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New Zealand Stomal Therapy Nurses

In this issue:

MARCH 2014

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The Outlet

New Zealand Stomal Therapy Nurses

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Ginnie Kevey-Melville, *Executive Committee Secretary*

Email: secretarystnzno@outlook.co.nz

NZNOSTS Executive Committee

COMMITTEE CONTACTS

Back Row: Terra Wilson (outgoing secretary), Lorraine Ritchie (NZNO PNA), Maree O'Connor (chairperson), Nicky Bates (treasurer) Front Row: Ginnie Kevey-Melville (secretary), Lorraine Andrews (co-editor), Maree McKee (co-editor)

Absent: Marie Buchanan (in coming committee member)

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NZNOSTS Section: Chairperson's Report

MAREE O'CONNOR

MAREE O'CONNOR

NZNOSTS Chairperson

Here we are in the first quarter of the year already! It will be a busy year for the Stomal therapy section with conference planning well underway and some fantastic speakers lined up. Don't forget to get the conference dates into your diaries to help ensure you get there. We have planned the timing of the conference to enable you to enjoy all that Auckland has to offer if you choose to stay on after the conference is over.

The other major undertaking is of course the transition to college. This transition enables us to update our key documents, policies and plans and is a great way of keeping us current within the health care environment. I hope this will also help each person working in stoma therapy nursing to maintain voice and currency within their workplace environment.

With Terra Wilson's resignation from the committee Ginnie Kevey-Melville has taken on the role of secretary and the committee have co-opted onto the committee Marie Buchanan as a committee member as it is felt with all the work there is to do we needed to replace Terra. I would like thank Terra for her work on the committee and also thank Ginnie for taking on the secretary role. We welcome Marie and look forward to working with her.

From time to time we do hear that when a stoma nurse leaves a position they may be replaced by a more generalist position. This is of concern and if any of the documents we have (or are preparing) are of use to you in your practice environment do get in touch. Remember we are the national voice for stomal nursing in NZ and here to support your stomal therapy nursing practice.

Maree O'Connor

NZNOSTS Chairperson.

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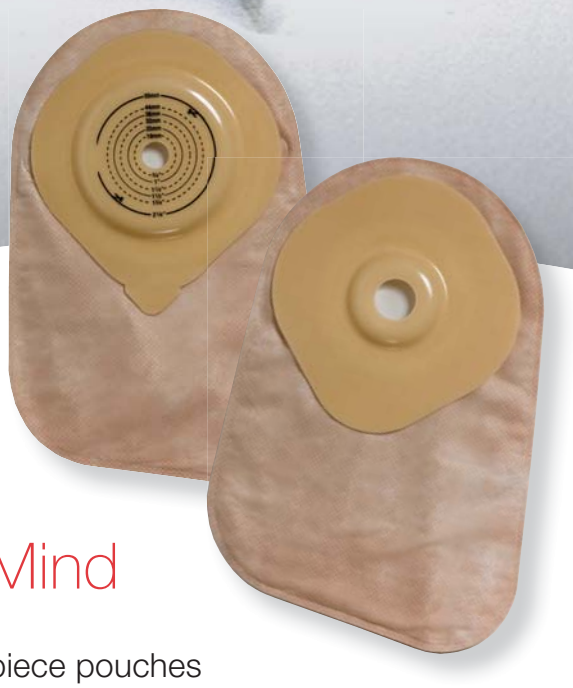

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Your Executive Committee

LORRAINE ANDREWS (*Co-editor*)

A recent resignation from the Executive Committee presented us with the options of either, completing our term with only five committee members or to begin the process of electing a sixth member.

After considering the need to facilitate both the biennial conference in 2014 and the need to expedite the transition to college process the committee decided to elect a sixth member.

Maree O'Connor, the committee chairperson approached the members who had made themselves available and who had been nominated for selection at the last election. She requested that they re-affirm their continued availability and their wish to be considered for the vacancy. The interested candidates then submitted a resume for consideration.

We would like to welcome Marie Buchanan from Waitemata DHB to the committee (see profile in journal).

Committee Activities

The committee are looking into formalising a process to manage any future mid-term changes to the committee membership.

Ginnie Kevey-Melville (existing committee member) has taken up the challenges of the Executive Committee secretary position for the remainder of our term.

Having considered our increasing membership, the fiscal challenge for the membership of attending the AGM at conference, the recent success of electronic voting for the transition to college issue and because we wish to empower the membership to actively participate in electing their new committee, we are investigating the possibilities of having three voting streams at our next election.

The voting options could include:

- Voting in person at the BGM
- Proxy voting
- Electronic voting prior to the BGM

Any further developments with the election process will be published in The Outlet.

It's time to start considering standing for the election and the privilege of representing our membership on the Executive Committee.

Lorraine Andrews
Co-editor

Profile: New Committee Member

MARIE BUCHANAN

I am currently employed at Waitemata DHB, .9fte, as an ostomy clinical nurse specialist within the community. I am passionate about my position and am committed to advocating for both patients and colleagues to ensure the best care is delivered and received. I have 10 years experience as a STN and completed my Post Grad Cert in Stomal therapy through the Australian Colleague of Nursing, NSW.

I would bring to the committee this experience, and a sound knowledge of stoma therapy that is research and evidence based. Through participation in the Northern Regional Forum I have current knowledge of the issues facing the specialty of stomal therapy in the future. I am motivated and very reliable. I strive to achieve a high standard in both care delivery and in the projects I undertake. I am goal orientated and committed to completing projects within the required timeframe. I have excellent communication skills and pride myself in being a good listener. I am very supportive and open to others opinions and ideas while also being able to make sound decisions based on facts and the needs of the particular situation.

I believe that being part of the committee would offer me a unique opportunity to advance my skill base by becoming a voice within the national sector for both patients and colleagues.

Marie Buchanan

Bernadette Hart Award

The Executive Committee were surprised that no applications were received for the Bernadette Hart Award in 2014.

We will submit a brief article to Kaitiaki NZNO's journal, to raise the profile of the award. The Executive Committee encourages members of the section to apply for the award for 2015.

Application forms are in this journal and on the NZNO section web site.

Application for Bernadette Hart Award

CRITERIA FOR APPLICANTS:

- Must be a current member of the NZNO Stomal Therapy Section for a minimum of one year.
- Demonstrate the relevance of the proposed use of the monetary award in relation to Stomal therapy practice.
- Present appropriate written information to support application
- Use award within twelve months of receipt
- Be committed to presenting a written report on the study/conference program or write an article for publication in 'The Outlet' (journal of the Stomal Therapy section) which may be published or presented at the national conference. (This may be negotiable in certain circumstances).

APPLICATIONS CLOSE 30TH NOVEMBER (annually)

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STOMAL THERAPY DETAILS:

Practice hours Full Time: _____ Part Time: _____

Type of Membership ◯ FULL ◯ LIFE

PURPOSE FOR WHICH AWARD IS TO BE USED
(If for Conference or Course, where possible, please attach outlined programme, receipts for expenses if available)
• Outline the relevance of the proposed use of the award to Stomal Therapy

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EXPECTED COSTS TO BE INCURRED

Fees: (Course / Conference registration) $ _____

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Accommodation: $ _____

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Organisation:

_____ $ _____

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HAVE YOU BEEN A PREVIOUS RECIPIENT OF THE BERNADETTE HART AWARD? O NO O YES-DATE
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◯ Presenting at the next National Stomal Therapy Section Conference.

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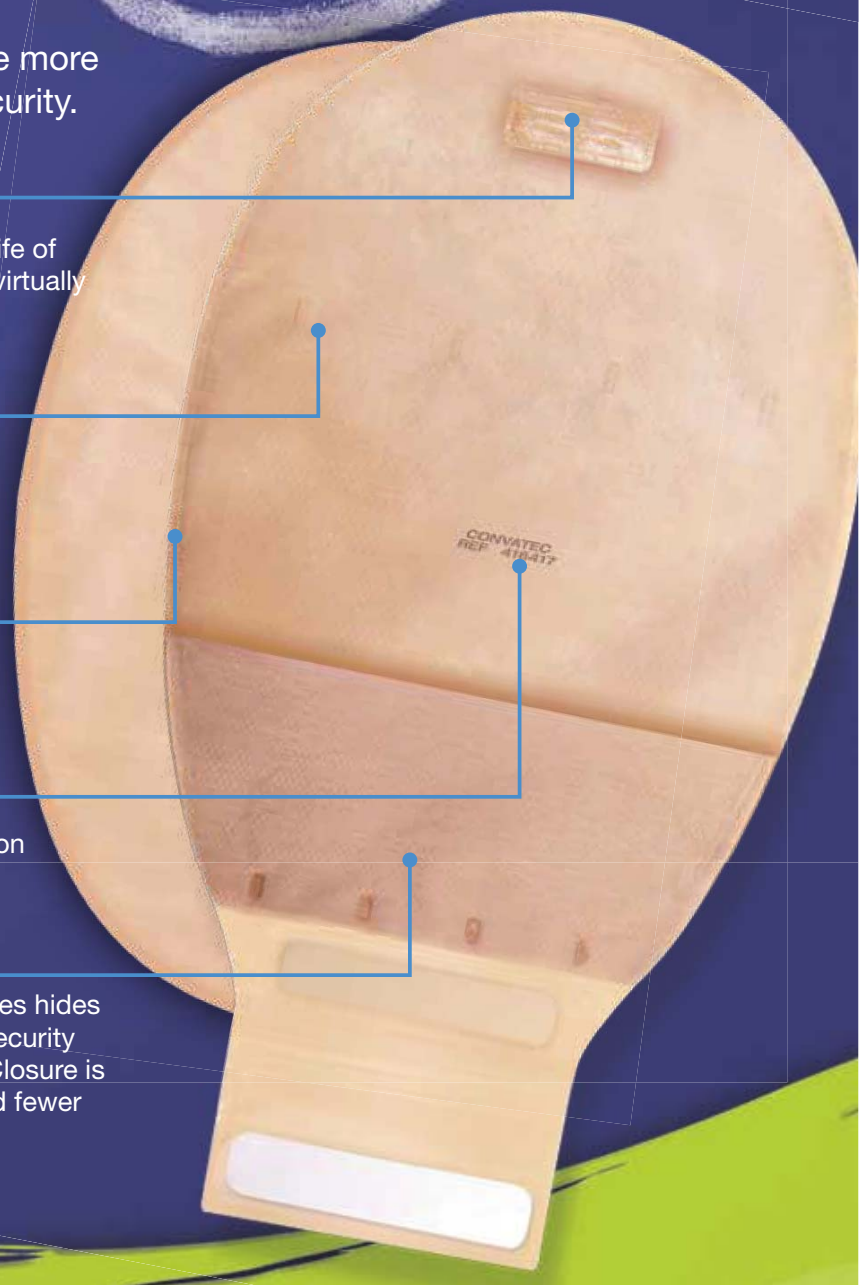

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NZNOSTS Conference: On The Move

NOVEMBER 6TH & 7TH 2014

The Executive Committee is excited to inform the membership that planning for our conference in November 2014 is well underway.

The conference venue is Rydges in central Auckland. Conference will be held on Thursday 6th and Friday 7th November 2014 and will include the annual General Meeting and the opportunity to participate in the election of a new executive committee.

We are in the process of developing an informative, educational and inspirational program.

The conference social event will be held in Rydges Rooftop Terrace on the evening on Thursday 6th. This event will have a horse racing theme with the opportunity to participate by betting on the races (no real money required for betting) and / or by taking part in a Fashion in the Field parade. Our industry partners have generously sponsored this event and have supplied prizes for the richest better at the end of the evening and the best dressed in the parade.

Light food and some drink will be supplied, after which a cash bar will be available.

Entry to the social event is included as part of the full conference registration fee. For day only conference registrations attendance at the social event with be an additional cost. See the conference registration form in this journal for further details. The closing date for early bird registrations is 1st September 2014.

Start planning to attend this fabulous event.

On behalf of the Executive Committee
Lorraine Andrews and Maree McKee Conference Co-ordinators

NZ NURSES ORGANISATION
STOMAL THERAPY SECTION

NZNA STOMAL THERAPY SECTION CONFERENCE

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NZNOSTS Conference Registration Form

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NOVEMBER 6TH & 7TH 2014

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Social Event	**$65**	**Partners or single day registrants**

NB All registration fees (above) are inclusive of GST
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Please tick ◯ I will be attending the Thursday evening social event.
Theme: Glamorous Rooftop Races – dress-up encouraged

◯ Do you have any special dietary requirements?
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Accommodation:
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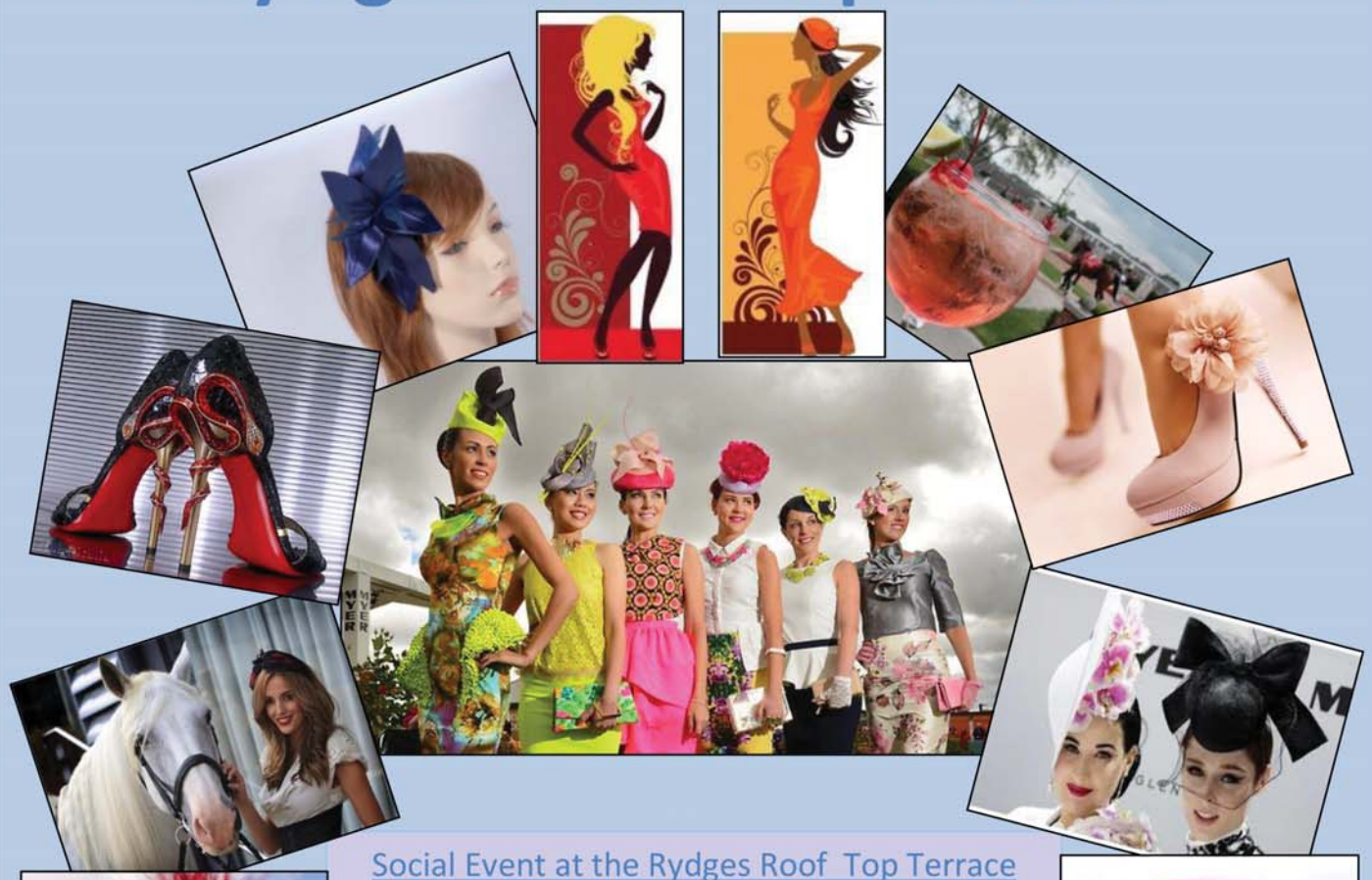
NZNOSTS Conference

November 6th-7th 2014

An Evening at the Rydges Rooftop Races



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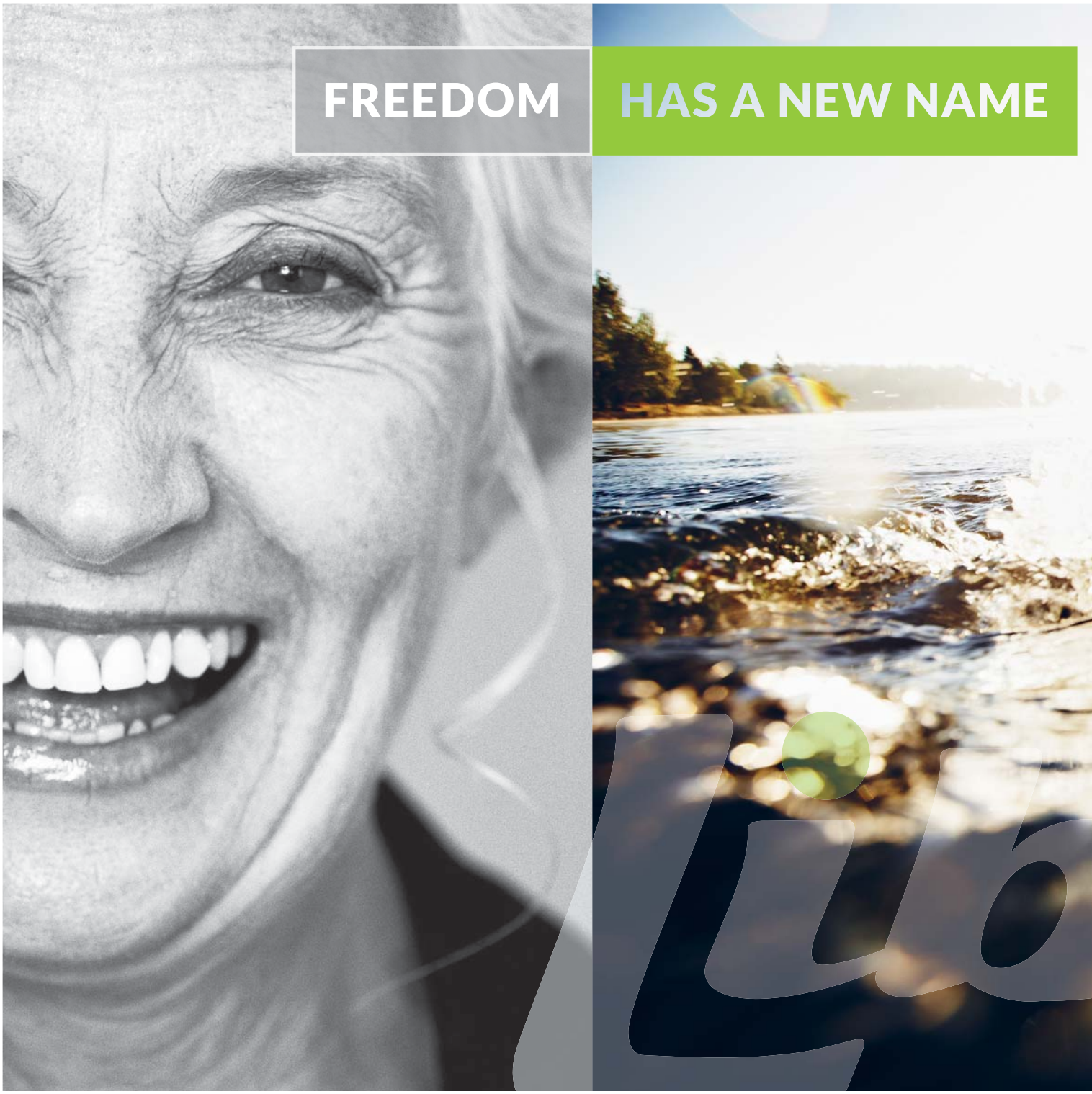

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A Qualitative Interpretation of the Relevance of Colostomy Irrigation Today

Ian Whiteley;
B Nursing, Grad Cert STN, Grad Cert Nursing Ed, Grad Diploma Acute Care, M Clin Nursing. Clnical Nurse Consultant Concord repatriation general Hospital Concord NSW.

Anne Marie Lyons;
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Key words; colostomy, stoma, colostomy irrigation, colostomy washout

Abstract

Individuals confronted by life with a permanent colostomy have to cope with an altered biography, uncertainty and the loss of control over defecation which was previously a familiar bodily function. This study uses a phenomenological approach to report on patient evidence of the relevance of colostomy irrigation. Colostomy irrigation involves routine mechanical 'washouts' via the stoma to regulate bowel evacuation at predictable intervals. Interviews were conducted with seven patients who perform colostomy irrigation, all of whom received education on the procedure from a single tertiary referral hospital in Australia. In this paper, thematic analysis of the text was undertaken to reveal the life experiences of patients who share how they regain confidence and coherence in life through performing colostomy irrigation. The results underscore the importance of Stomal Therapy Nurses (STNs) being open to the idea of colostomy irrigation being a valid alternative to natural evacuation. STNs should learn and maintain the skills necessary to enable education of suitable persons with a colostomy in the technique.

Aim

The aim is to use qualitative methodology to gain fresh and vivid accounts of how performing colostomy irrigation impacts upon the lives of participants as experienced and embodied within their life-world. By using a qualitative methodology we aim to gain a greater understanding of how the practice of colostomy irrigation is used to regulate bowel activity by persons in the community living with a permanent colostomy. We seek to examine variations in the practice of colostomy irrigation used by the participants and reported in the literature and believe this will lead to new understandings of the relevance of colostomy irrigation today to inform meaningful improvements in patient care.

Sample

A convenient, purposeful sample of seven (7) individuals was recruited. This form of sampling was chosen as it is an effective use of the resources available in terms of, time, cost-effectiveness and ease of locating and recruiting participants. Convenience sampling is a useful way of recruiting participants likely to generate general ideas about the phenomenon of interest. Convenient elementary units are chosen from a population for observation, in this study, individuals with a permanent colostomy who perform routine irrigation[1]. Purposeful sampling selects information rich cases for in-depth study[1]. All participants were prior patients of a single tertiary referral hospital and were known to perform colostomy irrigation.

A good command of the English language was considered essential for participants. The use of interpreters is problematic, due to the need for phenomenological interpretation and accurate semantic understanding.

Method / Methodology

Phenomenology was selected as the methodology as it offers an alternative approach to traditional quantitative biomedical research methodology. More specifically, Heideggerian Hermeneutic Phenomenology is a qualitative methodology utilising a rigorous scientific approach to reveal the deeper and fundamental essence of a phenomenon through the systematic removal of what we take for granted and believe about things in the world[2]. A person's experience of life with a permanent colostomy is not just as a spatial entity located in a particular part of the body, but as a temporal being, lived through – this is referred to as "the lived experience"[2]. Heideggerian Hermeneutic Phenomenology allows a phenomenon to be examined within the social, family, cultural, physical and psychological context. It examines the present situation whilst acknowledging the importance of past experiences and possible futures as we are unable to separate ourselves from existing beliefs and understandings. Meaning is constructed by interpretation of the human experience via intensive dialogue with persons who are living through the experience of adapting to life with a permanent colostomy[3].

Heideggerian hermeneutic phenomenology was chosen as the research methodology since it enables contextualisation and the provision of greater understanding of the phenomena of colostomy irrigation by uncovering and unravelling the subjective meaning of participants through their language, experience and social relationships within their world. This is achieved by allowing the vivid text (interview transcriptions) of the interviewees' regarding the 'lived experience' of colostomy irrigation, to speak for themselves[3].

Interpretation is achieved via the hermeneutic circle where understanding from the narrative, (our interview transcriptions) is accomplished by evaluation of the text as a whole[2]. Greater understanding is established by reference to an individual

A Qualitative Interpretation of the Relevance of Colostomy Irrigation Today ...continued

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emotionally significant experience and a development of an understanding of each individual part by reference to the whole life story[3]. Such analysis facilitates an increased depth of comprehension of the whole text. Neither the whole text nor any individual part can be understood without reference to one another, and hence, it is a circular style of analysis referred to as the hermeneutic circle[2].

Patients were initially contacted by phone and invited to participate. The phone call was followed by a formal invitation to participate, introductory letter, information sheet and consent form. Telephone interviews were offered, however all participants chose to engage in face-to-face interviews. Qualitative data was collected in a single conversational style in-depth interview. Interviews were digitally recorded and outsourced for verbatim transcription. Following this, the transcriptions were entered into QSR NVivo (Version 8) software package to assist with data coding and identification of themes.

Ethical issues

Ethics approval was granted for the study protocol through the hospital Human Research Ethics review board. Participants provided written informed consent. All participants were all over the age of 18 and had a proficient command of English to meet the requirements of an informed consent and interview without an interpreter. All participants are referred to by pseudonym within this paper.

Rigour

The Clinical Nurse Consultant / lead researcher has previously undertaken training and has experience in qualitative research techniques. The co-authors were provided with training and observational experience in conducting qualitative interviews. A general interview guide made possible a common approach to questioning. Each researcher interviewed patients with whom they had not provided education on the technique of colostomy irrigation to reduce bias from previously established relationships. Data were coded collectively between the three researchers. An independent coder experienced in qualitative research methods assessed and evaluated the data in order to validate the themes. This process enhanced the coherence and consensus around the philosophical interpretation of the participant quotes to support the analysis of narratives and subsequent understanding of the phenomenon.

Literature review/background

In Australia, colostomy irrigation has fallen out of favour with Stomal Therapy Nurses as an alternative approach to educating and supporting patients as they adapt to life with a colostomy[4]. Reasons cited in the literature for not offering colostomy irrigation include; fewer permanent colostomies, time taken to provide education, limited literature available on the teaching of colostomy irrigation, significant improvements in ostomy appliances and the fact that ostomy appliances are provided free of charge in Australia. Evidence is available indicating that colostomy irrigation is a safe alternative to natural evacuation and may have multiple quality of life benefits for appropriately selected candidates. Evidence for these statements is referenced below.

The impact of surgery resulting in the formation of a colostomy is underestimated and may cause considerable psychological, social and aesthetic problems for patients, however what many suffer from most is the loss of control over continence[5-10]. The creation of a colostomy results in the person loosing control over the bodily function of defecation, with ensuing incontinence, loss of self-esteem and decreased confidence[9,11].

Colostomy irrigation allows the person with a colostomy to redefine continence and gain predictability and control[11]. Mechanical regulation of bowel evacuation is achieved thought routine colostomy irrigation[5]. Colostomy irrigation involves teaching patients with a colostomy how to effectively achieve evacuation of the bowel at regular and predictable intervals[12]. The technique of colostomy irrigation is discussed in more detail later in this paper.

There is an assumption that because the use of colostomy bags is the most common method of managing a colostomy, it must be the most uncomplicated and favourable option[8]. Furthermore, colostomy irrigation may never have been identified as an alternative management regime, with figures estimated to be between 4-8% of all persons with colostomies in NSW performing irrigation[4,8]. In the UK it is estimated that this figure may be as few as 1-2%9.

The number of STN teaching patients to perform colostomy irrigation is declining and STN's should maintain this skill to enable education of suitable patients due to the documented benefits[4,6,13]. It has been reported there is an overwhelming lack of knowledge regarding colostomy irrigation among health professionals including STN's and therefore all STN training courses should incorporate the technique into their curriculum[9,14]. The declining the numbers of STNs offering to teach patients colostomy irrigation has been linked to technological improvements in colostomy appliances and accessories with the introduction of aspects such as; skin friendly adhesives, flatus filters, and convexity to manage difficult contours to name just a few[13]. The Stoma Appliance Scheme (SAS) in Australia is administered through Medicare and provides free ostomy appliances to members in Australia making ostomy appliances readily accessible to members, this is another reason cited by STNs

A Qualitative Interpretation of the Relevance of Colostomy Irrigation Today ...continued

IAN WHITELEY, ANNE MARIE LYONS, ROGER RICCARDI.

for the decreased offering of colostomy irrigation education[4]. Interestingly, it has been reported the financial costs of ostomy equipment associated with irrigation are up to half that required for natural evacuation[10,15-19] and as responsible health care providers STNs should be aiming to constrain the spiralling budget of the SAS.

Others have identified the time taken to teach patients as a deterrent to offering colostomy irrigation education[6,20]. In contrast, several authors support the use of colostomy irrigation, concluding it is a safe procedure when taught and performed correctly and can improve many aspects of quality of life[6,21,22]. Colostomy irrigation can offer patients comfort and control over bowel evacuation resulting in feelings of security which is essential to social reintegration[9,21].

It is not the purpose of this study to describe in detail the procedure of colostomy irrigation and the equipment required as this is well documented in the literature.

Who is unsuitable?

It is recommended patients be made aware of the irrigation alternative, keeping in mind, colostomy irrigation is not necessarily the solution to managing bowel evacuation for all patients with a colostomy[23]. Nevertheless, select patients should be given the option to receive information and education to enable them to make an informed decision[18]. While colostomy irrigation offers an alternative method to natural evacuation that many patients find convenient and practical, others do not[24]. Selecting appropriately motivated candidates, providing them with education and ongoing support is vital for safety and success[9,21].

Persons with ascending or right transverse colon stomas, poor bowel habits resulting from radio-chemotherapy, prolapse, herniation, stenosis, diverticulosis, inflammatory bowel disease of the colon, and the inability to learn the technique should be excluded[5,6,11,14,16]. Individuals who do not wish to irrigate, those with pre-surgery irregular bowel function, those with a temporary colostomy or a poor prognosis may be added to the list of unsuitable candidates[6]. Individuals with psychiatric history, a physical disability or the elderly will require careful assessment[10,16,23,25,26]. Colostomy irrigation may be contraindicated in persons with poor vision or poor manual dexterity[14]. Patients who lack motivation or commitment, lack access to a clean water supply or adequate toilet facilities should be considered for exclusion from irrigation education[9,20,21,24]. Caution is recommended with the elderly and patients who have a history of cardiac or renal disease as there is a risk of fluid overload due to absorption by the colon[9, 20]. It is possible that patients who do shift-work should be excluded as it would be difficult for them to perform colostomy irrigation at the same time each day[18]. There are reports that advanced age should not be a single determining barrier to teaching colostomy irrigation[17].

Finally, some patients will be able to develop a successful irrigation routine despite facing a number of the challenges highlighted above and therefore all patients should be assessed on an individual basis as therapy cannot be formulaic[6,16,27].

Benefits

Colostomy irrigation has been taught as a means of regulating bowel evacuation since the 1920's[18,28]. Colostomy irrigation enables the person with a colostomy to redefine continence and regain predictability and control over bowel evacuation patterns[9-11,18,20,29]. The majority of individuals who have trialled colostomy irrigation prefer the technique over natural evacuation[23,30] as those facing the life-long management of a permanent colostomy often express dissatisfaction with quality of life[11,22,31].

It is well documented that one of the major influencing factors impacting upon the psychosocial condition and ability to adapt to life with a colostomy is the capability to control evacuation[10,15,31]. Irrigation gives patients control and freedom by establishing a routine where individuals are reassured by knowing their colostomy is unlikely to have output for between 24-48 hours[9,11,17,20,21,24,32], with some achieving 72 hours[18,19].

Therefore, improvements in quality of life become evident as persons performing irrigation learn to regulate evacuation, which in turn greatly improves the uncontrolled release of flatus and associated odour, decreases skin problems, manages constipation, improves psychological adaption and decreases restrictions of social activity[5,6,10,15,33,34]. Uncontrolled flatus can be a cause of significant embarrassment for the person with a colostomy[10,33]. Combining irrigation with the use of a colostomy plug offers the best success in controlling flatus emissions silently and with no odour[11]. In addition, flatus production can be reduced through the procedure of colostomy irrigation by removing residue and bacteria[21]. Finally, those who irrigate report fewer disruptions to their sleep cycle[13,17,18].

Indeterminate evacuation times have been identified as a cause of unease for those using natural evacuation[15,27,34]. Common concerns about the colostomy functioning at inopportune moments such as at work, during exercise, recreational activities or when travelling can be overcome by irrigation[10,11,14,29].

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People who do not irrigate often follow restrictive diets and use medications in an attempt to gain control over flatus, odour and the consistency and frequency of colostomy output[5-7,23,33,34]. Generally, irrigation allows the individual with a colostomy to maintain a diet free from restrictions however, over time patients learn how foods affect them individually and if particular foods need to be avoided[5,14,16]. Those who irrigate gain consistently higher levels of continence than those who use a combination of natural evacuation, dietary modification and medications and report quality of life benefits[20]. Irrigation frees the person with a colostomy from the anxiety of accidental leakage and decreases dependence on medications to regulate bowel activity[17,20,21,23,27,29,35].

It has been reported, more patients using natural evacuation methods were treated for depression[5] and even after many years of natural evacuation patients may not be able to accept their altered body image[7,9,10,15,29]. Patients who use natural evacuation are likely to require a greater degree of psychological support[15], while those who irrigate have higher self-esteem and less anxiety[15,20]. Learning the irrigation technique soon after the creation of the colostomy is associated with decreased psychological distress and more rapid acceptance of their colostomy[5,15,19,33].

Sexuality is strongly linked to body image and many people believe their sexual attractiveness has decreased due to their colostomy surgery and this impinges upon psycho-sexual adaption[7,9,10]. Persons with a colostomy who irrigate feel more confident sexually, knowing that there will not be pouch activity during intimate moments[7,10,11,13,17,18].

People with a colostomy report restricted clothing choice due to colostomy pouch visibility when the stoma has been active and feel self-conscious wearing an appliance containing faeces and this negatively impacts on self-esteem, feelings of freedom and cleanliness[7,9,14,20,21].

Finally, the practical problems regarding colostomy care are a common reason for restricting social activities including; uncontrolled flatus, pouch disposal, pouch leakage and the related embarrassment[7,9-11,29,31].

It is evident from the literature reviewed that the benefits of colostomy irrigation can be numerous and varied. There can be no doubt there is potential for colostomy irrigation to enhance many aspects of life for selected persons with a permanent end colostomy.

Irrigation time/procedure

Colostomy irrigation works by instilling luke warm water via gravity into the colon via the colostomy. The water instillation results in structural colonic dilatation, increasing colonic luminal pressure which induces peristaltic waves and reflex contraction that promotes the efflux of the colonic contents including the instilled water[20,21,24,27,28,32].

Colostomy irrigation is an effective means of regaining faecal continence in select colostomy patients, but remains underutilised predominately due to the perception the procedure is time consuming and intolerably messy[14,19,20,22]. Daily or second daily irrigation is usual with irrigation times reported between 40 minutes to 1 hour [5,9,11,15-17,20,21,32-34,36]. All participants of this study reported the irrigation procedure as taking less than one hour (Table 1).

Interestingly, Doran & Hardcastle (1981) found there was no significant difference in the time taken to manage a colostomy using the natural evacuation method versus the irrigation method. Others[1,8,11,17,20] cite the length of time taken to irrigate each day as a deterrent to patients taking on this option.

Patients in this study reported successfully integrating irrigation into their daily routine with many using the time to multi-task. This is confirmed by Cesaretti et al (2008) who report patients are able to attend to other activities following the inflow of water and initial evacuation; there is no need for them to spend the entire time in the bathroom.

Irrigating with 500-1000mls is the typical volume recommendation[6,9,10,12,19,26,30,37,38]. However, others[21,27,30,37] suggest complete colonic emptying may be achieved with 500mls, with less inflow time, greater patient comfort and less irrigation fluid retained. The study by Gattuso et al (1996) where colonic pressures were measured during irrigation reports that 500-1500mls is safe and can be rapidly infused via the colostomy over a period of 2-8 minutes without harm. Pullen (2006) & Carlsson et al (2010) suggests instillation of the irrigation solution should take 5-10 minutes. The participants of this study reported using between 800-2000mls with inflow times ranging between 2 to 20 minutes, with a medium of 10 minutes (Table 1).

Most patients do not require more than three lessons with a STN in order to become proficient with colostomy irrigation, these lessons generally take place in an out-patient facility[4,6,9,12,16,17,24] and it is a relatively simple procedure that is easy to teach and learn[6]. It is recommended that lessons should continue until the patient can demonstrate performance of the procedure unassisted[26]. Furthermore, it is vital patients are encouraged to maintain contact with their STN to manage any future concerns and to ensure the patient continues to correctly perform the procedure[6,26]. (Table 2)

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There have been trials of alternative methods of stimulating evacuation of the colon at regular intervals for example the insertion of a glycerine suppository via the colostomy, which was found to be ineffective[32]. It has been reported adding glyceryl trinitrate can reduce the volume of irrigation solution required and improve irrigation time but the side effects of abdominal cramping and headache result in decreased patient satisfaction in comparison to traditional irrigation using warmed tap water[22]. One study using polyethylene glycol solution reported shorter irrigation time, more complete evacuation and greater patient satisfaction; this is likely due to less of the irrigation solution being absorbed by the colon[20]. However, at 14 month follow-up, many of the participants had returned to using water due to the cost of the polyethylene glycol solution[20].

Patients should be offered a range of educational resources which may include literature[14], diagrams, DVD's, 'YouTube' clips, demonstration and practice. Facilities that offer training in colostomy irrigation should have a Policy to act as a guide for the safe administration of the procedure[17].

Irrigation Complications/Safety

Colostomy irrigation is thought to have first been performed in 1793 by Duret, a French surgeon who created a colostomy on an infant with a bowel obstruction. Washouts were then performed on the colostomy[9,20].

When discussing colostomy irrigation it is necessary to examine the seminal work of Gabriel due to its historical significant and impact on the ensuing perceptions. The 'transatlantic controversy' stems back to the publication of a paper by Gabriel (1945) cited in[5,6,9-11,20,23,25,34,36] where nine colonic perforations were reported. Following this paper by Gabriel, colostomy irrigation fell out of favour in the United Kingdom where natural evacuation was recommended, however irrigation continued to be taught in the United States of America. Despite the decades that have passed and numerous research publications rebutting these findings, those who favour natural evacuation continue to cite Gabriel's work.

Perforation can be caused by using an irrigation catheter and may result in significant morbidity and mortality[5,34] therefore, patients must be taught to irrigate using an irrigation cone and a gravity bag at shoulder height[9,11,18,37,38]. The introduction of malleable irrigation cones has largely eliminated the risk of perforation which is now considered a rare complication[5,6,9,17,18,21,24-26].

Minor bleeding from the stoma, cramps and incomplete emptying of water are listed as side effects of irrigation[5,23,26]. Cramps can be overcome by warming the irrigation solution and instilling it into the bowel more slowly[10,23,24,37,38]. Water should be at body temperature of about 36-38 degrees Celsius[10,14,21]. Care should be taken to ensure the irrigation solution is not too hot as burn injury to the bowel can cause stricture, this is documented as an extremely rare complication[9,25].

Using the least amount of irrigation fluid necessary to stimulate evacuation of the colon decreases the risk of a vasovagal response from distension of the colon. A vasovagal response results from overstimulation of the vagal nerve causing hypotension and bradycardia[39], this is a rare complication of irrigation[16].

If the patient experiences bowel activity between irrigations there are a number of issues to be considered including; diet causing loose stool, alcohol intake, frequency of irrigation, volume of irrigation fluid, gastrointestinal infection or bowel disease[12]. If all of these issues have been assessed and altered then the patient may not be a suitable candidate for irrigation.

Numerous studies report on the safety of colostomy irrigation[6,10,15-17,21,24,25,36]. To ensure safety in Australia, a signed certificate from a STN is required[24] and most STNs would agree permission from the surgeon is advisable[4,18,24,33]. Ultimately if colostomy irrigation is taught and performed correctly, it is a safe procedure associated with minimal morbidity.

Findings / Discussion

Interviews ranged from 13 minutes and 20 seconds to 44 minutes and two seconds. A total of 173 minutes and 24 seconds of data were recorded with a mean interview time of 24.7 minutes. There were three main emergent themes identified including;

1. body betrayal: transformation and identity
2. taking command of the life situation: regaining control of previously familiar bodily function
3. developing positive self-transformation, freedom and psychological independence

The essence of the three themes surrounds taking back 'control' over the negative influences experienced in their life-world resulting from formation of a colostomy and associated physical, psychological and social challenges. These findings offer affirmation that colostomy irrigation remains relevant today.

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Body Betrayal: transformation and identity

The formation of a colostomy is a subjective experience and the impact from the individual's perspective must be established so as to fully appreciate their loss. An existential approach is required to explore the unique subjective experience of clients as their illness evolves[40]. Difficult life experiences constitute a challenge to the construction of the individuals' identity[41] and feelings of body betrayal can be the aftermath of invasive surgery[40]. Patients experience existential distress and body betrayal as they search for meaning in their illness[40]. Body betrayal is fear of the body being 'out of their control' which can lead to; diminished self concept; decreased self confidence; and reduced self-esteem. Body betrayal relates to body image 'distress' which connotes some degree of perturbation or emotional upset leading to the person feeling; frightened, mournful, puzzled, repulsed, ashamed, angry or in turmoil when there is an impasse between the former body and the post surgery body with a colostomy[40]. This primarily results from the disturbance of normal bodily function, principally leading to the loss of control over continence. Secondary issues include; loss of health, loss of lifestyle, pouch filling in public/disposal, uncontrolled flatus, leakages, odour, skin problems, body image and sexuality.

Teaching colostomy irrigation encourages progression towards conquering body betrayal by reframing expectations and setting realistic potentials[41]. Irrigation offers an alternative way of doing and being and can be described as 'everyday creativity'[42]. Colostomy irrigation can aid in the transformation to an altered identity where the person progresses towards psychological acceptance of a new identity, learning to live with their altered body and to forgive it[42].

Body language reflects accurately ones' emotional and mental state. As much as STNs tell their patients no-one will know they have a colostomy unless they disclose this, they themselves will give it away by constant checking, through their body language and through their body betrayal (i.e. a bulging pouch under clothing, a leak from the pouch and subsequent odour, or noise from flatus). The following quote from Freud reinforces this point, our body and our body language may reveal a secret we are trying to hide.

"He that has eyes to see and ears to hear may convince himself that no mortal can keep a secret. If his lips are silent, he chatters with his fingertips; betrayal oozes out of him at every pore."

Sigmund Freud (1905)
Fragment of an Analysis of a Case of Hysteria (1905) Ch. 2: The First Dream

Subsequently, the series of interviews conducted with participants reveal the ways in which their body betrays them leading to heightened levels anxiety and embarrassment.

Mary is a 46 year old, morbidly obese (BMI 45) NUN who came to Australia from a remote village in the Pacific Islands. A low rectal cancer necessitated Mary to undergo an abdominoperienal excision of the rectum (APE) leaving her with a permanent colostomy. Neo-adjuvant chemoradiation and adjuvant chemotherapy was also required. Mary was a quiet, shy and reserved person and the loss of control over defecation is evident in the following narrative memory where emotionally significant experiences contain self-defining meaning.

"I felt embarrassed and I thought oh gosh this is a punishment of some kind … I wasn't happy with having it – it was very hard to try and regulate the diet and not be walking around with a full bag all the time. I was a bit depressed about having a full bag or carrying a bag like that all the time."

Mary

Mary had never met a person with a colostomy or even heard the word prior to her diagnosis. The need for a permanent colostomy was associated with complete astonishment and in her culture cancer was seen as a death sentence. The cancer diagnosis and the need for a colostomy was a dual betrayal of her body. Mary's life experiences and religious background informed her current predicament and her belief that she was being punished.

"The word cancer is death you know, in my translation or my interpretation, let alone that I was told I would need a permanent bag. I thought oh my, my life is ending. That's how I felt at the time; it was like a double death. I think also the other thing was the embarrassment".

Mary

Mary suffered from multiple examples of body betrayal from the uncontrolled passage of flatus in public, pouch ballooning due to flatus, pouch leakage (particularly at night – causing sleep disturbance) and subsequent skin irritation. All these betrayals heightened her levels of distress, shame and embarrassment culminating in a depressed mood. For Mary, performing regular colostomy irrigation substantially reduced all these unpleasant events, returned control over evacuation and gave back a level of confidence.

"I used to have a problem with wind and I used to get so embarrassed like in the middle of the sisters praying and there's a noise. Then I went 'oh my gosh what an embarrassing thing' or even in the middle a meal

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with all the sisters it's embarrassing isn't it! Some of the families invited me to go out too, I just used to get so scared to go because you have to sit at the table with them really formal and you hear the noise. But ever since I've done the irrigation it really is a big improvement."

Mary

Annette is a 45 year old single mother who has been performing colostomy irrigation for 6 years and 10 months following an APE for cancer and the formation of a permanent colostomy. Prior to being taught to perform irrigation Annette was alienating herself and restricting social activities due to fear of pouch leakage. This adversely impacted upon her quality of life and ability to spend quality time with her children.

"I wouldn't go out because I was worried about leakage. I would never know where you could even find a public toilet. And ones around football fields where I watched my kids play were filthy … ".

Annette

In contrast, routine colostomy irrigation has returned a sense of confidence and freedom to Annette. This allayed fears of body betrayal where pouch may leak and cause embarrassment to herself and her children, enabling integration with herself, others and her environment.

"Just for the sheer convenience that I'm not going to be embarrassed [laughing] and once I've irrigated I know that I'm right til the next day basically. By irrigating it gives me the freedom of doing everything that I need to do, 'cause I'd hate to be caught out [laughing]."

Annette

Yolande was adamant she did not want a colostomy and when it was fashioned she resented it. Formation of a permanent colostomy was required following years of attempting to manage faecal incontinence resulting from a workplace injury. Following discharged from hospital after the formation of her colostomy Yolande decided to try natural evacuation. Working in the family owned Pub/Hotel, Yolande was in the public eye, well known in her rural community and was conscious of her appearance. For Yolande, having leaks from her colostomy was the ultimate body betrayal as she had fought for so long to manage the incontinence that had ruled her life. Finally, having accepted a colostomy was her only remaining option and then to suffer the embarrassment of pouch leakage was devastating. Spare pouches were strategically hidden under the bar in case an emergency change was required due to sudden pouch filling or leaking

"I went on and on about the bag (to my husband). I was always concerned and I was tired of it popping open and I did find a few times with the colostomy bag that it come unstuck if I hadn't got it properly on or I got a wrinkle in it. If I hadn't attached it properly I'd get leakage from it and then I'd get a waft and be very conscious of that there were people in a close vicinity of me. It was a scary sort of position to be stuck in".

Yolande

At the time of surgery, colostomy irrigation had been discussed as an option for the future. Colostomy irrigation was life changing for Yolande and her family as it returned control, improved confidence and feelings of self-worth.

"Oh bloody oath I tried, I didn't want a colostomy by no means and then knowing that the irrigation was an option was the only thing that got me through the colostomy … I'm not worried about it anymore … it's there you're stuck with it so you're best to find the best ways to deal with it to give yourself more quality of life. I take charge with it. It doesn't rule me I rule it."

Yolande

Colostomy irrigation gave Yolande the freedom to re-engage in the lives of her children, returned her confident public persona and the ability to do things that many of us take for granted. Irrigation aided Yolande to regain control and adapt psychologically to life with a stoma.

"As far as they're (children) concerned mum's up and going and she's out kicking the football and running around and she's swimming again and she's active, riding a bike. God I would never have ridden a bike when I was incontinent I just wouldn't have dared".

Yolande

Luke is a 61 year old building designer from the Netherlands who had his colostomy created due to a low rectal cancer requiring an APE and permanent colostomy. Luke was reluctant to consent to surgery due to the necessity of a permanent colostomy. He sought a second surgical opinion and delayed surgery for six months following neo-adjuvant therapy and trialled complementary therapies.

Luke's body has betrayed him again as he has another suspicious adenomatous polyp at the hepatic flexure that is not able to be removed colonoscopically. At the time of interview Luke was loath to follow the advice of his surgeon and have a further resection as removal of this segment of colon would likely make irrigation no longer effective. He believes the negative impact on his quality of life by not being able to regulate his bowel by performing colostomy irrigation outweighs the risk of the polyp becoming malignant. Luke has regular surveillance colonoscopies.

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"The surgeon said 'you have to take it out' but if you took that out then I possibly won't be able to irrigate anymore. That would be a risk I am not prepared to take because then I have to wear a permanent bag because the output becomes far more fluid, right. That would have a significant impact on my life, and it would it would stop me irrigating and I think the irrigation has surely given me a lot of freedom, so for me it's only positive".

Luke

Throughout his life Luke has maintained his physical fitness and been body conscious. The potential alteration in his body image from the initial proposed surgery was only overcome by numerous pre-operative consultations with the oncologist, surgeon, psychologist and STN before consenting to surgery. Following surgery, Luke felt betrayal from the body he was previously certain would keep him healthy and strong into old age. He felt betrayed by loss of continence and control over bowel evacuation and ultimately this adversely impacted upon the way he viewed himself and in his relationship with his wife.

"Replacing the bag, two, three times a day … it was not a pleasant physical sight. Let me put it this way, particularly if you like your appearance and have always been fit and swimming and never been overweight it's disfiguring … I still don't let my wife to see me that way (naked), so I put my hand on it or have a towel around it because I still find it not overly appealing".

Luke

Colostomy irrigation has aided Luke in learning to adapt to life with a colostomy and overcome a number of his body image concerns. Luke likes the fact that he only needs to looks at his stoma second daily when he irrigates and wears a mini pouch that is not visible under his clothes.

"With the irrigation you don't have to worry about any replacement (of bags) for over 48 hours, and you know that you are not walking around with anything filling up which can either, break, burst, be uncomfortable, and it doesn't show up under your shirts".

Luke

Taking command of the life situation:
A significant change in the organisation of ones' life demands ingenuity in order for the person to progress from a time of disruption to building adaptive coping strategies[42]. Individuals' sense of self-worth is bound up with appearance, function and control of their bodies and in order to re-take command of the life situation they must battle to overcome obstacles. Loss of continence is devastating, as control is lost over a previously familiar bodily function known to most since childhood[7,11].

Colostomy irrigation enables the person with a colostomy to regain mastery over continence. If the patient is unable to develop power over their life situation then the colostomy will control their life. Life with a colostomy can become restrictive if patients feel; challenged by unpleasant or onerous conditions; limited by the need to carry pouches; controlled and constrained by the physical task of attending to pouch changes; challenged by the need to find a suitable venue to change and dispose of pouches; controlled by thoughts of embarrassing leakages; limited by the lack of freedom due to the unpredictability of evacuation[11]. The ability to regulate colostomy output gives patients the power and freedom to confidently engage in activities such as travel, work, and socialising without fear of their colostomy controlling the life situation. Irrigation gives patients the capacity to exercise choice. The synthesis of freedom starts with a principle of acknowledging their loss, enabling them to face the current challenge. Patients begin the transition of regaining self-control and empowerment over the restraints the formation of the colostomy has imposed on their life and take pride in what can be accomplished[42]. Finally, this leads the individual to a sense of emotional resolution and closure at regaining control over their life situation[41].

Yolande is an active and outgoing 44 year old hotelier and mother of 3 from rural NSW. A permanent colostomy was required following a workplace injury that resulted in intractable incontinence. For several years Yolande refused to discuss colostomy surgery as an option to alleviate the devastating impact faecal incontinence was having on her life. As a result she underwent an anal sphincter repair, anal dynamic graciloplasty surgery and sacral nerve stimulation. When all of these surgeries failed to resolve her faecal incontinence Yolande finally came to the realisation that with a colostomy the stool would, at a minimum be contained in a bag. Looking back, Yolande can now appreciate the freedom and control she has achieved and colostomy irrigation has afforded her the power to take charge over her life again.

"I started a journal when I came into hospital (for the colostomy surgery) and I recently looked back on it. I couldn't believe the person I was to the person I am, the incontinence controlled my life. I was stuck, I was housebound. I couldn't go to parties, I was uncomfortable, I smelt, I was ugly, I just felt ugly. Now I'm clean and tidy and I'm – no-one knows unless I choose to tell them and it's a great thing."

Yolande

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Luke believes that STN's should assess all patients for suitability for colostomy irrigation education and offer it as an alternative to natural evacuation. Irrigation allows patients to regain a sense of power and normalcy over their bowel function and not be constrained by fears of leakage, carrying supplies, disposal of pouches, and the stoma functioning at inopportune moments.

"Being able to irrigate is the best possible outcome if you have to have a stoma. I think it should simply be considered with all colostomy patients – it should be taught as a very desirable option. Maybe it should be offered as the first option and if you don't like it then you go to the second option (bags), not the other way round. If my experience is anything to go by, then it should be the first choice."

Luke

Irrigation avails Luke with the freedom and confidence to spend long days working on building sites without the anxiety of locating an appropriate location to change and dispose of pouches. Luke believes colostomy irrigation empowers people and restores a sense of normalcy, autonomy and choice to their life.

"Having a colostomy is a life changing event… in the end you have to, to deal with it and live and, and I'm glad I can irrigate – my life is near normal".

Luke

Connor had worked in the Navy for 22 years, followed by employment in the judicial system until he retired due to ill health. A permanent colostomy was required for fistulating Crohn's disease 14 years ago and he has been performing colostomy irrigation for 8 years. Over time Connor discovered the freedom and control colostomy irrigation can offer. He is more confident in social situations knowing he will not pass wind or have to change and dispose of his pouch. Spontaneity can be restored to sexual activity as there is an awareness the colostomy pouch will not need to be changed before and there is minimal chance of the bag filling during intimate times.

"If we're going out for a big social night and I'd irrigated the night before, well I'll irrigate again before we go out if it's over 24 hours and then I feel quite safe. It gives you more confidence to get out and about, socialise and a lot more freedom to, you know even for your - the sexual activity in bed you know I mean it gives you choice of when and where as opposed to, you've got to go and change your bag, it's not the same thing is it [laughing]? It's not – spontaneous [laughing]".

Connor

Developing positive self-transformation, freedom and psychological independence

Colostomy dysfunction may result in some patients becoming overly dependent, they stop challenging themselves and self-confidence diminishes[43]. Failure of the individual to achieve control over colostomy management may rapidly propel them towards becoming overly dependent[42]. Dependence, in this case, means relying on friends, family or healthcare workers to provide physical and/or psychological support, and is associated with loss of freedom and capacity for self-direction[43]. In contrast, psychological independence is positively associated with strong support networks. Dependence in Western cultures is viewed negatively and seen as a sign of weakness which can compound feelings of loss, anxiety, vulnerability, depression and diminished self-worth[43]. Colostomy irrigation may restore the capacity to exercise choice over bowel control and offers a coherent positive resolution in the development of independence, self-reliance, freedom and psychological independence[41].

Psychological independence represents one of the primary influences on the physical and psychological well-being. Progress towards the acceptance of a new psychological identity, they learn to live with their altered body and enjoy the freedom that comes with regaining control[41].

Colostomy irrigation offers an alternative method of teaching independence, positive self-transformation and regaining the joy of confidence within the life story. Psychological independence boosts psychological well-being and is associated with increased feelings of independence, assertiveness, forcefulness, willingness to take risks by embracing the transformative possibilities of a difficult life situation and the development of new ambition[41].

Colleen, a 79 year old retired widow describes the distress and loss of confidence associated with struggling to manage her newly created colostomy. An APE was required due to a recurrence of cancer at the site of a previous colo-rectal anastomosis. The colostomy dysfunction experienced was hugely frustrating for Colleen as two years previously she had undergone an anterior resection for rectal cancer. A defunctioning loop ileostomy had been required and Colleen had been able to manage this without incident.

Colleen has a BMI of 39 which places her in the obese category and had many problems with pouch leakage, skin irritation and poor pouch adherence due to her colostomy being recessed. This created significant psychological distress as Colleen is fiercely

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independent and lives alone. The colostomy care issues caused Colleen to lose her independence, she went to live with her daughter and become reliant on her for assistance with pouch changes. Colleen's usually hectic social life was greatly restricted as she was reluctant to leave the house for fear of her pouch leaking and she was missing her Bridge games, regular outings with her friends and watching her grand-son play professional Rugby League.

"It probably did take my confidence because I was going home to my daughters. The fact that the bag wouldn't stick and I'd be sitting at home in her place watching television with the family and then the bowel would work … I had to move straight away because the bag wouldn't stick. That was upsetting. So out of six weeks I think we had two nights where it didn't leak and we were dancing around and then the third night it leaked again and … it was a disaster".

Colleen

In an attempt to counter the problems Colleen was experiencing, the STN suggested Colleen trial irrigation.

"The stoma nurse said… 'you're a good candidate for irrigation' and she said 'I want you to try it' and I tried it and – I took to it like a duck to water. I felt more comfortable with it and I felt it gave me a lot more freedom and a lot more social life".

Colleen

Colleen is no longer having pouch leakages, is back living in her own home, has regained her independence, is not reliant on her daughter to assist with changing pouches and has confidently resumed her social activities. The following powerful quote from Colleen reiterates the freedom and control that has been restored to her life through performing colostomy irrigation.

"I'd go for the irrigation because you do it in the morning and you're free for the day and you don't have any worries. I feel in control. I feel I'm controlling the situation … It's like night and day. I feel, not just in control, I feel safe, secure".

Colleen

Prior to commencing colostomy irrigation Yolande had not psychologically accepted her colostomy, she was constantly worried about odour, and felt unattractive. Performing irrigation has allowed her to overcome her fear of embarrassing pouch leakages, which was a reminder of her distressing years of faecal incontinence. Yolande gradually increased the meaningfulness of her life each day.

"I was very depressed about it. I found all the time that I could smell it. I thought – no-one else could but I could. I always was very conscious of other people seeing it and I found it dreadfully ugly, I felt really ugly and I didn't enjoy it all. If I hadn't had the option to irrigate, I probably would still be very unhappy".

Yolande

"I don't know how anyone could just have a colostomy and go off and be happy 'cause you couldn't be, you just could not be happy with it, like you're carrying around your shit. Irrigation is better, you see it going down the toilet it's gone, you know it's gone, then it's clean up go off you go. Now I irrigate I feel really free and I don't care less about having a colostomy".

Yolande

Colostomy irrigation has aided Yolande to cultivate her psychological independence and learn to accept her altered body image. It has given her freedom from fear of pouch failure and as a result she feels in command of her life situation.

"It's a lot better than how I used to live and it's my choice over wearing a colostomy bag. I would much rather do irrigation. It feels like I'm in control. You can choose when to do it and you know you're in control of it and I think that gives you back some power. My life now is so much better. I'm in control. Nothing stops me".

Yolande

Mary found performing colostomy irrigation relieved her anxiety and gave her freedom to resume her duties as a NUN without anxiety of pouch leakage or uncontrolled flatus which would cause her shame and humiliation.

"I was careful otherwise the bag would explode, especially when I was lying on the bed, I was so careful. But now (I irrigate) I'm just so free – I'm not really conscious of it all. Whereas before I was so conscious of it I kept touching it to check if it's really stuck and won't come off … In every shape and form it's a better quality and a better lifestyle to irrigate, it really is".

Mary

Winifred, a 78 year old retiree who had a colostomy formed due to faecal incontinence, found that prior to learning colostomy irrigation she experienced the shame of pouch leakages in public and became obsessive about knowing where all the public toilets were located. Winifred was a reserved and private lady and the thought of disclosing to others that she had a colostomy filled her with dread.

"I had some problems with leaking and I remember I had a few bad experiences, embarrassing experiences. I would have to turn around

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and go back home or I'd have to know where every toilet was along the way and all that sort of thing and getting caught unawares was so embarrassing".

Winifred

Learning the technique of colostomy irrigation improved Winifred's psychological well-being, restored her confidence and willingness to re-engage in life without concern of pouch leakage.

"It gave you more freedom and you weren't forever worrying whether your bag was going to get full or and where you were if you could get somewhere to change it and all that sort of thing. You know I think it does give you more freedom".

Winifred

Annette found irrigation to be a simple and life altering procedure which she has easily incorporated into her busy daily routine as a single parent. Irrigation gave Annette the ability to accept her new identity as it afforded her the psychological freedom and confidence she required to resume her social activities and recreate her own reality.

"I don't think I could go back to not irrigating, that would be pretty horrific. I think once you make that step forward you probably would never go back because it does become so simple".

Annette

Implications for nursing

Patients' rhetoric provides insightful perspectives on the experience of colostomy irrigation and provides rich detail about their feelings and thoughts. Direct quotes from patients further enhance the credibility of the findings and conclusions. Commentary from the participants provides refreshing and vivid insights of how performing regular colostomy irrigation has impacted upon their life-world. Gaining understanding of patients internal experiences is one of the most healing things we can accomplish40. STNs should be open to the possibility that the knowledge gained from the experiences of these patients may well benefit others.

As STNs we have a responsibility to ensure we gain and maintain the skills to offer irrigation as an alternative method of colostomy management. For patients where natural evacuation, dietary modifications and medications have failed to overcome their colostomy management challenges and concerns, colostomy irrigation should be considered. Patients often want to know about 'options' but having a colostomy is so new, foreign and overwhelming they do not know what questions to ask.

Colostomy irrigation remains a relatively uncommon practice in Australia as few colostomy patients who fit the criteria for colostomy irrigation are offered education and choose to take on this option. Figures estimate between 4-8% of all persons with colostomies in NSW perform irrigation4,8. In a Swedish study it was found that the majority of STN's surveyed had only 1-10 patients currently performing colostomy irrigation14. Therefore, STN's should not disregard offering irrigation based on the time it will take to educate suitable candidates as the numbers trained each year are likely to remain low.

The insights provided by the participants offer indisputable evidence required, demonstrating colostomy irrigation remains a valid alternative to natural evacuation. We believe STNs should be offering to educate appropriately selected patients in the technique. Finally, we hope this paper stimulates further debate over the relevance of colostomy irrigation today.

Limitations

This study was conducted at a single tertiary referral hospital and the experiences of the participants may not be transferrable to the wider population.

An obvious limitation is that only persons performing colostomy irrigation were included in the study so the perspective of those using natural evacuation were not sought. However, all participants had used the natural evacuation method in the past and were able to use their experiences as a comparison.

Four of the seven participants had their colostomy created for colorectal cancer, two for faecal incontinence and one for Crohn's. While our purpose was not to make comparisons between those of varying pathology, we acknowledge that their experiences may differ.

This study only recruited participants from an English speaking background and we accept this may limit the breadth of responses available.

Conclusion

Heideggerian hermeneutic phenomenology allows extraction of meaningful qualitative data regarding the practice of colostomy irrigation, the attitudes of patients towards performing colostomy irrigation and the impact on their life. Seeking input from consumers offers the evidence required to inform Stomal Therapy practice. The strength of undertaking phenomenological research is it can capture and offer insight into the complexity and

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richness of the life-world as experienced by patients. The themes identified through the vivid in-depth transcriptions provided by our participants offer affirmation that colostomy irrigation remains relevant today. By increasing our understanding of the experience of those performing routine colostomy irrigation, and by paying particular attention to the meaning of body betrayal; taking command of the life situation; and developing positive self-transformation, freedom and psychological independence, we can better anticipate the needs of patients and offer education in the technique.

The dialogue provided by patients reveals numerous benefits to performing colostomy irrigation and STNs should be offering to educate appropriately selected patients in the technique. The results underscore the importance of STNs being open to the idea of colostomy irrigation as a valid alternative to natural evacuation and maintain the skills required to educate colostomy patients in the technique. There is a need for educational development of healthcare professionals to offer greater insight into the technique of irrigation, to dispel the myths and to highlight the benefits and potential cost savings.

Colostomy irrigation can be a safe and effective alternative to natural evacuation, free from complications and significant side effects when it is taught and performed correctly. There is little doubt that colostomy irrigation has the potential to improve many aspects of life for appropriately selected and educated patients. Colostomy irrigation may have significant psychological and physical benefits and restore a sense of freedom and control over continence. It can aid patients in adapting to life with a stoma and overcome numerous practical and psychological problems that may be encountered and assist with acceptance of their altered body.

The authors believe patients who meet suitability criteria for colostomy irrigation should be offered the choice between colostomy irrigation and natural evacuation. It is evident from the commentary provided by the participants presented in this paper that colostomy irrigation can have significant benefits and remains an option worthy of consideration.

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Table 1: Irrigation Data

Pseudonym	Type of irrigation solution	Volume of irrigation solution	Temperature of irrigation solution	Time to run in irrigation fluid	Total time for irrigation procedure	How often
Yolande	Tap water	1200-1500mls	Luke warm	10 min	40 min	2-3 days
Annette	Tap water	800 mls	Luke warm	2 min	30-45 min	Daily
Winifred	Tap water	1000 mls	Luke warm	20 min	30 min	Second daily
Colleen	Tap water	1400 mls	Luke warm	10 min	About 1 Hour	Daily
Luke	Tap water	1000 mls	Warm water	5-10 min	25 min	Second daily
Mary	Tap water	1500 mls	Warm water	< 10 min	45 min	2-3 days
Connor	Tap water	1500-2000mls	Tepid water	5-6 min	45-50min	Second daily

Table 2: Participant Data

Pseudonym	Gender Male / Female	Age	BMI	Occupation	Reason for colostomy formation	When started irrigation	No. of lessons	Duration of lessons
Yolande	F	44	57.6	Hotelier	Accident/ incontinence	After 6 months	1	About 1 hour
Annette	F	45	28.9	Mother	Cancer	6 months	2	45 min
Winifred	F	78	25.6	Retired	Faecal incontinence	4 years	3	1 hour
Colleen	F	79	39.3	Retired	Cancer	5 weeks	4	1 hour
Luke	M	61	24.6	Building Designer	Cancer	< 8 weeks	1	Not more than 1 hour
Mary	F	46	45	NUN/ Teacher	Cancer	4 month	1	About 1 hour
Connor	M	63	32.9	Retired	Crohns	8 years	2	About 1 hour

Case Study: Acknowledging Cultural Values

CAROL LEE RGON STN

A patient's acceptance of having a stoma is determined by many factors, their age, state of health, mobility, ethnicity, personality, past experience, social norms and culture.

In my role as a stoma therapy nurse specialist I work pre-dominantly with patients of European descent who are over 50 years of age. While our DHB does have clients of Indian, Asian and Pacific Island descent, and in smaller numbers Maori and Pacific Islanders it is unusual to have Arab or African patients.

This case study presents Mrs A's story. Mrs A did not fit into our usual patient type or demographic, she was young, African, Muslim and had recently had a baby.

Background

Mrs A is a 33 year old Somalian woman who had recently had a caesarean for a prolonged labour during the birth of her sixth child. She is a refugee from Somalia who has lived in New Zealand for six years. Her remaining children are aged between 2 and 12 years of age.

When Mrs A's condition deteriorated, with severe abdominal pain and vomiting a CT scan revealed free in her abdomen. Mrs A returned to surgery and underwent a laporotomy with small bowel resection and formation of an ileostomy. Findings were of an iatrogenic injury to her small bowel with perforation. Presumably this had occurred at the time of the caesarean. Prior to this second procedure there had been no consideration that an ostomy could be required and therefore no explanation had been offered to Mrs A. After surgery Mrs A spent two days in the high dependency unit before being transferred to the general surgical ward. This was the first experience for both the nursing staff and I in caring for a Somalian Muslim woman with a stoma.

Cultural beliefs affect a person's reaction to their illness and how they adapt to that illness experience. The nursing staff made a concerted effort to acknowledge Mrs A's cultural and religious beliefs. They attempted to recognize how these would affect Mrs A's acceptance of a stoma and the impact these would have on her recovery and rehabilitation from surgery.

In my role as the nurse specialist I felt responsible for assisting and informing the staff of any specific cultural and religious values which would impact on Mrs A's ability to manage an ileostomy.

Somalian Culture

Somalia is an ancient country with a civilization which dates back to 9000BC. It was a sophisticated society which traded with the ancient Greek and Egyptian empires.

Somalia is a Muslim country and has been since the beginning of Islam. Somalian interpretation of Islamic law is not favorable to woman's rights as we see them in Western cultures. Somalian culture is very patriarchal.

In recent history decades of civil war have destroyed the social and economic foundations of Somalia. In the absence of a strong central government Islamic law has become the main social control. It was from this war torn country that Mrs A and her family fled as refugees.

Mrs A and her family lived, according to their Islamic beliefs in the small close knit Somalian community, near to their mosque. Her wider family were scattered throughout the world. She had little contact with anyone outside the local Somalian community. The family depended on social welfare support and lived in a Housing New Zealand property. Fortunately, Mrs A's fluency in English was good; this eliminated the need for an interpreter. Mrs A was significantly more fluent in English than her husband.

When Mrs A arrived in the general surgical ward she made it very clear that she did not wish her husband, family or friends to be aware that she had a stoma. I was aware that traditional Islamic culture forbid alteration to the body and that a stoma was not acceptable to Muslims.

One preconceived expectation among the nursing staff was that having survived as a refugee and during a war in Somalia Mrs A would be mentally tough and strong in her coping strategies. Mrs A was not this stereotypical. Like many people who face dramatic life changing events Mrs A developed a dependence for even basic tasks, becoming increasingly demanding of nursing time and needing significant amounts of coaxing to do even the simplest cares for herself. Mrs A would not accept that the stoma had been medically necessary to save her life. She refused to look at her ileostomy or the appliance and was terrified of the reactions of her husband, their families and the community in which they lived.

Post- Surgery Recovery

Mrs A's post- operative recovery was slow; she required high doses of pain relief, her abdomen was grossly distended, she was unable to tolerate oral intake and her ileostomy output was high in volume.

Case Study: Acknowledging Cultural Values...*continued*

CAROL LEE RGON STN

Mrs A refused to mobilise and did not leave her single room. Ten days after her second surgical procedure a CT scan showed a large 25 x 11 cm pelvic collection. Mrs A had a drain inserted and four weeks of intravenous nutrition.

Mrs A's family and friends visited daily, they did not appear to comprehend how unwell she was, After they left Mrs A would be exhausted and did not want to be disturbed. This made it difficult to carry out care. She remained terrified that her visitors would find out about her ileostomy.

As Mrs A's condition improved I commenced teaching her stoma cares. Mrs A did not want to participate, she would become agitated and kept her eyes closed during the teaching session. Her most frequent expression was "I can't". We developed a plan of care that included stoma education well in advance as Mrs A found multiple reasons to avoid participating i.e. she has to shower, call family etc at the allocated time for teaching. Mrs A's culture mandated the need to wear a Somalian gown over the hospital gown and a head scarf. This made accessing her abdomen to teach challenging.

Another issue which impeded the plan was Mrs A's need to use both hands to change the ileostomy appliance. According to Muslim belief, the hand that is used for feeding must not be soiled through use during toileting.

As she recovered Mrs A was moved to a six bed room however she kept the curtain drawn and did not engage with other patients. We were aware that Mrs A was distressed about the family's situation at home. As was consistent with their social norms her husband did not cook, clean or look after the children. Her new baby had been fostered by another Somalian family and was never brought to see Mrs A throughout the duration of her admission. Mrs A's twelve year old daughter did not go to school but stayed home to care for the family. In an attempt to resolve these issues our ward social worker was intensively involved and organized assistance through ACC.

When Mrs A could eventually eat, diet became problematic. Mrs A ate a traditional Somali diet which was almost totally vegan She occasional ate halal meat, no pork or fish. She did eat rice, vegetables, lentils and spices. She did not like any dairy foods which are not common in Somalia. Our dietitians worked hard to find foods Mrs A liked and which were suitable for an ileostomy. Mrs A 's high volume ileostomy output required large doses of both loperamide and codeine phosphate.

Discharge

Finally, after an eight week admission Mrs A was ready for discharge. Mr A was still unaware that his wife had a stoma and he was extremely reluctant to take her home, telling staff that Mrs A was "too sick". With further input and persuasion from both the Charge Nurse and the social worker Mrs A was finally discharged only to return to the ward in less than two hours. After further discussion, a commitment that I would visit her the following week and the social worker setting up daily home help with childcare for the two year old Mrs A was again discharged.

Mrs A's first week at home was a disaster. She called the District Nursing service several times per day at any time day or night. Her appliance, which had been achieving acceptable wear times in hospital now leaked constantly. She was again refusing to deal with her ileostomy not emptying it or taking the loperamide to control the volume of output. When I visited Mrs A five days after discharge she had isolated herself in her bedroom. Her husband was staying with friends; he had found out about the ileostomy and would not stay in the house with her. The twelve year old daughter was running the household. Mrs A had no appetite and was only eating rice and drinking some nutritional drinks. I spent 2 hours with Mrs A once again going over ileostomy management, diet, medications and reassuring her that she could change the appliance.

I referred Mrs A to the community dietitian to support her with food choices that were within her budget and cultural requirements. The community social worker also engaged with Mrs A and her family.

Re-admission

Two weeks after discharge Mrs A was re-admitted with another pelvic collection. She spent a further ten days in hospital on antibiotics. Unfortunately, Mrs A was admitted to a different ward than her previous long stay admission with staff who didn't know her or her history. She once again refused to manage her ileostomy and expected the nurses to care for it. Again I had to re-educate Mrs A. Mrs A's goal was to return home to care for her family however her behavior was inconsistent with that goal, The staff needed to refocus on the long term goal of rehabilitation rather than on short term dependence. I acknowledge that I did at times feel frustrated with the constant need to repetitively re-enforce the same skills and knowledge and to continuously refocus Mrs A back onto her goals.

Re-admission

Case Study: Acknowledging Cultural Values...*continued*

CAROL LEE RGON STN

After her second discharge Mrs A became more settled. She managed the ileostomy with twice weekly assistance from the District nurses. Most weeks Mrs A visited me in the hospital. These visits were increasingly for reassurance rather than an actual problem.

Mrs A continues to have no contact with her new baby. She blamed the baby for her subsequent health issues. Her husband moved to Australia leaving her with the responsibility for the care of five children. Her diet continued to be problematic. She continued to lose weight on a diet of rice and nutritional drinks. The ileostomy continued to become liquid quickly which made her anxious to eat. ACC continued to provide childcare and daily home help for Mrs A and her family.

Reversal

After six months ACC paid for Mrs A to have a reversal procedure. After some initial, problems with diarrhoea Mrs A visited and she was a very happy woman. Mrs A's baby remained fostered however she was re-establishing her role as a mother to her other children. Mr A has not returned to the family.

Conclusion

Caring for Mrs A was a learning experience for all the nursing staff involved. It highlighted the need for nurses to be aware of the cultural background and history of their patients and how these values and experience will impact on their patient's behavior, attitudes and responses.

For Mrs A, a stoma was socially and culturally abhorrent, and this threatened the entire fabric of her acceptance with in her community. Mr A's reaction to his wife with a stoma was very characteristic of his cultural beliefs as part of an isolated patriarchal society adhering to very traditional Islamic valve in a foreign country.

Even if the opportunity had existed for pre-operative education I doubt it would have altered Mrs A's acceptance of her changed body.

I believe that I learnt much from caring for Mrs A. I have a greater insight into Muslim life, values and traditions but have also learnt and appreciated the experience of caring for a patient whose life, culture and values were so different to mine.

Co-Editors Note

MAREE MCKEE, LORRAINE ANDREWS

The clinical stories section of The Outlet is aimed at encouraging publication of the real, lived experiences of our patients and the stomal therapists/nurses who care for them.

It is an opportunity (with the patients permission) to show case and share those interesting stories that all nurses tell. This section can include stories which may not be academically researched but which represent the essence of what stomal therapists / nurses do and have value as learning experiences. It is hoped that both experienced and first time authors will work with the co-editors to contributing to this section of the journal.

The Outlet

New Zealand Stomal Therapy Nurses