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## ORIGINAL ARTICLE

### CARE PRODUCTION FOR THE OSTOMIZED USER: CONSIDERATIONS OF THE NURSING TEAM

#### A PRODUÇÃO DO CUIDADO AO USUÁRIO ESTOMIZADO: CONSIDERAÇÕES DA EQUIPE DE ENFERMAGEM

#### LA PRODUCCIÓN DE LA ATENCIÓN AL USUARIO OSTOMIZADO: CONSIDERACIONES DEL EQUIPO DE ENFERMERÍA

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#### ABSTRACT

**Objective:** identifying the concepts of the nursing staff about care for the ostomized user. **Method:** a descriptive study of a qualitative approach performed in a hospital in Itabuna/BA. The empirical information was produced from a semi-structured itinerary for 31 nursing professionals. The data were analyzed by Content Analysis technique in the form Categorical Analysis. The research project was approved by the Research Ethics Committee, CAAE 03080012.5.0000.5526. **Results:** some professionals had difficulties on handling the drainage for devices and identify some complications of the stomy, were using skin aids in error and guidelines for these users, in most cases, are well surface. **Conclusion:** it becomes necessary that health institutions encourage the formation of the nursing team, aiming at understanding, service qualification and improvement of care in this area. **Descriptors:** Nursing Team; Nursing Care; Surgical Stomata.

#### RESUMO

**Objetivo:** conhecer as concepções da equipe de enfermagem sobre o cuidado ao usuário estomizado. **Método:** estudo descritivo de abordagem qualitativa, realizado em um hospital de Itabuna/BA. As informações empíricas foram produzidas a partir de um roteiro semiestruturado para 31 profissionais de enfermagem. Os dados foram analisados pela Técnica de Análise de Conteúdo na modalidade Análise Categorical. O projeto de pesquisa foi aprovado pelo Comitê de Ética em Pesquisa, CAAE 03080012.5.0000.5526. **Resultados:** alguns profissionais tinham dificuldades para manipular os dispositivos de drenagem e identificar algumas complicações da estomia, faziam o uso de adjuvantes de pele de forma equivocada e as orientações para esses usuários, na maioria das vezes, são bem superficiais. **Conclusão:** faz-se necessário que as instituições de saúde estimulem a formação da equipe de enfermagem, visando à compreensão, qualificação do serviço e melhoria da assistência nessa área. **Descritores:** Equipe de Enfermagem; Cuidado de Enfermagem; Estomas Cirúrgicos.

#### RESUMEN

**Objetivo:** identificar los conceptos del personal de enfermería en la atención a los usuarios ostomizados. **Método:** estudio descriptivo de enfoque cualitativo realizado en un hospital de Itabuna/BA. La información empírica se produce a partir de un guión semi-estructurado a 31 profesionales de enfermería. Los datos fueron analizados por la Técnica de Análisis de Contenido en la forma Análisis Categóricas. El proyecto de investigación fue aprobado por el Comité de Ética en la Investigación, CAAE 03080012.5.0000.5526. **Resultados:** algunos profesionales tenían dificultades para manejar los dispositivos de drenaje e identificar algunas de las complicaciones de la estomia, hacia el uso de adyuvantes a la piel en el error y directrices para estos usuarios, en la mayoría de los casos, son bien superficiales. **Conclusión:** es necesario que las instituciones de salud fomenten la formación del equipo de enfermería, teniendo como objetivo la comprensión, la calificación de servicios y la mejora de la atención en esta área. **Descriptores:** Equipo de Enfermería; Cuidados de Enfermería; Estomas Quirúrgicos.

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## INTRODUCTION

Ostomy, stoma or ostomy are words of Greek origin meaning mouth or opening and indicate the externalization of any hollow viscera in the body. As exteriorized segment, ostomies receive different names, namely: the large intestine (colon) there are the colostomy and small intestine (ileum) are ileostomy. The ostomy technique is the opening of an organ through surgery, forming a "mouth" passing into contact with the external environment to waste eliminations, secretions, feces and/or urine.<sup>1</sup>

The location of the ostomy will indicate the consistency of feces. At ileostomy and colostomy ascending colon, the entire small intestine is bypassed, so there is complete absorption of water, thus the liquid and feces are frequent. In the transverse colon colostomy stool are solid and patterned, in the descending and sigmoid colostomy stools are formed and consistent. These stools are eliminated by ostomy effluent calls.<sup>2</sup>

The causes leading to the realization of an intestinal stoma are varied. Among the most common are injuries, congenital diseases, inflammatory diseases, tumors and bowel cancer.<sup>3</sup>

Depending on the etiology of the disease, the surgeon indicates the establishment of a temporary or permanent ostomy. The temporary stomas are undertaken to protect an anastomosis, in view of its closure in a short time. The final stomas are performed when there is no possibility to restore the intestinal tract, typically in the cancer situation. Users with permanent ostomy require ongoing support, for their problems are long lasting and cyclic.<sup>3</sup>

Furthermore, the presence of an ostomy involves the use of a collector system. For this, you need to perform daily hygiene care to the stoma and substitute the collecting system.<sup>4</sup> Often, by refusing to accept the situation, due to difficulties in view the stoma or other reasons, the individual delegates ostomy care to a significant person, most of the time, is the spouse.

Thus, the ostomy user sees before changes in their physiology, and changes in their personal, social and psycho-emotional life. Feelings varied to emerge, including conflicts, concerns and difficulties due to the limitations imposed on their daily lives. The concern to minimize these difficulties involve not only the improvement of the devices offered on the market and health care, but also the continuity of multidisciplinary care

that user, very important to ensure its quality of life.<sup>5</sup>

Health professionals who participate in the care of these people from the preoperative to the time of discharge, must work in an integrated way, as an interdisciplinary team.

The nursing intervention should already start in the pre-operative, which prioritizes the user evaluation in physical and psychosocial spheres, identifying the level of prior self-care and duration of the disease. At this stage, both the user and their family members are eager and receptive for information that give them subsidies to dealing with anxiety and fear of the unknown and activate coping mechanisms.<sup>6</sup>

During the postoperative period and the subsequent days, the nursing staff assesses the general conditions, cares and observes the color, infection and complications with the stoma. This requires that the professional take care to properly assess the need by each user being sure to encourage you giving information about the new condition, reducing their insecurity.<sup>7</sup>

Considering the peculiarities in the care of an intestinal stoma and the importance of the nursing team in that user's rehabilitation process, the objective is, with this study:

- Recognizing the concepts of the nursing staff in care for ostomy user.

## METHOD

This is a qualitative, descriptive research, carried out with a hospital nursing staff in the city of Itabuna/BA. The institution has 154 beds and provides clinical care services, surgical, outpatient, psychiatric and emergency care.

The study included 31 nursing professionals working in various clinics in the morning, afternoon and evening shift. The following inclusion criteria were: being a nurse and/or nursing technician, integrating the functional framework of the institution, be acting in surgical wards, as are facilities where ostomy users are admitted, and take part in the study. There were excluded from the research the professionals, that at the time of the survey was in vacation and/or removed and nursing professionals working places where ostomy users were not allowed.

Information was produced in September 2012, from semi-structured interview guide consisting of identification data and related issues for the nursing care provided to users with ostomy.

The study complied with the ethical guidelines for research involving human

subjects contained in Resolution 466/12. The survey was conducted by the assent of the Hospital Ethics Committee and the Ethics and Research Committee of the State University of Santa Cruz in the number of CAAE 03080012.5.0000.5526 and the opinion number 81317. Individuals formalized the participation of study by signing the Consent Agreement with freedom of withdrawal and anonymity assurance regarding its identity.

Data were analyzed by content analysis technique proposed by Bardin<sup>8</sup>, in Category Analysis mode thus following the steps of pre-analysis, material exploration and treatment of results, inference and interpretation.<sup>8</sup> Thus, besides the characterization of the subjects, emerged the following categories: "understanding of the ostomy and its complications," "manipulation collectors' protective equipment" and "guidance provided to ostomy users."

The statements of the research subjects were identified as follows: nursing staff have been assigned the symbol "TE" followed by the numbering 01 to 27 and the nurses were identified with the symbol "ENF" followed by the numbering 01 to 04.

## RESULTS AND DISCUSSION

### ♦ Characterization of the subjects

The sample consisted of 31 nurses who provide care actively for users with intestinal stomas. Since the professionals interviewed, twenty six (84%) were female and five (16%) were male. The age ranged from 24 to 51 years old, with an average age of 37,5.

Regarding vocational training, 27 (87%) were nursing technicians and 4 (13%) were nurses. The professional practice time ranged 8 months to 31 years. Also noteworthy is that the respondents, 10 (32%) had other employment relationship beyond the institution where the research was conducted; 27 (87%) had never participated in continuing education activities on care users with intestinal stomas.

### ♦ Understanding of estomias and its complications

Nursing care is a constant concern of nursing services in the academic and hospital institutions in order to training professionals able to perform functions for comprehensive care for the individuals.<sup>9</sup> It is important to scientific knowledge coupled with the human and social sciences to expand understanding of human nature and thus qualifying assistance.<sup>10</sup>

This category relates to the question of how the stoma and its complications are

perceived by nursing teams, comprising of different ways the concept, types of ostomy and assigned complications.

Through the analysis of the content, it was realized that the concept of ostomy assigned by the research subjects, despite the informal language, no different from the concept given in the literature.

The ostomy is a manifestation of the intestine in the abdominal wall. It can receive different names depending on the location exposed. It is called a colostomy when located in the colon and ileostomy when located in the ileum.<sup>11</sup>

When asked about the concept of ostomy, the subjects of the research showed the following statements:

*It is an opening held on the wall of the abdomen to the passage of the feces [...] (TE 04)*

*Is a surgical procedure where the patient removes the stool through the hole in the region of the abdomen [...] (TE 25)*

*Opening or orifice, opened in ileum or colon to the exit of feces for secretion [...] (TE 20)*

*Opening in the intestine so that feces are diverted and exit on the other path [...] (TE 10)*

As for the differences and denominations each Ostomy some declare corrects statements and other inaccurate statements as shown below:

*Colostomy is the opening of the cervix. Ileostomy is the opening of the ileum. (TE 14)*

*Colostomy is procedure done, I mean, Ostomy in colon (external), alternative to their results. Ileostomy is the alternative for feeding or for excreta. (TE 03)*

The ostomy digestive tract is subject to complications that may occur early or late. The bleeding, ischemia, necrosis, retraction or sinking, the mucocutaneous displacement, peristoma herniation, stenosis, prolapse, the dysfunction syndrome ileostomy, the peristoma sepsis are complications that can be observed in ostomy users. The incidence of these complications can be minimized since preventive measures related to surgical techniques and postoperative care are taken.<sup>12</sup>

When asked about the knowledge of some complications that affect the ostomy users, we obtained the following answers:

*Infections, hyperemia around the ostomy, due to gastric excretions (enzymes). (ENF 01)*

*Lack of time technique of maternal pouch [...] (TE 17)*

*Skin damaged by secretion [...] (TE 18)*

*If the liquid contact with skin causes various complications [...] (TE 14)*

*Infection may occur in abdominal cavity if the edges loose and spread feces [...] (TE 22)*

*Esternosis, prolapiso, skin lesions [...] (TE 27)*

*It can occur stenosis, prolapse, and hyperemia and diaper rash [...] (TE 20)*

*Sometimes the patient does not have intestinal and eliminations must do enema for colostomy. (TE 16)*

The terms made possible identifying the domain on complications in intestinal stoma is still very superficial and target highly doubt among professionals. There is a technical and scientific knowledge reasoned. This can prevent the professional act in the early detection and care of these complications, causing insecurity in carrying out activities aimed at caring for ostomy users.

#### ♦ Handling collectors equipment and protective admixtures

A device is a planned carefully set means arranged in order for a particular purpose.<sup>13</sup>

For ostomy users, scholarships for ostomy, skin protectors and accessories products are devices, considering that they address the need to collect the effluent eliminated by ostomy.<sup>14</sup>

The pouches for ostomy system are shown in one or two parts, both types being grouped into two categories, open or closed, and drainable. The two-piece bag system consists of the plate and collection bag.<sup>14</sup>

Remember, the care of the colostomy begins for harmony between the ostomy, skin, peristoma and collecting system used, facilitating self-care and consequently the user's quality of life. The nursing staff should be familiar with the slip systems so they can display them properly to ostomized people and provide greater comfort. The subjects were asked about what types of ostomy bags for they knew and expressed the following answers:

*Simple and Karaia bag [...] (TE 11 e ENF 01)*

*Karaya pouch and plastic collector [...] (ENF 02)*

*Colostomy bag/common and Karaya [...] (TE 14)*

*Karaya bag or disposable colostomy bag [...] (TE 01)*

*Karaya and plastic bag [...] (TE 07)*

*The simple that looks like a bag and Karaia which has a format of balloon [...] (TE 25)*

*Karaia bag (drainage device) and disposable colostomy bag [...] (ENF 03)*

What can be observed in the statements above that there is a mistake to link the skin

protective gum "Karaya" the name of a type of scholarship. This happens due to the lack of professionals on a topic or even indifference on the subject. In addition, practitioners also use plastic bags for collecting the effluent. Because they are of low quality and require more exchange, these bags can cause irritant and allergic reactions dermatitis around the stoma, contributing to discomfort and low quality of care for those users.

The exchange of ostomy device is usually performed 5-7 days to avoid extravasation and allow examination of the skin around the stoma, helping to avoid the odor when this becomes a problem. To exchange the nursing staff should promote patient comfort, causing this to be involved in the procedure. This starts with the removal of the device, usually in the toilet, pushing up the skin gently away from the adhesive. Then proceeds with cleaning the skin and can be performed with a mild soap or the user may prefer to bathe before putting a clean device.<sup>15</sup>

When there is no skin irritation, remove the cover sticking disc disposable plastic device and applied to the skin directly. When there is a skin irritation, should be fully clean the skin, gently and dry with little strokes. Applies protective adjuvants, whether powder or spray and just after, the device is placed firmly on the skin for 30 seconds to ensure adherence.<sup>15</sup>

The handling and installation of ostomy devices, and even use of unsuitable products, such as talc, are reported by the professionals:

*Clean, say, makes asepsis around with S.F. and then cut the plate according to the size of the colostomy and presses on the skin without leaving room for leak. (TE 11)*

*Conducts hygiene, if necessary cut the mouth of bag, pass the folder and installs the purse. (TE 27)*

*Local cleaning is done after if the Karaya bag measures the size, cuts the colostomy CAP and removes the adhesive and glue in place. (TE 12)*

*First measures the size of the hole, then passes the pomade and talc and then connects the purse. (TE 17)*

The protective skin barriers are adjuvants used to protect peristoma skin contact with the effluent eliminated by ostomy and also act in the treatment of damaged skin. It can be: natural, synthetic and semi-synthetic<sup>14</sup>.

The protective barrier plate-shaped protects the skin from effluents of action and to regenerate when injured. In the resin paste is used to fill irregularities peristoma area, making favorable for device installation and



reducing the risk of injury in this area of skin. The powder absorbs moisture barrier of the skin peristoma excoriated and wet, and it helps to improve the adhesion and durability of the collecting system, helps in the regeneration of irritation or skin lesion peristoma, promoting a protective layer, prolonging the time of use collecting system.<sup>14</sup>

What was found is that most of the respondents could not answer the difference in the function/ indication of the protective barrier in the form of powder and paste. In addition, the testimony of professionals who respond to the questionnaire showed that there is confusion and misunderstanding the tasks provided for them:

*The folder serves to glue the Karaia and dust bag to protect the skin of the gastric juice. (ENF 03)*

*The folder grip stock improves the skin and dust prevents diaper rash caused by leakage of gastric juice on the skin around the colostomy [...] (TE 17)*

◆ **Guidance provided to estomized users**

Communication is essential for the relationship nurse/user. For communication, nurses can identify the meanings you assign to disease, hospitalization and surgical treatment.<sup>16</sup>

The guidelines set out in dialogue form of nurses to ostomy patients and their relatives are quite enlightening and of fundamental importance.<sup>17</sup> These guidelines aim to help them develop the imaginary about the stoma, thereby expanding their knowledge about the problem, preparing them to a more reflected action for decision making.<sup>12</sup>

During preoperative nursing professionals should guide the user as early as possible to achievement of objectives aimed at self-care. In this phase of treatment both the individual and his family are eager and receptive for information that give them subsidies to work anxieties and fear of the unknown and activate coping mechanisms.<sup>12,14</sup>

The guidelines and procedures in this period are cited by some professionals, as shown below:

*Preoperative: stay in fasting, saying it will be done an abdominal opening through which will be eliminated the feces [...] (TE 11)*

*Preoperatively, prepare psychologically, tricotomize the location of the abdominal wall. (ENF 04)*

*Guide the patient psychologically and explain about the need to perform the procedure [...] (TE 16)*

In the postoperative period and at hospital discharge, nursing care involves meeting the

biological and psychosocial needs. The guidelines should help you develop self-care and / or train a family component to this care. Providers should offer them emotional support and advise on the prevention and detection of complications in the stoma and skin peristoma well as in the drainage device installation. This is so in some statements of the research subjects:

*Postoperatively guides about the importance of care in sanitizing [...] (TE 14)*

*Postoperatively and in hospital discharge generally squeeze through the PTC cautions must be with the colostomy, since how to wash the bag [...] (ENF 02)*

*Postoperatively, food and fluid intake and high steer as the stock exchange and the cleaning of colostomy [...] (TE 07)*

*After surgery: explain the workings of Ostomy and Exchange. Discharge: care and return at the residence, maintain hygiene [...] (TE 15)*

Thus, monitoring of the nursing team during the pre- and postoperative period is very important and guidelines when passed on correct form are responsible for the best user rehabilitation.

**FINAL REMARKS**

The present study has allowed to recognizing how are the nursing care to stomized user from a hospital located city of Itabuna-BA. There are some inadequacies of nursing actions for the care and for the teaching of self-care to user estomizado. That certainly helps to intensify the difficulties of these individuals and their family after hospital discharge

The testimonies of professionals expressed difficulties in identifying complications in ostomy, adjunctive skin protection, drainage structures and guidelines that are passed on to users. It is worth noting, statements of the nurses did not differ nurse assistants. It was evident that they also have several gaps that need to be clarified for the supervision of other professionals and assistance to ostomy is established correctly.

The difficulties of professionals to joining the scientific-theory and practice reflect a fragmented care, which sets no comfort and confidence to users, which are essential factors for quality care, so it is necessary to intensify the actions aimed at promotion and enhancement of knowledge to professionals working in this area. It is essential to promote proper planning of care that includes psychological support and popular education in health. Thus, nursing professionals can develop in users, skills for self-care, which

contribute to improving the process of living with ostomy.

For this, it is also necessary that the health institutions that assist these users; strengthen subsidies aimed at qualification of specialized service in this area for the nursing staff. We need to invest in good working conditions and availability of resources for the nursing staff can work and perform quality stocks in the care of patients with ostomy users.

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