Single Institution Experience Comparing Double Barreled Wet Colostomy to Ileal Conduit for Urinary and Fecal Diversion
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Problem: Quality of life changes occur in patients undergoing pelvic exenteration with both ileal conduits and double barrel wet colostomy. Given these quality of life changes, is there a difference in median survival, operative time, length of stay or complications between the above groups?

Evidence: Evidence used to address the problem was gathered from nursing and surgical literature.

Strategy: A chart review was conducted evaluating median survival, operative time, length of stay, and complication rate for two matched groups at The James Cancer Hospital.

Practice Change: Ongoing evaluation and management of fluid/electrolyte disturbances and peristomal skin irritation were implemented. It was identified monitoring needs to be ongoing and not limited to the immediate post-operative period.

Evaluation: Developed an evaluation tool to retrospectively evaluate the patient population undergoing pelvic exenteration.

Results: There was no difference found in median survival, operative time, length of stay or complications.

Recommendations: Continue to gather data related to post-pelvic exenteration quality of life for dissemination to the surgical and nursing community in order to improve patient outcomes.

Lessons Learned: The James Cancer Hospital has one of the largest experiences with double barrel wet colostomies and its subsequent complications affecting quality of life.

Bibliography:


