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Bowel symptom experiences and management following sphincter saving surgery for rectal cancer: A qualitative perspective

Margaret Landers [1],*, Geraldine McCarthy, Eileen Savage

School of Nursing and Midwifery, Brookfield Health Sciences Complex, University College Cork, Ireland

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ABSTRACT

Purpose of the research: The aim of this research was to explore participants' qualitative perspectives on bowel symptom experiences and management strategies following sphincter saving surgery for rectal cancer.

Methods and sample: The data presented in this paper were gleaned from a semi-structured question that formed part of a larger multi-site quantitative correlational study. From a sample of 143 participants, a total of 77 (62.6%) males and 46 (37.3%) females provided qualitative comments. Participants were aged 30–70 years and over, had undergone sphincter saving surgery for rectal cancer in the past 3–42 months. Data were analysed using pre-determined semi-structured categories.

Key results: The study demonstrated the subjective nature of the bowel symptoms experienced. It also highlighted the bowel symptoms that were most problematic and the effect of these symptoms on participants' daily lives. In addition, the self-care strategies that worked best for individual participants in the management of bowel symptoms were identified.

Conclusions: There is a need to educate patients on the short-term as well as the long-term bowel symptoms experienced following sphincter saving surgery for rectal cancer. Nurses have an important contribution to make in facilitating patients to choose from a range of self-care strategies to help them manage their bowel symptoms postoperatively.

Introduction

Anterior resection with preservation of the sphincter function has now become the gold standard treatment for rectal cancers (Inoue and Kusunoki, 2010). While this surgical procedure leaves an intact anal sphincter, research has shown that participants suffer a number of problematic bowel symptoms. The main symptoms reported were faecal incontinence, bowel frequency and bowel urgency (Guren et al., 2005; Inoue, and Kusunoki, 2010; Vironen et al., 2006). In addition, longitudinal studies highlighted that diarrhoea and constipation were problematic for participants at 12 months (Schmidt et al., 2005) and at 15 months following surgery (Grumann et al., 2001). Bowel function after sphincter saving surgery depends on a number of factors (Taylor and Morgan, 2011). The level of anastomosis may have relevance (Camilleri-Brennan and Steele, 1998) and the fact that some participants have a temporary ileostomy during the earlier postoperative period (Taylor and Morgan, 2011).

However, a dearth of published research exists on the affects of these symptoms on individuals' lives and on the self-care strategies used to manage symptoms.

This knowledge is important for clinicians as there may be a gap between health care professionals' and patients' perceptions of the nature, duration and consequences of bowel symptoms. Furthermore, it is also possible that some of the strategies adopted by patients to manage bowel symptoms may be ineffective or health damaging. The purpose of this paper is to present findings from qualitative comments provided by participants who participated in a multi-site quantitative study on bowel symptom experiences and symptom management strategies following sphincter saving surgery for rectal cancer. From a sample of 143 participants, a total of 77 (62.6%) males and 46 (37.3%) females provided qualitative comments. Participants were aged 30–70 years and over, had undergone sphincter saving surgery for rectal cancer in the past 3–42 months (Table 1). The majority of participants ($n = 91$) were married or living with a partner, a large number had retired ($n = 51$) and a similar number had attained second level education ($n = 51$) (Table 1).

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* Corresponding author. Tel.: +353 21 4901457.
E-mail address: m.landers@ucc.ie (M. Landers).

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Table 1
Sociodemographic characteristics of sample ($n = 123$).

Gender		
Male	77	(62.6)
Female	46	(37.3)
Age group (years)		
30–39	2	(1.6)
40–49	5	(4.0)
50–59	23	(18.6)
60–69	57	(46.3)
70+	36	(29.2)
Relationship status		
Single	11	(8.9)
Married/Living with Partner	91	(73.9)
Separated	2	(1.6)
Divorced	1	(0.8)
Widowed	18	(14.6)
Employment status		
Employed	36	(29.2)
Unemployed	7	(5.6)
Housewife/Househusband	15	(12.1)
Retired	65	(52.8)
Highest level of education completed		
None	1	(0.8)
Primary School	37	(30.0)
Secondary School	51	(41.4)
Third Level University/College	34	(27.6)
Time since surgery (months)		
1–3	4	(3.2)
4–6	4	(3.2)
7–12	32	(26.0)
13–18	38	(30.8)
19–24	26	(21.1)
25–30	6	(4.8)
31–36	12	(9.7)
37–42	1	(0.8)

Methods

The data presented in this paper are drawn from the qualitative analysis of a broad semi-structured question as part of a larger quantitative multi-site study. The semi-structured question sought to identity the bowel symptoms that were most problematic for participants, in terms of the affect of these symptoms on their every day lives and the management strategies adopted to manage symptoms.

Sample

A convenience sample across a total of 10 sites specialising in colorectal cancer in Ireland was chosen for the study. Individuals were eligible for inclusion in the study if they were a minimum of 6 weeks and a maximum of 42 months following sphincter saving surgery for rectal cancer. In addition, individuals were eligible for inclusion if they were not receiving palliative care and did not have recurrence of their disease. Both men and women over the age of 30 were considered for inclusion in the study. A total of 123 eligible participants provided qualitative comments.

Ethical considerations

Ethical approval was obtained from six ethical committees associated with ten hospitals in Ireland. When inviting individual participants to take part in the study by mail, they were provided with an information leaflet about the study and what their involvement would mean. Individuals who agreed to participate completed a consent form. All participants were assured that anonymity and confidentiality would be maintained. The 123 participants who provided qualitative comments were numbered accordingly.

Data Collection

Qualitative data were collected using a broad semi-structured question. The question sought to identify the bowel symptom most problematic for patients (symptom perception), the effects of bowel symptoms on their daily life, (symptom evaluation and response) and the effectiveness of self-care strategies adopted to manage symptoms (symptom management-strategies).

Data analysis

The semi-structured question resulted in vast amounts of data (in excess of 122 pages which included additional typed pages from some participants). Data were analysed using pre-determined categories which were based on the dimensions of "the symptom management theory" (Humphreys et al., 2008). Relating to symptom experience, the dimensions perception (awareness of symptom occurrence), evaluation (severity, temporality treatability) and responses (psychological, social and physiological were used. Three additional dimensions (identity, consequences which incorporates severity and timeline) from the Common-sense Model of Self-regulation (Leventhal et al., 2003) were also included. The "timeline" dimension allowed for the operationalisation of the concept "temporality". Relating to symptom management strategies, the dimension "self-care strategies" (Humphreys et al., 2008) was used.

Data analysis was guided by the principles of deductive content analysis. In this type of analysis, data is coded according to categories, which have been constructed from prior knowledge (Elo and Kyngas, 2008). Credibility of findings was established by independent review. A subsample (10%) of responses was read by an independent reviewer to verify the emerging themes and predetermined categories.

Findings

Symptom experience

Symptom experience was considered with reference to bowel symptom perception, bowel symptom evaluation, and bowel symptom responses.

Bowel symptom perception

Bowel symptom perception was defined as bowel symptom awareness of bowel symptoms occurrence (i.e. identity and frequency). The identity of a symptom is confirmed when the symptom can be named and described. The most common symptoms identified by patients in the qualitative data included faecal incontinence, bowel urgency, flatus, diarrhoea, constipation and inadequate evacuation. The semi-structured question provided an opportunity for participants to express the problematic nature of the bowel symptoms experienced, and which was found to vary among participants as evident in the following quotations:

> "the most difficult is dealing with incontinence," (Participant: 37).
> "constipation is the most problematic symptom" (Participant: 47).

Some participants experienced more than one bowel symptom:

> "I find that flatulence and diarrhoea are the most problematic symptoms since my bowel surgery" (Participant: 76).

Bowel symptoms caused additional problems for participants. For example, one participant stated:

> "I have discomfort in the back passage at almost all times and this can become very sore during bowel movement especially if somewhat liquidity"(Participant: 89).

For other participants, inadequate evacuation was a problem. As stated by one participant:

> "…bowel doesn't empty when I use bathroom" (Participant 8).