Profile Of People With Ostomy Due To Cancer In Service In Northern Brazil And Documentary Prospecting

Perfil das Pessoas Estomizadas Pelo Câncer Em Serviço no Norte do Brasil e Prospecção Documental

Perfil de Personas Estomizadas por Cáncer En Servicio En El Norte de Brasil y Prospección Documental

RESUMO

Objetivo: caracterizar o perfil clínico de pessoas com estomias de eliminação confeccionadas por conta de patologia neoplásica, atendidas em um serviço especializado em Belém/Pará. Método: estudo descritivo quantitativo, com dados secundários, realizado no serviço especializado na Atenção à Pessoa com Estomia. Contou-se com a população de usuários oncológicos do censo do serviço. Os dados foram organizados em planilhas do Microsoft Excel e depreendeu-se análise estatística descritiva. Resultados: dos 451 cadastros houve predominância do sexo feminino (55,44%), com idade entre 61-70 anos, com colostomia em sigmoide (31,24%), estoma temporário (50,82%) e equipamento plano (82,84%). Cerca de 255 usuários residem fora da capital. Conclusão: há necessidade de descentralização do atendimento, visando à equidade no acesso e à melhoria da qualidade de vida. A implantação das políticas públicas que priorizem a criação de polos regionais com ações de suporte psicossocial e educacional promoveria um cuidado integral e regionalizado no Sistema Único de Saúde.

DESCRITORES: Atenção Secundária à Saúde; Direitos do Paciente; Estomaterapia; Estomia; Oncologia.

ABSTRACT

Objective: to characterize the clinical profile of people with elimination ostomies created due to neoplastic pathology, treated at a specialized service in Belém/Pará. Method: quantitative descriptive study, with secondary data, carried out at the specialized service for Care for People with Ostomies. The population of oncological users from the service census was counted. The data were organized in Microsoft Excel spreadsheets and descriptive statistical analysis was performed. Results: of the 451 registrations, there was a predominance of females (55.44%), aged between 61 and 70 years, with sigmoid colostomy (31.24%), temporary stoma (50.82%) and flat equipment (82.84%). Approximately 255 users live outside the capital. Conclusion: there is a need to decentralize care, aiming at equity in access and improvement of quality of life. The implementation of public policies that prioritize the creation of regional centers with psychosocial and educational support actions would promote comprehensive and regionalized care in the Unified Health System.

DESCRIPTORS: Secondary Health Care; Patient Rights; Stomatherapy; Ostomy; Oncology.

RESUMEN

Objetivo: Caracterizar el perfil clínico de personas con estomas de eliminación realizados debido a patología neoplásica, atendidas en un servicio especializado en Belém/Pará. Método: Estudio descriptivo cuantitativo, con datos secundarios, realizado en el servicio especializado en Atención a la Persona con Estomía. Se contó con la población de usuarios oncológicos del censo del servicio. Los datos fueron organizados en hojas de cálculo de Microsoft Excel y se realizó un análisis estadístico descriptivo. Resultados: De los 451 registros, hubo predominancia del sexo femenino (55,44%), con edad entre 61-70 años, con colostomía en sigmoide (31,24%), estoma temporal (50,82%) y equipo plano (82,84%). Aproximadamente 255 usuarios residen fuera de la capital. Conclusión: Existe la necesidad de descentralizar la atención, con el fin de promover la equidad en el acceso y mejorar la calidad de vida. La implementación de políticas públicas que prioricen la creación de polos regionales con acciones de apoyo psicosocial y educativo promovería una atención integral y regionalizada en el Sistema Único de Salud.

DESCRIPTORES: Atención Secundaria en Salud; Derechos del Paciente; Estomaterapia; Estomía; Oncología.

DOI: https://doi.org/10.36489/saudecoletiva.2025v15i92p14182-14191

RECEIVED: 12/27/2024 **APPROVED:** 01/08/2025

How to cite this article: Oliveira MLP, Júnior AJSC, Miranda NIF, Santos LGT, Ferreira SRM, Moreira BCB, Sonobe HM, Santana ME. Profile Of People With Ostomy Due To Cancer In Service In Northern Brazil And Documentary Prospecting. Saúde Coletiva (Edição Brasileira) [Internet]. 2025 [acesso ano mês dia];15(92):14182-14191. Disponível em: DOI: 10.36489/saudecoletiva. 2025v15i92p14182-14191

Maria Luiza Pinheiro de Oliveira
Nurse from the State University of Pará (UEPA)
ORCID: https://orcid.org/0000-0001-7184-3476

Antonio Jorge Silva Correa Júnior
Nurse, Doctoral student in Sciences in the Fundamental Nursing program at the Ribeirão Preto School of Nursing at the University of São Paulo (EERP/USP)
ORCID: https://orcid.org/0000-0003-1665-1521

Nirlando Igor Fróes Miranda
Nurse, PhD student in Clinical and Pathology of Tropical Diseases at the Federal University of Pará (UFPA)
ORCID: https://orcid.org/0000-0002-5946-4876

Liana Gonçalves Teixeira dos Santos
Nurse, Master's student in Nursing at UEPA.
ORCID: https://orcid.org/0009-0004-3054-839X

Sandra Regina Monteiro Ferreira
Nurse, Master's degree from the Postgraduate Program in Health, Environment and Society at UFPA,
ORCID: https://orcid.org/0000-0003-3205-5818

Bruna Camila Blans Moreira
Nurse, Master in Nursing from UEPA.
ORCID: https://orcid.org/0000-0002-9036-5286

Helena Megumi Sonobe
Nurse, Doctor from the Nursing program at EERP/USP
ORCID: https://orcid.org/0000-0003-3722-0835]

Mary Elizabeth de Santana
Nurse, Doctorate in Nursing from EERP/USP
ORCID: https://orcid.org/0000-0002-3629-8932

INTRODUCTION

Ostomy is a complex procedure that requires changes to one's physical appearance. In relation to intestinal ostomies, it involves an opening in the abdominal wall, with the creation of a new path to divert fecal content to the external environment. The scarcity of epidemiological data on ostomies in Brazil makes the analysis of this condition complex. This is due to several factors, including the country's territorial extent, combined with disparities in health systems. [1]

Ostomy comes from a Greek word, which means opening or construction of a new surgical access, which is performed when it is necessary to temporarily or permanently divert the normal flow of food or elimination. Even so, currently the term stomas is the most used by specialists. [2] The stoma causes challenging consequences, which include complications, intestinal disorders in the elimination of fecal waste, painful episodes, emission of uncomfortable odors, as well as psycho-emotional, social and spiritual disturbances. [3]

In Brazil, 45,630 new cases of colon and rectal cancer are estimated for each year of the 2023-2024-2025 triennium, while bladder cancer will be diagnosed in 11,370 people, with this pathology being responsible for surgical treatment such as cystectomy [4]. Therefore, Colorectal Cancer (CRC) is defined as the third most common cause of malignant neoplasia in men and the second most frequent in women. According to the José de Alencar National Cancer Institute (INCA), this is one of

the types of neoplasia that has increased the most in Brazil. Several factors influence the development of Colorectal Cancer, such as diet, age, mental illness, alcohol and tobacco use, multidrug-resistant microorganisms and conditions such as ulcerative colitis, Crohn's disease and familial adenomatous polyposis. However, with the evolution of surgical treatment and other treatment modalities, the prognosis of cases discovered early has improved; however, surgery is the treatment with the greatest demand. Treatments include surgery, radiotherapy and chemotherapy, and the last two are associated with surgery [5].

In Brazil, there is the Unified Health System Care Network, as recommended by Ordinance No. 400, of November 16, 2009, which guarantees people with stomas comprehensive health care through specialized multidisciplinary interventions and full access to multidisciplinary care that includes prescription, supply and adaptation of collection equipment and protective and safety adjuvants. [6]

The person with a stoma is impacted by aspects that transcend social relationships, such as family and friends, but also spiritual, physical, psychological and emotional well-being, health, education, housing, basic sanitary conditions and other living conditions [7]. The role of the nurse is a protagonist in the care of ostomy users, clarifying important points regarding doubts that need to be verbalized, such as: encouraging self-care; acquisition of appropriate material, skin care and changes; changing the collection bag, dietary adjustment; and legal and social support so that the ostomy user can cope at home [8].

There is a need to address the epidemiological profile of these users, since the impacts of surgical treatment are recognized. Based on research by the Brazilian Ostomy Therapy Association (SOBEST), which developed the Brazilian Consensus with the purpose of addressing the process of social rehabilitation [9], the question is: What is the profile of people with elimination ostomies due to cancer in a secondary care service in Northern Brazil? What insights from a documentary survey on the rights and lives of people with ostomies, for the clinical data collected?

The objective is to characterize the clinical profile of people with elimination ostomies created due to neoplastic pathology, treated in a specialized service in Belém/Pará.

METHOD

This is a descriptive, retrospective study with a quantitative approach. The quantitative method uses quantification both in the collection and processing of information. In the retrospective model, the events studied have already occurred, and available data on the predictor variables are analyzed in a cohort of participants assembled for other reasons, in this case an electronic database [10]. Some elements of the Strengthening the reporting of observational studies in epidemiology (STROBE) guide were used.

In parallel, a bibliographic search of important documents and legislation on the subject was carried out in order to indicate the advances on the subject in Brazil and to compare the findings with those found in the epidemiological profile. The search for this gray literature used the strategy in Table 1 and is registered in the Figshare repository [11]. A focal search was carried out, intentionally selecting documents of the following types: laws, decrees, SOBEST opinions, support manuals and guides in the Latin American and Caribbean Literature in Health Sciences database, CAPES Periodical and SOBEST website and Portal Ostomizados Associations and Centers for Ostomy Care (website).

Table 1 – Search of gray literature. Belém, PA, Brazil, 2024.

Controlled and uncontrolled terms used (translated for better understandment)
"Ostomy Care Program"; "Health Care for Ostomized People"; "Health Care Services for Ostomized People"; "National Guidelines for Health Care for Ostomized People"; "Health of the Ostomized Person"; "Health of the Tracheostomized Person"; "Health of the Urostomized Person"; "Health of the Gastrostomized Person"; "Ostomized Person"

Source: protocol.

The research was carried out at the Ostomy Service of the Specialized Reference Unit (URE's) Presidente Vargas, Level I of care, in the city of Belém, state of Pará. In this service, the patient has access to equipment and adjuvants, and the care extends to the specialties of a multidisciplinary team with nurses, doctors, psychologists, nutritionists, social workers and nursing technicians, providing care in the morning and afternoon. Data were collected through the census of the Care Program, consolidated by double typing in a Microsoft Excel spreadsheet.

Therefore, a population base was counted through data from the service census, all oncology patients registered in the service on screen until September 13th, 2024, so it did not seek to total a representative sample of the population.

- Inclusion Criteria

The data pre-coded into axes by the statistics department were collected targeting only oncology users and active registrations, that is, users who attend the service periodically, monthly or every 2 or 3 months. The sample included people with elimination ostomies, oncological diagnosis, without age limit and with any neoplasia: 451 people were identified. The timeline of the data made available was from 1988 to 2024.

- Exclusion Criteria

A total of 643 people with ostomies due to congenital diseases, inflammatory bowel disease, trauma and iatrogenesis were excluded.

The variables were Date of birth; Municipality of origin; Sex; Type of ostomy; Year of ostomy; Institution of surgical treatment; Character of the stoma (permanent or not); Convexity indicated for people with intestinal ostomies and people who

DOI: https://doi.org/10.36489/saudecoletiva.2025v15i92p14182-14191

underwent cystectomy, creating a urostomy.

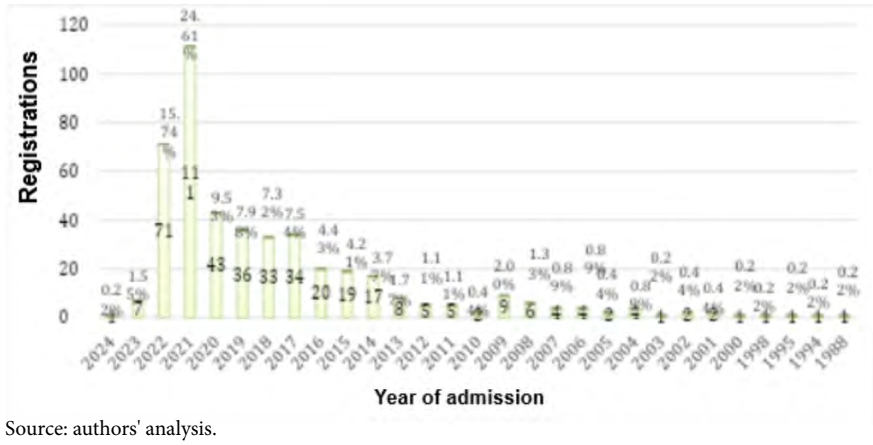
The data were organized in independent tabs, later arranged in tables, organized according to title and occurrence expressed by simple descriptive statistics, considering the value of 100% for the calculation of the distribution of titles. The evidence from the documentary and gray literature search was presented in a Table. It was first approved by the State Department of Public Health of the capital and ethical approval under the opinion CAAE: 68649123.1.0000.5393.

RESULTS

The data on the numerical utilization of registered patients diagnosed with cancer at the Reference Unit were filled out in the same order as the service census, and therefore the oldest registered patients were prioritized. The years 2023 and 2024 were not fully computed by the sector.

In the assessment of the number of users in relation to the year of surgical treatment, 451 people, it was evident that in 2021 the number was higher, with 111 ostomy registrations. The COVID-19 pandemic certainly influenced the number of registrations and oncological surgeries (Graph 1).

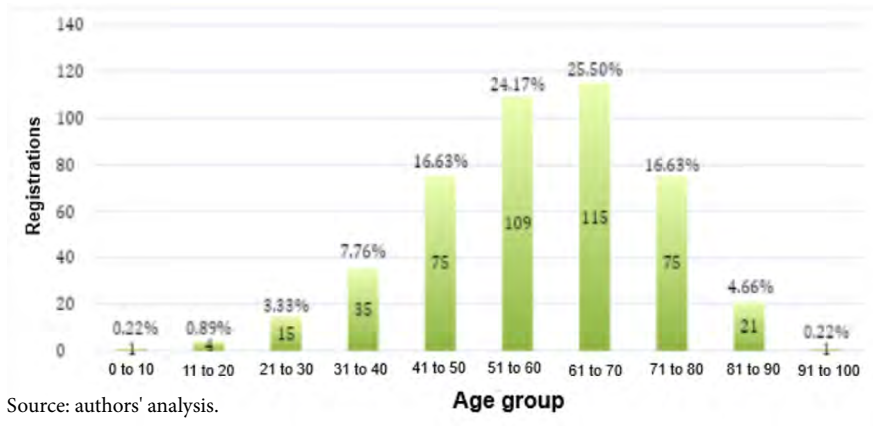
Graph 1 – Year of ostomy of registered individuals. Belém, PA, Brazil, 2024 (n = 451).



Source: authors' analysis.

When assessing the age of users, a median of 60 and an average of approximately 58.06% were observed, therefore the highest number of ostomized patients was between the ages of 61 and 70 (25.5%), as shown in Graph 2.

Graph 2 – Age range of registered users (n = 451).



Source: authors' analysis.

It was pointed out that the largest number of patients are female (55.44%). Regarding the type of ostomy and location, the most common is sigmoid colostomy (31.24%), followed by descending colostomy (25.30%). Regarding the type of stoma, the most common is temporary (50.82%) followed by permanent (48.18%). In the service, there was a deficit in filling out the medical records, where the information is mostly incomplete, which made filling out the data precarious. During the analysis of the medical records, which made it difficult to confirm cystectomies, the sample number of this type of user was 71 people. As shown in Table 1.

DOI: https://doi.org/10.36489/saudecoletiva.2025v15i92p14182-14191

Table 1 – Clinical characterization and convexity. Belém, PA, Brazil, 2024.

Sex	n	%
Male	199	*43,78*
Female	252	*55,44*
TOTAL	451	*100*
Type of stoma and location	n	%
Ascending Colostomy	19	*4,18*
Descending Colostomy	115	*25,30*
Transversostomy	19	*4,18*
Sigmoid Colostomy	142	*31,24*
Ileostomy	68	*14,96*
Urostomy	55	*12,10*
Bricker	14	*3,08*
Cystostomy	3	*0,66*
Not informed	16	*3,52*
TOTAL	451	*100*
Stoma type	n	%
Definitive	219	*48,18*
Temporary	231	*50,82*
Not informed	1	*0,22*
TOTAL	451	*100*
Equipment (for people who have undergone cystectomy)	n	%
Flat	63	*88,70*
Convex	8	*11,26*
TOTAL	71	*100*
Equipment (intestinal stoma)	n	%
Flat	315	*82,84*
Convex	65	*17,09*
TOTAL	380	*100*

Source: authors' analysis.

In the analysis of the institutions that performed surgical treatment with ostomy, the highest number was identified at the Ophir Loyola Hospital (45.45%), followed by the João de Barros Barreto Hospital (11.75%). In the description of the data, the results indicate that the city of Belém (43.46%) in a total of 76 cities, has the highest number of users with cancer seeking equipment, followed by the municipality of Ananindeua (10.86%), which borders Belém. As shown in Table 2.

Table 2 – Surgical treatment institutions and user origin. Belém, PA, Brazil.

Instituition	n	%
Hospital Ophir Loyola	205	*45,45*
Hospital João de Barros Barreto (HUJBB)	53	*11,75*
Hospital Porto Dias	30	*6,65*
Saúde da Mulher	33	*7,32*
Pronto Socorro da 14 de Março	14	*3,10*
HPSM Guamá	8	*1,77*
Hospital Amazônia	7	*1,55*
Hospital de Clínicas De Ananindeua	5	*1,11*
Beneficente Portuguesa	5	*1,11*
Hospital Guadalupe	5	*1,11*
Santa Casa	5	*1,11*
Hospital Adventista De Belém	5	*1,11*
Hospital Layr Maia	4	*0,89*
Ordem Terceira	4	*0,89*
Hospital de Clínicas Gaspar Viana	4	*0,89*
Abelardo Santos	3	*0,67*
Hospital Riomar	3	*0,67*
Hospital Dom Vicente	2	*0,44*
Hospital Do Coração	2	*0,44*
Hospital Francisco Magalhães	2	*0,44*
Hospital Regional de Paragominas	2	*0,44*
Hospital Regional de Tucuruí	2	*0,44*
Jean Bittar	2	*0,44*
Hospital Regional de Marabá	1	*0,22*
Octávio Lobo	1	*0,22*
Hospital da Marinha	1	*0,22*
Hospital São José de Castanhal	1	*0,22*
CTO Castanhal	1	*0,22*
Humberto Maradei (HPSM)	1	*0,22*
Hospital Regional Público do Leste (HRPL)	1	*0,22*
Hospital das Clínicas de Capanema	1	*0,22*
Hospital São Camilo	1	*0,22*
Sociedade São Braz	1	*0,22*
Hospital Metropolitano	1	*0,22*
Hospital Regional de Cametá	1	*0,22*
Hospital de Aeronáutica de Belém	1	*0,22*
Hospital Regional Público dos Caetés	1	*0,22*
Hospital Geral UNIMED	1	*0,22*
Instituições fora do estado do Pará	20	*4,43*
Não informado	11	*2,44*
TOTAL	451	*100*

DOI: https://doi.org/10.36489/saudecoletiva.2025v15i92p14182-14191

Municipality	n	%
Belém	196	*43,46*
Ananindeua	49	*10,86*
Castanhal	22	*4,88*
Marituba	18	*3,99*
Abaetetuba	11	*2,44*
Benevides	9	*2,00*
Capitão Poço	8	*1,77*
Capanema	6	*1,33*
Paragominas	6	*1,33*
Curuçá	5	*1,11*
Bragança	5	*1,11*
Breu Branco	4	*0,89*
Cametá	4	*0,89*
São Miguel do Guamá	4	*0,89*
Altamira	4	*0,89*
Barcarena	4	*0,89*
Igarapé-Açu	4	*0,89*
Moju	3	*0,67*
Aurora do Pará	3	*0,67*
Mãe do Rio	3	*0,67*
Soure	3	*0,67*
Salinópolis	3	*0,67*
São João de Pirabas	3	*0,67*
Concórdia do Pará	3	*0,67*
Portel	3	*0,67*
Acará	3	*0,67*
Santa Izabel do Pará	3	*0,67*
Irituia	2	*0,44*
Tucuruí	2	*0,44*
Bujaru	2	*0,44*
Santa Maria do Pará	2	*0,44*
Canaã dos Carajás	2	*0,44*
Marapanim	2	*0,44*
Tomé-Açu	2	*0,44*
São João da Ponta	2	*0,44*
Ipixuna	2	*0,44*
Breves	2	*0,44*
São Sebastião da Boa Vista	2	*0,44*
Rondon do Pará	2	*0,44*
Santa Luzia	2	*0,44*
Ulianópolis	2	*0,44*
Cachoeira do Arari	1	*0,22*
Novo Repartimento	1	*0,22*

DOI: https://doi.org/10.36489/saudecoletiva.2025v15i92p14182-14191

Dom Elizeu	1	*0,22*
Ourém	1	*0,22*
Garrafão do Norte	1	*0,22*
Jacundá	1	*0,22*
São Félix do Xingu	1	*0,22*
Redenção	1	*0,22*
Turiaçú	1	*0,22*
Peixe Boi	1	*0,22*
São Domingos do Capim	1	*0,22*
Marabá	1	*0,22*
Itaituba	1	*0,22*
Melgaço	1	*0,22*
Igarapé Miri	1	*0,22*
Vitória do Xingu	1	*0,22*
Oriximiná	1	*0,22*
Mocajuba	1	*0,22*
Tailândia	1	*0,22*
Ponta de Pedras	1	*0,22*
Almerim	1	*0,22*
Uruará	1	*0,22*
Vigia	1	*0,22*
Santo Antônio do Tauá	1	*0,22*
Bagre	1	*0,22*
Limoeiro do Ajuru	1	*0,22*
Bom Jesus do Tocantins	1	*0,22*
Augusto Corrêa	1	*0,22*
Nova Timboteua	1	*0,22*
Chaves	1	*0,22*
Terra Alta	1	*0,22*
São Luís (Maranhão)	1	*0,22*
Macapá (Amapá)	1	*0,22*
TOTAL	451	*100*

Source: authors' analysis.

In the analysis, although the documents in Table 2 represent important advances in recognizing the rights and needs of people with ostomies, they share some significant limitations. The implementation and implementation of inclusion and accessibility policies are often inconsistent, and the guidelines for supporting self-care and social reintegration do not cover all emotional and psychosocial needs, showing how Social Reintegration would occur in secondary services. The lack of standardization and unequal access to services, especially in less favored regions, make it difficult to guarantee comprehensive and equitable care.

Table 2 – Brazilian documentary research on rights and assistance.

Title (Year)/ Institution or organizing body	Key Highlights
Colorectal cancer prevention (2019) / SOBEST	The booklet focuses on the prevention and early diagnosis of colorectal cancer, the main cause of digestive ostomies, and provides guidance on stoma care, such as hygiene, correct use of collection bags and prevention of complications. It highlights adequate nutrition, emotional and social support, and follow-up, encouraging the practice of physical activities and education.
Guidelines on ostomies (2003) / INCA	The booklet highlights essential care for people with ostomies, such as cleaning the stoma, proper use of collection bags and prevention of complications. It also addresses the importance of adequate nutrition, psychological support and adaptation to the daily routine.
Guidelines for Patients – Ostomies/ A.C. Camargo Cancer Center	The manual provides detailed guidelines on ostomy care, including stoma hygiene, use and replacement of collection bags, prevention of complications, and the importance of proper nutrition..
Amazonian Food: Guide for People with Ostomies (2019) / SOBEST	The guide focuses on adapting the diet to typical Amazonian foods, providing specific guidance on choosing foods to avoid complications. It addresses healthy, affordable, and regional nutrition.
Guidance Manual for People with Ostomies in the Amazon Region (2019) / SOBEST	The Manual provides specific guidelines adapted to the particularities of the Amazon. It provides guidance on skin care in humid climates, use of natural and local resources, dietary suggestions with regional ingredients, and tips for improving the durability of devices.
Colostomy irrigation guidance manual (2023) / Azul publisher	It offers valuable and practical information aimed at improving the quality of life of people with colostomies. With an emphasis on correct techniques, care, prevention of complications, and emotional support, it serves as a resource for colostomy management.
Brazilian consensus on care for people Adults with elimination stoma (2020) / SOBEST	The consensus offers guidelines for standardized care of adults with ostomies, ranging from education on self-care and protection of peristomal skin to the choice of devices and prevention of complications. It discusses multidisciplinary monitoring to promote patients' autonomy and quality of life. Furthermore, it encourages healthcare professionals to update their knowledge and research.
Woman with an ostomy, you can keep your charm (2015) / Kelps Publisher	It focuses on self-esteem, self-confidence and self-image. It highlights skin care, choosing clothes to disguise devices, and addresses sexuality, encouraging a healthy intimate life.
João Alberto has an ostomy (2006) / Doris Held and Arlene Klostermann	The book is an educational resource for children and families, which explains ostomy in a simple and positive way. It promotes acceptance of the condition, describes basic care, and highlights the importance of emotional support and empathy. João Alberto's story encourages social and school reintegration, showing that it is possible to live well with a stoma and maintain daily activities with family support.

DOI: https://doi.org/10.36489/saudecoletiva.2025v15i92p14182-14191

Health care guide for people with ostomies (2021) / Ministry of Health	The guide provides guidelines for comprehensive and personalized care for people with ostomies. The focus includes promoting self-care, protecting the skin around the stoma, psychosocial support and social reintegration. The guide emphasizes the training of professionals and ongoing monitoring of patients to prevent complications.
Law No. 12,738, of November 30th, 2012	Important legal framework for protecting the rights of people with ostomies in Brazil, ensuring access to necessary materials and care, psychological support and social inclusion. The legislation aims to improve self-esteem, quality of life and promote comprehensive, specialized care.
Opinion – SOBEST No. 001/2016 / SOBEST	The opinion advocates access to standardized products and care, psychosocial support, and social reintegration. It highlights the importance of training professionals, such as stoma therapists, to provide specialized care, and recommends ongoing monitoring to prevent complications. The document reinforces social inclusion.
Opinion No. 013/2009/ CONADE	It recognizes people with ostomies as people with disabilities, ensuring them rights such as free access to ostomy devices through the SUS, comprehensive and multidisciplinary care, and adaptation of health services. The document also addresses the right to social security benefits, support for social and professional reintegration, and advocates the inclusion of these people in social protection policies.
Decree No. 3,298, of December 20th, 1999	It establishes important guidelines for protecting the rights of people with ostomies, promoting their social inclusion, accessibility, and access to health and assistance services.
Decree No. 5,296 of December 2nd, 2004	It advocates accessibility and the rights of people with ostomies, recognizing them as part of the population with disabilities. It establishes guidelines to ensure the inclusion of these people in environments and services, promoting their full participation in society and ensuring that their specific needs are met.

Source: authors' analysis.

DISCUSSION

In this analysis of 451 patients, a greater number of records of people with ostomies were observed in the years 2021 (111 cases) and 2022 (71 cases). The predominant age group was between 61 and 70 years (115 patients), followed by 51 to 60 years (109 patients), with a predominance of women (55.44%). Regarding the type of ostomy, sigmoid colostomy was the most frequent (31.24%), followed by descending colostomy (25.30%) and ileostomy (14.96%). Thus, the advanced age group of users is mainly observed, the majority of whom are elderly, such as those over 60 years old, as in a study in Southern Brazil [12], which brings several complications in self-care. It is known, therefore, considering the recent evidence from a scope review that this secondary service must have professionals who adapt their language to address the following issues with the elderly: nutritional aspects, aspects of the peristomal skin, in turn, choice of collection equipment and adjuvants, physical activities, libido/sex and social reintegration [13].

The majority of elderly patients raise reflections on strategies, especially psychological coping and better management of the stoma, which are aimed at older people [14]. The elimination stoma calls for self-care practices, which according to a study in Piauí can be lonely due to changes in body image, therefore the aspects of cleaning, drying the skin, detaching the plate, measuring the stoma and correctly making the mold are priorities, however, social reintegration should be addressed in parallel [15].

In this profile, Sigmoid Colostomy and Descending Colostomy were found to be prevalent, corroborating that this fecal diversion calls for the psychological factors of these users to be periodically probed [12]. The need for decentralization and regionalization of health services in the state of Pará is evident for this to occur. The research reveals that the equipment for patients who have undergone urostomy (due to cystectomy) or intestinal stoma is concentrated in the capital. Centralization prevents equitable access to equipment in more remote regions, compromising the universality of the SUS.

The largest concentration of users is in the Metropolitan Region, with emphasis on Belém (43.46%), Ananindeua (10.86%) and Castanhal (4.88%), however, it was evident that, among the 144 municipalities in the state of Pará, 74 have users who collect equipment in Belém. This profile supports evidence that implementing a regionalized approach is crucial to consolidating the principles of the SUS, especially in states with challenging geographic characteristics, such as Pará, and in northern regions of Brazil, where disparities in access to health services are more evident [16].

With regard to the institutions that perform surgical treatment in the state, among the 39 analyzed, the Ophir Loyola Hospital (45.45%) and the João de Barros Barreto University Hospital (11.75%) stand out, which concentrate the majority of care. The need for regionalization in the Unified Health System (SUS) is reinforced as a strategy to face the challenges related to access to and distribution of health services. Regionalization grants greater autonomy to regions, allowing for the organization and integration of health services in a more efficient and equitable manner. With decentralization, responsibilities are redistributed to local levels, facilitating the allocation of resources and promoting quality care in more remote areas. This structure strengthens the articulation between municipalities and intergovernmental management, expanding the scope and

DOI: https://doi.org/10.36489/saudecoletiva.2025v15i92p14182-14191

effectiveness of the services offered [16].

The temporary nature of most stomas coincides with that of a study in Maranhão [17], which means that the secondary service should start to provide referral and counter-referral actions to enable the reconstruction of intestinal transit, something that depends on the macrosphere and other levels of care. Surgery campaigns are also necessary to reduce the burden on the State with equipment.

When correlating these findings with previous studies, such as an observational study in Bahia [18], it is suggested that efforts to improve self-care in elderly people with stomas need to involve a multidisciplinary approach, which includes not only technical management, but also emotional and social support. This intersection between the data found and scientific evidence highlights the importance of health policies that prioritize ongoing education and personalized monitoring, allowing for more humanized and effective care.

Most ostomies were classified as temporary (50.82%), while permanent stomas accounted for 48.18% of cases. It is known that the quality of the equipment is highlighted by the difficulties faced in cleaning and handling the equipment, especially immediately after surgery when patients do not yet have the technical skills to empty and change the device. Other problems include care that becomes the responsibility of family members and sometimes remains delegated to them for long periods, in the case of permanent ostomies, interfering with the user's autonomy [19].

Therefore, another essential point for care and correct management is to consider the convexities of available plates, generally indicated due to retractions or to provide greater sealing/adhesiveness, depth and compressibility in the face of a flaccid abdomen. Convex plates generate greater skin tension and fat compression, the role of convexities in stomatherapy should be considered and the patient informed about their benefits if they have a flat or retracted stoma, such stoma base products need to be available [20].

Implications for the health sector

The relevance lies in the collection of clinical data for the implementation of public policies that culminate in the improvement of quality of life and consequently improvement in self-care for people who have had ostomies due to cancer, especially of the bladder and colon and rectum, and who live far from the capitals.

Study limitations

This study is severely limited because it comes from data from the service census, which was still in progress. Therefore, the years 2023 and 2024 were not fully computed, and there was still a lack of filling in of types of neoplasms. There were gaps in variables important to epidemiological studies, such as in the case of self-declared skin color, which was not filled in. In the documentary analysis, a weakness was the absence of documents that visualize tangible ways of promoting social reintegration at the secondary level.

CONCLUSION

It is concluded that the profile of cancer patients treated by the service reflects characteristics such as the considerable number of patients coming from the interior of the state of Pará, highlighting a critical challenge related to the geographical distance between the municipalities and the capital where the distribution of equipment is concentrated. Furthermore, there is an urgent need for educational strategies that seek to integrate technology and target the profile of elderly users who make up the majority of the service. However, it is reflected that the training of professionals and the promotion of educational campaigns require greater investment and commitment from central levels. This reality not only increases the costs and logistics of specialized care for patients and their families, but also exposes vulnerabilities. The difficulty in accessing the service, aggravated by the limitations of public transportation in remote areas, reinforces the urgent need for decentralization, with the creation of regional distribution and support hubs. Measures such as these are essential to mitigate the impacts of distance and ensure that all patients have equal access to the resources essential for managing their health conditions. The relevance of the decentralization and regionalization strategy in the Unified Health System (SUS) is reinforced, particularly in states with geographical challenges, as centralization in large urban centers limits equitable access.

The survey data confirm that it is crucial that there is a greater commitment to the practical implementation of these proclaimed guidelines, such as the adaptation of bathrooms, training and expansion of specialized teams, decentralization of services, integration and psychosocial support, improvement of inspection, education and social awareness with investments in infrastructure and professional training.

DOI: https://doi.org/10.36489/saudecoletiva.2025v15i92p14182-14191

REFERENCES

1. Ministério da Saúde (Brasil). Secretaria de Atenção Especializada em Saúde. Departamento de Atenção Especializada e Temática. Guia de atenção à saúde da pessoa com estomia. Brasília: Ministério da Saúde, 2021. Disponível em: https://bvsms.saude.gov.br/bvs/publicacoes/guia_atencao_saude_pessoa_estomia.pdf.

2. Associação Brasileira De Estomaterapia (SOBEST). Estomias. São Paulo, 2020. Disponível em: https://sobest.com.br/estomias/

3. Cavalcante RA, Braga LCA, Araújo IFM, Sousa AR, Carvalho ESDS. Tecnología Cuidado-Educativa El Autocuidado De Mujeres Y Hombres Con Ostoma Intestinal Mediado Por Aromaterapia. Enferm Foco. 2023;14:e-202355.

4. Santos M de O, Lima FC da S de, Martins LFL, Oliveira JFP, Almeida LM, Cancela M de C. Estimativa de Incidência de Câncer no Brasil, 2023-2025. Rev. Bras. Cancerol. 6º de fevereiro de 2023;69(1):e-213700.

5. Maciel DBV, Santos MLSC, Oliveira NVD, Fuly PDSC, Camacho ACLF, Coutinho FH. Perfil sociodemográfico de pacientes com estomia definitiva por câncer colorretal: interferência na qualidade de vida. Nursing (São Paulo). 2019;22(258):3325-3330.

6. Brasil. Portaria nº 400, de 16 de novembro de 2009. Dispõe do estabelecimento de Diretrizes Nacionais para a Atenção à Saúde das Pessoas Ostomizadas. Diário Oficial da República Federativa do Brasil. Disponível em: https://bvsms.saude.gov.br/bvs/saudelegis/sas/2009/prt0400_16_11_2009.html

7. Alencar TMF, Sales JKD, Sales JKD, Rodrigues CLS, Braga ST, Tavares MNM et al. Cuidados de enfermagem aos pacientes com estomia: análise à luz da teoria de Orem. Rev. Enferm. Atual In Derme. 2022;96(37).

8. Brito LEÓ, Fé ÉM, Carvalho REFL de, Melo GAA, Pereira FGF. Plano de alta de enfermagem para estomizados intestinais. Rev enferm UFPE on line. 2019;13:e239794.

9. Paula MAB, Moraes JT. Consenso Brasileiro de Cuidado às Pessoas Adultas com Estomias de Eliminação 2020. São Paulo: Segmento Farma, 2021. Disponível em: https://sobest.com.br/wp-content/uploads/2021/11/CONSENSO_BRASILEIRO.pdf

10. Creswell JW. Projeto de pesquisa: métodos qualitativo, quantitativo e misto. 5. Ed. Porto Alegre: Penso, 2021.

11. Correa Júnior AJS, Russo T, Paraizo-Horvath CMS, Aguiar JC, Santana ME, Sonobe HM. Brazilian scientific production about health care services for people with stomas in the unified health system: an assessment. Figshare, 9 nov. 2023. Disponível em: https://doi.org/10.6084/m9.figshare.24531037.v1. Acesso em: 17 nov. 2024.

12. Santos FLD, Castanheira JS, Mota MS, Brum AN, Barlem JGT, Paloski GDR. Perfil de usuários de um serviço de estomaterapia: análise de cluster. Esc. Anna Nery Rev. Enferm. 2022;26:e20210307.

13. Silva IP, Diniz IV, Sena JF, Lucena SKP, Dantas RAN, Costa IKF. Requisitos de autocuidado para pessoas com estomias intestinais: revisão de escopo. Aquichan. 2023;23(2): e2325.

14. Wahab PA, Mohamed N, Ismail N, Hassan II, Haryanto H. A Descriptive Analysis of Patients with Stoma Attending a Tertiary Hospital on the East Coast of Peninsular Malaysia. Int. J. Care Scholars. 2024;7(3):4-10.

15. Oliveira AC, Nogueira LT, Abreu Oliveira LK, Ramos GF, Lira JAC, Vasconcelos CDA, Bezerra SMG. Fatores associados ao autocuidado praticado por pessoas com estomias de eliminação. Rev. Enferm. UERJ. 2023;31:e77154-e77154.

16. Amaral IBDST. Reflexões sobre descentralização do SUS e o direito à saúde. Saúde Redes. 2024;10(3):4272-4272.

17. Ferreira BCS, Martins SS, Cavalcante TB, Junior JFS, Silva Carneiro SC. Indicadores sociodemogr ficos e de saneamento e moradia na qualidade de vida de pessoas com estomia. ESTIMA - Braz. J. Enterostomal Ther. 2021;19.

18. Gonzaga AC, Albergaria AKA, Araújo KOP, Borges EL, Junior JFP. Perfil de crianças e adultos com estomia intestinal do centro de referência da Bahia-Brasil. ESTIMA - Braz. J. Enterostomal Ther. 2020;18:e0520-e0520.

19. Silva IP, Sena JF, Lucena SKP, Mesquita Xavier SS, Costa Mesquita SK, Silva VGF, Costa IKF. Autocuidado de pessoas com estomias intestinais: implicações para o cuidado de enfermagem. REME rev. min. Enferm. 2022;26:e1425.

20. Waller J, Gowans P, Lord S, McGill K. Impact of Stoma Baseplate Convexity on Tension and Compression Around the Stoma Site: A Finite Element Analysis. Cureus 2024:16(1).

DOI: https://doi.org/10.36489/saudecoletiva.2025v15i92p14182-14191