

# No Colon Still Rollin- A Guide to Ostomy Care

## I. Introduction

- A. Colorectal cancer is a major health concern around the world
  - 1. Approximately 1 million people diagnosed yearly
  - 2. Around 700,000 die from malignancy
  - 3. Treatment frequently includes formation of an intestinal ostomy
- B. New ostomy patients face adjustment challenges
  - 1. Depression
  - 2. Anxiety
  - 3. Altered mental image
  - 4. Reduced self esteem
- C. Nurses provide education and follow ups on ostomies to help patients adapt
- D. Face to face education is considered the gold standard, but it is time-consuming and can be impaired by anxiety/pain
- E. Multimedia education is a newer method that imparts knowledge, teaches skills, and encourages self-engagement
- II. **Purpose-** “The aim of this study was to compare the effect of face-to-face versus multimedia education on the adjustment of patients to an intestinal ostomy” (F. Beni et al 2022).

## III. Methods

- A. A randomized controlled trial
- B. Inclusion criteria
  - 1. Have an ostomy
  - 2. Able to read, write and use a computer
  - 3. Adequate speech, hearing and vision
- C. 126 participants included
  - a. 72 male, 56 female
  - b. Age range 18-70 years old
- D. The study included a face-to-face education group, multimedia education group and control group. Participants were randomly assigned.
- E. Face-to-face group
  - 1. Educated individually in the hospital
  - 2. 3-hour sessions for 4 consecutive days
  - 3. Given an educational booklet
- F. Multimedia group
  - 1. Educated individually via a computer while in the hospital
  - 2. Given a guide to using the software
  - 3. Given an educational CD to use at home
- G. Control group received routine care
- H. Ostomy Adjustment Inventory-23 (OAI-23): the instrument used
  - 1. Measured with 23 items under 4 domains: acceptance, anxious preoccupation, anger, social engagement

2. Higher scores indicated better adjustment
3. Used before and after interventions
4. Intervention groups contacted every 2 weeks after discharge for 3 months, then completed the OAI-23 again

#### **IV. Results**

- A. Mean OAI-23 scores were significantly lower in control group than the multimedia group or face-to-face
- B. Mean score of the face-to-face education group was significantly lower than the multimedia group score
- C. Mean score of the anxious preoccupation domain was significantly higher in face-to-face and multimedia education groups than the control group
- D. The mean social engagement score in the multimedia education group was significantly higher than those in the face-to-face education or control groups
- E. The mean score of anger domain was significantly higher in the multimedia group than face-to-face or control groups
- F. Face-to-face education group had a higher mean score under the anger domain than the control group
- G. Face-to-face group
  1. High anxious preoccupation score compared to control group;  $11.29 + 1.84$
  2. Low social engagement score compared to control group;  $9.91 + 2.22$
  3. High anger domain score compared to control group;  $5.39 + 1.60$
- H. Multimedia group
  1. High anxious preoccupation score compared to control group;  $11.11 + 78/1$
  2. High social engagement score compared to control group;  $89.8 + 2.62$
  3. High anger domain score compared to control group;  $6.38 + 1.71$
- I. Adjustment scores
  1. Significantly greater in multimedia education
  2. Significantly higher mean score in face-to-face group than control group

- (Include the results table with the numbers in the power point)

#### **V. Conclusion**

- A. Both techniques improved adjustment scores
- B. Multimedia education resulted in higher adjustment levels than face-to-face education
- C. Multimedia education is the preferred method for nurses to use on ostomy care education

D. Multimedia education allows flexibility with animation, videos, or a combination of text with images compared to the limited use of media in face-to-face education. With multimedia education, learners can get access to information in convenient and comfortable conditions; reducing human resources required in face-to-face education.

**Reference:**

Heidari-Beni, F., Esmailian, S., Yousefi, F., Zarei, M.R., & Farahani, M.A. (2022). Comparison of face-to-face education and multimedia software education on adjustment of patients with intestinal ostomy: A randomized control trial. *Journal of Wound, Ostomy, and Continence Nursing*, 49(2). DOI: 10.1097/WON.0000000000000854.