Fecal Incontinence of Patients after Stoma Reversal – a German Claims Data Analysis Reveals Concerns

HSD40

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Objective

- Fecal incontinence (FI) is reported as one major issue that can be faced by patients after a stoma-reversal.
- To evaluate the situation of new ostomates in Germany, a claims data analysis was performed with a special focus on the evaluation of diagnostic procedures and therapy following an incontinence diagnosis.

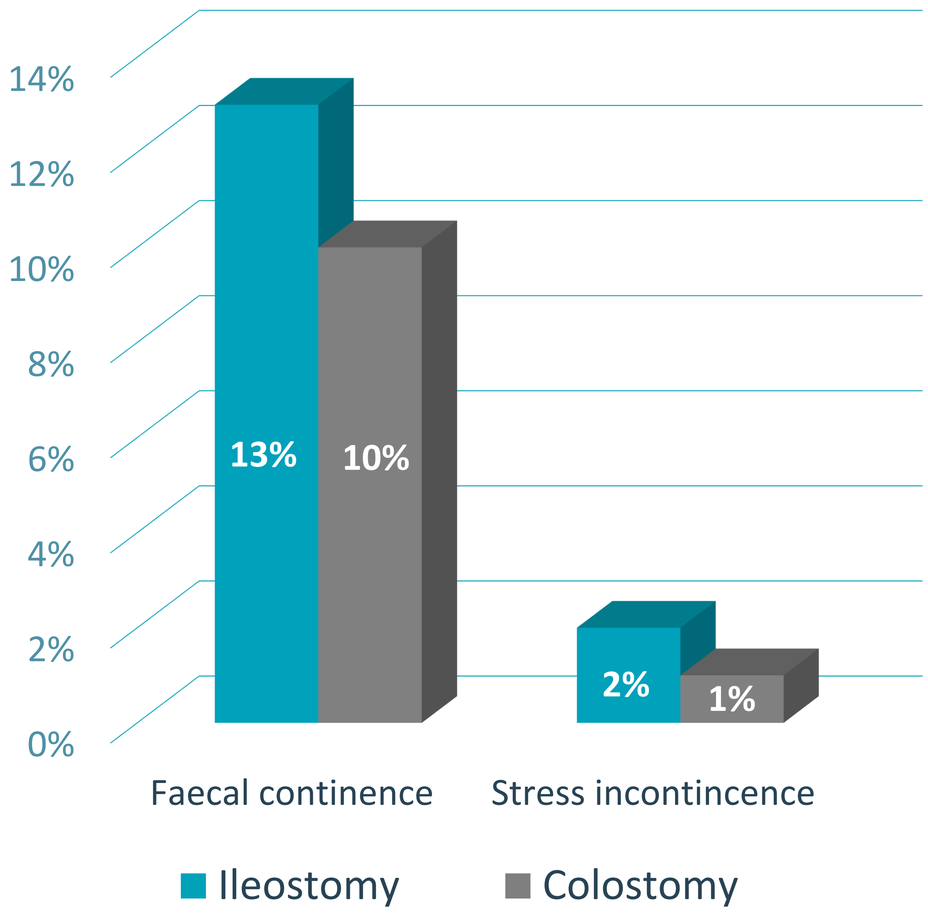
Method

- Newly created ileostomy, colostomy and urostomy patients from a claims data set of 2012-2017 were identified retrospectively based on ICPM-GM codes. The database covers 4.8 million insures and is scalable to the whole German population.
- A sub-group with stoma-reversal surgery between 2013-2015 was built. Individuals with any another ostomy surgery or device prescription one year before stoma-creation were excluded and only continuously insured individuals included.
- Coding for FI, diagnostic procedures and therapies were evaluated.
- Additionally, a secondary research was performed in PubMed with keywords ileostomy, low anterior resection syndrome (LARS), and early-closure.

Results

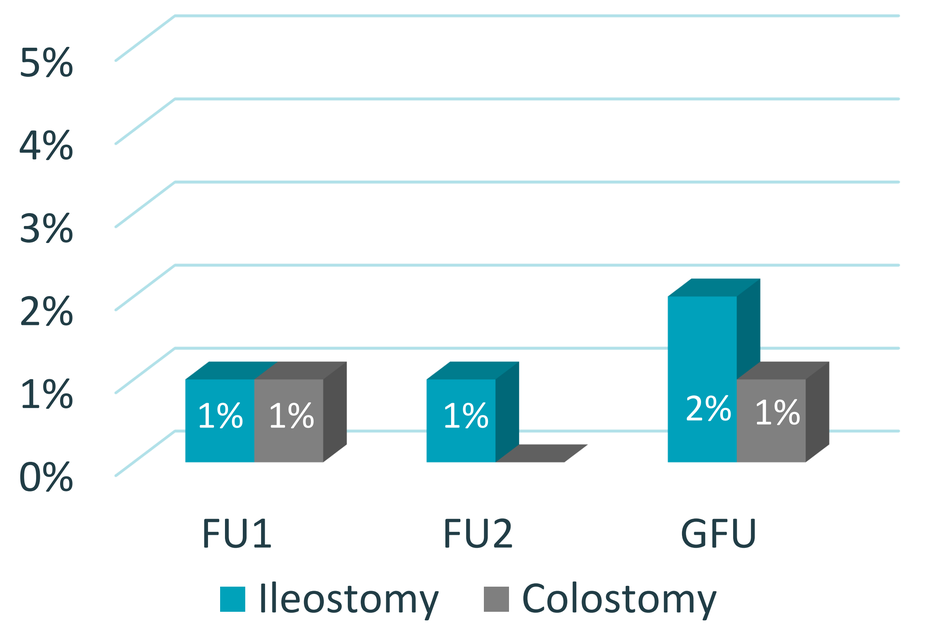
- Claims data revealed that 13% of Ileostomy and 10% of Colostomy patients have been coded with FI within 1 year after stoma-reversal.

Figure 1 - total percentage of patients diagnosed with FI after in stoma reversal



- Below figure illustrates only 1% population receive Sphincter Manometry diagnoses per year in each stoma type.

Figure 2 - total percentage of patients receiving Sphincter Manometry diagnoses after stoma reversal



- Figure 2 shows the total percentage of patients diagnosed for Sphincter Manometry at FU1 (first year after stoma reversal) and at FU2 (second year after stoma reversal). GFU shows the sum of FU1 and FU2.
- In comparison, a published randomized controlled study reported 49% of Ileostomy patients with bowel dysfunction, thereof 27% with major LARS after reversal[1].

- Therefore, essential care needs to be provided for stoma reversal patients as they can develop major LARS which may lead to chronic FI.

Discussion

- As it is evident from the RCT study[1], bowel disorder is a relevant condition after a stoma reversal surgery.
- Even though, the number of patients diagnosed with FI in claims data are fewer in number.
- This difference can be the result of lack of diagnosis, coding or due to structural discrepancies in providing care after stoma reversal.
- It could be helpful to develop a management protocol to increase patient awareness and empower them to contact a health care professional (HCP).
- The management protocol could include regular follow-ups by specialised nurses (before and after reversal surgery), diet and fluid management, timely diagnoses, and pelvic floor exercises for the patients to manage their condition[2].
- Management for stoma patients after a reversal could assist in reducing the number of long-term complications and improve quality of life (QoL)[3].

Conclusion

- FI is a relevant condition after a stoma reversal surgery, and the possibility of patients not receiving sufficient care after stoma reversal is high.
- Hence, it is essential to develop a management protocol, increase awareness and empowerment to contact an HCP, as it causes long-term complication affecting patient QoL negatively.

References

[1] Dulskas, A., et. al (2021). Quality of Life and Bowel Function Following Early Closure of a Temporary Ileostomy in Patients with Rectal Cancer: A report from a Single-Centre Randomized Controlled Trial. *Journal of Clinical Medicine* 2021, 10, 768

[2] Taylor, C., (2011). Improving patient care after stoma reversal. *British Journal of Nursing*, 2011 (Stoma Care Supplement), Vol 20, No,16, S19-22

[3] Taylor, C., Morgan, L., (2011). Quality of life following reversal of temporary stoma after rectal cancer treatment. *European Journal of Oncology Nursing*, 15, 59-66

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