NECESSIDADES DE LA COLOSTOMÍA INTESTINAL EN SEGUIMIENTO ONCOLÓGICO: REVISIÓN INTEGRATIVA

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RESUMO
Objetivo: analisar a produção científica nacional e internacional sobre as necessidades dos pacientes estomizados intestinais oncológicos em seguimento ambulatorial e as ações de enfermagem nesse contexto. Método: revisão integrativa de literatura para responder a questão norteadora: << Quais as necessidades de suporte profissional dos pacientes com CCR em seguimento ambulatorial?>>. Foram realizadas buscas nas bases de dados MEDLINE, PubMed, Embase e LILACS, com os descritores nursing care, colostomy, colorectal neoplasms outpatients e survivors. Com a análise dos nove artigos selecionados, buscaram-se os núcleos de sentidos. Resultados: destacaram-se as intervenções educativas da enfermagem com fornecimento de informações requeridas pelo paciente sobre o diagnóstico oncológico e estoma intestinal. Conclusão: evidenciou-se a importância da enfermagem desde a fase diagnóstica até à pós-operatoria desses sobreviventes, com necessidade de explorar a influência das terapêuticas na fase do seguimento de controle oncológico e a demanda de suporte profissional. Descritores: Cuidados de Enfermagem; Colostomias; Neoplasias Colorretais.

ABSTRACT
Objective: to analyze the national and international scientific production about the needs of intestinal colostomy oncology patients in outpatient monitoring and nursing actions in this context. Method: integrative review of literature to answer the guiding question << What are the professional support needs of patients with CRC outpatients?>>. Searches on MEDLINE, PubMed, Embase and LILACS were conducted with nursing care, colostomy, colorectal neoplasms outpatients and survivors as keywords. With the analysis of nine selected articles, the meaning center were sought. Results: educational interventions of nursing to provide information required by the patient about cancer diagnosis and colostomy were highlighted. Conclusion: the importance of nursing in the diagnostic phase was observed to the postoperative of these survivors, needing to explore the influence of therapies in cancer control monitoring phase and the demand for professional support. Descritores: Nursing Care; Colostomy; Colorectal Neoplasms.

RESUMEN
Objetivo: analizar la producción científica nacional e internacional sobre las necesidades de los pacientes con colostomía intestinal oncológica en seguimientos ambulatoriales y las acciones de enfermería en este contexto. Método: revisión integradora de literatura para responder la pregunta guía << ¿Cuáles son las necesidades de soporte profesional de los pacientes con CCR en seguimiento ambulatorial?>>. Se realizaron búsquedas en las bases de datos MEDLINE, PubMed, Embase y LILACS, con los descritores nursing care, colostomy, colorectal neoplasms outpatients y survivors. Con el análisis de los nueve artículos seleccionados se buscaron los núcleos de sentidos. Resultados: se destacaron las intervenciones educativas de enfermería con fornecimento de informaciones requeridas por el paciente sobre el diagnóstico oncológico y estoma intestinal. Conclusión: se evidenció la importancia de la enfermería desde las fases diagnósticas hasta la post-operatoria de estos sobrevivientes, con necesidad de explorar la influencia de las terapéuticas en la fase del seguimiento de control oncológico y la demanda de soporte profesional. Palabras clave: Cuidados de Enfermería; Colostomías; Neoplasias Colorretales.
INTRODUCTION

The health epidemiological scenario in Brazil has significant changes, where chronic non-communicable diseases (NCDs) have been highlighted due to the increasing aging population, increased life expectancy and the impact of rapid urbanization on health, by adopting new habits life and new patterns of consumer goods and services.

The NCDs such as hypertension, Diabetes Mellitus, cardiovascular diseases and oncological diseases cause great impact on the lives of individuals and also increase the demand for health care.

We will focus on cancer in Brazil, which has been a worldwide public health problem with an incidence increase of 20% in the last decade, with estimates of 576,000 new cases for 2014/2015, representing 11% increase over the national forecast of 2012. With the exception of non-melanoma skin cancer, colorectal cancer (CRC) is the second incident in women in the country with estimated 17,530 new cases and the third most frequent in men with 15,070 new cases. The risk is estimated at 17.24 per 100 thousand women and 15.44 new cases per 100 thousand males.1

When diagnosed early, it has a survival global average of five years, around 55%. The number of cancer survivors has increased and is estimated to increase in coming decades due to early diagnosis, the use of new anticancer medication, the best media life and multidisciplinary therapeutic approach.1,2

Cancer survivor is the person who is diagnosed with cancer throughout his life, going through various stages as treatment, pain management, fatigue, physical, psychological and social readjustments, and oncological control monitoring for surveillance of the disease.3

The consequences of this disease are much greater than the number of cases and can profoundly influence the lives of these people with many developments, which affect the quality of life, beyond economic repercussion, organization and respect of patients and their families, society and health care system.3,4

Among the cancer treatments for people with CRC, surgery in general is still the first stage of the therapeutic process, also responsible for physical mutilation and disfigurement of the individual, with loss of skills and the need for use of collectors’ equipment. One of the consequences is the surgical preparation of colostomy, which can be temporary or permanent, depending on the tumor stage and location.4

The survival provided by the surgical treatment of intestinal colostomy by CRC implies the need for increased human, financial and physical resources for monitoring throughout life. Thus, understanding the difficulties faced by these patients after surgical treatment in cancer control monitoring phase, it becomes extremely important for nurses, professional support planning and implementation of appropriate strategies for every survival phase.2,3,5

After surgical treatment and the intestinal colostomy elaboration, and the need for learning self-care, the survivors still have compromised clinical condition, unable to fully assume the need of help of a family member or caregiver, like going alone to ambulatory or perform tests consultations.

Thus, among the experiences of the intestinal colostomy cancer in this period, fear, anguish and anxiety of a recurrence or the appearance of metastasis are part of their daily lives. These survivors live constant prognostic uncertainty change from one moment to another, such as the discovery of disease progression.5,6

The therapeutic efficacy for cancer is not only measured by traditional medical parameters, such as free long time to recurrence, survival time, time failure rates and response to treatment, but the quality of life for the patient presented cancer.3,4,6,7

A colostomy may cause physical, psychological, sexual and social difficulties for patients, besides deeply influencing their quality of life (QOL).8 One study reported higher levels of psychological distress in patients with intestinal stoma, compared with those who not possessed it.6,7

Many changes occur when doing a stoma, such as changes in lifestyle, sleep disorders caused by fear of collection bag leakage, flatulence and peristoma injury, as well as sexual impotence due to mutilation by the extent of surgical resection. In addition, changes in physical functioning, with ostomy surgery can affect the body image and create challenges for personal care.4,8

Patients are interested in the care to improve their lifestyles after cancer treatment, in learning how will their behavior post-diagnosis health, physical activities, and ways to improve the oncological sequelae and reduce the risk of other chronic diseases.

Cancer awareness as a chronic disease has led to a planning for the survival of patients, which must be learned by the professionals. The planning of this assistance includes patients in psychosocial and professional
needs, behaviors preventive health, systematic surveillance, with plans to treatments and returns. However, the management of care and QOL in cancer disease process has been little explored. The nurse can take the role of planning, developing and implementing care planning for these survivors, with the diagnosis approach, general guidelines and pre and post-surgical consultation, enabling the patient to understand this process, which comprises the steps of diagnosis, treatment, surgery and rehabilitation.\(^4,6,8\)

Considering the increase in CRC urivors with intestinal stoma in outpatient services, and the difficulties faced by them after surgical treatment in monitoring cancer control, it is important to know their needs to plan and implement strategies for outpatient professional support and contribute improving the nursing care of this patients.

**OBJECTIVE**

- To analyze the national and international scientific production in 2003 to 2013, about the needs of intestinal oncology colostomy in outpatients monitoring and nursing actions in this context.

**METHOD**

For the study of clinical everyday problems of intestinal colostomy by CRC in the search for resolution on scientific foundations, we opted for an integrative literature review, which is a comprehensive review method, enabling knowledge of relevant studies synthesis on a given subject/theme, in particular a study area, to improve clinical practice, helping in decision-making and identification of knowledge gaps.\(^11\)

The integrative review subsidizes the construction of knowledge with a deep understanding of a certain phenomenon based on previous studies. Thus, with a single reading of the article, the professional has access to the ordered synthesis of various studies, making easier the updating and dissemination of new knowledge on a topic for clinical practice and decision making.\(^11\)

The integrative review method of literature is an Evidence-Based Practice (EBP) instrument and its consistent implementation raises the quality of care and achieve better patient outcomes. Therefore, it emerges with the definition of the problem, identifying the necessary information, the searching of studies in scientific literature and its critical evaluation and the identification of the application of scientific findings in clinical practice.\(^11,12\)

The EBP contributes to the development of clinical judgment of nurses, providing better planning and implementation of effective interventions in clinical nursing practice.\(^12\)

To perform the integrative review, we follow six steps.\(^11\) In the first step, we establish the research question: What are the professional support needs of patients with CRC outpatients monitoring? The survey was conducted in the PubMed database with the indexed keywords: nursing care AND colostomy AND colorectal neoplasms, resulting in 106 articles, all indexed in MEDLINE (Medical Literature Analysis and Retrieval System Online). Other keywords as Outpatients; Survivors were crossed, but no articles were obtained. The search was also held in other databases like Embase and LILACS, without results for the theme proposed in this study.

In the second step, we established the inclusion criteria of articles: publications in Portuguese, English and Spanish, in the period from 2003 to 2013, with article available for free in full by virtual access of the Central Library of the University of São Paulo (Campus Ribeirão Preto) and addressing the theme of the patients’ needs of oncology intestinal colostomy in the outpatient monitoring. Exclusion criteria were articles that would discourse about the condition of patient’s intestinal colostomy for other causes than cancer, methodological studies, systematic, narrative or integrative reviews. By the criteria, we selected 35 publications, of which nine (9) articles met the criteria for this study.

In the third step, the analysis with categorization of studies was conducted. In the fourth step, the evaluation of selected studies was held to check the level of evidence; later synthesis, interpretation of results and at the end, discussion of the data.

The evidence was classified into seven levels. Level I: Systematic review studies or meta-analysis of randomized controlled clinical trials. Level II: clinical trial randomized controlled well defined. Level III: studies of well-designed clinical trials without randomization. Level IV: well-designed cohort studies and case-control (non-experimental). Level V: systematic review of studies of descriptive and qualitative studies. Level VI: Evidence from a single descriptive or qualitative study and Level VII: evidence from opinion of authorities and/or the expert committee reports.
Through content analysis, it was sought to establish the meanings of the nine (9) articles selected in this study, dividing the text into categories, with systematic regrouping for specific aspects addressed in each of the studies analyzed, following the preparation steps information; processing the content into units; categorization of units into categories; description; and interpretation. With study of corpus analysis, we established three categories: “Dealing with cancer diagnosis”; “Facing the situation of intestinal stoma” and “Need of information”.

RESULTS

By the year of publication we identified one (1) production for 2003, 2004, 2006, 2007, 2008, 2009 and 2012, and two (2) for 2010, which indicates the low production on the subject of this study during the period analyzed.

The nine articles analyzed were published in English and we identified four articles with evidence level IV (evidence from case-control studies and well-designed cohort); four articles with evidence level VI (evidence derived from a single descriptive or qualitative study) and an article with level of evidence VII (opinion of authorities and expert committees or reports).
<table>
<thead>
<tr>
<th>Study</th>
<th>Objectives</th>
<th>Aspects addressed</th>
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<th>Level of Evidence</th>
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<tr>
<td>A1</td>
<td>To describe the performance of the stoma with the colostomy by CRC.</td>
<td>Specialized perioperative education decreases patient anxiety; use the phone</td>
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<td>to teaching and assessment.</td>
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<td>A2</td>
<td>To check the encouragement of professional support in the</td>
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<td>treatment and rehabilitation of colostomy by CRC.</td>
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<td>A4</td>
<td>To compare oncology or not oncology colostomists QOL.</td>
<td>Negative impact of flatulence, constipation, mobility, self-image and ostomy</td>
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<td>sexuality for both groups. Colostomy by cancer have better adaptation to the stoma</td>
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<td>A5</td>
<td>To describe the difficulties of colostomy by CRC, two years after</td>
<td>Pain, noise, odor and peristoma skin lesion decrease as long ostomy.</td>
<td>Coorte</td>
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<td>diagnosis and satisfaction with the information provided by health</td>
<td>Preoperative information and specialized care were important for survival and</td>
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<td>professionals.</td>
<td>well being of the patient.</td>
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<td>A6</td>
<td>To analyze the influence of sleep disturbance and fatigue on the QOL of</td>
<td>Women have more interruptions of sleep and fatigue due to fear of leakage</td>
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<td>colostomy by CRC</td>
<td>collection bag, which is proportional to the post-surgical time.</td>
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<td>A7</td>
<td>To describe the experience of women with colostomy after surgery for</td>
<td>Valuing life and survival enable acceptance of colostomy and new routine.</td>
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<td></td>
<td>rectal cancer.</td>
<td>Nursing was valued in phases of diagnosis, treatment and the self-care and</td>
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<td>lifestyle changes, temporary or permanent.</td>
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<td>A8</td>
<td>To explore patient care experiences in follow-up after treatment by CRC.</td>
<td>Oncology nurse promotes psychosocial adaptation of colostomy patients, when</td>
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<td>compared to the follow-up to a general hospital.</td>
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<td>A9</td>
<td>To evaluate the quality of life related to health (HRQOL) in patients</td>
<td>HRQOL between 2 and 6 months after surgery is less the pre-surgical; greater</td>
<td>Coorte</td>
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<td>before and after 2, 6 and 12 months after the making of the stoma.</td>
<td>after 12 months of surgery. Professional support for patients with permanent</td>
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<td>colostomy was important in the first year post-surgery.</td>
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Figure 1. Resume of study sample.
Oncologic patients require specialized, multidisciplinary professional support at this stage because the confrontation experienced by these people includes cultural aspects of cancer stigma attached to death and suffering, beyond the need for preparation and provision of information on treatments and their physical, therapeutic and psychosocial consequences. Considering the complexity of the issues involved, healthcare professionals need to integrate behaviors and care to this population, with family insertion, major player in the treatment, recovery and rehabilitation. 3,4,18,20,21

In the category “Facing the situation of intestinal colostomy”, we identify therapeutic involving the indication of the elaboration of the colostomy, radiation therapy and cancer chemotherapy with a ratio of one in four people with CRCR. 2,3 With the elaboration of the intestinal stoma, there is emphasis on the use of the collection bag, loss of sphincter control, odor and flatulence, loss of body image, social isolation, decreased sexual activity, difficulties for leisure, insecurity, insomnia by extravasation of fear collector equipment and periestomas injuries. 14,17,19,22

Facing the situation of intestinal colostomy, especially for women, limits their daily and social life, and culminates in need of daily habits changes. However, the elaboration of the stoma can also be perceived with optimism for having made possible the chance of being alive and add to this fact, the attempt to confront, struggling to keep the activities carried out previously, as well as the requirement of self-care learning with the ostomy and the collection bag. 18,19,21

Body image becomes an important issue for women and the provision of information about the intestinal colostomy may help in adapting this new condition, as well as professional support with a conversation with the couple may be necessary. 5

The use of collection bag makes people significantly more likely to sleep disruption and fatigue, resulting in worsening of QOL. Complaints to sleep interruption, between men and women are identical, indicating insecurity and fear of the collection bag leakage, needing a frequent care and to exchange the equipment. In addition, it is difficult to comfort position to sleep due to bag presence and uncomfortable feelings. Despite indications of greater suffering by women, the reason is still unknown, despite the multiplicity of factors involved as hormonal, psychological or the prevalence of insomnia, pain and depression in women.17,19
The difficulties reported decreased over time.\textsuperscript{18-19} However, these concerns could be addressed in nurses monitoring visits or by providing information on a support group.\textsuperscript{18}

Comparison of QOL of intestinal colostomy of cancer and not cancer (benign diagnoses) identified similar issues and concerns related to colostomy, which included urinary incontinence, rectal discharge, flatulence, difficulties and adjustments to return to work, decreased sexual activity, difficulties in leisure and travel activities. For those with cancer diagnosis, clothing styles and location of their colostomy did not cause major concern; they presented less difficulty adjusting to the diet, with better social and interpersonal relationships. Patients who did not have cancer recurrence have adapted more easily to the stoma. On the other hand, non-cancer colostomy had higher fatigue-related problems, strength, sleep, worsening physical well-being, more pain, difficulty to look after the colostomy, financial difficulties and poorer psychological levels as greater dissatisfaction with the appearance because of the stoma, feelings of worthlessness, anxiety and depression. Aside from difficulty sleeping by concern for leaks and change the bag, the other symptoms may be related to pathology and not the stoma. The cancer intestinal colostomy patients showed better QOL when compared to those with non-cancer intestinal stoma.\textsuperscript{17,22}

The health-related quality of life (HRQOL) in patients with permanent colostomy after resection of rectal cancer, showed that in the first months after surgery (between 2 and 6 months), had lower scores compared to the pre-surgical. However, after 12 months of surgery, the HRQOL improved, approaching the level prior to the surgery, with the exception of the score in the area of social performance. In the first months after surgery there is additional care needs, face the situation of having a colostomy and difficulties to resume their daily activities. These aspects should be explored in the planning for the improvement of post-operative care to these patients and outpatients.\textsuperscript{15,22}

The number of cancer therapies can compromise health in a number of domains (physical, emotional, cognitive, social, and/or financial). In addition, the person may be cancer-free, but not free of their disease, as this most often leads to changes in life and permanent consequences. These aspects should be included in health professionals approach and especially nurses.

Undoubtedly, the stoma can limit the life projects of these people because during outpatient oncology monitoring, they seek strictly control of their lifestyle with constant vigilance for signs and symptoms of relapse and complications, as if they are in compass hold.\textsuperscript{3,4,6}

In the category “Need for information”, it was evident at every stage, from diagnosis to post-operative patients’ complaints about the lack of information on treatment and its consequences by health professionals.\textsuperscript{15-16,18-21}

Information is essential, but it needs to be adapted to the characteristics of each person as gender, age, activities performed, level of understanding, pathology, treatment and type of colostomy. The knowledge of this need allows planning educational interventions, mainly by nursing. Strategies recommended for patient education and the strengthening of information was the telephone follow-up; the use of folders for discharge and meetings of support groups.\textsuperscript{14-16,18,21-22}

Patients reported uncertainty about their condition after the surgery and the hospital because the medical staff had not addressed aspects of their concerns, and other information considered necessary. Patients learned to cope with their difficulties, by trial and error and with the stoma nurse guidance, which was not always carried out, leading them to seek alternatives such as magazines, [Internet] and friends.\textsuperscript{21}

For women, the partner’s presence during the guidelines was important for them to receive the information about the care of the stoma and sexual activity because they were afraid that they caused damage to the stoma.\textsuperscript{20}

Information about treatments, diet to minimize flatulence, stoma care among other guidelines, helped to get higher QOL, as well as helping for reassurance of self-esteem, increased confidence for self-care. The belief that they can handle the situation increases the chance to adapt to life with colostomy and it is important for the control of their lives.\textsuperscript{18,20}

Advice, support and provision of adequate information are important components of nursing care. Written information was considered beneficial, especially the individualized algorithms, with adaptation for each type of surgical procedure and according to the level of understanding of each one. Patients need information and psychosocial support, which were not carried out in outpatient follow-up visits.\textsuperscript{21,22}

The teaching of self-care can begin as soon as the patient is able to actively participate. Although there are individual and cultural
differences, most patients can achieve physical and psychosocial rehabilitation faster if they assume self-care after the surgery. The care of the intestinal stoma is not complex, but as care requires skill development, time and practice. Drawings, photographs, videos, DVDs and clear information may be appropriate as a teaching strategy for these patients and families. Living with a colostomy, with the adjustments necessary for each person implies health education of the patient and family, with preparation and preplanning. It is up to the health team providing individualized patient care, with subsidies for the care of their needs, which reduces anxiety and promotes the achievement of physical and psychological rehabilitation.15-16

For planning of the patient/family self-care education assessments of clinical and demographic data are indispensable, as well as the capacity to carry out self-care at home, as this will enable the selection of appropriate teaching strategies to the reality of each patient, insertion of the family.24

Phone contact may also reduce fear and anxiety, as patient and family/caregivers can ask questions at the time they deem necessary.14

People with colostomy who learn about diagnostic, therapeutic and self-care during treatment and outpatient monitoring and can adapt more easily to colostomy when there is a specialized care by nurses, aimed at teaching and promoting self-care in a progressive manner, respecting the condition of every person and family.25

Educational interventions when carried out by nurses in the perioperative and outpatient monitoring to these patients, individually and appropriately to the needs of each person, can improve the quality and the achievement of results with expert assistance.

CONCLUSION

These patients have many difficulties to deal with the diagnosis, and during oncological monitoring, they have many challenges and difficulties in adapting due to lack of information on self-care with colostomy, their health condition and therapeutic.

Knowing the difficulties of these cancer survivors enables the planning of nursing interventions that favor the achievement of their rehabilitation. Thus, the preparation of the patient should take place from the diagnostic phase with perioperative education, information about treatments and return home with approach information about routine activities, social life, and psychological support so that they can adapt to this new phase survival with less stress, anxiety or difficulties.

Nursing has a major role in educational interventions to provide information according to the demand needs of each patient/family, helping them coping with cancer diagnosis and facing the situation of having an intestinal stoma. It gives priority to the teaching of self-care, as well as focusing on adaptations to everyday activities, social life and professional support for every phase of survival.

During oncology therapeutic monitoring and its consequences, they influence the recovery and rehabilitation of these survivors. However, the literature has not explored this theme, which indicates the need for greater investment in the development of interventions that can meet the demand of these patients.

REFERENCES

Intestinal colostomy needs in oncological...


