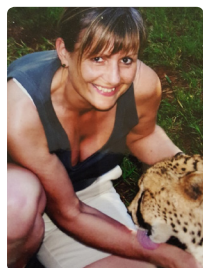


Quality Of Life Case Study

Jen Anderson: Age 59



Introduction



I first experienced urgency symptoms in my mid-twenties. I was visiting the bathroom up to 20 times a day which greatly affected my quality of life and restricted what I could do. I tried everything from monitoring my liquid intake to taking over the counter remedies but nothing worked. My GP informed me that I had Irritable Bowel Syndrome. I lost weight and felt awful. I had to carefully plan my days to make sure I knew where the nearest toilets were.

This restricted where I could go and what I could do and impacted my social life and relationships. One day I had such bad pain in my ankle which spread up my leg and across my hips that I was unable to move. Finally, I was diagnosed with Crohn's Disease.

Treatment Pathway

To control the symptoms, I was put on steroids for two years. I suffered from the usual side effects (moon face, hairiness, irritability and insomnia) but had no real improvement. In my late 20s, I developed a large peri-anal abscess which was laid open. It was so large that it took a year to finally close and heal. It was extremely painful and distressing and affected my self-confidence. Some years later, my Crohn's flared up to such an extent that I had a blockage in my descending colon and needed emergency surgery with a left hemicolectomy.

Over the years, I was prescribed various drugs, some of which improved my condition and some of which had little or no effect. I then developed faecal incontinence due to the abscess surgery and poor muscle tone coupled with the aging process. I was referred to a pelvic floor specialist, but my rectal muscles were so poor that it was recommended I had a loop colostomy.

Surgery

The procedure was carried out laparoscopically in February 2019. The surgery was difficult due to the strictures from the anastomosis when I had the hemicolectomy. The piece attached to my rectum had little or no stretch. As a consequence, I experienced a pulling on my left side. More worryingly, I was still losing faecal matter from my rectum. It was agreed that the surgery was not successful and it was planned that I would go back for further surgery. The stoma nurse came to see me before I was discharged to teach me how to manage the bag.

At home, the skin around my stoma became increasingly sore until I barely knew what to do with myself. I came to accept my bag, whom I call Bert. I didn't like it, in fact I positively hated it at times. I was paranoid that I smelt and I could not find any clothes that were comfortable as the waistbands cut across the stoma and the bag felt it was dragging all the time. Life was miserable.



My stoma in March 2019 after corrective surgery and before using the Dansac NovaLife TRE 1-piece pouch.



My stoma in July 2019.

Later that month, I went back for further surgery (defunctioning colostomy). My surgeon recommended moving the bag to my right side as my first surgery had not worked. I asked him if he would stitch the first stoma up but he said that I would have to manage with two bags for a while. I was horrified and asked him to try and rectify the problem and not to move the stoma, as I could not bear to have two bags.

I awoke from surgery with a terrible pain in my right side but thankfully no second bag. The surgeon had cut the rectum away from the stoma and stapled off the end. I couldn't walk well due to the pain in my right side, but thankfully the pulling sensation had gone. At home, Bert and I were learning to get along together but he still wasn't my friend. The skin around my stoma was sore, despite what I tried. I asked for a protective box on a belt to try to stop my waistbands catching across the stoma. My underwear was uncomfortable, my bag dragged. I thought this was now my life going forward.

“ Without the Dansac NovaLife TRE pouch, I would not be where I am today. ”

Intervention

To try and solve the waist band issue, I ordered underwear from a specialist company which has a pouch in the front for the bag to sit in. The company representative told me that there would be an exhibition locally for stoma patients and invited me to attend.

At the exhibition I was introduced to Dansac and really liked the feel of their bags. Once home, I made an appointment with my NHS stoma nurse to ask more about the Dansac bags and she suggested I try the new Dansac NovaLife TRE 1-piece pouch along with the TRE seal to help address the skin problems around my stoma.

Impact

I am not exaggerating when I say it was totally life changing for me. Within a couple of days, I could barely feel I was wearing a bag at all. The soreness improved and my clothes felt more comfortable. I found a new confidence in myself and Bert became my friend.

I now walk my dogs and garden without the constant feeling of soreness and dragging. The bag is so soft on my skin and easy to use, that most of the time I forget I am wearing it. I wear close fitting clothes and no longer worry if they 'Can they see my bag?' My confidence has soared and I have returned to work.

Only five weeks post-surgery I was already feeling so much better that on my birthday in April I managed an eight mile walk in the English countryside. The old Jen was back!

About Dansac NovaLife TRE

Living with a stoma does not have to mean accepting peristomal skin complications. Helping the skin around the stoma stay healthy goes a long way in enhancing the quality of people's lives.

The **Dansac NovaLife TRE** ostomy barrier is designed to help keep skin naturally healthy with 3 levels of protection: **Adhesion, Absorption and pH Balance.**

The best skin is healthy skin.

For more information, contact your local representative.



CE Prior to use, be sure to read the Instructions for Use for information regarding Intended Use, Contraindications, Warnings, Precautions, and Instructions.

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Disclaimer: This case study is representative of the patient's experience, but the exact results and experience will be unique and individual to each person.