

“Islam and the urinary stoma – A contemporary theological and urological dilemma”.

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Abstract

Background:

The Islamic prayer ritual is an essential component which requires entering a state of physical purity (“*wudhu*”) through ablution, which is invalidated by voiding. An important dilemma, for patient and surgeon, may arise when a Muslim patient is counselled for cystectomy due to the belief by some that an incontinent urinary diversion will automatically invalidate their “*wudhu*”.

Objective:

To determine if there are any religious barriers and implications for Muslims patients undergoing an incontinent urinary diversion.

Design, setting and participants:

A questionnaire was distributed to all U.K mosques addressed to the imam (n=804).

Results and limitations:

A total of 134 (response rate = 16.7%) imams responded. There was a general agreement amongst imams with >90% answering that it is possible for a Muslim to perform ablution, pray and enter a mosque with a urinary stoma. The majority of imams (86.6%) also stated that refusal of a urinary stoma was not justified by religious teachings. When asked if patients should undergo the option of a neo-bladder despite this surgery having a greater risk, 57.5% of respondents stated that they were either unsure or agreed with this alternative.

Conclusions:

The majority of imams agree that Muslims with a urinary stoma are able to maintain their ablution allowing them to conduct their daily prayers and this form of surgery should not be refused on religious grounds. Our study suggests that the consensus view is that a urinary stoma is not contra-indicated with regards to the practice of Islamic prayer rituals.

Patient Summary:

In this report we investigated if having a urinary stoma would be a religious barrier for Muslim patients to perform their obligatory prayer rituals. The overwhelming majority of imams stated that having a urinary stoma should not stop Muslim patients practicing important aspects of their faith.

Introduction:

With 1.2 billion followers, Islam is the second most widely practiced religion worldwide. According to the office for national statistics, 4.8% of the United Kingdoms (U.K) population describes their religious affiliation as Islam. Currently mainland and Mediterranean Europe is experiencing a massive humanitarian crisis with the arrival of refugees and migrants who are predominately of the Muslim faith¹. Prayer is considered as one of Islam's five pillars (essential acts and beliefs). Five daily prayers are prescribed and for each, the devotee must be in a state of ritual purity entered into through physical ablution. This state must be maintained throughout the duration of each prayer (5-10 mins) or the prayer is considered invalidated. Bodily functions including, voiding, passing flatus or faeces all necessitate re-ablution.

Bladder cancer is a common urologic malignancy that may need curative or palliative exenterative surgery². Cystectomy necessitates reconstruction of the lower urinary tract to enable urinary drainage. In the U.K, the majority of patients receive an ileal conduit for either medical reasons or through patient or surgeon preference³. In contrast, it has been shown that in majority Muslim countries, a continent urinary diversion is performed following a cystectomy in over 50% of cases⁴. The factors influencing patients include their perception of life with a stoma, how this will impact upon their body image and quality of life in addition to the longer rehabilitation and risk of needing to self catheterise with a neobladder⁵.

In our experience, we have noticed a tendency for Muslim patients, of both sexes and all ages, to request neobladder formation citing religious reasons for their choice of surgery. Most fear that the continuous expulsion of urine with an ileal conduit will invalidate their ritual purity and as a consequence their acts of prayer. This may be a reason for the significantly lower quality of life reported by Muslim patients following stoma surgery as compared to non-Muslims⁶. Moreover the reportedly suboptimal awareness of Islamic practices amongst surgeons performing stoma surgery may hinder a fully informed discussion prior to surgery⁷. This is an issue we envisage urologist throughout Europe will face more frequently due to the changes in the demographics and healthcare needs of our population.

In this study we set out to gauge the opinions of the religious leaders within the Muslim community concerning theological implications that arise in the treatment of Muslim patients undergoing cystectomy.

Materials and Methods

We constructed a questionnaire asking 5 questions relating a urinary stoma to the practice of Islam (table 1). In lay-terms, it explained the description and reasons for the requirement of a urinary stoma in a bladder cancer patient.

We distributed the questionnaires by post to all U.K. mosques listed on the Muslim directory 2011 (n=804), addressed to the imam (Muslim religious leader of the mosque). A stamped addressed envelope and our telephone, email and postal address were included for further enquiries. Our awaited response time was 12 weeks.

In addition to English, all mosques were sent a translation of this questionnaire in 4 alternative languages – Bengali, Urdu, Arabic and Gujarati – which form the majority of the ethnic languages of U.K Muslims (Office of National Statistics 2011).

Data from our responses was inputted independently by two of the authors to minimize collection errors.

Results

A total of 134 mosques (16.7%) replied to our questionnaire in full (table 1). Forty-five out of the 134 (33.6%) replied in one of the 4 translated languages. Areas with a higher response rate corresponded with those areas with a larger Muslim population (figure 1). Six U.K counties (Greater London, Greater Manchester, Lancashire, West Yorkshire, South Yorkshire and West Midlands) represented >50% of responses.

With the first three questions there was a general agreement amongst imams with >90% answering that it is possible for a Muslim to perform ablution, pray and enter a mosque with a stoma.

Refusing surgery on the grounds that a stoma will not allow a patient to remain in a state of ritual purity and perform their daily prayers was concurred with only 3% of imams.

Question 5 which pertains to whether a patient should undergo a neo-bladder formation over an ileal-conduit had the greatest level of uncertainty of responses with 57.5% of respondents stating that they were either unsure or agreed with the option of neo-bladder despite this surgery having a greater risk.

Discussion

Islamic rulings are derived from the Quran and the teachings of prophet Mohammed and are encapsulated in the shariah. Scholars of Islamic jurisprudence derive new aspects of the shariah from these sources to guide Muslims when new situations arise. In Islam a fatwa is a non-binding legal opinion or advisory ruling given by Islamic scholars on questions submitted to them by individuals, courts, non-governmental-organizations or governments⁸. Fatwas are advisory and contestable which allows a dissatisfied questioner to approach another mufti or organization for a second opinion⁸. The use of fatwas have helped clinicians to council Muslim patients in all aspects of surgery including organ

transplantation, blood transfusion, plastic and cosmetic surgery, use of alcohol and porcine products in drugs and post-mortems^{8 9}.

With that in mind, the consensus opinion regarding a Muslim who is unable to prevent the expulsion of urine from their body for longer than the duration of one of their 5 daily prayers will make them exempt from having to repeat their ablution during that period of prayer. The individual should perform a single ablution which will last for the entire prayer. At the onset of a new prayer the individual is required to perform the ablution again. Our evidence for this statement is derived from multiple sources with no known contradictions

- (i) The International Ostomy Association (IOA) alongside it's regional associations – European Ostomy Association (EOA), Asia South Pacific Ostomy Association and Ostomy Associations of Americas have collectively released a fatwa supporting the above practice (<http://www.ostomyinternational.org/about-us/fatwa.html> - accessed on 05/06/17).
- (ii) The Muslim Ostomy Association - released a fatwa stating ostomates who experience leakage from an ostomy during a prayer can continue praying until the end of that prayer⁶.
- (iii) Prominent Islamic leaders have derived the same ruling based on evidence from the teachings of the messenger of Islam- Mohammed who advised a woman with dysfunctional uterine bleeding to perform her prayers despite ongoing vaginal bleeding beyond the normal length

of her period, as quoted in a collection by imam Bukhari (Hadeeth 226) and Muslim (Hadeeth 333).

It has been shown that a religious disruption of a Muslim patient's life occurs following the creation of a permanent stoma in comparison to those who avoid stoma requiring surgery⁹. Muslim patients with stomas avoid or reduce their participation in congregational prayers due to a fear of perceived inferior hygiene and fear of leakage⁹. Our data has demonstrated that the overwhelming majority of imams who lead congregational prayers in a mosque have stated that the presence of a urostomy should not be a barrier for such patients to enter the mosque and to participate in this religious ritual. Furthermore the overwhelming majority of Imams have stated that patients with a urostomy are able to perform wudhu and their 5 daily prayers.

With regards to patients who refuse surgery for bladder cancer with the belief that they will not be able to maintain a state of ritual purity, again the vast majority of imams state that this form of surgery should not be refused on religious grounds. This can be used by clinicians as evidence to ask the Muslim patient to seek advice from an imam with understanding of the issues. Appropriate religious counseling is available from local or regional hospital Islamic chaplaincy services throughout the U.K.

Interestingly the final question raised the most uncertainty amongst imams; “If one could undergo surgery which would lead to no continuous leakage of urine out of the body but had a risk of having complications, would you advise them to take that option?”. This is most likely due to the issue of risk being left purposefully vague by ourselves. The perception of surgical risk for the same procedure is variable between each patient¹⁰. Surgical risk is individually assessed and it is very difficult to convey this in a structured question. Indeed, consent takes time and in our practice, the patient is seen by the surgeon on more than one occasion and also has time to discuss the options with a cancer and urology stoma nurse specialist. Reflecting this in a short question would have limited the applicability of the answer to situations only with those specific circumstances. Therefore the meaning of “risk” was left to the individual to decide. Encouragingly, a number of imams asked for more details of what this risk entailed and this suggests some flexibility in the response. This would then leave it to the patient to decide based on their discussion with their urology team based on their individual risk.

Within Islam there are various sects and sub-sects of the religion, each possessing theological differences in the belief and practice of this faith. Generally, members to these sects are directly related to geographical locations globally. Our study purposely had no exclusion criteria with the questionnaire being sent to all mosques in the U.K regardless of the sect or the serving ethnic population. We took the additional step of translating our questionnaire to numerous languages to account for potential geographical differences in the interpretation of Islam issues regarding prayer rituals.

Our study limitations include a response rate of 16.7%. Our low-response rate could have been addressed with a second wave of questionnaires and also providing a web-based response option. Additionally, our study only invited imams from U.K to participate. Future studies should attempt to gain the views from a wider participation audience namely imams based in both Muslim majority and minority countries.

Our data is the first to indicate that the religious perceptions a Muslim patient may carry regarding urinary stoma surgery is in stark contrast to what imams would preach to their congregation. The European urological community and beyond will undoubtedly be aware of the changing population of our patients which will include a greater number of Muslim patients. We should be made aware of the religious fears and distress our Muslim patients may harbour regarding stoma formation. Muslim patients who require the formation of a urinary stoma and express an interest for religious counseling prior to their surgery should be offered this service. They should be made aware that a urinary stoma is not contra-indicated with regards to the practice of their faith and the majority of imams across all sects and nationalities support this view.

Conclusion:

The majority of imams agree that Muslims with a urinary stoma are able to maintain their ablution allowing them to conduct their daily prayers and this form

of surgery should not be refused on religious grounds. Our study suggests that the consensus view is that a urinary stoma is not contra-indicated with regards to the practice of Islamic prayer rituals.

Patient Summary:

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Tables

Question	Yes	No	Unsure
Is it possible to make and keep wudhu with a urinary stoma?	94%	3.7%	2.3%
Is it possible to enter a mosque with a urinary stoma?	92.5%	6%	1.5%
Is it possible to pray with a urinary stoma?	97%	2.3%	0.7%
Is it preferable to refuse necessary surgery on the grounds that a stoma would not allow them to keep wudhu?	3%	86.6%	10.4%
If one could undergo surgery which would lead to no continuous leakage of urine out of the body but had a greater risk of having complications would you advise them to take that option?	23.2%	42.5%	34.3%

*Wudhu= Ablution

Table 1: results from the questionnaire sent to all U.K. mosques.

Figures

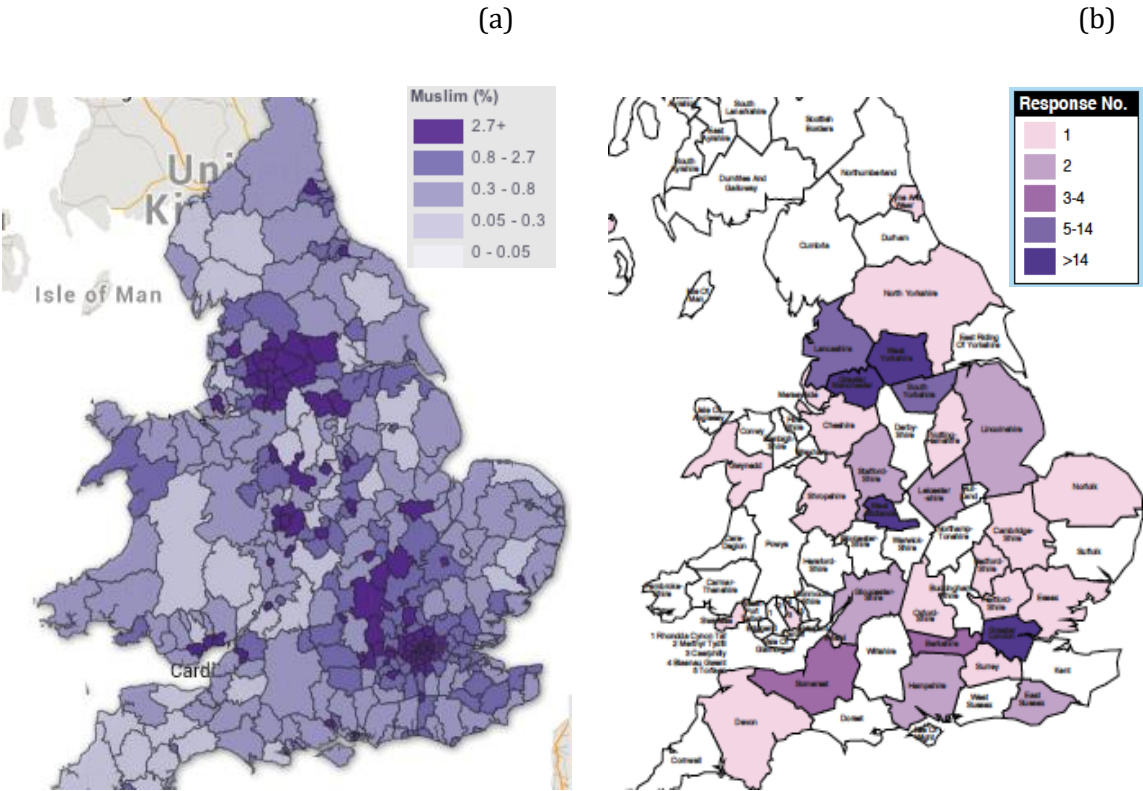


Figure 1(a): U.K Muslim population (2011 U.K Census). 1(b): Survey responses.

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Appendix 1. Sample of questionnaire.

Dear Imam,

We are a group of Muslim doctors writing to obtain opinions of Imams from mosques throughout the U.K. We would be grateful if the Imam of this masjid could kindly fill in the enclosed questionnaire and return it in the stamp addressed envelope provided. If you have any further questions or would like a different translation of the questionnaire to those provided, please do not hesitate to contact us at the address/ numbers provided.

In our practice we come across many Muslim patients that have bladder cancer and require a stoma. A stoma is needed in patients with bladder cancer who require the removal of the bladder and then urine has to come out of the body directly into a bag. This means that urine will be continually leaking from the abdomen into a closed bag, which the patient empties every so often.

We would like to know what advice you would give a Muslim from your mosque regarding the following questions:

Please circle your response:

1) Is it possible to make and keep wudhu with a urinary stoma?

Yes No Not sure

2) Is it possible to enter a mosque with a urinary stoma?

Yes No Not sure

3) Is it possible to pray with a urinary stoma?

Yes No Not sure

4) Is it preferable to refuse necessary surgery on the grounds that the stoma would not allow them to keep wudhu?

Yes No Not sure

5) If one could undergo surgery which would lead to **no** continuous leakage of urine out of the body but had a risk of having complications would you advise them to take that option?

Yes

No

Not Sure