Patients with new ostomies resulting from treatment for a cancer diagnosis have special needs. Patients must adjust not only to the cancer diagnosis but also to a colostomy or urostomy (Brogna, 1985; Grant, Padilla, Presant, Lipsett, & Runa, 1983; Haas, 1999; Jenkins, Morin, & Tomaselli, 1997; Kleinpell-Nowell & Weiner, 1999; Reilly, 1994). Patient education outcomes include the ability to perform self-care, the return to previous activities performed prior to surgery, and support for emotional adjustment. New psychomotor skills also must be learned so that patients are able to care for the ostomy. In addition, patients express anxiety and stress caused by a changed body image perception and are concerned about acceptance by their family, friends, and society.

In the changing healthcare environment, patients with new ostomies are being discharged earlier after their initial surgical hospital stay. In the diagnosis-related group, the colostomy length of stay (LOS) decreased to 5.8 days in 2003 from 7.6 days in 1995, and the urostomy LOS decreased to 6.4 days in 2003 from 9.7 days in 1995 (Hart & Schmidt, 2003; Lorenz, 1995). The shorter hospital stay reduces the amount of time that patients and their families have to become proficient in self-care, resulting in increased patient visits for education and support after discharge. Patients may need to travel long distances for these visits.

Nurses who specialize in ostomy care are extremely important to the continuum of care for patients with ostomies and their families. Rolstad (1987) and Doughty (1992, 2001) described the role of the enterostomal therapy (ET) nurse as determining the proper equipment, educating patients and family members, and providing supportive counseling, including adaptation (Hedrick, 1987). This spectrum of activity cannot be accomplished during a patient’s hospital stay. ET nurses are integral to patients’ follow-up care and education. Orem’s