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Case Report

PSYCHOLOGICAL IMPACT OF THE DIGESTIVE STOMA AFTER COLORECTAL SURGERY IN MADAGASCAR

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ABSTRACT

The stoma is a real handicap in low income countries. We discuss the psychological impact of digestive stomas. This is a prospective study over a period of six months. It concerned all patients who had benefited in the visceral surgery department of colostomy and ileostomy. Feeding ostomies were not included in our study. There were 67 patients, including 43 colostomies and 24 ileostomies. Depression was noted in fifty-two patients (77.61%). Fear of stoma was present in 32.83%. Quality of life was impaired in 56 patients (83.58%).

INTRODUCTION

The term ostomy is borrowed from the Greek "stoma" which means "mouth". In medical language, a stoma is defined by the viscera reaching the skin, outside its natural location [1]. Digestive ostomies are temporary or permanent palliative operations consisting of fistulating a segment of the healthy digestive tract to the skin [2]. The patient can be easily destabilized by the presence of a stoma not only for fear of an altered quality of life, but also for fear of an altered environment. Digestive stomas are also much more difficult in under-equipped countries and cause significant psychological disability [2, 3].

Our objective is to evaluate the psychological impact of digestive stomas in patients.

Patients and method

Our case series was prospective including patients with digestive ostomy (gastrostomy, jejunostomy, ileostomy, colostomy) at Joseph Ravoahangy Andrianavalona University Hospital Center. Patients with colostomy and ileostomy were all included. Feeding ostomies were not included in our study. Recruitment was exhaustive. Variables studied included: age, gender, type of stoma, surgical indication, depression, feeling about the stoma, quality of life.

RESULTS

There were 67 patients: 59 men (89.4%) and 8 women (10.6%). The mean age was 35 years with extremes of 16 and 91 years. There were 43 colostomies and 24 ileostomies. The indications for ostomy were intestinal occlusion by pelvic colon volvulus in 12 cases, occlusion with inextirpable tumor in 20 cases, Hartmann's in 10 cases and acute generalized peritonitis by colonic perforation in 25 cases. Surgery was curative in forty-seven patients (70,14%) and palliative in twenty patients (29,85%). Curative ostomies were most likely to be depressed after surgery with OR = 1.22 (p less than 0.005). A decrease in self-esteem was observed in 51 patients (43.75%), and a decrease in sexual activity in 53.73%. Depression was noted in fifty-two patients (77.61%) with feelings of social rejection in 59.7%. Patients felt fear (32.83%), disgust (29.85%), anger (10.44%) and sadness (26.86%) towards their stoma. Quality of life was impaired in 56 patients (83.58%).

DISCUSSION

Fear followed by disgust were the most common feelings we had about the stoma. After surgery and before mastering the care, the patient often expresses fear, even terror of leaking, getting dirty, smelling bad. An ostomy leads to an alteration of the body image; there is a rupture in the individual's mental representation of his own body [4]. Some people describe the feeling of being amputated, damaged, and may feel as if they have been cut in half. This change leads to a decrease in self-esteem, a sense of worthlessness. Often, the intensity of emotional responses to body modification is less related to the

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severity of the disability than to the importance attributed to physical appearance [5,6]. In our study, a decrease in self-esteem was noted (43.75%). This loss of integrity sometimes generates a depressive reaction or other defense mechanisms such as denial, trivialization or sometimes humor that allow not to be overwhelmed by anguish and despair [7]. These reactions should be recognized and respected by caregivers because this process has the function of coping with the pain of loss. Caregivers need to move forward with it, trying to mobilize the patient and his or her resources to help integrate the loss into daily life [3,8].

According to Brown *et al*., the fear of food is likely to hinder the maintenance of social relations, which according to Brown *et al*. is incomprehensible and unbearable for ostomates and their relatives, and involves frustration, irritation, anger and sadness. Ostomates may experience difficulties in their diet but are not supported by professionals who often indicate that they can eat it all [9,10].

Our study denounced a feeling of social rejection in 59.7%, but help and support from the immediate entourage, family, spouse or significant other are factors that profoundly influence their ability to adapt. Danielsen *et al* underlines the importance of the social network in supporting ostomates who see their bodies changed [11]. Smith *et al* describe that ostomates may imagine that those around them may have a reaction of disgust and fear of being ostracised. Sexuality is one aspect of health that has a significant impact on quality of life. The resumption of this activity can determine adaptation to the stoma [10].

Professionally, the patient may experience a decrease in activity or loss of employment. Various issues are also discussed, such as material or skin problems, diet, return to work and leisure, psychological difficulties with the stoma, sports, and sexuality [12].

Meetings with other ostomates allow participants to share their concerns and discover their resources. Stomatotherapists do not yet exist in Madagascar, but their role is a real pillar in the accompaniment of patients during their reintegration into society [13].

CONCLUSION

The presence of an ostomy can have serious psychological repercussions. Social rejection favors the occurrence of depression. An early psychological follow-up favors a quality adaptation. An earlyclosurecould have manysocio-economicbenefits.

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Conflict of interest

The authors contributed equally to the study.

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