

# Ostomy Care: The Added Considerations for Cancer Patients

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*Commentary on "Principles of Ostomy Management" by Dorothy Doughty, MN, RN, CWOCN, FAAN (page 59).*

**M**s. Doughty provides a thorough summary of the technical aspects of managing bladder and bowel ostomies. Any oncologist or other health care provider who treats patients with genitourinary and gastrointestinal malignancies should keep this article available as a reference. It offers an in-depth review of the types of ostomies, management of different pouching systems, and monitoring for stomal complications. The author also provides specific management guidelines for addressing issues with stomal care that are unique to treating the oncology patient, such as modifying the stomal care in the setting of radiation, managing stomatitis, treating severe constipation, and helping patients with advanced disease to take care of themselves. In addition to including an extensive list of resources and product information, Ms. Doughty also offers a significant amount of information for the provider who does not specialize in wound care.

Along with potential complications of chemotherapy that are discussed in this article, diarrhea and myelosuppression are particularly important considerations for colon and rectal cancer patients during treatment. When caring for a colostomy, a patient may have a significant decline in quality of life if diarrhea occurs. The level of diarrhea experienced by colostomy patients should be assessed according to the amount of increase in loose, watery output and its interference with normal activity. These toxicities should be graded according to the National Cancer Institute Common Toxicity Criteria, and dose adjustments then

should be made to the treatment regimen [1]. The patient with significant diarrhea also may experience some of the secondary problems discussed, including skin irritation or dermatitis.

Myelosuppressed patients also may be open to potential complications related to an ostomy. For patients receiving cancer treatment, skin integrity and wound care must be a primary concern. Adequate assessment of the ostomy site must be addressed at every encounter with the patient. Individuals also must be instructed about signs and symptoms of infection, including erythema or swelling at the ostomy site, purulent drainage, or fevers and chills. Patients should be taught that any of these symptoms requires immediate attention and that their health care providers must be notified as soon as such events occur.

Quality-of-life issues for the ostomy patient also are very important. A nonrandomized prospective study compared the self-reported quality of life for 25 patients with an ileostomy with that of 25 patients with a colostomy [2]. Seventeen of the ileostomy patients and 14 of the colostomy patients had cancer that resulted in the placement of a stoma. Patients with the ileostomy reported more tolerable flow of waste (78% vs 28%,  $P = 0.002$ ) and no impact on appetite (100% vs 64%,  $P = 0.002$ ). Although not statistically significant, the patients with an ileostomy reported less difficulty with hygiene than those patients caring for a colostomy (68% vs 40%, respectively). Of course, more research into quality of life of ostomy patients still is needed, particularly when considering sexual dysfunction among this population of patients.

The newer targeted agents for treating cancer (eg, drugs that inhibit vascular endothelial growth factor [VEGF] activity) also may impair wound healing, and the impact of these agents on patients with ostomies is not known. Bevacizumab (Avastin) is a monoclonal antibody to the ligand for the VEGF receptor. Binding of the antibody to the VEGF ligand prevents the downstream effects of VEGF stimulation and inhibits angiogenesis.

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However, studies using bevacizumab have shown an increased incidence of bowel perforation in treated patients [3].

Whether these potential complications from bevacizumab therapy also will affect the ostomy patient negatively remains unknown. The issue of wound healing during the immediate postoperative period may be a particular issue. Guidelines to determine the optimal time interval between surgery with ostomy diversion and the institution of bevacizumab therapy still are needed. However, at this time, management is on a case-by-case basis, according to the clinician's discretion. Again, these questions may be answered as more research results are presented.

Care of the ostomy patient is complex, and not all clinicians have access to wound care specialists. Each type of ostomy has its own list of possible complications based upon its specific location and func-

tion. This article represents a good start in helping the provider in clinical practice, as it offers some concrete guidelines and a number of resources for further study. Overall, more research specific to the care of the oncology patient with an ostomy is needed, including studies that address optimal use of newer agents and ways to improve quality of life.

### References

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