

Poster presentation

Prevention, Monitoring, and Care System of Moist Desquamation Wounds on Peristomal Skin during and after Radiation Treatment in Colorectal Cancer Patients

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After undergoing Anteroperitoneal resection (APR) and colostomy if the cancer has metastasized to the lymph nodes or nearby organs. Additional treatment includes radiotherapy of 5,500-6,000 rads on the abdomen. In general, when the amount of radiation increases, the skin will become more inflamed and reddened, and it may peel off, resulting in a chronically inflamed wound called moist desquamation. In fact, the peristomal skin is susceptible to peeling and infections, hence further causing pain and burning sensation to the patients every time the colostomy is changed, may not be closed properly and leakage may occur, hence reducing the duration of the use of a colostomy bag, hence more healthcare expenses. In addition, some patients suffer from severe skin inflammation, and the radiologist has to temporarily discontinue the treatment.

In 2010, moist desquamation was found in 15 out of 20 colorectal cancer patients who received radiation therapy after APR and colostomy, and 15 out of 39 case in 2011.

The present study aimed at developing a prevention, monitoring, and care system of moist desquamation wounds on peristomal skin in colorectal cancer patients to ensure adherence to the treatment plan, reduce bed occupancy rate, increase control of colostomy expenses, enhance quality of life, and reduce rates of moist desquamation.

In this study, a prevention, monitoring, and care system was developed to enable the multidisciplinary team to provide systematic care. The care system was developed, consisting of :

1. Providing care to patients through collaboration among the healthcare team members.
2. Developing the efficiency of healthcare team members by equipping them with knowledge and skills to provide care to colorectal cancer patients undergoing colostomy or radiotherapy.
3. Improving the prevention and monitoring system to effectively prevent moist desquamation in patients with colostomy undergoing radiotherapy.
4. Planning for care of patients with colostomy who develop moist desquamation.
5. Considering and selecting equipment required by colostomy to ensure quality of care at the National Cancer Institute.

In 2012, moist desquamation was found in 3 out of 24 colorectal cancer patients who received radiation therapy after APR and colostomy

Care of colorectal cancer patients who received abdominal radiotherapy after undergoing APR and colostomy is complicated and detailed. Nurses working alone to carry out the existing care system is not sufficient to prevent possible complications of the patients. Therefore, a clinical nursing practice guideline needs to be developed based on these findings to ensure systematic care since admission to hospital discharge. Moreover, nurses should work closely with the multidisciplinary team to plan for care with the use of quality medical equipment.

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