



STOMA AND BODY IMAGE

People who have had ostomies often have trouble coming to terms with their new body image. Sue Smith talked to a woman with a stoma who still lives life to the full, and Bob Price suggests ways in which nurses can help patients adjust.

Betty Sands was an apparently healthy 51-year-old when she noticed blood in her stools. Three weeks later she had a colostomy. What was her immediate reaction? 'That my husband would leave me', she said, 'and that my two teenage sons would not want to bring girls back to the house and that I should not be able to work any more.'

At that time, 20 years ago, Betty was working full time as a LEA swimming teacher. Her husband had just retired, but they still had a loving relationship and a fulfilling sex life. However, 'he was a squeamish sort of man when it came to blood and things', so she did not think he would be able to cope with her altered body image. When she was in hospital, the ward sister introduced her to a woman who had had a colostomy. Betty was greatly reassured by talking and finding out how someone else had coped and her reaction was: 'If Florrie can cope, then so can I. I've just got to square up to this and work it out.'

She investigated the different kinds of bags and caps for her stoma and found an opaque Hollister cap that she could wear at night. When her husband saw it, he said, 'It just looks like a bit of plaster really. I can cope with that', and they continued to share a bed and make love until he died several years later.

Six months after surgery, Betty returned to teaching. She was scrupulous about hygiene and waste disposal and was dismayed to realise one day that she had rushed off to work leaving a soiled bag in the bathroom. She phoned her son who was at home to be met with the reply: 'Don't worry, mum. I've wrapped it in newspaper and put it in the dustbin' — not her usual method, but he had coped with a situation which the family had accepted as a part of their lives.

Now, 20 years later, Betty has retired, although she still teaches twice a week at the local swimming club and she has taken up competitive swimming again. Since 1985 she has won 73 gold medals, 29 silver and eight bronze. She competed in the

Great North Swim of one mile, winning her category with a time of 35 minutes 53 seconds and in 1990 swam a half-marathon of 2500 metres in a time of 57 minutes 25 seconds.

Betty is an area welfare officer for the British Colostomy Association and feels that, despite the advent of stoma care nurses, personal support is vital for the new ostomy patient. She has been called in to see patients who have decided against surgery because they could not face the ostomy — or felt that their family would not be able to cope. On one such occasion she went to see an elderly woman who was apprehensive about surgery; the ward sister had asked Betty to explain to her family what a colostomy would entail. The next day, the woman decided to have the operation because the family had persuaded her that they would be able to adjust.

Betty has kept her figure and wears smart clothes — quite close fitting — to show herself to her best advantage and also to show people that you do not have to wear maternity clothes if you have a colostomy. Once she was called upon to visit a woman barrister who had refused surgery. The barrister asked her if she really had a colostomy. When Betty said yes, the barrister turned to the nurse and said: 'That's all right then. I was told by a nurse that I should only be able to wear maternity clothes, and I could not bear not to look smart in court.'

But there have been some sad cases of people unable to come to terms with their ostomies. One man could not bear to touch his colostomy and expected his wife to clean him and change his bag. He became completely dependent on her and this fundamentally altered the nature of their relationship. Betty observes that men often find it much more difficult than women to adjust and many take early retirement on health grounds whereas women tend to continue working.

No one is quite sure exactly how many people with ostomies there are within the UK, but what seems certain is that most of them will have suffered varying degrees of altered body image. Community nurses have traditionally borne the brunt of helping patients and relatives adapt to such radical change. This has been because hospital stays are comparatively short (and getting shorter), specialist stoma therapists are thinly spread and overworked and because an altered body image problem often takes time to develop following the physical assault of surgery. By and large, the community nursing response has been typically practical, considerate and flexible. This is a credit to the profession, given the shortfall of body image education for nurses. Nevertheless, it is hoped that this article will help nurses everywhere enhance their care and, most importantly, help patient and family make the adjustment to the new body image following discharge from hospital.

An altered body image occurs when stoma surgery and the fitting of appliances radically adjust the patient's experience of his bowel habits, body contours and body boundary. This change in body as it really is (body reality) necessitates that the patient reviews in his mind his ideal of how his body should look or behave and, in turn, how he dresses and arranges that body so as to feel emotionally comfortable, secure and socially acceptable.²⁻⁴ Such an adjustment takes time and is likely to involve a conscious or subconscious grieving process.⁵⁻⁶ The patient laments the loss of physical control over defecation, a prized symbol of inde-

Betty is delighted to accept referrals from nurses and feels it is her personal experience of coping with the apparently trivial aspects of stomas that patients find reassuring. She once had an urgent call to see a patient and rushed over from school still in her track-suit. Immediately she walked into the room the woman said: 'You've answered the question that has been worrying me — I have always worn trousers to work and was afraid I would not be able to with a colostomy.'

If people have had their ostomies for many years they often lose touch with professionals who can update them on improved products such as more compact bags and odour neutralisers. Betty tells of older people whose families are ashamed of them and who are afraid to go out because of unnecessarily bulky dressings or odour.

Betty still lives life to the full. With a wicked twinkle she said: 'You still haven't asked me the million-dollar question: when you start a new relationship, at what point do you tell your new love that you have a colostomy?' Her own solution, after the death of her husband, was to wait until the new relationship had progressed to the 'snogging' stage. 'I thought: He's going to find out in a minute — I'd better tell him.' Her partner was not disturbed. He already knew someone in the family with a colostomy, and in fact everything turned out fine. Betty admits that relationships can be a tricky area but maintains that if hygiene is scrupulous, odour is avoided and appropriate products are used ostomies need be no bar to a full and enjoyable life. ■

■ The British Colostomy Association can be contacted at 15 Station Road, Reading, Berks RG1 1LB. The Ileostomy Association's address is Ablehurst House, Black Scotch Lane, Mansfield, Notts NG18 4PF. Tel: 0623 08099.

pendent adult status. Furthermore, he has to accept the challenge of excrement (perhaps loose and offensive-smelling) being collected in an appliance on his abdomen. Defecation or, in the case of urostomy, urination is no longer an affair 'out of sight and out of mind'. It requires conscious planning, scrupulous hygiene and a willingness to share at least some intimate knowledge of the problem with loved ones.

Patients accommodating their stoma frequently do not like their body for what it has done to them or the representative of a health service responsible for the surgery. Community nurses have probably all met frustrated and angry patients who are struggling with their stoma care because no one has sat down with them and helped them explore their experiences of altered body image along with the embarrassment and the stigma they associate with it.

How, then, can community nurses begin to balance the priorities of physical stoma care and the patient's need to adjust mentally? In fact, there can be no artificial divisions between physical and mental health care. We can make useful suggestions under four interrelated topics — body reality; body ideal; body presentation; and coping strategies and social support.

Sound hygiene, well-fitted appliances, successful filters and dietary advice are just as fundamental to the patient's body image as his skin condition or general physical health. Through growing expertise the patient develops a confidence in his materials and a trust in the nurse who has recommended them to him. When appliances fail? or