Background

Mr. D, a 66 year old gentleman, attended an annual community Ostomate day at his local Colostomy Association with his wife. This was the first such event that they had attended despite Mr. D having had an ostomy for well over a decade. Mrs. D approached me following the Stoma Nurses’ presentations and expressed that Mr. D had been experiencing numerous stoma issues and hadn’t seen a Stomal Therapy Nurse (STN) for about 10 years. A brief discussion revealed the need for a formal and comprehensive Stomal Therapy Nursing review. I provided Mr. D my contact details for an appointment the following week. Mrs. D called and an appointment was arranged later that month.

Mr. D is retired and in a stable long-term relationship. He enjoys bonsai as a hobby and describes a good quality of life.

In Australia, unlike other countries, we often have the benefit of offering frequent patient follow up. We often believe that our patients will always be fully prepared for their onward life journey after surgery. However, it often seems that people still ‘fall through the cracks’ for various reasons.

Report written by:

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Medical & Surgical History

Mr. D initially presented with a six week history of diarrhoea and intermittent fresh rectal bleeding. He was diagnosed with a Duke’s B adenocarcinoma of rectum, one centimetre from dentate line and an abdomino-perineal resection (APR) and formation of a permanent end colostomy was performed. He received radiation therapy and adjuvant chemotherapy following the surgery, completing all treatment six months later.

The surgeon reviewed Mr. D post-operatively and noted the development of a large parastomal hernia. Reparative surgery was offered, but declined by Mr. D at that time. The hernia was subsequently repaired two years later after progressive worsening of hernia size and issues with stoma management.

Three years after initial surgery a follow up colonoscopy was clear. An incisional hernia was noted again at this time. The following year his hernia incarcerated and was repaired with mesh.

Seven years after his first presentation Mr. D was discharged from the colorectal clinic for ongoing follow up with GP. A recurrent parastomal hernia was noted at the time of his discharge.

Non-smoker for last fifteen years.

Normal diet, nutritionally sound, weight static.

Consumes one-two bottles wine daily (deranged liver functions have been noted repeatedly).

No medications.
Nurse Assessment

As per medical records, Mr. D had not been seen by an STN for 13 years prior to attending the Ostomate day, although several phone requests were received for authorisation of extra supplies in the couple of years before and after that visit.

Mr. & Mrs. D both attended the arranged appointment with me. Mr. D seemed quite reserved at first, with his wife prompting most of the discussion, but Mr. D did open up as we spent more time together and I was able to elicit more information from every visit and phone call follow ups which were ongoing over the following weeks and months.

He was using a two-piece firm convex skin barrier with a ring coupling, (pre-cut opening 32 mm). He was changing his skin barriers twice per week, and the closed pouches two-four times per day. He used a belt and a custom made hernia support band sourced privately after his second hernia repair. It was noted that he routinely applied mercurochrome to his skin at every skin barrier change (he had been doing this for years).

The issues with his stoma care were:

- Leakage of faeces through the filter. This was evident on clothing and bed clothes. He found it embarrassing, and his wife found it annoying with having to change linen several times per week.

- Intermittent but often weekly episodes of severe abdominal pain in the left iliac fossa area. The pain would last several hours, and was crippling – although it resolved spontaneously. His wife was very anxious when these occurred and wanted Mr. D to go to hospital, but he refused. This had been occurring for months.

- Difficulty getting pouching system on due to “growth of tissue” on the stoma. His wife was assisting with all product changes. This tissue often bled and he often felt pain and discomfort when the stoma was cleaned and the pouching system changed.

On examination:

Mr. D unwrapped himself from a very firm fitting support belt before lying on the examination table. The abdomen was viewed both front on and laterally. His abdominal contours were uneven, (left side higher than right) with bulging around stoma - possible re-herniation.

There was a large growth of atypical granuloma type tissue across stoma, not obstructing the
stoma outlet, but overlapping onto skin the between the four-five o’clock position.

His stoma measured forty (40) mm.

A large ulcer was noted above his stoma - possibly pressure injury.

There was significant purple discolouration to peri-stomal skin in complete correlation to the shape of the convex skin barrier. No photo taken at this clinic visit as he was very anxious and I felt this was not appropriate. The photo to the right is several months later but still showing purple discolouration - although this was significantly less than first visit.

Interventions

Discontinue convexity. Mr. D was not keen to try one-piece as he preferred the two-piece option, and when shown the newer alternative adhesive coupling of a two-piece, still preferred the ring type coupling. Mr. D didn’t feel that an adhesive coupling would be secure enough. Decide to try a 70 mm flat cut-to-fit skin barrier and closed maxi pouch. Product applied during review. Stoma powder was applied to the ulcerated area above his stoma.

- Provided a filter with improved performance that would prevent leakage with internal and external waterproof membranes.

- Advised Mr. D that a surgical consult was required for investigation and treatment of atypical stomal tissue and pain to rule out malignancy as Mr. D had had no colonoscopy since 1998. If the tissue was granulomatous, it would need surgical excision as it was too proliferative for conservative treatment. A referral was obtained from GP to access Colorectal Surgeon.

- Discussions were held around the issues of his intermittent and recurrent pain. He was advised to present to the Emergency Department if it re-occurred prior to review by his physician. Discussed whether the significant amount of pressure to abdomen from the combination of a firm convex skin barrier, ostomy belt, and hernia support belt was a possible contributing factor.

- Brief discussion with Mr. D regarding his alcohol intake that it was much more than recommended by health authorities and his liver function already abnormal.

- Discussed with him the priority was for me to help to resolve the acute stoma issues first then perhaps we could discuss this issue more at another time. Mr. & Mrs. D both agreed.
Outcomes

Several reviews by phone and face to face meeting took place in the two weeks following his initial consult. Mr. D stated he was very happy with his new ostomy products. The filter was working very well, and he experienced no further issues with leakage of faecal matter through the filter opening. New product supplies were organised.

Surgical outpatient’s department appointment arranged after referral received and I consulted with his surgeon about my concerns. Mr. D was admitted for colonoscopy and biopsy of stomal tissue soon after.

Colonoscopy showed no abnormalities and the biopsy of the granuloma type tissue was benign.

No further bouts of acute pain after initial review and in further discussions with Mr. D, he admitted that he was very fearful that he had cancer again, and was so relieved after the procedure and he was given results.

He was booked for revision of stoma and removal of inflammatory tissue as a category two on the surgical waiting list.

His surgical procedure occurred early 2014 with an uneventful post-operative period except day three a red area was noted lateral to stoma site, warm to touch, mild tenderness. The stoma was functioning, Mr. D felt well, however a small collection was noted on X-Ray, and oral antibiotics were commenced. Mr. D was advised to abstain from alcohol for six weeks post-surgery and discharged home.

Review of M. D one week post discharge showed he was doing well. The two-piece skin barrier continues to work well for him. Mr. D says this stoma works better than his last one ever did. He states that he “feels well and healthier than he has in years”. Mr D had continued to abstain from alcohol post surgery.
Conclusion

This patient had a prolonged period of years with no review by an STN. His problems were significant and he and his wife had been "putting up" with issues for a long time.

Despite the fact they live locally to the hospital where he had original surgery.

This case highlighted the importance of STNs reaching out into the community and engaging patients when possible. The yearly Ostomate Days are an invaluable way to engage with them and encourage appropriate reviews and referral to health professionals.

Reflection

I certainly have changed my practice over the years and seek early review of a patient if they call for forms for extra supplies to be completed. I often find if a patient is using extra supplies it is often because the pouching system they are in is no longer the most optimal, their physical condition has often changed or they have developed some practices that need further education.

I would also like that when patients are calling companies or approaching sales representatives for samples at trade display events, that the patient also is encouraged to return to their stoma nurse if possible for review if it has been an extended time since their last.

This case has also highlighted to me to never underestimate the impact the Stomal Therapy Nurse can have on a patient and their overall health outcomes. Mr. D had other significant issues impacting on his overall health, and taking the time to do a full and comprehensive history, and develop rapport over the clinical visits and taking the time to do opportunistic health education, has made a huge impact on not only Mr. and Mrs. D emotionally, but on their quality of life.

Mr. D and his wife have kept in touch and had a couple more reviews since his surgery. All is continuing to go well. He continues to abstain from alcohol.

Any requests for additional product supplies should trigger a patient review and stomal therapy assessment to ensure the pouching system remains the best fit for the patient’s needs.

“The photo is a lovely Bonsai Mr. D presented me with in one of his follow up visits.”
- Jan Fields Stomal Therapy Nurse Queensland, Australia.
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Ethical Considerations
Patient consent was obtained after the patients were fully informed of the purpose of the present study, as well as the anonymity and restricted use of the data obtained. Subjects’ initials changed to protect privacy.

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