A patient with neobladder for the first time: The Application of Orem’s Theory

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Background

Patients with bladder cancer who have received Radical Cystectomy With Neobladder reconstruction suffer, after surgery, not only uncontrollable urination, but also frequent urinary incontinence, leading to lingering smell of urine and reliance on diapers, which are embarrassing and hampering. All of these not only affect the patients’ interactions with others, but also are detrimental to the patients both physically and mentally.

Neobladder is constructed from a segment of the small bowel. Since intestinal cells secrete mucus, urinary retention can occur when the accumulated mucus layer becomes too thick. To prevent mucus obstruction, the patients need to learn how to irrigate their urinary catheters, taking care of the Neobladder at home is a crucial process, hence a topic worth discussing.

I. Knowledge establishment:

- Distributing leaflets about health education let the patients keep informed.
- Encouraging the patients to participate in the cancer society.
- The patient was also given a list that detailed necessary items for self-care at home.

II. Teaching self-care technique:

- First, teaching technique of the Kegel exercise and continuous training of pelvic floor exercise.
- Second, the patient was instructed on the Foley single irrigation. How can the patients start to irrigate the Neobladder? The followings are the items to be prepared and steps to be followed(Fig.1 · Fig.2 · Fig.3). For the first time, foley single irrigation was demonstrated by the nurse and then performed by the patient independently.

Purpose

Although the appearance does not change obviously by the colostomy, the voiding function is no longer the same as that in average adult. Due to the changes in the body image, patient may feel alone, isolated and unable to enjoy life again. Additionally, patients tend to lack the knowledge of symptom handling and self-care, which is not only a challenge, but also pressure.

Method

By applying Orem’s self-care theory, an assessment of physical, psychological, social and self-care abilities was conducted on the subject patient to assess self-care deficit when her self-care needs exceeded her self-care abilities. Above all, taken into account, main health issues were identified, that is voiding dysfunction, body image disturbance and knowledge deficit. Based on these issues, it was possible to help the patient through three-phase interactions.

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As mentioned previously, physical limitations lead to psychological impacts and this also affects self-care abilities. So, how can we help the patient? First, guide the patient to express their feelings over the course of foley single irrigation. Second, encourage patients to express feelings of frustration or anxiety accompanied by the psychologist. Third, encourage family members to take part in the treatment process and accompany patients. Finally, provide the information regarding support groups, Psychological counseling and Information & Referral Service to patients.

III. Evaluation of the patient’s self-care skills:

- Patient can perform foley single irrigation independently. Set up a discharge plan through the discharge preparation service and have a phone interview by nurses.
- Eventually, the patient successfully built self-confidence, engaged herself in active learning and was able to demonstrate self-care abilities. The biggest limitation in Taiwan is that the patient can carry out self-care technique and we can give some advice and concern via telephone, we don’t know that if patients take good care themselves after discharge. In America, the nurses in hospital will cooperate with home care nurses. After patients is discharged, the home care nurses will visit the patient and provide self-care instructions. Therefore, we still have a long way to go.