Abstract

Aims/Objectives:
To compare the experience of patients with newly formed stomas who received specialist community stoma care follow up at varying time intervals following discharge.

Content:
Community stoma care pathways for patients with newly formed stomas appear to vary nationally with regards to the timing of an initial home visit by a specialist stoma care nurse. Patients’ early experiences with regards to their stoma care can have a lasting effect on how they adapt to, and accept life with a stoma. Can something as simple as a well-timed initial home visit from a stoma care nurse contribute to new ostomists having the most positive start possible?

Method:
Three case studies documenting the first home visit by a stoma care nurse to a patient reviewed early (three to five days post discharge); late (seven to ten days post discharge), and never (patient seen ten months post hospital discharge).

Results:
The patient assessments shown in the case studies suggest that later community stoma care follow up can be detrimental to the condition of a patient’s peristomal skin; can increase the likelihood of pouch leakage and consequently hinder a patient’s acceptance of the new stoma.

Conclusion/Outcomes:
Reviewing patients earlier following discharge from hospital can often enable the stoma care nurse to prevent potential problems before they happen, including monitoring template size more closely and early intervention with soft convexity as post-operative oedema subsides.

By proactively preventing issues with sore peristomal skin and subsequent leakage in this way, a patient is more likely to have a positive start in the crucial early days and weeks following discharge home from hospital with a new stoma.

Early: 3-5 days post discharge

History:
52 year old female; permanent ileostomy; four leaks experienced overnight; using flat drainable pouch with paste around full circumference of stoma; struggling to adjust to stoma; confidence affected by number of leaks; would like to change pouch on alternate days if possible.

Initial home visit:
Seen 3 days post discharge; significant ‘silent seepage’ of stool noted towards skin dip at 9 o’clock position. DET Score of 0.

Follow up visit (10 days later):
No further leakage; pouch lasting 48 hours; pouch change much quicker and easier.

Late: 7-10 days post discharge

History:
75 year old gentleman; permanent colostomy formed following failed reversal of ileostomy; independent with stoma care; lived alone.

Preferred drainable pouch as had been used to this prior to most recent surgery; changing on alternate days; patient did not want to waste large amount of uncut pouches in home. Frightened to leave house due to frequency of pouch leakages since discharge.

Initial home visit:
Seen 10 days post discharge; many leaks experienced since discharge. MASD evident to peristomal skin; DET Score of 7.

Follow up visit (10 days later):
Significant improvement to patient’s quality of life. DET Score of 0.

Never: 10 months post discharge

History:
35 year old gentleman; urostomy formed 10 months ago, out of area.

No community follow up received; patient had moved shortly following stoma surgery and had not sought local stoma care support.

Follow up visit (14 days later):
Significant improvement to patient’s quality of life. DET Score of 0. Significant cost saving achieved.

References
1. Association of Stoma Care Nurses UK (2013) Stoma Care Nursing Standards and Audit Tool. ASCN UK, London

References
1. Association of Stoma Care Nurses UK (2013) Stoma Care Nursing Standards and Audit Tool. ASCN UK, London