

# *Assessment of Knowledge, Practice & Attitude For Colostomy Patients*

## **Thesis**

*Submitted for Partial Fulfillment of The  
Requirement of The Master Degree  
In Community Health Nursing*

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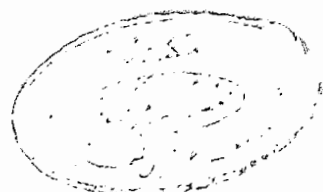
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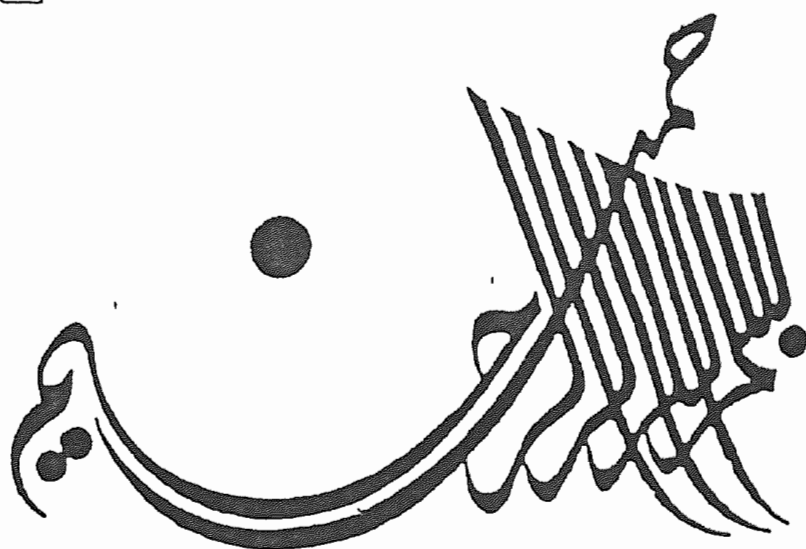
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قَالُوا

سُبْحَانَكَ لَا عِلْمَ لَنَا إِلَّا بِمَا غَلَمْتَنَا  
إِنَّا أَنْتَ الْعَلِيمُ الْحَكِيمُ

صَدَقَ اللَّهُ الْعَلِيمُ

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*Introduction*  
*&*  
*Aim Of The Study*

## Introduction

A colostomy is a temporary or permanent opening created in the large intestine making a connection between the intestine and the abdominal wall through which fecal material is evacuated. Further, it is named according to anatomic location in the colon, ascending, transverse, descending or sigmoid. Colostomies are performed for malformations, cancer, abscesses, fistula, obstructions, perforations or trauma (*Caine and Bufalio, 1991*).

Abdominoperineal surgery, because it results in a colostomy, causes psychological concerns for all patients. These included the control of odors, fecal spillage and flatus, the need for irrigation, the lack of sexual adequacy and desirability. Importance usually follows abdominoperineal resection and should be discussed pre-operatively with the patient and his wife. Post-operative visits of the surgeon should include questions about social contact. This should be early identified before behavior becomes fixed and difficult to change. Instructions in functional care of the colostomy should be intensive, deliberate and given by a well experienced nurse or stomal technician (*Holland & Frei, 1987*).

The nurse should carefully assess the patient's physical condition, emotional and mental attitude toward the colostomy

before attempting to teach ostomy self-care. Individuals need support and knowledgeable advice as they learn to live with their colostomy, an enterostomal therapist, if available, can help the person learn to manage and accept the ostomy, and to achieve a smooth transition from health care facility to home (*Mostromarino and Brattain, 1988*).

Diet is of utmost importance in the management of colostomy because the consistency of the stool and presence of gas and odor depend on the type of food ingested. So patients must learn themselves what balance of food creates. The best consistency of stool with the least amount of gas (*Luckmann and Sorensen, 1987; Elcoat, 1988 and Wesor, 1990*).

The patient who has had colostomy needs a great deal of encouragement, emotional support and instruction. It is advisable that a referral be made to the visiting nursing service for follow-up care in his/ her home after discharge. A visiting nurse can reinforce teaching of care and early detection for stoma complication, teach skin care, control of odor, proper diet self care change of appliance, emotional support, sexual counselling, daily activity and so on (*Rains & Mann, 1988*).

*Kozier and Erb* in 1987 stated that the patient and his family must be informed about community resources. Also rehabilitation

should be based on collaboration among the surgeon, consulting physician staff, social workers and sexual counselling and other specialty services.

## Aim of The Study

To assess knowledge, practice and attitude for colostomy patients.

*Review  
Of  
Literature*