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SALTS MEDILINK COMMUNITY STOMA CARE NURSE

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For many people, their faith is a central part of their life and it forms the basis around which their life and social activities revolve. I am based in Bradford, which is a very ethnically diverse area, with 25% of the population being Muslim. Bradford has the 4th highest population of Muslims in England, and the largest population of those from Pakistani origin in England. So in my work, the impact of having a stoma on these

particular patients means that a number of other considerations must be taken into account. It is important to consider the relationships between having a stoma and such things as clothing, position of the stoma, diet, hygiene, place of worship, language and communication with the patient and possible restrictions. This poster looks at some of those considerations and the impact of different faiths on daily stoma care.

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Celebrations and beliefs

Depending on the religion, there are varying considerations of how a patient's faith might impact their stoma and stoma routine. The individual fasts and celebrations can have a great impact on stoma output and stoma change routine. Additional things which do not fall immediately under the other sections of this poster include:

Judaism: The Sabbath rules will impact upon stoma care as electricity cannot be used, paper must not be torn (which includes toilet paper and wipes) and the use of scissors is also forbidden.

It is important to plan ahead and be prepared.

Christianity: Whilst there are very few aspects of Christianity which will impact upon a patient with a stoma, their faith may lead to a particular response to having a stoma. For example, some patients may ask questions that test their faith, such as “why me?” - particularly in the instance of cancer leading to the formation of the stoma. Others may take the view that “it's God's will” and/ or “the stoma saved my life”.



Hygiene

A number of faiths have hygiene rituals which must be carried out, particularly before prayers and before and after pouch change. These include:

Judaism: Females must bath completely naked at Synagogue following menstruation. It is generally found that a concession can be made for the stoma bag to be worn.

Islam: Muslims wash before prayers (5 times a day) and before attending Mosque, also after using the toilet, emptying/ changing stoma bag; before and after sexual intercourse. “Washing” covers: the face, behind ears, nostrils, mouth, genital area and feet.

Hindu: Must wash with running water.

Gypsy travellers: Very strict separate hygiene areas from living and food preparation/kitchen areas.

Being able to adhere to washing rules mainly involves being prepared. For Hindu's, the need to use running water to wash means that dry wipes can be moistened under running water and then used to clean the stoma.



The importance of faith in stoma care

Diet

Most religions have festival/ celebration meals or particular events where food is the main focus, and this can be very important to consider for stoma patients.

The use of animal products in stoma products and medication:

- Porcine derivatives (gelatine) are used in most stoma adhesives, which can cause offence to those of Islamic and Judaic faiths.
- For many faiths, the fact that the adhesive is not ingested and sits on the exterior of the body should be sufficient.
- Gelatine is also used in Imodium capsules, so patients should be directed to use tablet or liquid form instead as these do not contain any gelatine.
- Patients are often encouraged to eat jelly babies to thicken the stool, and these too contain gelatine. However, there are now Halal versions available.

Food restrictions, impact of diet on stoma output:

There are a number of restrictions with different faiths, such as:

Judaism: Kosher meat, dairy food separate to meat, no shellfish/ pork or porcine products.

Islam: No pork.

Sikh: Vegetarian.

Hindu: Mainly vegetarian, strictly no beef or bovine products.

Any fasts or restrictions in Hindu, Sikh or Jewish religions should not affect the stoma as they are not restrictive. A vegetarian diet may cause more flatus or loose output, but each patient has a detailed individual dietary discussion with their stoma nurse. For those patients who are vegetarian, it is important that they are aware pulses, nuts etc can cause blockages.

Fasting rules:

Fasting is common in a number of faiths, with Jews fasting for 25 hours at Yom Kippur and Muslims carrying out a 30 day fast during daylight hours during Ramadan. Medical exemptions do apply, but many patients will still wish to carry out fasting, so this must be considered.

Ramadan means people will fast between sunrise and sunset for 30 days. This depends on the Islamic calendar for timing (2020 dates are: 23 April to 23 May). If Ramadan falls in the height of summer it can mean fasting for up to 16 hours a day, which has a considerable impact on hydration and stoma output. Ramadan can be followed with advice from the stoma nurse and Imam. The following is advice that can be helpful to Muslim patients during Ramadan:

- Avoid salty foods as they can make you thirsty.
- Control output by avoiding foods that make output loose or give you wind (leafy green vegetables, very spicy foods, baked beans and too much fish).
- Stay well hydrated when not fasting - drinking at least 2 litres of non-fizzy water or caffeine-free drinks.
- Juicing fruits and vegetables can be a way of getting health benefits and extra fluids.

Medilink offers a useful leaflet for patients with advice on fasting during Ramadan.



Clothing and siting issues

It is important to bear in mind the following with regard to clothing and issues surrounding the siting of the stoma:

Restrictions and rules: of a particular faith.

Modesty: many faiths have modesty considerations which must be abided by.

Ceremonial dress: this might have an impact on the ease of changing the bag for example.

Praying positions: ensure the patient demonstrates all praying positions during the siting appointment, as this can affect where the stoma would be best placed.

Clothing when siting: patients may attend the siting appointment wearing different clothes to those worn at home or to their place of worship. So it is important to ask them to bring along any other clothing they wear frequently.



Place of worship

One piece of research has shown that 25% of Muslim patients who have a stoma, stop going to their place of worship after their stoma surgery and 14% decrease the frequency of attending daily or Friday prayers (Akgul B, Karcdag A; The Effect of Colostomy and Ileostomy on Acts of worship in the Islamic Faith. J Wound Ostomy Nurs.2016;43(4):392-397). This can be for a variety of reasons, which are discussed below. However, with careful consideration and planning, patients should still be able to attend their place of worship and therefore continue to practice their faith as before.

- Churches, Mosques, Temples and Synagogues are all different and all have differing rules and customs that might impact on a patient with a stoma. Some patients may feel they are unable to attend their place of worship because their stoma contravenes the rules of their particular faith.
- Toilet facilities can vary and may not be ideal for carrying out stoma care, so patients may be concerned about using these during visits. By planning ahead, most patients should be able to avoid the need to empty or change their appliance during visits to their place of worship.
- Hygiene rituals before prayer may be time consuming and any Muslim attending Mosque must ensure no bodily fluids or flatus could leak whilst there. A filter cover may be required for bowel stoma patients to ensure any flatus remains inside the stoma pouch whilst attending Mosque. This can then be removed afterwards.

• Patients may also be concerned about their stoma and/ or bag making noises and causing embarrassment during worship, and the fear of leaks is paramount.

• The timing of services can impact a patient with a stoma, as it may mean rushing their stoma care routine to attend an early morning service for example. However, with careful planning patients should be able to ensure they are ready and able to get to worship.

Language and communication

If a patient's first language is not English, and they do not speak any/ much English, there can be great difficulties in both written and verbal communication throughout the patient's journey. Things to consider here include:

- The use of official translators, rather than family members. It has been discovered that some family members may choose not to translate any bad news to patients in order to protect them. It is also often inappropriate when discussing potentially embarrassing or intimate topics to use other family members to translate. In order to avoid this, official hospital translators should be used.

Medilink Language Line

The Medilink Language Line service is extremely helpful in these situations, as I have been able to utilise this in visits to patients.

- Consider the use of other methods of communication when discussing the patient's care and stoma routine: DVDs, photographic guides, Demonstration with pre-op teaching aids.