

OSTOMIES IN ADOLESCENCE: A CHALLENGE FOR THE ENTEROSTOMAL THERAPY NURSE

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As an adolescent, having a stoma may mean beginning one's life as a loser in a society which places great emphasis on beauty, body hygiene and success.

In addition to the developmental crisis experienced at this age, the adolescent must live through a situational crisis requiring a planned approach to physical, psychological and social needs.

VARIABLES AFFECTING ADJUSTMENT

When the stoma is temporary, the adolescent seems to adjust quite easily, perhaps because he/she decides to relinquish a part of him/herself for a definite period, putting some activities off until later. It is not so simple when the stoma is permanent, since the impact on the adolescent's life is more severe. He/she then has to assume a permanent mourning.

Sometimes an adolescent's temporary stoma is left *in situ* for a prolonged period because of complications. We must be aware that a postponing of the hope of being as before may lead to discouragement on that young person's part.

The circumstances surrounding the surgery are an important factor affecting an adolescent's reaction. Was the intervention an emergency one, following trauma, or did he/she suffer from a chronic disease for years? In the latter case, having a stoma may represent a delivery, a rebirth, the hope for a better quality of life.

Finally, the attitude of care personnel and the reaction of parents can also influence the adolescent's adjustment, since he/she believes everybody will react in the same way as they do.

FACING HIM/HERSELF

The adolescent with an ostomy feels he/she is the only one experiencing such a bad time. To a certain extent we must agree, since he/she will probably be the only person with an ostomy in his/her family and at

school. This is why it is so important to introduce him/her to another adolescent with an ostomy, so that he/she can share his/her concerns and confirm certain points, like dressing, sporting activities etc. Because of the adolescent's condition, the visitor with an ostomy has a credibility nobody else can possess.

When faced with loss of control of their eliminatory function, adolescents can develop several defence mechanisms. Some will deny their situation and neglect their stoma care, become aggressive with care personnel and their family, and vent their anger and rebellion on others. Some regress and become more and more dependent.

THE ADOLESCENT AND HIS/HER FAMILY

The adolescent with an ostomy sometimes feels like a person apart from the family, and is anxious about rejection. Because of this, the parents may have to be off work often, and some family activities may be compromised. Siblings may receive less attention from their parents.

Rebellious emotions can arise - "Why me?" - and parents or siblings may feel guilty. Some parents react by overprotecting their child; others excessively promote the adolescent's autonomy. The ET nurse must therefore support and guide families in order to avoid inappropriate reactions.

Confronting parents about their emotions regarding their child may help put an end to this negative process. It is also important to explain to the adolescent the reasons for such parental reactions.

The adolescent must be encouraged to consider his/her attitude within the family. A youngster who monopolises the bathroom for hours, leaves an appliance lying around or tries to avoid family domestic duties only highlights the differences. The adolescent with an ostomy must resume normal activities as soon as possible, and should be made responsible for his/her own ostomy care.

Technical training, therefore, must be directed to him/her personally, and the young person can inform his/her parents later if desired.

FRIENDSHIP

The adolescent with an ostomy will probably be anxious about the reaction of peers, afraid of rejection and very frustrated by certain constraints or obligations.

The desire to resemble their peer group can sometimes cause adolescents to act as if they don't have a stoma, and to neglect their stoma care. This can lead to skin or stoma problems requiring additional appointments or hospitalisations. We must, therefore, advise the adolescent of the consequences of such behaviour.

Whether to share his/her condition with peers is a delicate point for the adolescent. During a summer camp we organised for young persons with an ostomy, some of them revealed their bitterness on this subject and regretted discussing their condition with friends, who they felt had betrayed them.

However, hiding the condition can also be harmful, since nothing is more inquisitive than the mind of an adolescent. The enterostomal therapy nurse must help the adolescent to find words which will demystify the situation in a simple and natural way, without going into the smallest details. The nurse must also suggest that the confidant be selected carefully, and should ask for feedback.

SCHOOL

Education is a serious preoccupation for adolescents with an ostomy, since their condition means that they are often away from school. Many are forced to repeat school years, which means losing classmates and thus being confronted with yet another loss which compromises their feeling of belonging to the group. Parents often dread their child's return to class, and may be tempted to inform school authorities of their child's condition. Adolescents generally don't appreciate this kind of interference. It is important that the enterostomal therapy nurse convinces the youngster, and the parents, that it is the child who should remain in charge of the situation and provide information where appropriate. This kind of intervention helps develop the child's confidence and awareness of his/her responsibilities.

SEXUALITY

The adolescent with an ostomy places a great deal of emphasis on the acceptance or rejection of his/her body, and stoma care is often performed with disgust and in a clumsy fashion. The child may feel that if he/she has problems with loving him/herself, how can he/she hope to be loved by somebody else? The adolescent with an ostomy feels that his/her capacity to seduce is lessened, and may fear an alteration in sexual performance as a result of this condition. Certain adolescents avoid the subject by refusing to consider themselves sexual beings. Indeed, fertility, sexual potency, menstruation and pregnancy are disturbing topics for *any* adolescent.

Some adolescents seek sexual relations as a test of their ability to seduce. It is important, therefore, to touch upon the subjects of contraception and

protection with our adolescent clients. Other youngsters with an ostomy fear intimate body contact and refuse invitations.

A relationship based on trust and respect for the adolescent's sensibilities will allow the enterostomal therapy nurse to broach this delicate subject and to help the child maintain a body image which reflects positively on his/her sexuality.

CONCLUSION

Intervention in the case of the adolescent with an ostomy requires patience, availability and respect for that person's personal rhythms and capacity to adapt. The adolescent must be accepted as he/she is, and not judged too severely, in spite of sometimes unpleasant reactions. Above all, we must return to the adolescent the possibility of controlling his/her eliminations with a well-adjusted, comfortable and, more than anything, discreet appliance. Fortunately, surgical techniques are constantly improving and few adolescents must live with an ostomy permanently.

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