

Assist Cancer Patients, Facing Up with Stoma

Colorectal cancer remains the most common cancer in Singapore affecting both males and females. Based on Singapore Cancer Registry 2016, 9,320 people were diagnosed with colorectal cancer in the period of 2010-2014. Despite the great efforts to maintain intestinal continuity, over 10% of colorectal cancer patients undergo ostomy surgery each year. Ostomy surgery is to make an artificial opening in the abdomen to which the large intestine is connected, so called a stoma. Using stoma might be a big challenge for the patients to maintain a high quality of life following surgery. Patient experiences of the stoma self-care and support needs have not been fully explored. Researchers are searching for effective intervention programmes to assist colorectal cancer patients with stoma to improve their health outcomes. In this interview, **Dr He Hong-Gu**, an Associate Professor from NUS, shares about her recent research on developing a psychosocial intervention programme for colorectal cancer patients with stoma.

Q: What are the major challenges for colorectal cancer patients with stoma?

A: Colorectal cancer patients with stoma commonly experience physical and psychosocial challenges. Patients may have a change in physical functioning, accompanied with complications of leakage, skin and stoma problems, and/or odour. Apart from psychological distress, anxiety and depression, patients with stoma often have disturbance in body image, which may lead to low self-esteem, poor self-concept and sexual dysfunction. Avoidance, fear of social interactions and dysfunctional relationships among patients with stoma due to lifestyle restrictions and change in body image were also common. Both physical and psychological challenges negatively influence their quality of life.

Q: Can you briefly introduce the STOMA psychosocial intervention programme developed in this study?

A: The STOMA psychosocial intervention programme was a programme specifically designed and developed to improve the health outcomes of colorectal cancer patients with newly formed stoma. This programme consisted of five key elements that formed the acronym STOMA: **S**upport availability, **T**hinking positively, **O**vercoming social stigma, **M**inimising negative feelings, and **A**nalysing stoma self-efficacy. The STOMA psychosocial intervention programme incorporated an individual psychoeducation session (pre-operatively) with an educational booklet provided to the patient, and five telephone follow-up phone calls (one pre-operatively and four post-operatively).

Q: In your study, how effective is the STOMA psychosocial intervention programme?

A: In this pilot randomised controlled trial (n =51), the quantitative results revealed that the STOMA psychosocial intervention programme had significant positive effect in improving the participants' stoma care self-efficacy at four months upon discharge, acceptance of stoma at one month and four months upon discharge, as well as level of anxiety at mid-intervention, one month and four months upon discharge, and level of depression at four months upon discharge.

The effectiveness of the programme on level of stoma proficiency, the length of hospital stay and quality of life were not statistically significant in this pilot study. However, as compared to the control group, higher percentage of participants in the intervention group had achieved stoma proficiency at most pre- and post-operative time points, and participants in the intervention group reported significant reduced depression and increased quality of life across four time points.

The process evaluation qualitative interviews were conducted on 13 patients in the intervention group. The findings revealed that all participants were satisfied with the programme and expressed improvement in all five aspects including confidence in carrying out stoma care, knowledge in stoma care, acceptance of stoma, psychological well-being and quality of life. The qualitative findings also found that patients' positive attitude influenced their acceptance of stoma. Patients were better prepared mentally before surgery, had increased confidence level and improved positive attitude, as well as

enhanced knowledge in the stoma management. They also highlighted the feeling of being cared through the programme. The strengths of the programme included the information of available support resources and provision of follow-up care after discharge. Recommendations for future improvement of the programme included more comprehensive information and other alternative strategies of carrying out the programme.

Q: Any education brochure or App/video is available so that the patients can benefit from this programme?

A: An education booklet entitled “STOMA psychosocial intervention programme. A guide for patients undergoing colorectal surgery with stoma formation”, both in English and Chinese versions, was developed and available so that the patients can benefit from this programme.

Q: Do you have any advice for the people living with stoma?

A: Due to the physical and psychosocial challenges faced, people living with stoma need to: (1) learn more knowledge about self-management of the stoma in order to improve the confidence and stoma care ability; (2) learn to hold positive attitude to live a life with stoma with acceptance, and learn to find own strengths, stay happy and resilient in overcoming challenges; and (3) learn how and where to find support from health care professionals, family members and friends and stay connected with other people with high self-esteem.

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Researcher portfolio



This study was completed by the team led by Dr He Hong-Gu, who is an Associate Professor from National University of Singapore. A/Prof He’s research interests include the development and examination of complexed psychosocial/psychoeducation/educational intervention programmes for various groups of people through multidisciplinary collaborations, such as people with chronic illnesses (e.g. cancer, end-stage renal disease, and rheumatoid arthritis), perinatal women and their partners, children and their caregivers, with the purpose of improving the quality of care and improving health outcomes of these people. Dr He’s interest has extended to the use of technology to support these intervention programmes so as to provide cost-effective, accessible and sustainable programmes to needy people.

The team members included Dr. Lim Siew Hoon and Ms. Ong Choo Eng from Singapore General Hospital, Dr. Lai Jiunn Heng from Mount Elizabeth Medical Centre, as well as Prof. Sally Chan Wai Chi from the University of Newcastle, Australia. Mr. Aloysius Chow and Dr. Zhu Lixia helped with the data collection.