HAC 2015 ABSTRACT for Speed Presentations

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Project title
The evolution of newly designed abdominal binder to reduce psychosomatic disorder by multi-disciplinary collaboration

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Introduction
Prolapse is one of the most common late complications after stoma creation. The estimated incidence is reported to be up to 26%. (Robertson I, Leung E, Hughes D, et al, 2009). Patients are very frustrated and depressed because of the redundant bowel and may need frequent hospital admission. (Bafford, A. C., & Irani, J. L., 2013) Currently, there is no dedicated abdominal binder for handling of stomal proplase in all clusters. Therefore, Department of Surgery (Tuen Mun Hospital) collaborated with Prosthetic & Orthotic (P&O) Department to design a new model of abdominal binder in 2014. A polyester soft pad is tailor made for supporting the prolapsed stoma limb and prevent further mucosal trauma.

Objectives
Evaluate the effectiveness of the new designed abdominal binder for stomal proplase clients.

Methodology
Clients with poor compliance or poor cognitive ability were excluded in this study. From 1/7/2014 to 31/1/2015, total 24 clients with stomal prolapse were recruited (16 outpatients and 8 inpatients). All of them were referred by surgeon or stoma nurse. Questionnaire of Depression Anxiety Stress Scale (Chinese DASS-21; Lovibond & Lovibond 1995) with 21 questions was used for measuring their level of depression, anxiety and stress. Clients were invited to fill the questionnaires before and one-month after wearing the abdominal binder.

Result
Total 16 patients (response rate: 66.7%) completed the pre- and post-treatment questionnaires. 62.5 % (n: 10) was female and 37.5 % (n: 6) was male. The mean age was 58.7 years (range 49-68). In pre-treatment period, 62.5% (n: 10) of respondents reported severe depression while the post-treatment figure significantly dropped to 18.7% (n: 3). For measuring Level of Anxiety, 75% (n: 12) clients realized severe anxiety before wearing abdominal binder while the number reduced to 25% (n: 4) after application of the abdominal binder. For detecting Stress Level, pre- binder questionnaires showed 25% (n: 4) of respondents attained severe stress while post-binder treatment it decreased to 12.5% (n: 2). Also there had no unplanned admission which related to complications of prolapsed stoma in that survey group during the study period. In conclusion, the new modal abdominal binder is cost effective and achieves satisfactory result for prolapsed stoma management.