

An Association Between Continuing Treatment and Adaptation in Ostomates

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Introduction

Identifying individuals who may experience increased difficulty in adapting following ostomy surgery is of interest to WOC Nurses. This study identifies an association between continuing treatment of the condition that caused ostomy surgery and a return to high life satisfaction for new ostomates.

Methodology

Data source:

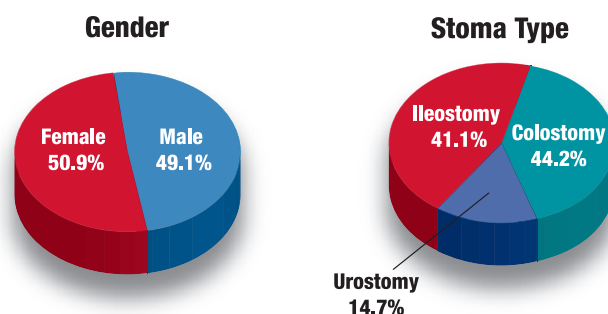
Ostomy Comprehensive Health and Life Assessment (N=2989)

Subset (n=1875) includes:

- Single colostomy, ileostomy, or urostomy stoma
- Eighteen years of age or older
- In first 10 years following ostomy surgery

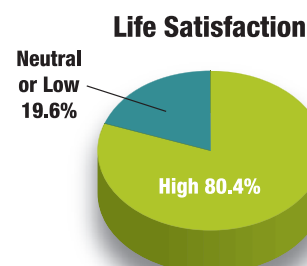
Profile

The sample includes 1875 people in the first 10 years following ostomy surgery. At the time the assessment was completed, participants were between the ages of 18 and 91 and reported a median of three years since surgery. An overview of other characteristics is shown in the accompanying graphs.



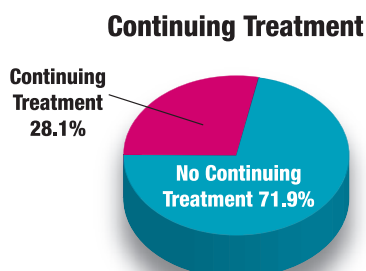
Life Satisfaction

Life satisfaction is expressed as a binary measure (*High* versus *Neutral or Low*) that is based on a six-item scale. The scale contains self-assessments of satisfaction with social, family, financial, and leisure aspects of life; an overall assessment of contentment, and an assessment of the stoma's effect on the person's life. The scale has been validated and checked for internal reliability (Cronbach's $\alpha = 0.8390$).



Continuing Treatment

Participants were asked if they continue to undergo treatment of the disease or injury that caused their ostomy surgery.



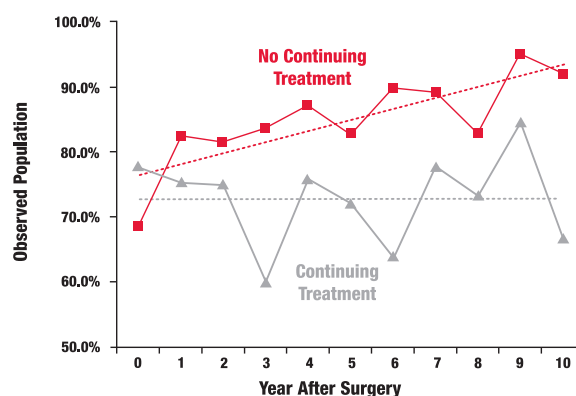
Results

Data collected were analyzed using SAS v9.1.3. Logistic regression models were constructed to identify predictors of life satisfaction while allowing factors other than those of primary interest to the study to be accounted for and possible interactions to be investigated. A significant interaction between years after surgery and continuing treatment (Wald chi-square=7.23, df=1; p=0.0072) suggests that those participants who reported that they continue to undergo treatment of the disease or injury that caused their original ostomy surgery have a different experience over time relative to high life satisfaction than those not continuing to undergo treatment. Further investigation of a stratified logistic regression model suggests that those not continuing to undergo treatment experience a significantly increased probability of high life satisfaction over time (Wald chi-square=7.75, df=1; p=.0054), while those who report ongoing treatment do not experience this benefit (Wald chi-square=0.86, df=1; p=0.3532).

Conclusions

The conclusions of this study were based on the proportions observed in the data, not those predicted by the models described above. The data suggests that a return to high life satisfaction following ostomy surgery may be disrupted by ongoing treatment for an underlying condition. The results of this study may aid in the identification of those at increased risk for difficulty in adaptation following surgery. Also, the evidence presented may justify a prospective study of the effects of ongoing treatment and interventions that may improve patient outcomes under these conditions.

Observed Proportion of High Life Satisfaction by Year After Surgery



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