

COMMENTARY

Colostomy Irrigation: An Important Issue for Muslim Individuals

Ayise Karadag, Zehra Göçmen Baykara

Abstract

Colostomy irrigation (CI) is a bowel management method in individuals with permanent colostomy, as an alternative to pouch use, which may provide continence. CI helps the individuals with an artificial stoma to adjust to the stoma and may increase their quality of life (QOL). An uncontrolled intestinal gas discharge invalidates ablution, and noisy gas discharge and smell prevents congregational prayers, which cause problems to Muslims with stomas. Therefore, CI may be an appropriate solution for this patient group. Using the example of one affected individual we discuss how the praying problem can be resolved with teaching to self-perform CI and emphasize the beneficial effects on QOL.

Key Words: Colostomy - irrigation - Muslim - enterostomal therapy

Asian Pacific J Cancer Prev, **10**, 1189-1190

Introduction

Colostomy irrigation (CI) is a management option for people with sigmoid or descending colostomies (Toth, 2006). For persons with good prognoses, a history of regular, formed stools, available facilities, and a willingness to learn, CI can be a preferred option. Approximately 750-1000 cc warm tap water is instilled into the colon via a cone and the contents will then pass into the sleeve and into the toilet (Karadag, 2003; Toth, 2006). It has been shown that CI is effective in resolving psychological problems of colostomy patients such as changes in physical appearance, decrease in self-esteem and social isolation, in performing social activities and everyday life activities such as visiting friends, doing sports and going to shopping, and in reducing skin complications and gas and smell problem, and they raised the life quality of the individual as a result (Dini et al., 1991; O'Bichere et al., 2001; Karadag, 2003; Karadag et al., 2003; 2005; Woodhouse, 2005; Varma, 2009).

However, irrigation is now used less frequently than in the past because of shortened hospital stays, improving pouching systems, insufficient nurse experience, and lack of long-term follow up (Karadag, 2003; Toth, 2006). Nevertheless, in contrast to this general tendency and based on the results of few studies identifying the negative effects of stoma on Muslim patients' worship (Kuzu et al., 2002; Herek et al., 2003) and based on our observations, we are using CI for all suitable individuals with a stoma.

One of the five pillars of Islam is to pray five times a day and individuals must perform ablution to pray. One of the most important conditions that invalidate ablution is gas and feces excretion. In the Islamic catechism, special

provisions are provided for disabled people regarding the factors that invalidate ablution. These provisions state that "disabled person performs ablution for each pray time, it is assumed that this disability does not invalidate ablution, and the person may pray with that ablution for that time, so long as another new incident that invalidates ablution occurs" (Bilmen, 1986). We answer the questions of the individuals with stoma that we treat at our stoma therapy unit regarding the invalidation of ablution and praying according to this catechism and the fatwa of the Department of Religious Affairs of Turkey that "gas or feces excretion to pouch during praying does not disrupt worship" (Fatwa for Ostomates, 2009). These explanations relieve our patients about praying at home. However, it fails to resolve their problems in joining congregational prayers such as the Friday Prayer.

Concrete Example

Mr. NK is 37 years old; he is married and lives with his wife and children. The patient, who is strictly devoted to his traditions and beliefs, works as a lecturer at a state university. Mr. NK was diagnosed with rectal cancer, underwent an abdominoperineal resection procedure, and had a left end open colostomy.

An enterostomal therapy (ET) nurse visited Mr. NK at the surgical unit after the surgery and initiated the stoma therapy follow-up program. Continuous education, consulting and stoma care was taught to Mr. NK at the stoma therapy unit. During this process, the most important request of the patient was to continue his active and productive life before the surgery, and to fulfill his religious obligations appropriately. Mr. NK indicated that living continuously with a pouch without being able to

*Department of Nursing, Faculty of Health Science, Gazi University, Turkey *For Correspondence: ayise@gazi.edu.tr and Zubair.ahmad@aku.edu*

control defecation would be difficult, and this would have a negative impact especially on his social and work life. ET nurse mentioned him about colostomy irrigation. But, as diarrhea due to chemotherapy and radiotherapy developed (Karadag, 2003), CI could not be initiated at an early postoperative stage.

It was identified during the periodical interviews that the primary problem was involuntary gas discharge and smell. Being a Muslim, NK said he could not fulfill his religious worship and that was making him very upset. ET nurse explained the Islamic catechism and the Fatwa of the Department of Religious Affairs on this matter (Bilmen, 1986), but the patient said that noisy gas discharge occurred while the patient was praying at mosque during a Friday Prayer, so people around looked at him very strangely and he could not go to mosque again under these conditions. Besides, as he continuously changed pouches for ablution, the amount covered by health insurance was not enough and he was paying for pouches himself. So, the ET nurse thought that the most suitable solution for this patient was CI and initiated irrigation earlier than planned.

The first irrigation of the patient was made at stoma therapy unit, and the patient was instructed step by step on how to make irrigation on his own and given a training book with a rich visual content explaining the irrigation, and a telephone number for 24 hours support in case of any problems. Mr. NK initially performed the irrigation with 1000 ml tap water every 24 hours and the procedure took approximately 30-45 minutes. With evaluations performed on a regular basis, the patient began to perform irrigation every 48 hours at 3 years. Mr. NK also began to use a stoma cap, which has a more aesthetic look than colostomy pouch. He expressed his opinions for the period after starting on CI as: "After irrigation, I felt amazingly comforted. Gas and smell discharge highly decreased. Living with an empty pouch is the biggest freedom." Mr. NK also said that he comfortably performed prayer worship with the minimization of gas and smell, he could pray with the community during Friday Prayer, so he felt more peaceful.

The life quality of Mr. NK before and after CI was also assessed according to the SF-36 Quality of Life Scale. The average quality of life score before the irrigation was 57, while the score increased to 85.5 one year after the irrigation, and no complications have developed in the stoma and parastomal area. Mr. NK has been monitored by our unit for 7 years and he currently completes the CI procedure in 15-20 minutes.

Conclusions

The restoration of continence is a fundamental step in the rehabilitation of stoma patients. During the rehabilitation period, the most important responsibility of ET nurses is to select the most suitable bowel management method for the patient with a trans-cultural approach. To serve the unique and diverse needs of patients, the nurse should consider the patient as an integrity from bio-psycho-social aspect, and regard the patient's religious belief and cultural practices as inseparable parts of this

integrity (Biarnason et al., 2009). With this case, we have identified positive impacts of CI on controlling involuntary gas and feces discharge, and thus on the individual's life (Dini et al., 1991; Karadag et al., 2003; 2005; Varma, 2009). The literature suggests that one of the disadvantages of CI is its time consuming nature (O'Bichere, 2001; Christensen et al., 2002; Karadag, 2003). However, this was not borne out by our experience. CI irrigation reduces costs by both preventing skin complications and daily pouch replacement. No peristomal skin complication developments have been identified during the annual evaluations of our case after the first year.

In conclusion, having a permanent colostomy affects individuals both physiologically and psychologically. It additionally affects praying for Muslim patients. Although more comfortable, aesthetic and easy-to-use ostomy pouches are now being produced thanks to technological developments, they fail to create the effects introduced by CI on the bowel physiology. In this case, in addition to helping Muslim patients to perform their worships more comfortably, findings regarding increased quality of life and reduced costs has also been obtained with CI. In this regard, ET nurses are encouraged to teach CI to all suitable patients.

References

- Biarnason D, Mick J, Thompson JA, Cloyd E (2009). Perspective on transcultural care. *Nurs Clin North Am*, **44**, 495-503
- Bilmen ÖN (1986). Büyük İslam İlmihali (Great Islamic Catechism). Çelik Yayınevi. Senyıldız Matbaacılık. İstanbul.
- Christensen P, Olsent N, Krogh K, Laurberg S (2002). Scintigraphic assessment of colostomy irrigation. *Colorectal Disease*, **4**, 326-31.
- Dini D, Venturini M, Forno G, Berteli G, Grandi G (1991). Irrigation for colostomized cancer patients: a rational approach. *Int J Colorectal Dis*, **6**, 9-11.
- Herek Y, Akbas M, Taylan S, Alabaz Ö (2003). Stomanın ibadet üzerine etkisi (Effects of Stoma on Worship). *J Ostomy Surg*, **4**, 22-24.
- Stomalı bireyler hakkında fetva (Fatwa for Ostomates). Available at: <http://www.diyenet.gov.tr>. Accessed Nov 2009.
- Karadag A (2003). Colostomy irrigation. *Türk Hemsireler Dergisi*, **54**, 7-10.
- Karadag A, Menten B, Uner A, et al (2003). Impact of stomatherapy on quality of life in patients with permanent colostomies or ileostomies. *Int J Colorectal Dis*, **18**, 234-8.
- Karadag A, Menten B, Ayaz S (2005). Colostomy irrigation: results of 25 cases with particular reference to quality of life. *J Clinical Nursing*, **14**, 479-85.
- Kuzu MA, Topçu Ö, Uçar K, Ulukent S, Unal K, et al (2002). Effect of sphincter-sacrificing surgery for rectal carcinoma on quality of life in Muslim patients. *Dis Colon Rectum*, **45**, 1359-66.
- O'Bichere A, Bossom C, Gangoli S, Green C, Phillips RK (2001). Chemical colostomy irrigation with glyceryl trinitrate solution. *Dis Colon Rectum*, **44**, 1324-7.
- Toth EP (2006). Ostomy care and rehabilitation in colorectal cancer. *Sem Oncol Nurs*, **22**, 174-77.
- Varma S (2009). Issues in irrigation for people with a permanent colostomy: a review. *Br J Nurs*, **18**, 15-8.
- Woodhouse F (2005). Colostomy irrigation: are we offering it enough? *Br J Nurs*, **14**, 14-5.