

Impacts of the intestinal ostomy of the individual and his family: Integrative review

Repercussões da estomia intestinal no indivíduo e família: Revisão integrativa

Repercusiones de la ostomía intestinal en el individuo y su familia: Revisión integradora

RESUMO

Objetivo: identificar as repercussões da estomia intestinal no cotidiano do indivíduo e de sua família. Método: Revisão integrativa da literatura realizada nas bases de dados MEDLINE, LILACS, BDNF e SCIELO. Foram incluídos artigos publicados entre 2014 e 2022, em idioma de língua portuguesa. A extração dos dados foi tabulada selecionando-se autores/ano, revista, título do artigo, objetivo e metodologia, sendo analisados cinco artigos. Resultados: Evidenciaram-se duas categorias temáticas, a saber: impactos decorrentes da estomia intestinal, as consequentes mudanças psicossociais e físicas e desafios vivenciados pelo uso da bolsa coletora. Conclusão: as repercussões da estomia intestinal, quer seja temporária ou definitiva, para o indivíduo e sua família são inúmeros, pois é um processo de redefinição do estilo de vida, considerando hábitos pessoais e sociais. Tal modificação requer a atenção de seus familiares devido às grandes mudanças no cotidiano do paciente a partir da cirurgia.

DESCRIPTORIOS: Família; Estoma cirúrgico; Cuidados de enfermagem; Autocuidado e Ostomia.

ABSTRACT

Objective: to identify the repercussions of the intestinal ostomy in the daily life of the individual and his family. Method: Integrative literature review carried out in the MEDLINE, LILACS, BDNF and SCIELO databases. Articles published between 2014 and 2022 in Portuguese were included. Data extraction was tabulated by selecting authors/year, journal, article title, objective and methodology, and five articles were analyzed. Results: Two thematic categories were evidenced, namely: impacts resulting from the intestinal ostomy, the consequent psychosocial and physical changes and challenges experienced by the use of the collection bag. Conclusion: the repercussions of the intestinal ostomy, whether temporary or permanent, for the individual and his family are numerous, as it is a process of redefining the lifestyle, considering personal and social habits. Such a modification requires the attention of their family members due to the major changes in the patient's daily life after the surgery.

DESCRIPTORS: Family; surgical stoma; Nursing care; Self-care and Ostomy.

RESUMEN

Objetivo: identificar las repercusiones de la ostomía intestinal en el cotidiano del individuo y su familia. Método: Revisión integrativa de la literatura realizada en las bases de datos MEDLINE, LILACS, BDNF y SCIELO. Se incluyeron artículos publicados entre 2014 y 2022 en portugués. La extracción de datos se tabuló seleccionando autores/año, revista, título del artículo, objetivo y metodología, y se analizaron cinco artículos. Resultados: Se evidenciaron dos categorías temáticas, a saber: impactos resultantes de la ostomía intestinal, los consiguientes cambios psicossociales y físicos y desafíos experimentados por el uso de la bolsa colectora. Conclusión: las repercusiones de la ostomía intestinal, ya sea temporal o permanente, para el individuo y su familia son numerosas, ya que es un proceso de redefinición del estilo de vida, considerando los hábitos personales y sociales. Tal modificación requiere la atención de sus familiares debido a los grandes cambios en la vida diaria del paciente después de la cirugía.

DESCRIPTORIOS: Familia; estoma quirúrgico; Cuidado de enfermera; Autocuidado y Ostomía.

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INTRODUÇÃO

Ostomies for intestinal elimination can be classified as ileostomies and colostomies, temporary and/or permanent. Colostomy and ileostomy are defined, respectively, as surgical interventions performed by opening a colonic or ileal segment in the abdominal wall, aiming at diverting the fecal content to the external environment⁽¹⁾. Each of these types of ostomy has its own specificities for stool consistency, specific care, collection material, complications and special conditions for adapting to the lifestyle.⁽²⁾

The colostomy can be double barrel or two mouths: the intestine is completely separated and the two final portions are brought to the abdominal wall, forming two distinct stomas, the proximal, functioning stoma, and the distal, non-functioning stoma. As it can also be from a single mouth depending on the surgical

technique adopted⁽³⁾.

Ileostomy is the exteriorization of the final part of the small intestine, resulting from any reason that prevents the passage of feces through the large intestine. The effluents, in this case, are more liquid than those eliminated by a colostomy⁽³⁾.

The comorbidities that generate a surgical intervention and that may result in the construction of an ostomy for intestinal elimination are neoplasms of the colon and rectum (obstruction), diverticulitis, intestinal perforation, fistulas (anal, retrovaginal and urethral rectum), inflammatory bowel diseases (colitis ulcerosis and Crohn's disease) and congenital diseases (Hirschsprung's disease, adenomatous polyposis)⁽⁴⁾.

Although it is a relief and improvement procedure for the patient, this condition generates significant impacts and impacts for this individual and, consequently, for their families. The lack of knowledge of living with a stoma after

surgery can lead to an emotional breakdown, causing the person with a stoma to often make references to death. Still others have insecurities and uncertainties about their future with the stoma⁽⁵⁾.

In this sense, the different impacts generated by an intestinal ostomy are perceived, such as emotional, physiological and social consequences, which go beyond the postoperative period, which can be a temporary or permanent experience.

Patients submitted to elimination stoma surgery lose control of the elimination of feces and gases and this constitutes a strong emotional impact factor for them, with alteration of the body perception of self-image and self-esteem⁽⁶⁾. In addition, ostomy surgery changes the life of the person and his family, affecting their quality of life and the process of adapting to life with an intestinal elimination stoma, characterized by a phase of vulnerability⁽⁷⁻⁸⁾.

We emphasize that the participation of the family in this adaptation process is essential. However, it is also necessary to stimulate the effective decision-making of the person with a stoma, since it is possible to deprive or compromise autonomy, as they may need support to maintain activities of daily living due to the various changes that have occurred⁽⁹⁾.

The mentioned changes can cause psychosocial problems in these people who live with a stoma, such as: anxiety; depression; feelings of loneliness; lack of control; weariness and stigma; decreased self-esteem and impaired social activities; loss of work and also disturbances in sexuality⁽¹⁰⁾.

In addition, living with the colostomy bag generates conflicting feelings, concerns and difficulty in dealing with this new situation⁽¹¹⁾. Furthermore, the ostomy and the collection equipment bring about a concrete change in the lives of people with a colostomy. This transformation requires time to accept it and learn self-care⁽¹²⁾. For this reason, it is important to work on discussions about emotional, social, cultural and spiritual aspects in the

care process⁽⁹⁾.

Faced with this context, the objective is to identify the impacts of the intestinal ostomy in the daily life of the individual and his family.

METHOD

This is an Integrative Literature Review study following the six steps: 1) Establishment of the hypothesis or research question; 2) Establishment of criteria for inclusion and exclusion of studies/sampling or literature search; 3) Definition of information to be extracted from selected studies/categorization of studies; 4) Evaluation of studies included in the integrative review; 5) Interpretation of results 6) Presentation of knowledge review/synthesis⁽¹³⁾.

To guide the search, the following guiding question was elaborated: What are the impacts of making the intestinal ostomy on the individual and his family? In this study, the inclusion criteria were complete articles in Portuguese published in Latin American and Caribbean Literature in Health Sciences (LILACS),

Database in Nursing (BDENF), SciELO and MEDLINE between the years 2014 and 2022, which were available in full. The Health Science Descriptors (DeCS) were used: “family,” “surgical stoma,” “nursing care,” “self-care” and “ostomy”. Integrative review articles, monographs, dissertations, theses, letters to the editor were excluded.

Subsequently, the articles were extracted to compose this review, according to the research proposal, through the careful analysis of the selected studies, interpretation and discussion of the results. 36 articles were identified and after applying the inclusion and exclusion criteria, five articles remained for full reading and extraction of scientific data.

RESULTS:

The studies extracted from the search based on the analysis of the 5 selected articles are shown in Table 1:

DISCUSSION

After analyzing the studies, the results

Table 1 – Summary of the studies selected for the research – Rio de Janeiro, Brazil, 2022.

Author/Year	Magazine	Title	Objective	Methodology
Silva et al, 2019(14).	Psicol., Ciênc. Prof. (Impr.)	Estratégias de Atendimento Psicológico a Pacientes Estomizados e seus Familiares (Psychological Care Strategies for Ostomized Patients and Their Families)	Describe psychological care strategies used with ostomized patients and their families in a hospitalization unit. hospital of a public university in the interior of São Paulo in the preoperative period and in the preparation for hospital discharge.	Exploratory-descriptive study with a qualitative approach.
Maurício et al, 2014(15).	REBEn (Revista Brasileira de Enfermagem - Brazilian Journal of Nursing)	Determinantes biopsicossociais do processo de inclusão laboral da pessoa estomizada (Biopsychosocial determinants of the labor inclusion process of people with a stoma)	Identify and analyze the difficulties and facilities of people with a stoma for inclusion in the work.	Descriptive-exploratory research, qualitative approach.
Ribeiro et al, 2018(16).	Revista Pró-U-niversUS	O autocuidado em pacientes estomizados a luz de Dorothea Orem: da reflexão ao itinerário terapêutico (Self-care in stomized patients in the light of Dorothea Orem: from reflection to therapeutic itinerary)	General Objective: Discuss the self-care performed by the patient with an intestinal ostomy in the light of Dorothea Orem. Specific Objectives: Identify the self-care deficits of the patient with an intestinal ostomy; Describe the self-care requirements performed by the patient with an intestinal ostomy; To analyze the participation of nurses in the care of patients with an intestinal ostomy, through the Nursing System proposed by Orem.	Descriptive exploratory study, with a mixed approach.
Nascimento et al, 2016(17).	Text & Context Nursing	Vivência do paciente estomizado: (Experience of the patient with a stoma): Uma contribuição para a assistência de enfermagem (A contribution to nursing care)	Knowing the meanings attributed to the experience of patients with a stoma and describing their knowledge about self-care and identifying the importance of nursing guidelines for their adaptation.	Exploratory-descriptive study with a qualitative approach.

Jacon et al, 2018(18).	Revista CuidArte Enfermagem (Magazine)	Viver com estomia intestinal: (Living with an intestinal ostomy:) Autocuidado, sexualidade, convívio social e aceitação (Self-care, sexuality, social interaction, and acceptance)	Identify self-care, acceptance, social interaction and sexuality in intestinal ostomy patients	Observational cross-sectional research with a quantitative approach.
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Source: The authors, 2022.

were grouped into two thematic categories: Impactss resulting from the intestinal ostomy and the consequent psychosocial and physical changes; and Challenges experienced by the use of the collection bag. The categories will be presented below.

Impactss resulting from the intestinal ostomy and the consequent psychosocial and physical changes.

Regarding psychosocial difficulties, it was observed that the defense mechanism of denial that may occur at the beginning, after the ostomy is made. This can lead to a refusal to manipulate their own stoma or even present tendencies towards isolation. These attitudes can be considered valid as a form of psychological defense⁽¹⁹⁾.

A feeling of uselessness may arise at this moment of psychological defense, as it is common to find patients who, at first, harbor the fantasy that they will lose their productive capacity, leading them to externalize feelings such as disgust, hatred, disgust and fear, which can lead them to important socio-family changes⁽¹⁹⁾, in addition to the fear of their purse being noticed by other people's eyes, often leading them to feel inferior compared to others⁽²⁰⁾.

Furthermore, the presence of an ostomy means changes in their way of life, due to difficulties related to work, leisure, social and family life, sexuality and food, due to the presence of feelings of shame and insecurity⁽²¹⁾.

With regard to the physical changes that can alter the sex life of individuals with a stoma, shame in front of the partner, embarrassment due to the new body image and insecurity regarding the collection bag were mentioned.⁽⁸⁾ In men, the surgical procedure for making the ostomy

can directly influence sexual functioning, as intestinal resections and injuries to the perineal nerves can end up generating various physiological problems, such as erectile dysfunction, ejaculatory disorders and infertility.⁽²²⁻²⁴⁾ In women, there may be a decrease, loss of libido, vaginal stenosis, dyspareunia and the presence of perineal breasts. In addition, dyspareunia can occur due to an anatomical change, loss of vaginal and genital elasticity, or even a decrease in external vaginal and genital lubrication, given the decrease in blood supply.⁽²⁵⁻²⁶⁾

It is extremely important to promote the stimulus to return to carrying out daily activities, which can be considered as simple with the objective of remitting the reconstruction of the autonomy of the person with a stoma. This action can develop adaptation to changes and facilitate acceptance of the new condition, reducing stress and possible psychological damage.⁽²⁷⁾

Psychological stress could contribute to trigger exacerbation or relapse of any of the inflammatory bowel diseases⁽²⁶⁾. They also face the loss of self-esteem, which can lead to a feeling of discredit in society⁽¹⁹⁾. The person with a stoma experiences a feeling of impotence, represented by the feeling of being judged⁽²¹⁾.

In this sense, the constructed body image breaks down with the presence of a device on the abdominal wall in which feces or urine are collected continuously without control, meaning the loss of sphincter control, generating insecurity, fear, shame and social isolation, requiring support for adaptation⁽¹⁷⁾. And in addition to the altered body image, there are also impacts that cause low self-esteem⁽¹⁹⁾.

In addition to the emotional and social problems experienced, the making of a stoma can lead to numerous physio-

logical complications such as: ischemia or necrosis in the externalized intestinal loop, hemorrhage, edema, infection; and late complications, such as stenoses, obstructions, fistulas and dermatitis⁽²⁸⁾.

The individual with a stoma limits his/her daily activities due to "fear of accidents" related to the rupture of the bag, elimination of gases and feces and odor exhaled around him, impairing leisure time and his physical and mental well-being, affecting the quality of life. of life⁽²⁹⁾.

Challenges experienced by the use of the collection bag

One of the biggest challenges experienced by the use of the bag refers to the constraints caused mainly by the overflow of the effluent in public, physical barriers in the workplace, unfavorable conditions for cleaning the collection bag, difficulties in accessing and adapting to the collection equipment, psychosocial barriers due to fear of prejudice, such as factors that hinder the return to work⁽¹⁵⁾.

In addition to these, there are also challenges regarding work practice, such as having adequate spaces to meet the specific demands of the person with a stoma, for example, the presence of clean and adapted hygienic bathrooms; and flexible working hours to attend consultations with the health team. The adequacy and use of collection and adjuvant equipment can also make it impossible for the person with a stoma to return to work, due to the difficulty in providing these materials in the public health system⁽¹⁵⁾.

With regard to self-care, based on the theory formulated by Dorothea Orem, it corresponds to one of the three constructs that form the framework of the Self-Care Deficit Nursing Theory, it is proposed that patients be encouraged to

take care of themselves and participate active in the care process⁽⁸⁾. For the reasons explained above, rehabilitation is challenging and necessary, which should prioritize care, reinforce recovery and direct towards favoring the achievement of the individual's well-being⁽³⁰⁾.

In this context, the nurse emerges as a great ally in the process of coping with and adapting to the ostomy, in the consolidation of self-care and in rehabilitation, thus favoring the individual's autonomy, acting in the planning of care in the preoperative and postoperative period^(31-32,8).

In the postoperative period, it is essential to carry out a technical approach on the ideal diet that avoids the formation of gases, measures to protect the peristomal skin, change the collection equipment and clean the ostomy. During this period, especially in the late postoperative period, nursing implementations should be directed towards self-care and the activities of caregivers and/or family members. People with a stoma should be encouraged to resume their social activities car-

ried out before the surgery and to participate in associations or support groups for people with a stoma⁽³³⁻³⁴⁾.

It is reinforced that social activities and the support relationship should always favor autonomy, as early as possible, so that the initial adaptation is related to stimulating new experiences and carrying out self-care in activities that were already part of the person's life such as bathing, washing hands, using the bathroom, eating alone⁽²⁵⁾.

In this sense, nursing acts in the educational process, enabling the adaptation of the person with a stoma in their daily lives. In turn, the implementation of nursing systematization can also be one of the facilitating instruments to circumvent these challenges and can be used in order to rehabilitate the person with ostomy and minimize their suffering, mainly by stimulating their self-care⁽³⁵⁾.

CONCLUSION

This study emphasized that the im-

pacts of the ostomy on the individual and family are part of a process of redefining one's lifestyle, considering personal and social habits. Such modification, temporary or permanent, requires the attention of family members due to the major changes in the patient's daily life after the surgery.

The main findings in the thematic categories are highlighted, listing the impacts that lead to social isolation, negative feelings such as sadness, disgust and insecurity, low self-esteem and altered body image. As well as the challenges faced by patients, such as the issue involving the return to social and work activities, self-care in relation to handling the bag and the family support network.

It is suggested that research be carried out addressing the person with a stoma and their family in order to better understand the limits imposed by this condition, as well as to identify everyday coping strategies and their insertion in the job market.

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