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Stoma & Colorectal Nursing
Oxford Radcliffe Hospitals
NHS Trust
Research Project

- MSc Advanced Nursing Practice/ Nurse Practitioner at Bournemouth University 2004
Background

- Appointed ORH in 1994 as Clinical Nurse Specialist in Stoma Care
- ORH large tertiary referral centre seeing many new ostomists each year, this figure steadily rising.
Background

- Late in 20th century saw revolutionary surgical advances within colorectal sphere

- 1978 Parks & Nicholls modified internal pouch, previously experimented by Ravitch in 1947 on dogs!

- 1984 1st ileo-anal pouch formed in Oxford
Ileo-anal pouch developments

- Shape S, W or J
- Staged approach – 1, 2 or 3 stages
- Ileostomy v No ileostomy
- Mucosectomy v No mucosectomy
Ileo-anal pouch developments

No stoma

No access to Clinical Nurse Specialist, stoma care

Lack of support generally

1991 – Kangaroo Club was borne

1993 - ia became Ileostomy Association and Internal Pouch support group
Common concerns

- Peri-anal skin soreness
- Ineffective emptying
- Peri-anal itching
- Dietary concerns
- Slight incontinence
- Frequency
- General anxieties
- Sexual function
Nurse-led ileo-anal pouch clinic

- Initial questionnaire to patients
- Advanced training of CNS
- Designated clinic space
- Administration of clinic, careful liaison
- Referral guidelines
MSc thesis???
The ileo-anal pouch procedure is now viewed as the operation of choice for those individuals with a diagnosis of Ulcerative Colitis and Familial Adenomatous Polyposis.

Hypothesis

What is the individuals perception of their own quality of life following ileo-anal pouch formation?
“A living experience”
National Council 2007
Bristol

Working Together – The Next 50 Years
Research process

- Phenomenological approach
- Interviewed the 6 volunteers over summer 2007
- 3 male, 3 female subjects
- Interviews transcribed into narratives which were then analysed
Concurrent Themes

• Information prescription/Lack of support
• Seeking control
• Fertility and Fecundity
• Role and Relationships
• Employment
• Diet
Information Prescription

Support and lack of support from health care professionals

Lack of knowledge and understanding from health care professionals and others Eg. Insurance companies,

Advocacy for fellow sufferers and “pouchies”

Uncertainty for future

Value of support groups
Seeking Control

Making the decision

Cessation of steroid therapy

High motivation

No guarantees, uncertainty

Dietary modifications
Role and Relationships

Fertility and Fecundity
Feelings of being inadequate whilst ill

Employment
Jubilant, following successful ileo-anal pouch surgery
Diet

50% individuals modify their diet

Not adequately discussed by Health Care Professionals

Attitudes towards food

Lack of literature regarding diet
“A living experience”
Huge thanks to:

Ileostomy association and internal pouch support group
Kangaroo Club
Hollister Inc

Special thanks to the subjects who volunteered for this research