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Original Research Paper

Medical Science

ILEAL CONDUIT – DISSERTATION

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ABSTRACT

BACK GROUND OF THE STUDY: Cancer diagnosis is often perceived as a traumatic event that changes an individual's basic assumptions about the self as effective and powerful, and the world as benevolent, controllable, and predictable. Carcinoma of bladder is a heterogeneous disease which presents as superficial non invasive, muscle invasive and metastatic disease. Bladder cancer is the ninth most common cancer in the world, with 430,000 new cases diagnosed in 2012. Bladder cancer is the second most common urologic malignancy in India and 80% of cases occur in patients over 50 years of age. In TMH in the year 2013, 62 cases were operated for radical cystectomy with ileal conduit. In cancer of bladder, patients undergo various surgeries such as radical cystectomy, neobladder, kock's pouch. Radical cystectomy remains one of the most effective methods of control of invasive bladder cancer. In men, the removal of the bladder may also include a prostatectomy and removal of the prostatic urethra and seminal vesicles. Often, loss of sexual function is a consequence. In women, a radical cystectomy includes removal of the bladder with perivesical fat, peritoneal attachments, proximal urethra, ovaries, fallopian tubes, uterus, cervix, anterior vaginal vault, and lymph nodes.
The ileal conduit introduced by Seiffert and popularized by Bricker has been used for half a century, and it is still considered a standard form of urinary diversion following cystectomy for bladder cancer. During immediate postoperative phase the nurses role is to monitor the functioning of stoma, urine output, foleys catheter and stents are in situ, drainage and peristaltic movement.

KEYWORDS :

STATEMENT OF THE STUDY:

A study to identify the problems faced by the patients with ileal conduit and coping strategies adopted by them in a selected cancer hospital

OBJECTIVES OF THE STUDY:

- To assess the problems faced by the patient's with ileal conduit.
- To assess the coping strategies adopted by the patient's with ileal conduit.
- To find association between problems faced and coping strategies adopted by the patient's with ileal conduit.
- To find association between problems faced and coping strategies adopted by the patient's with ileal conduit with their demographic variables.

RESEARCH METHODOLOGY

RESEARCH APPROACH

Exploratory descriptive survey research design approach is used in this study. Setting of the study was at Uro-oncology surgery outpatient department, Tata Memorial Hospital, Parel. The population selected for this study, are the target population which consist of patients with ileal conduit in Tata Memorial Hospital.

The sample selected for the study was 30 subjects with ileal conduit in a selected cancer hospital. Sampling technique used is non-probability convenience sampling.

The tool used was semistructured survey to identify the problems faced by the patients with ileal conduit and coping strategies adopted by them. Main study was conducted for duration of 6 weeks. Pilot study was conducted at Tata Memorial Hospital (TMH) from 30.12.13 to 4.1.14 after taking prior administrative permission from the Institutional Review Board (IRB) of TMH. The Pilot study was conducted to assess the feasibility and reliability of the tool and to decide the practicability of the research. The pilot study was conducted on 3 subjects operated for ileal conduit. Subjects were selected by non-probability convenience sampling.

SECTION I

Part I: Demographic variables are analyzed by frequency and percentage.

SECTION II

PART II – Analysis of data to assess the problems faced by frequency and percentage.

PART III- Analysis of data to assess the coping strategies adopted by frequency and percentage.

PART IV-Association between problems faced and the coping strategies adopted is analyzed by Chi- Square test.

PART V-Association between problems faced with their selected demographic variables analyzed by Chi- Square test.

PART VI- Association between coping strategies adopted with their selected demographic variables analyzed by Chi-Square test.

SUMMARY OF FINDINGS

Part I: FINDINGS RELATED TO THE DEMOGRAPHIC CHARACTERISTICS OF SUBJECTS:-

- Demographic variables were categorized as age in years, gender, educational background, religion, duration after surgery, geographical area, marital status, and source of information.
- Majority 53.3% of the subjects were in the age group 51-60 years, 16.7% of them were from the age group 41-50 years and 71-80 years, and 13.3% in the age group of 61-70 years.
- Majority 90% were males and 10% only were females.
- 36.7% were graduate and above, 33.3% had secondary education, 10% were illiterate, 10% had primary education, and 10% had higher secondary education.
- Majority were Hindus 76.7%, 10% were from Muslim religion, 10% from Christian religion, and 3.3% from Sikh religion.
- 36.7% of the subjects were from 7-12 months of duration after surgery, 33.3% from 1-6 months, 16.7 % were from 19-24 months duration after surgery, and 13.3% were from 13-18 months duration after surgery.
- Majority 53.3% of subjects were from South, 23.3% were from North, 20% were from West and 3.4% from East India.
- Majority 93.3% were married and 6.7% were widows.
- 100% subjects were the source of information.

PART II: ANALYSIS OF DATA TO ASSESS THE PROBLEMS FACED BY FREQUENCY AND PERCENTAGE.

PROBLEMS IDENTIFIED

-PHYSICAL PROBLEMS

- 70% subjects were unable to fix the pouch at the stoma site
- 83.3% subjects observed leakage from the stoma pouch.
- 66.7% subjects got tape allergy around the stoma pouch.
- 93.3% subjects had complaints of mucus settling down around the stoma.
- 76.7% (23) subjects experience crystal formation around the stoma

-PHYSIOLOGICAL PROBLEMS
- 60% subjects felt thirsty and experienced dryness of mouth

-PSYCHOLOGICAL PROBLEMS
- 86.7% subjects were worried about change in body image.
- 86.7% subjects had anxiety and fear about stoma.
- 93.3% subjects were worried about functioning of stoma
- All subjects bothered about bad odor from stoma
- 56.7% experiencing difficulty during sexual activity
- 60% subjects had feeling to pass urine through urinary path
- 90% subjects had fear of uncertainty of living with stoma
- 60% subjects had experienced threat about change in role within family due to presence of stoma

-SOCIAL PROBLEMS
- 50% subjects often felt lonely or isolated

-VOCATIONAL PROBLEM

Subjects had faced difficulty in getting back to their job.

-PREVENTION OF COMPLICATIONS
- Prevented bulging stoma coming out from the abdomen, and stoma going inside in the abdomen

PART III: ANALYSIS OF DATA TO ASSESS THE COPING STRATEGIES ADOPTED BY FREQUENCY AND PERCENTAGE.

COPING STRATEGIES ADOPTED

PHYSICAL PROBLEMS
- Chosen the appropriate pouch
- Measured the size of stoma
- Took appropriate steps to fix the pouch
- Asked others to help while fixing the stoma pouch.
- All subjects always cut the stoma size properly before application
- Always kept the skin around the stoma dry
- Always used skin barrier and paste
- Always changed the pouch early in the morning
- Always fixed the pouch around the stoma with double tape
- Other coping strategy elicited by the 24 subjects was emptying the ¾ th full pouch.
- 45% subjects always seeked stoma nurse advice for tape allergy around the stoma,
- Some subjects always made use of micropore paper tape
- Other coping strategy elicited by the 5 subjects used spirit to clean the skin around the stoma before applying the stoma pouch, used nycil powder over skin around the stoma and used dettol soap for cleaning the skin around the stoma.
- 43% subjects always use to seek stoma nurse advice
- 50% subjects always drank lemon juice in the morning
- 71.4% subjects always cleaned the stoma mouth whenever mucus settles around the stoma,
- Other coping strategy elicited by the 1 subject cleaned the stoma mouth with sodium bicarbonate powder diluted in water before attaching the stoma pouch.
- 56.5% subjects sometimes used to seek stoma nurse advice for crystal formation around the stoma,
- 91.3% subjects always used pouch with skin barrier

PHYSIOLOGICAL PROBLEMS
- 42.8% subjects always drank lemon juice
- Use to drink 8-10 glass of water
- 71.4% subjects always took high protein diet

PSYCHOLOGICAL PROBLEMS
- All subjects secured the pouch beneath the clothes.
- All subjects have developed their confidence about the stoma
- Other coping strategy elicited by the 3 subjects meditating to God and avoid thinking about stoma.
- 76.9% subjects never blamed God for their problems
- 61.5% subjects never isolated themselves from others.
- 73% subjects always used fantasy about being normal
- 50% (14) subjects always discussed with stoma nurse about functioning of stoma
- Other coping strategy elicited by the 6 subjects praying God to give strength to face the problem.
- Always drank daily 8-10 glasses of water to prevent bad odor
- Cuddles private parts of the spouse
- Other coping strategy elicited by the 15 subjects was day dreaming, kissing, hugging, and sleeping together with the spouse
- Always had phantom feeling and also had feeling to go to toilet to empty the bladder
- Majority of the subjects had feeling of hopelessness and loneliness due to fear of uncertainty of living with stoma
- 81.5% never isolated self
- Other coping strategy elicited by the 1 subject was praying to God and tried to avoid thinking about the presence of stoma.
- Always discussed the feelings with family members
- Always prayed to God for giving them grace

SOCIAL PROBLEMS
- Subjects always met friends
- Always tried to ignore the situation
- Always avoided phone calls/ emails

VOCATIONAL PROBLEM
- Always took financial help from family members

PREVENTION OF COMPLICATIONS
- Subjects always avoided using very tight fitting stoma pouch,
- Always supported the abdomen with hands while coughing
- Always avoided using sharp face plate while doing work
- Always avoided bending forward while doing work
- Always avoided strenuous activities

PART IV: ASSOCIATION BETWEEN PROBLEMS FACED AND THE COPING STRATEGIES ADOPTED IS ANALYZED BY CHI- SQUARE TEST.

Problems faced and coping strategies have a calculated Chi-Square value (x^2) is greater than the tabulated value at the level of significance $p>0.05$. Hence it is proved that there is no statistical association between problems faced and coping strategies adopted by the subjects with ileal conduit. From this it is evident that subjects adopt different coping strategies depending on each problem.

PART V: ASSOCIATION BETWEEN PROBLEMS FACED WITH THEIR SELECTED DEMOGRAPHIC VARIABLES IS ANALYZED BY CHI- SQUARE TEST.

Problems faced were divided in to two categories for the benefit of simplification of the data. From the above table it can be interpreted that demographic variables (age in years and duration after surgery) have a calculated Chi Square value (x^2) tabulated value at the level of significance $P>0.05$. Hence both the demographic variables have no statistical significant association between problems faced by the patients with ileal conduit with their demographic variables.

PART VI: ASSOCIATION BETWEEN COPING STRATEGIES ADOPTED WITH THEIR SELECTED DEMOGRAPHIC VARIABLES IS ANALYZED BY CHI- SQUARE TEST.

Demographic variables (age in years and duration after surgery) have a calculated Chi Square value (x^2) and the tabulated Chi Square value at the level of significance $P>0.05$. Hence both the demographic variables have no statistical significant association between coping strategies adopted by the patients with ileal conduit.

CONCLUSION

The present Study was conducted to identify the problems faced by the patients with ileal conduit and coping strategies adopted in a selected cancer hospital. This chapter dealt with the analysis and interpretation of data. 30 subjects were included in the study. From this study it is , evident that subjects adopt different coping strategies depending on each problem. Secondly there are different problems are identified mainly in the domains of physical and psychological. Along with different coping mechanisms have come to surface in the domains of physical, physiological, psychological, social, vocational, and in prevention of complications.

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