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SELF CARE OF PATIENTS WITH COLOSTOMY, PERIOSTOMAL SKIN AND COLLECTING BAG

AUTOCUIDADO DE PACIENTES COM COLOSTOMIA, PELE PERIOSTOMAL E BOLSA COLETORA

AUTOCUIDADO DE PACIENTES CON COLOSTOMÍA, PIEL PERIOSTOMAL Y BOLSA COLECTORA

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ABSTRACT

Objective: to analyze the self-care of colostomy patients regarding colostomy, peristomal skin and collector bag. **Method:** exploratory, cross-sectional study with a quantitative approach carried out in a Family Health Center of Fortaleza/CE, Brazil. Data collection was conducted through a questionnaire, from February to April 2013, with 52 colostomy patients. Data were organized in a Excel spreadsheet, with descriptive statistics in tables. The research project was approved by the Research Ethics Committee, Certificate of Presentation for Ethical Consideration No. 12315413.5.0000.5037. **Results:** patients reported normal condition of peristomal skin and stoma (75%); 65.38% could perform the changing of the bag alone; 55.76% said they exchanged the device within three to four days of use; and 82.69% cleaned the collector at regular times. As for the cleaning of the bag, 71.15% reported using mild soap and water. **Conclusion:** patients experienced positively the self-care with the colostomy, the peristomal skin and the collector bag. **Descriptors:** Ostomy; Self-care; Nursing care.

RESUMO

Objetivo: analisar o autocuidado de pacientes colostomizados em relação à colostomia, à pele peristomal e ao dispositivo coletor. **Método:** estudo exploratório, transversal, com abordagem quantitativa, realizado em um Centro de Saúde da Família de Fortaleza/CE, Brasil. A coleta de dados foi realizada a partir de questionário, de fevereiro a abril de 2013, com 52 pacientes colostomizados. Os dados foram organizados em forma de planilha do Programa *Excel for Windows*, apresentando a estatística descritiva em tabelas. O projeto de pesquisa foi aprovado pelo Comitê de Ética em Pesquisa, CAAE 12315413.5.0000.5037. **Resultados:** os pacientes relataram condição normal da pele peristomal e estoma (75%); 65,38% conseguiam realizar a troca da bolsa sozinhos; 55,76% afirmaram trocavam o dispositivo dentro de três a quatro dias de uso; e 82,69% realizavam a limpeza do coletor em horários regulares. Quanto à higienização da bolsa, 71,15% referiram utilizar água e sabão neutro. **Conclusão:** os pacientes vivenciavam de forma positiva o autocuidado com a colostomia, a pele peristomal e o dispositivo coletor. **Descritores:** Estomia; Autocuidado; Cuidados de Enfermagem.

RESUMEN

Objetivo: analizar el autocuidado de pacientes con colostomía en relación a la colostomía, a la piel peristomal y al dispositivo colector. **Método:** estudio exploratorio, transversal, con enfoque cuantitativo, realizado en un Centro de Salud de la Familia de Fortaleza/CE, Brasil. La recolección de datos fue realizada a partir de un cuestionario, de febrero a abril de 2013, con 52 pacientes con colostomía. Los datos fueron organizados en forma de planilla del Programa *Excel for Windows*, presentando la estadística descriptiva en tablas. El proyecto de investigación fue aprobado por el Comité de Ética en Investigación, CAAE 12315413.5.0000.5037. **Resultados:** los pacientes relataron condición normal de la piel peristomal y estoma (75%); 65,38% conseguían cambiar la bolsa solos; 55,76% afirmaron cambiar el dispositivo dentro de tres a cuatro días de uso; y 82,69% realizaban la limpieza del colector en horarios regulares. Referente a la higienización de la bolsa, 71,15% dijeron utilizar agua y jabón neutro. **Conclusión:** los pacientes vivían de forma positiva el autocuidado con la colostomía, la piel peristomal y el dispositivo colector. **Palabras clave:** Ostomía; Autocuidado; Cuidados de Enfermería.

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INTRODUCTION

Ostomy stoma comes from the Greek word *stoma*, which means surgical opening made when there is need to divert, temporarily or permanently, excretions. Colostomy is the most frequent of these procedures.¹ It includes the externalization of the colon to restore the intestinal transit, using a colostomy bag, external to the body, as a key device.²

A colostomy is a reality faced by people in various parts of the world. Due, mostly, to abdominal injury from car accidents, as well as an increase in the number of colorectal cancers, colostomy became an important step in maintaining life and health care to these people. Rectal, gastric and colon cancers are major causes of colostomy surgery, but other factors can be cited, such as diverticulitis, inflammatory bowel disease, Crohn's disease, severe perineal infections, Chagas' disease, among others.³

Brazil has 33,864 people with an ostomy, excluding the states of Amapá, Roraima and Tocantins, from which numbers are not precise.⁴ Changes in body image, family relationships, loss of voluntary control of bowel elimination, establishment of new eating habits, adaptations to the stoma, difficulty of acceptance and promotion of autonomy are real and present challenges, requiring a support network for individual adaptation.^{5,6}

Through individualized assistance, the success of the treatment and care of these patients can be achieved. In this sense, nurses have the responsibility to identify difficulties in adapting and to guide these clients to minimize appearing problems, aiming to adapt users to collectors equipment in everyday life, in order to reintroduce the individual in society and in the labor market.⁷ Thus, promoting actions aimed at development of self-care in that clientele, especially when it comes to caring for the stoma, peristomal skin and use of the collection bag, becomes important part of nursing care.

Through educational practices, nurses can promote guidelines that provide patient's self-care: food and daily activities, skin hygiene, stoma and collector device, as well as the placement/positioning, withdrawal and emptying time of this device.⁸

Given the above, the following question arises: do colostomy patients perform self-care with colostomy, peristomal skin and collector device properly? This study aims to analyze the self-care of colostomy patients

regarding colostomy, peristomal skin and collector device.

METHOD

Manuscript presented as a Course Conclusion Paper presented to the Nursing Graduation Program of the Faculdade Metropolitana da Grande Fortaleza. Fortaleza, CE, Brazil. 2013.

Exploratory, cross-sectional study with a quantitative approach, performed in a Family Health Center belonging to the Regional Executive Office IV, located in the city of Fortaleza Ceara, Brazil.

At the end of 2012, the unit began to serve 892 colostomy people of Fortaleza city, who had been treated earlier at the Ceará Ostomy Center. The unit consisted of four family health teams, and had assistance from two exclusive stomatherapists nurses for monitoring of colostomy patients treated in this unit, from Monday to Friday. In addition to the consultation with the nursing staff, the delivery of collector devices to colostomy patients occurred monthly.

Data collection was conducted from February to April 2013. The convenience sample was composed of 52 colostomy patients who attended the studied center during the period of data collection, and agreed to participate in the study.

It was applied a questionnaire containing questions about the socioeconomic characteristics of the clientele, such as gender, age, marital status, education and household income. The instrument also addressed time of ostomy, self-care practices and difficulties faced by colostomy patients related to the care related to colostomy, peristomal skin and collector device. Data were organized in an Excel spreadsheet, presenting descriptive statistics in tables.

The study was initiated with the approval of the Ethics Committee of the Public Health School of Ceará, according to opinion No. 198,812 and Certificate of Presentation for Ethical Consideration No. 12315413.5.0000.5037. The ethical criteria complied with Resolution 466/12 of the National Health Council, which regulates research with human beings.⁹

RESULTS

The results are presented, initially, by social and economic data of the research participants, followed by self-care practices, as well as the difficulties faced by them in daily life, as follows.

Table 1. Characterization of colostomy patients by gender, age group and family income. Fortaleza- CE, 2013.

Characteristics	Specifications	n=52	%
Gender	Male	22	42.3
	Female	30	57.7
Age group (years old)	20 - 40	6	11.5
	40 - 60	16	30.7
	60 - 80	29	55.8
Family income (in minimum wages)	< 1	4	7.8
	1-2	31	59.6
	2-3	9	17.3
	> 3	8	15.3

As shown in Table 1, there was a higher prevalence of colostomy female, aged among the elderly and with low income.

With regard to schooling, 25 (48.07%) had incomplete elementary school, 10 (19.23%) completed elementary school, six (11.53%) had incomplete high school and four (7.69%) had completed high school. Extremes in education appeared in smaller quantities: four (7.69%) of respondents had completed higher

education, whereas three (5.76%) had no schooling.

When asked about the presence of a social support network, such as with whom they lived, 43 (90.38%) patients said they live with relatives, whereas nine (9.61%) reported living alone. Regarding marital status, 26 (50%) patients were married, followed by 13 (25%) singles, eight (15.38%) widowed and five (9.61%) claimed to be in other types of relationship.

Table 2. Knowledge of care and difficulties of living with a colostomy. Fortaleza - CE, 2013.

Characteristics	Specifications	n=52	%
Care guidelines with colostomy	Handling the collection bag	51	98.0
	Stoma hygiene	45	86.5
	Eating habits	25	48.0
	General care	12	23.0
	Outpatient treatment	6	11.5
Difficulties in living with a colostomy	Do not experience difficulties	24	46.1
	Placement and removal of collection bag	15	34.6
	Skin care around the stoma	4	11.5
	Bag cleaning	4	11.5
	Discomfort in going out	2	3.8
	Difficulty in sleeping	3	5.7
	Fear that the bag comes off	2	3.8
	Difficulty in receiving the device	2	3.8
	Difficulty in social life	2	3.8
	Adaptation	1	1.9

Subjects were also asked about the colostomy time. There was prevalence in the time range from one to five years, 19 (36.5%). There was also significant quantity of patients with colostomy for less than a year, totaling 18 patients (34.6%). Still on the colostomy

time, nine (17.3%) people claimed to be in such a condition from five to 10 years, whereas six (11.5%) reported being in this condition for more than 10 years.

Regarding knowledge about the care with colostomy received by patients and major

Coelho AMS, Oliveira CG de, Bezerra STF et al.

difficulties in self-care, more than one answer emerged from each participant.

Regarding the conditions of the peristomal skin and of the stoma, 39 (75%) people reported that they were normal and 13 (25%) reported some change. Among the changes, hyperemia was present in nine of the patients, while the prolapsed stoma and parastomal hernia appeared in two patients, each.

When asked about skin care, regarding the use of protective barriers, 19 (36.53%) respondents reported using some method, of these, 13 (25%) used the hydrocolloid powder to protect the skin and the stoma, whereas other barrier methods such as hydrogel paste and spray that forms a protective film were presented by six (11.53%) individuals.

About achieving some kind of daily activity that could require physical effort, 38 (73.0%) respondents said they avoided it. However, 14 (26.9%) participants performed some kind of physical effort, and were distributed as follows: nine (17.3%) performed housework, two (3.8%) physical activity and three (5.7%) carried overweight.

They were questioned on the practice of exchanging colostomy bag alone. The independent exchange was punctuated by 34 (65.3%) respondents, which is a positive aspect as patient's self-care and autonomy.

When asked about the care related to the collector device, with regard to the exchange or stay time, 29 (55.76%) people reported performing the device exchange within three to four days, 19 (36.53%) indicated perform it each five to seven days, whereas four (7.69%) remained with the collection bag for a period shorter than three days.

About care regarding the frequency of cleaning the collector device, 43 (82.69%) respondents said they perform it at regular times, while four (7.69%) reported performing the bag cleaning during bathing and other four (7.69%) only when there were leaks.

As for the hygiene of the collection bag, 14 (26.92%) people reported using only water to perform the cleaning, while 37 (71.15%) used mild soap and water for the collector device hygiene. Only one (1.92%) claimed using another type of solution such as saline solution to such a procedure.

When questioned about the first guidance received about the care of the stoma, the peristomal skin and the collector device, the nurse was cited by 34 (65.38%) patients as a professional who gave the initial guidelines, whereas the doctor was mentioned by 17 (32.69%). One participant reported having

Self care of patients with colostomy, peristomal...

received such guidelines by other professionals.

DISCUSSION

Discussing self-care is necessary, initially, from the epidemiological perspective. Low income that prevails in this studied population may negatively influence the subjects through the use of suitable material to maintain a healthy stoma. Recognizing this variable becomes crucial in the guidance for self-care, in which nurses should direct the patient to obtain the collection bag in existing associations or special programs in the Health System.

As for education, it was observed that 28 (53.84%) participants had low levels of schooling. This data reinforces the need for nurses to use clear language when conveying the guidelines for self-care, which will enable to patient a better understanding of care.

Significant number of people surveyed lived with family members, a fact that facilitates adaptation and learning related to self-care. Family support is critical for the acceptance and adaptation of ostomy patients to their new life situation. Such support may enable the patient to recover their life and their self-esteem.¹⁰

The presence of family members in the self-care learning process strengthens the patients to face the new physics and existential reality of the person with ostomy, their anxieties and fears.¹⁰⁻¹² This presence can even contribute to self-care actions, given that 34.61% still need help from others to do the changing of the collection bag, so the nursing care for people with stoma should include care to family member/caregiver, guiding him/her through clear and accurate information about the stoma, peristomal skin and collecting system (application, hygiene, handling and exchange) and other care actions.¹²

The nurse appeared, mostly, as the professional that promotes the first guidance on living with a colostomy, becoming thus an important professional as advisor on self-care actions, understanding the patient as a complex being that goes beyond the biological dimension.⁷

Guidelines on handling the collection bag were mentioned by almost all participants (98%), followed by significant quantitative information about the hygiene of the stoma (86%). The patient using the collection bag should be the focus of objective and subjective educational practices. The proper handling of the bag is important in preventing physical complications. Furthermore,

Coelho AMS, Oliveira CG de, Bezerra STF et al.

subjective changes imposed by the device are challenging and require continued intervention, in an attempt to minimize the negative occurrences related to this new experience. Thus, the nursing care is of utmost importance as a support for understanding the experience with the collection bag, in a physical and psychological perspective as well as in intertwined social relations.¹³

Many participants indicated that they had no difficulties with the stoma (46.1%). However, 15 (34.6%) people still reported that installing and removing the device still was one of the great difficulties experienced, although they have also mentioned trouble sleeping (5.7%), discomfort in going out (3.8%), fear that the bag comes off (3.8%), difficulties in obtaining the collector device (3.8%), problems in social life (3.8%), adapting (1.9%).

The mutilation and discredit before the society make it difficult to face this situation. Colostomy patients, mostly, report the nuisance caused when there is elimination of gases, leakage and odor of feces exuded from the colostomy bag, and it is a challenge to find alternatives to minimize the occurrence of unpleasant situations. It is pointed out also that the use of colostomy bag can trigger disturbing and conflicting feelings in the patient, from the adaptation of clothing to leisure practices or sexual experiences.^{3,6,14}

Significant percentage of respondents (75%) reported that the state of stoma and skin peristomal were normal, bringing to light the possibility of effective self-care practices. Problems encountered, such as hyperemia (17.30%), protrusion of the stoma and parastomal hernia (3.84% each), corroborate the findings in the literature. Among the main complications related to the stoma, that can make life difficult for the colostomy patient, are: inadequate adaptation of ostomy plate, peristomal dermatitis (redness), retraction, prolapse and peristomal hernia.¹⁵⁻⁶

Most patients did not use protective barriers (63.46%). This option may compromise the state of the skin due to the exchange of bags performed oftentimes. The powder (36.53%) was as the main artifact mentioned by those using protective barriers. The hydrogel-based paste, hydrocolloid powder, karaya resin or gum may be mentioned among the protective skin barriers.¹⁷

Regarding the daily activities that may require some form of physical exertion, 73% of people said to avoid them, and of those who claimed doing some activity in their daily

Self care of patients with colostomy, peristomal...

lives, 5.7% said carrying excess weight. Colostomy patients may develop physical activity, with few restrictions. For example, contact sports should be avoided due to the risk of aggression to the stoma, or damages caused by sports performed at high temperatures. Furthermore, lifting excess weight should be avoided to prevent hernias.⁶

A positive aspect in the self-care of people surveyed was referring to cleaning and frequency of cleaning the collector device. Among the respondents, 82.7% said they perform it at regular times; 71.1% used water and mild soap for hygiene of the collector device. Such actions are suitable to the care for the ostomy.

The bag should be emptied when the content reaches a third of its capacity, thereby avoiding excessive weight of the bag and reducing the risk of plate shifting, reducing unnecessary changes. The use of mild soap and water is the recommended way to clean the devices. Using only water should only be accepted when it is unable to associate it with soap.¹⁸

One of the fundamental care should be in relation to the exchange of bags. Study recommends performing such a procedure within four or five days.¹⁸ Other data indicate that the frequency of the device exchange can vary from one to seven days, which prevailed in the study population (92%). It is noteworthy that this permanence is variable when there are episodes of diarrhea or even depending on the bag quality.¹⁹

Often, access to collector devices is hampered by the lack of these in the unit, forcing the colostomy person to buy them. These devices may not be affordable to all social classes. Whereas national policies seek to ensure the provision of specialized assistance service to people with stoma as well as supply of collectors and of protection and safety aids, these collector devices have a limited supply, which often do not suppress the colostomy patients' needs.²⁰

One cannot say that the colostomy time is related to knowledge for self-care in these patients, given that the overall results of the study demonstrate satisfactory knowledge of self-care with colostomy. Moreover, the percentage of participants with less than a year of ostomy was considerable (34.61%), however, there was the individual observation of forms and it was identified that patients with less than one year of ostomy (34.61%) reported feeling greater difficulties regarding the handling of the collector device, such as placement and removal, and showed fear and stigma of their condition, being dependent on

Coelho AMS, Oliveira CG de, Bezerra STF et al.

others for self-care. Such reports appeared less frequently in patients who had more colostomy time. Thus, it is suggested improving self-care practice in patients with less ostomy time.

CONCLUSION

Most colostomy patients performed good practices of self-care as the stoma, the peristomal skin and the collector device. Regarding the profile of these patients, there was prevalence of female, elderly, married, with low family income and education.

With respect to self-care, good practices prevailed: the state of the skin and stoma was normal in most participants, a little more than half of the respondents reported performing the exchange of the device within 3 to 4 days, using water and mild soap in the cleaning, performed at regular times. An important data in the practice of self-care is the realization of the bag exchange alone, thus contributing to the autonomy.

On the guidelines received on the care related to the stoma, the peristomal skin and the collector device, the nurse was cited by most participants as the professional who uttered the first guidelines, highlighting the importance of this professional in quality and individualized care, keeping in mind the comprehensive approach that should be established with these patients.

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Self care of patients with colostomy, peristomal...

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Coelho AMS, Oliveira CG de, Bezerra STF et al.

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