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# Profile of elderly with stomas in a region of Minas Gerais

Perfil de ancianos con estomas en una región de Minas Gerais

Perfil de idosos com estomias em uma região de Minas Gerais

## ABSTRACT

**Objective:** To describe the profile of elderly people with ostomy in a health micro-region in the Midwest of Minas Gerais. **Method:** Descriptive, cross-sectional and documentary study conducted through the analysis of medical records used to register people with stomas. **Results:** The sample consisted of 85 elderly people, with an average age of 73 years, prevalence of females (55.3%), married (55.3%), complete elementary school or not (78.8%); 75.3% were retired and with an income of up to two minimum wages (87%). There was a predominance of the colostomy type (72.9%) in a definitive character (76.5%), due to cancer (84.7%) and made over 3 years ago (57%). Total or partial dependence (49.4%) for daily self-care. **Conclusion:** It was observed that the elderly with ostomy from a SASPO in a health micro-region in the Midwest of Minas Gerais were mostly female, married, with low education, retired and with an income equal to two minimum wages, with a predominance of colostomy-type ostomy, definitive, due to cancer and made more than 3 years ago. It was possible to know the profile of the elderly who live with the ostomy, contributing so that health professionals can plan their assistance seeking to provide a better quality of life to the elderly with an ostomy.

**DESCRIPTORS:** Ostomy, Elderly, Health Profile.

## RESUMEN

**Objetivo:** Describir el perfil de ancianos con ostomía en una microrregión de salud del Medio Oeste de Minas Gerais. **Método:** Estudio descriptivo, transversal y documental realizado mediante el análisis de historias clínicas utilizadas para el registro de personas con estomas. **Resultados:** La muestra estuvo conformada por 85 ancianos, con edad promedio de 73 años, prevalencia femenina (55,3%), casados (55,3%), primaria completa o no (78,8%); El 75,3% estaban jubilados y con un ingreso de hasta dos salarios mínimos (87%). Predominó el tipo de colostomía (72,9%) en carácter definitivo (76,5%), por cáncer (84,7%) y realizada hace más de 3 años (57%). Dependencia total o parcial (49,4%) para el autocuidado diario. **Conclusión:** Se observó que los ancianos con ostomía de un SASPO de una microrregión de salud en el Medio Oeste de Minas Gerais eran en su mayoría mujeres, casados, con baja educación, jubilados y con un ingreso igual a dos salarios mínimos, con predominio de ostomías tipo colostomía, definitivas, por cáncer y realizadas hace más de 3 años. Se pudo conocer el perfil de los ancianos que conviven con la ostomía, contribuyendo a que los profesionales de la salud puedan planificar su asistencia buscando brindar una mejor calidad de vida a los ancianos con ostomía.

**DESCRIPTORES:** Estomía, Anciano, Perfil de Salud.

## RESUMO

**Objetivo:** Descrever o perfil de pessoas idosas com estomias de uma microrregião de saúde do Centro-Oeste mineiro. **Método:** Estudo descritivo, transversal e documental realizado por meio da análise de prontuários utilizados para cadastro de pessoas com estomias. **Resultados:** A amostra foi composta por 85 idosos, com idade média de 73 anos, prevalência do sexo feminino (55,3%), casados (55,3%), ensino fundamental completo ou não (78,8%); 75,3% eram aposentados e com renda de até dois salários mínimos (87%). Observou-se predominância do tipo colostomia (72,9%) em caráter definitivo (76,5%), por câncer (84,7%) e confeccionada há mais de 3 anos (57%). Tendo como dependência total ou parcial (49,4%) para a realização do autocuidado cotidiano. **Conclusão:** Observou-se que os idosos com estomias de um SASPO de uma microrregião de saúde do Centro Oeste Mineiro eram, em sua maioria, do sexo feminino, casados, com baixo grau de instrução, aposentados e com renda igual a dois salários mínimos, com predominância de estomia do tipo colostomia, definitiva, por câncer e confeccionada há mais de 3 anos. Foi possível conhecer o perfil dos idosos que convivem com a estomia, contribuindo para que os profissionais de saúde possam planejar sua assistência buscando proporcionar melhor qualidade de vida aos idosos com estomia.

**DESCRIPTORES:** Estomia, Idoso, Perfil de Saúde.

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**INTRODUCTION**

The development of people's longevity in the world has been brought about by the advancement of research and technologies. In Brazil, it is estimated that the elderly population in the year 2025 reaches the margin of 34 million, which is equivalent to 15% of the population.<sup>6</sup> It is considerable that the increase in life expectancy makes it possible to better monitor the population's health parameters.<sup>16</sup>

Thus, Chronic Noncommunicable Diseases (CNCs), has stood out in recent decades as a result of the greater number of cases of pathologies such as diabetes, cancer, diseases of the circulatory system and chronic respiratory diseases.<sup>8</sup>

In this sense, one of the diagnoses that predominates in decision making to perform an intestinal ostomy in the elderly, would be cancer, specifically colorectal.<sup>5,9</sup>

The surgical procedure in which it is used for treatment, consists of an opening

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for externalizing the light of an organ, creating a communication with the external environment.<sup>6</sup> Stomas can be respiratory, feeding or eliminating, temporary or permanent. The elimination ones are the most common ones being colostomies, ileostomies and urostomies.<sup>3</sup>

According to the United Ostomy Associations of America (UOAA), the number of stomas has increased. 150.000 Americans have an ostomy and 130.000 make-up surgeries are performed each year. In Brazil, the annual statistics are approximately one million and 400 thousand surgical procedures.<sup>5</sup> Data that may be following the current world demographic dynamics, with the advancement in the population aging process.<sup>1</sup>

It is known that the construction of the ostomy can increase people's life expectancy and help them to return with their activities of daily living. However, this process can generate impacts on the individual in physiological, psychological and social spheres.<sup>2</sup>

Knowing the profile of this population provides information and subsidies that contribute to the construction of health policies, management and data for the planning of health care for elderly people with ostomy where it provides rehabilitation and a better quality of life. Therefore, the objective of this study was to know and describe the profile of elderly people with ostomy in a health micro-region in the Midwest of Minas Gerais.

## METHOD

This is a descriptive, cross-sectional and documentary study carried out through the analysis of information recorded in medical records used to register people with ostomies attended and monitored at the Health Care Service for People with Stomas (Serviço de Atenção à Saúde da Pessoa com Estomias - SASPO), in a health micro-region of the Midwest of Minas Gerais.

SASPO is a reference for 13 municipalities and comprises a territorial extension of 6.601,7 Km<sup>2</sup>, with an estimated population of 433.163 inhabitants. It is a service that has a multidisciplinary team, composed of a doctor, nurse, social worker, psychologist and nutritionist. It provides specialized assistance, rehabilitation actions, including guidance for self-care, prevention,

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treatment of complications, training and provision of collecting equipment and adjuvants.

All service records have a registration form that includes the nursing and medical assessment at the time of joining the system. Of these, all medical records of users with active registration in SASPO since its implementation in May 2011 who were aged 60 years or over on the day of data collection were included. Making a total of 85 records of elderly people included in this investigation. 37 medical records of users who left the service due to death, surgical reversal of the stoma or abandonment of treatment were excluded.

Data collection took place from January to March 2018. The following study variables were recorded: age, sex, marital status, education level, work situation, family income, type of ostomy, permanence of the ostomy, diagnosis, comorbidities, date of surgery and assessment for self-care.

The data obtained were stored in a database using a Microsoft Excel® version 2016 spreadsheet, in order to enable statistical analysis of the data, which are presented in the form of tables and graphs. Descriptive analysis of the sample characterization variables was performed.

The study respected the ethical precepts determined by CONEP Resolution No. 466/2012 and was approved by the Research Ethics Committee with human beings of the Federal University of São João del-Rei/Campus Centro Oeste through opinion no. n. 714.992 (CAAE:32873614.0.0000.5545). As these are secondary data, the Free and Informed Consent Term was not applied, since there was no contact or other form of communication with the people involved in the research.

## RESULTS

It was possible to identify 85 medical records of elderly people with ostomies, which corresponded to 58% of

Table 1. Sociodemographic and economic profile of elderly people with ostomies registered at the Health Care Service for People with Stomas in a micro health region in the Midwest of Minas Gerais, 2018.

Dados sociodemográficos e econômicos		
Variáveis	N	%
<b>Idade</b>		
60 a 70 anos	37	43,5
71 a 80 anos	29	34,1
>81 anos	19	22,3
<b>Sexo</b>		
Masculino	38	44,7
Feminino	47	55,3
<b>Estado civil</b>		

Solteiro	9	10,6
Casado	47	55,3
Viúvo	24	28,2
Divorciado	5	5,9
<b>Escolaridade</b>		
Nenhuma	6	7,1
Fundamental completo	39	45,9
Fundamental incompleto	28	32,9
Ensino médio completo	7	8,2
Ensino médio incompleto	1	1,2
Superior completo	4	4,7
<b>Situação de trabalho</b>		
Trabalho informal	5	5,9
Estudante	2	2,4
Dona de casa	12	14,1
Aposentado	64	75,3
Afastado	2	2,4
<b>Renda</b>		
< 1 salário	11	12,9
1 salário	5	5,9
2 salários	58	68,2
3 salários	9	10,6
4 salários	1	1,2
5 salários	1	1,2

Source: SASPO (2018)

the population of people with ostomies registered in this SASPO. This group of elderly people with stomas had an average age of 73 (dp = 8,18) years old, female (55,3%), married (55,3%) and in relation to education level, most had completed elementary school (45,9%) and incomplete elementary school (32,9%). It was also identified that 75,3% of them were retired and had an income of up to two minimum wages (87%) (Table 1).

Regarding the ostomy profile and clinical data, there was a predominance of colostomy-type ostomy (72,9%), in a definitive character (76,5%), with cancer diagnosis as the main cause (84,7%) and made more than 3 years ago (57%). It is noteworthy that 49,4% of them registered total or partial dependence to perform care for daily self-care (Table 2).

## DISCUSSION

Studies have shown that the incidence of cancer has accompanied the growth of an aging population.<sup>14</sup> For Brazil, the National Cancer Institute José Alencar Gomes da Silva (INCA) estimates that each year of the 2020-2022 triennium there will be 625 thousand new cases of cancer and 41 thousand will be colon and rectal cancer; 20.520 cases of colon and rectal cancer will be in men and 20.470 in women. Statistically it can correspond to an estimated risk of 19,63 new cases for every 100 thousand men and 19,03 for every 100 thousand women.<sup>7</sup>

It is known that in the country, elderly individuals are mostly women and this process is called the feminization of population aging. Women represent the largest number of the sample, which justifies that they seek more medical assistance for pathologies such as cancer, which can generate stomata, considering that men use health services less frequently to prevent diseases.<sup>10</sup>

Considering marital status, with emphasis on married people, issues related

Table 2: Clinical profile of elderly people with ostomies registered at the Health Care Service for People with Stomas in a micro health region in the Midwest of Minas Gerais, 2018.

Variáveis	N	%
<b>Tipo de Estomia</b>		
Ileostomia	2	2,4
Colostomia	62	72,9
Urostomia	21	24,7
<b>Permanência do Estoma</b>		
Temporária	20	23,5
Definitiva	65	76,5
<b>Diagnósticos</b>		
Câncer	72	84,7

Doença Inflamatória Intestinal	3	3,5
Chagas	4	4,7
Outras	6	7,1
<b>Data da cirurgia</b>		
< 1 Ano	2	2,4
1 A a 3 Anos	26	30,6
3 A a 5 Anos	19	22,4
5 A a 10 Anos	20	23,5
>10 Anos	18	21,2
<b>Avaliação para o autocuidado</b>		
<b>Apto</b>	<b>43</b>	<b>50,6</b>
Parcialmente dependente	29	34,1
Dependente	13	15,3

Source: SASPO (2018)

to companionship and sexuality are important. With aging, even without an ostomy, there may be a cessation of the practice or decrease in the sexual act, this is due to physiological dysfunction, such as the loss of libido caused by the distortion of body image.<sup>4</sup>

However, the spouse's affective relationship is essential for building the rehabilitation network. Companionship contributes in a beneficial way to overcoming difficult moments inherent to illness and ostomy.<sup>13</sup>

Low education can interfere in the care process and generate low adherence in self-care learning for people with stomas at any age.<sup>10</sup> Thus, considering this group of elderly people, the fact that most of them have primary education at the most, makes health professionals adapt their conduct of guidance and health education for self-care.<sup>11</sup>

In addition, low education interferes in labor occupations that require little qualification. Most of the elderly with a stoma in the study were retired and survived on a family income of up to two minimum wages. Although health care for people with ostomies is ensured by the Unified Health System (Sistema

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Único de Saúde - SUS), they find themselves at times fragile and in need of specialized care, having to bear the cost of collecting equipment, consultations or even medication, in private system.<sup>9</sup>

Regarding the type of ostomy, the colostomy with a definite length of stay stood out and considering that the largest group is elderly people capable of self-care, the techniques of irrigation, food and hygiene provided more autonomy. In addition, people with colostomy have even more ease to perform such procedures and use other devices, such as stoma coverage, collectors that inhibit noise, among others.<sup>12</sup>

The fact that the elderly have irreversible ostomies may be directly related to the frailty of the elderly and issues of complications linked to advanced age.<sup>17</sup> Regarding assistance to elderly people with ostomy, health professionals, especially nurses, should consider the issues inherent to the frailty of the elderly human being. In addition, there is a possibility for the elderly with an ostomy to face other disease situations such as depression, anxiety, changes in body image, sexual problems and loneliness.<sup>2</sup>

The elderly with ostomy is surrounded by insecurities and constantly suffers from limiting conditions such as decreased body capacity, in addition to which, at a given moment, responsibilities for self-care and maintenance of a device that will accompany him temporarily or permanently are imposed.<sup>15</sup>

It must be considered that although this investigation brings as a limitation the size of the population, the objective of defining the profile of elderly people with ostomies in a health micro-region in the Midwest of Minas Gerais was reached.

## CONCLUSION

From the analysis of the medical records of the participants in this study, it can be seen that the elderly with ostomy from a SASPO of a health micro-region in the Midwest of Minas Gerais were

mostly female, married, with a low level of education, retired and with an income equal to two minimum wages.

Based on the ostomy profile and clinical data, a predominance of a definitive colostomy-type ostomy due to

cancer, made over 3 years ago, was revealed. Having SAH as the most frequent comorbidities, as well as total or partial dependence to perform daily self-care.

Studies like this can help health professionals to plan individualized care for

elderly people with ostomy considering their particularities and weaknesses. Thus, management, implementation of educational activities and clinical care can be qualified after understanding this context. ■

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