

# Survey of stoma complications after surgery

The Danish segment of the Ostomy Forum:

Tove Christensen, Bodil S. Holm, Dorthe G. Rafn, Carina Pedersen and Thom Nichols.

## Introduction

The Ostomy Forum (OF) is a group of experienced Stoma Care nurses from Denmark, England, Holland, Hungary, Japan, Norway, Poland, Scotland and Sweden. The OF has carried out a survey to gain increased awareness of individual patient problems and to provide early detection and appropriate intervention. One of the benefits from the project is a data base of standardized registered observations.

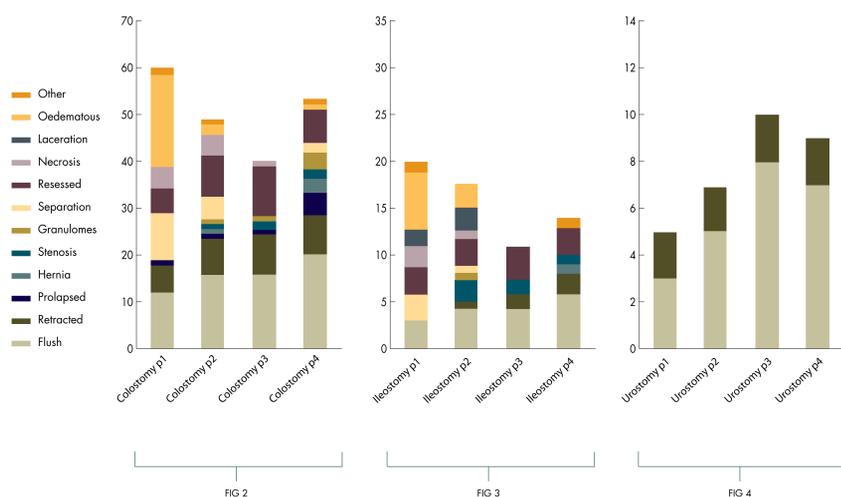
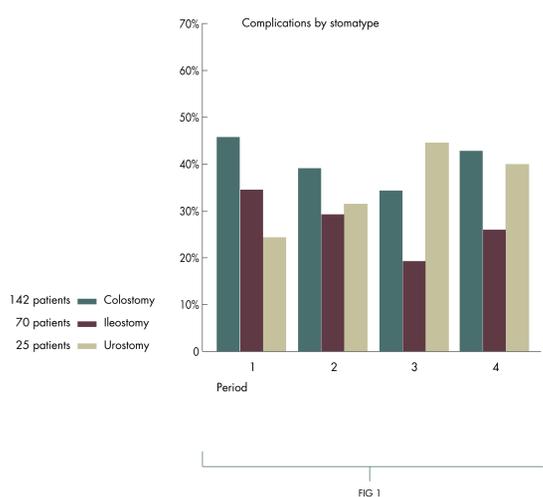
The objective of the Danish work group was to focus on stoma complications after surgery to document the incidence of stoma complications 26 weeks post surgery.

## Method

An OF developed standardised observation index and follow-up form for Stoma Care nurses was used to follow 237 patients over 26 weeks post surgery period.

The patients were followed by the Stoma Care nurse 4 times; 0-2 weeks (1st period), 3-6 weeks (2nd period), 7-11 weeks (3rd period) and 12-26 weeks (4th period) after surgery.

The data presented the opportunity to observe stoma complications versus type of stoma, gender, timescale and permanent/temporary surgery. The data was analyzed by using SAS, V9.1.3.



## Results and discussion

Stoma complications affecting colostomies and ileostomies are decreasing over time, except for in the 4<sup>th</sup> period where a slightly rise is seen (fig.1). It is complications like recessed-, retracted- and flush stomas that increases in the 4<sup>th</sup> period. The early stoma complications oedema, necrosis and separation are barely seen in this period (fig.2 and fig.3).

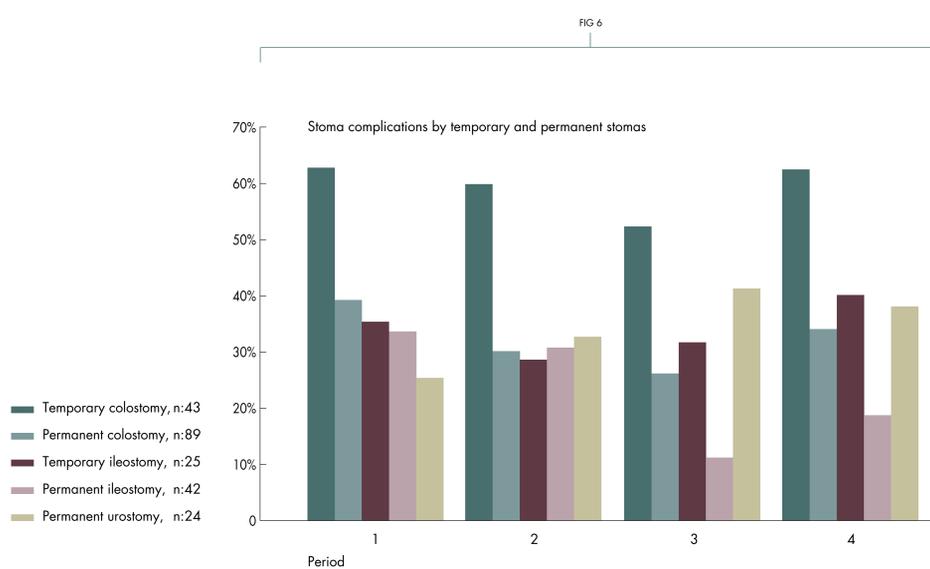
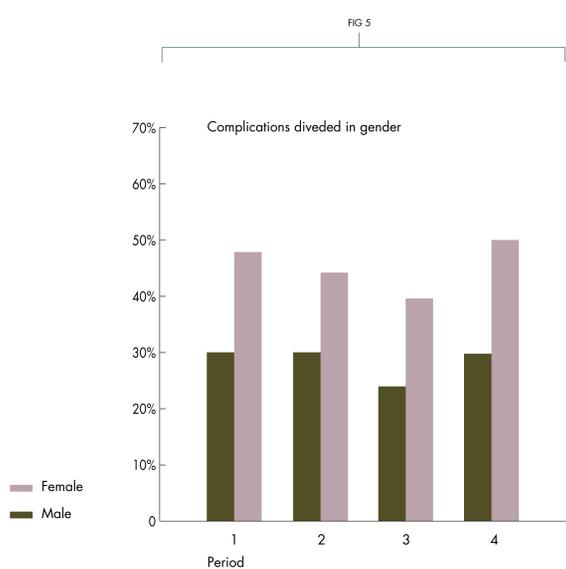
Stoma complications affecting the urostomy patients' increases up till the 3rd period and decrease somewhat in the 4<sup>th</sup> period (fig.1). Retracted and flush stomas are the most striking within this group (fig.4).

A large number of patients will experience some kind of problems with their stoma within the first 26 weeks after surgery, it is therefore important they have unlimited access to an ET nurse and a stoma clinic in this period.

A remarkably higher frequency of stoma complications are seen amongst females (fig.5) and the temporary colostomies (fig.6).

The reason that females have a higher frequency of stoma complications might be the fact that the female body has a different fat deposit plus the influence from hormones – either natural obligingly or hormone replacement therapy which stresses the healing.

Patients with a temporary colostomy may not have been pre-op sited, due to the often acute nature of the surgery.



## Conclusion

Patients with a temporary colostomy and especially females seems to have the highest rate of stoma complications. This knowledge can be used by Stoma Care nurses in the collaboration with surgeons and other teams.

The Stoma Care nurse and surgeon must work closely together in order to provide the best condition and quality for the patient. The Stoma Care nurse should make sure that each patient has a regular individual follow-up after surgery – a follow up that might be for as long as the patient has a stoma.