Post-Surgery Social Isolation

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Introduction:

It is well-documented in literature that how we think, feel and relate to others affects our well-being. This is particularly true in those recovering from life-altering surgery, which stresses a sense of self-awareness and a need for familiarity and stability in order to implement coping mechanisms necessary for a return to normalcy. During recovery from life-altering surgery, there can be an inevitable degree of social isolation by the patient given the nature of the surgical effect, which can inhibit the implementation of coping mechanisms. This can be particularly true in those patients who have undergone ostomy surgery in which there is a need to overcome perceptions of the stigma associated with a loss of bowel control.

Social isolation has many definitions. Collectively, the term refers to diminished participation in social exchange or impaired or dysfunctional social interactions. Often, this is represented by an absence of shared feelings, the inability to be intimate with a significant other, a lack of social networks and feelings of separation or isolation. This study explores the pre- and post-surgery social support and overall contentment of ostomates that are within 24 months post-surgery.

Methods:

A geographically diverse sample of 234 North American ostomates was selected from the Ostomy Comprehensive Health and Life Assessment (n=1507). Study subjects were adult ileostomates and colostomates selected on the basis of being less than 24 months post-surgery. Study subjects self-reported indices of social and emotional support and spouse/life partner relationships.

Results:

The post-surgery scores of social support, constructed from the Medical Outcomes Study and Hawthorne’s Friendship Scale, suggest that those within 24 months post-surgery, as a rule, do not engage in social isolation in spite of the trauma of life-altering surgery and have the experience of satisfying social, sexual, spouse/partner and family relationships. Figures 1 and 2 provide the results of Hawthorne’s Friendship Scale, which is a measure of social connectedness. Less than 13 percent of colostomates and 11 percent of ileostomates demonstrate social isolation as defined by the scale.
Figures 3 through 5 provide the results of questions regarding satisfaction with life measures. As shown, dissatisfaction with social life, life with spouse partner and family life is minimal. It should be noted that pre-and post-surgery spouse/life partner relationships remain relatively unchanged with 94.7 percent reporting no change in pre- and post-surgery marital status.
Discussion:

Social isolation collectively refers to diminished participation in social exchange or impaired or dysfunctional social interactions. It can be prevalent in those who are recovering from life-altering surgery, particularly when the surgery stresses a sense of self-awareness (body schema and associated stigma), and a need for familiarity and stability in order to implement coping mechanisms necessary for a return to normalcy.

The study indicates that, in spite of the trauma of ostomy surgery, the post-surgery population in general, is a robust population that is able to transition itself into the relationships required to avoid social isolation, thereby benefitting from satisfying social, sexual, spouse/partner and family relationships.

Conclusion:

Those counseling new ostomates should be aware that while social isolation exists, it is not necessarily a common or enduring event in the ostomy population. Most new ostomates move forward after surgery to experience satisfying life relationships.

References

1) The Hollister Ostomy Comprehensive Health and Life Assessment, 2004
3) Hawthorne G., Measuring Social Isolation In Older Adults: Development and Initial Validation Of The Friendship Scale, Social Indicators Research, 2006, 77:521-548
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