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PATIENTS' VIEWS OF A COLOSTOMY FOR FAECAL INCONTINENCE

Aims of Study

Faecal incontinence affects over one percent of community-dwelling adults. Formation of a permanent stoma is often seen as a last resort when all other interventions have failed. However, no previous study has examined patients' views of a colostomy to manage faecal incontinence. We aimed to examine the outcome of stoma surgery for faecal incontinence from the patient's perspective.

Methods

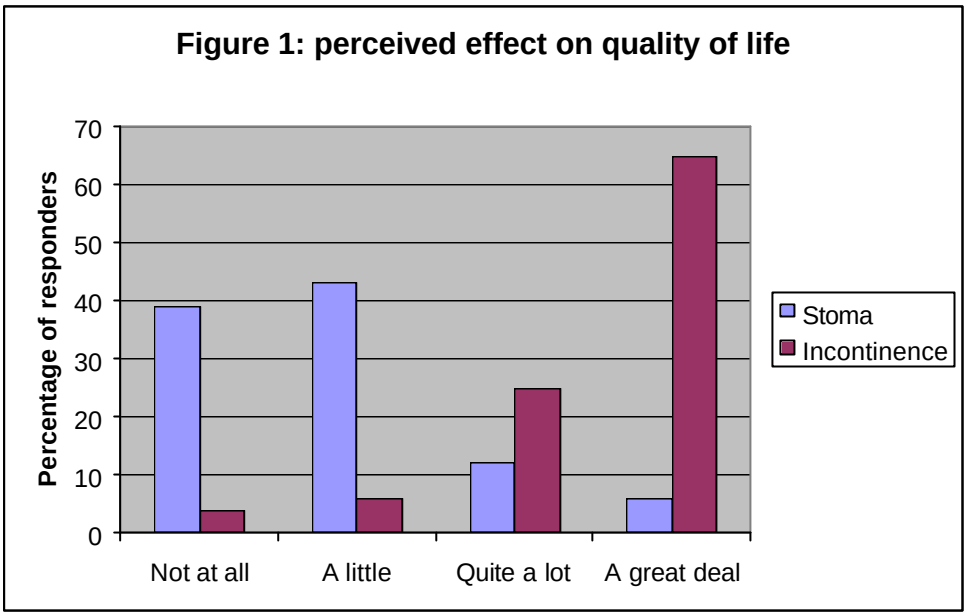
People with previous formation of a colostomy to manage faecal incontinence were recruited either via an advertisement in the magazine of the British Colostomy Association or from those operated at a specialist colorectal hospital. Four questionnaires were sent, asking about current stoma management, operative experience, previous incontinence, anxiety and depression, and quality of life.

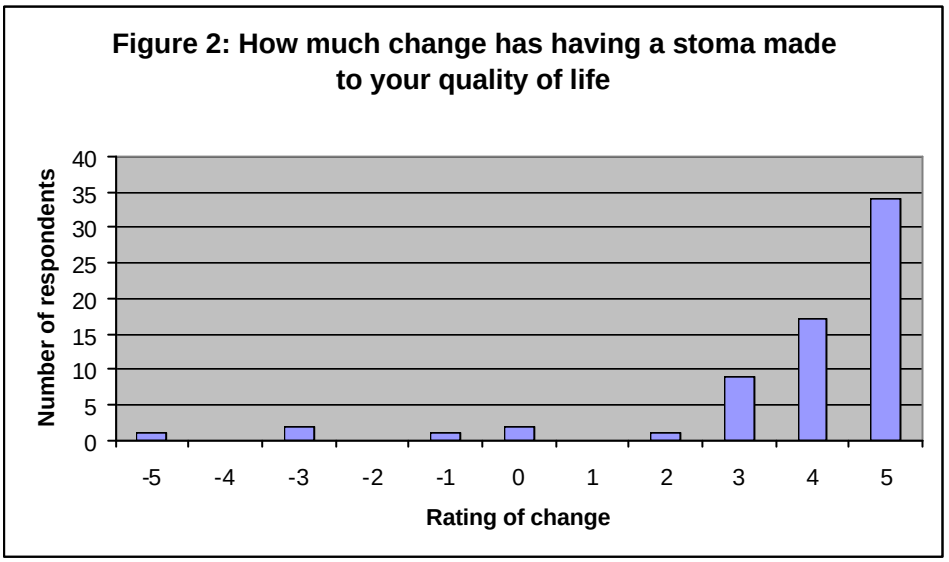
Results

Fifty-four people responded to the advert, of whom 49 returned completed questionnaires (91%). A further 38 consecutive patients who had a stoma formed for faecal incontinence were identified from hospital records, of whom 20 completed questionnaires (53% response). A total of 69 replies were therefore received. No statistically significant differences were detected between the people recruited via the advertisement and the hospital patients and so the two groups are reported together. Respondents had a median age of 64 years (range 34-88 years). A median of 59 months had elapsed since the operation was performed (range 5-287 months). There were 11 men and 58 women. Respondents were asked to rate their ability to live with their stoma now on a scale of 0-10. The median response was 8 (range 0-10). The majority (83%) felt that the stoma, within the past month, restricted their life "a little" or "not at all". Comparing the response to two questions about perceived effect on quality of life with a stoma now and with incontinence previously, there was a significant difference ($p=0.008$, Fisher's Exact Test, Figure 1). In response to the question "please rate how satisfied you are with having the stoma", the median response was 9 on a scale of 010 (range 0-10). Eighty-four percent would "probably" or "definitely" choose to have the stoma again and only 10% would "probably" or "definitely" prefer to have it closed.

Respondents were asked the question "compared to when you were incontinent, how much change has having a stoma made to your overall quality of life"? A scale from –5 to + 5 was given for the response and respondents were asked to circle their answer, where –5 = much worse, 0= same, +5 = much better. The median rating was +4.5 (range –5 to +5, Figure 2).

Thirty-four stated that they had required further surgery since the original stoma for incontinence and many had experienced problems such as a hernia or mucus leakage. Despite this, most were very positive about the stoma. Quality of life as measured by the SF-36 was well below population norms, but neither depression nor anxiety (measured by the HAD scale) was a prominent feature, with a few exceptions.





Conclusions

In this retrospective study of self-selected people who had undergone formation of a colostomy to manage faecal incontinence, the overwhelming majority were positive about the stoma and the difference it had made to their life. However, a few had not adapted and disliked the stoma intensely. While not without risk of complications and management problems, health care professionals should discuss a stoma as an option with patients whose lives are restricted by faecal incontinence.