# Urostoma APPtimize: Improving quality of life of patients having a urostomy by offering personalised and timed guidance and peer-contact in a patient-centred mobile application

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The main objective of this study is to investigate whether quality of life can be improved by personalised and timed guidance, and/or use of the peer-support platform; as provided by a patient-centred mobile application.

**Ethical review** Approved WMO **Status** Recruiting

**Health condition type** Renal and urinary tract neoplasms malignant and unspecified

Study type Interventional

## Summary

#### ID

NL-OMON54351

#### Source

**ToetsingOnline** 

#### **Brief title**

Urostoma APPtimize

## Condition

- Renal and urinary tract neoplasms malignant and unspecified
- Bladder and bladder neck disorders (excl calculi)
- Renal and urinary tract therapeutic procedures

#### **Synonym**

bladder cancer

#### Research involving

Human

## **Sponsors and support**

**Primary sponsor:** Chirurgie

Source(s) of monetary or material Support: Stichting 1973

## Intervention

**Keyword:** mobile application, quality of life, urostomy

## **Outcome measures**

## **Primary outcome**

Quality of life

## **Secondary outcome**

Postoperative data < 30 days

- Length of hospital stay: continuous variable, measured in days
- Complications major: ordinal variable, Clavien Dindo Classification of surgical complications (III-V)
- Complications minor: ordinal variable, Clavien Dindo Classification of surgical complications (I-II)
- Overall morbidity within the first 30 days postoperative
- Reoperations: dichotomous variable, Yes/No
- Readmission <30 days: dichotomous variable, Yes/No</li>
- In-hospital mortality: dichotomous variable, Yes/No
- Number of outpatients visits: continuous variable,
- Self-reported problems related to a stoma: nominal ordinal

Postoperative data < 90 days

- Complications major: ordinal variable, Clavien Dindo Classification of surgical complications (III-V)
- Complications minor: ordinal variable, Clavien Dindo Classification of surgical complications (I-II)
- Overall morbidity within the first 90 days postoperative
- Reoperations: dichotomous variable, Yes/No
- Readmission <90 days: dichotomous variable, Yes/No</li>
- Number of outpatients visits: continuous variable,
- Self-reported problems related to a stoma: nominal ordinal

Postoperative data < 180 days

- Complications major: ordinal variable, Clavien Dindo Classification of surgical complications (III-V)
- Complications minor: ordinal variable, Clavien Dindo Classification of surgical complications (I-II)
- Overall morbidity within the first 180 days postoperative
- Reoperations: dichotomous variable, Yes/No
- Readmission <180 days: dichotomous variable, Yes/No</li>
- · Number of outpatients visits: continuous variable,
- Self-reported problems related to a stoma: nominal ordinal

Postoperative data < 1 year

• Complications - major: ordinal variable, Clavien Dindo Classification of surgical complications (III-V)

3 - Urostoma APPtimize: Improving quality of life of patients having a urostomy by o ... 28-04-2025

- Complications minor: ordinal variable, Clavien Dindo Classification of surgical complications (I-II)
- Overall morbidity within the first 180 days postoperative
- Reoperations: dichotomous variable, Yes/No
- Readmission <180 days: dichotomous variable, Yes/No
- · Number of outpatients visits: continuous variable,
- Self-reported problems related to a stoma: nominal ordinal

#### **PROMS**

- General quality of life: measured with the WHOQoL: questionnaire consisting of ordinal variables
- Stoma quality of life: measured with the Stoma-QoL questionnaire consisting of ordinal variables
- Disabillity: measured with the WHODAS2 questionnaire consisting of ordinal variables
- Psychosocial adaption measured with the OAI-23 questionnaire consisting of ordinal variables
- Patient satisfaction questionnaire: measured with a self-developed patient satisfaction questionnaire consisting of ordinal variables

# **Study description**

## **Background summary**

Having a stoma often has a negative impact on the self-image and daily functioning of the patient, resulting in a reduced quality of life. Patient

4 - Urostoma APPtimize: Improving quality of life of patients having a urostomy by o ... 28-04-2025

education and -guidance is of crucial importance for patients having a stoma. Patients have to adapt to and cope with the new situation, which might be difficult and result in insecurities. Insecurities are reported to lead to a variety of psychosocial problems. Self-efficacy is known to be associated with a reduction of these psychosocial problems and stoma-related morbidities.

## Study objective

The main objective of this study is to investigate whether quality of life can be improved by personalised and timed guidance, and/or use of the peer-support platform; as provided by a patient-centred mobile application.

## Study design

Multicenter double blinded randomized controlled trial, with a control group

#### Intervention

A mobile application offering personalised and timed guidance and information -such as operation-specific information and the associated care path. Also, they have access to a peer-support platform. Based on the date of surgery and discharge, a timeline is generated within the application. Information becomes available when it's relevant for the patient. Information is brought to the user's attention with pushnotifications.

Besides informing patients and motivating them to participate in their own care pathway, the app has a function in registering study outcomes,

## Study burden and risks

Both the control group as well as the intervention group will receive care conform the current standard and use a mobile application. The only difference is the personalised and timed information and peer-contact within the intervention group, therefore no additional risks are associated with participation in this trial. Burden of participation is restricted to the completion of five different questionnaires

## **Contacts**

#### **Public**

Selecteer

Meibergdreef 9 Amsterdam 1105 AZ NL

#### **Scientific**

Selecteer

Meibergdreef 9 Amsterdam 1105 AZ NL

## **Trial sites**

## **Listed location countries**

**Netherlands** 

# **Eligibility criteria**

## Age

Elderly (65 years and older)

## Inclusion criteria

Individuals scheduled for elective surgery ending in urostomy. Adults aged >=18 years Possession of a smartphone operated with iOS 9 and up or Android 8.0 and up

## **Exclusion criteria**

Patients with a Karnofsky score <=40
Incompetence of understanding the Dutch language
Visual impairment, unless well corrected with visual aids
Physical disabilities limiting the use of a mobile application, such as
Parkinson\*s disease

# Study design

## **Design**

Study type: Interventional

Intervention model: Parallel

Allocation: Randomized controlled trial

Masking: Double blinded (masking used)

Control: Active

Primary purpose: Health services research

## Recruitment

NL

Recruitment status: Recruiting
Start date (anticipated): 05-05-2022

Enrollment: 208

Type: Actual

## Medical products/devices used

Generic name: Stoma App

Registration: Yes - CE intended use

## **Ethics review**

Approved WMO

Date: 19-10-2021

Application type: First submission

Review commission: METC Amsterdam UMC

Approved WMO

Date: 15-05-2023

Application type: Amendment

Review commission: MEC Academisch Medisch Centrum (Amsterdam)

Kamer G4-214

Postbus 22660

1100 DD Amsterdam

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# **Study registrations**

## Followed up by the following (possibly more current) registration

No registrations found.

## Other (possibly less up-to-date) registrations in this register

No registrations found.

## In other registers

Register ID

CCMO NL78192.018.21