

Aspects of stoma care in general practice

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SUMMARY. A survey of stoma care in general practice is reported. It demonstrates a wide diversity in the patterns of care provided to ostomates, with only half of the general practitioners reporting regular follow-up by a member of the health care team. Dealing with appliance difficulties was found to be an aspect of stoma care in which a majority of general practitioners have little confidence. The district nurse and stoma nurse are considered to be the most valuable sources of back-up. It is suggested that structured follow-up of ostomates by the primary care team might influence the level of morbidity among this group of patients.

Introduction

THE low prevalence and incidence of stomas in a practice population make it difficult to assess the quality of stoma care in general practice. An average list of 2100 patients will include four patients with a colostomy and at most one patient with an ileostomy. Urinary conduits and other stomas are even less common. A general practitioner can expect to see a patient with a new colostomy every two years and two patients with new ileostomies in his working life (Northern Regional Health Authority statistics 1973-82).

A number of surveys based on patient interviews have been published on the care of ostomates and some of these have touched upon the after-care provided by the primary care team.¹⁻⁵ They have demonstrated the enormous physical, psychological and social traumas such patients experience, and the important contribution which can be made by the primary care team. The surveys have also illustrated an apparent lack of uniformity in the quality of care provided in general practice.

The survey described here attempted to discover how general practitioners organize the aftercare of ostomates, the resources they find useful and the areas of difficulty experienced in the management of such patients. The survey was carried out in Cleveland, a county with a population of 563 000 served by 275 general practice principals. There are three health districts within the county, each of which is covered by stoma nursing services. South Tees and Hartlepool districts each have one community-based stoma nurse. North Tees district has two stoma nurses, both of whom are jointly hospital- and community-based.

Method

In January 1984 a postal questionnaire sent to every general practitioner on the list of the Cleveland Family Practitioner Committee sought their views on stoma care in the community. A reminder was sent six weeks later to those who had not responded.

The questionnaire explored the patterns of care provided by the primary care team following the discharge from hospital of a patient with a stoma. The general practitioners were asked to rate their confidence in dealing with certain aspects of stoma care, and to evaluate a number of sources of help in the care of such a patient. They were also questioned on their experiences of continuing education in stoma care and the relative importance of this aspect of general practice.

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Results

Of the 275 questionnaires sent out 149 completed questionnaires (54.2%) were returned after the first mailing. A further 34 (12.4%) were returned in response to the reminder resulting in a total response rate of 66.5%. No significant differences were found in the responses of the two groups of respondents.

The questionnaire asked for information on the involvement of members of the primary care team in the initial and subsequent care of an ostomate (Tables 1 and 2). Of the respondents 71.6% stated that they or their district nurse would always see a patient with a stoma on discharge from hospital. Regular follow-up of ostomates, either by the general practitioner or the district nurse was claimed by 48.6% of respondents. According to the respondents the stoma nurse was the only additional person who provided care. Eighteen general practitioners (9.8%) said that she always visited stoma patients after discharge from hospital and 21 (11.5%) that she subsequently saw stoma patients, either routinely (16 responses) or on request (five responses). Given the small number of general practitioners providing personal follow-up care, it was notable that 122 (66.7%) stated that they had been consulted by a patient with a stoma-related problem in the previous six months, with a further 20 (10.9%) recalling such a consultation in the past 12 months. The provision of structured care by the general practitioner or the district nurse did not influence the interval since last consultation for a stoma problem.

General practitioners were asked to evaluate a number of sources of help available to them in their care of ostomates (Table 3). The district nurse and stoma nurse were each considered invaluable in this respect by more than 70% of respondents. Conversely, the health visitor, social worker and clinical psychologist were each held to be of little value by a similar proportion of

Table 1. General practitioners' opinions of the involvement of members of the primary care team in the care of ostomates when first discharged from hospital ($n = 183$).

District nurse involvement	General practitioner involvement		
	Always	Sometimes/never	No opinion
Always	52	68	0
Sometimes/never	11	49	3

$$\chi^2_1 = 11, P < 0.001.$$

Table 2. General practitioners' opinions of the involvement of members of the primary care team in the subsequent care of ostomates ($n = 183$).

District nurse involvement	General practitioner involvement		
	Routinely	Patient-initiated	No opinion
Routinely	33	47	6
Patient-initiated	9	58	5
No opinion	6	16	3

$$\chi^2_1 = 13.8, P < 0.001.$$

Table 3. General practitioners' opinions of the value of available sources of help in dealing with the after care of ostomates ($n = 183$).

Source of help	Value of help			
	Little value	Fairly valuable	Invaluable	No opinion
<i>Community based</i>				
District nurse	5	45	129	4
Health visitor	121	37	2	23
Social services	124	35	2	22
Stoma nurse	3	42	135	3
<i>Hospital based</i>				
Surgeon	22	102	53	6
Clinical psychologist	132	24	2	25
<i>Other</i>				
Self-help groups	56	82	19	26
EMAS and DRO	93	58	5	27
Appliance manufacturers	69	72	19	23

EMAS = employment medical advisory service. DRO = disablement resettlement officer.

respondents. The low rating given to the potential services of a clinical psychologist is interesting, given the high prevalence of psychological problems in ostomates. Appliance manufacturers, self-help groups and employment services elicited a generally lukewarm response as possible sources of help.

The general practitioners involved were asked to rate their confidence in dealing with the more common problems encountered in stoma care. More than 70% felt fairly or very confident in giving advice on diet, employment and contraception/sexual problems. A similar percentage felt confident in dealing with psychological and psychiatric problems. Dealing with appliance difficulties, such as leakage, skin reactions and odour, was an aspect of stoma care in which a majority of respondents (99, 54.1%) felt little confidence.

Of the respondents 135 (73.2%) felt they were not kept well informed of developments in stoma care but only 11 (6.0%) felt there was no need to be well-versed in this aspect of general practice. One hundred and eighteen respondents (64.5%) felt the most useful sources of information on stoma care were articles in review journals such as *Update* and *Practitioner*.

Discussion

Patient interviews have provided information on the involvement of the primary care team in stoma care. Devlin² found that only a third of colostomates had had their stoma examined by the general practitioner and that less than half had been visited by the district nurse. McDonald⁴ showed that these figures had changed little a decade later, and that more than a third of colostomates had received no advice at all from health professionals on stoma management after leaving hospital.

The findings of this study are broadly comparable with those based on patient interviews with nearly three-quarters of general practitioners stating that they or their district nurse would always see a patient with a stoma on discharge from hospital. In addition, regular follow-up of ostomates, either by the general practitioner or the district nurse was claimed by nearly half the respondents.

Only the stoma nurse and district nurse were considered to provide an invaluable service by a large majority of general practitioners. This may be related to the general practitioners' lack of confidence in dealing with appliance difficulties, an area of stoma care which is traditionally the province of the nursing profession.

The morbidity experienced by ostomates covers the complete physical, social and psychological range of general practice. Nearly half of all colostomates have problems with stoma

management, one of the most common problems being skin rashes.⁴ Social isolation is likely, especially among the elderly. Most ostomates experience some sexual dysfunction and 30% show clinical evidence of depression.^{2,4,6}

Periodic follow-up and review of these patients would provide an opportunity to enquire specifically into such problems and allow an opportunity for early intervention. The effect on the practice workload of such a policy would be minimal given the low prevalence of stomas in a practice population. Patient satisfaction would undoubtedly improve, however, and the needs of a vulnerable group of patients would more easily be met.

References

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