



STOMIZED PROFILE WITH DIAGNOSIS OF NEOPLASMS REGISTERED IN AN ASSOCIATION

PERFIL DE ESTOMIZADOS COM DIAGNÓSTICO DE NEOPLASIAS CADASTRADOS EM UMA ASSOCIAÇÃO

PERFIL DE OSTOMIZADOS CON DIAGNÓSTICO DE NEOPLASIAS REGISTRADAS EN UNA ASOCIACIÓN

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ABSTRACT

Objective: to identify the profile of stomized patients with diagnoses of neoplasias registered in an association. **Method:** descriptive, retrospective study, of quantitative approach. The data was obtained by consulting the printed documents called cadastre records. The variables studied were: gender, age, color, marital status, income, schooling, diagnosis of cancer for the carrying out of the ostomy, type of stoma and duration of the stoma. For the database and analysis, statistical treatment was used, from the Microsoft Office Excel 2010® computer program, with descriptive statistics. **Results:** there were 697 patients who were stomized in the association and 456 had a diagnosis of cancer for the carrying out of the ostomy. Of these, 59.9% are female; 65.6% are older than 59 years; 45.2% of patients are brown; 55.9% are married; 38.4% had incomplete elementary education; 62.5% had income of up to one minimum wage; 61.7% were diagnosed with rectal cancer and 57.0% had definite stomies. **Conclusion:** the profile of this clientele will facilitate the clinical practice, actions, planning and implementation of a National Care Policy, as well as the construction of the epidemiological characterization of this group. **Descriptors:** Ostomy; Health Profile; Neoplasms.

RESUMO

Objetivo: identificar o perfil de pacientes estomizados com diagnósticos de neoplasias cadastrados em uma associação. **Método:** estudo descritivo, retrospectivo, de abordagem quantitativa. Os dados foram obtidos por consulta aos documentos impressos denominados de fichas cadastrais. As variáveis estudadas: sexo, faixa etária, cor, estado civil, renda, escolaridade, diagnóstico de câncer para a realização da estomia, tipo de estoma e duração da estomia. Para o banco de dados e análise, utilizou-se tratamento estatístico, a partir do programa de informática Microsoft Office Excel 2010®, com estatística descritiva. **Resultados:** havia 697 estomizados cadastrados na associação e 456 tiveram diagnóstico de câncer para a confecção da estomia. Desses, 59,9% são do sexo feminino; 65,6% são maiores de 59 anos; 45,2% de pacientes são pardos; 55,9% são casados; 38,4% possuíam ensino fundamental incompleto; 62,5% tinham renda de até um salário mínimo; 61,7% estavam com diagnóstico de câncer de reto e 57,0% possuem estomia definitiva. **Conclusão:** o perfil dessa clientela facilitará a prática clínica, as ações, o planejamento e a implementação de uma Política Nacional de Atenção, bem como a construção da caracterização epidemiológica desse grupo. **Descritores:** Estomia; Perfil de Saúde; Neoplasias.

RESUMEN

Objetivo: identificar el perfil de pacientes ostomizados con diagnóstico de neoplasias registrados en una asociación. **Método:** estudio retrospectivo, descriptivo, con enfoque cuantitativo. Los datos se obtuvieron mediante la consulta de los documentos impresos llamados registros catastrales. Las variables estudiadas: sexo, edad, color, estado civil, renda, educación, diagnóstico de cáncer a la realización de la ostomía, el tipo de estoma y la duración de la ostomía. Para el banco de datos y análisis se utilizó tratamiento estadístico a partir del programa informático Microsoft Office Excel 2010® con estadística descriptiva. **Resultados:** tenían 697 ostomizados registrados en la Asociación, 456 tuvieron diagnóstico de cáncer para fabricación de ostomía. De estos, 59.9% son del sexo femenino, 65.6% son mayores de 59 años, 45.2% de pacientes pardos, 55.9% son casados, 38.4% tenían primaria incompleta, 62.5% con renda de hasta 1 salario mínimo, 61.7% con diagnostico de cáncer rectal y 57.0% tenían ostomía permanente. **Conclusión:** el perfil de esta clientela facilitará la práctica clínica, las acciones, planificación y ejecución de una Política Nacional de Atención, así como la construcción de la caracterización epidemiológica de este grupo. **Descriptores:** Ostomía; Perfil de Salud; Neoplasmas.

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INTRODUCTION

Ostomy or stoma comes from the Greek word "stoma", which means mouth and has the function of diverting the contents of the intestine out of the body, being classified, in relation to length of stay, type of construction and surgical dressing. It is characterized by being an artificially created opening, from the gastrointestinal tract or urinary tract, where body waste would flow out into the external environment, diverting the flow of feces or urine. It can be classified into three types, according to the affected site: ileostomy, colostomy and urostomy.¹

From the knowledge of the etiology of the disease, the surgeon will indicate the type (ileum, colon and urostomy) and its duration, and can be classified as temporary or definitive. Temporary ostomies have the purpose of making an anastomosis, in view of its closure in a short period of time. While definitive ostomies are performed when there is no possibility of reestablishing intestinal transit, usually in cancerous situations, by the loss of much of the affected area.²

In the United States of America, approximately 700 thousand stomates were estimated³ and, in Brazil, 33.8644. The most predisposing causes that lead to the manufacture of a stoma are those of neoplastic origin, which compromise the colon and rectum (colorectal cancer). Among the total number estimated for 2014/2015, which was approximately 576 thousand new cases of cancer in Brazil, the number of cases of colon and rectal cancer was 33 thousand, according to the National Cancer Institute - INCA. In addition, this type of neoplasm is one of the most prevalent in the Western world.⁵

Although technological advances facilitate the early detection of neoplasms and other health problems, appropriate strategies for cancer prevention have not been widely implemented because of the cost-benefit ratio.⁵⁻⁶ From this perspective, it is observed that in most cases, the diagnosis occurs in advanced stages, when the priority therapeutic choice is the surgical resection of the affected intestinal segment, so that patients can maintain a food transit closer to normal.¹⁻⁷

With the support of the Brazilian Society of Stomatherapy (SOBEST), in conjunction with the Brazilian Association of Ostomates (ABRASO), the Ministry of Health (MS) formulated the national guidelines for the care of the health of stomatized people by means of Ordinance no. 400/2009. This ordinance recommends programs for the care

of people with stomata, including information on the number of people with stomata, causes for their preparation, characteristics and complications, factors determining the establishment of specific assistance, including the indication of collecting equipment and adjuvants for intestinal and urinary stomata, as well as for the collaboration and construction of studies on the quality of life of these individuals.⁸

In Rio Grande do Norte (RN), the stomates receive the support of the Association of Ostomized People of Rio Grande do Norte (AORN), founded in 1991. Currently with about 1,200 associates active in care, AORN assists in the promotion and reintegration of these patients to everyday life.⁹ Despite the existence of referral centers in the Northeast, the collection of material for research on the subject is still insufficient, as well as the official data of the Ministry of Health on the information of stomates in Brazil, which may hamper the actions, planning, the implementation of a National Policy of Attention and the construction of the epidemiological characterization of this specific group.

In order to facilitate MH access to these databases, as a management strategy, data should be computerized, however, the scarcity of computerized databases is still a reality in much of Brazil, including RN.

In this context, the object of this study is centered in the characterization of the ostomized patients, with diagnosis of neoplasias, registered in the AORN. It is noticeable that the planning, implementation and evaluation of specialized care for the types of stomatology and clients, improves the quality of life of this clientele. The justification is based on the provision of subsidies so that professionals and health managers can obtain information to structure and plan quality care, aiming at the rehabilitation and quality of life for such patients. In addition, this study will allow the knowledge of the profile of this clientele served, and may foster the development of future studies in this area. Therefore, this study aims to identify the profile of ostomized patients, with diagnosis of neoplasias, enrolled in the association.

METHOD

A descriptive, retrospective and quantitative approach developed between October 2013 and February 2014 in the AORN, which covers all the municipalities of the NB. A total of 697 patients were enrolled in the AORN until January 2014, who sought the

association to receive the collecting devices and specialized assistance by the nurses.

The study population comprises the 456 ostomized patients, diagnosed with neoplasms, active and enrolled in the association's database. The data was obtained by means of consultation of the printed documents, called records, individual records for each ostomized patient, filled at the moment when they attended the mentioned association, with the purpose of registration, to obtain the ostomy bags.

The AORN is located in Natal/RN, where patients are referred from the services to which they underwent surgery for the manufacture of the stoma, and has two secretaries to perform the new registrations. In order to attend and consult Nursing, it has the service of three stomatotherapist nurses, who provide assistance and guidance to patients regarding care and handling the ostomies, providing care at the Adult Rehabilitation Center - ARC/RN. It also has two other statutory employees of the ARC/RN, for the exemption of the collector bags and accessories.

The variables observed in the study were: gender, age, color, marital status, income,

education, diagnosis of cancer for ostomy, type of stoma and duration of the stoma. For the database and analysis, the statistical treatment was used, through the Microsoft Office Excel 2010® computer program, with descriptive statistics.

According to Resolution 466/12 of the National Health Council, the consultation of the forms was done after authorization from the board of the association and after the approval of the Committee of Ethics in Research/Federal University of Rio Grande do Norte/UFRN (CAAE 19866413.3.0000.5537). All ethical precepts of human research have been met.

RESULTS

We analyzed the information of the 456 patients who had, as a reason for making the stomas, some diagnosis of neoplasia. Of these, 362 (79.4%) were colostomized, 61 (13.4%) ileostomized and 33 (7.2%) urostomized, corroborating with the demand for ostomies in other studies.¹⁰⁻¹

As for sex, 273 patients (59.9%) were female and 183 (40.1%) were male, (table 1), agreeing with the prevalence in other national and international surveys.¹¹⁻²

Table 1. Description of the characteristics gender, age and color in relation to the type of ostomy of the AORN stomates. Natal (RN), Brazil, 2016.

Variable	Type of ostomy						Total	
	Colostomy		Ileostomy		Urostomy			
	n	%	n	%	n	%	n	%
Gender								
Female	220	48.2	39	8.6	14	3.1	273	59.9
Male	142	31.1	22	4.8	19	4.2	183	40.1
Age Group								
Up to 59 years	128	28.0	24	5.3	5	1.1	157	34.4
> 59 Years	234	51.3	37	8.1	28	6.1	299	65.6
Color								
White	150	32.8	29	6.4	13	2.9	192	42.1
Black	16	3.5	0	0.0	4	0.9	20	4.4
Yellow	28	6.1	0	0.0	0	0.0	28	6.1
Brown	160	35.1	30	6.6	16	3.5	206	45.2
Ignored	8	1.7	2	0.4	0	0.0	10	2.2
Total	362	79.4	61	13.4	33	7.2	456	100.0

Regarding the age group, 299 (65.6%) were older than 59 years. The color variable included 206 (45.2%) brown patients and 192 (42.1%) white patients (Table 1).

Married men comprise the majority of the research public, with 255 (55.9%) with this

marital status, 82 (18%) widowed and 80 unmarried (17.5%) (Table 2).

Table 2. Characterization of the marital status, schooling and income in relation to the type of ostomy of the AORN stomates. Natal (RN), Brazil, 2016.

Variable	Type of ostomy						Total	
	Colostomy		Ileostomy		Urostomy			
	N	%	n	%	n	%	n	%
Marital status								
Not married	69	15.1	8	1.8	3	0.7	80	17.5
Married	202	44.3	33	7.2	20	4.4	255	55.9
Widower	61	13.4	15	3.3	6	1.3	82	18.0
Separated / Recalled	20	4.5	0	0.0	3	0.6	23	5.1
Ignored	10	2.2	5	1.1	1	0.2	16	3.6
Schooling								
Illiterate	78	17.0	12	2.6	7	1.5	97	21.3
Incomplete Primary school	136	29.8	22	4.8	17	3.7	175	38.4
Primary School	58	12.7	9	2.0	4	0.9	71	15.6
Incomplete High school	8	1.7	1	0.2	0	0.0	9	2.0
High school	43	9.4	14	3.1	1	0.2	58	12.7
Incomplete Higher Education	6	1.3	0	0.0	0	0.0	6	1.3
Higher education	17	3.7	3	0.7	3	0.7	23	5.0
Ignored	16	3.5	0	0.0	1	0.2	17	3.7
Income								
0 MW	7	1.5	1	0.2	1	0.2	9	2.0
Up to 1 MW	225	49.3	42	9.2	18	3.9	285	62.5
Up to 2 MW	65	14.3	12	2.6	7	1.5	84	18.4
Up to 3 MW	23	5.0	2	0.4	2	0.4	27	5.9
Up to 4 MW	6	1.3	1	0.2	0	0.0	7	1.5
Up to 5 MW	14	3.1	3	0.6	2	0.4	19	4.1
Ignored	22	4.8	0	0.0	3	0.7	25	5.5
Total	362	79.4	61	13.4	33	7.2	456	100.0

In relation to schooling, 175 (38.4%) patients have incomplete primary education, followed by 97 (21.3%) illiterate and 58 (12.7%) high school students, and the income established by 285 (62.5%) patients was up to a minimum wage (Table 2).

The research points to the high incidence of cancer in stomized patients. In the majority of cases, 281 (61.7%) patients have a diagnosis of rectal cancer and 112 (24.5%) have intestinal colon cancer (Table 3).

Table 3. Description of cancer diagnoses and stomatal duration of AORN stomates. Natal (RN), Brazil, 2016.

Diagnosis by Neoplasms	Type of ostomy						Total	
	Colostomy		Ileostomy		Urostomy		n	%
	n	%	n	%	n	%		
Rectal tumor	246	54.0	34	7.5	1	0.2	281	61.7
Intestinal colon tumor	87	19	25	5.5	0	0.0	112	24.5
Tumor of the uterine colon	12	2.6	1	0.2	2	0.4	15	3.2
Ovarian tumor	3	0.7	0	0.0	0	0.0	3	0.7
Ureteral Carcinoma	0	0.0	0	0.0	1	0.2	1	0.2
Adenocarcinoma of the Prostate	3	0.7	0	0.0	0	0.0	3	0.7
Tumor of the pancreas	2	0.4	0	0.0	0	0.0	2	0.4
Bladder tumor	0	0.0	0	0.0	25	5.5	25	5.5
Gastric tumor	3	0.7	0	0.0	0	0.0	3	0.7
Epitheloid sarcoma	1	0.2	0	0.0	0	0.0	1	0.2
Pelvic tumor	1	0.2	0	0.0	0	0.0	1	0.2
Urothelial carcinoma	0	0.0	0	0.0	3	0.7	3	0.7
Renal tumor	1	0.2	0	0.0	1	0.2	2	0.4
Peritoneal tumor	2	0.4	1	0.2	0	0.0	3	0.7
Epidermoid Carcinoma Dif.	1	0.2	0	0.0	0	0.0	1	0.2
Duration of Ostomy								
Definitive	209	45.8	19	4.2	32	7.0	260	57.0
Temporary	135	29.6	39	8.6	0	0.0	174	38.2
Ignored	18	3.9	3	0.7	1	0.2	22	4.8
Total	362	79.4	61	13.4	33	7.2	456	100.0

Regarding the duration of the ostomy (Table 3), the final ones totaled 260 (57%) patients, which represented the majority of the types demonstrated in this study, according to international studies that also obtained this result.

DISCUSSION

In this study, there was a predominance of colostomized and those of female gender. The presence of stoma interferes in the life of the individuals in relation to the need for self-care, changes in the routine of food, acquisition of appropriate material, coexistence with the loss of control over

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intestinal activity, elimination of odors, changes in body image, self-esteem and changes in social and sexual activities.¹³ In women, the majority in the study creates a sense of incompetence for seduction, and for this reason some stomped women "choose" not to experience sexuality. Moreover, the social constructs on the female body reflect in their choices and cause them, before an ostomy, to no longer believe in the power of their body, thus assuming a passive posture in face of bodily alteration.¹⁴⁻⁵

The predominance of those over 59 years old is characterized by population aging as a relevant fact in the context of health care, where changes in global demography, increased life expectancy and lower mortality rates have led to population aging and significant increase in the elderly population. Given this, cancer, especially in the elderly, occupies a relevant space in the world epidemiological scenario, pointing to the need for a specific attention to this group and its particularities.¹⁶⁻⁷

In Brazil, most studies report a similar prevalence of cancer among browns, blacks and whites, as a result of the high racial mix of the population.¹⁸

As for the predominance of married couples in this study, the spouse inserts as an essential element in the adaptive process of the stomized individual, due to the numerous physical and psychological changes after the procedure. In the face of coexistence, relatives can provide important information, such as habits and preferences, that help in the formulation and execution of a therapeutic plan and in the interpretation of how it should be performed, not only during the adaptation phase, but at any stage of the health/disease process.¹⁹⁻²⁰

Access to information and health services, as well as to other community resources, is directly related to the socioeconomic and cultural level. The low schooling presented in this study may represent an obstacle to the understanding of the health condition of this clientele, as well as self-care actions, since most individuals fall into the category of elementary education. There is, therefore, an influence of the knowledge about the need to perform routine exams for the early detection of cancer, for example, the search for care and opportunities for access to medical/hospital resources.²¹⁻³

The income highlighted in the study emphasizes that the health condition represents an additional source of expenditures and that the ways in which the income is affected can be highlighted by the

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use in the acquisition of health goods and services, living conditions and education.²⁴

Rectal and colon neoplasms were the most prevalent, and usually these types of cancers are grouped, since the epidemiology, etiology and pathogenesis are very similar. However, the characteristics of these carcinomas are not the same. Embryology, histology, regional and topographic anatomy make these organs very different. Thus, malignant diseases have a unique biology, with distinct tumor dissemination pathways and specific anatomical relationships, making their treatments unified and, generally, distinct.^{5,25}

Cancer will continue to rise in developing countries and will grow even more in developed countries if preventive measures are not widely applied. The cancer problem in Brazil is relevant because of the epidemiological profile that this disease has been presenting, and with it, the issue has gained space in the political and technical agendas of all spheres of government.⁵ Colon and rectum cancer, for example, includes tumors of the large intestine and rectum, and is one of the main surgical causes of stoma formation and is related to a sedentary lifestyle, obesity, smoking, family history and genetic predisposition.²⁶

The adaptive process of the patient requires time, the development of specific abilities for self-care and the overcoming of obstacles caused by this new physical, psychological and physiological condition. In this sense, people with definite ostomies differentiate themselves from temporary ones by the permanent necessity of this adjustment, in which time influences the way these people face this situation.²⁷⁻⁸

CONCLUSION

The study showed the prevalence of colostomized females over 59 years of age, mostly brown and white, married, with elementary education and income up to a minimum wage.

The diagnoses of rectal and colon neoplasms and the definitive stomies were also predominant in the research. The knowledge about the situation of this disease allows for the establishment of priorities and allocate resources in a way directed to the positive modification of this scenario in the Brazilian population.

It is worth noting that, as shown in the results, one of the limitations of the study was the lack of information in the cadastral data record of some patients investigated referring to some variables of the study, such as: color,

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income, marital status, schooling and duration of ostomy, in some cases were not fulfilled and were ignored in this study.

This study may provide insights for reflection on this topic and suggests the development of future research. However, the profile of this clientele will facilitate clinical practice, actions, planning and implementation of a National Policy of Attention, as well as the construction of the epidemiological characterization of this specific group in the country, contributing to health promotion and improving time and resources.

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