THE SEXUALITY OF THE PATIENT WITH INTESTINAL OSTOMY: LITERATURE REVIEW

A SEXUALIDADE DO PACIENTE COM ESTOMIA INTESTINAL: REVISÃO DE LITERATURA

LA SEXUALIDAD DEL PACIENTE CON OSTOMÍA INTESTINAL: REVISIÓN DE LA LITERATURA

Ana Lúcia da Silva¹, Andréa Mathes Faustino², Paulo Gonçalves de Oliveira³

ABSTRACT

Objective: to identify in the scientific literature publications on the various aspects related to the sexuality of patients with intestinal stoma. Method: an integrative review of literature, whose research issue was << what are the points raised about the sexuality of the patient with intestinal ostomy? >>. The databases used were LILACS, MEDLINE and CINAHL. The publications were read in their entirety and categorized by type and purpose of the study, by sample studied, among other variables. Results: we selected 15 articles that met the inclusion criteria. The main problems found in the studies, which interfere with the sexuality of these patients were dispaurenia among women, erection problems in men and the change in body image. Conclusion: the changes in the lives of people with Ostomy are measurable; there is need for better preparation of health professionals, in order to properly handle the issue and preparing them for changes in sexual life. Descritores: Stoma; Sexuality; Review Literature as Topic.

RESUMO

Objetivo: identificar na literatura científica publicações acerca dos vários aspectos relacionados à sexualidade dos pacientes com estoma intestinal. Métodos: revisão integrativa da literatura, cuja questão de pesquisa foi << Quais são os aspectos abordados sobre a sexualidade do paciente com estomia intestinal? >>. As bases de dados utilizadas foram LILACS, MEDLINE e CINAHL. As publicações foram lidas integralmente e categorizadas por tipo e objetivo do estudo, por amostra estudada, entre outras variáveis observadas. Resultados: foram selecionados 15 artigos que atendiam aos critérios de inclusão. Os principais problemas encontrados nos estudos, que interferem na sexualidade destes pacientes foram: dispaurenia entre as mulheres, problemas de ereção nos homens e a alteração na imagem corporal. Conclusão: as mudanças na vida das pessoas com ostomia são mensuráveis, há necessidade de melhor preparação dos profissionais de saúde, a fim de tratar adequadamente a questão e prepará-los para mudanças na vida sexual. Descritores: Ostomia; Sexualidade; Revisão de Literatura como Assunto.

RESUME

Objetivo: identificar en la literatura científica publicaciones sobre los diversos aspectos relacionadas con la sexualidad de los pacientes con estoma intestinal. Método: una revisión integral de la literatura, cuyo tema de investigación fue << ¿cuáles son las cuestiones planteadas sobre la sexualidad del paciente con ostomía intestinal? >>. Las bases de datos utilizadas fueron LILACS, MEDLINE y CINAHL. Las publicaciones se lea en su totalidad y clasificadas por tipo y propósito del estudio, por la muestra estudiada, entre otras variables. Resultados: se seleccionaron 15 artículos que cumplieron los criterios de inclusión. Los principales problemas encontrados en los estudios, que interfieren con la sexualidad de estos pacientes fueron: dispaurenia entre las mujeres, problemas de erección en los hombres y el cambio en imagen corporal. Conclusión: los cambios en las vidas de las personas con ostomía son mensurables, es necesario para la mejor preparación de los profesionales de la salud, con el fin de manejar adecuadamente el tema y prepararlos para los cambios en la vida sexual. Descriptores: Estomía; Sexualidad; Revisar la Literatura como Tema.
INTRODUCTION

The making of intestinal Ostomy cause several disorders, including, restriction and behavior change with respect to sexuality. It is believed that these changes might be related to change in body image, insecurity in relation to equipment collector, to the feeling of dirt, shame, disgust and fear of not being accepted by the partner.1

In a study on the sexual activity of patient’s it was found that, in both sexes, 35.3% felt embarrassed in front of the partner, followed by the feeling of rejection and exclusion by 17.6% of the analyzed sample.2

The sexuality of the patient with intestinal Ostomy is a subject little discussed by professionals responsible. Most of the time, the guidelines are limited to issues relating to stoma, to specific material available on the market and even how to avoid skin lesion. Eventually are dealt with practical situations of life, often ignoring the sexual activity theme.3

These guidelines are necessary, because the involuntary removal of fecal and gas content compels the person to look after daily of Ostomy and accessories. This task is not simple, the ostomized is exposed to contact with physical deformation caused by operation and, also, with the obligation of directly manipulating their own feces, which leads to the experience of feeling of low self-esteem.4 That feeling, that reaches directly the sexual relationship, is ignored by health professionals, and the patient's vision, is the main injury left by Ostomy.4

Sexuality is a broad role covering biological, psychological and social aspects. There is a need for involvement among people, respect, companionship, mutual admiration and love. In addition, the sexual partner is an essential part of sexuality that can act positively or negatively to the NIP and complicity of the well-being of the couple.5

The changes that occur in the sexuality of people with intestinal Ostomy are so profound and mutilating the sexual act becomes something secondary and is usually replaced by feelings of love, affection, respect, companionship and even religious activity.5

Based on these considerations, this study aims to develop an integrative literature review articles published in national and international journals on various aspects related to the sexuality of the patient with intestinal Ostomy.

METHOD

Study of the integrative literature review, type, whose method is to present a synthesis of multiple published studies, thus enabling general conclusions about a specific area of study in order to contribute to a deeper knowledge of the topic investigated.6

For the procedure of selection of articles was formulated the following question which aspects addressed << about sexuality of the patient with intestinal Ostomy? >>.

For the execution of the study were followed the steps already described in the literature for the implementation of integrative literature review method, namely: establishment of integrative review objectives and hypothesis; establishment of criteria for inclusion and exclusion of articles (sample selection); definition of the information to be extracted from selected articles; analysis of the results; discussion and presentation of results; and the last step that consists in the presentation of the review.6

For selection of bibliographical material were used the following databases: MEDLINE (Medical Literature Analysis and Retrieval System online), available from PUBMED of the U.S. National Library of Medicine National Institutes of Health, LILACS (Latin American literature and Caribbean Center on health sciences) of the Virtual Health Library (VHL) and CINAHL (Cumulative Index of Nursing and Allied Health Literature), which encompasses the main scientific production in the area of nursing.

The criteria for inclusion of articles were: article published in Portuguese, English or Spanish, with abstracts available in data bases for selection; articles that were available in full online access in the databases searched, published in the period from 1999 to 2009, whose main theme is sexuality aspects of patient with intestinal Ostomy.

To carry out the searches in the databases were used the following subject descriptors in health (DECS/MESH): English Descriptor: Ostomy and Colostomy/Sexuality; Spanish descriptor: Estomía y Colostomía/Sexualidad; Portuguese descriptor: Ostomy and Colostomy/Sexuality.

Selected publications were read in full. Later, categorized by type and purpose of the study, by sample studied, among other variables observed and recorded in proper instrument for data collection that was put together by the authors.
RESULTS

42 items found in the MEDLINE database, however, after reading the summaries, only six publications met the criteria for inclusion.

Already in the database, LILACS were found four publications, and only two met the requirements of criteria established.

In CINAHL were found 13 publications, seven were included in the selection (Figure 1).

Figure 1. Diagram of selection of studies that were part of the sample.
<table>
<thead>
<tr>
<th>Author ID/authors</th>
<th>Title of Article</th>
<th>Type of study</th>
<th>Year of publication</th>
<th>Origin of the study</th>
<th>Language</th>
</tr>
</thead>
<tbody>
<tr>
<td>Schover LR,²</td>
<td>Counseling cancer patients about changes in sexual function.</td>
<td>Review article (expert opinion)</td>
<td>1999</td>
<td>University of Texas - USA</td>
<td>English</td>
</tr>
<tr>
<td>Freitas MR, Pelâ JT³</td>
<td>Contribution to the understanding of the sexuality of partners of people with permanent colostomy</td>
<td>Descriptive Exploratory Study</td>
<td>2000</td>
<td>School of nursing of Ribeirão Preto, University of São Paulo - Brazil</td>
<td>Portuguese</td>
</tr>
<tr>
<td>Sprunk E, Alteneder RR⁴</td>
<td>The Impact of an Ostomy on Sexuality</td>
<td>Review article</td>
<td>2000</td>
<td>USA</td>
<td>English</td>
</tr>
<tr>
<td>Weerakoon P ⁵</td>
<td>Sexuality and the Patient with a Stoma</td>
<td>Review article</td>
<td>2001</td>
<td>The University of Sydney - Australia</td>
<td>English</td>
</tr>
<tr>
<td>Mong U⁵</td>
<td>Sexual Functioning in Cancer Patients</td>
<td>Review article</td>
<td>2002</td>
<td>Department of Radiology Baylor College of Medicine Houston, TX - USA</td>
<td>English</td>
</tr>
<tr>
<td>Black PK ⁶</td>
<td>Psychological, sexual and cultural issues for patients with a stoma</td>
<td>Expert opinion</td>
<td>2004</td>
<td>The Hillingdon Hospital NHS Trust - Inglaterra</td>
<td>English</td>
</tr>
<tr>
<td>Brown H, Randle J³</td>
<td>Living with a stoma: a review of the literature</td>
<td>Literature review</td>
<td>2005</td>
<td>University of Nottingham - Inglaterra</td>
<td>English</td>
</tr>
<tr>
<td>Burch J⁷</td>
<td>Psychological problems and stomas: A rough guide for community nurses</td>
<td>Review article</td>
<td>2005</td>
<td>St Mark’s Hospital, Harrow - Inglaterra</td>
<td>English</td>
</tr>
<tr>
<td>Cilic E, Taycan O, Belli AK, Ozmen M⁸</td>
<td>The effect of permanent ostomy on body image, self-esteem, marital adjustment, and sexual functioning</td>
<td>Descriptive with control group</td>
<td>2007</td>
<td>Genel Cerrahî AD, Istanbul - Turkey</td>
<td>English</td>
</tr>
<tr>
<td>Ayaz S, Kubilay G⁹</td>
<td>Effectiveness of the PLISSIT model for solving the sexual problems of patients with stoma</td>
<td>Case-control study</td>
<td>2008</td>
<td>School of Nursing, Ankara, Turkey</td>
<td>English</td>
</tr>
<tr>
<td>Altschuler A, Ramirez M, Grant M, Wendel C, Horbrook MC, Herrinton JL</td>
<td>The influence of husbands’ or male partners' support on women's psychosocial adjustment to having an ostomy resulting from colorectal cancer.</td>
<td>Qualitative Descriptive</td>
<td>2009</td>
<td>Kaiser Permanente Northern California - USA</td>
<td>English</td>
</tr>
<tr>
<td>Beck M, Justham D⁴</td>
<td>Nurses ‘attitudes towards the Sexuality of colorectal patients</td>
<td>Literature review</td>
<td>2009</td>
<td>School of Nursing, University of Nottingham, Lincoln - Inglaterra</td>
<td>English</td>
</tr>
<tr>
<td>Borwell B⁹</td>
<td>Rehabilitation and stoma care: Addressing the psychological needs</td>
<td>Review article</td>
<td>2009</td>
<td>Bournemounth University - Inglaterra</td>
<td>English</td>
</tr>
<tr>
<td>De Paula MAlB, Takahashi RF, De Paula PR¹²</td>
<td>The meanings of sexuality for the person with Permanent Intestinal Stoma</td>
<td>Descriptive Exploratory Study</td>
<td>2009</td>
<td>University of Taubaté, São Paulo - Brazil</td>
<td>Portuguese</td>
</tr>
</tbody>
</table>

Figure 2. Distribution of articles about sexuality of the patient with intestinal Ostomy second identification of perpetrators, type of study, country of publication, year of publication, the institution of the researcher and language (n = 15)

Therefore, the total final sample consists of 15 scientific articles (Figure 2). We highlight five (33.3%) articles are sample of publications from the United States, the other five (33.3%) of England, being only two of Brazil. As for the language of publication was predominantly English in thirteen (86.6%) articles.

As to the method used in the preparation of the publication, seven articles (46%) were...
The sexuality of patients with ostomy... reviewed, with expert opinion, experience reports, and two (13%) were of literature review.

The other six (40%) articles were descriptive research involving application of evaluation questionnaires for patients to estomizados aspects of sexuality and quality of life among other topics. What characterizes a few practical studies involving the theme.

DISCUSSION

The analysis of articles pertaining to the subject sexuality in patients with intestinal Ostomy, as established descriptors allowed the grouping of the data into two categories of featured common: “strategies and approaches of the health professional about sexuality to the patient with intestinal Ostomy” and “Perceptions of patients with intestinal Ostomy about sexuality”.

- Strategies and approaches of the health professional about sexuality to the patient with intestinal Ostomy

The extent of the concerns about sexuality is dependent on the State prior to the illness or operation and the type of stoma site established, as well as to the patient's ability to adapt to changes, with the caveat that the issue should be addressed sexuality still preoperatively. 9,10,19

Health professionals should sensitize and develop the competence to deal with the issue of sexuality, where necessary. 9,10,12-4

The education of patients and their partners on the issues of intimacy and sexuality both preoperatively as postoperatively is a very important part of the management of this aspect into a phase of reabilitation10,19 especially, the role of the nurse as educator in this new phase of adaptation.13-4

Among nurses, the literature points out that the area of sexuality is little addressed with regard to patient with intestinal Ostomy and missing allowances and better preparation in the formation of this professional. Nurses need more training to provide information about various aspects of sexuality, such as sexual dysfunction, body image changed and missing allowances and better preparation with regard to patient with intestinal Ostomy about sexuality.8

The preparation to deal with the implications of the changes in body image includes the enhancement of patient perception of how it feels in relation to their functional skills, i.e. sexual status and lifestyle. So, if there is an advance in the preparation of this individual with these intestinal ostomy losses, probably it’s time to prepare for the “mourning” this new condition will be smaller than in the patient who did not have this kind of approach,19 which reinforces the role of health professionals.

In a study conducted with patients of both genders, with permanent colostomy, the main objective was to investigate the patient’s sexual interaction with permanent colostomy and his partner.8 The crisis was behind of all relationships. The authors performed study by means of interview, and might combine the lines into three broad categories: “Unprecedented crisis”, “the crisis” and “crisis”, and of course that if there had been support from health professionals to the issues of adaptation and coping, changes relating to sexuality would not be so great, because for this group represented great danger to the overall health and sexual as a whole.8

Already in the article opinion7 foi descrito a falha comum dos clínicos em responder às preocupações de saúde sexual de mulheres com câncer, e faz uma abordagem global sobre este problema para facilitar o atendimento na oncologia clínica.

The author points out that health professional rarely do evaluations of sexual functioning. Such assessments turn out to be more frequent among experts in Genitourinary and gynecological cancers, which end up addressing more directly the sexual consequences of surgical treatments in women. So the sexual impact on cancer treatment must be considered in all women.7

When considering strategies for coping and support, some authors describe warning templates that can be used by health professionals in order to help the patient in matters of sexuality that is the PLISSIT method that develops four progressive levels of sexual counseling and therapy.10

The authors describe as a first step the Permission (P) when requesting permission from the patient to the health professional to address the issues of sexual life with your partner.10

The second stage Limited Information (LI) comprises the provision of information for the patient about sexuality in General and about the effect of the cooking of intestinal Ostomy surgery. There is also the clarification of specific fears and misconceptions, focusing on some specific issues: If the patient's sexuality is more than intercourse, it covers all aspects of intimacy, not necessarily includes all sexual activity; If there is still need for intimacy, like sleeping together; If there is a need to explore the comfortable positions; If there is a risk of erectile dysfunction, ejaculatory and
cases of dyspareunia in pelvic surgery. Other
top approaches to care are whether sexual
intercourse will not hurt the stoma; if the
normal pregnancy and childbirth are possible
with the presence of stoma; and some issues
relating to body image and sexual attraction
are normal or common.10
The third step of the PLISSIT model
involves the Specific Suggestions (SS) that is
the phase in which the Professional is able to
make specific suggestions for the concerns of
patients on an individual basis. In the fourth
and final step suggested by the model is
called Intensive Treatment (IT) that it is
recommended to be carried out by a qualified
sex therapist in a specialized center, which
would need another professional forwarding
for this specialized service of accompaniment,
and then the professionals who make up the
health team have knowledge of that individual
patient’s need.9,10
In other studies of nurses are also
recommended to use the model PLISSIT.9,16
In the research16 where PLISSIT method was
tested on 60 patients, of Ankara, capital of
Turkey, where they were formed two groups
of case and control, taking another 30
patients in each group. The sample was
prevalent in both groups of men (70%) with an
average age of 43 years. For both groups were
applied the GRISS and inventory the PLISSIT
Model, changes in the number of interventions.
Golombok Rust inventory of Sexual
satisfaction (GRISS) is a tool that evaluates
the quality of sexual intercourse and sexual
dysfunction for both men and for women,
consisting of seven areas, five of which are
common. Common domains in both genders
are the circumvention, the satisfaction,
communication, sensuality and frequency of
intercourse.16
In the case, were made eight visits after
the patient’s return to the home. In the
control group, was made only one interview a
day before hospital discharge and after a
home visit after the fourth month of hospital
discharge.16
In case the concerns mentioned regarding
aspects of sexuality were: If, after the making
of the Ostomy the person was sexually
attractive, which spouse's reactions against
the Ostomy, sexual performance itself,
concerns about retinal detachment and
opening of the collection bag during sex,
leakage of feces during sex, the odors and the
concern that the spouse would see the feces.
All these afflictions have decreased considerably after the end of the fourth
month, compared to the control group.
Guidelines related to these doubts and concerns, nurses can address using the
template PLISSIT.16
It is believed that a contingency plan drawn
up by nurses within the PLISSIT model can
lead to sexual problems solutions of
individuals with intestinal Ostomy and assist in
providing integrated care to these individuals,
given that this model allows the patient with
intestinal Ostomy express your sexual
problems.9,16
- Perceptions of patients with intestinal
Ostomy about sexuality
The most common functional changes
highlighted by studies show among men the
errection problem and among women the
dyspareunia, are the biggest complaints also
afflict patients.9,11-13,15,21
Among the most common psychosocial
changes in the first year after colostomy
surgery are depression and anger, which can
contribute to a pattern of sexual avoidance
and therefore of extreme importance to
sexual rehabilitation, so that this aspect that
will affect the quality of life can be restored
as soon as possible, as stated in one of the
articles of revisão12among the psychological
changes related to perception of body self-
image.9,12-13,15,21
In a study conducted in three regions of the
United States (California, Hawaii, and Oregon)
the objective was to investigate the influence
of support of husbands of women with
permanent Ostomy survivors of colorectal
cancer, psychosocial adjustment, the quality
of life and questions about body image,
gender, and sexuality.17
For this, we used sample of 30 women,
being married and unmarried eight 22, with an
average age of 70 years, with an average of 12
years ostomy. Among the married 17
described the positive support of husbands as
fundamental to their psychosocial adaptation,
three reported missing or the withdrawal of
negatively affecting adjustment support, and
two reported positive nor negative, neither
support being indifferent.17
The positive support they had stressed that
this support was not only at the beginning, but
over many years, causing it to feel normal and
whole, not decreasing as women in their
multiple roles. This research reinforces the
positive aspect when there is support from
partners in the case of women investigated17
what was similar in a Brazilian study.20
In this study20 has been trying to investigate
the social representations of people with
intestinal Ostomy about sexuality. We
selected 15 patients of both genders,
accompained in the outpatient clinic specializing in São Paulo State.

For the authors it was evident that the condition of being stomized was not reason for changes in terms of sexuality, since the relationship prior to surgery had its foundation in the respect, love, friendship and dialogue. This could be worked by the partners to a positive adaptation, however, if the previous relationship did not have these features in many cases the mismatch, the disease and the surgery only later would exacerbate the feelings and culminated at the end of the relationship or sexual practice final clearance.20

In two other studies, but with the same sample and conditions of authors27–21 they divided the women into four and made inquiries about the sexual experiences after intestinal Ostomy.

The categories that guided the formation of the groups were: Group I women with no long-term sexual difficulty (n = 11), who made some minor modifications in your sexual repertoire, without major changes; Group II women with sexual difficulties in the long term (n = 7), who had sexual difficulty both for painful intercourse or inability to have sex due to vaginal changes as a result of cancer treatments.21

Another group was women with age-related changes in sexual orientation, group III (n = 3), in which women have highlighted that the sexual act itself has changed so much for them as for the husbands, with acceptance of this fact, being so distinguished a moment when sexuality could express the affection and love for each other.21

The last and fourth group was women without sexual activity, that after intestinal Ostomy (n = 9) is embedded in this group women widows, including very old, above 60 years old, and no partner prior to surgery. The majority of this group claimed is that after making the intestinal Ostomy would be impossible to have a partner and many were devote to volunteer activities in associations, in order to meet this specific requirement:21, these results corroborate with other research data already described in the literature.13

In another study15, were investigated the effects of permanent intestinal stomas in relation to aspects of body image, sexual functioning, self-esteem and marital adjustment.

GRISSS inventory was applied to two groups, one case, with 40 patients with colostomy or ileostomy and a control group with 20 healthy people of both genders, the ages of the two groups was of 45 years, the location of the study was a Private Clinic in Turkey.15

The results showed more problems in overall sexual function among women with the Ostomy, as for example, complaints from anorgasmia, dyspareunia and changes in sexual satisfaction. Among men the changes were not reported, the authors believe that men in general find it difficult to discuss issues related to sexual functioning and, generally, tend to keep their problems to themselves, which may have tendency the results of these changes for the female.15

No differences were found among people with ileostomy and colostomy, in terms of sexual functioning, however, both groups showed significant disturbances when compared to controls, the frequency of powerlessness decreased over time.15

Among couples with higher levels of education, there has been an increase in the frequency of sexual intercourse and sexual communication improvement, as well as in improving marital adjustment. It was also noted that among individuals with better notion of body image showed greater harmony with their spouses.15

**FINAL CONSIDERATIONS**

In relation to the review on the topic of sexuality of persons with intestinal Ostomy, it was observed that all the studies describe the importance of the role of the health professional in orientation of the patient in an attempt to decrease the complications related to sexual dysfunction, since the preoperative period. However, it is still a subject little discussed by everyone involved in the process: patients, partners and health professionals.

Many of the studies indicate the nurse as leading professionals with greater position to discuss this with patients, but still lack preparation and initiative on the part of the them.

A study that highlighted the form of assessment was the PLISSIT model that referred to the use of assessment tools to elaborate strategies for the patient approach regarding his sexuality and possible interventions, if detected changes in this respect.

About the main problems reported, the most frequent were dyspareunia among women and erection problems in men. Another very common problem was the change in body image, contributing to the patient's sexual isolation.

The theme of sexuality must be part of the approach of health professionals since the
preparation of the patient in his pre-operation for the confection of intestinal Ostomy, since it is a determining factor for the resumption of sexual activity and maintaining psychosocial integrity.

We highlight the need for more training of professionals in the care of clients in order to promote the harmonious coexistence with this new situation and to improve the rehabilitation of the patient with his or her family, society, which must integrate both planning professionals and the physical structures, and the identification of needs of this population.22

REFERENCES


The sexuality of patients with ostomy...


Corresponding Address
Andréa Mathes Faustino
Universidade de Brasília
Campus Universitário Darcy Ribeiro
Faculdade de Ciências da Saúde
Departamento de Enfermagem / Sala 05
Asa Norte
CEP: 70910-900 – Brasília (DF), Brazil