

Online Exclusive

Self-Care Strategies for the Management of Bowel Symptoms Following Sphincter-Saving Surgery for Rectal Cancer

Margaret Landers, MSc in Nursing Science BNS, RNT, FFNRCSI, RGN, RM,
Eileen Savage, PhD, Med, BNS, RNT, RGN, RN, RCN,
Geraldine McCarthy, PhD, MSN, Med, RNT, RGN, and Joyce J. Fitzpatrick, PhD, RN, FAAN

The primary aim of this article is to identify the self-care strategies that patients use to manage bowel symptoms experienced following sphincter-saving surgery for rectal cancer. Comparisons will be made with self-care strategies used by patients to manage chronic fecal incontinence and the bowel symptoms associated with other chronic bowel diseases, such as irritable bowel syndrome and inflammatory bowel disease. Published studies and conceptual literature from 2000–2010 were the data sources. Three major themes emerged from the literature reflecting the self-care strategies used by patients to manage bowel symptoms: functional self-care strategies (e.g., taking medication), social activity-related self-care strategies (e.g., planning social events), and alternative self-care strategies (e.g., complementary therapies). An analysis of studies highlighted that, through the process of trial and error, patients learned the strategies that were most effective in the management of their bowel symptoms. Knowledge of such strategies will be beneficial to healthcare professionals when educating patients about effective management of bowel symptoms following sphincter-saving surgery.

Surgery is the primary treatment modality for rectal cancer (Mizuno, Kakuta, Ono, Kato, & Inoue, 2007) and is considered a pre-condition for cure in most patients presenting with that type of malignancy (Haward, Moris, Monson, Johnson, & Forman, 2005).

The abdominal-perineal resection gained prominence in the early 20th century, and was first performed in 1907 (Wiley & Rieger, 2003). And, until the late 1970s, abdomino-perineal excision, which necessitates the formation of a permanent colostomy, had been the gold standard treatment for rectal cancer. Although an abdomino-perineal resection has the potential to reduce cancer recurrence and improve long-term survival rates, it can result in poor body image from the permanent stoma created (Nastro,

At a Glance

- ◆ Although patients undergoing sphincter-saving surgery for rectal cancer do not require a permanent stoma, they often experience a number of bowel symptoms postsurgery.
- ◆ Functional self-care strategies, social activity-related self-care strategies, and alternative self-care strategies have been used by patients to manage bowel symptoms following sphincter-saving surgery.
- ◆ Additional research focusing on the self-care strategies patients use to manage bowel symptoms is warranted.

Margaret Landers, MSc in Nursing Science BNS, RNT, FFNRCSI, RGN, RM, is a college lecturer, Eileen Savage, PhD, Med, BNS, RNT, RGN, RN, RCN, is a professor, and Geraldine McCarthy, PhD, MSN, Med, RNT, RGN, is the dean and head of school, all in Nursing and Midwifery at the University College Cork in Ireland; and Joyce J. Fitzpatrick, PhD, RN, FAAN, is the Elizabeth Brooks Ford Professor of Nursing in the Frances Payne Bolton School of Nursing at Case Western Reserve University in Cleveland, OH. The authors take full responsibility for the content of the article but acknowledge funding from a grant (NM/2007/7) from the Health Research Board, Dublin, Ireland. The content of this article has been reviewed by independent peer reviewers to ensure that it is balanced, objective, and free from commercial bias. No financial relationships relevant to the content of this article have been disclosed by the independent peer reviewers or editorial staff. (Submitted April 2011. Accepted for publication April 7, 2011.)

Digital Object Identifier: 10.1188/11.CJON.E105-E113