



Original Article

Epidemiological characterization of ostomized patients attended in referral Center from the city of Maceió, Alagoas, Brazil[☆]



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ABSTRACT

Introduction: Several clinical conditions imply the realization of a bowel ostomy, as a treatment option. However, the presence of a stoma is an important limitation in the quality of life of the ostomized patient.

Aim: To define the epidemiological profile of patients enrolled in the Ostomy Program from two reference services in the city of Maceió, Alagoas, regarding gender, age, classification (as permanent or temporary), type of ostomy with respect to the bowel segment used, and causes.

Method: This was a descriptive cross-sectional study whose data were obtained from registration forms of active patients in Ostomy Programs on May 2013.

Results: Of 216 patients analyzed, 50.5% were female and 49.5% male. The age group with the highest number of cases was that between 60 and 69 years (23.6%) and the average age was 51.3 years. Colostomies accounted for 89.4% of the procedures performed, and 56.9% of procedures were temporary ostomies. As for the cause, the most prevalent was colorectal cancer (40.7%), followed by trauma (18.1%) and acute abdomen (12.0%).

Conclusion: The study provides relevant data that can be used as input for prevention and strategies to improve the health of the ostomized population.

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Caracterização epidemiológica de pacientes ostomizados atendidos em centro de referência, Maceió, Alagoas, Brasil

R E S U M O

Palavras-chave:

Ostomia
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Introdução: Diversas condições clínicas implicam a realização de uma ostomia intestinal como opção de tratamento. Entretanto, a presença de um estoma é um importante limitador na qualidade de vida da pessoa ostomizada.

Objetivo: Definir o perfil epidemiológico dos pacientes cadastrados no Programa de Ostomizados de dois serviços de referência em Maceió, Alagoas quanto a gênero, idade, classificação da ostomia em definitiva ou temporária, tipo de ostomia quanto ao segmento intestinal utilizado e causas.

Método: Trata-se de um estudo transversal descritivo cujos dados foram obtidos de fichas cadastrais de pacientes ativos em Programas de Ostomizados no mês de maio de 2013.

Resultados: Dos 216 pacientes analisados, 50,5% eram do gênero feminino e 49,5% do gênero masculino. A faixa etária com maior número de casos foi a de 60 a 69 anos (23,6%) e a média de idade foi de 51,3 anos. As colostomias representaram 89,4% dos procedimentos realizados e 56,9% das ostomias foram temporárias. Quanto à causa, a mais prevalente foi o câncer colorretal (40,7%), seguido dos traumatismos (18,1%) e do abdome agudo (12,0%).

Conclusão: O estudo apresenta dados relevantes que podem ser utilizados como subsídio para ações de prevenção e estratégias de melhoria da saúde da população ostomizada.

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Introduction

Ostomy is a derivative of two words of Greek origin, *os* and *tomé*, which means “opening of a mouth” and indicate the externalization of a hollow viscus in a different point of its natural orifice, aiming at the construction of a stoma.¹⁻⁴

Several criteria are used for the classification of stomata. Considering their function, these procedures can be divided into ventilation, nutrition, drainage or elimination stomata.⁵ These latter constitute a surgical opening in the abdominal wall, aiming to promote the elimination of waste such as feces and urine. Urinary stomata are performed on patients with diseases involving the renal pelvis, ureters, bladder and urethra, in order to preserve renal function. On the other hand, an intestinal stoma is recommended when some part of the bowel suffers dysfunction, obstruction or injury.⁴

According to the exteriorized intestinal segment, an intestinal stoma can also be termed as an ileostomy, colostomy or cecostomy. Colostomy is the generic name of the procedure to be performed, being characterized by the exteriorization of the colon through the abdominal wall, for the purpose of fecal elimination. On the other hand, the artificial opening between ileum, at the small intestine, and the abdominal wall is referred to as an ileostomy; and between the caecum, also at the small intestine, and the abdominal wall is referred to as a cecostomy.⁶

Ostomies can still be classified as temporary or permanent, depending on the etiology of the disease that led to its creation. Temporary ostomies are created to protect an anastomosis, in view of its closure in a short time; on the other hand, permanent ostomies are performed when there is no possibility of restoring the bowel transit.¹ The main

advantage of performing an ostomy, in relation to the primary repair, is the theoretical principle of reducing the morbidity and mortality of a suture dehiscence, or of an intra-abdominal infection.⁷

The clinical conditions that lead to the construction of a bowel ostomy are related to benign and malignant diseases involving some body organs, being very common in oncology, trauma and gastroenterological surgery.⁸ Among the most common are traumas, congenital disorders, inflammatory diseases and colorectal tumors.^{1,9-12}

According to estimates of the National Cancer Institute (INCA) for the year 2012, in Brazil the colorectal cancer appears as the third most common neoplasia in both men and women, except for the non-melanoma skin tumors. The incidence and mortality are higher in men, and a good prognosis is considered if the condition is diagnosed in its early stages.¹³ The surgical resection of the affected site and the implementation of a permanent colostomy constitute the most effective therapy.¹⁴

Although most studies consider cancer as the leading cause of bowel ostomy creation, abdominal trauma has also been implicated as an important cause, especially in emergency care reference hospitals, which reflects the social reality with its high rates of violence.^{2,15}

Since the twentieth century, a large progress in surgical techniques used in ostomy creation and in the equipment and devices available have been observed, as well as a growing concern for the quality of life, considering that the presence of a stoma can be a serious limiting factor for the quality of life of ostomized patients.^{4,14,16,17}

In this context, several epidemiological studies have been conducted with ostomized patients^{2-4,6,12,14-16,18-23} in order to obtain a better understanding of their aspects of life, thus

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