



## ORIGINAL ARTICLE

# Approaching the experience of people through the process of a colostomy<sup>☆</sup>



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### KEYWORDS

Colostomy;  
Colon cancer;  
Social identification;  
Social stigma;  
Body image;  
Qualitative research

### Abstract

**Objective:** The purpose of this paper is to explore the experience of people who go through the process of a colostomy.

**Method:** Methodological approach of qualitative type and with a phenomenological framework, through in-depth interviews. Six women and 12 men, between 38 and 86 years of age, were interviewed before and after surgery, between 3 and 6 months after the intervention. The discourses were recorded and transcribed verbatim and analyzed following the 3 stages of Taylor and Bogdan: finding in progress, data coding and refinement of the understanding of the subject of study, and relativization of the findings.

**Results:** Colon cancer and colostomy involve changes in a person's experience of privacy, and the connotations of "stigma" that can be attached to this vital element. It has been observed that the perception of deteriorated body image does not relate to an individual's gender, but rather to their age, work situation, type of work and social and cultural context.

**Conclusions:** The reconstruction of an individual's relationship map, as a strategy for adapting to the process, is interrelated with social, cultural, and stoma management factors, and with their capacity for effective problem solving.

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**PALABRAS CLAVE**

Colostomía;  
Cáncer de colon;  
Identificación social;  
Estigma social;  
Imagen corporal;  
Investigación  
cualitativa

**Aproximación a la vivencia de las personas en el proceso de una colostomía****Resumen**

*Objetivo:* Este trabajo tiene como objeto explorar las vivencias de las personas que transitan por el proceso de una colostomía.

*Método:* Abordaje metodológico descriptivo de tipo cualitativo y con un encuadre fenomenológico, a través de entrevistas en profundidad. Seis mujeres y 12 hombres, entre 38 y 86 años de edad, fueron entrevistados antes y después de la cirugía, entre los 3 y los 6 meses posteriores a la intervención. Los discursos fueron grabados y transcritos verbatim y analizados siguiendo las 3 etapas de Taylor y Bogdan: de descubrimiento en progreso, de codificación de los datos y refinamiento de la comprensión del tema de estudio, y de relativización de los descubrimientos.

*Resultados:* El cáncer de colon y la colostomía suponen cambios en la vivencia de la esfera privada, en la que se introduce este componente vital con connotaciones de «estigma». Se observa que la percepción del deterioro de la imagen corporal no está relacionada con el sexo sino más bien con la edad, con la situación laboral, con el tipo de trabajo que realiza el individuo y con el contexto social y cultural al que se pertenece.

*Conclusiones:* La reconstrucción del mapa de relaciones del individuo, como estrategia de adaptación al proceso, se interrelaciona con factores sociales, culturales, de manejo del estoma y con la capacidad del individuo para la resolución efectiva de problemas.

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**What do we know?**

Bearing in mind what has been considered up to now in the evidence available, information and education for patients with colon cancer, in the process of a colostomy, is as important in the preoperative phase as it is in the postoperative. Some studies show the importance of the stoma nurse in education, information and support for colostomy patients, however they also reveal a deficit in terms of medium and long term follow-up in their own field: the community. For this reason, in other countries the benefits of conducting telephone follow-up have been explored, obtaining evident improvements in the perception of the process and the adaptation of the individual.

**What does this contribute?**

Our study aims to approach the experience of the patient with colostomy colon cancer from a holistic viewpoint that will be very useful in the therapeutic approach to colostomy patients. This will enable us to adapt professional practice to new strategies of patient-centred care, in order to provide continuity of care in the medium and long term in the community, given the chronic nature of this process.

**Introduction**

Colon cancer is the malignant tumour with the highest incidence in Spain, with figures between 28,500 and 33,800 new cases every year. Approximately 20,000 new cases occur in men and 14,000 in women and will affect one in 20 men and one in 30 women before they reach 74 years of age.<sup>1</sup>

Therefore, age is a fundamental risk factor, with an abrupt increase in incidence starting at age 50. Most cases are diagnosed between 65 and 75 years of age, with a maximum at 70 (70–80% of cases), although cases are recorded from 35 to 40 years (20%) onwards.<sup>2</sup>

Performing a colostomy in patients with colon cancer is directly related to the proximity of the tumour to the anal margin. Although it is always preferable to perform conservative surgery, tumours located in the lower third, at less than 5 cm from the anal sphincter, will in most cases require a permanent colostomy (15%), due to the need to remove healthy segments of the digestive tract that do not provide enough margin to join the rectum to the sphincter. Colon cancer is the malignant tumour with the highest incidence in Spain, with figures between 28,500 and 33,800 new cases every year. Approximately 20,000 new cases occur in men and 14,000 in women and will affect one in 20 men and one in 30 women before they reach 74 years of age.<sup>1</sup>

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