

Survey on infection and quality of life related to body image in patients with permanent tracheostomy

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Objectives: Treatment for head and neck cancer should be evaluated for both survival rate and post-treatment QOL (quality of life). QOL is the most important aspect to consider in patients with head and neck cancer. Changes in body image as aphonia or stoma by total laryngectomy are reported to affect for patients' lifestyle. Some studies focused on quality study using interview but less of QOL survey in this topic. The purpose of this study is to clarify infection of stoma and QOL related to the body image in a permanent tracheostomy patient.

Methods: Outpatients who underwent laryngectomy at a regional medical care support hospital were required to communicate without impairment in cognitive functions as judged by a physician. The patients agreed to answer our questionnaires were asked their age, number of months/years since laryngectomy, sex, current work status and marital/family status on an attached datasheet. Whether there is work, presence or absence of spouse, presence of spouse / child / grandchild, presence of cohabiting family. We also used the European Organization for Research and Treatment of Cancer, Quality of Life Questionnaires (EORTC QLQ C30, EORTC QLQ-H&N35) to determine the actual QOL of post-discharge patients who underwent laryngectomies. Questionnaire were administered once per patient. Analysis using Pearson's correlation coefficient was performed to examine the similar trends of the QLQ-H&N35 and QLQ-C30. The statistical software SPSS for Windows (Version 24.0J) was put in use.

Findings: Sixty-two patients (87% men) who underwent a laryngectomy at a regional medical care support hospital and provided informed consent were included. The subjects' [median (quartile)] was [67 (62.8, 71.0)] years of age. The number of days visiting the hospital after discharge was [3.0(0.7,

5.4)] years. Twenty-three were substitute utterance users were (35.4%). Three were infected with tracheostomy (4.8%); only infected patients with tracheostomy had antibiotics. Four patients (6.5%) were treated by tracheostomy external medicine. The trouble with social contact was positively correlated to "Trouble having social contact with family (hn25) and Trouble having social contact with friends (hn26)"-related items ($r=0.70$, $p<0.01$).

Discussion: There were far fewer trachea infections even median three years since the permanent tracheal puncture. In addition, there were few patients using external medicine, and tracheal puncture management seemed to work well without skin trouble appearance. On the other hand, this study showed clearly that the change of the body image accompanying the construction of a permanent tracheostomy makes patients feel difficult during social contact with others, especially with familiar people such as friends and family members, even if a relatively long time passed after discharge.

Conclusion: Permanent tracheae patients live with lower incidence of infection of tracheostomy and skin troubles after discharge. On the other hand, it was suggested that the change in body image accompanying the construction of the permanent tracheostomy related to trouble social contact with familiar people.

Speaker Biography

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