Gender Differences in Quality of Life Among Long-Term Colorectal Cancer Survivors With Ostomies

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Colorectal cancer (CRC) accounts for more than 9% of all new cancer cases, and it has the third most frequent incidence rate for cancer in the United States (American Cancer Society [ACS], 2011). Survival rates at one year and five years are 83% and 65%, respectively (ACS, 2011). An estimated 18%–35% of the 1.1 million people alive in the United States with a history of CRC (Mariotto, Yabroff, Feuer, De Angelis, & Brown, 2006), particularly those with low-rectal cancers, have received temporary or permanent intestinal stomas (ostomies) (Gastinger et al., 2005; Jess, Christiansen, & Bech 2002; Schmidt, Bestmann, Kuchler, Longo, & Kremer, 2005). Studies have found that CRC survivors, particularly women and those with ostomies, have persistent deficits in their health-related quality of life (HRQOL) (Krouse et al., 2009; Nugent, Daniels, Stewart, Patankar, & Brown, 2006). Understanding how living with an ostomy affects those survivors and how to best help them in the management of ostomy-related challenges is necessary to supporting their HRQOL. The authors undertook this assessment of HRQOL concerns to develop interventions specifically geared toward relief of physical, psychological, social, and spiritual distress and to determine differences in the concerns and adaptations raised by men and women with high versus low HRQOL. Although the time that healthcare professionals have to provide care, education, and support to patients with CRC with ostomies and their families is limited, interactions with the patient and family, particularly during long-term follow-up, should address the most common concerns and challenges that affect HRQOL on a daily basis. This article describes quality-of-life concerns as identified by gender-specific focus groups of cancer survivors with ostomies.

Background

Fecal ostomies, or the surgical exteriorization of the small (ileostomy) or large (colostomy) bowel to the anterior abdominal wall, allow intestinal waste to flow directly into an external pouch (appliance). Ostomies may be permanent, as with low-rectal cancers, or temporary, when required to divert fecal flow related to emergent procedures or in protecting bowel anastomoses. Ostomies may be necessary in the surgical treatment of CRC.