KNOWLEDGE ABOUT THE MANAGEMENT OF INTESTINAL STOMAS OF ELIMINATION

CONHECIMENTO SOBRE O MANEJO DE ESTOMIAS INTESTINAIS DE ELIMINAÇÃO LOS CONOCIMIENTOS ACERCA DE LA GESTIÓN DE ESTOMAS INTESTINALES DE ELIMINACIÓN

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ABSTRACT

Objective: to verify the knowledge of the nursing professional on the care of patients with intestinal stomas of elimination. **Method:** this is a quantitative study, descriptive and exploratory, developed in a public hospital of urgency. Register who participated in the study 30 nurses and 70 nursing technicians of the surgical clinic, who responded to a sociodemographic questionnaire and an instrument on the survey of knowledge about care of patients with intestinal stomas of elimination. The data were analyzed statistically using the SPSS® program, version 18.0 for Windows®. The results presented in the form of tables and figure. **Results:** it was found that the knowledge of the nursing team about intestinal stomas is weakened, noting a frequency of less than 50% correct answers on issues related to management of intestinal stomas disposal, both in the preoperative period, as in the postoperative. **Conclusion:** it appears that the level of knowledge of professionals showed relatively incipient, pointing to the need to promote training of professionals on the subject and completion of new studies to evaluate the level of knowledge of this category. **Descriptors:** Stomach; Management; Nursing; Intestinal Elimination; Knowledge; Perioperative Nursing.

RESUMO

Objetivo: verificar o conhecimento do profissional de Enfermagem sobre o cuidado com pacientes com estomias intestinais de eliminação. **Método:** trata-se de um estudo quantitativo, descritivo e exploratório desenvolvido em um hospital público de urgência. Registra-se que participaram do estudo 30 enfermeiros e 70 técnicos de Enfermagem da clínica cirúrgica que responderam a um questionário sociodemográfico e a um instrumento sobre o levantamento do conhecimento sobre os cuidados a pacientes com estomias intestinais de eliminação. Analisaram-se os dados estatisticamente por meio do programa SPSS®, versão 18.0, para Windows®. Apresentaram-se os resultados em forma de tabelas e figura. **Resultados:** verificou-se que o conhecimento da equipe de Enfermagem sobre estomias intestinais se encontra fragilizado, constatando uma frequência de acertos inferior a 50,0% nas questões relacionadas ao manejo das estomias intestinais de eliminação, tanto no período pré-operatório, como no pós-operatório. **Conclusão:** verifica-se que o nível de conhecimento dos profissionais mostrou-se relativamente incipiente, apontando-se a necessidade de promover a capacitação dos profissionais sobre o tema e a realização de novos estudos para avaliar o nível de conhecimento desta categoria. **Descritores:** Estomias; Manejo; Enfermagem; Eliminação Intestinal; Conhecimento; Enfermagem Perioperatória.

RESUMEN

Objetivo: verificar los conocimientos de los profesionales de enfermería en la atención a pacientes con estomas intestinales de eliminación. **Método:** se trata de un estudio cuantitativo, descriptivo y exploratorio desarrollado en un hospital público de urgencia. Registrar que participaron en el estudio 30 enfermeras y 70 técnicos de enfermería de la clínica quirúrgica que respondieron a un cuestionario sociodemográfico y a una herramienta para la elevación de los conocimientos acerca del cuidado de los pacientes con estomas intestinales de eliminación. Los datos fueron analizados estadísticamente mediante el programa SPSS® versión 18.0 para Windows®. Los resultados se presentan en forma de tablas y figura. **Resultados:** se encontró que el conocimiento del equipo de enfermería acerca de estomas intestinales se debilita, observando una frecuencia de menos de 50% de respuestas correctas acerca de los temas relacionados con la gestión de la eliminación de estomas intestinales, tanto en el preoperatorio como en el postoperatorio. **Conclusión:** parece que el nivel de conocimiento de los profesionales mostró se relativamente incipiente, apuntando a la necesidad de promover la formación de profesionales en la materia y la realización de nuevos estudios para evaluar el nivel de conocimientos de esta categoría. **Descriptor:** Ostomía; Gestión; Enfermería; Eliminación Intestinal; Conocimiento; Enfermería Perioperatoria.

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INTRODUCTION

It is known that ostomy is a word of Greek origin that means mouth or opening, used to indicate the exteriorization of any hollow viscera of the body by varying causes, bypassing the normal traffic. Characterized intestinal stomas of disposal (ISD) by the exteriorization of the colon (colostomy) or ileal follow (ileostomy), the abdominal wall, with the purpose of allowing the fecal elimination of temporary character, depending on the need of protection of an intestinal anastomosis, or definitively, aiming to replace the loss of sphincteric function resulting from the amputation of the affected area.¹⁻²

The objective is, by means of this communication, lead to the elimination of fecal effluent to the exposed area of the abdominal wall, constituting the necessity of the use of an equipment collector of effluents. It is known that, in most cases, the stomized person faces psychological changes, due to the change in the functioning of the body, which may have an impact on quality of life and well-being, being the emotional support of extreme importance for which there is a rapid and better adaptation to the new reality.³⁻⁴

It is evident that the nursing team is one of the first members of the multidisciplinary team to relate to the stomized client. Thus, it is able to respond to questions and concerns of this clientele and to care safely, preventing and detecting early complications that may hinder the process of social inclusion or compromising the integrity of the stomized person biopsychosocial.⁵

It should be emphasized that the training of health professionals for the encouragement of the self-care stomized people directly contributes to the quality of care, through individualized teaching strategies, maintaining the link between the professional and the patient. It is noteworthy that the nursing guides the patient until the same may have autonomy to your care and have a better acceptance of their condition, in order to strengthen/redirect the care regarding exchange, hygiene and handling of the EIR and equipment in use.⁶

It is known that assist the customer with stomas to reduce the fear, to clarify their doubts and concerns and motivate you are important strategies to promote the empowerment and self-care, and that the insertion of the family as a supporter in this process can help in the resignification of your

identity to improve their self-esteem and social reintegration.^{2,6-7}

It is justified, in this way, this study, and the possibility of detecting the knowledge of nursing professionals about the ISD Management, in order to observe the possible weaknesses with a view to plan and organize a nursing care more effective and safe for these patients. As well as investing in continuing education for professionals, as a way of contributing to the advancement of knowledge in this area.

OBJECTIVE

- To check the knowledge of the nursing professional on the care of patients with intestinal stomas of elimination.

METHOD

It is a quantitative study, descriptive and exploratory study, conducted in October 2016, developed in a public hospital of urgency, located in the Northeast region of Brazil. Composed the population of the study by nursing technicians and nurses from the hospital. We used a census sampling, integrated by 100% of the professionals who work in clinical surgery service. Included in the sample, the professionals with age greater than or equal to 18 years at the time of data collection and who worked in the surgical clinic for at least six months. It excluded if the professionals on medical leave, expulsion or vacation. It was recorded a final sample of 30 nurses and 70 nursing technicians.

The data were collected from the approach of professionals in their work shifts, so reserved and in order not to disrupt the service routine. Indicates that the participants filled out a form with the sociodemographic variables sex, age, marital status, income, occupation, degree of titration and, then, responded to the instrument adapted from "assessment of knowledge about the care of patients with Eir", validated in Brazil, whose application in this study was authorized by the author.

Sued and the data were analyzed statistically using the SPSS® program, version 18.0 for Windows®. The descriptive analysis of the data, showing the values of frequency, mean, standard deviation (SD), median and maximum and minimum values. Considered as independent variables in the questionnaire, and those relating to the type of occupation as dependent. We applied the chi-square test was used to evaluate the type of profession with the independent variables. We applied the chi-square test was used to evaluate the type of profession with the independent

variables. It was evaluated as significant the values of $p<0.05$. The analysis of univariate logistic regression, to calculate the crude odds ratio (OR).

The Ethics and Research Committee of the Paulista University (UNIP); under the protocol N 56431016.5.0000.5512 approved the project. It is assured to the participants, the anonymity and all the bioethical principles governed by Resolution N 466/12 of the National Health Council.

RESULTS

It punctuates the sample in this study was constituted by 100 participants, the majority

being female (90; 90.0%), with a mean age of 32.75 years and marital status married (46; 46.0%). It is perceived that 30.0% (30) of the participants were nurses and 70.0% (70), nursing technicians, with an average income of 3 minimum wages. It was recorded in relation to the title that 50.0% (50) had only the technical course; 20.0% (20), higher education course; 27.0% (27), specialization and 3.0% (three), Master. Presented himself, among the interviewees, an average of 32.72 hours of weekly work shift, working mostly in regime of duty (73.0%; 73) and with an average of six years in working time, as described in Table 01.

Table 1. Sociodemographic profile of the participants. Teresina (PI), Brazil, 2016.

VARIABLES	N (%)	μ (SD)
Gender		
Male	10 (10%)	
Female	90 (90.0%)	
Age*		32.75 (±10.44)
Marital status		
Single	40 (40.0%)	
Married	46 (46.0%)	
A widower	4 (4.0%)	
Divorced	7 (7.0%)	
Stable Union	3 (3.0%)	
Income*		2494.96 (±2205.14)
Profession		
Nurse	30 (30, 0%)	
Nursing technician	70 (70, 0%)	
Other titles		
Technical course	50 (50.0%)	
Upper level	20 (20.0%)	
Specialization	27 (27.0%)	
Master's degree	3 (3.0%)	
PhD	0 (0.0%)	
Weekly hours of work**		32,72 (±9,87)
Scheme of work		
Daily	27 (27, 0%)	
On duty	73 (73.0%)	
Working time in hospital***		6,00 (±4,75)
Total	100 (100.0%)	

Legends: *Income in reals (R\$); **Weekly workshift in hours; ***Working time in hospital in years.

It shows, in Table 2, the percentage of correct answers for the issues between nurses and nursing technicians. We observed a statistically significant difference between the groups, in questions 4, 21 and 34. There was a greater chance of error of the nurse in

question four, when compared to the nursing technician (OR = 3.2 95% CI 1,0-10,0), whereas, in issues 21 and 34, there was a greater chance of setting the nurse in relation to the nursing technician (OR = 2.4 95% CI 1.0 - 5.8) (OR = 4.0 95% CI 1.2 - 12.9).

Table 2. Level of knowledge, as the percentage of hits by issue, of the nursing professionals on the management of intestinal ostomies. Teresina (PI), Brazil, 2016.

	Profession Nurse N (%)	Nursing technicians N (%)	P-valor	OR
1. Intestinal ostomies of disposal are surgical interventions involving the externalization of an intestinal segment through the abdominal wall, creating an artificial opening into the output of the fecal content. (V)	29 (29.6%)	69 (70.4%)	0.533	
2. Colostomy is the externalization of the small intestine. (F)	19 (35.8%)	34 (64.2%)	0.175	
3. Ileostomy is the externalization in the ileum. (V)	9 (20.5%)	35 (79.5%)	0.065	
4. Cancer, inflammatory bowel diseases (Crohn's disease and ulcerative rectocolitis), congenital malformations (imperforate anus) and trauma (gunshot wound or white and auto accidents) are conditions that require the making of a normal intestinal ostomy. (V)	22 (25.9 %)	63 (74.1%)	0.032	3.2 (1.0 - 10.0)
5. The temporary ostomies present in the distal segment of intestine removed, preventing the establishment of normal intestinal transit. (F)	12 (37.5%)	20 (62.5%)	0.262	
6. The definitive ostomy enable the reestablishment of the intestinal transit, when remedied the problem that led to the manufacture. (F)	19 (31.1%)	42 (68.9%)	0.764	
7. Preoperative nursing consultation are valued customer knowledge about your diagnosis and surgery that will be performed, family history, allergies, nutritional status, elimination habits, activities of daily living related to self-care (clothing, hygiene), partner activities, leisure and work, emotional state and cultural and educational standards. (V)	30 (36.6%)	52 (63.4%)	0.998	
8. Customers and their families should be instructed about which segment of the intestine will be removed and which thread will be made the Ostomy. (V)	28 (32.6%)	58 (67.4%)	0.166	
9. Customers and their families should be instructed about the type, shape, color and effluent of Ostomy you will be made. (V)	25 (32.1%)	53 (67.9%)	0.399	
10. Customers and their families should be instructed as to the equipment collector and adjuvants for protection and safety. (V)	30 (32.3%)	63 (67.7%)	0.072	
11. It is important to educate the patient about the potential impact of the Ostomy in intimacy and sexual functioning of the client with the partner. (V)	27 (32.1%)	57 (67.9%)	0.284	
12. The demarcation of Ostomy site must be performed exclusively in pre-op. (F)	14 (34.1%)	27 (65.9%)	0.451	
13. The ideal Ostomy is located within the abdominal rectus muscle. (V)	10 (23.8%)	32 (76.2%)	0.250	
14. The demarcation of Ostomy site increases the incidence of complications and worsening self-care. (F)	23 (33.8%)	45 (66.2%)	0.224	
15. The demarcation of the Ostomy can be performed by the surgeon, who will do the procedure or nurse stoma therapist. (V)	14 (29.2%)	34 (70.8%)	0.861	
16. The demarcation of Ostomy site should be near depressions, skin folds, bony prominences, among other anatomical accidents, allowing leakage of contents drained by the system The demarcation of Ostomy site should be near depressions, skin folds, bony prominences, among other anatomical accidents, allowing leakage of contents drained by the system. (F)	19 (29.2%)	46 (70.8%)	0.819	
17. After the demarcation of Ostomy site, must be carried out, if possible, sensitivity testing and adaptation to collector tool. (V)	23 (33.3%)	46 (66.7%)	0.278	
18. The collector equipment should be placed immediately after the making of the Ostomy to prevent surgical wound complications arising from the effluent leak and allow the constant	25 (29.8%)	59 (70.2%)	0.905	

to see the effluents and ostomy. (V)			
19. In the immediate postoperative period, they must assess the Ostomy and skin conditions periestoma, with the aid of a validated tool to prevent possible complications. (V)	24 (30.0%)	56 (70.0%)	1.000
20. The proper equipment in the immediate postoperative period is one that has a collection bag transparent and allows viewing of Ostomy, effluent and of possible complications. (V)	28 (32.2%)	59 (67.8%)	0.218
21. The equipment in the immediate postoperative period collector must have a filter to prevent the exit of flatus. (F)	19 (39.6%)	29 (60.4%)	0.0452,4 (1.0 - 5.8)
22. In the early days after surgery, the Ostomy cannot be edematous. (F)	23 (33.3%)	46 (66.7%)	0.278
23. Ostomy color should be black, indicating little blood supply and to the touch, the Ostomy should be cold. (F)	23 (28.8%)	45 (66.2%)	0.224
24. The shape of the Ostomy can be round or oval. (V)	23 (29.5%)	55 (70.5%)	0.833
Q25 The exit of flatus is the first sign that the intestine is working again. (V)	18 (25.4%)	53 (74.6%)	0.113
26. The first eliminations of the bowel may be liquid or estomias green, indicating the presence of bile. (V)	22 (30.1%)	51 (69.9%)	0.961
27. In the descending and sigmoid colostomy, feces are Pasty. (V)	17 (27.0%)	46 (73.0%)	0.390
28. The Ileostomy, feces are liquid and more irritating to the skin than those leaving for a colostomy are.	24 (32.9%)	49 (67.1%)	0.302
29. The amount of effluent that comes out of an Ileostomy is greater than 2000 ml in 24 hours. (F)	12 (26.1%)	34 (73.9%)	0.431
30. Peristoma skin must be laid bare, pale and erythematous. (F)	21 (31.8%)	45 (68.2%)	0.580
31. Bleeding, edema, necrosis, skin retraction, and mucus offset of Ostomy and sepsis periestoma are immediate complications of intestinal elimination ostomies. (V)	25 (28.7%)	62 (71.3%)	0.475
32. The diameter of the estomias should be checked every time the equipment exchange. (V)	23 (28.8%)	57 (71.2%)	0.585
33. The protective barrier of the skin must be cut to fit the base of the Ostomy. (V)	19 (29.2%)	46 (70.8%)	0.819
34. The choice of collector equipment should not consider the type of Ostomy, effluent, size, shape and dexterity of the client. (F)	26 (37.7%)	43 (62.3%)	0.0124.0 (1.2- 12.9)
35. The collector equipment can be of one or two pieces, the open type or drainable and closed. The drainable type is recommended for people that have stomata located on left hemicolon and the closed-end type, to the Ileostomy and colostomy bag on the right side. (V)	12 (30.0%)	28 (70.0%)	1.000
36. In the late postoperative period, customers and family members must be prepared to discharge and instructed on the estomias, periestoma skin care, equipment collector (placement, Exchange and emptying), nutrition, clothes, and body image, psychological, sexual and recreational. (V)	25 (29.8%)	59 (70.2%)	0.905
37. Clients and families should be instructed about the Ordinance N 400 of the Ministry of health, which establishes national guidelines for the health care of stomized people within the health system, to be observed in all States and the powers of the three spheres of management.	28 (31.5%)	61 (68.5%)	0.365
38. The client should be referred to the outpatient clinic or specialized assistance service. (V)			
39. The customer should be instructed about the importance of participating in stomped or associations to support groups. (V)	27 (31.4%)	59 (68.5%)	0.450

40. Colostomy irrigation is a safe and effective method for customers with estomias in the descending colon and sigmoid colon. (V)	15 (30.0%)	35 (70.0%)	1.000
41. Retractions, stenosis, Ostomy prolapse, and hernia parastomal and ostomy dysfunction are late complications of intestinal ostomy of eliminations. (V)	25 (30.9%)	56 (69.1%)	0.697
Total	30 (30.0%)	70 (70.0%)	

Legends: *p - significant value < 0.05; Q-point ** OR = Odds radio; Confidence Index (CI) = 95.0%; V = true and F = affirmative false statements.

It was evidenced a greater number of hits on issues a (concept of IEE) and ten family assistance (preoperative) with 98.0% and 93.0%, respectively. Points out that, in questions three, five (classification of the EIR), 12, 13, 15 (demarcation preoperatively), 21, 29, 35 (deletions) equipment (collectors) and 39 (network of support to the patient), the scores were lower than the 50.0%, while in the other questions, the correct answers equaled or exceeded 50.0%, according to figure 1.

Figure 1. Number of hits of nursing professionals for the sake of form on the intestinal elimination stomy management. Teresina (PI), Brazil, 2016.
Legend: Q = question.

DISCUSSION

We noted that the predominance of females among the participants of the study. It is known that the feminization is a strong feature of the sector, i.e., the majority of the workforce in health is female, representing, currently, more than 70.0% of all the quota and with a tendency toward growth in the coming years. Records that, in some professions, this process of feminization exceeds 90.0%, as is the case of the nursing team researched, formed almost entirely by women; however, brings a new place: it is demonstrated, by means of the data, a growing presence of the male contingent in nursing.⁹⁻¹⁰

It appeared, after the evaluation of the level of the title of the participants, that the majority was part of the technical body in Nursing; however, half of the sample had a higher level, which leads us to believe that the technical professionals are training and joining in undergraduate courses of higher level.

It was realized, in a study that evaluated the profile of nursing professionals qualified

for the job market in the State of Minas Gerais (Brazil) that one of the factors that contributed to the increase of technical training in nursing was the viability of jobs for workers with basic education or medium, provided since qualified.¹¹

It is understood from the findings of this study, potentialities and weaknesses in the level of knowledge of nursing professionals, since, in matters relating to the classification of the EIE, surgical demarcation, fecal eliminations. Collectors and network equipment to support the patient, less than half of the participants hit the issues, while, on issues relating to the concept of the EIE and family assistance pre-operative period, there was a high percentage of correct answers.

Note that these data corroborate a study conducted with residents at a medical clinic and in a surgical clinic. They were found 90.0% of correct answers on issues relating to the types and location of the stomy, and 54.0% of correct answers in respect to care during the exchange of the and collector system and hygiene of the EIE. It is consistent with the results of this research, once the

arrangements relating to the exchange of collectors and sanitizing equipment were greater than 50.0%.⁵

Show yourself, in a study that assessed the level of knowledge of 41 nurses on EIE, using an adapted version of the same tool of data collection in this study, more than 80% correct answers as to the care in the pre and post-operative, corroborating some results of this study regarding the care with stomas, related in the same period.⁸

It records that, in the perspective of knowledge in the postoperative period, in one study, the importance of the stimulus to care for patients with EIE performed by the nursing team professionals. It should be, in the postoperative period, work the rehabilitation of the person subject to the ostomy procedure in relation to their personal care, how to view, touch and manipulate the materials, and to return to their daily activities, promoting the well-being of the client.¹²

It should be emphasized, in a study that examined the knowledge of nurses of the Family Health Strategy (FHS) on ileostomies that 68.75% of the respondents presented a satisfactory knowledge in relation to the care with ileostomy. The patient in the pre- and postoperative periods, corroborating the findings of this study, considering that, in the aspect relating to the care with the EIE immediate postoperative were detected levels of scores equal to or greater than 80.0%.¹³

We realize that, in matters relating to the demarcation of the EIE (questions 12 to 17), a higher percentage of correct responses among professional nursing technicians, when compared to nurses. This is considered disturbing finding, bearing in mind that the nurses, as well as doctors are professionals qualified to perform preoperative demarcation of the EIE.

It is known that the enterostomal therapist nurse or nurse practitioner trained, because of the lack of specialists before the number of patients who require this care, must carry out the isolation of stomy. It stresses that the practitioner must be aware of the implications that a demarcation of ostomy badly performed provides in a person's life with a stoma. Highlights the importance of training of nurses about this procedure.

Delimits one or more regions as possible for the exteriorization of the stoma and perform the preoperative consultation. Aiming to promote the proper positioning of the stoma in the abdominal wall during the surgical procedure, allowing adequate adaptation of collector systems or equipment for the

collection of the effluent, preventing complications and reducing the costs of assistance given to this clientele, providing comfort and safety for the patient.¹⁴⁻⁵

If found, on the level of theoretical knowledge of nurses, in a study, important potentialities and fragilities, when assessing nurses residing in a public hospital in Rio de Janeiro. It shows, therefore, that the most prevalent potentiality of nurses in clinical surgery was on the location and the main types of intestinal stomas. With 90.0% of correct answers, whereas, in relation to the nurses in the medical clinic, the majority of correct answers (54.0%) was recorded on the care during the exchange of the system manifold and the sanitization of the stomy. It is emphasized that, as the guideline for the development of customer care along with EIE, both nursing teams had unsatisfactory answers, which indicates a weakness in the bond nurse-patient.⁵

It was observed, in another study, in which we evaluated the knowledge of nurses, nursing technicians, physiotherapists and doctors about injuries caused by pressure (LP) that the level of knowledge was insufficient, since the participants needed to obtain 90.0% of correct answers in the questionnaire, and the nurses obtained 73.6%; the technicians, 69.4%; the physiotherapists, 79.2%, and the physicians, 72.7%. It is understood that these data corroborate this study regarding the overall level of knowledge of professionals; however, it presents a different data regarding the knowledge of the nursing technicians, bearing in mind that, in this research, the knowledge of the technicians proved superior to that of nurses.¹⁶

It was stressed in a study the need to strengthen the knowledge of nurses on the clinical management of EIE, by means of a greater variety of educational strategies that make it possible to improve the levels of understanding of the subject, doing so, better forms of education and incentive for self-care, aiming to meet the needs of patients.¹⁷⁻⁸

It is known that, in addition to the interest of professionals in seeking the qualification in their areas, it is also of the responsibility of the institution excite people in the search for knowledge, promoting constant updates to match the expectations of the market and providing better care to patients.¹⁶

CONCLUSION

It was found in this study that the knowledge of the nursing team about EIE is weakened, noting a frequency of less than 50.0% correct answers on issues related to the

management of the EIE, both in the preoperative, as in the postoperative. It is perceived that the contingent of nursing technicians is greater than the number of upper-level professionals, as expected, and the theoretical training of technicians proved to be lower than that of nurses, although the technicians have presented a greater proportion of correct responses in the full questionnaire; however, in a general way, the nurses obtained more correct answers.

Note that the fragility in the level of knowledge of nursing stands out in this study. It is suggested that there should be an improvement of this professional, with constant training for staff to develop a more successful nursing care, with a view to ensuring safety to the ostomized patient.

It is also observed the need for the development of studies that deepen the diagnosis of major deficiencies in the knowledge of these professionals with respect to the theme of the EIE, as well as searches that implement intervention strategies for the improvement of knowledge, from active learning methodologies.

It stands out among the limitations of this study, the low acceptance of some professionals to the proposal, alleging lack of time. You can justify this problem by extensive over work and the high demands of patients in hospitals of urgency and emergency, as the place of this study.

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