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A b s t r a c t T r a n s l a t i o n

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Thesis Subject	An Exploratory Study of Why Ulcerative Colitis Patients Decided to Have Total Colectomy and Their Experience of Postoperative Physical Changes
<p>[Background]</p> <p>Ulcerative colitis (UC) is a designated intractable disease of unknown etiology. Since 2010, the development of drugs and the expansion of insurance coverage have broadened the range of medical treatments to reduce inflammation in the large intestine. In some patients, even these drugs also cannot control large intestine inflammation and may lead to surgery. It has been reported that patients with UC are reluctant to undergo surgery as long as there is a hope for medical treatment even if their quality of life declines (Baker et al., 2018), suggesting a strong resistance to surgery. Patients being considered for surgery need help choosing surgery before the time is too late, because medical treatment is unlikely to reduce their inflammation. However, it has not been clear how nurses can deal with such patients.</p> <p>[Purpose]</p> <p>The purpose of this study is to find appropriate nursing support that patients need. Therefore, we clarify the reasons why patients undergoing total colectomy and ileo-anal(-canal) anastomosis, or surgical treatment for ulcerative colitis decide to undergo surgery and the physical changes in their experience after surgery.</p> <p>[Methods]</p> <ol style="list-style-type: none">1. Study Design: Qualitative descriptive study.2. Study Participants and Period: The study subjects were five patients who scheduled for two-stage surgery of UC at two facilities in the Kanto area. The survey was conducted from December 2020 to January 2022.3. Data Collection and Analysis Methods: Data were collected from interviews before and after surgery in the first and the second stages, participant observation, informal interviews during participant observation, medical records, and laboratory data. Data collection and analysis were performed in parallel. Reasons for the decision to have surgery were conceptualized and analyzed for each subject, and experiences of postoperative physical changes were conceptualized and analyzed for each surgical method.4. Ethical Considerations: The study was conducted with the approval of the Ethical	

Committee of Toho University School of Nursing and the Ethics Review Committee of the Research Cooperation Facility. Since the object was before and after the operation, it was carried out paying attention to the state change.

[Results]

A total of 5 study participants (4 women and 1 man), 4 from Center-A and 1 from Center-B, had a median age of 33 years and a median duration of UC of 12 years. All underwent IACA in two stages. Three patients underwent total colectomy, IACA, and stoma construction in the first stage, and stoma closure in the second stage. Two patients underwent total colectomy and stoma construction in the first stage and IACA and stoma closure in the second stage. Four of the five patients had a relative indication, but one underwent surgery for an absolute indication due to cancer.

1. Relapse and remission were repeated in four patients with relative adaptation. The longer disease duration increases risk of cancer, so they decided to have a total colectomy as the only way to escape their current pain, hoping to achieve their future life goals. In one case of absolute indication, he was unable to accept the diagnosis of cancer and the need for a total colectomy but was told by a trusted doctor that surgery was likely to cure the disease, so he decided to undergo surgery with high expectations.
2. In the two patients who underwent IACA during the first stage, after stoma closure, it was recognized that [they could tolerate anal defecation after feeling the urge to defecate]. Considering the risk of cancer even if unexpected events such as postoperative complications occurred, patients realized [After all the surgeries have been completed, this was the best time to have surgery considering the physical strength, resilience, and mental strength.]
3. The 2 patients who underwent IACA in the second stage also experienced unnoticed stool from the anal drain, pain due to perianal dermatitis, and postoperative intestinal obstruction, but the patients thought that [There is no regret in the surgery] based on their experiences of being able to put up with defecation and being free from severe abdominal pain.

[Consideration]

1. During the patient's long battle with the disease, the patient decided to undergo surgery to get out of the situation, considering the physical limitations, fear of becoming cancer, and future life. Patients diagnosed with cancer who were in shock decided to undergo surgery with the help of others.
2. The patient had undergone total removal of the affected large intestine, and had been able to live without inflammation even if the large intestine function was lost postoperatively, and might be able to accept postoperative pain, etc. Therefore, the

patient had been taking measures for fecal leakage from before surgery, but the bowel control function recovered postoperatively, and the patient was assumed to be very satisfied.

3. For patients with an absolute indication who are informed of cancer, switching to surgery should be considered after being convinced through dialogue, rather than providing information immediately. For patients with a relative indication, information on long-term pathological changes and treatment options from remission as well as support for future life planning should be obtained to avoid the need for unscheduled emergency surgery.

[Nursing Implications]

1. Listen to the fighting experiences of patients with ulcerative colitis and understand the patient background. 2. Support patients from the remission time so patients plan their lives for the future. 3. For patients with relative indication should be provided with information on postoperative physical changes in advance to help them avoid missing the timing of surgery. 4. For patients with an absolute indication, do not make a haste to decide surgery, but try to understand the situation more and accept surgery.

[Conclusion]

Patients with a relative indication decided to undergo surgery to achieve their future life goals by avoiding challenging circumstances due to long-term morbidity and recurrence that increased the risk of cancer. Patients with an absolute indication was informed of the cancer and total colectomy and was unable to accept the situation but decided to undergo surgery because expectations for the surgery were high upon explanation by a reliable physician.

Patients underwent either IACA in the first stage or IACA in the second stage, and all patients had a positive view after completing all surgeries.

The results of this study showed that nurses involved in UC patients for whom surgery is recommended should try to understand patients by listening to their experience of fighting UC after being diagnosed, although the nursing care required varies according to patient background.