropriateness.

Name	J. SANTHA RUBI, M.A.,
Designation	B.T.Assistant,
Name of the Institution	Government higher Secondary, School, Idigarai, Coimbatore
Signature	

**FORMAT FOR CONTENT VALIDITY**

Name of the expert: Dr. Praveen Raj,

Address : GEM Hospital & Research Centre (P) Ltd,  
Advanced Laparoscopic Surgery Centre,  
Coimbatore-45.

Kindly validate each tool and tick wherever applicable

S.N	Sections of the tool	Strongly agree	Agree	Needs modification	Remarks
1.	SECTION A		✓		
2.	SECTION B		✓		
3.	SECTION C		✓		
4.	SECTION D		✓		
5.	SECTION E		✓		

Total content of the tool: Adequate / Inadequate ✓

Date: 12.6.2011

Signature of the expert



**APPENDIX – II**  
**LETTER REQUESTING TO VALIDATE THE RESEARCH TOOL**

From  
J.C. PAULINE  
M.Sc Nursing I year,  
College of Nursing,  
Sri Ramakrishna Institute of Paramedical Sciences,  
Coimbatore -44.

To  
Dr. Praveen Raj,

GEM Hospital & Research Centre (P) Ltd,  
Advanced Laparoscopic Surgery Centre,  
Coimbatore-45.

Through  
The Principal,  
College of Nursing,  
Sri Ramakrishna Institute of Paramedical Sciences,  
Coimbatore -44.

Sub: Requisition for content validity

Respected Madam,

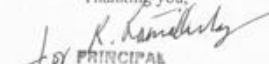
I Ms.J.C. Pauline doing my M.Sc (N) I Year in College of Nursing, Sri Ramakrishna Institute of Paramedical Sciences, as a part of my curriculum requirement under The Tamil Nadu Dr. M.G.R. Medical University has to conduct Research, I have selected study on "NURSING INTERVENTION TO IMPROVE THE QUALITY OF CARE AMONG PATIENTS WITH COLOSTOMY"

I sincerely request to extend your guidance for my content validity.

Thanking you,

Coimbatore

Date:

  
PRINCIPAL  
College of Nursing,  
Sri Ramakrishna Institute of Paramedical Sciences,  
Coimbatore - 641 044.

Yours faithfully,

  
(J.C. PAULINE)

**APPENDIX – IV**  
**CERTIFICATE FOR ENGLISH EDITING**

CERTIFICATE OF ENGLISH EDITING

TO WHOMSOEVER IT MAY CONCERN

This is to certify that the dissertation "Nursing Intervention to Promote Quality of Life among Patients with Colostomy at Gem hospital, Coimbatore" done by **Pauline J.C.** II year M Sc. Nursing, College of Nursing, Sri Ramakrishna Institute of Paramedical Sciences, Coimbatore, has been edited for English language appropriateness.

Name Dr. Marie Sousisa Francis,

Designation Reader in English,

Name of the Institution K.V.M. Institute of English,  
KVM Trust, Cheruthala

Signature *sbauer*





**APPENDIX – I**  
**PERMISSION LETTER FOR CONDUCTING THE STUDY**

FROM

J.C.PAULINE,

M.Sc Nursing 1<sup>st</sup> yr,

College of nursing,

Sri Ramakrishna institute of paramedical sciences,

Coimbatore - 44.

TO

THE MANAGING TRUSTEE

GEM Hospital & research centre (p) ltd,

Advanced laparoscopic surgery centre,

Coimbatore- 45.

Through The Principal, College of nursing, Sri Ramakrishna institute of paramedical sciences.

Sub: letter requesting permission for conducting the research study.

Respected sir,

I, Ms. J.C. Pauline doing my M.Sc (N) 1 year in college of nursing, Sri Ramakrishna institute of paramedical sciences wish to do a research study on **NURSING INTERVENTIONS ON PROMOTION OF QUALITY OF LIFE AMONG PATIENTS WITH OSTOMY** in your hospital. This is my curriculum requirement under Dr. M.G.R medical university. The study will be conducted in GEM Hospital & research centre (p) ltd, Coimbatore.

So I humbly request you to grant me permission for doing the study in selected setting. I assure you that I will abide by the rules of the institution and information collected from the study participants will not be disclosed.

Thanking you,

Yours faithfully,

J.C.Pauline

(J.C.PAULINE)

Coimbatore,

*R. Ramakrishna*  
PRINCIPAL,

CON: SRIPMS.

PRINCIPAL  
College of Nursing  
Sri Ramakrishna Institute of Paramedical Sciences  
Coimbatore - 441 004

*[Signature]*  
*[Signature]*  
*[Signature]*

**APPENDIX – III**  
**SECTION A**

**DEMOGRAFIC PROFILE:-**

**1. SAMPLE NUMBER:**

**2. AGE:**

**3. SEX:**

Male

Female

**4. EDUCATION:**

Uneducated

Primary

Under graduate

**5. OCCUPATION:**

Daily wages

Monthly wages

**6. MARITAL STATUS:**

Married

Unmarried

**7. OCCUPATION**

Daily wages

Monthly wages

**8. Diagnosis**

Cancerous disease

Non cancerous disease

**9. TYPE OF STOMA:**

Temporary

Permanent

**SECTION B**

**II. PRESENT HEALTH HISTORY:**

**III. PAST HEALTH HISTORY:**

**IV. FAMILY HISTORY:**

**V. PERSONAL HISTORY:**

**VI. INVESTIGATIONS**

S.N	Date	Name of the investigations	Patient value	Normal value	Remarks

**VII.MEDICATIONS**

S.N	Date	Name of the drug	Dose	Route	Action

**PHYSICAL ASSESSMENT:**

Height : \_\_\_\_\_ cms

Weight : \_\_\_\_\_ kgs

BMI :

Body built : thin, moderate, obese

**VITAL SIGNS:**

<b>Date</b>	<b>Vital signs</b>	<b>Patient value</b>

## **DIGESTIVE SYSTEM ASSESSMENT**

### **Inspection**

Contour of the abdomen : flat/ protuberant/ scaphoid/ local bulges

Symmetry : yes/ no

Visible peristalsis : yes/ no

Abdominal distension : yes/ no

Umbilicus : hernia/ rashes/ striae/ scars

### **Auscultation**

Bowel sounds : yes/ no

Bruits : yes/ no

### **Percussion**

Bowel sounds : dullness/ tympani

### **Palpation**

Light palpation : guarding/ tenderness/ masses

Deep palpation : size/ shape/ consistency/ tenderness/ pulsations/  
mobility

## **SECTION C**

### **LIST OF NURSING DIAGNOSIS**

#### **POST- OPERATIVE NURSING CARE PLAN FOR PATIENTS WITH COLOSTOMY**

- Acute abdominal pain related to surgical incision
- Imbalanced nutritional status less than body requirement related to NPO
- Disturbed body image related to colostomy
- Risk for deficient fluid volume related to increased loss of fluids and electrolytes from GI tract
- Potential imbalanced nutrition less than body requirement related to avoidance of the foods that cause irritation to GI tract
- Risk for impaired skin integrity related to irritation of peristomal skin by effluent
- Potential risk for complications related to improper colostomy care management
- Risk for therapeutic regimen management related to barriers to self care at home
- Sexual dysfunction related to altered body image

**POST- OPERATIVE NURSING CARE PLAN FOR PATIENTS WITH  
COLOSTOMY**

<b>Assessment</b>	<b>Nursing diagnosis</b>	<b>Goal</b>	<b>Nursing intervention</b>	<b>Rationale</b>
<p><b>Objective data:</b></p> <ul style="list-style-type: none"> <li>- Redness</li> <li>- Warmth</li> <li>- Inflammation</li> <li>- Surgical dressing</li> </ul> <p>Numerical intensity scale</p> <p>0 - no pain            1 -3 - mild pain            4 – 6 - moderate pain            7-9 - severe pain            10 - worst possible pain</p>	<p>Acute abdominal pain related to surgical incision</p>	<p>Patient will verbalize reduction in pain</p>	<ul style="list-style-type: none"> <li>-Assess the location, characteristics, onset, duration, frequency, quality, intensity or severity of pain</li> <li>-Maintain proper body alignment</li> <li>-Evaluate with health care team, effectiveness of past pain control measures that have been used</li> <li>-Reduce or eliminate factors that may precipitate or increase the pain experience</li> <li>-Provide recreational activities that may reduce pain</li> <li>-provide hot fomentation</li> </ul>	<ul style="list-style-type: none"> <li>-To establish a pattern of baseline assessment and plan appropriate interventions</li> <li>-To determine what is helped and not helped in the past</li> <li>-to promote muscle relaxation and decrease tension</li> <li>-heat increases blood supply and promotes comfort</li> </ul>

			-administer analgesics and anti-cholinergic medications as per prescriptions	
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Assessment	Nursing diagnosis	Goal	Nursing intervention	Rationale
<b>Objective data:</b> NPO Body weight:	Imbalanced nutrition, less than body requirement related to NPO after surgery	Achievement of optimal nutritional value	-assess the nutritional status of the patient -maintain input and output chart of the patient -monitor daily weight of the patient -restricts movements -administer parenteral nutrition to the patient - administer IV fluids as per order -administer antiemetic as per order	Individual sensitivity to patient differs -identifies fluid status of the patient -assess the patient health status  -reduces caloric utilization -improves health of patient  -maintains fluid status  -reduces nausea and vomiting



<b>Assessment</b>	<b>Nursing diagnosis</b>	<b>Goal</b>	<b>Nursing intervention</b>	<b>Rationale</b>
		Patient will maintain normal fluid status-	<ul style="list-style-type: none"> <li>-assess the skin turgor for signs of dehydration</li> <li>-maintain input-output chart properly</li> <li>-check weight of patient daily</li> <li>-monitor vital signs every 4 hours</li> <li>-evaluate fluid status in relation to dietary intake</li> <li>-provide oral hygiene</li> <li>-teach causes of fluid loss and risk involved</li> <li>-explain importance of maintaining Good nutrition and hydration</li> </ul>	<ul style="list-style-type: none"> <li>-identifies fluid status of the patient</li> <li>-assess the patient health status</li> <li>dehydration signs are noted in vitals</li> </ul>

Assessment	Nursing diagnosis	Goal	Intervention	rationale
	<b>Risk for impaired skin integrity related to irritation of peristomal skin by effluent</b>	Patient will maintain skin integrity	<ul style="list-style-type: none"> <li>-Inspect peristomal skin for irritation, bruises, rashes</li> <li>-Clean with water &amp; pat dry</li> <li>-Handle stoma gently to prevent irritation</li> <li>-Measure stoma periodically( each appliance change 6 weeks then monthly 6 months)</li> <li>-Apply effective sealent barrier</li> </ul>	<ul style="list-style-type: none"> <li>-Early identification provides for timely interventions to prevent skin necrosis</li> <li>-Prevents skin breakdown</li> <li>-Mucosa has good blood supply and bleeds easily by rubbing or trauma</li> <li>-Post operative edema resolves( 6 weeks) size of appliance must be altered to prevent contact of fecal matters is prevented.</li> </ul>

			<p>-Make sure opening for adhesive backing of pouch is atleast 1/16 larger than the base of stoma with a adequate adhesiveness left to apply pouch.</p> <p>-Use transparent odor proof drainable pouch, keep guaze /wick over stoma while cleaning area and have patient cough or strain before applying pouch.</p> <p>-Cleanse ostomy pouch on a routine basis using vinegar.</p>	<p>-Protects skin from pouch adhesive enhances adhesiveness to pouch and helps in easy removal of pouch</p> <p>-Prevent trauma to the stoma tissue and protects the peristomal skin. Adequate adhesive area is important to maintain a seal. Note :- too tight a fit may cause stomal edema or stenosis.</p> <p>-Cough empties distal portion followed by a brief pause in drainage to facilitate application of pouch.</p> <p>-Frequent pouch changes are irritating to the</p>
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				skin & should be avoided. emptying and rinsing with vinegar removes bacteria and deodorizes the pouch.
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<b>Assessment</b>	<b>Nursing diagnosis</b>	<b>Goal</b>	<b>Intervention</b>	<b>Rationale</b>
	<b>Disturbed body image related to presence of stoma</b>	Patient will verbalize acceptance of self in situation	<p>-Review reason for surgery &amp; future expectations</p> <p>-Encourage patient to verbalize feelings</p> <p>-Provide patient to deal with ostomy through participation in self care.</p> <p>-Plan / schedule care activities with</p>	<p>-Patient may find it easier to accept ostomy for chronic disease.</p> <p>-Provides opportunities to deal with misconceptions/ issues</p> <p>-Independence in self care helps improve self esteem.</p> <p>-Promotes sense of control and gives</p>

<b>Assessment</b>	<b>Nursing diagnosis</b>  <b>Risk for infection related to improper colostomy care package.</b>	<b>Goal</b>  Patient chances for infection	patients.  -Maintain positive approach during care activities avoiding expressions of revulsion  <b>Intervention</b>	message that patient can handle this situation enhancing self esteem -Assists to patient to accept body changes and feels alright about self.  <b>Rationale</b>
			<ul style="list-style-type: none"> <li>-Empty ostomy pouch when it is 1/3 full.</li> <li>-Document fecal matter characteristics and if any changes are associated with abdominal pain</li> <li>-Report sudden cessation of stoma</li> </ul>	<ul style="list-style-type: none"> <li>-Maintains integrity of appliance seal if pouch does not have a anti-reflux valve.</li> <li>-May indicate infection</li> <li>-May indicate obstruction and</li> </ul>

			<p>outcome.</p> <p>-Inspect incision line around stoma.</p> <p>Observe &amp; document wound drainage.</p> <p>-Change dressings as indicated</p> <p>-Monitor vital signs</p>	<p>lead to abscess formation</p> <p>-Provides comparative reference.</p> <p>-Moist dressing act as a wick to the wound &amp; provide media for bacterial growth.</p> <p>Elevated temperature suggests incisional infection</p>
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<b>Assessment</b>	<b>Nursing diagnosis</b>	<b>Goal</b>	<b>Intervention</b>	<b>Rationale</b>
	<b>Risk for sexual dysfunction related to altered body</b>	Resume sexual relationship as appropriate	<p>-Ascertain patient's sexual relationship before the disease</p> <p>-Review with patient and spouse anatomy &amp;</p>	<p>-Helps in plan of care</p> <p>-Understanding normal things helps patient</p>

	<b>structure</b>		<p>physiology of sexual functioning in relation to own situation</p> <p>-Provide additional information as needed.</p> <p>-Discuss resumption of sexual activity &amp; approximately after 6 weeks after discharge.</p> <p>-Stress awareness on factors that might be distracting</p> <p>-Refer to counselor or sex therapist as</p>	<p>understand mechanism of nerve damage &amp; needs for exploring alternative methods of satisfaction.</p> <p>-Helps in moving toward acceptance of individual restrictions, limitations and prognosis.</p> <p>-Knowing what to expect in progress of recovery helps patient avoid performance anxiety, reduce risk of failure.</p> <p>-Promotes resolution of solvable problems</p>
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			indicated	-Helps to overcome problems
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<b>Assessment</b>	<b>Nursing diagnosis</b>	<b>Goal</b>	<b>Intervention</b>	<b>Rationale</b>
	<b>Knowledge deficit regarding self care, prognosis related to lack of exposure to information</b>	Patient will verbalize understanding of self care and prognosis.	-Evaluate patient's emotional, cognitive and physical capabilities.  -Include picture/written learning recourses.	-These factors affect patients ability to master care tasks & willingness to assume responsibility for ostomy care. -Provide references for



			<p>-Instruct patient in stomal care. Allot time for return demonstrations &amp; provide positive feedback for efforts</p> <p>-Recommends increased fluid intake during warm weather months</p> <p>-Discuss possible need to reduce salt intake</p> <p>-Discuss need for periodic evaluation, administration of supplemental</p>	<p>providing support &amp; independence in self care.</p> <p>-Promotes positive management &amp; reduces risk of improper ostomy care</p> <p>-Loss of normal colon function of conserving water &amp; electrolytes can lead to dehydration &amp; constipation</p> <p>-Salt can increase ileal output, potentiating risk for dehydration and increasing frequency of</p>
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			vitamins & minerals as appropriate -Stress importance on chewing food well, adequate intake of fluids following meals, moderate use of fiber rich foods & avoidance of cellulose.	ostomy care needs. -Depending on portion & amount if bowel resected lack of absorption may cause deficiencies. -Reduces risk of bowel obstruction
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Assessment	Nursing diagnosis	Goal	Intervention	Rationale
	<b>Risk for constipation/ diarrhea related to inadequate diet /fluid intake.</b>	Establish a elimination pattern that is suitable to physical needs and lifestyle.	<ul style="list-style-type: none"> <li>-Ascertain patient's previous bowel habits and lifestyle.</li> <li>-Investigate delayed onset or absence of effluent. Auscultate bowel sounds</li> <li>-Review physiology of colon and discuss irrigation procedure of ostomy</li> <li>-Demonstrate use of irrigation equipment per institution policy or under guidance of nurse.</li> </ul>	<ul style="list-style-type: none"> <li>-Assists in formation of effective irrigating schedule</li> <li>-Post operative ileus/ adynamic ileus usually resolves within 48-72 hrs delay may indicate persistent ileus or obstruction.</li> <li>-Helps to understand individual care needs</li> <li>-Irrigations may be done on a daily basis if appropriate.</li> </ul>

Assessment	Nursing diagnosis	Goal	Intervention	Rationale
	<p><b>Impaired sleep pattern related to necessity of ostomy care.</b></p>	<p>Report increased sense of well being and feeling rested.</p>	<p>-Explain necessity to monitor intestinal function in early post operative period.          -Let patient know stoma will not be injured during sleep.          -Restrict intake of caffeine containing foods/ fluids          -Support continuation of usual bedtime rituals          -Provide adequate pouching system          -Administer analgesics, sedatives at bedtime as indicated.</p>	<p>-Understands reasons for importance of care.          -Patient will be able to sleep better          -Caffeine may delay patient falling asleep and interferes with REM sleep.          -Promotes relaxation and readiness for sleep          -Emptying on a regular schedule mimeses the risk of leakage          -Pain pathways in brain lie near the sleep centre and may contribute to</p>

				wakefulness.
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**SECTION D**  
**COLOSTOMY CARE PACKAGE FOR PATIENTS WITH**  
**COLOSTOMY**

<b>Specific objective</b>	<b>Time</b>	<b>Content</b>	<b>Teacher/ learner activity</b>	<b>A.V Aids</b>	<b>Evaluation</b>
<p>The patient will be able to identify the ways of selection, changing, emptying, disposal of pouch.</p>	<p>30 mins</p>	<p><b>INTRODUCTION</b></p> <p>A colostomy is a surgically created opening in the large bowel. The bowel is brought through the abdominal wall and sutured to the skin. A colostomy can be formed of almost any part of the large bowel. The exact position depends on the medical reason for the surgery. A colostomy diverts the fecal flow. The output, volume and consistency vary in each individual case and on the location of the stoma within the colon. Stoma is red and moist; there are no nerve endings in the stoma and therefore no sensation. A closed pouch called a colostomy pouch is needed</p>	<p>Lecture cum discussion</p>	<p>Colostomy care package</p>	<p>How to select the pouch?</p>

	<p>to collect the stool.</p> <p><b>PHYSICAL CONCERNS</b></p> <p><b>SELECTION OF POUCH</b></p> <p>Most of the stomas are not round. So make sure that pouch fits very properly.</p> <p>The easiest way to measure your stoma is by using the backing paper of the skin barrier as a pattern. Stand in front of the mirror to do this.</p> <p>During first three months check the size of the stoma, as it may change.</p> <p><b>CHANGING OF POUCH</b></p> <p>Changing of pouch depends on type of colostomy pouch on the type of pouch used. The following is general information about how to change pouch:</p> <p>Ask your caregiver</p>	<p>Lecture cum discussion</p> <p>Lecture cum discussion</p>	<p>Colostomy care package</p> <p>Colostomy care package</p>	<p>What shouldnot be used to wash the skin around the pouch?</p>
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<p>The patient will be able to explain irrigation of</p>	<p>15 mins</p>	<p>about how often to change your colostomy pouch. The amount of time that pouch can be left on abdomen depends on many things. The type of pouch, the kind and amount of stool that also affects how long the pouch stays on.</p> <p>If wearing an open-ended pouch, empty the contents from pouch into the toilet. Gently remove the pouch by pushing the skin down and away from the adhesive skin barrier with one hand. With the other hand, pull the pouch up and away from the stoma.</p> <p>Clean the skin around the stoma with warm water.</p>	<p>Lecture cum discussion</p>	<p>Colostomy care package</p>	<p>How to empty the pouch?</p>
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colostomy.		<p>Use soap but do not use soaps that have oil or perfumes. Pat your skin dry.</p> <p>Use a pouch that has an opening that is one-eighth of an inch larger than the stoma.</p> <p>Use skin protection products if irritation persists around the stoma. The skin can be treated with these products to protect skin and create a dry surface.</p> <p>Center the pouch over the stoma and press it firmly into place on clean, dry skin. It may be helpful to hold your hand over the newly applied pouch for 30 seconds. The warmth of your hand can help to mold the adhesive skin barrier</p>	<p>Lecture cum discussion</p> <p>Lecture cum discussion</p>	<p>Colostomy care package</p> <p>Colostomy care package</p>	<p>What is colostomy irrigation ?</p>
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	<p>into place.</p> <p>Place the old pouch in another plastic bag to be thrown away if the pouch is disposable. If reusable pouches are used clean and use.</p> <p>Some people may need hair to be removed around stoma. Do it once in a week. Do only wet shave or cut off long hairs. Not advisable to use hair removing creams or gels.</p> <p><b>EMPTYING OF POUCH</b></p> <p>Empty the pouch when it is one-third to one-half full. Do not wait until the pouch is completely full because this could put pressure on the seal, causing a leak. The pouch may also detach, causing</p>	<p>Lecture cum discussion</p>	<p>Colostomy care package</p>	
10				

	mins	<p>all of the pouch contents to spill.</p> <p>Place toilet paper into the toilet to reduce splash back and noise.</p> <p>Take the end of the pouch and hold it up. Remove the clamp (if the pouch has a clamp system).</p> <p>Make a cuff at the end of the pouch to keep it from getting soiled.</p> <p>Drain the pouch by squeezing the pouch contents into the toilet.</p> <p>Clean the cuffed end of the pouch with toilet paper or a moist paper towel. You may also rinse the pouch but it is not necessary. Make sure and keep the end of the pouch clean.</p>			
	10 mins		Lecture cum discussion	Colostomy care package	Colostomy care package



<p>The patient will be able to describe the colostomy diet that to be included and avoided.</p>	<p>10 mins</p>	<p>bowel movements. Irrigation can allow a person to be free from stool output for about 24 to 48 hours. Once stool output is regular, a stoma cap can be used between irrigations instead of using a drainable pouch. The stoma cap will absorb mucus and deodorize and vent gas.</p> <p>Irrigation can be done if had regular bowel movements before the colostomy. Irrigation procedure can also be done physically. It is also important to have a lifestyle that will allow regular irrigation. There should be enough time to regularly irrigate. And also must be free from certain colostomy problems. People with problems such as a prolapse or a hernia should not irrigate. Irrigation could</p>	<p>Lecture cum discussion</p>	<p>Colostomy care package</p> <p>Colostomy care package</p>	<p>What are the foods to be avoided in the diet plan of colostomy patients?</p>
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<p>The patient will be able to understand the psycho social concerns regarding work, exercise, Bathing, Swimming, Travelling with a colostomy.</p>	<p>10 mins</p>	<p>make a prolapse worse or create a hole in the bowel. Irrigation could also cause leakage of stools between irrigations or make it hard to control bowel movement</p> <p><b>IRRIGATION PROCEDURE</b></p> <p>Some general steps for irrigation</p> <p>We need a plastic irrigating container with a long tube and a cone to introduce water into the colostomy, irrigation sleeve that will direct the output into the toilet, an adjustable belt to attach the irrigation sleeve and a tail closure for the end of the sleeve.</p> <p>Choose the same time each day that will not be interrupted to irrigate</p>	<p>Lecture cum discussion</p> <p>Lecture cum discussion</p>	<p>Colostomy care package</p>	<p>When can a colostomy patient return to his job?</p>
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<p>The patient will be able to know about the emotional concerns regarding intimate relationship, Clothing, with a colostomy.</p>	<p>10 mins</p> <p>20 mins</p>	<p>your colostomy.</p> <p>Fill the irrigating container with about 16 to 50 ounces (500 to 1500 ml) of lukewarm water. The water should <b>not</b> be cold or hot. The amount of water each person needs to put in the irrigating container varies. Ask your nurse how much water you will need to irrigate. Hang the irrigation container at a height in which the bottom of the container is level with your shoulder. Sit up straight on the toilet or on a chair next to the toilet.</p> <p>Take the adjustable belt and attach it to the irrigation sleeve. Place the belt around your waist and place the sleeve over your stoma. Place the end</p>	<p>n</p> <p>Lecture cum discussion</p>	<p>Colostomy care package</p>	
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<p>The patient will be able to gain knowledge regarding the sexual concerns like sex, pregnancy and child birth with a colostomy.</p>	<p>of the irrigation sleeve into the toilet bowel.</p> <p>Release air bubbles from the tubing on the plastic irrigating container by releasing the clamp. Allow a small amount of water to be released into the sleeve. Clamp the tubing again.</p> <p>Moisten the end of the cone with water or lubricate it with water-soluble lubricant.</p> <p>Place the tip of the cone about three inches deep into the stoma. Make sure there is a snug fit but do not place the cone too deeply or forcefully into the stoma. Release the clamp on the tubing again and allow the water to flow into the</p>			
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	<p>stoma. The water must go in slowly and takes about five to ten minutes. Keep the cone in place for another 10 seconds.</p> <p>Remove the cone from the stoma. Allow the output to drain into the irrigation sleeve for about 10 to 15 minutes. Dry the end of the irrigation sleeve. Clip the bottom of the sleeve to the top with a clasp or close the end of the sleeve with the tail closure. Then move around for about 30 to 45 minutes until all the water and stool has drained. Drain the output from the sleeve into the toilet. Clean the area around the stoma with mild soap and</p>			
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<p>The patient will be able to list down ostomy associations and appliances.</p>	<p>water and pat dry</p> <p><b>COMPLICATIONS OF STOMA</b></p> <p>Most stoma problems happen during the first year after surgery.</p> <p><b>Stoma retraction:</b> Retraction happens when the height of the stoma goes down to the skin level or below the skin level. Retraction may happen soon after surgery because the colon does not become active soon enough. Retraction may also happen because of weight gain. The pouching system must be changed to match the change in stoma shape.</p> <p><b>Peristomal hernia:</b> Peristomal hernias occur when</p>			
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	<p>part of the bowel (colon) bulges into the area around the stoma. Hernias are most obvious during times when there is pressure on the abdomen. Hernias may make it difficult to create a proper pouch seal or to irrigate. The hernia may be managed with a hernia belt. Changes may also need to be made to the pouching system to create a proper seal. Surgery may also be done in some people.</p> <p><b>Prolapse:</b> A prolapse means the bowel becomes longer and protrudes out of the stoma and above the abdomen surface. The stomal prolapse may be caused by increased abdominal pressure. Surgery</p>			
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	<p>may be done to fix the prolapse in some people.</p> <p><b>Stenosis:</b> A stenosis is a narrowing or tightening of the stoma at or below the skin level. The stenosis may be mild or severe. A mild stenosis can cause noise as stool and gas is passed. Severe stenosis can cause obstruction (blockage) of stool. If the stoma is mild, a caregiver may enlarge it by stretching it with his finger. If the stenosis is severe, surgery is usually needed.</p> <p><b>Diarrhea:</b> if persists more than 48 hours consult physician.</p> <p><b>DIET FOR PATIENTS WITH COLOSTOMY</b></p>			
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		<p>People with colostomies can eat a regular diet. Enjoy small meals and eat often. Choose healthy foods from all the food groups. To avoid constipation, eat foods such as oatmeal, whole-grain breads and cereals, fruits and vegetables. There may be some foods that you cannot tolerate very well. If a food gives you cramps or diarrhea, do not include that food in your diet. Try the food again in a few weeks. Eat small portions first and then gradually increase your portion sizes. Drink at least 8 to 10 (eight ounce) cups of water each day. Follow your caregiver's advice if you must limit the</p>			
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	<p>amount of liquids you drink. Healthy liquids for most people to drink are water, juices, and milk.</p> <p><b>DIET THAT TO BE AVOIDED</b></p> <p>You may want to avoid foods that cause gas and odor. Some foods that may cause gas and odor are vegetables such as broccoli, cabbage, and cauliflower. Other foods include beans, eggs, and fish. You can also reduce gas by eating slowly and not using straws to drink liquids. If pouch is fit correctly there shouldn't be any smell. Gas, winds and flatus may be common.</p> <p>Foods that may help to control odor and gas in some people</p>			
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	<p>are fresh parsley, yogurt and buttermilk.</p> <p>Limit the amount of caffeine you drink, such as coffee, tea, and soda.</p> <p><b>PSYCHO-SOCIAL CONCERNS</b></p> <p><b>OSTOMY AND LIFESTYLE</b></p> <p><b>WORK:</b> CONTINUE WORK AS PER PHYSICIAN'S ADVICE. You can resume to your job within 8-12 weeks of surgery. Need special support to prevent a hernia if work is heavy labor, such as lifting or digging. Place a Ostomy belt over the pouch to keep it in place if you move a lot at your job</p> <p><b>EXERCISE:</b> Exerci</p>			
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	<p>se is very important. Exercise program can be started once the patient feels stronger. It is best to start slowly and do more as you get stronger. Exercising makes the heart stronger, lowers blood pressure, and helps keep you healthy. Body and mind should feel better after exercising. Walking, jogging, bicycling, and swimming are good exercises. May need to wear a special support or a colostomy cover to protect stoma. Empty your pouch before playing sports. 30 minutes of walking a day help a lot. Do not overdo exercises.</p> <p><b>BATHING:</b> take a bath with or without</p>			
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	<p>the pouch. Take a shower or bath with pouch off. Water will not go into the stoma during a shower or bath.</p> <p><b>SWIMMING:</b> For swimming, <b>always</b> wear the pouch. Empty the pouch before getting into the water. Need a waterproof tape strips over the edges of skin barrier.</p> <p><b>TRAVELING:</b> Always carry extra colostomy supplies and pouches with when traveling. Take enough supplies while trip. Use only purified canned water outside home</p> <p>If you fly, pack your supplies in your carry-on luggage not your checked suitcase because luggage</p>			
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	<p>is sometimes lost or delayed.</p> <p>If you drive, do not put your supplies in the trunk or glove compartment. This can cause your supplies to get hot, melt and not stick well. Keep your ostomy supplies in the coolest place in the care.</p> <p>Driving is usually allowed within two months but you should check with your surgeon. Seat belts should sit across your hip bone and pelvis not across your stoma and abdomen. An extension bracket can be fitted to lower the angle, or for reel belts</p>			
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	<p>use a clip device or hold with a peg to stop it dragging across your stoma.</p> <p><b>EMOTIONAL CONCERNS</b></p> <p><b>RELATIONSHIPS</b></p> <p>:</p> <p>Do not feel anxious, nervous, or scared when start to care for colostomy.</p> <p>Anxieties about personal unattractiveness arise. These are normal feelings. Talk to someone close to you or to your caregiver about these feelings.</p> <p><b>CLOTHING:</b> Some sort of clothing can be worn along with a hip bracer. Panties and underwear must</p>			
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	<p>go completely above or below stoma. An ostomy is easily hidden by your usual clothing. You probably have met people with an ostomy and not realized it!</p> <p><b>SEXUAL CONCERNS</b></p> <p><b>SEX:</b> Learning to live with a colostomy may be difficult for both patient and his spouse. Together can plan to live with this change in your life. It will take time to feel better after surgery. If active sex life before colostomy surgery, it can be the same after surgery. Stoma cannot be hurt by having close</p>			
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	<p>body contact. Be sure to empty the pouch before having sex. Men may have problems with erection or ejaculation as nerve injury is common when rectum has been removed. pain during intercourse and loss of interest may also be common but can be overcome. For women there may be pain, vaginal dryness, vaginal discharge for months</p> <p><b>PREGNANCY AND CHILD BIRTH:</b> Having a stoma do not disturb pregnancy and giving birth. Most doctors recommend</p>			
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	<p>waiting period of one or two years to be pregnant so that everything settles down normally. Stoma may protrude and swell more than usual size during pregnancy and returns to normal after child birth.</p> <p><b>SOCIAL CONCERNS</b></p> <p><b>OSTOMY ASSOCIATIONS AND APPLIANCES:</b> <i>Contact your local ostomy group or ostomy nurse for help. They may be able to give you a list of ostomy caregivers in the area you are visiting. Accessories are often an essential part of ostomy routine, improving the clinical, practical and psychological aspects of living with a stoma.</i></p>			
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	<p><i>STOMA CARE PRODUCTS</i></p> <p>A bit more about some of the products</p> <ul style="list-style-type: none"><li>- LBF® (Liquid Barrier Film) is a revolutionary 'no sting' skin barrier for ostomates and continence patients.</li><li>- Silicone based medical adhesive remover.</li><li>- An antibacterial skin cleanser</li><li>- A motion management sachet carefully designed to gel the contents of your pouch.</li><li>- An ostomy deodorant spray and tablets</li><li>- Thin and flexible hydrocolloid extension.</li></ul>			
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## **KfTi u**

kyf;FI y; vdgJ mWi t rpfri r %yk; ngUqFI ypy; , îk; Jthuk;  
ngUqFI yhdJ tapWggFj p tophf nts;Na nfhz ;L tuggl ;L i j ay;  
%ykhf nghUj j ggl ;LssJ. kyk; kyf;FI y; tophf nts;Na tUk; kygi g  
kyj 'i j Nrfhpf c gNAhfgLf pWJ.

## **kygi g Nj HT:**

kygi g vyyh rkaj j pYk; tll khf , Uggj pyi y. kyf;FI ypd;  
msi t nj hpeJ nfhsS kpf r; Rygkhd top fz z hb Kd; epdW j pR  
(i fj j hs) Ngggi u kyf;FI y; Nky; i tj ;J mj d; msi t nj hpeJ nfhsS  
Ntz ;Lk;

Kj y; %dW khj j j py; kyf;FI ypd; msT khw thagG c ssJ.

## **kygi gi a khwWk; Ki w:**

kygi gi a vgnghOJ khww Ntz ;Lk; vdW kUj ;J thpl k; NfL Lf;  
nj hpeJ f; nfhsS qfs;

Kj ypy; xUi fahy; Nj hi y gpbj ;J f; nfhz ;L , lJ i fahy;  
kygi gi a Nky; Nehf;fp mOj j j p vLff Ntz ;Lk; GpdG kygi gi a RwwpYk;  
ntJntJgghd elhy; Rj j k; nraJ mi j edwhf Ji l f fTk; (<ukpyyhj gb).  
gpdG kygi gi a kyf;FI ypd; kj j paggFj p p d; Nky; i tj ;J edwhf  
mOj j pAk> 30 tpehbfs; gpbj ;J f; nfhsS Tk; , j dhy; c qfs; i fapy; c ss  
ntggk; kygi gi a Nj hNyhL xl Ltj wF c j tpr; nraAk;

xUKi w kl ;LNk gadgLj j f; \$ba kygi gi a kwnwhU g[sh] bf;  
i gapy; Nghl ;L fl b mi j Fgi gapy; Nghl ;L tpl Tk; (myyJ) kygi gi a  
nl l ;hy; ehpy; fOtp Rj j k; nraJ c yui tj ;J c yHej gpd; c gNAhfp f fTk;  
Nj i tggli hy; kygi gi a RwwpAss c Nuhkj i j thuj j py; xUKi w  
mfwwpf; nfhsS Tk;

## **kygi gapy; cSS foj t mfWj y;**

kygi gapy; %dwy; xU gqF myyJ ghj p msT NrHej gpdG mi j  
mfww NTz ;Lk;

fojgi wapy; nrdW gpbgghi d (Clamp) fowwp tpl ;L kygi gi a  
mOj ;J tj pd; %yk; kyj i j mfwwp tpl Tk; Kygi gapd; thaggFj pi a



mrjjk; mi lahky; ghjJf; nfhssTk; mggb VjhtJ mRjj khfptplhy;  
mi j Rjjk; nraJ gpdG c gNahfggLjj Tk;

### **kyfFI y; Nehahsp cz Z k; cz T ti ffs;**

VjhtJ cz T ti ffsy; xt;thi k , Uggpd; mi jj; j tHjJ> vyyh  
ti fapd; goqfs> fha;fwf; cz z yhk; NkhH> thaj; njhyfi s  
Fi wf;Fk; j z z H 8 myyJ 10 l kgsH ti u Fbfff Ntz Lk; gorrhWfs;  
mUej yhk;

### **j tHff Ntz ba cz T ti ffs;**

- tha; kwWk; JHehwwjij c Uthf;Fk; cz Tfi sj; j tHffTK;
- kld> Klilapd; kQrs; fU> KlilNfh] > fhyp/gpsth> gbl;];  
cz gi j j tHffTK;
- nkJthf cz gjpd; %ykhfTK; c wQrhi d gadgLjj hjjpd;  
%ykhfTK; thA njhyi yi a j tHfffyhk;
- fhggp B> Nrhl h Fbggi j j tHffTK;

### **Nti y;**

kUjJthpd; MNyhri dapdgb c qfs; Nti yi a njhluyhk;  
nghJthf 8 myyJ 12 thuqfSf;F gpd; c qfs; Nti yi a njhluyhk;  
KyfFI y; ngyI; c gNahf;ggj d; %yk; FI ywffk; Nghdw vjHtpi sTfs;  
tUti j j tHfffyhk;

### **clwgapwrp**

clwgapwrp kpfTk; , dwpai kahjJ> rwW gyd; mi lej gpdG  
gapwrpi a Nkwnfhssyhk; elggJ> XLtJ> , Urffu tzbi a  
c gNahf;ggJ> epwgJ Nghdw clwgapwrpfi s Nkwnfhssyhk;  
clwgapwrp;F Kd; kygi gi a Rjjk; nratJ eyyJ. Fi wej j J 30  
epkpl qfs; Nkwnfhssyhk; kpfTK; NrhHti lAk; ti u clwgapwrp nraa  
\$lhJ.

### **Fsjj y;**

kygi gi a mfwwptplL FspffTK; Fspffk; NghJ j z z H  
kyfFI y; gLNk vdW gaggl Ntz l hk;

### **eb;JtJ:**

eĕJk; nghOJk; kygi gi a mz ĩeJ nfhs;Sqfs; eĕJtj wF KdG  
kygi gi a fhypahf i tj;Jf; nfhssTk;

### **gĩahz k;**

gĩahz k; nry;Yk; NghJ Nji tahd msT kygi gi a kwWk; mJ  
rkkej ggl;l nghUs;fi s vLj;Jr; nryyTk; VgNghJk; Rjj khd j z z ll u  
c gNahfĳfTk; Tĳkhdjj ĳy; nry;Yk; NghJ Nji tahd nghUl;fi s  
i fgi gāy; i tj;Jf; nfhssTk; thfdjj ĳy; nry;Yk; NghJ mj ĳf msT  
ntggk; Mfhj gb j dĳNA i tj;Jf; nfhssTk; , uz L khj qfsĳy; j dĳahf  
thfdk; Xl;l yhk; , Ufi f ngyl; kygi gāy; gl hj thW ghĳj;Jf; nfhssTk;

### **c z HT rkkej ggl;l i t:**

#### **cwTKi wfs;**

kyf;FI yĳd; epkĳj j k; c z Hrrĳ trggLj y> fti ygLj y; Mfĳatwi w  
j tĳĳf;fTk; , J khj ĳĳahd c z HTfs; rhj huz khf vyNyhUf;FKss xdW  
j hd; , J Fwĳ;J kdfti yfi s c qfsĳl k; neUqfĳ goFgthĳl k; gfĳĳe;J  
nfhs;tJ eyyJ.

### **ci l ti ffs;**

c sshi l fs; mz ĳAk; NghJ kyf;FI i y ghj ĳf;fhj sT mz ĳa  
Ntz;l k; kygi g ngyl; mz ĳtJ eyyJ.

### **j hĳj ĳk;**

kyf;FI y; NehNahL thotj wF fz td> ki dtĳf;F fbdkhd fhĳĳak>  
j hĳj j ĳaj j dhy; kyf;FI y; ghj ĳĳi lahJ. c l YwTf;F KdG kygi gi a  
Rjj k; nratJ eyyJ.

### **fĳggKk; Foei j NgWk;**

kygi gāpdhy; fĳggki l tNj h> Foei j ngwWf; nfhs;tNj h xU  
fbdkhd fhĳĳak; myy. mWi tr; rĳfĳr KbeJ 2 tUl qfs; foj;J>  
fĳggki l tj hy> Foei j NgW Nkwnfhs;tJ Fwĳ;J kUj;J thfs; MNyhri d  
toqFthfs; fĳggfhyj j ĳy; kygi g tĳĳtĳleJ Foei j NgwWf;F gĳdG  
kĳ;l k; gi oa epĳ yi a mi leJ tĳl k;

**SECTION – E**  
**ORIGINAL 37- ITEM STOMA QOL – QUESTIONNAIRE**

Date: \_\_\_/\_\_\_/20\_\_\_

Please check the response that best describes how you are filling at the moment

	Always	Sometimes	Rarely	Not-at-all
1. I worry about skin problems where the pouch attaches	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>
2. Because of my stoma I prefer eating at home	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>
3. I feel the need to know where the nearest toilet is	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>
4. I become anxious when the pouch is full	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>
5. I feel tired during the day	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>
6. I worry that my family will reject me	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>
7. I avoid sexual intimacy because of my stoma	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>
8. I am afraid of meeting new people	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>
9. I am preoccupied by what I can eat and drink	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>
10. I worry that my family will reject me	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>
11. My sleep is interrupted because of my stoma	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>

12. I avoid sleeping in certain positions	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>
13. It is difficult to hide the fact that I wear a pouch	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>
14. I have to avoid drinks that I like	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>
15. I have problems falling asleep	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>
16. My stoma makes it difficult for me to be with other people	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>
17. I sleep badly during the day	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>
18. I feel lonely even when I am with other people	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>
19. I need to rest during the day	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>
20. I worry about the pouch leaking	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>
21. I worry that my condition is a burden to people close to me	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>
22. I avoid close physical contact with my friends	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>
23. I worry that my family feel awkward around me	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>
24. I feel embarrassed about my body because of my stoma	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>
25. It would be difficult for me to stay away from home overnight	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>
26. I worry that the pouch rustles	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>

27. I worry that the pouch may smell	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>
28. I am afraid of being rejected sexually because of my stoma	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>
29. My stoma makes me feel sexually unattractive	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>
30. I worry that my friends feel awkward around me	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>
31. I have to think about my pouch when planning my day	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>
32. I avoid to close physical contact with my family	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>
33. I worry about noises from the stoma	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>
34. I worry that the pouch will loosen	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>
35. My stoma pouch limits the choice of clothes that I can wear	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>
36. I have to avoid situations where I over perspire (for example, briskwalking or sports)	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>
37. I avoid getting changed in front of other people	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>

*Please answer all questions, thank you for filling out the questionnaire*

tpdhffs;

Nj j p \_\_\_/\_\_\_/20\_\_\_

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| °öÅxö

		±ô   Æ; ØÐ ö	±ô   Æ; Ø¾; Å Ð	±ô   Æ; Ø¾; Å Ð	´ Ö §Å; Ð ö þø"Ä
1.	<i>kyffly; RvwiAss Nj hyð; gurri d tUkh</i>	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>
2.	<i>kyffly; cssjhy; tþbly vgnghOJK; rhggð tþkGfNwd;</i>	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>
3.	<i>foggi w mUfy; cssjh vdw vz z k; cUthfþJ</i>	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>
4.	<i>kygi g ej weJ tþlhy; gj wnk; czlhfþJ</i>	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>
5.	<i>gy; Neuqfsþ; NrhHthf CSSJ</i>	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>
6.	<i>vd; tþlhl vdi d epfhgj J tþLthHfNsh vdw gak; cssJ.</i>	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>
7.	<i>kyffly; cssjhy; cly; cwi t j tþlhfNwd;</i>	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>
8.	<i>Gjþ kdj Hfi s rej þf gaggL fNwd;</i>	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>
9.	<i>vgnghOJK; vi j rhggL tJ FbggJ vdw vz z k; , UeJ nfhz NI aþfþw J</i>	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>
10.	<i>ez ghfs; epfhgj J tþLthHfNsh vdw gak; cssJ.</i>	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>
11.	<i>kygi gahy; cwgqFtj wF</i>	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>

	<i>nj hej uT cz hfWJ.</i>				
12	<i>ry Nfhz qfspy; cwqf j tffNwd;</i>	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>
13	<i>kygi gi a ki wff gakhf cssJ</i>	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>
14	<i>vdFF gbjj Fshghdqfs; rpytwi w j tHff Ntz bAssJ</i>	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>
15	<i>cwqFtjwF fVjkhf cssJ</i>	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>
16	<i>kyfFI yhy; kww kdj Hfspd; rpytwi w j tHff NTz bAssJ.</i>	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>
17	<i>ehd; , utpy; cwqFtlj , yi y</i>	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>
18	<i>ehd; kww kdj Hfspd k; css NghJk; j dNa cz HfNwd;</i>	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>
19	<i>ehd; gfy; Neuqfspy; Xa:T vLff Ntz bAssJ</i>	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>
20	<i>kygi gay; frpT VugLlkh vdw mrrk; cssJ.</i>	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>
21	<i>vd; epj yi kahy; vdi dr; Rwnp csstHfSff ghukhf cssJ vd cz HfNwd;</i>	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>
22	<i>vdJ ez ghfspd k; neUqfjg; gofg; gaggLfNwd;</i>	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>
23	<i>vd; FLkjj hHfs; vdi dg; gwnp mUntWgghf epj dgghfNsh vdW gaggLfNwd;</i>	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>
24	<i>vdDi Ia kyfFI yhy; vdi dg; gwnp mtkhdkhff; fUJ fNwd;</i>	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>

25	<i>tlj l tjl ntsapy; j qf f\jggL fllwd;</i>	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>
26	<i>vd; kyfFly; , i uANkh vd gakhf CSSJ</i>	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>
27	<i>vdJ kyfFlypy; , UeJ JHehwwk; tUNkh vdW mrrk; CSSJ</i>	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>
28	<i>kyfFly; cssjhy; clYwtpy; , UeJ j tHffggLNtNdh vdW gaggL fllwd;</i>	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>
29	<i>AAiI¼ø bõøA¼iø ±ÉÐ ¼iõAšõøš -ÉÅçø ®÷øØ î" ÅÅi, ¿ç"Éî, çSÈý</i>	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>
30	<i>vd; ez ghfs; vdi dg; gwmp Nftykhf epi dgghHfllsh vdW fti yggL fllwd;</i>	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>
31	<i>vgnghOJK; kyfFl i yg; gwmpa rpej i dNahL xtnthU ehi sAk; jpljkl fllwd;</i>	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>
32	<i>vd; FLkgj j hhd k; neUqfg; goFti jj; j tHffllwd;</i>	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>
33	<i>kyfFlypy; , UeJ rj j k; tUtJ Fwjj gaggL fllwd;</i>	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>
34	<i>kyfFly; tpyf tLNkh vdw gak; CSSJ</i>	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>
35	<i>vdDi la ci l fi s kygi gfF jFej thW khww Ntz b CSSJ</i>	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>
36	<i>Nthi t tUk;</i>	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>4</sup>



.	<i>khj hrahd rej hggqfi sj; j tffflwd;</i>				
37	<i>kwvthfS fF Kddhy; ci l khwvti jj; j tffflwd;</i>	□ <sup>1</sup>	□ <sup>2</sup>	□ <sup>3</sup>	□ <sup>4</sup>

j aTnraJ mi dj J tphffS fFk; tj l asffTk;..  
edwpl

## **SAMPLE 1**

Patient was an 82 years old male with cancer rectum and undergone permanent colostomy surgery. He is a known case of diabetes mellitus and on treatment; blood sugars were kept under control.

### **NURSING CARE ON DAY 1**

On the first day of the main study, patient was identified and thorough history collected and physical examination done. It revealed that patient was conscious, oriented and thin built. Digestive system assessment revealed that contour of the abdomen was flat, colostomy was found on the left lower abdomen and 2 drain tubes with dressing were present on either side of the colostomy. Stoma was red. Light palpation revealed pain and tenderness around stoma, incision and drain site was present. No guarding, masses felt. Deep palpation revealed severe pain and tenderness present around stoma. Bowel sounds heard.

Vital signs were Temperature: 98.6 °F, Pulse: 90 beats/m, Respiration: 18 breaths/ min, Blood pressure: 110/70 mm hg. Fasting Blood glucose was monitored using glucometer and was under normal levels.

Pain was assessed using numerical intensity pain scale. Score of +6 and tenderness were complaints of patient over incision and drain site. Hot fomentation was given twice for period 20 minutes over those areas. Pain reduced in around half an hour. Inj. Spasmoproxyvon 2ml IV sos, Zonac suppository were administered as prescribed.

Stoma site, drain site and incision site assessment along with dressing change was done. Betadine solution was used for dressing change. Stoma appeared pink and looked healthy. Wound appeared healthy with no signs of infection. Drain site was normal without any signs of infection. Amount of drain noted and emptied. Right side drain had 30 ml and left drain had 100 ml and drain contents appeared reddish in color on both sides.

Intake and output chart was maintained, 1500 ml of normal saline, ringer lactate and dextrose with normal saline was administered as prescribed. Clear liquid diet for around 250 ml was started. Patient was assisted during his ambulation for 1

hr.. Adequate rest and sleep was provided. A calm and quiet environment was provided. Visitors were restricted to reduce the spread of infection.

Inj. Lactoguard 1.5gm iv bd, Inj. Ornida 500 mg iv bd, InjPantocid 40 mg iv bd, Inj. Spasmoproxyvon 2ml IV sos, Zonac suppository were administered as prescribed.

## **DAY 2**

Patient vitals were stable, fasting blood sugar was under normal limits. Pain assessment showed score of 6 for which hot fomentation was given and pain reduced. Stoma site, drain site and incision site assessment along with dressing change was done. Betadine solution was used for dressing change. Stoma, wound and drain site appeared pink and looked healthy. Right side drain had 30 ml and left drain had 50 ml and drain contents appeared reddish in color over left side and colorless over right side.

Intake and output chart was maintained, 1000 ml of ringer lactate and dextrose with normal saline was administered as prescribed. Clear liquid diet was started. Colostomy pouch emptying was done only once. Patient was assisted during his ambulation for 1 hr in the evening. Adequate rest and sleep was provided. Antibiotics along with other medications were prescribed as per order.

## **DAY 3**

Patient vitals were stable, fasting blood sugar was under normal limits. Pain assessment showed score of 5. Stoma site, drain site and incision site assessment along with dressing change was done. Right side drain was removed and left drain had 40 ml and drain contents appeared colorless.

Intake and output chart was maintained, 1000 ml of ringer lactate and dextrose with normal saline was administered as prescribed. Clear liquid diet and soft diet was prescribed to patient.

Colostomy pouch was emptied twice, contents were less and consistency of the stools was little thick when compared to the previous day. As a disposable pouch was used, it was changed after 24 hours. Complications of Stoma like stoma retraction, peristomal hernia, prolapse, stenosis, diarrhoea and their prevention were taught to

patient as most stoma problems happen during the first year after surgery. Patient was assisted during his ambulation for 1 hr in the evening. Adequate rest and sleep was provided. Antibiotics along with other medications were prescribed as per order.

#### **DAY 4**

Patient vitals were stable, fasting blood sugar was under normal limits. Pain assessment showed score of 5 for which hot fomentation was given for around 20 minutes and pain reduced. Stoma site, drain site and incision site assessment along with dressing change was done. Betadine solution was used for dressing change. Stoma, wound and drain site appeared pink and looked healthy. Left drain had 40 ml and drain contents appeared colorless and removed.

Colostomy pouch was emptied twice, contents were less and consistency of the stools was thick when compared to the previous day as patient was on soft diet. Pouch was also changed and disposed. Colostomy irrigation procedure has been taught and demonstrated to patient as it may be needed for the patient.

Intake and output chart was maintained, 1000 ml of ringer lactate and dextrose with normal saline was administered as prescribed. Clear liquid diet and soft diet was prescribed to patient.

To improve his Psycho-Social Concerns among patients with colostomy such as Ostomy and Lifestyle including work, exercise, bathing, swimming, travelling was discussed with the patient and his family members as it improved his quality of life and removed feelings of loneliness and rejection. Patient was assisted during his ambulation for 1 hr in the evening. Adequate rest and sleep was provided. Antibiotics along with other medications were prescribed as per order.

#### **DAY 5**

Patient Vitals stable, fasting blood sugar was under normal limits. Pain assessment showed score of 5 for which hot fomentation was given. Stoma site, drain site and incision site assessment along with dressing change was done. Colostomy pouch was emptied twice. Intake and output chart was maintained, 500 ml of ringer lactate was administered as prescribed. Soft diet was prescribed to patient.

USG abdomen was taken and it showed normal results. Routine blood investigations were taken; it also showed normal results. Patient was assisted during his ambulation for 1 hr. Adequate rest and sleep was provided. Antibiotics along with other medications were administered as per order.

To improve his emotional concerns among patients with colostomy, concerns regarding relationship and clothing were discussed with the patient and his family members as it improved his quality of life in terms of his self esteem and removed worthlessness.

## **DAY 6**

Patient Vitals stable, fasting blood sugar was under normal limits. Pain assessment showed score of 4 for which hot fomentation was given and patient felt comfortable.

Stoma site, drain site and incision site assessment along with dressing change was done. Stoma appeared pink and looked healthy. Wound and drain site appeared healthy with no signs of infection. Drain site was normal without any signs of infection. Colostomy pouch were emptied twice. Pouch was also changed and disposed. Soft diet with plenty of fluids was prescribed to patient. IV fluids were stopped.

To improve his sexual and social concerns among patients with colostomy, concerns regarding sex were discussed with the patient and his wife and about ostomy associations and appliances were discussed with the patient his family members as it improved his quality of life in terms of his self esteem and removed worthlessness. Patient was assisted during his ambulation for 1 hr. Adequate rest and sleep was provided. Antibiotics along with other medications were prescribed as per order.

## **DAY 7**

Patient Vitals stable, Pain assessment showed score of 3. Patient was cooperative and healthy. Stoma site, drain site and incision site assessment along with dressing change was done. Betadine ointment was used for dressing change. Stoma appeared pink and looked healthy. Wound and drain site appeared healthy with no signs of infection.

Colostomy pouch was emptied twice. Pouch was also changed and disposed. Soft diet with plenty of fluids was prescribed to patient. Patient was planned for discharge the next day. Patient was assisted during his ambulation for 1 hr in the evening. Adequate rest and sleep was provided. Antibiotics along with other medications were administered as per order.

## **DAY 8**

Patient Vitals stable, fasting blood sugar was under normal limits. Pain assessment showed score of 3. Stoma site, drain site and suture site assessment was done. Colostomy pouch was emptied; Pouch was also changed and disposed. Reusable pouch was given to patient.

Stoma QOL questionnaire was given to the patient on the day of discharge and quality of life assessed. The patient had better quality of life with 84% of quality of life. In relation to his domain of quality of life he had 90% of sleep with rare disruptions with presence of stoma, rarely avoided certain positions. 83% of food habits with rarely preoccupied with what to drink and eat and rarely avoided the drinks he likes. 81% concerning intimate relationships such as rarely avoided sexual intimacy, rarely worry about pouch leaking, rarely feel embarrassed about the presence of stoma, rarely avoided outside stay at home and sometimes worry about pouch smelling. 97% concerning relationship with family and friends such as rarely worry about pouch rustling and 77% concerning relationship with society such as rarely worry about need of toilet nearby, sometimes become anxious when the pouch is full, rarely avoided that situations that perspire, rarely getting changed in front of

others, rarely makes him difficult to stay with others, rarely plans his day with pouch, sometimes worry about the noises from stoma and always worry that the pouch may loosen.

Patient was discharged from the hospital, the discharge medications were, Tab. Cefuroxime 500 mg 1-0-1 for 7 days, Tab. Omez 10mg 1-0-1, Tab. Multigates 1-0-0, Syp. Cremaffin 2 tsp 0-1-1 and Lactifiber powder with water 2 tsp 1-0-1

The patient was advised to come for review after 1 week, advised to take plenty of liquids with normal diet. In case of increased pain, diarrhea, belching he was advised to report immediately to patient. Colostomy care package pamphlet was given to patient and doubt cleared to improve his quality of life.

Encouraged the patient to be confident to live a life with colostomy and taught the patient regarding colostomy care such as pouch selection, emptying, changing, disposal and irrigation. He was also taught to improve his nutrition and relationships with family, friends and society.

## **SAMPLE 2**

Patient was a 38 years old male with sub acute intestinal obstruction and undergone temporary colostomy surgery.

### **NURSING CARE ON DAY 1**

On the first day of the main study, sample identified and thorough history collected and physical examination done. Patient was conscious, oriented and moderately built. Digestive system assessment revealed that colostomy was found on the left lower abdomen and 2 drain tubes with dressing were present on either side of the colostomy. Stoma was red. Light palpation revealed pain and tenderness around stoma, incision and drain site was present. Deep palpation revealed severe pain and tenderness present around stoma. Bowel sounds heard.

Vital signs were Temperature: 98.6 °F, Pulse: 87 beats/m, Respiration: 16 breaths/ min, Blood pressure: 120/80 mm hg. Pain was assessed using numerical intensity pain scale. Score of +7 and tenderness were present, hot fomentation was given twice and pain reduced. Inj. Spasmoproxyvon 2ml IV sos, Zonac suppository were administered as prescribed.

Stoma site, drain site and incision site assessment along with dressing change was done. Betadine solution was used for dressing change. Stoma, wound and drain site appeared healthy with no signs of infection. Right side drain had 40 ml and left drain had 110 ml and drain contents appeared reddish in color on both sides. Intake and output chart was maintained, 1500 ml of normal saline, ringer lactate and dextrose with normal saline was administered as prescribed. Clear liquid diet for around 250 ml was started.



Patient was assisted during his ambulation for 1 hr daily. Adequate rest and sleep was provided. A calm and quiet environment was provided. Visitors were restricted to reduce the spread of infection. Inj. Lactoguard 1.5gm iv bd, Inj. Ornida 500 mg iv bd, Inj Pantocid 40 mg iv bd, Inj. Spasmoproxyvon 2ml IV sos, Zonac suppository were administered as prescribed.

## **DAY 2**

Patient Vitals stable, Pain assessment showed score of 6 for which hot fomentation was given for around 20 minutes and pain reduced. Stoma site, drain site and incision site assessment along with dressing change was done. Right side drain had 40 ml and left drain had 60 ml and drain contents appeared reddish in color over left side and colorless over right side.

Intake and output chart was maintained, 1000 ml of ringer lactate and dextrose with normal saline was administered as prescribed. Clear liquid diet for around 500 ml was started. Patient was advised to start soft diet. Colostomy pouch emptying was done only once. Patient was assisted during his ambulation for 1 hr in the evening. Adequate rest and sleep was provided. Antibiotics along with other medications were prescribed as per order.

## **DAY 3**

Patient Vitals stable, Pain assessment showed score of 5 for which hot fomentation was given and pain reduced. Stoma site, drain site and incision site assessment along with dressing change was done. Stoma, wound and drain site appeared healthy with no signs of infection. Right side drain was removed and left drain had 30 ml and drain contents appeared colorless. Intake and output chart was

maintained, 1000 ml of ringer lactate and dextrose with normal saline was administered as prescribed.

Clear liquid diet and soft diet was prescribed to patient. Colostomy pouch was emptied twice. As a disposable pouch was used, it was changed after 24 hours. Complications of Stoma and their prevention were taught to patient as most stoma problems happen during the first year after surgery. Patient was assisted during his ambulation for 1 hr in the evening. Adequate rest and sleep was provided. Antibiotics along with other medications were prescribed as per order.

#### **DAY 4**

Patient Vitals stable, fasting blood sugar was under normal limits. Pain assessment showed score of 4 for which hot fomentation was given. Stoma site, drain site and incision site assessment along with dressing change was done. Stoma appeared pink and looked healthy. Left drain had 30 ml and drain contents appeared colorless and removed. Colostomy pouch was emptied twice. Pouch was also changed and disposed. Colostomy irrigation procedure has been taught and demonstrated to patient as it may be needed for the patient

Intake and output chart was maintained, 1000 ml of normal saline and dextrose with normal saline was administered as prescribed. Clear liquid diet and soft diet was prescribed to patient. To improve his Psycho-Social Concerns among patients with colostomy such as Ostomy and Lifestyle including work, exercise, bathing, swimming, travelling was discussed with the patient and his family members as it improved his quality of life and removed feelings of loneliness and rejection. Patient

was assisted during his ambulation for 1 hr in the evening. Adequate rest and sleep was provided. Antibiotics along with other medications were prescribed as per order.

#### **DAY 5**

Patient Vitals stable, fasting blood sugar was under normal limits. Pain assessment showed score of 5 for which hot fomentation was given. Stoma site, drain site and incision site assessment along with dressing change was done. Colostomy pouch was emptied twice. Pouch was changed and disposed.

Intake and output chart was maintained, 500 ml of ringer lactate was administered as prescribed. Soft diet was prescribed to patient. USG abdomen was taken and is showed normal results. Routine blood investigations were taken, it also showed normal results. Patient was assisted during his ambulation for 1 hr in the evening. Adequate rest and sleep was provided. Antibiotics along with other medications were prescribed as per order.

To improve his emotional concerns among patients with colostomy, concerns regarding relationship and clothing were discussed with the patient and his family members as it improved his quality of life in terms of his self esteem and removed worthlessness.

#### **DAY 6**

Patient Vitals stable, fasting blood sugar was under normal limits. Pain assessment showed score of 4 for which hot fomentation was given. Stoma site, drain site and incision site assessment along with dressing change was done. Stoma appeared pink and looked healthy. Colostomy pouch was emptied twice. Pouch

was also changed and disposed. Soft diet with plenty of fluids was prescribed to patient. IV fluids were stopped.

To improve his sexual and social concerns among patients with colostomy, concerns regarding sex were discussed with the patient and his wife and about ostomy associations and appliances were discussed with the patient his family members as it improved his quality of life in terms of his self esteem and removed worthlessness. Patient was planned for discharge the next day. Patient was assisted during his ambulation for 1 hr in the evening. Adequate rest and sleep was provided. Antibiotics along with other medications were prescribed as per order

#### **DAY 7**

Patient Vitals stable, fasting blood sugar was under normal limits. Pain assessment showed score of 3. Patient was co-operative and healthy. Stoma site, drain site and suture site assessment was done. Betadine ointment was used for dressing. Stoma appeared pink and looked healthy. Wound appeared healthy with no signs of infection. Drain site was normal without any signs of infection. Colostomy pouch was emptied; Pouch was also changed and disposed. Reusable pouch was given to patient.

Stoma QOL questionnaire was given to the patient on the day of discharge and quality of life assessed. The patient had better quality of life with 76% of quality of life. In relation to his domain of quality of life he had 50% of sleep with sometimes disrupted with presence of stoma during sleep, sometimes avoided certain positions

and always needed rest during day. 83% of food habits with rarely preoccupied with what to drink and eat and rarely avoided the drinks he likes. 81% concerning intimate relationships such as rarely avoided sexual intimacy sometimes worry about pouch leaking, sometimes avoided outside stay at home and rarely worry about pouch smelling. 81% concerning relationship with family and friends such as rarely worry that he may be burden to others, always worry about pouch rustling and rarely avoid close physical contact with family. and 77% concerning relationship with society such as sometimes worry about need of toilet nearby, rarely feel tied during day, always avoided that situations that perspire, rarely getting changed in front of others, rarely limits the choice of clothes, rarely makes him difficult to stay with others, rarely plans his day with pouch and always worry that the pouch may loosen.

Patient was discharged from the hospital, the discharge medications were Tab. Cefuroxime 500 mg 1-0-1 for 7 days, Tab. Pan DSR 20mg 1-0-1, Tab. Multigates 1-0-0 and Syp. Cremaffin 2 tsp 0-1-1.

The patient was advised to come for review after 1 week, advised to take plenty of liquids with normal diet. In case of increased pain, diarrhea, belching he was advised to report immediately to patient. Colostomy care package pamphlet was given to patient and doubt cleared to improve his quality of life.

Encouraged the patient to be confident to live a life with colostomy and taught the patient regarding colostomy care such as pouch selection, emptying, changing, disposal and irrigation. He was also taught to improve his nutrition and relationships with family, friends and society.

### **SAMPLE 3**

Patient was a 76 years old male with cancer sigmoid and undergone permanent colostomy surgery. He is a known case of hypertension for 10 years and on treatment and blood pressure was on control.

#### **NURSING CARE ON DAY 1**

Patient was identified and thorough history collected and physical examination done. It revealed that patient was conscious, oriented and moderately built. Digestive system assessment revealed that contour of the abdomen was flat, colostomy was found on the left lower abdomen and 2 drain tubes with dressing were present on either side of the colostomy. Stoma was red. Light palpation revealed pain and tenderness around stoma, incision and drain site was present.

Vital signs were Temperature: 98.6 °F, Pulse: 94 beats/m, Respiration: 20 breaths/ min, Blood pressure: 150/80 mm hg. Pain was assessed using numerical intensity pain scale. Score of +8 and tenderness were complaints of patient over incision and drain site. Hot fomentation was given twice for period 20 minutes over those areas. Pain reduced in around half an hour. Inj. Spasmoproxyvon 2ml IV sos, Zonac suppository were administered as prescribed.

Stoma site, drain site and incision site assessment along with dressing change was done. Betadine solution was used for dressing change. Stoma, wound and drain site appeared pink and looked healthy. Right side drain had 60 ml and left drain had 90 ml and drain contents appeared reddish in color on both sides.

Intake and output chart was maintained, 1500 ml of normal saline, ringer lactate and dextrose with normal saline was administered as prescribed. Clear liquid diet for around 250 ml was started. Patient was assisted during his ambulation for 1 hr

daily. Adequate rest and sleep was provided. Inj. Lactoguard 1.5gm iv bd, Inj. Ornida 500 mg iv bd, InjPantocid 40 mg iv bd, Inj. Spasmoproxyvon 2ml IV sos, Zonac suppository were administered as prescribed.

## **DAY 2**

Patient Vitals stable, Pain assessment showed score of 7 for which hot fomentation was given for around 20 minutes and pain reduced. Stoma site, drain site and incision site assessment along with dressing change was done. Stoma appeared pink and looked healthy. Wound and drain site appeared healthy with no signs of infection. Right side drain had 35 ml and left drain had 70 ml and drain contents appeared reddish in color over left side and colorless over right side.

Intake and output chart was maintained, 1000 ml of ringer lactate and dextrose with normal saline was administered as prescribed. Clear liquid diet for around 500 ml was started. Patient started on soft diet. Colostomy pouch emptying was done only once. Patient was assisted during his ambulation for 1 hr. adequate rest and sleep was provided. Antibiotics along with other medications were administered as per order.

## **DAY 3**

Patient Vitals stable, Pain assessment showed score of 5 for which hot fomentation was given for around 10 minutes and pain reduced. Patient was cooperative and healthy. Stoma site, drain site and incision site assessment along with dressing change was done. Stoma, wound and drain site appeared pink and looked healthy, without any signs of infection. Amount of drain noted and emptied. Right side drain was removed and left drain had 30 ml and drain contents appeared colorless.

Intake and output chart was maintained, 1000 ml of ringer lactate and dextrose with normal saline was administered as prescribed. Clear liquid diet and soft diet was prescribed to patient. Colostomy pouch was emptied twice. As a disposable pouch was used, it was changed after 24 hours

Complications of Stoma and their prevention were taught to patient as most stoma problems happen during the first year after surgery. Patient was assisted during his ambulation for 1 hr in the evening. Adequate rest and sleep was provided. Antibiotics along with other medications were prescribed as per order.

#### **DAY 4**

Patient Vitals stable, Pain assessment showed score of 4 for which hot fomentation was given for around 10 minutes and patient was comfortable. Patient was co-operative and healthy.

Stoma site, drain site and incision site assessment along with dressing change was done..Left drain had 30 ml and drain contents appeared colorless and removed. Colostomy pouch was emptied twice. Pouch was also changed and disposed. Colostomy irrigation procedure has been taught and demonstrated to patient as it may be needed for the patient.

Intake and output chart was maintained, 1000 ml of normal saline and dextrose with normal saline was administered as prescribed. Clear liquid diet and soft diet was prescribed to patient.

To improve his Psycho-Social Concerns among patients with colostomy such as Ostomy and Lifestyle including work, exercise, bathing, swimming,



travelling was discussed with the patient and his family members as it improved his quality of life and removed feelings of loneliness and rejection. Patient was assisted during his ambulation for 1 hr in the evening. Adequate rest and sleep was provided. Antibiotics along with other medications were prescribed as per order.

#### **DAY 5**

Patient Vitals stable, Pain assessment showed score of 5 for which hot fomentation was given and pain reduced. Patient was co-operative and healthy. Stoma site, drain site and incision site assessment along with dressing change was done. Colostomy pouch was emptied twice. Pouch was also changed and disposed.

Intake and output chart was maintained, 500 ml of ringer lactate was administered as prescribed. Soft diet was prescribed to patient. USG abdomen was taken and it showed normal results. Routine blood investigations were taken; it also showed normal results. Patient was assisted during his ambulation for 1 hr in the evening. Adequate rest and sleep was provided. Antibiotics along with other medications were prescribed as per order.

To improve his emotional concerns among patients with colostomy, concerns regarding relationship and clothing were discussed with the patient and his family members as it improved his quality of life in terms of his self esteem and removed worthlessness.

#### **DAY 6**

Patient Vitals stable, Pain assessment showed score of 5 for which hot fomentation was given for around 10 minutes and patient felt comfortable. Patient

was co-operative and healthy. Stoma site, drain site and incision site assessment along with dressing change was done.

Colostomy pouch was emptied twice. Pouch was also changed and disposed. Soft diet with plenty of fluids was prescribed to patient. IV fluids were stopped. To improve his sexual and social concerns among patients with colostomy, concerns regarding sex were discussed with the patient and his wife and about ostomy associations and appliances were discussed with the patient his family members as it improved his quality of life in terms of his self esteem and removed worthlessness. Patient was planned for discharge the next day. Patient was assisted during his ambulation for 1 hr in the evening. Adequate rest and sleep was provided. Antibiotics along with other medications were prescribed as per order.

#### **DAY 7**

Patient Vitals stable, Pain assessment showed score of 3. Patient was co-operative and healthy. Stoma site, drain site and incision site assessment along with dressing change was done. Betadine ointment was used for dressing change. Stoma appeared pink and looked healthy. Wound appeared healthy with no signs of infection. Drain site was normal without any signs of infection.

Colostomy pouch was emptied twice, contents were less and consistency of the stools was thick as patient was on soft diet. Pouch was also changed and disposed. Soft diet with plenty of fluids was prescribed to patient. Patient was planned for discharge the next day. Patient was assisted during his ambulation for 1 hr in the

evening. Adequate rest and sleep was provided. Antibiotics along with other medications were prescribed as per order.

## **DAY 8**

Patient Vitals stable, fasting blood sugar was under normal limits. Pain assessment showed score of 3. Patient was co-operative and healthy. Stoma site, drain site and suture site assessment was done. Colostomy pouch was emptied; Pouch was also changed and disposed. Reusable pouch was given to patient.

Stoma QOL questionnaire was given to the patient on the day of discharge and quality of life assessed. The patient had better quality of life with 83% of quality of life. In relation to his domain of quality of life he had 80% of sleep such as rarely disrupted with presence of stoma during sleep, rarely avoided certain positions, rarely have problems falling asleep and rarely needed rest during day. 67% of food habits with always prefer eating at home and rarely avoided the drinks he likes. 94% concerning intimate relationships such as 94% concerning relationship with family and friends such as rarely worry that he may be burden to others, always worry about pouch rustling and rarely avoid close physical contact with family. and 75% concerning relationship with society such as sometimes worry about need of toilet near by, rarely feel tied during day, always avoided that situations that perspire, rarely getting changed in front of others, rarely limits the choice of clothes, rarely makes him difficult to stay with others, rarely plans his day with pouch and always worry that the pouch may loosen.

Patient was discharged from the hospital, the discharge medications were, Tab. Doxcef CV 500 mg 1-0-0 for 5 days, Tab. Pan DSR 1-0-1 for 15 days, Syp. Zincovit 2 tsp 1-0-0 for 15 days and Syp. Aristozyne 2 tsp 0-1-1 for 15 days.

The patient was advised to come for review after 1 week, discharge advice was given to patient. Colostomy care package pamphlet was given to patient and doubt cleared to improve his quality of life.

Encouraged the patient to be confident to live a life with colostomy and taught the patient regarding colostomy care such as pouch selection, emptying, changing, disposal and irrigation. He was also taught to improve his nutrition and relationships with family, friends and society.

#### **SAMPLE 4**

Patient was a 75 years old male with cancer rectum and undergone permanent colostomy surgery. He is a known case of diabetes mellitus for 12 years and on treatment; blood sugars were kept under control.

#### **NURSING CARE ON DAY 1**

Sample identified, thorough history collected and physical examination done. Patient was conscious, oriented and thin built. Digestive system assessment revealed that contour of the abdomen was flat, colostomy was found on the left lower abdomen and 2 drain tubes with dressing were present on either side of the colostomy. Stoma was red. Light palpation revealed pain and tenderness around stoma, incision and drain site was present. Bowel sounds heard.

Vital signs were Temperature: 98.6 °F, Pulse: 98 beats/m, Respiration: 22 breaths/ min, Blood pressure: 130/90 mm hg. Fasting Blood glucose was under normal levels. Pain was assessed using numerical intensity pain scale. Score of +8 and tenderness over incision and drain site were found. Hot fomentation was given twice and pain reduced. Inj. Spasmoproxyvon 2ml IV sos, Zonac suppository were administered as prescribed.

Stoma site, drain site and incision site assessment along with dressing change was done. Stoma appeared pink and looked healthy. Wound and drain site appeared healthy with no signs of infection. Drain site was normal without any signs of infection. Amount of drain noted and emptied. Right side drain had 50 ml and left drain had 90 ml and drain contents appeared reddish in color on both sides.

Intake and output chart was maintained, 1500 ml of normal saline, ringer lactate and dextrose with normal saline was administered as prescribed. Clear liquid diet for around 250 ml was started. Patient was assisted during his ambulation for 1 hr daily. Adequate rest and sleep was provided. A calm and quiet environment was provided. Visitors were restricted to reduce the spread of infection.

Inj. Lactoguard 1.5gm iv bd, Inj. Ornida 500 mg iv bd, Inj. Pantocid 40 mg iv bd, Inj. Spasmoproxyvon 2ml IV sos, Zonac suppository were administered as prescribed.

## **DAY 2**

Patient Vitals stable, fasting blood sugar was under normal limits. Pain assessment showed score of 6 for which hot fomentation was given. Stoma site, drain site and incision site assessment along with dressing change was done. Right side drain had 40 ml and left drain had 55 ml and drain contents appeared reddish in color over left side and colorless over right side.

Intake and output chart was maintained, 1000 ml of ringer lactate and dextrose with normal saline was administered as prescribed. Clear liquid diet for around 500 ml was started. Stoma started to function. Selection of pouch was also demonstrated to patient. Colostomy pouch emptying was done only once.

Patient was assisted during his ambulation for 1 hr in the evening. Adequate rest and sleep was provided. Antibiotics along with other medications were prescribed as per order.

## **DAY 3**

Patient Vitals stable, fasting blood sugar was under normal limits. Pain assessment showed score of 5 for which hot fomentation was given and pain reduced. Stoma site, drain site and incision site assessment along with dressing change was done. Stoma appeared pink and looked healthy. Wound and drain site appeared healthy with no signs of infection. Right side drain was removed and left drain had 40 ml and drain contents appeared colorless.

Intake and output chart was maintained, 1000 ml of ringer lactate and dextrose with normal saline was administered as prescribed. Clear liquid diet and soft diet was prescribed to patient. Colostomy pouch was emptied twice, contents were less and consistency of the stools was little thick when compared to the previous day.

As a disposable pouch was used, it was changed after 24 hours. Complications of Stoma and their prevention were taught to patient as most stoma problems happen during the first year after surgery. Patient was assisted during his ambulation for 1 hr in the evening. Adequate rest and sleep was provided. Antibiotics along with other medications were prescribed as per order.

#### **DAY 4**

Patient Vitals stable, fasting blood sugar was under normal limits. Pain assessment showed score of 5 for which hot fomentation was given and pain reduced. Stoma site, drain site and incision site assessment along with dressing change was done. Stoma appeared pink and looked healthy. Wound and drain site appeared healthy with no signs of infection. Left drain had 40 ml and drain contents appeared colorless and removed.

Colostomy pouch was emptied twice; Pouch was also changed and disposed. As patient had complaints of belching and fullness of stomach, hence colostomy irrigation was done by the physician and the researcher assisted the physician during the procedure. 200 ml of normal saline was used as irrigating solution and rest of the contents were clear. Then pouch was attached to the stoma and rest was allowed to drain inside the pouch itself. Intake and output chart was maintained, 1000 ml of ringer lactate and dextrose with normal saline was administered as prescribed. Clear liquid diet and soft diet was prescribed to patient.

To improve his Psycho-Social Concerns among patients with colostomy such as Ostomy and Lifestyle including work, exercise, bathing, swimming, travelling was discussed with the patient and his family members as it improved his quality of life and removed feelings of loneliness and rejection. Patient was assisted during his ambulation for 1 hr in the evening. Adequate rest and sleep was provided. Antibiotics along with other medications were prescribed as per order.

#### **DAY 5**

Patient Vitals stable, fasting blood sugar was under normal limits. Pain assessment showed score of 5 for which hot fomentation was given and pain reduced. Stoma site, drain site and incision site assessment along with dressing change was done. Stoma, wound and drain site appeared pink and looked healthy.

Colostomy pouch was emptied twice, Pouch was also changed and disposed. Intake and output chart was maintained, 500 ml of ringer lactate was administered as prescribed. Soft diet was prescribed to patient.

USG abdomen was taken and it showed dilated bowel loops. Routine blood investigations were taken; it also showed elevated WBC counts. Patient was assisted during his ambulation for 1 hr in the evening. Adequate rest and sleep was provided. Antibiotics along with other medications were administered as per order.

To improve his emotional concerns among patients with colostomy, concerns regarding relationship and clothing were discussed with the patient and his family members as it improved his quality of life in terms of his self esteem and removed worthlessness.

#### **DAY 6**

Patient Vitals stable, fasting blood sugar was under normal limits. Pain assessment showed score of 4. Stoma site, drain site and incision site assessment along with dressing change was done. Colostomy pouch was emptied twice. Soft diet with plenty of fluids was prescribed to patient. IV fluids were stopped.

To improve his sexual and social concerns among patients with colostomy, concerns regarding sex were discussed with the patient and his wife and about ostomy associations and appliances were discussed with the patient his family members as it improved his quality of life in terms of his self esteem and removed worthlessness. Patient was assisted during his ambulation for 1 hr in the evening. Adequate rest and sleep was provided. Antibiotics along with other medications were prescribed as per order.

#### **DAY 7**

Patient Vitals stable, Pain assessment showed score of 3. Patient was cooperative and healthy. Stoma site, drain site and incision site assessment along with dressing change was done. Betadine ointment was used for dressing change. Stoma appeared pink and looked healthy. Wound appeared healthy with no signs of infection. Drain site was normal without any signs of infection.



Colostomy pouch was emptied twice, contents were less and consistency of the stools was thick as patient was on soft diet. Pouch was also changed and disposed. Soft diet with plenty of fluids was prescribed to patient.

Patient was planned for discharge the next day. Patient was assisted during his ambulation for 1 hr in the evening. Adequate rest and sleep was provided. Antibiotics along with other medications were prescribed as per order.

## **DAY 8**

Patient Vitals stable, fasting blood sugar was under normal limits. Pain assessment showed score of 3. Patient was co-operative and healthy. Stoma site, drain site and suture site assessment was done. Stoma, wound and drain site appeared pink and looked healthy. Reusable pouch was given to patient.

Stoma QOL questionnaire was given to the patient on the day of discharge and quality of life assessed. The patient had good quality of life with 74% of quality of life. In relation to his domain of quality of life he had 70% of sleep, rarely his sleep gets interrupted with presence of stoma, rarely avoid certain positions to sleep, rarely sleeps badly during night and always needed rest during day. 67% in domain of food with rarely prefer eating at home, rarely preoccupied with what to drink and eat and sometimes avoided the drinks he likes. 84% concerning intimate relationships such as always avoided sexual intimacy sometimes worry about pouch leaking and rarely felt difficult to stay away from home. 81% concerning relationship with family and friends such as rarely feeling lonely even when with others near by, rarely worry that he may be burden to others, sometimes worry about pouch rustling and rarely avoid close physical contact with family and 66% concerning relationship with society such as sometimes worry about the skin problems where the skin attaches,

always worry about need of toilet near by, rarely feel tied during day, rarely avoided that situations that perspire, sometimes worry getting changed in front of others, rarely makes him difficult to stay with others, rarely plans his day with pouch and always worry that the pouch may loosen.

Patient was discharged from the hospital, the discharge medications were, Cap. Megavit 1-0-0 for 7 days, Tab. Rablet 1-0-1 for 15 days, Tab. Homocheck 1-0-0 for 15 days, Tab. Trivedon MR 1-0-1 for 15 days and Proteinex powder (with milk) 2tsp 1-0-1 for 15 days

The patient was advised to come for review after 1 week, advised to take plenty of liquids with normal diet. In case of increased pain, diarrhea, belching he was advised to report immediately to patient. Colostomy care package pamphlet was given to patient and doubt cleared to improve his quality of life.

Encouraged the patient to be confident to live a life with colostomy and taught the patient regarding colostomy care such as pouch selection, emptying, changing, disposal and irrigation. He was also taught to improve his nutrition and relationships with family, friends and society.

## **SAMPLE 5**

Patient was a 40 years old female with cancer sigmoid and undergone temporary colostomy surgery.

### **NURSING CARE ON DAY 1**

Sample identified and thorough history collected and physical examination done. Patient was conscious, oriented and thin built. Digestive system assessment revealed that contour of the abdomen was flat, colostomy was found on the left lower abdomen and 2 drain tubes with dressing were present on either side of the colostomy. Stoma was red. Light palpation revealed pain and tenderness around stoma, incision and drain site was present. Deep palpation revealed severe pain and tenderness present around stoma. Bowel sounds heard.

Vital signs were Temperature: 98.6 °F, Pulse: 90 beats/m, Respiration: 18 breaths/ min, Blood pressure: 110/70 mm hg. Pain was assessed using numerical intensity pain scale. Score of +8 and tenderness were complaints of patient over incision and drain site. Hot fomentation was given twice for period 20 minutes. Pain reduced. Inj. Spasmoproxyvon 2ml IV sos, Zonac suppository were administered as prescribed.

Stoma site, drain site and incision site assessment along with dressing change was done. Betadine solution was used for dressing change. Stoma appeared pink and looked healthy. Wound and drain site appeared healthy with no signs of infection. Right side drain had 30 ml and left drain had 100 ml and drain contents appeared reddish in color on both sides.

Intake and output chart was maintained, 1500 ml of normal saline, ringer lactate and dextrose with normal saline was administered as prescribed. Clear liquid diet for around 250 ml was started. Patient was assisted during his ambulation for 1 hr daily depending on his convenience either half an hour in the morning and evening. Or complete one hour in the evening. Importance of early ambulation, with importance of jogging, walking, cycling for 30 minutes daily that improves quality of life.

Adequate rest and sleep was provided. A calm and quiet environment was provided. Inj. Lactoguard 1.5gm iv bd, Inj. Ornida 500 mg iv bd, InjPantocid 40 mg iv bd, Inj. Spasmoproxyvon 2ml IV sos, Zonac suppository were administered as prescribed.

## **DAY 2**

Patient Vitals stable, Pain assessment showed score of 6 for which hot fomentation was given and pain reduced. Stoma site, drain site and incision site assessment along with dressing change was done. Stoma appeared pink and looked healthy. Wound and drain site appeared healthy with no signs of infection. Right side drain had 30 ml and left drain had 50 ml and drain contents appeared reddish in color over left side and colorless over right side.

Intake and output chart was maintained, 1000 ml of ringer lactate and dextrose with normal saline was administered as prescribed. Clear liquid diet for around 500 ml was started. Colostomy pouch emptying was done only once. Patient was assisted during his ambulation for 1 hr in the evening. Adequate rest and sleep was provided. Antibiotics along with other medications were administered as per order.

### **DAY 3**

Patient Vitals stable, Pain assessment showed score of 5 for which hot fomentation was and pain reduced. Stoma site, drain site and incision site assessment along with dressing change was done. Right side drain was removed and left drain had 40 ml and drain contents appeared colorless. Intake and output chart was maintained, 1000 ml of ringer lactate and dextrose with normal saline was administered as prescribed. Clear liquid diet and soft diet was prescribed to patient.

Colostomy pouch was emptied twice. As a disposable pouch was used, it was changed after 24 hours. Complications of Stoma and their prevention were taught to patient as most stoma problems happen during the first year after surgery. Patient was assisted during his ambulation for 1 hr in the evening. Adequate rest and sleep was provided. Antibiotics along with other medications were prescribed as per order.

### **DAY 4**

Patient Vitals stable, Pain assessment showed score of 5 for which hot fomentation was given and pain reduced. Stoma site, drain site and incision site assessment along with dressing change was done. Left drain had 40 ml and drain contents appeared colorless and removed. Colostomy pouch was emptied twice. Colostomy irrigation procedure has been taught and demonstrated to patient as it may be needed for the patient.

Intake and output chart was maintained, 1000 ml of ringer lactate and dextrose with normal saline was administered as prescribed. Clear liquid diet and soft diet was prescribed to patient. To improve his Psycho-Social Concerns among patients with colostomy such as Ostomy and Lifestyle including work, exercise, bathing,

swimming, travelling was discussed with the patient and his family members as it improved his quality of life and removed feelings of loneliness and rejection. Patient was assisted during his ambulation for 1 hr in the evening. Adequate rest and sleep was provided. Antibiotics along with other medications were prescribed as per order.

#### **DAY 5**

Patient Vitals were stable. Pain assessment showed score of 5 for which hot fomentation was given and pain reduced. Stoma site, drain site and incision site assessment along with dressing change was done. Colostomy pouch was emptied twice. Intake and output chart was maintained, 500 ml of ringer lactate was administered as prescribed. Soft diet was prescribed to patient.

USG abdomen was taken and it showed normal results. Routine blood investigations were taken; it also showed normal results. Patient was assisted during his ambulation for 1 hr in the evening. Adequate rest and sleep was provided. Antibiotics along with other medications were prescribed as per order.

To improve his emotional concerns among patients with colostomy, concerns regarding relationship and clothing were discussed with the patient and his family members as it improved his quality of life in terms of his self esteem and removed worthlessness. Ways to overcome the feeling of worthlessness and burden to others were discussed with the patients.

#### **DAY 6**

Patient Vitals stable. Pain assessment showed score of 4 for which hot fomentation was given. Stoma site, drain site and incision site assessment along

with dressing change was done. Colostomy pouch was emptied twice. Pouch was also changed and disposed.

Soft diet with plenty of fluids was prescribed to patient. IV fluids were stopped. To improve his sexual and social concerns among patients with colostomy, concerns regarding sex were discussed with the patient and his wife and about ostomy associations and appliances were discussed with the patient his family members as it improved his quality of life in terms of his self esteem and removed worthlessness

Patient was planned for discharge the next day. Patient was assisted during his ambulation for 1 hr in the evening. Adequate rest and sleep was provided. Antibiotics along with other medications were prescribed as per order.

## **DAY 7**

Patient Vitals stable. Pain assessment showed score of 3. Patient was cooperative and healthy. Stoma site, drain site and suture site assessment was done. No signs of complication were found. Colostomy pouch was emptied; Pouch was also changed and disposed. Reusable pouch was given to patient.

Stoma QOL questionnaire was given to the patient on the day of discharge and quality of life assessed. The patient had better quality of life with 74% of quality of life. In relation to his domain of quality of life he had 65% of sleep sometimes his sleep gets interrupted with presence of stoma, rarely avoid certain positions to sleep, sometimes have problem in falling asleep and sometimes needed rest during day. 75% in domain of food with rarely prefer eating at home, rarely preoccupied with what to

drink and eat and rarely avoided the drinks she likes. 84% concerning intimate relationships such as rarely worry about pouch leaking, sometimes feel embarrassed with the presence of stoma, rarely felt difficult to stay away from home and sometimes worry about the pouch odor. 81% concerning relationship with family and friends such as always worry about pouch rustling and sometimes avoid close physical contact with family and 66% concerning relationship with society such as always worry about the skin problems where the skin attaches, sometimes worry about need of toilet near by, sometimes becomes anxious when the pouch is full, sometimes feel tired during day, rarely feels that her stoma makes it difficult to be with other people, rarely avoided that situations that perspire, sometimes worry getting changed in front of others, rarely makes him difficult to stay with others, rarely plans his day with pouch and rarely worry that the pouch may loosen.

Patient was discharged from the hospital, the discharge medications were, Tab. Cefuroxime 500 mg 1-0-1 for 7 days, Tab. Omez 10mg 1-0-1 for 15 days, Tab. Multigates 1-0-0 for 15 days and Syp. Cremaffin 2 tsp 0-1-1 for 15 days.

The patient was advised to come for review after 1 week. In case of increased pain, diarrhea, belching he was advised to report immediately to patient. Colostomy care package pamphlet was given to patient and doubt cleared to improve his quality of life.

Encouraged the patient to be confident to live a life with colostomy and taught the patient regarding colostomy care such as pouch selection, emptying, changing, disposal and irrigation. He was also taught to improve his nutrition and relationships with family, friends and society.



## **SAMPLE 7**

Patient was a 23 years old male with ulcerative colitis and undergone temporary colostomy surgery.

### **NURSING CARE ON DAY 1**

Sample identified, thorough history collected and physical examination done. Patient was conscious, oriented and thin built. Digestive system assessment revealed that contour of the abdomen was flat, colostomy was found on the right side of the abdomen and 2 drain tubes with dressing were present on either side of the colostomy. Stoma was red. Light palpation revealed pain and tenderness around stoma, incision and drain site was present. Deep palpation revealed severe pain and tenderness present around stoma. Bowel sounds heard.

Vital signs were Temperature: 98.6 °F, Pulse: 98 beats/m, Respiration: 18 breaths/ min, Blood pressure: 120/80 mm hg. Pain was assessed; Score of +8 and tenderness were complaints of patient over incision and drain site. Hot fomentation was given. Pain reduced. Inj. Spasmoproxyvon 2ml IV sos, Zonac suppository were administered as prescribed.

Stoma site, drain site and incision site assessment along with dressing change was done. Stoma appeared pink and looked healthy. Wound and drain site appeared healthy with no signs of infection Right side drain had 80 ml and left drain had 40 ml and drain contents appeared reddish in color on both sides.

Intake and output chart was maintained, 1500 ml of normal saline, ringer lactate and dextrose with normal saline was administered as prescribed. Clear liquid diet for around 250 ml was started. Hydration was well maintained. Patient was assisted during his ambulation for 1 hr daily. Adequate rest and sleep was provided.

Inj. Lactoguard 1.5gm iv bd, Inj. Ornida 500 mg iv bd, InjPantocid 40 mg iv bd, Inj. Spasmoproxyvon 2ml IV sos, Zonac suppository were administered as prescribed.

## **DAY 2**

Patient Vitals stable, Pain assessment showed score of 6 for which hot fomentation was given and pain reduced in about half an hour. Stoma site, drain site and incision site assessment along with dressing change was done. Stoma appeared pink and looked healthy. Wound and drain site appeared healthy with no signs of infection. Right side drain had 50 ml and left drain had 30 ml and drain contents appeared reddish in color over right side and colorless over left side.

Intake and output chart was maintained, 1000 ml of ringer lactate and dextrose with normal saline was administered as prescribed. Clear liquid diet for around 500 ml was started. Hydration was well maintained. Patient was advised to start soft diet as tolerated. Colostomy pouch emptying was done only once. Patient was assisted during his ambulation for 1 hr in the evening. Adequate rest and sleep was provided. Antibiotics along with other medications were prescribed as per order.

## **DAY 3**

Patient Vitals stable, Pain assessment showed score of 6 for which hot fomentation was given and pain reduced. Stoma site, drain site and incision site assessment along with dressing change was done. Leftside drain was removed and right drain had 40 ml and drain contents appeared colorless. Intake and output chart was maintained, 1000 ml of ringer lactate and dextrose with normal saline was administered as prescribed. Clear liquid diet and soft diet was prescribed to patient.

Colostomy pouch was emptied twice. As a disposable pouch was used, it was changed after 24 hours. Complications of Stoma and their prevention were taught to

patient as most stoma problems happen during the first year after surgery. Patient was assisted during his ambulation for 1 hr in the evening. Antibiotics along with other medications were prescribed as per order.

#### **DAY 4**

Patient Vitals stable, Pain assessment showed score of 5 for which hot fomentation was given for around 20 minutes and pain reduced. Patient was cooperative and healthy. Stoma site, drain site and incision site assessment along with dressing change was done. Right drain had 40 ml and drain contents appeared colorless. Colostomy pouch was emptied twice.

Colostomy irrigation procedure has been taught and demonstrated to patient as it may be needed for the patient. Intake and output chart was maintained, 1000 ml of ringer lactate and dextrose with normal saline was administered as prescribed. Clear liquid diet and soft diet was prescribed to patient.

To improve his Psycho-Social Concerns among patients with colostomy such as Ostomy and Lifestyle including work, exercise, bathing, swimming, travelling was discussed with the patient and his family members as it improved his quality of life and removed feelings of loneliness and rejection. Patient was assisted during his ambulation for 1 hr in the evening. Adequate rest and sleep was provided. Antibiotics along with other medications were prescribed as per order.

## **DAY 5**

Patient Vitals stable. Pain assessment showed score of 7 for which hot fomentation was given for around 15 minutes and pain reduced. Stoma site, drain site and incision site assessment along with dressing change was done. Right drain was removed.

Colostomy pouch was emptied thrice. Intake and output chart was maintained, 500 ml of ringer lactate was administered as prescribed. Clear liquid diet was prescribed to patient.

As patient had complaints of belching and fullness of stomach, hence colostomy irrigation was done by the physician and the researcher assisted the physician during the procedure. 200 ml of normal saline was used as irrigating solution and rest of the contents were clear. Then pouch was attached to the stoma and rest was allowed to drain inside the pouch itself. USG abdomen was taken and it showed dilated bowel loops. Routine blood investigations were taken, it also showed normal results.

Patient was assisted during his ambulation for 1 hr in the evening. Adequate rest and sleep was provided. Antibiotics along with other medications were prescribed as per order.

To improve his emotional concerns among patients with colostomy, concerns regarding relationship and clothing were discussed with the patient and his family members as it improved his quality of life in terms of his self esteem and removed worthlessness. Ways to overcome the feeling of worthlessness and burden to others were discussed with the subjects.

## **DAY 6**

Patient Vitals stable, fasting blood sugar was under normal limits. Pain assessment showed score of 6 for which hot fomentation was given. Stoma site, drain site and incision site assessment along with dressing change was done. Colostomy pouch was emptied twice, contents were less and consistency of the stools was thick as patient was on soft diet. Pouch was also changed and disposed.

Soft diet with plenty of fluids was prescribed to patient. IV fluids were stopped. To improve his sexual and social concerns among patients with colostomy, concerns regarding sex were discussed with the patient and his wife and about ostomy associations and appliances were discussed with the patient his family members as it improved his quality of life in terms of his self esteem and removed worthlessness.

Patient was assisted during his ambulation. Adequate rest and sleep was provided. Antibiotics along with other medications were prescribed as per order.

## **DAY 7**

Patient Vitals stable, Pain assessment showed score of 4. Stoma site, drain site and incision site assessment along with dressing change was done. Colostomy pouch was emptied twice. Soft diet with plenty of fluids was prescribed to patient.

Patient was planned for discharge the next day. Patient was assisted during his ambulation for 1 hr in the evening. Adequate rest and sleep was provided. Antibiotics along with other medications were prescribed as per order.

## **DAY 8**

Patient Vitals stable, fasting blood sugar was under normal limits. Pain assessment showed score of 4. Stoma site, drain site and suture site assessment was done. Colostomy pouch was emptied.

Stoma QOL questionnaire was given to the patient on the day of discharge and quality of life assessed. The patient had better quality of life with 84% of quality of life. In relation to his domain of quality of life he had 90% of sleep as rarely sleeps badly during night and rarely needed rest during day. 83% in domain of food with sometimes prefer eating at home, rarely preoccupied with what to drink and eat and rarely avoided the drinks he likes. 41% concerning intimate relationships such as sometimes worry about pouch leaking; always feel embarrassed about the presence of stoma, always felt difficult to stay away from home and rarely worry about the pouch smell. 72% concerning relationship with family and friends such as rarely feel that his family may reject him, rarely feeling lonely even when with others near by, rarely feel that his condition may be a burden to other people, sometimes feel that his family may feel awkward around him, rarely worry that the pouch smell and rarely avoid close physical contact with family and 69% concerning relationship with society such as rarely worry about the skin problems where the skin attaches, sometimes feel tired during day, sometimes fear of meeting new people, rarely feel difficult to wear the pouch, sometimes avoided that situations that perspire, sometimes worry getting changed in front of others, sometimes makes him difficult to

stay with others, rarely plans his day with pouch and always worry that the pouch may loosen.

Patient was discharged from the hospital, the discharge medications were, Tab. Tavera 4.5 gm 1-0-0 for 7 days, Tab. Doxcef CV 500 mg 1-0-0 for 5 days, Tab. Pantocid 40 mg 1-0-0 for 15 days, Tab. Multigates 1-0-0, Syp. Zincovit 2 tsp 1-0-0 for 15 days, Syp. Aristozyne 2 tsp 0-1-1 for 15 days and Proteinex powder (with milk) 2 tsp 1-0-1 for 15 days.

The patient was advised to come for review after 1 week. In case of increased pain, diarrhea, belching he was advised to report immediately to patient. Colostomy care package pamphlet was given to patient and doubt cleared to improve his quality of life.

Encouraged the patient to be confident to live a life with colostomy and taught the patient regarding colostomy care such as pouch selection, emptying, changing, disposal and irrigation. He was also taught to improve his nutrition and relationships with family, friends and society.