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Qualitative exploration of home life experiences and care needs among elderly patients with temporary intestinal stomas

Si-Meng Wang, Jian-Ling Jiang, Rui Li, Juan-Juan Wang, Chun-Hong Gu, Jia Zeng, Xiao-Hui Wei, Mei Chen

Abstract

BACKGROUND
This study employed a phenomenological research approach within qualitative research to explore the challenges encountered by elderly individuals with temporary colostomies in managing their daily lives and care needs. Protecting the anus surgery combined with temporary colostomy has emerged as a prevalent treatment modality for low rectal cancer. However, the ileostomy is susceptible to peri-stoma skin complications, as well as fluid, electrolyte, and nutritional imbalances, posing challenges to effective management. The successful self-management of patients is intricately linked to their adjustment to temporary colostomy; nonetheless, there remains a dearth of research examining the factors influencing self-care among temporary colostomy patients and the obstacles they confront.

AIM
To investigate the lived experiences, perceptions, and care requirements of temporary colostomy patients within their home environment, with the ultimate goal of formulating a standardized management protocol.

METHODS
Over the period of June to August 2023, a purposive sampling technique was utilized to select 12 patients with temporary intestinal stomas from a tertiary hospital in Shanghai, China. Employing a phenomenological research approach, a
semi-structured interview guide was developed, and qualitative interviews were conducted using in-depth interview techniques. The acquired data underwent coding, analysis, organization, and summarization following Colaizzi’s seven-step method.

RESULTS
The findings of this study revealed that the experiences and needs of patients with temporary intestinal stomas can be delineated into four principal themes: Firstly, Temporary colostomy patients bear various burdens and concerns about the uncertainty of disease progression; secondly, patients exhibit limited self-care capabilities and face information deficits, resulting in heightened reliance on healthcare professionals; thirdly, patients demonstrate the potential for internal motivation through proactive self-adjustment; and finally, patients express a significant need for emotional and social support.

CONCLUSION
Home-living patients with temporary intestinal stomas confront multifaceted challenges encompassing burdens, inadequate self-care abilities, informational deficits, and emotional needs. Identifying factors influencing patients’ self-care at home and proposing strategies to mitigate barriers can serve as a foundational framework for developing and implementing nursing interventions tailored to the needs of patients with temporary intestinal stomas.

Key Words: Elderly; Temporary intestinal stomas; Life experiences; Intestinal ostomy complications; Qualitative study

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Core Tip: This study delves into the obstacles encountered by elderly individuals with temporary colostomies, with a particular focus on the complications affecting the skin around the stoma and the challenges associated with maintaining proper fluid, electrolyte, and nutritional balance. While effective self-management is crucial, there is a noticeable gap in research examining the factors that influence self-care and coping mechanisms. The findings highlight the significant burdens, insufficient self-care abilities, informational deficits, and emotional needs experienced by these patients at home. Identifying the key determinants of self-care and proposing effective coping strategies can significantly contribute to the development of personalized nursing care plans. Moreover, the study emphasizes the importance of providing enhanced informational support, utilizing social resources, and improving the quality of post-discharge assistance to adequately address the diverse needs of individuals with temporary colostomies.

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INTRODUCTION
Colorectal cancer stands as a prevalent malignancy within the digestive system, ranking third globally in incidence and second in mortality, as reported by the 2020 Global Cancer Report, with respective proportions of 10.0% and 9.4%[1]. Notably, for cases of low rectal cancer[2], sphincter-preserving surgery combined with temporary intestinal stomas has emerged as a common therapeutic approach. This method aims to divert fecal flow and mitigate the occurrence of anastomotic leakage post-surgery[3]. With escalating treatment demands, there has been a notable increase in the number of patients necessitating temporary stomas. Although the closure of temporary intestinal stomas is generally successful, the median duration for stoma reversal is 148 d (equivalent to 5 months)[4], with 24% of patients eventually transitioning to permanent intestinal stomas due to varied reasons[5]. Research underscores the intimate correlation between the success of stoma reversal in temporary intestinal stomas and patients’ self-management[3]. Hence, effective self-management among patients with temporary intestinal stomas is pivotal. With advancements in fast-track recovery surgical techniques, the hospitalization duration for stoma patients has significantly shortened, leaving only 29.1% of patients fully self-sufficient before discharge[6]. As stoma care transitions from hospitals to homes, compounded by the prevalence of ileostomies in temporary intestinal stomas, which yield copious excrement rich in digestive enzymes, challenges such as peristomal skin issues, water-electrolyte imbalances, and nutritional deficiencies are prone to manifest [7]. Especially for older adults, challenges in memory decline and visual changes may increase the complexity of caregiving. Presently, research on rectal cancer patients predominantly focuses on the status quo of permanent intestinal stomas, interventions to enhance patient health outcomes, and the application of relevant theories in permanent stoma patients. Identifying factors influencing self-care among patients with temporary intestinal stomas and devising strategies to surmount self-care barriers can furnish practical evidence to augment the self-management capabilities of temporary stoma patients in China, thereby facilitating the formulation and implementation of stoma care protocols. Consequently,
MATERIALS AND METHODS

Study subjects
A purposive sampling method was utilized to select patients with temporary intestinal stomas who attended follow-up consultations at the colorectal surgery outpatient department and wound ostomy outpatient department of a tertiary hospital in Shanghai, China, between June and August 2023. Inclusion criteria comprised: (1) Age ≥ 60 years old; (2) Pathological diagnosis of rectal cancer with temporary stoma surgery performed; and (3) Willingness to participate in the study. Exclusion criteria included: (1) Cognitive impairment or language communication barriers; and (2) Presence of other tumor types, tumor recurrence, or metastasis. Sample size determination was guided by information saturation. Ultimately, 12 patients were selected for interviews, labeled in sequence from “N1” to “N12”. Among them, there were 10 males and 2 females, aged 60 to 77 years old, with stoma creation performed 2 to 10 months prior. The general characteristics of the interviewees are presented in Table 1.

Development of interview outline
The initial interview outline was drafted by reviewing relevant literature in alignment with the research objectives. Subsequently, the outline underwent revisions following consultations with an ostomy therapist and a clinical nursing expert specializing in colorectal surgery. Furthermore, pre-interviews were conducted with two postoperative patients having temporary intestinal stomas to enhance the refinement of the interview outline. Consequently, the final interview outline was formulated to facilitate semi-structured interviews with participants, aiming to delve into their perceptions and self-management experiences regarding temporary intestinal stomas during the home care phase. The interview outline encompassed the following topics:

- Could you describe any physical and psychological changes you encountered following stoma surgery?
- What challenges have arisen post-stoma surgery, and how did you manage them?
- Who currently takes primary responsibility for stoma care? Are you capable of independently performing stoma bag cleaning and replacement?
- What are the primary issues you currently face in stoma care?
- What are your considerations regarding future life and work?
- What forms of support and assistance do you feel are most crucial?

Data collection methods
Data were gathered utilizing a semi-structured interview methodology. Prior to the interviews, communication was initiated with the patients to coordinate the timing and location of the interviews. The interviews were conducted face-to-face in a quiet, private office setting. Researchers introduced themselves prior to the interviews and elucidated the interview’s purpose to the patients. Upon obtaining consent from the patients, the interviews were audio recorded and documented on paper, with assurances of confidentiality. Establishing a comfortable atmosphere throughout the interview process was deemed crucial. The interview content adhered to the interview outline. Seven skills, including questioning, probing, listening, paraphrasing, and responding, were utilized during the interviews, with careful attention paid to non-verbal cues such as tone, facial expressions, and body language[6]. Patients were encouraged to express their thoughts and experiences openly. Each interview session was limited to a maximum duration of 30 min. At the conclusion of the interviews, no novel themes emerged, signifying data saturation.

Data analysis methods
Within 24 h following the conclusion of the interviews, audio recordings were transcribed into written text, and the interview data were refined with reference to the transcripts. During the data analysis process, the real names of the interviewees were concealed and replaced with identifiers. The analysis employed the Colaizzi 7-step method[9], which involved a meticulous review of the original data to extract phrases or sentences relevant to the themes. The specific analysis steps comprised: (1) Immersion in the material to obtain a comprehensive understanding; (2) Identification of meaningful statements or descriptive sentences; (3) Organization of meaningful statements into coherent units; (4) Categorization and summarization of coherent units to identify common themes; (5) Detailed description of each theme, summarizing its characteristics and essence; (6) Derivation of a basic structure from the detailed descriptions, elucidating the core content; and (7) Verification of the accuracy and completeness of the basic structure through feedback. Upon completion of the data analysis, the research findings were presented to the interviewees for validation to ensure the accuracy of the information.

Ethical considerations
Prior to enrollment in the study, careful consideration was given to obtaining written informed consent from all research participants. Participants were informed of their right to refuse participation or withdraw from the interview at any time. Additionally, confidentiality of all participant data was strictly maintained throughout the study.

This study adopts a qualitative research approach to conduct in-depth interviews with 12 patients harboring temporary intestinal stomas, aiming to discern how these specific cohorts navigate life adjustments and articulate their needs. This endeavor will furnish empirical insights and direction for clinical nursing personnel in crafting appropriate care plans and devising corresponding intervention strategies.
### Results

**Theme 1: Existential burdens and fear of disease progression**

Patients with temporary intestinal stomas undergo a multifaceted experience characterized by various burdens and an apprehension regarding the uncertain trajectory of their illness.

**Disruption of daily life due to specific symptoms of anal and ileostomy:** Patients encountered significant disruptions in their customary routines attributable to the distinct symptoms associated with anal and ileostomy. Postoperatively, patients reported experiencing a spectrum of symptoms including wound pain, infections, chemotherapy-related side effects, and stoma-related complications.

> I have no control over my bowel movements, and the wound aches whenever the weather turns cloudy (N3).

> The chemotherapy drugs leave me feeling fatigued all day long, rendering me bedridden. Despite sleeping throughout the day, I still lack energy and cannot engage in any activities (N11).

> I often observe my stoma, sometimes it feels enlarged or swollen, and now it seems slightly prolapsed. I wonder if this indicates a problem (N8).

Additionally, challenges such as incontinence dermatitis around the stoma, exacerbated by inadequate care or climatic conditions, significantly distressed patients.

> The scorching weather exacerbates dermatitis despite frequent changes of the stoma bag (N4).

Many patients struggled with timing stoma bag changes, particularly at night, impacting their sleep quality.

> I sleep poorly at night and have to change the bag immediately if there’s an issue. Otherwise, I feel psychological pressure, fearing the bed will become soiled. The anxiety prevents me from falling back asleep, and I must get up multiple times during the night, only catching up on sleep in the morning (N4).

I can only sleep on one side at night, otherwise, the feces won’t pass through (N11).

Furthermore, some patients faced limitations in basic physical activities post-stoma surgery, such as squatting, bending, or exerting force, significantly altering their daily routines.

> I’m apprehensive about lifting anything heavy for fear of causing stoma prolapse. I often refrain from lifting and wait for assistance from family members (N12).

**Negative emotional responses accompanying physical and mental health challenges:** The presence of intestinal stomas alters both the body’s physical structure and its excretory pathways, resulting in challenges in returning to normal social activities post-surgery. Additionally, patients grapple with issues such as pain, fatigue, disruptions in sleep quality, and disturbances in self-perception. These factors contribute to the emergence of prevalent negative emotions, including anxiety, depression, and feelings of loneliness[10].

> The discomfort is unbearable. I’m frustrated with this stoma. I feel unlucky to have this disease (N1).

> The family doctor dismissed it as just a stomachache and prescribed some medicine. If it had been diagnosed earlier, things might have been better. I hold resentment toward that family doctor (N3).

Confronted with the repercussions of inadequate stoma care, patients experience fear and a sense of helplessness.

Initially, it leaked every day, and I cried every day at home. I couldn’t sit or sleep. I was particularly anxious, fearing that the condition wouldn’t improve. My family members also voiced their dissatisfaction. They felt it would have been better without surgery, but following the procedure, the situation deteriorated, with leaks everywhere, necessitating frequent changes of the bed sheets (N8).
Furthermore, beyond the direct burden of the illness, family members also endure the impact of the patient’s negative emotional state.

When I feel unwell, my mood sours, leading to friction with my family (N1).

I visit the hospital twice a week. At home, it’s always my wife assisting me. I have to empty it 7 or 8 times a day, always anxious about leaks. My entire family is worn out from dealing with my illness (N4).

**Constraints on social interaction:** Post stoma surgery, patients lose the ability to defecate autonomously, and the leakage and unpleasant odor from the stoma frequently result in feelings of reduced self-esteem and shame.

I’m hesitant to socialize. After meals, the discharge quickly emerges from the stoma. Changing it in public is inconvenient, and there’s an odor. Only when I no longer have the Peripherally Inserted Central Venous Catheters (PICC) line and stoma can I lead a normal life (N6).

Treatment-related factors prompt some patients to avoid or fear exposure, thus limiting their social interactions.

We don’t socialize much now; we simply converse more with fellow patients. I’m reluctant to inform relatives and friends. If they find out, they’ll inquire, which exacerbates my discomfort (N5).

I try to minimize social engagements now. I fear standing for extended periods, fearing stoma prolapse. Mentally, I resist. I prefer solitude when unwell, seeking only rest (N10).

Regular stoma bag changes and challenges in managing diet outdoors further curtail patients’ outdoor activities, particularly long-distance travel.

This stoma bag poses challenges. I’m hesitant to travel. Although others encourage me, I remain apprehensive. I fear it’ll be cumbersome, inconveniencing others, or tarnishing my image (N12).

**Fear of cancer recurrence:** Patients exhibit sensitivity to subtle changes and discomfort in their bodies, experiencing fear and concern regarding the potential recurrence of cancer or the repercussions of inadequate stoma care during the reversion period. This perception of unpredictability leads to uncertainty about the disease[11].

I am concerned about the possibility of cancer recurrence and metastasis, which weighs heavily on my psyche. I fear that any bodily discomfort may signify metastasis, creating a psychological burden. As cancer survivors, we understand that any misstep could lead to its spread and recurrence elsewhere, compounding the difficulties (N5).

Initially, I managed my emotions well, but as time passed without reversion, my anxiety grew. The prospect of being unable to revert worries me greatly. If there is no improvement, I fear being tethered to a stoma bag for the remainder of my life. What kind of life quality would that entail (N12)?

**Theme 2: Patients’ limited self-care abilities and insufficient information leading to excessive dependence**

**Patients lack disease-related knowledge, resist learning new information, and overreliance on healthcare professionals:**

Managing an ileostomy poses significant challenges, particularly for elderly individuals who may experience fatigue and a sense of helplessness due to factors such as advanced age, diminished memory, and inadequate coping abilities[12].

The elderly gentleman struggles to change the stoma properly; it often leaks. He hasn’t bothered to learn. Besides, he’s only wearing it temporarily for three months; he’ll revert next month. Learning seems pointless (N7).

Some patients living alone encounter difficulties in self-care due to factors like the stoma’s low position and challenges in performing personal tasks.

I can’t manage to change the stoma bag on my own. The stoma sits low and is hard to see. Aligning it correctly is a challenge. I rely on a mirror to assist. If not done properly, it leaks, creating a mess on the bed (N6).

Insufficient self-care skills prompt patients to hesitate in performing tasks independently, resulting in a heavy reliance on healthcare professionals for assistance.

I attempted to change it myself, but it leaked. It’s too bothersome. I lack understanding of this. If I make a mistake, I don’t want to handle it. I’ve lost interest in learning. Whenever issues arise, I simply turn to you guys (N1).

The most inconvenient aspect is dealing with the stoma bag. I’m unsure how to handle it. I visit the stoma clinic for changes, which provides a sense of security. Although the nurse provided guidance, I still harbor apprehensions. If I cut it too small, I fear it may block the stoma; if too large, it might lead to leakage. I’ve experienced leaks before, resulting in skin irritation. It took two weeks of care here before it healed (N9).

**Patients exhibit insufficient comprehension of the disease, and the reliability and scientific rigor of information sourced from the Internet remain ambiguous:**

The majority of rectal cancer patients are elderly individuals who encounter difficulty in distinguishing trustworthy information from the myriad of intricate online resources.

In today’s world, accessing such content on your phone is effortless. Even if you’re not affected by this disease, you’re bound to come across it. Once big data identifies my interest in this content, it continuously pushes similar content to me. I typically acquire knowledge from platforms like TikTok, Kuaishou, and Toutiao. Initially, I had no fear whatsoever. When I received my initial diagnosis, I was completely unaware of its implications. My mindset was, “Just undergo the surgery. What’s the worst that could happen?” Inevitably, humans will succumb to mortality. However, as I listened to the doctors and perused various online opinions, the psychological burden began to mount. I gradually recognized the severity of this disease (N7).

**Theme 3: Temporary intestinal stoma patients elicit intrinsic motivation through active self-adjustment**

**Patients foster positive expectations, and express gratitude for received support:**

Temporary stoma surgery imbues patients with optimistic expectations regarding their disease recovery, mitigating pessimism and excessive rumination. Therefore, they feel fortunate and content, expressing appreciation to healthcare professionals for their invaluable support.
Wang SM et al. Temporary colostomy patients’ care needs

guidance on treatment. I focus on positive aspects. It’s already like this. There’s no point in worrying excessively. We’ll manage as it unfolds. Besides, many people live with lifelong stomas. With advancements in medicine, preserving the anus is already commendable. It’s quite a burden to wear this for life (N5).

The doctor mentioned that I’m eighty percent through. My cancer cells haven’t spread, and it was detected early. If it had been discovered late, it would have been in the advanced stage. I’m thankful to the doctors here (N9).

My family notices my good progress, so they’re not overly saddened. I’m able to cook now, and I can even go out for a walk. It’s just inconvenient to be exposed to cold water (N4).

Patients proactively seek avenues to comprehend disease-related information.

Should I cleanse the stoma with tap water or boiled water? What does my intestine look like after intestinal stoma surgery? Is it normal to occasionally experience sticky discharge from the anus after having a stoma (N2)?

**Intense desire for reversion:** The distinctive characteristics of temporary intestinal stomas, coupled with the traditional value of preserving bodily integrity, lead all patients to eagerly anticipate resuming normal life after stoma reversion.

The doctor mentioned that if my physical condition improves, I might revert earlier. I am eagerly looking forward to reverting on the same day (N8).

I simply wish to revert as swiftly as possible. Once reverted, I will no longer have the PICC line and stoma, allowing me to live just like any other person (N4).

**Theme 4: Strong emotional and social support needs among temporary intestinal stoma patients**

**Importance of family support:** Patients express a strong need for care and understanding from their families, as they find salve and a sense of belonging through this support network. Family support emerges as a crucial lifeline for most patients following their diagnosis.

I’m quite content with life; my family takes excellent care of me (N1).

My family doesn’t burden me; they rise early every morning. Normally, I handle the grocery shopping, but since falling ill, they’ve taken over. They also manage the laundry. Whenever I experience leaks, it’s my daughter who assists with changing. They even handle purchasing my medications. I feel incredibly fortunate (N5).

I’m rather satisfied with life. Although my children are grown, they still make time to visit whenever they can (N9).

Patients encounter insufficient preparation for the transition period, seeking professional guidance from healthcare providers:

As advancements in rapid recovery medicine progress, patients are often discharged from hospitals earlier, frequently lacking comprehensive understanding of the various stages of their illness. Consequently, they find themselves unprepared for the transition period. Patients earnestly seek professional advice from healthcare providers to address queries arising during their care.

I’m unsure about what to anticipate post-reversion. I hope to engage with doctors and nurses at that juncture to understand the necessary precautions (N7).

When seeking assistance, I’m uncertain whom to approach. During stoma reversal, I hope for increased communication with patients regarding issues like stoma-related pain. I’m unsure whether to consult the doctor or the stoma nurse. I feel lost and have to navigate through it alone (N10).

Patients grappling with anxiety during their illness urgently require support and reassurance from healthcare providers.

Initially, preserving the anus seemed unfeasible, but after chemotherapy, the lesions diminished, presenting an opportunity for treatment, hence the surgery (relief). I was deeply distressed, but it was the nurses who instilled confidence in me. They consistently reassured me, alleviating my worries. Only then did I experience some relief. Now, they affirm that I’ve made significant progress, and with no more leaks, my emotions have stabilized (N9).

Patients’ expectations of adequate stoma care resources from relevant departments to meet healthcare needs:

Inadequate social support fails to meet the healthcare needs of patients. Combined with limited avenues for information retrieval and relatively insufficient coping abilities, not all patients can access stoma nurses in the community after discharge. Patients who are unable to obtain stoma care attempt to resolve issues independently, leading to severe complications around the stoma site.

My home is far away, and it’s inconvenient to travel back and forth. So, I made an appointment with a stoma nurse online for home service to help me change the stoma bag. However, the situation worsened with each change. Eventually, my skin became inflamed, and I had to consistently return to the hospital for changes. Each trip takes a long time. It would be beneficial if home services were available, even if they were more costly (N5).

Patients often have to commute long distances for stoma maintenance.

The nurse is outstanding. I have no complaints. I live in Qingpu and still travel this far for changes. The round trip costs over a hundred yuan. I was referred by others. I had used home services before, but I experienced leaks every other day, and my skin became sore. However, everything is fine now (N7).

Patients look forward to more comprehensive medical services to receive timely care and treatment to prevent worsening of their condition.

It would be ideal if the stoma clinic were also open in the afternoon (N5).

The hospital is overcrowded, and there is a shortage of beds. My stoma reversion surgery has been postponed. I’m worried about developing a hernia next to my stoma. Now, the surgery has been delayed again. If my condition worsens and I can’t revert, what should I do (N12)?
DISCUSSION

Psychological burden on temporary intestinal stoma patients: need for dynamic assessment and personalized care strategies

Temporary intestinal stoma patients bear a significant psychological burden, necessitating dynamic assessment and the application of tailored care strategies. The effluent from ileostomies contains high levels of digestive enzymes, which can provoke strong irritation of the peristomal skin, leading to inflammation. Moreover, patients often endure heightened symptom burden and diminished self-esteem during postoperative chemotherapy, characterized by fatigue, weakness, nausea, vomiting, pain, discomfort, and physical changes[13-15]. Consequently, they frequently lack the capacity for self-management.

In light of this, healthcare providers must conduct ongoing assessments to accurately discern the evolving needs of patients at different stages. Establishing a cohesive and structured care environment for patients, encompassing stoma management, post-stoma reversion care, and informational support, is paramount[16]. This can be achieved through the development of customized discharge plans, chemotherapy schedules, and continuous follow-up strategies tailored specifically to temporary intestinal stoma patients[17]. Proactive communication with patients about potential adverse reactions at various stages and the corresponding management strategies is vital to ensure patients receive comprehensive care from admission to discharge. This comprehensive approach aims to enhance the health outcomes of temporary intestinal stoma patients and facilitate their smooth reversion process.

Enhancing the positive impact of temporary colostomy and improving patient health education

This study revealed that patients undergoing temporary colostomy demonstrate a significant inclination towards stoma reversal. Influenced by traditional Chinese cultural beliefs, temporary colostomy surgery contributes to achieving a degree of bodily integrity for patients, thereby notably alleviating the psychological burden on both patients and their families in comparison to permanent colostomy. Consequently, healthcare practitioners should closely observe the positive implications emerging from patients and their caregivers during the adaptation period, promptly recognizing the advantageous transformations occurring and encouraging active expression of emotions to bolster positivity. Nonetheless, throughout this process, it remains crucial to provide patients with comprehensive insight into potential physical alterations following stoma reversal surgery, including manifestations such as diarrhea, increased bowel movements, and fecal incontinence. This proactive approach aims to prevent patients from forming inaccurate assessments regarding potential complications associated with bodily functions.

Strengthening information support, mobilizing social resources, and enhancing the quality of subsequent assistance and services

Patients’ perspectives on temporary intestinal stomas are often significantly influenced by misinformation. However, due to limited abilities to seek and discern valid information among the elderly, they may easily succumb to feelings of fear, despair, and pessimism. To tackle this challenge, organizing educational workshops[11] can prove beneficial. These workshops can introduce a range of topics including rectal cancer treatment and prognosis, stoma bag replacement techniques, daily stoma care, dietary recommendations, identification of abnormal changes around the stoma and peristomal skin, and management of both early and late stoma complications[16,18]. Additionally, guidance on identifying and coping with Low Anterior Resection Syndrome post-stoma reversion, postoperative pelvic floor muscle rehabilitation exercises, and other strategies can aid in patients’ post-reversion recovery.

Furthermore, it is imperative to refine the format, timing, and content of health education, utilizing diverse methods such as stoma model tools, educational handbooks, video demonstrations, etc., to ensure patients acquire essential stoma care skills. This approach empowers patients and their caregivers to scientifically understand and address temporary stoma-related challenges, thereby facilitating adaptation to their lives. For patients encountering difficulties in accessing and utilizing disease care-related resources, establishing an informative website is recommended. This platform can feature engaging graphics and text concerning stoma care knowledge, provide trustworthy information on stoma nurses capable of offering home services as recommended by local community nursing teams, and create a referral page for stoma nurses within specific geographic areas. Additionally, it can showcase contact information for stoma nurse resources that patients can leverage when transitioning to the community, thereby enhancing patients’ access to medical services.

Moreover, for elderly patients who may not be comfortable using the internet, offering assistance hotlines to inform them of available support for non-emergency situations can prove invaluable. These hotlines can serve as a vital resource in aiding patients in overcoming stoma care barriers and reducing the incidence of stoma-related complications.

Strengths and limitations

Strengths: This study employs qualitative research methods, highlighting the unique perspective of temporary colostomy patients, exploring their experiences and coping strategies during home care. Through face-to-face communication, it delves into the challenges, difficulties, and needs encountered by temporary colostomy patients in self-care, adding new dimensions and depth to the field of study.

Limitations: However, this study has some potential limitations. Firstly, insufficient sample size may limit a comprehensive understanding of the research phenomenon, leading to an inability to cover all the diversity and complexity. Secondly, the proportion of male patients in the sample is significantly higher than that of female patients, which may result in the research outcomes being more inclined to reflect the experiences of male patients, while neglecting the
unique needs and experiences of female patients, potentially causing gender bias and impacting the applicability and generalizability of the research. Future studies should consider increasing the sample size and the number of interviews with female patients. Given the recruitment of patients with varying durations post-surgery, potential recall bias may be present. Thus, healthcare providers should delve deeper into the evolving nature of patient needs over time to inform enhancements in nurse training. Future investigations could delve into unmet patient needs, as well as explore the interplay between emotional adaptation and disease self-management, with the aim of mitigating barriers encountered during the transitional phase following temporary intestinal stomas.

CONCLUSION

Temporary intestinal stoma patients encounter a range of challenges in their daily lives, encompassing burdens, limited self-care capabilities, and informational deficits. Moreover, they express a pronounced need for emotional and social assistance, resulting in a spectrum of requirements for home-based care. To enrich their well-being, healthcare practitioners should prioritize coping strategies, actively evaluate patient concerns across different phases, establish a cohesive and structured care milieu, aid in discharge readiness, and devise post-discharge plans to facilitate stoma adjustment. Additionally, leveraging social networks and refining subsequent aid and services can address the multifaceted needs and coping mechanisms of patients.

FOOTNOTES

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