

Nutritional Assessment and Therapy

Creating a holistic approach to care for people with ostomies: The role of the dietitian

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Introduction: Many patients who experience conditions such as colorectal cancer or inflammatory bowel disease may require an intestinal ostomy. Individuals living with ostomies undergo an adjustment process after surgery including changes in physical abilities, relationships, body image, sexuality, relationship with food, and social activities. While researchers encourage health care providers to assist patients as they adjust and learn to cope with changes, there are few guidelines to help dietitians address the psychosocial concerns of patients with ostomies as it relates to food and eating.

Objectives: The purpose of this project is to better understand how to offer relevant and effective dietetic counselling for people with ostomies. This study was designed to allow us to describe the current practices of dietitians who counsel people with ostomies and their interactions within their interdisciplinary health care team.

Methods: We conducted semi-structured interviews with 21 health care providers (HCPs) and community partners who care for and support people with intestinal ostomies in NL, including registered dietitians, surgeons, oncologists, gastroenterologists, ostomy support group leaders, and nurses specialized in ostomy care. Interviews were transcribed verbatim, and data were thematically coded and analyzed using Nvivo software.

Results: Dietitians had a similar focus of patient education during their initial visits with patients who have ostomies. However, the frequency and focus of follow-up with patients depended on the health care setting (in-patient versus out-patient care, urban versus rural) and the disease of the patient population (cancer versus inflammatory bowel disease). Other HCPs noted similar differences between cancer care and treatment of other diseases, including complexities of the referral system depending on the patient population. Dietitians who provided follow-up care discussed the anxieties of people living with ostomies and their subsequent food restriction. HCPs and support group leaders expressed concern for the lack of supports and resources in place to help patients adapt to life with an ostomy.

Conclusions: People with ostomies undergo an adjustment process after surgery, which can be stressful for patients and affect their eating patterns. Food restriction and avoidance are common issues amongst patients during adjustment and further psychosocial training and support is needed to improve patients' experiences. Our findings also indicate that there may be gaps in health care services for patients with an ostomy due non-cancer bowel disease.

Significance: Dietitians play a key role in increasing the confidence and self-management ability of patients with ostomies, and an increase in confidence is an important factor of adjustment to living with an ostomy. Our research informs us of how dietetic care is provided to people with ostomies and highlights gaps in services.