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Psychological assistance to stoma patients. Psychological aspects of rehabilitation

The article discusses the specifics of providing psychological and rehabilitation assistance to stoma patients. Such assistance is influenced by many physical, social and psychological factors. They generate a complex of problems which cannot be solved without considering all components of health, disability, and functioning.

Keywords: oncology, psychology, stoma patients, rehabilitation.

Relevance. Psychological rehabilitation is one of the most important factors in returning of stoma patients to normal life.

Body integrity is one of the highest values existing at the sub-conscious level. Any surgical operation causes mental trauma to people which they realize and feel in different ways.

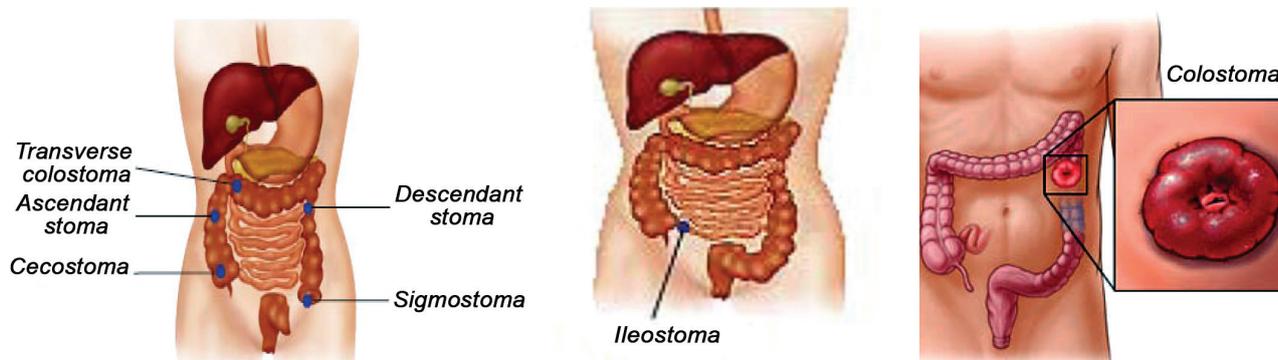
Introduction. The term «stoma» (ostomy, Greek) means a surgically created hole connecting the internal cavity with the surface of the body. There are different types of stoma, which are called by the organs to which they are imposed.

Stoma application is required when the intestine or bladder cannot function properly due to congenital defect, disease, or trauma.

The intestinal stoma is often called an «unnatural anus» since in this case the defecation goes not through the natural anus but through a hole formed on the anterior abdominal wall.

A stoma can be temporary or permanent. Temporary stoma can be applied if you cannot achieve good bowel preparation for surgery (when intestinal patency is impaired due to a tumor or adhesions). A temporary stoma might also be required to limit the passage of intestinal contents through the bowel – to avoid traumatization the place of surgical intervention by faecal masses. The intestinal function usually returns to the former level after the closure of a temporary stoma.

A permanent stoma cannot be removed in the course of further treatment of the patient if the obturative apparatus of the intestinal tract is absent or irreversibly damaged, or there is no possibility to promptly reconstruct the continuity of the intestine.



Psychological status of stoma patients. Most stoma patients experience emotional tension, concerns, anxiety, fear, feelings of despair and resentment in certain situations, as well as other psycho-traumatic feelings associated with:

- uncomfortable conditions during sleep, in sexual sphere, when visiting public places, and etc.;
- anxiety for their health in general;
- lack of experience in personal care for the stoma.

A few stoma patients can immediately return to their usual life. However, these manifestations disappear with a favourable resolution of the situation. First of all, in the postoperative period a stoma patient should learn that the number of stoma patients is quiet high and they can always seek help from the specialists in psychosocial care.

When a stoma patient returns home after surgery, he/she faces the problem of returning to the old style of life. If the person cannot solve this problem alone, he/she should request assistance from a psychologist.

A psychologist is a guide leading the patient's psyche on the way to peace. Forming a proper adequate attitude of a person to him/her-self means convincing him/her to:

- realize the mechanism of the disease and the changes that happened inside and outside, their nature;
- cope with the consequences of the surgery;
- cooperate with assistance specialists, especially at the initial stage of recovery.

Insufficient awareness of the patient and his fears are the main factors contributing to the emergence of psychogenic disorders.

The patient may be insufficiently informed about:

- the reasons for ostomy surgery;
- the extent of performed surgical intervention;
- the changes in the functioning of the body as a result of surgery;
- the possibilities to compensate the disordered functions of the body;
- the ways to obtain specialized medical and psychosocial assistance.

The patient may be concerned about the forced change in his family role and the need to change job or be registered as a disabled person.

As a consequence, more than 98% of stoma patients who did not receive sufficient information post-surgery fall into depression of varying degrees of severity: from light sleep disorders, mood lability, loss of appetite, etc. to a persistent rejection of their own body (being the main motivation for suicide).

Methods. The rational psychotherapy conducted before or early after surgery allows achieving a persistent positive attitude and acceptance by the patient of the fact of ostomy and, as consequence, an active participation of the patient in the process of rehabilitation.

The use of rational psychotherapy with stoma patients is extremely important.

The objectives of rational psychotherapy are: the realisation by the patient of psychological mechanisms of the disease, the reconstruction of disturbed relations of the patient as a person, the correction of inadequate reactions and forms of the patient's behaviour by affecting all the main components of a relationship - not only cognitive, but also emotional and behavioural, with the maximum participation of the patient in the process of treatment.

Preliminary understanding and interest of the patient in the forthcoming conversation with the psychologist are necessary prerequisites for using the method of rational psychotherapy.

Before the surgery, the patient should be informed about the possibility of imposing a stoma during the operation and the purpose of this manipulation. Such pre-surgery information and preparation are very important. They give confidence to the patient and make him/her aware of the possibility to return to normal life even with a stoma. It definitely refers only to planned surgery as at emergency operations, for example because of an acute intestinal obstruction, this stage of the rehabilitation process has to be neglected.

Psychological preparation of the patient is a very important and multifaceted process. The first thing a psychologist has to face is the painful concerns, sometimes, even the suspicion of the patient. It is partially caused by the fact that the psychologist is a new actor in the drama of the patient's illness. The patient has to receive the new information against the background of his/her concerns and suspicion;

and such information can cause ambiguous reactions: from tears to an emphatic refusal of surgery. That is why it is recommended to think over in details not only the necessary amount of information, but also the optimal form of its delivery. It is desirable to do it in a relaxed atmosphere, without unnecessary witnesses.

The psychologist should check with the attending physician the level of the patient's awareness, the diagnosis, as well as the scope and nature of the forthcoming surgery and, especially, the possibility for stoma application.

It is important to remember that life with a stoma is not disease. Modern means of stoma care allow such people to be fully functional in live, and even at work. But, as a new-born child, an operated person needs time to adjust to the changed conditions. And this is not only the problem of taking care of stoma, but also the moral perception of existence with a stoma.

Meanwhile, the stoma itself cannot destroy family relations if they've been strong before surgery. Namely the family, through a tactful approach, can help a stoma person return to usual life, fill his/her life with the former content and plans. Sexual relations only reinforce the relationship between the partners based on mutual respect, the desire to help each other, to share eventual problems. In the families that lack such relationship before surgeries, the stoma can become a formal reason for break up. The patient should be told that some manifestations of sexual dysfunction may be age-related and not directly related to the stoma surgery. In any case it should be emphasized that solving the sexual problems of a stoma patient requires special tact and understanding. There are no simple answers or solutions. However, the patient and his / her partner shall spend enough time to raise any possible questions about the changes in their sexual life.

Features of nutrition with a stoma. The disease and the surgery on the intestine that ended up with a stoma deprive the body of a lot of energy, vitamins, proteins, and minerals. This may result in the loss of body weight, increased fatigue, weakness, and feeling of oppression or irritability. Proper nutrition with a stoma will not solve all the problems but is a pre-requirement for a productive life.

NB: our patients and their relatives have a lot of questions regarding nutrition – there is a fear «to harm», fear of «relapse» because of possible malnutrition in the future.

To restore disordered bowel function, patients need to start making up their diet based on four main principles: regularity, cautiousness, graduality, and reasonableness.

Regularity is a very important principle. It allows the body to arrange production and release of food juices at the same time and therefore to improve the

process of digestion and absorption of nutrients and the release of the body from indigestible products. The more regular is the diet, the more regular is the intestine function; while uncontrolled nutrition will lead to the same uncontrolled operation of the stoma. It is necessary to develop a diet and strictly follow it, even in case of loss of appetite. People with colostomy with regular meals can achieve emptying of the intestine once a day, at the same time. The process of digestion much depends on conditioned reflexes that prepare the body to ingest and digest food. An apparently healthy person needs three or four meals a day; in calories, the breakfast should make 30% of the daily ration, the lunch – 40%, the afternoon tea – 10%, and the dinner – 20%.

Cautiousness is the principle for choosing of nutrition after surgery. For the time of formation of postoperative cicatrices (30-40 days), the diet should exclude products that cause gas formation: black bread, cabbage of any sort, egg in any form, onion and garlic, spices and condiments, grapes, mineral water with gases. Pickled, fatty and heavy foods shall be consumed with great caution.

Graduality is the principle of gradual introduction of new products in the diet not to cause an unpleasant reaction of the gut and the intestine. An eating log can help to determine within several weeks which products and in which quantities are more acceptable, and which should be avoided. The log shall contain records on the consumed products, their quantity and meal time, the time of defecation, the consistency of excretions, the odor and the amount of exhaust gases (by subjective sensations) through the stoma; as well as the occurrence of pains and the amount of urine.

Reasonableness - this principle is good in everything, including nutrition. The food shall be consumed frequently (up to 5 times a day) but in small portions.

Psychological rehabilitation. The presence of the stoma can oppress the patient's psyche causing transient asthenia. A warm atmosphere of understanding helps to return to the previous active life even a year after surgery. In persistent sexual dysfunction a person with stoma should visit a sexologist. The significant other should be the first to know about the stoma since his/her help and support ensure a quick rehabilitation.

The patient shall be explained that he/she does not have to constantly draw attention of the family members or relatives to the stoma and even more to show it. Still, the mystery around it can become a burden. This problem is quiet similar for single people with stoma. In any case, it is better to inform the partner about the stoma in advance, even if it leads to a break up. In the countries that have societies of people living with stoma («ASTOM» The regional public organization of disabled patients with stoma of the city of Moscow - www.astom.ru, the Public Association of Ostomy People of the Republic of Moldova - www.aops.webs.md), the patients might find their partners among the people with the same problems.

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Each decision about informing the colleagues at work is taken individually. However, it should be taken into account that this can be negatively perceived by the management and the employees. Some people with stoma always conceal their stoma.

Criteria for the efficiency of psychological rehabilitation of stoma patients are:

- A complete psychological adaptation to the presence and functioning of the stoma;
- Full restoration of social status with the possibility to participate in social life without any limitations;
- Preservation of the family role;
- Restoration of work capacity to pre-surgery level, except for the heavy physical labour.

Positive changes in the way of thinking, the appearance, the attitude to life are the main indicators of mental and psychological recovery of the patient.

Recommendations to the relatives of stoma patients.

What to do when the patient is in the oppressed or depressive state?

The patient has become passive, has lost his/her will to live. Nothing pleases him/her. He/she has lost hope, and even talks about suicide. He/she keeps repeating that everything is bad. Of course, you want to argue that this is not so and the situation is not hopeless. Please note that he/she sees everything only in black colours. You will not succeed to distract him/her from problems. Do not say that everything is not as bad as it seems to be. Tell that you understand how hard and painful it is for him/her. Keep in mind that he/she is seriously thinking of suicide. Do not demand him/her to stop talking nonsense.

In fact, the patient does not want to commit suicide; he/she just needs understanding. This is the last way to draw attention to the hopeless situation, the way to find help and support. When a person feels that his/her situation is hopeless, he/she is afraid of unbearable pain, is afraid of becoming a burden for the others. And if he/she does not see any way out and feels that no one cares about him/her, he/she really may attempt a suicide. Watch for the patient, find out what he/she is thinking about. Be always near when it's hard for the patient. Let him/her feel your care. He/she needs consolation and needs to be heard. Do not stop the talks about suicide, talk to the patient about it. You can also take a promise that when such thoughts come again he/she will call you and wait for you. Never say: «You will overcome this», «Be patient, «Everything will be good» because the patient realizes that nothing will be good for him/her. He/she will only feel that you do not understand him/her and will hide his/her thoughts from you. Do not demonstrate your superiority, do not say: «What stuff!» as all the patient is talking about is important for him/her. Channel his/her thoughts in

another direction. Make him/her do something to have less time to think about the bad.

What to do when the patient shows hostility?

Caring for a hostile person can easily cause stress. Such person will always be dissatisfied with what you do no matter how hard you try.

Remember that his/her irritation is caused by discontent with him/her-self and the situation as a whole, and, in fact, is not related to you. Outbreaks of hostility are normal reaction to stress but they make communication difficult. Hostility can manifest itself indirectly. If a person does not like something, he/she might say nothing directly but can become gloomy, start blaming you and refusing your help, stop following the instructions and do everything to spite.

You should not start avoiding the patient. Even when he/she refuses help and repels the relatives, he/she needs them. You should understand that the hostility is a manifestation of helplessness and is caused by high inner tension. In this condition, the abilities for communication and logical thinking are limited, the perception and understanding are egocentric. Your impatient and irritated attitude to a hostile patient might only intensify his/her antipathy and irritation.

Communication. The person with stoma needs to be listened to and needs to give vent to his/her hostility. You should neither exert moral pressure, nor agree with everything. Stay calm, give clear instructions. Keep going until the patient calms down. Try to avoid confrontation. Take care of satisfying his/her physical and emotional needs. Hostility can be caused by unmet needs. Moreover, the ward does not always realize it. Keep in mind that an emotional person does not always hear the details and does not always fully understand the essence of what is said. If you are affected by feelings you always lose objectivity. **To keep the situation under control:**

- Try to listen to the ward;
- Do not start to immediately defend yourself and appeal to his/her conscience;
- Ask him/her what's wrong and why he/she accuses you;
- Find out what the problem is.

In most cases, the reason for hostility is not you, but something else. As a rule, the reason is epy helplessness and depression of the patient. Give him/her the opportunity to describe what the cause of hostility is. Ask again and specify what he says, so that he/she does not just blame you, but outlines the facts and expresses his/her needs. If the patient says that no one cares about him/her, ask about his/her wishes and the idea how the care should look like. If you show your concern, you can establish the contact, and the patient will calm down.

Remember that you need to control your feelings because hostility breeds reciprocal hostility. And only your smooth calm attitude can extinguish it.

To take a hold on yourself:

- Control yourself and your thoughts;
- Control your gestures, they must be slow and smooth;
- Speak in a pleasant and confident voice.

Your reaction can cause the ward to calm down or confront; it can weaken or strengthen the hostility of the ward. If you stay calm, let the ward speak out and «let off steam» he/she might be able to listen to you too. If you have any requirements to the ward, state your point of view with calm confidence and do not back off from it.

You may even need to seek help from a psychiatrist because antidepressant medications may be required with a severe form of depression.

Let the ward take care of him/her-self as much as possible. When the patient wishes to take care of oneself it's a big step forward. Think of something that your ward could control by him/her-self. At a situation of choice, a person has a better control over its life. The best way to ease the negative emotions is to provide a moderate physical load, such as walking, gymnastics, games. Use the means of relaxation – massage, water treatment, etc. Remember that the ward will need some time to recover and have the will to live.

Life goes on – that's the main thing the person with stoma shall remember and use as the grounds for further recovery. He/she should never cut off from the world, go into shell, avoid contacts with people.

It is very important to organize «Schools for patients» at the hospitals and clinics to inform the patients with stoma about:

- how the stoma functions;
- how to use stoma care items;
- how to eat properly and, if possible, keep a rut;
- who to contact for medical matters, if necessary.

Conclusions. Multi-level rehabilitation is required taking into account the complexity, specificity and variety of the problems of reintegration of individuals with anatomical impairments of the excretory function in the form a stoma of intestines or ureters. An integrated concept of the phenomenon of health and its disorders shall be recognized.

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