



THE OSTOMY PATIENT'S SEXUALITY: INTEGRATIVE REVIEW
A SEXUALIDADE DO PACIENTE ESTOMIZADO: REVISÃO INTEGRATIVA
LA SEXUALIDAD DEL PACIENTE CON OSTOMÍA: REVISIÓN INTEGRADORA

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ABSTRACT

Objective: to present an integrative review with regard to the sexual difficulties experienced by people with intestinal ostomies. **Methodology:** this is an integrative review of papers which were retrieved from the Virtual Health Library and the SciELO. Works available online were considered for the analysis, with the following limits: full text and publication period between 2000 and 2011. **Results:** nine papers which met the inclusion criteria were found. After analyzing the papers, the results pointed out that ostomy causes changes in body self-image because it modifies life habits, especially those concerning sexuality. Ostomy individuals experience feelings of fear, shame, rejection, and exclusion. There's a change in the perception of sexual intercourse, which is understood as an act of love, affection, and respect. **Conclusion:** sexuality plays a role in the life of any individual, and it's influenced by the change in body image of ostomy individuals. Increasing the number of researches in this area shows to be important, in order to help providing a holistic care for these patients. **Descriptors:** ostomy; sexuality; nursing care.

RESUMO

Objetivo: apresentar uma revisão integrativa a respeito das dificuldades sexuais vivenciadas pelos portadores de estomias intestinais. **Metodologia:** revisão integrativa de artigos na Biblioteca Virtual em Saúde e na SciELO. Para a análise foram consideradas produções disponíveis on-line, com os seguintes limites: texto completo e período de publicação entre os anos de 2000 e 2011. **Resultados:** foram encontrados nove artigos. Após análise, os resultados apontaram que a estomia gera mudanças na autoimagem corporal ao alterar hábitos na vida, principalmente os que envolvem a sexualidade. Os estomizados apresentam sentimentos de medo, vergonha, rejeição e exclusão. **Conclusão:** a sexualidade faz parte da vida de qualquer indivíduo e é influenciada pela mudança da imagem corporal dos estomizados. Mostra-se importante aumentar o número de pesquisas nessa área, para ajudar a proporcionar uma assistência holística a esses pacientes. **Descritores:** Estomia; Sexualidade; Assistência de Enfermagem.

RESUMEN

Objetivo: presentar una revisión integradora acerca de las dificultades sexuales que sufren las personas con ostomías intestinales. **Metodología:** esta es una revisión integradora de artículos obtenidos de la Biblioteca Virtual en Salud y la SciELO. Para el análisis fueron consideradas producciones disponibles en línea, con los siguientes límites: texto completo y periodo de publicación entre los años 2000 y 2011. **Resultados:** fueron encontrados nueve artículos que cumplieron los criterios de inclusión. Después del análisis de los artículos, los resultados apuntaron que la ostomía cambia la auto-imagen corporal modificando los hábitos de vida, especialmente aquellos que involucran la sexualidad. Los ostomizados presentan sentimientos de miedo, vergüenza, rechazo y exclusión. **Conclusión:** la sexualidad constituye parte de la vida de cualquier individuo y es influenciada por el cambio en la imagen corporal de los ostomizados. Se muestra importante aumentar el número de investigaciones en esa área, para ayudar a proporcionar una atención holística a esos pacientes. **Descriptores:** Ostomía; Sexualidad; Atención de Enfermería.

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INTRODUCTION

The word ostomy or stoma is of Greek origin: “*stóma*”, which means mouth and aims to divert the intestinal contents to the external environment, being ranked with regard to length of stay, type of construction, and surgical preparation. The most predisposing factors leading to the making of a stoma are those of neoplastic origin which affect the colon and rectum (colorectal cancer), however, there're other causes: abdominal trauma, ulcerative rectocolitis, Crohn's disease, Chagas disease, gastrointestinal tract obstruction, anal incontinence, ischemic colitis, megacolon, among others.¹

The number of colon and rectum cancer cases in Brazil in 2010 reached 28,110; out of these, 13,310 in men and 14,800 in women. In Pernambuco, there were 6.53 cases per 1,000,000 men and 9.53 cases per 1,000,000 women. According to the National Cancer Institute (INCA), the most frequent tumors in 2010 and 2011 were skin cancers, followed by prostate, breast, and colorectal tumors.²

Overcoming fear and anguish in face of the making of a stoma is an important action which should be adopted by surgeons and nurses. Whenever possible, the stomatherapist nurse should be involved in preoperative counseling, providing information on the preparation, the use of adjuvant devices, adaptation to everyday life, and in the postoperative period, helping patients with stoma care, peristomal skin protection, as well as in the resume of their daily life activities.³

The stomatherapist is the professional specialized through a graduate course accredited by the Brazilian Stomatherapy Society (SOBEST) and the World Council of Enterostomal Therapists (WCET). The title of stomatherapist, the *Ti SOBEST*, is obtained through a public tender contest held by SOBEST every two years, with a memorial or a memorial plus a test; in case she/he doesn't undergo this process, the professional will be classified only as a professional who attended a graduate course in Stomatherapy (PGET).⁴

Start having a stoma, whether permanent or temporary, provides the individual with traumatic experiences: she/he is faced with a mutilation in her/his body, due to a change in her/his body image, and self-esteem may be compromised.⁵

Body image is defined as the mental picture or the perception that someone has or creates with regard to her/his own body.

When discovering an illness and having a new life condition because of her/his body, such as the making of a stoma, it's important that the patient accepts this new condition so that, then, she/he is able to adapt to it. When faced with an illness situation, the individual shows feelings of shock, denial, sadness, aggressiveness, depression, nonconformism, and social isolation; this change has major consequences in sexual relationships and interaction with the other individuals.⁶

The ostomy individual find numerous difficulties in adjusting to her/his new status, such as impaired self-image, self-care, leisure, care for the stoma and the collection bag, elimination of odors, food restriction, social life, and sexuality, which may awaken in this individual frustrating and disability feelings and they tend to lead her/him to a social isolation.⁷

The issue of sexuality of individuals with ostomies isn't frequently addressed in the practice of nurses and the multidisciplinary team, either by the very taboo that the theme involves, due to forgetfulness of this intervention or even due to the apparent “lack of problem” not reported by patients. It's usual to see the professionals conducting their caring procedures as linked to the medical diagnosis, to a biomedical care model, in search of the disease cure and forgetting that the patient is a social being and that there're problems going beyond what we are able to observe with technician eyes.

Since the early times, sexuality is seen as a subject which shouldn't be mentioned in public, something forbidden, personal; before, sex was seen as a reproductive means and not as a pleasure source, especially with regard to the female sexuality.

The great philosopher Michel Foucault wrote on the evolution of sexuality among human beings. The author states that sexuality is a social invention, since it's historically constituted through multiple discourses on sex: discourses which regulate, standardize, and set knowledge, besides producing absolute truths.⁸

The ostomy patients, by having their body image compromised, often end up not allowing themselves to enjoy this nature named sex, or end up even changing their behavior/view on the subject, defining it as love, affection, respect, not necessarily related to the bedroom or the genital areas of her/his body. They adapt to their new condition and create alternatives, different positions to feel pleasure and be able to provide her/his partner with it.⁹

Sexual health is related to quality of life and personal well-being, to the finding of ways to feel, receive, and give pleasure; these are ways through which this kind of health may be achieved. Every human being must be open to enjoy sexual activities, with the greatest possible detachment, without fear, guilt, or prejudice.¹⁰

The importance of sexual health is increasingly recognized for longevity of affective relationships and as part of the individual's health and well-being as a whole. Currently, regardless of gender, the pleasurable aspect of sex has shown greater importance than its reproductive purpose. However, < 10% of physicians have the initiative of investigating the sexual complaints of their patients.¹¹

Given the importance of studying the sexuality of ostomy patients care in their various care segments, we highlight the purpose of this study, namely, relate the morbidity process involving the surgical preparation of stomata and correlating them to sexuality changes observed in individuals who use them.

OBJECTIVE

To present an integrative review on the sexual difficulties faced by people with intestinal stomata.

METHODOLOGY

This is an integrative literature review on patients with intestinal stomata and their sexuality. This type of study uses published studies about a previously defined theme as a source of data, integrating their conclusions and findings.¹²

The integrative literature review is defined as a review of previously conducted researches and it includes analysis of relevant studies which provide support for decision-making and improvement of the clinical practice. They make it possible to draw up a synthesis of knowledge on a certain subject, besides pointing out current gaps. It constitutes a valuable method, since it lists and relates the available publications about a theme.¹²

The research was conducted through the following guiding question: "What changes in sexuality after the making of a stoma?"

First, this research was designed according to the following steps: preparation of the research question; definition of the study object; definition of the search strategy in the databases; and initial selection of studies. A research protocol was also developed,

according to which the papers were searched in the databases LILACS and MedLine, from the Virtual Health Library (VHL), and in the database SciELO, adopting these terms from the database Descriptors in Health Sciences (DeCS): "ostomies", "ostomy", "colostomy", and "sexuality". The inclusion criteria for the analysis were: productions available online; which address the ostomy patient's sexuality; which have their full text available in Portuguese; and which have been published between 2000 and 2011.

Initially, we used the descriptor "stoma", obtaining a sample of 1,050 papers, and 56 of them in full text. With the descriptor "colostomy" we found 55 papers in full text.

With the aid of the Boolean operator AND, we crossed the data related to colostomies and sexuality, resulting in 8 papers, 3 of them in full text.

Initially, after analyzing the title and abstract of the papers, we included those addressing stoma's influence on the patients' sexuality. We excluded journal editorials, besides repeated papers in the whole surveyed sample. We also decided by not including monographs, dissertations, and theses, since their systematic search shows to be unfeasible.

Complying with these limits and criteria, we read the abstract of each paper, checking its pertinence with regard to this study. The papers which were repeated were counted only once. Thus, we arrived at a total of 9 publications.

RESULTS AND DISCUSSION

Figure 1 displays the results obtained through the analysis of papers published

within the period from 2000 to 2011.

N	Title	Authors	Year	Journal	Database	General objective of the study	Type of research
1	The perception of colostomized patients on the use of the colostomy bag	Sonabe HM, Barichello E, Zaga MMF	2002	Rev Bras Cancerol	LILACS	Identify the colostomy patient's view on the use of bag.	Qualitative
2	Living with an ostomy: knowing for better caring	Farias DHR, Gomes GC, Zappas S	2004	Cogitare Enferm	LILACS	Identify the changes caused by an ostomy in their carriers' life.	Qualitative
3	Elements to base the understanding of the sexuality of partners of subjects with a definitive colostomy	Freitas MRI, Pelá NTR	2000	Rev Latino-Am Enferm	LILACS	Describe how the partner and the carrier of a permanent colostomy interact sexually, seeking means for understanding this life experience.	Qualitative
4	Significados da sexualidade pela pessoa com estoma intestinal definitivo	Paula MAB, Takahashi RF, Paula PR	2009	Revista Brasileira de Coloproctologia	LILACS	Identificar a relação sexual da pessoa com estoma intestinal sobre a sexualidade.	Qualitative
5	Emotions of people living with ostomies: existential comprehension	Sales CA, Violin MR, Waldman MAP, Marcon SS, Silva MAP	2010	Rev Esc Enferm USP	LILACS	Understanding the feelings of ostomy human beings with regard to their condition.	Qualitative
6	Emotional perceptions influenced by ostomy	Cassero PAS, Aguiar JE	2009	Saúde e Pesquisa	SciELO	Demonstrate the impact caused by the surgeries which result in intestinal stoma on these patients' emotional status and body image.	Qualitative
7	The most common complications in patients attending a stoma-care clinic in the interior of the state of São Paulo, Brazil	Silva AL, Shimitsu HE	2006	Rev Latino-Am Enferm	SciELO	Identify and analyze the main changes affecting the lifestyle of the carrier of a definitive ostomy.	Qualitative
8	Ostomy impact in the process of human living	Cascais AFV, Matini JG, Almeida PJS	2007	Texto & Contexto Enferm	LILACS	Present an overview of existing studies on the living process of the person with a stoma.	Literature review
9	Sexual self perception of women with intestinal stoma	Santos FS, Poggeto MT, Rodrigues LR	2008	REME Rev Min Enferm	LILACS	Evaluate the perception of the woman with an intestinal stoma on her sexuality.	Qualitative

Figure 1. Characterization of papers included in the research.

Among the surveyed papers we found 9 publications which met the inclusion criteria. Out of these, 7 (77.7%) were found in the database LILACS and 2 (22,22) in SciELO. It's worth stressing that we excluded papers which were repeated in the databases of the VHL and in SciELO.

It's observed in Figure 1 that 22.2% of papers were published in 2009; the papers published in 2000, 2002, 2004, 2006 to 2008, and 2010 correspond to 11.1% of the total each.

Regarding the methodology, 8 (88.9%) papers constituted a qualitative research and 1 paper (11.1%) was a literature review.

Because this is a subjective matter, the qualitative research directly addresses the opinion of ostomy patients about her/his new condition. Targeting the expression of human experiences, we sought to understand how people construct meanings and how they're described.¹³

The objectives of the papers included in this research focused on the ostomy patient's look toward her/his ostomy, self-care, how to adapt to this new condition, and the various areas of her/his daily life, including her/his sexuality. It's worth highlighting that in 1 paper the research was conducted with the sexual partners of ostomy patients, reporting

their interaction with the carrier of a definitive colostomy.

As for the authors of all papers, only 2 are stomatherapists. Stomatherapy was introduced in Brazil in 1990, with the implementation of the specialization course in Stomatherapy Nursing in the School of Nursing of Universidade de São Paulo (EE/USP).¹⁴

This study, in turn, identified a lack of national publications addressing the stomatherapist's work; most authors of the papers included in this review are nurses who work as professors.

The stomatherapist nurse is the professional who attended a specialization course in Stomatherapy in a school accredited by the Ministry of Education (MEC), who obtained the title of Stomatherapist Nurse from SOBEST.¹⁵

The stomatherapist has knowledge, training, and ability to care for any type of ostomy patient and carriers of fistulas, acute and chronic wounds, and urinary and anal incontinence, provided that it's accredited by SOBEST. This was created in the state of Ceará, Brazil, in 1992, and it's the body dedicated to promoting the Brazilian stomatherapy.³

The function of specialized care and support has purposes related to education, investigation, improvement, creation of protocols and devices, administration, and professional development which involve participation in continued education and encompass activities at the pre- and immediate, mediate, and late postoperative phases.¹

As for the samples, there was a balance with regard to gender, i.e. there isn't a predominance of men or women, most professionals is > 40 years of age and is married. As for the causative factor of the making of the stoma we identified the colorectal neoplasia, which reaches 90% of diagnoses for the making of the stoma in the papers analyzed.¹⁶

The most predisposing factors for the making of a stoma are those with a neoplastic origin affecting the colon and rectum, abdominal trauma, ulcerative rectocolitis, Crohn's disease, Chagas disease, gastrointestinal tract obstruction, anal incontinence, ischemic colitis, megacolon, among others.¹

The highest incidence of cases occurs in patients ≥ 85 years, but the possibilities are already increased from 40 years.¹⁷

The ostomy population of the surveyed papers was ≥ 40 years. The advancing age and

the development of maturity are part of the living process and they can interfere with the way how sexuality is perceived, how it's manifested, and how it's experienced. The literature reveals that at maturity there's a change in the perception of sexual intercourse, and this is understood as an act of love, affection, and respect.^{1,28}

The ostomy individual may be faced with a negative self-image due to changes in her/his body image, which is posed to her/his, what influences on the attitude towards the sexual relationship.

According to Michel Foucault, sexuality is a creation of our own, in other words, it isn't the discovery of a secret aspect of our desire. We must understand that, with our desires, by means of them, new relationship ways are established, new love ways, and new creation ways. Sex isn't a fatality, but rather a possibility to contribute to a creative life.⁸

The making of a stoma causes changes in people's daily life, bringing repercussions at all phases of their life. Among them, we may mention the need for self-care, changes in feeding routine, acquisition of suitable material, coping with the loss of control over bowel movements and eliminate of odors, changes in body image, and changes in social and sexual activities.¹⁸

The papers under study show that the individuals are afraid to harm the stoma and they're ashamed of feces exposure, use of the collection bag, noises, and unpleasant odors, they don't feel attractive and have sexual disorders or dysfunctions deriving from the surgical procedure. Many choose to have no sexual activity, others change sexual positions, start using an irrigation system and an intestinal occluding device, in addition to special underwear for women.¹⁹

Nevertheless, there're reports of people who felt no difference in the sexual intercourse, since her/his partner contributed to this adaptation process. There're also reports of ostomy patients about her/his life before the making of the stoma, which had a higher sexual libido. The intestinal ostomy surgery may cause sexual dysfunctions, such as infertility and impotence.¹

The rectum amputation for making a definitive stoma may cause impotence, due to the section of nerves responsible for erection and/or ejaculation. In women, dyspareunia may occur, due to loss of vaginal elasticity and reduced lubrication, also caused by nerve deficiency deriving from surgery. If there's a nerve lesion in the bladder and urethra, these patients, in addition to being ostomized, may

present urine incontinence, something which further complicates the sexual intercourse.^{1,4,19}

In a research conducted in 1997, 43 ostomy patients were interviewed; out of these, 18 (52.9%) reported having no sexual life anymore, constituting a high prevalence of individuals who fail to carry out an essential act in wedlock.¹⁹

As for the length of time with the stomata and its relation to the existence of sexual activity, we observed in the papers that most individuals who have temporary stomata choose not to have sex; they prefer waiting for the surgery to reconstruct intestinal transit, since, with this, there'll be the resumption of her/his body "normality". However, patients with stomata should create alternative ways to learn how to live with their new condition for the rest of their life.²⁰

Among the type of stomata identified in the papers included in this paper's sample there was a predominance of colostomy. The stoma location is crucial to the sexual act, since the patient with a descending colon or sigmoid colostomy has more formed stools, and it's possible to make the irrigation system along with the occluding device, and she/he doesn't always require the collection bag. However, patients with an ileostomy or an ascending colostomy have a liquefied effluent, and such a procedure is contraindicated, then, the patients undergo a continued use of the bag.²¹

A research carried out in 2003 reveals that the use of the occluding system brings numerous advantages to ostomy patients, and its use is indicated. The occluding system allows to use no bag, it enables less noise, lack of odors, no concern with the elimination of feces, easy application and removal, greater independence and self-confidence, improved body image of her/himself, and, thus, improved patients' quality of life.²¹

The use of a colostomy bag provides individuals with feelings such as embarrassment, humiliation, annoyance, fear, anguish, and shame, not only related to the sexual act itself, but to all areas of life.^{19,21,22,28} In addition to these feelings depression, helplessness, and self-pity occur, because of the ostomized human being's condition.²⁰

It's observed that the ostomy individual's psychic reactions/defenses are related to personality change. In the *melancholy reaction* the patient rebukes her/himself, depreciates her/himself. She/he believes that nothing which has been done will help

her/him, pessimism extends and gives rise to guilt and unhappiness, besides non-cooperation with treatment. In the *paranoid reaction* the patient attributes the "guilt" for her/his new condition to a family member and she/he thinks that the health professionals are somehow damaging her/him. In the *manic reaction* there's non-acceptance, denial of disease/ostomy to try escaping anguish. The patient undergoing this condition experiences a "make believe". In the *depressive reaction* the patient shows a tendency towards inactivity and reports feeling always fatigued, she/he refuses to cooperate, and there's a constant need for comfort.¹

As a coping strategy, they tend to isolate themselves, thinking that the others won't accept her/him. Nevertheless, in the researches we also found reports of patients who have adapted well to the stoma and regard the bag as an improvement in treatment.²¹

Another point which may inhibit sexual activity is the shame of one's own body condition, fear of rejection from the partner, her/his rejection and disgust. The feeling of shame before the partner is often reported.^{16,24,25} The complications and quality of devices may also interfere with the relationship.²⁵

In a qualitative research conducted with 8 ostomy patients in the state of Rio Grande do Sul, Brazil, decreased self-esteem due to one's own body image change was reported, and isolation was used as a defense mechanism. With this, the initiative of sexual activity, when body exposure occurs, becomes very difficult for these patients, who have a mutilation sensation, that is, loss of part of her/his body.²⁶

Sexuality is changed due to low self-esteem, the individuals tend to move away from their sexual partners for various reasons. We identified as the most frequent ones discomfort caused by the bag, fear that it leaks, the device noise, the output of gases, feeling to be unattractive, sphincter dysfunction, loss of libido, changes occurred during surgery, such as nerve section, affecting ejaculation and penile erection, besides lack of lubrication and dyspareunia. All these reasons, added to those with a psychic origin, lead ostomy patients to move away from sexual activity, characterizing a denial of the "sexual self" or the non-acceptance of their new condition.^{7,16,20,22-26}

A paper published in 2000 reflects the view of 21 sexual partners of ostomy patients; they verbalize difficulties to deal with the carrier of an ostomy due to odor, change in body

image, compassion by the partner, sorrow, nonconformism, the fact that she/he just can't look at the stoma, the feeling of dependency and rejection. Ostomized women receive more care from their daughters, female friends, and female neighbors, showing, this way, that men have some difficulty to provide their wives with care. In contrast, ostomized men have privileges, as they have their partners providing the physical care needed.²⁷

There're reports in which the partner doesn't sleep in the same bedroom anymore; some patients think that the fact of being sick makes sexual activity impossible, they deny and forget this area of their lives, interrupting the experience of sexuality. Acceptance of the partner reinforces the self-acceptance of the new reality, while those who don't have a strong emotional bond suffer due to fear of rejection and that the surgery affects their sexual intercourses.²⁵

The quality of affective relationship with the spouse before surgery will directly influence the resumption, or not, of sexual intercourses. Those who already had a stable relationship and a good sexual practice before surgery, usually, resume sexual activity; nevertheless, those who before surgery didn't enjoy a positive sexual pleasure don't resume or greatly reduce the frequency of their sexual activity.^{1,20,25} There're women who resume their sexual activity just in order to satisfy their partners and other ones choose to dedicate their lives to their children and to religious activities, abdicating their female side, which requires sexual pleasure.^{1,25}

We found out the need for studies which address sexual dysfunction preoperatively and postoperatively, as there're people who even enjoying the condition of non-ostomized didn't had a pleasurable sexual life; with the ostomy, they report a worsening in this regard. To improve knowledge on the surgery in terms of sexual activity, whether this improves or worsens, it's important to conduct further studies which prove this sexual dysfunction related to the making of the stoma.^{16,25,27}

For ostomy patients, the word sexuality has a meaning which goes far beyond the contact between genital organs, it doesn't refer only to the sexual activity and the pleasure which depends on the genital tract, this concept is extended to excitations that give not only physiological pleasure. Psychic pain, change in body image, and its impact decompose the sexuality of these individuals.^{1,20,25} The sexual act acquires a larger dimension than physical pleasure, revealing moments of satisfaction,

pleasure, and physical and emotional well-being. The marital and sexual balance is obtained through attitudes of love, affection, dialogue, and respect. When there're attitudes similar to these, it's possible to create solutions adequate to the sexual activity of both partners. However, when there's an imbalance in the marital relationship, it ends up causing the end of sexual activity along with that partner.^{20,24}

In the immediate and mediate postoperative period, adaptation is very difficult, however, in the late postoperative period, sometimes, a tweak, adjustment, reduction of shame and creation of effective alternatives occurs.¹⁶

In this theme, it's known that changes in the body during the postoperative period of an intestinal ostomy generate a concern for individuals; for this, they have to develop strategies to suit the intimate moments.

Some strategies used are position changes, use of sexy clothes which cover the collection bag, emptying the bag before sexual intercourse, and placement of bands over the device.²⁰ Patients who can't take vaginal penetration may seek pleasure in other parts of the body, such as breasts, thighs, or even through masturbation. Often, the sexual act is replaced by affection gestures, companionship, and love. These are adaptations to replace the conventional sexual intercourse.²⁷

At the time of hospital discharge, the nurse or stomatherapist must advise and encourage the ostomy patient to resume their daily life activities, providing her/him with psychological support. There's a need for encouragement to leave home, for leisure activities, work, or travel, and resumption of sexual activity when she/he feels ready, always providing information for the best performance of self-care with regard to the stoma. Strategies to reduce these people's anxiety and suffering must be presented, promoting the share of needs and experiences and the embracement on the part of the health care team.²⁸

CONCLUSION

Sexuality is part of any individual's life and it's influenced by several factors contributing to people's well-being. Change in body image modifies the psychic functions, influencing on the sexual activity. Facing the new situation, of having an ostomy, requires physical and psychological changes, so that the routines are resumed by them and their male or female partners.

In this study, it was possible to identify publications reporting the experiences of living with a stoma as a new life condition. There were reports of creative adaptations, so that the ostomy patients regain sexual pleasure, so needed to human life.

In the care for an ostomy patient, the sexual aspect is still poorly explored, due to its complexity and the lack of knowledge on how to intervene on the part of health care professionals, and also shame or fear on the part of patients themselves to ask questions about it. In the papers under study, there're no systematized nursing interventions on sexuality; so, it's suggested to create protocols for pre- and postoperative guidance aimed at patients who underwent an intestinal ostomy surgery.

Studies on the relation of the stoma to sexual life don't tend to be usual in a developing country, such as Brazil; it shows to be important to increase encouragement for researches and treatments in this area. They're intended not only to improve the disease symptoms, but also the quality of care, assisting to provide patients' sexual life with adjustments.

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