Changes in the process of living of ostomized patients after surgery

MUDANÇAS NO PROCESSO DE VIVER DO PACIENTE ESTOMIZADO APÓS A CIRURGIA
CAMBIOS EN EL PROCESO DE LA VIDA DEL PACIENTE OSTOMISADO DESPUÉS DE LA CIRUGÍA

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ABSTRACT
Objective: to recognize the changes in living of the ostomized patient after ostomization surgery process. Method: a descriptive study of qualitative approach, with nine people with ostomy inscribed in a Stomatherapy Service at a university hospital in southern Brazil. The data were built through semi-structured interviews in the first half of 2010 and submitted to content analysis on thematic analysis method. The research project was approved by the Research Ethics Committee, n. 79/2010. Results: there is a duality living with ostomy, ostomized patients interpret ostomization as positive, others said it needed time to adjust, access to materials for their care and support. The use of bag collector submits the ostomized patients to situations of distress, a need to establish new routines of care and develop skills for self-care. Conclusion: the care provided to patients should help them to (re)build-up as people, developing their new image, regaining their self-esteem as someone capable and productive. Descriptors: Ostomy; Psychosocial Impact; Psychological Adaptation; Nursing.

RESUMO
Objetivo: conhecer as mudanças ocorridas no processo de viver do paciente estomizado após a cirurgia de estomização. Método: estudo descritivo de abordagem qualitativa, com nove pessoas com estomias cadastradas em um Serviço de Estomaterapia de um hospital universitário do Sul do Brasil. Os dados foram construídos por meio de entrevistas semiestruturadas no primeiro semestre de 2010 e submetidos à Análise de Conteúdo na modalidade Análise Temática. O projeto de pesquisa teve a aprovação do Comitê de Ética em Pesquisa, n.º 79/2010. Resultados: há dualidade no viver estomizado; pacientes estomizados interpretam a estomização como positiva, outros referiram que para se adaptarem precisaram de tempo, acesso aos materiais para seu cuidado e apoio. O uso da bolsa coletora submete os pacientes estomizados a situações de desconforto, necessidade de estabelecerem novas rotinas de cuidado e desenvolverem habilidades para o autocuidado. Conclusão: a assistência prestada aos pacientes deve auxiliá-los a se (re) construírem como pessoas, elaborando a sua nova imagem, recuperando sua autoestima como alguém capaz e produtivo. Descritores: Estomia; Impacto Psicossocial; Adaptação Psicológica; Enfermagem.

RESUMEN
Objetivo: conocer los cambios en los pacientes que viven con ostomía, tras un proceso de ostomización cirugía. Método: estudio descriptivo de enfoque cualitativo, con nueve personas con ostomías inscritas en el servicio de estomaterapia de un hospital universitario en el sur de Brasil. Los datos se construyen a través de entrevistas semi-estructuradas en el primer semestre de 2010 y sometidos a análisis de contenido en el método de análisis temático. El proyecto de investigación fue aprobado por el Comité de Ética de la Investigación, n.º 79/2010. Resultados: hay dualidad en el vivir ostomizado, los pacientes estomizados interpretan la estomización como positiva, otros dijeron que necesitaba para arreglar con el tiempo, el acceso a los materiales para su atención y apoyo. El uso de la bolsa de colector presenta los pacientes estomizados a situaciones de angustia, necesidad de establecer nuevas rutinas de cuidado y desarrollar de habilidades para el autocuidado. Conclusión: la atención prestada a los pacientes debe ayudarles a (re)construirse como personas, desarrollar su nueva imagen, recuperando su autoestima como alguien capaz y productivo. Descriptores: Ostomía; El Impacto Psicosocial; Adaptação Psicológica; Enfermería.

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DOI: 10.5205/reuol.4767-42136-1-ED.0712esp201315
ISSN: 1981-8963
7074
INTRODUCTION

Through the body send information that express who we are and how we communicate and interact with the world and expose our beliefs, values and culture. The image of the physical body is connected to beauty and strength, and those that do not match the pattern established by society as normal, experience rejection and prejudice.¹

The words ostomy or stoma are of Greek origin. They mean mouth or opening and are used to indicate the externalization of any hollow viscera in the body. Its need arises from acute inflammatory processes, chronic and hereditary, anal incontinence, abdominal and perineal trauma, congenital and oncologic diseases.² Patients with intestinal or urinary stomas are using a collection bag of feces and/or urine adhered to the abdomen, temporarily or permanently altering their anatomy.

The disorganization of the body transforms the human being as a social unit, as this represents to society. Its change can cause problems for interaction with the environment by making the stigmatized ostomy patient experiencing, after surgery, a number of difficulties, whether physiological, psychological and/or of social nature.³

The realization of this procedure carries a lot of changes in the patient's life such as the need to perform self-care with ostomy, acquisition of suitable material to care, adequate food, change in dress, living with the loss of control of bowel continence or bladder, involuntary removal of gases, changes in body image and self-esteem as well as changes in activities and social, sexual, labor and everyday relationships.²,⁴ It can cause intense feelings of emotional clutter as surprise, fear, anger, powerlessness, among others, causing their patients in the sense that, from that moment, start a new life path for which the generally, is not prepared.⁵

Although you can keep their condition hidden under the clothes the impact of the presence of ostomy determines a change in body image that enables the emergence of several reactions.⁶ The use of the collection bag of feces and/or urine adhered to the abdomen causes a change in the relationship the patient's own body, requiring specific care for their adaptation.⁷ In addition, changes are common in interpersonal relationships awakening, by the family and/or friends foreclosure.⁸

In view of the changes caused by ostomization in the living of their patients they need professional and family support so that they can adapt to their new condition, facing the everyday adversities so less painful process. In this sense, health professionals need to know the world of ostomy and qualify and for your care.⁹

What you see is still what your service throughout the country presents itself as a challenge, because despite the number of ostomy care needs are still little known, have varied profile, there is a shortage of materials and skilled human resources to their care, services have inadequate physical infrastructure and lack of care models to be followed by the professionals who provide them care, further compromising their rehabilitation.¹⁰

Given the above, the question that guided this study was << What changes ostomization causes in the living process of their patients? >>. To search for an answer it was aimed to meet the changes in living the ostomy patient after surgery of ostomization process.

METHOD

Extracted study from the research << The body changes caused by ostomization and its impacts >>, conducted with support from the National Council for Scientific and Technological Development (CNPq)/Scholarship Program for Scientific Initiation/CNPq PIBIC 2010-2011 Rio Grande (RS), Brazil.

A descriptive study of qualitative approach, because it develops the meanings, motives, aspirations, beliefs, values and attitudes, allowing the researcher to analyze the actors in their day-to-day living and interacting socially with them.¹¹

It was elected as a space for the execution of the research office of the Service Stomatherapy of a university hospital in southern Brazil. This service operates in the areas of teaching, research and extension, meeting the needs of patients ostomized and their families for over 18 years. Its main objective is learning self-care and improved quality of life of the ostomy patient. It is a specialized area where nursing visits are provided, the patient receives the material you need for your care, and participate in group therapies, fostering the interaction between patients and their families, enabling exchange of livings and mutual support.

The subjects who comprised the study were nine patients with stomas who met the inclusion criteria: be patient ostomy registered with the Service, to be lucid and communicative and good health. All signed a consent form was combined and the date, time and place for data collection.
We collected data through semi-structured interviews conducted in the first half of 2011, with the ostomy patients with open-ended questions asked about the changes in life after surgery ostomization. The interviews were recorded and later transcribed for analysis. We opted for the interview technique to establish a dialogic relationship with a particular intent, which is characterized as a promoter of opening and deepening in communication. The data that emerged in the interviews were analyzed using content analysis on thematic analysis method. They were transcribed, organized by similarities and differences in categories and compared with the theoretical framework, in an attempt to understand the context.

The research project was approved by the University of Rio Grande/FURG under number 79/2010 Ethics Committee of the Health Research Area (STRAINS). Respected to Resolution 196/96 regarding the ethical issues for research with human beings. The speeches of the participants were identified with the letter P followed by the number of interviews thus guaranteeing their anonymity.

RESULTS

Of the nine ostomized patients interviewed, four were women and five men. Possessed stomata type urostomy (3), colostomy (4) and ileostomy (2). They were aged between 42 and 77 years old. The time of ostomization ranged from two months to eleven years. Their educational levels ranged from incomplete primary education (3), complete (4), and completed high school (2). The causative diagnosis of stomas were: adenocarcinoma of the rectum (4), adenocarcinoma of the sigmoid (2), bladder cancer (2) and accidental breakage of the gut (1).

The thematic analysis of the data generated two categories: Duality of living ostomy and Changes in daily life of the ostomized patient.

Duality of living ostomy

The surgery of ostomization presents itself as a landmark in the lives of their patients now. Some ostomy claim that there were changes in their behavior, they needed to adapt to the new situation. But these are not interpreted as a problem since ostomization enabled the continuity of his life.

Because after I started using the bag I put on, I began to feel better. (P7)
I feel good! This is normal for me here! Of course we have to change. It's something that has the most. But I do not care! [laughs] I accepted! Have to accept! (P2)
I prefer to feel good about her that had no solution for my case. (P7)

Moreover I walk as well, sleep well. (P3)
Nothing, nothing, nothing! Neither beer! I just do not abuse, but I take an appetizer, sometimes with my brother and everything else. Never caused me a problem! Just do not abuse nothing, nothing, and nothing! Not the food. (P1)

Dealing with the changes brought about by ostomization is an individual process of each patient. Thus, despite some viewing the ostomization positively, as resolution of the health problem and as a second chance to live, others reported that there were significant changes in your life, and still others said it strongly impacted your surgery live.

Surgery was performed and placed a bag on each side. This here is the colostomy and fistula that did not reach there. And then he did the bag to return to normal there under. Had surgery I call cesarean [laughs]. I'm costing a lot to recover. Changed everything in my life. Is very difficult! (P1)
I think that I made a very major surgery. Before I lived very well [crying]. Sometimes I cannot believe [crying]. Sometimes I wonder why is all this? If is it to be like [cry] to stay? I accept of course. Have to accept! But much has changed in my life. Sometimes I feel so sad! So devastated! The desire is to die. (P8)

When asked about living after surgery some mentioned that despite the difficult initial adjustment to ostomization this is possible and not stop them from continuing to apply his skills and that it enabled a better life with more quality. Despite the impact on your living ostomization interpreted as necessary. But to achieve this understanding said it needed time, access to materials for their care and support.

I know what happened to me. I am aware. What I say is true I have no reason to lie. There are people there with me at home, everyone supported me. Know what was or was not. Neighbors, friends, relatives. Then everything changed, but it was a necessary change to keep me alive. After a while I accepted! Now everything is quiet. (P9)
At first I could not leave the house. Wanted to take me home and I said: _ I will not. Today, after a long period of adjustment I will! The circle of friends called, called and I was not. For an idea I was just at home. I was not willing to understand that the ostomy is actually one thing to help you not to bother you. Today I do irrigation, use a little curative. I learned to look after myself and all is quiet. I had support from family, friends, of you [SE]. I have no pain, no bleeding. So my life is better. (P6)
I will not tell you it was easy. It was not. It was horrible! But I had the support I had
Changes in the daily lives of the ostomized patient

The ostomization causes the patient using a pass collection bag to deposit feces or urine passing out involuntarily. With surgery ostomization the need to establish new routines of care and developing skills so that they could establish self-care, these being for the ostomy patient, the main change in living emerged.

Moved! Have to wash every evacuation has to take care not to stay with reddened skin. It is a thing you know you have, but for me it is normal. That every three days I dumb! [Laughter]. It is to be five to seven days, but I got scared and every three days I know I have to change! It's the only thing. I take a shower and do my ritual exchange. I'm quiet the rest of the time. It's normal! 

(P2) In recent days I have noticed that I have to be changing every two days. I have to clean, replace. Now has to clean the bag routine two to three times a day. Change the bag. Caring for the skin. Go to the hospital once a month and go to the doctor every three months. It's a routine that has changed. I live in this function now. I made a super intensive course to learn how to take care of myself. (P7)

The use of bag collector submits their patients to situations of discomfort and embarrassment caused due to leaks, elimination of gases, among others. These possible unforeseen causes it to have to carry around extra sets of clothes and bags making them feel overwhelmed with caring for the stoma, committing your life.

[…] If you want me I cannot squat, gases fill the bag and I have to empty. These things as well […] (P3) In my day-to-day, the only hassle having to clean the bag several times, because sometimes it fills. Each time I have and how it fills that empty, because what is bothering you. (P5) The only thing I do not like when the bag of coins and take off in the early hours I wake up all wet. Why is my urine right? I wake up all wet. Oh I'm half annoyed right? That moves me. (P4) When functioning well it does not have any problem. Only when off is kind of a bad thing because of the smell. Ai has to give way to change. But when you're straight does not have any problem. (P7) Oh my sister speaks: Stop being silly, carries a purse! But for me carry a purse I have to carry a purse, underwear, clothes, everything! Why where it leaks I have to go down the shower. Every time I change it I have to go down the shower! (P8)

It was found that after the surgery, the patient may experience complications such as spinal problems, the stoma prolapse, hernia, dermatitis, among others.

After surgery I got spine problem. (P6) He was doing quite out and had to cut it and found a reduction in this little tumor. But now took and all is well. (P7) And anyway, the bag off the heat, sweating. Bakes, gives serious problems, but we try to avoid as much as this. I care a lot, but when I'm with dermatitis again. (P5) Normal! Totally normal for that, thank God, I just had a little problem with my purse I do not know if I ate meat without chewing much. I downloaded and locked in the hospital. Now took and everything and so gave no problem. There they gave me some laxatives to take and, thank God, there it is normalized. But I have to take care of what I eat because my stoma is very small. (P1) Some patients reported difficulties in accepting their new status. These stated that there were changes in their living from food to difficulty sleeping, dressing, and leisure activities, often away from the social life.

To turn you too. Gets bad turning you into bed on the side of the bag. Why sleeping gets a little complicated. (P9) Interfered somewhat. To sleep, to feed you all had interference. It was not my normal life! But now I'm getting used more. (P9) Of course I will not bathe on the beach, at the pool, I will not. I prefer to be alone. I go to the beach in late summer only to look at the beach and take a mate. But do not go in the sea because I do not want no one is asking or be disgusted. (P6) I stopped using my clothes. I dress the way I dressed! Bathing beach. Everyone says it's normal. That thou mayest bathing beach. But then I get scared! If already off when I shower! Imagine soak a beach! A year and a bit. I had the surgery in November and I never went. Neither pool bath. Sometimes I look at the pool and a willingness to give in, but I'm thinking: 'Ah will come and will take off, Oh I do not go. (P8) [Confirming his head and crying] Not able to use a machine, cannot put a bikini, no power anything. Only shorts. Do not go to the beach, do not go to anything. Only use a machine, cannot put a bikini, no power anything. Only shorts. Do not go to the beach, do not go to anything. Only use skirt. I cannot put pants because squeezes. I cannot put a pair of Cotton as I wore because it pushes me. It has to be wide skirt or something. All that changed in my life. So much has changed my life. Not able to put a skirt, trousers. Not being able to sleep as I was sleeping only in her underwear. I've always sleep with a pajama pants because if the bag is loose it off [crying]. So all this is very difficult al. (P8)
It was found in the reports that there have been important changes for patients as the inability to perform activities of home and even the job had to be abandoned or adapted to new reality to prevent the health risks of ostomy patient. This fact causes often start to feel dependent on others and less productive compared to before surgery.

So today I'm kinda have to see others work and cannot get along. Gotta stay: Do it here, is here, is here. And I can only stand guiding. In my area was always together, working and now I cannot go. Just talking with a tiny bit like an old [laughs]. (P9)

Changed the job, right? I worked at work, physical work and service was very well. So today, I avoid ever doing service as well. Now just do something light. Because I'm afraid to get a hernia, and give other problems right? Today I am dependent on welfare. Almost useless for the country. (P5)

No, only I cannot make force. That there was the doctor who operated on me said that, but sometimes we get careless. (P7)

Normal. The only thing is that I do not take weight not do housecleaning! Depending on someone to clean my house for me. (P4)

I cannot do housecleaning that I loved. Wash the house! Arrived Friday I took curtain, bed sheet, napkin. Did that cleaning, wall washing, scrubbing the floor brush and wax and all! I cannot do, mop the house. (P4)

Sometimes, what affects not only the need for care, but the lack of adaptation of social environments for sanitation of the collecting bag when this is full causing their patients to avoid certain places, often excluding the social life.

A major problem that interferes in our commuting is about cleaning the bag [...] colostomy that has no proper place when we want to walk, get out and everything. (P1)

The ostomization can also bring changes in interpersonal relationships. The difficulty in accepting new condition and stoma image may cause the patient to believe that you cannot have sex or your partner or other people do not see them as normal people away from the same. The fact P8 be abandoned by her husband after surgery served to confirm their suspicions, lowering their self-esteem.

So what? [sighs] I'm 42 [crying]. My husband was away take four months. He left me because I did not feel the urge to have sex. I was afraid of having pain. Then I think: How will my life be now? I think so: - With it I still found a way. But I'll never have anyone! I know not! So much has changed in my life after I started using the bag. Before I lived very well [crying]. Sometimes I cannot believe [crying]. Sometimes I wonder why is all this? (P8)

DISCUSSION

There are changes in various dimensions in people's lives being accompanied by an experiential, reflective and reframing of knowledge of each process. In this process, each comes to understand that your body carries other meanings beyond their physical and biological aspect.13

The impact of the presence of the ostomy determines a need to adapt to their new living reality, depending on individual characteristics and social supports, beyond the perception of loss experienced by each patient. They need a personal time to reflect and adapt to their condition of ostomy, which can take days, weeks or months.

The ostomization leads to the need of particular care as the exchange of collection bag. Thus, the ostomy patient needs consolidated self-care through the development of new skills, and it must acquire the potential to decide the therapeutic to be adopted or not, the help of a nurse being required to facilitate this learning behaviors.14 The stimulus to the self-care, by nurses through educational practices, search each subject becomes aware of its ability to transform itself, able to rebuild itself and acquire new knowledge.15

Ostomy patients have difficulty returning to their daily activities, leading to decreased quality of life, in addition to having difficulties related to body image, sexuality, modes of dress, relationships with others, among others.16 In addition to surviving the disease causing the ostomization ostomy patients face losses, real or symbolic: loss of bodily integrity, inadvertent violation of the rules of hygiene and loss of ability to control voluntary elimination of feces or urine and gases, condition for life society, mutilation of their body image and self-esteem, sense of dependency to face every day.17

Several times, the ostomy patient when faced with ostomization eventually internalize the social stigma with presenting difficulties to accept the new situation and to adapt this process.6 The making of a stoma can result in a distorted image of themselves and decreased self-esteem. This may change the perception of the ostomy patient about himself, seeing himself as unattractive or less sexually attractive to your partner .6

It is observed that sexuality may or may not be affected by ostomization. The satisfaction of sexuality may be full while connected with the desire to be with each other with affection. Being part of the life of another
feeling the presence of this and the possibility of being himself as he is. 18
It was found, therefore, that ostomy patients face the challenges of overcoming illness and resume daily life with the stoma and deal with feelings of mutilation resulting from the change in their body image. 17 The nurse is a professional trained to act as facilitators of the adaptation process, leaving you with the responsibility of construction and should be prepared to assist the ostomy patient, solve their problems, not just physical nature as emotional, social, spiritual, economic, and other. 19

For nursing crave an effective care that addresses the particularities of ostomy patients is required in addition to also support sensitivity. Thus, you can take care of adherent form to the real needs of ostomy patients and their families who coexist with the ostomy. 18

We emphasize the need for systematic nursing actions that contribute to a better quality of life, and greater acceptance of the changes caused by stoma in all stages of life of stoma person. It takes a holistic and humanizing look to take care of this patient. 3

FINAL REMARKS

The data analysis showed that there is duality in living with the ostomy and facing the changes occasioned by ostomization is an individual process. Although some patients visualize the ostomization positively, such as resolution of the health problem and as a second chance to live, others reported that there were significant changes, being strongly affected by it; nevertheless, interpreting it as necessary. To adapt, needed time, access to materials for their care and support.

In relation to perceptible changes in their behavior it was found that the use of the collection bag submit their patients to situations of discomfort and need to establish new routines of care and the development of skills for self-care. After surgery suffer constraints due to leaks from the collecting bag of feces and/or urine, elimination of gases. It may present complications such as spinal problems, prolapsed stoma, hernia, dermatitis, among others. Reported changes in their living from food, sleep mode, dressing, and leisure activities.

Furthermore, it was found that could bring ostomization inability to perform activities of leaving home and work or adaptation of exercising before surgery, leading to feelings of dependence and inutility. There may also change in interpersonal relations and experience of their sexuality. Some suffer from the removal of the spouse after surgery may have diminished their self-esteem.

From the results it was concluded that the making of a stoma mark the life of his patient in a unique way. The acceptance or rejection of the new condition is an individual process several changes and unique proportion. The degree of change for patients is altered according to their livings. Despite the stoma is concealed under the clothing to estomização causes changes in various proportions in the living process of their patients.

Make up professionals needed supported in scientific knowledge to provide them with assistance, assisting in their adaptation for this to happen in a less traumatic way, overcoming everyday difficulties. The nurses and other professionals from the multidisciplinary team should be part of a social support network that patient, this being essential for their rehabilitation.

The assistance provided to these patients must go beyond technical guidance, supply of materials and equipment necessary for their care and self-care education. These should be helped to (re) build-up as people, developing their new image, regaining her self-esteem as someone capable and productive. Knowledge about the process of living after ostomization can help professionals to overcome this challenge.

FINANCING

National Council for Scientific and Technological Development (CNPq) / Institutional Scholarship Program for Scientific Initiation / CNpq PIBIC 2010-2011 Rio Grande (RS), Brazil.

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Submission: 2012/08/16
Accepted: 2013/11/08
Publishing: 2013/12/15

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