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## Original Article

# Profile of ostomy patients residing in Pouso Alegre city



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## ABSTRACT

The objective was to characterize the clientele of ostomy patients living in Pouso Alegre, Minas Gerais, Brazil. Among the causes that led patients to acquire an ostomy, the most prevalent was neoplasia; the type of ostomy was a permanent colostomy. Most people were not told that they would be submitted to the stoma. In addition, individuals were not subject to stoma demarcation, and irrigation was not performed. Regarding the type of complication, 34 (48.60%) had dermatitis; 14 (20%), retraction; and 13 (18.60%), prolapse. With respect to stoma diameter, 34 (48.60%) had 20–40 mm and 23 (32.90%), 40–60 mm. With this study, we became aware of the profile of ostomized patients treated at the municipality of Pouso Alegre/MG; it is expected that, with these data, the improvement of care to this population can be subsidized. We suggest that nursing professionals think of health action strategies with respect to guidance on stoma manufacture and to measures aiming for the prevention of possible complications, promoting ways to help these patients to make decisions and to verbalize feelings, so that they feel supported in coping with changes in their body image, for the sake of survival.

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## Perfil dos pacientes estomizados residentes no município de Pouso Alegre

## RESUMO

O objetivo foi caracterizar a clientela de estomizados residentes em Pouso Alegre, Minas Gerais. maioria das causas que levaram os pacientes a adquirir ostomia foi neoplasia; o tipo de ostomia era colostomia em definitivo. A maioria dos indivíduos não foram comunicados de que seriam submetidos ao estoma. Além disso, os indivíduos não foram submetidos à demarcação do estoma e não foi realizada irrigação. Com relação ao tipo de complicação, 34(48,60%) apresentaram dermatite; 14 (20%), retração e 13 (18,60%), prolapso. Com relação ao diâmetro do estoma, 34 (48,60%) mensuravam 20 a 40 mm e 23 (32,90%), 40 a 60 mm. Este estudo possibilitou conhecer o perfil dos pacientes ostomizados atendidos do município

### Palavras-chave:

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de Pouso Alegre/MG e espera-se que, com esses dados, se possa subsidiar a melhoria da assistência a essa clientela. Sugere-se aqui aos enfermeiros pensar em estratégias de ações de saúde com relação às orientações sobre a confecção do estoma, medidas de prevenção de possíveis complicações, promovendo meios para auxiliar esses pacientes a tomarem decisões, verbalizarem sentimentos, de modo que se sintam apoiados no enfrentamento das mudanças da sua imagem corporal em prol da sobrevivência.

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## Introduction

An ostomized person is an individual who is subjected to an operation which results in the production of a stoma. The term ostomy or stoma comes from the Greek word “stoma” and means an opening of a new mouth surgically constructed, aiming externalizing any existing hollow viscera in the body. It is therefore an artificial communication between organs or viscera toward the external environment. With an ostomy, we seek the accomplishment of drainage, elimination, or nutrition. This stoma can still be temporary or permanent, depending on the cause and purpose for which the device was surgically constructed. An intestinal stoma is indicated when some bowel segment presents dysfunction, obstruction or injury. The stoma is named after the bowel segment, and may be an ileostomy, colostomy or cecostomy.<sup>1,2</sup>

The care of people with an intestinal stoma should be done through humanized care and evaluation of their clinical conditions, through physical examination and a medical history, with appreciation of the patient's verbal and nonverbal reports. Thus, it is necessary to systematize the care to these ostomized individuals. This kind of care enables promoting patient rehabilitation and minimizing his/her suffering, especially by encouraging self-care. Thus, it is necessary to systematize assistance to these ostomized individuals. This assistance enables promoting patient rehabilitation and minimizing his/her suffering, especially by encouraging self-care. This strategy does not allow that beliefs and taboos become threats to their physical, social and psychological integrity. This care also aims to suppress the fear of performing self-care.<sup>3-7</sup>

When a ostomized patient receives inadequate care, this may cause various complications, especially in the stoma and peristomal skin, e.g., skin lesions at various levels, herniation, infection, stenosis, prolapse, and retraction, among others.<sup>6-8</sup> Usually, complications with the stoma are related to non-compliance with important technical procedures, namely: a previous demarcation of the site in the abdominal area where the stoma will be externalized, the surgical technique for the preparation of the intestinal loop to be externalized, early maturation, and the use of a collector device suitable for the type of stoma selected.<sup>9</sup>

Complications related to the stoma and the difficulty of the patient to perform self-care are the main factors involved in his/her rehabilitation; the nursing care should have its start at the very time of diagnosis and indication of surgery, seeking to minimize suffering and get a better adaptation of the patient. Thus, the emphasis on self-care has been described

as an alternative to enable the patient to actively participate in his/her own care, stimulating the responsibility for the continuity of care after the discharge, which will contribute to the rehabilitation process, minimizing or avoiding the complications described above.<sup>10</sup>

Given the few published studies on patients seen and the knowledge gap on the real needs of these ostomized people, we set ourselves to develop this study. We believe that our results may provide support for care systematization and for the development of care protocols that aim to an early rehabilitation of this population. Our aim was to characterize the population of ostomized people living in Pouso Alegre, Minas Gerais, Brazil.

## Method

This is a descriptive study on intestinal stoma patients living in Pouso Alegre, Minas Gerais, and registered in the *Programa de Atenção à Pessoa Ostomizada* in Pouso Alegre. Data were collected between December 2012 and May 2013, after approval by the Research Ethics Committee of the Universidade do Vale do Sapucaí (opinion No. 23,277). The sample consisted of 70 participants, selected non-probabilistically by convenience.

All ostomized patients agreed to participate in this study and signed a free and informed consent. Participants had assurance of full exemption of risks and of anonymity.

Our inclusion criteria were: the subject must be an intestinal stoma user, and be aware, alert, oriented, and agreeing to participate in this study. The exclusion criteria were: patients with urinary or other kind of stoma. A semi-structured interview was conducted with the use of a form containing open questions. These questions were divided into: identification data, socio-demographic aspects, stoma description, complications, and devices in use.

Data were tabulated and organized into graphs and tables using the Excel 2003 program; then a descriptive analysis was performed. The chi-squared test was also used. The significance level for statistical tests was 5% ( $p \leq 0.05$ ).

## Results

In Table 1, it was found that most participants stood in the age group over 60, were male, retired, and attending to a support group. Twenty-one (30%) of our participants were illiterate and 19 (25.10%) could read and write.

Table 2 describes that cancer was the leading cause for osteotomy acquisition, and that the ostomy used was of a

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