IMPROVING OSTOMY ADJUSTMENT WITH POST-DISCHARGE EDUCATION
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INTRODUCTION
Over 1,000,000 individuals live with an ostomy in the United States. Of these, an estimated 130,000 new ostomies are created annually. Thirty to sixty percent of ostomates will experience at least one skin complication. Time for educating new ostomates has decreased due to shortened hospital stays. Specialized post-discharge education with an ostomy nurse can be rare. Without education, ostomy patients can experience poor adjustment and care uncertainty.

PURPOSE
To improve ostomy adjustment utilizing a post-discharge ostomy education program

METHODOLOGY
A descriptive design quality improvement project using Mishel’s Uncertainty in Illness theory was done over 4 months at a suburban surgical office. New ostomy education was provided to ileostomates and colostomates postoperatively. They were again seen within two weeks of discharge and given education designed by the WOCN Society. Ostomy adjustment was evaluated two weeks following education using the Ostomy Adjustment Inventory-23 (OAI-23). For comparison data, the OAI-23 (figure 1) was administered to new ileostomates and colostomates who received their ostomy 3 months prior to the start of the project.

FINDINGS
There was the same sample size in pre-implementation and post-implementation cohorts (N=12). The mean OAI-23 scores for education cohorts were similar (M pre=46.7; M post=46.3). There was less variation of mean scores for patients receiving ostomy education (M=49.5-51.5). The lowest OAI-23 scores were reported by patients not receiving post-discharge ostomy education, having an ileostomy, or having a temporary ostomy. Higher ostomy adjustment scores were obtained sooner with post-discharge education.

DISCUSSION
Protocols should be established to provide new ostomates education in ostomy care at the first post-discharge visit. Later follow-up should be done to improve ostomy adjustment. The small sample size, project timeframe, and urostomy exclusion makes generalizability difficult. Post-discharge education will decrease patient costs due to excessive product use and potentially decrease hospital costs due to repeat admissions. Patient satisfaction and outcomes will increase with post-discharge education.

Figure 1: OAI-23 Inventory


Thank you to Drs. Dianne Marshburn and Brian Schmidt for their assistance with this project.