



**Service Priorities and Programmes**  
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**Quality of life, anxiety and depression level of Chinese stoma patients in Hong Kong**

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**Introduction**

Colorectal cancer is the second commonest cancer in Hong Kong, the surgical treatment of which often necessitates the formation of a cutaneous enterostomy. Stoma formation is one of the most distressing conditions affecting the quality of life (QoL) and causing anxiety or depression. Many western studies confirmed the poorer QoL among stoma patients as compared to non-stoma patients.

**Objectives**

To evaluate the postoperative changes in QoL and depression, anxiety and stress among Chinese stoma patients in Hong Kong.

**Methodology**

All patients scheduled for colorectal surgery in Queen Mary Hospital and Tuen Mun Hospital were invited to participate in the study before surgery. Two sets of questionnaire (Chinese SF-36, Chinese DASS-21) were used. Patients who had stoma creation after surgery will be asked to complete the same sets of questionnaire upon follow up at the stoma care clinic 1 month and 3 months after surgery. The data were analyzed by SPSS for Windows XP.

**Result**

A total of 329 patients completed the pre-operative questionnaires from 2009 to 2012. Stoma was created in 197 patients, and 176 of them completed the study. Procedures performed include loop ileostomy (109; 62%), end sigmoid colostomy (53; 30%), and transverse colostomy (14; 8%). On the depression, anxiety and stress scale (DASS), there were no differences before and 3 months after surgery ( $M=0.35$ ,  $p=0.755$ ). For QoL, stoma patients had lower QoL in most of the scales both at 1 month and 3 months after surgery. These included physical functioning, role-emotion, general health, social functioning, and mental health ( $p<0.001$ ). Although there were no differences in DASS between the genders ( $p=0.379$ ), male patients recovered faster in both physical ( $p=0.041$ ) and mental health ( $p=0.015$ ) than females. Patients with transverse colostomy had lower scores on both mental and physical health than those

with end colostomy (mental,  $p=0.044$ ; physical,  $p=0.035$ ) and ileostomy (mental,  $p=0.036$ ; physical,  $p=0.021$ ). Conclusion Although there were no significant differences in DASS among stoma patients after surgery, QoL was significantly impaired, especially among transverse colostomy patients. Despite the advancement of stoma care products in the past decades, stoma formation still carries substantial negative impacts to the patients. The effects of cultural differences between Chinese stoma patients in Hong Kong and western patients require further studies.