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Selau, Clarissa Maciel; Limberger, Luana Beatriz; Silva, Maria Elizete Nunes; Pereira,
Adriana Dall'Asta; Oliveira, Felipe Schroeder de; Margutti, Karen Mello de Mattos

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PERCEPTION OF PATIENTS WITH INTESTINAL OSTOMY IN RELATION TO NUTRITIONAL AND LIFESTYLE CHANGES

Clarissa Maciel Selau¹ 
Luana Beatriz Limberger¹ 
Maria Elizete Nunes Silva² 
Adriana Dall'Asta Pereira¹ 
Felipe Schroeder de Oliveira¹ 
Karen Mello de Mattos Margutti³ 

¹Universidade Franciscana. Santa Maria, Rio Grande do Sul, Brasil.

²Secretaria de Município da Saúde de Santa Maria. Santa Maria, Rio Grande do Sul, Brasil.

³Universidade de Caxias do Sul. Caxias do Sul, Rio Grande do Sul, Brasil.

ABSTRACT

Objective: to describe the perceptions of people with intestinal ostomies on changes related to nutritional and lifestyle aspects.

Method: exploratory and descriptive study, with a qualitative approach, performed with 17 patients with intestinal ostomies, who participate in a group of ostomized in a municipality in the countryside of Rio Grande do Sul (Brazil). Data were collected through semi-structured interviews. The data were analyzed based on the thematic analysis from which two categories emerged: "Change in the eating habits and nutritional profile of people with ostomy" and "living with the new".

Results: many changes that occur with the ostomized people, with body weight preferences and eating habits. There are daily situations that require adaptation to be experienced, among them: domestic tasks, sexuality, sports, work and leisure activities. The subjects who use the irrigation method presented autonomy in their daily life and see the ostomy as a new possibility in the face of the disease.

Conclusion: to minimize the repercussions that occur in the lifestyle of ostomized people, there is evidence of the need for individualized nutritional and psychological follow-up and of extension in the guidelines of the professional teams that work with them, as well as the dissemination of the irrigation method to people with ostomies who are able to perform such procedure.

DESCRIPTORS: Ostomy. Quality of life. Feeding behavior. Lifestyle. Nutrition. Rehabilitation.

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PERCEPÇÃO DOS PACIENTES COM ESTOMIA INTESTINAL EM RELAÇÃO ÀS MUDANÇAS NUTRICIONAIS E ESTILO DE VIDA

RESUMO

Objetivo: descrever as percepções das pessoas com estomias intestinais sobre as mudanças relacionadas aos aspectos nutricionais e de estilo de vida.

Método: estudo exploratório e descritivo, com abordagem qualitativa, realizada com 17 pacientes com estomia intestinal, os quais participam de um grupo de estomizados em um município do interior do Rio Grande do Sul (Brasil). A coleta de dados se deu por meio de entrevistas semiestruturadas. Os dados foram analisados a partir da análise temática da qual emergiram duas categorias: “Mudança nos hábitos alimentares e no perfil nutricional dos estomizados” e “Vivendo e convivendo com o novo”.

Resultados: são muitas as mudanças que ocorrem com a pessoa estomizada, alterações relacionadas ao peso corporal, preferências e hábitos alimentares. Existem situações cotidianas que exigem adaptação para serem vivenciadas, dentre elas: os afazeres domésticos, a sexualidade, a prática de esportes, o trabalho e as atividades de lazer. Os sujeitos que utilizam o método de irrigação apresentaram autonomia no seu cotidiano e enxergam a estomia como uma nova possibilidade diante da doença.

Conclusão: para minimizar as repercussões que ocorrem no estilo de vida das pacientes estomizadas, evidenciam-se a necessidade de acompanhamento nutricional e psicológico individualizado e de ampliação nas orientações das equipes de profissionais que atuam com eles, bem como a divulgação do método de irrigação aos estomizados que estão aptos para realizar tal procedimento.

DESCRIPTORIOS: Estomia. Qualidade de vida. Comportamento alimentar. Estilo de vida. Nutrição. Reabilitação.

PERCEPCIÓN DE LOS PACIENTES CON ESTOMA INTESTINAL EN RELACIÓN A LOS CAMBIOS NUTRICIONALES Y ESTILOS DE VIDA

RESUMEN

Objetivo: describir las percepciones de las personas con estomas intestinales sobre los cambios relacionados a aspectos nutricionales y estilos de vida.

Método: investigación exploratoria y descriptiva, con abordaje cualitativo, con 17 personas con estoma intestinal, que participaron de un grupo de ostomizados en un municipio del interior de Rio Grande do Sul (Brasil). La recolección de datos se llevó cabo por medio de entrevistas semiestructuradas. Se analizaron los datos a partir del análisis temático del cual emergieron dos categorías: “Cambios en los hábitos alimenticios y en el perfil nutricional de los ostomizados” y “Viviendo y conviviendo con lo nuevo”.

Resultados: fueron muchos los cambios que ocurrieron con la persona ostomizada, peso corporal, preferencias y hábitos alimenticios. Existen situaciones cotidianas que exigen adaptación para que sean vivenciados, entre ellas: los quehaceres domésticos, la sexualidad, la práctica de deportes, el trabajo y las actividades de ocio. Los sujetos que utilizaron el método de irrigación presentaron una autonomía en su cotidianidad y ven el estoma como una nueva posibilidad ante la enfermedad.

Conclusión: para minimizar las repercusiones que ocurren en el estilo de vida de las personas ostomizados, se evidencia la necesidad de un acompañamiento nutricional y psicológico individualizado y de ampliar las orientaciones de los equipos profesionales que actúan con ellos, así como difundir el método de irrigación a los ostomizados que están aptos para realizar tal procedimiento.

DESCRIPTORIOS: Estoma. Calidad de vida. Conducta alimentaria. Estilo de vida. Nutrición. Rehabilitación.

INTRODUCTION

With the change in the epidemiological and demographic profile, there is a worldwide tendency to increase the occurrence of Chronic Noncommunicable Diseases (DCNTs). This fact presents a challenge for users, professionals and current health systems, who must develop organizational capacity capable of meeting the imminent demands.¹

With the greater number of cases of DCNTs, the investment in actions that increase the quality of life of people who need some type of intervention to continue the natural course of life increases. As an example of this, there is the surgical intervention denominated ostomy, which has origin in the Greek word *stoma*, whose meaning is mouth or opening, when it is necessary to temporarily or permanently divert the normal transit of food and/or eliminations.²

This procedure allows to promote the treatment or cure of patients with chronic diseases, such as cancer in the colon and small intestine, intestinal inflammatory diseases, congenital diseases or even abdominal trauma due to accidents, as well as other complications that also require such a procedure.³

The intestinal elimination ostomies are the most frequent and are given specific names according to the place where the surgery is performed. Those that are performed in the large intestine are called colostomies, those performed in the small intestine are called ileostomy. They can occur in all stages of life, from birth, childhood, adolescence, to adulthood, including the elderly.⁴

The surgical process for the manufacture of the ostomy is considered traumatic, since it causes severe alterations in the lifestyle of the individual, which demand a singular and specialized assistance.⁵ The implementation of this new path, along with elimination changes, is accompanied by challenges, changes in daily life, changes in eating habits, reconstruction of beliefs and values, and consequent alteration in the quality of life of these patients, especially in the physical and social dimensions.³⁻⁶

Given the complexity of this scenario, the interdisciplinary work, through a sensitive and qualified listening of professionals, is fundamental and facilitator in the process of rehabilitation of the individuals with ostomies.⁷ In order to seek integral care, aimed at helping adaptation to this new condition of life, there is a need to know important aspects that have changed in the daily life of these individuals. With this, it is hoped to provide an expanded perspective that empowers professionals to assist the people with ostomies in coping with the adversities of their daily lives and in monitoring the nutritional status of these individuals, providing them with a better quality of life, since the changes resulting from surgery are significant.

Therefore, the objective of the present research is the lifestyle of patients with intestinal ostomies, whose objective is: to describe the perceptions of people with intestinal ostomies on the changes related to nutritional and lifestyle aspects.

METHOD

It is an exploratory and descriptive, with a qualitative approach that, in order to demonstrate the changes and perceptions in the lifestyle of the individuals with ostomies, worked with the universe of meanings, beliefs and values, aspirations, attitudes and motives, of these individuals.⁸ This study was performed with 17 people who have intestinal ostomies (colostomy/ileostomy) and who attend the group of people with ostomies of the city of Santa Maria (Brazil).

Inclusion criteria were: individuals aged ≥ 18 years old, with permanent or temporary ostomies, participants of the people with ostomy group of Santa Maria. Participants without conditions of lucidity and orientation to answer the questions and patients with urinary ostomies were excluded.

Data were collected between June and September 2017. On the days of group meetings, members were invited to participate in the study, and those who accepted were referred to a private location in order to respond to the interview through a semi-structured script with the main issues: did you notice any changes such as weight gain or loss after the ostomy? Has there been any change in your eating routine after your ostomy? What does it mean for you to live with an ostomy? What is your perception of your quality of life after the ostomy? How is your daily life with an ostomy?

The interviews were recorded and, after each one was done, the attentive listening of the recording and, later, the transcription for the textual reading. The conclusion of the data collection occurred when saturation occurred, that is, from the moment in which the experiences and responses of the respondents began to repeat themselves.

The study of the data was carried out in three stages, following the analysis of the thematic content, which were: pre-analysis, material exploration and treatment of the results.⁸ In the pre-analysis, systematizing tables were elaborated in order to visualize, in a general way, the data collected. The next step was the exploration of the material that allowed the organization of the results in topics most approached by the participants. Finally, the data were processed and interpreted, which were grouped into two thematic categories and based on other studies.

Each participant signed the Informed Consent Form (ICF) in two counterparts of equal content, one with the researcher and the other with the interviewee. It is noteworthy that this study followed the ethical norms of Resolution 466/2012 of the National Health Council/Ministry of Health. In addition, privacy and anonymity were ensured to the persons involved who had their names replaced by the letter I, of interviewee, followed by the number referring to the order of the interview.

RESULTS

Of the 17 participants with ostomies, including in this study, the mean age was 66 ± 7.97 years, with predominance of women (12). In relation to ethnicity, 82.3% (n=14) were Caucasians. As to education, 52.9% (n=9) reported incomplete elementary education, 23.5% (n=4) complete elementary school, 11.8% (n=2) incomplete secondary education and 11.8% (n=2) complete higher education. With regard to income, most received 52.9% (n=9) a minimum wage, 23.5% (n=4) received two minimum wages, 11.8% (n=2) three minimum wages, and 11.8% (n=2) four or more minimum wages.

The mean ostomy time ranged from two months to 19 years; most participants 82.3% (n=14) reported that the ostomy was definite, while 17.7% (n=3) reported it as temporary. Most of the ostomies were due to intestinal cancer, 76.4% (n=13), followed by intestinal polyps 11.8% (n=2) and diverticulitis 11.8% (n=2).

The thematic analysis of the data generated two categories: "Change in the eating habits and nutritional profile of people with ostomy" and "Living with the new".

Changes in eating habits and nutritional profile of people with ostomy

In this category, the interviewees mentioned that, after surgery for the intestinal ostomy, different physical changes occurred, such as weight gain or loss. However, the body change occurred in a unique way in each subject, significantly altering the nutritional profile of the people with ostomy.

Increased, I increased a lot. I did not lose anything, I just increased! (I1).

Yes, I lost 14 kilos! (I5).

[...] I lost all my weight I could lose, I weighed like that, about 42 kilos and suddenly I now went to 30, 32... I suck at food (I8).

It dropped a little, dropped 10 kilos! (I14).

I think that I gained weight after surgery, of course I lost in surgery, but then I gained, maybe because of the food, right? (I 16).

With regard to eating habits, the changes that occurred after the ostomy and the withdrawal of important food groups for a balanced diet are remarkable. In I8 talk, the exclusion of meat from the food routine is mentioned, because the interviewee feels pain. I9, I2 and I11 have reported that they avoid consuming fruits in order not to accelerate intestinal transit. This information evidenced changes in the lifestyle of the individuals with ostomies and the need for performance of qualified professionals capable of intervening in a positive way in the quality of life of these patients.

[...] the meat, not the meat, no, no, no, I do not even want to, because I tried, after the surgery I ate but, bah, I suffered a lot, it's a lot of pain, so no! (I8).

[...] Less fiber, less fruit, like papaya, orange, I cannot eat, "it speeds up a lot" [...] (I9).

There are things I cannot eat. If I eat egg, beans, fruit, orange, there's a lot of diarrhea, a lot! (I2).

There are things I do not even eat, cabbage, beans, some fruits, orange if I eat bagasse, bergamot, some fruits [...]. (I11).

The professional responsible for taking care of nutritional issues, replacing food, giving greater security in food choices and adapting the necessary nutrients, depending on the need of each individual, is the nutritionist. However, only 29.4% (n=5) of the interviewees reported having had nutritional care during the pre- and postoperative process, and only 11.8% (n=2) reported having follow-up at the time of the interview.

In some speeches, such as those in I1 and I16, the feeling of fear and insecurity about food consumption is perceived when the subjects leave their homes.

[...] If I eat kale, beans, they create gases, these things [...] So if I'm going out I do not eat ... (I1).

I'm scared just to eat when I go out, because it is very liquid, right? It's a lot of liquid, it's a lot of stuffing, so I have to be taking care of myself! (I16).

The most avoided food group was that of fruits, following that of vegetables, that of legumes and to a lesser extent that of proteins. When questioned about the number of daily meals, on average, participants reported having four meals. The water intake varied from 1000 ml to 2000 ml.

In the speeches I5 and I7, it is noticed that the interviewees mentioned the withdrawal of foods that they had pleasure in consuming, causing them a discomfort that can harm the patient's well-being, leading to changes in their quality of life.

[...] risotto, I liked to eat, I cannot eat it anymore because of diarrhea [...] and also it swells my belly too much, there's gas too, which I had not before! (I5).

I'm avoiding the things I see that are not doing me well, for example, fruits, orange, bergamot, grape juice that I liked, I am also not drinking it! (I7).

According to the speech, significant changes in the eating habits of the participants are observed, among them, the exclusion of food groups and changes in the social life and individuality of the subject. These changes occur and interfere not only in the nutritional status of individuals, but also in their daily lives, intervening in the social and psychological spheres.

Living with the new

From the moment that the life of the patients changes with the new condition of being a person with an ostomy, new challenges arise. The patients reported different feelings regarding the quality of life, the daily life and the form of acceptance. The initial period of adaptation is the most difficult, considering all the changes coming from the surgery, however, even over the years, some interviewees affirm that they are not adapted to this new condition.

It is sad, I almost got depressed because of my suffering, it was the most horrible thing. I cried, I cried three months, a lot, a lot, a lot! It is not easy, it is a loss, a very big loss! (I5).

It's annoying! You have to have the courage to put up with it ... there's so much that we used to do and today there's no way of doing them (I10).

Very difficult, it made everything difficult, for me it turned me upside down. No activities, I do nothing, I do not feel like doing anything ... Before, I played football and everything! (I12)

However, some interviewees are also adapted to the new body condition. The ostomy does not represent a hindrance to performing leisure activities. It provides a satisfactory quality of life. Regardless of the possibility of performing reversion surgery, there is an interviewee who does not have this desire, because he reports having autonomy to perform his daily activities and stresses to be careful with the hygiene of the ostomy himself.

Life, life. If I live with it here, it's life. I do every activity. Let's live! My quality of life is very good, I practice sports, I travel (I4).

I feel good! The colostomy does not make any difference to me, if it was the case of doing it [referring to reversion surgery], I was not going to do it, I was going to leave it just as I am [...] I take my shower by myself, all by myself. I do my cleaning, my colostomy is very clean! (I6).

Due to the peculiar nature of this type of intervention, some interviewees reported changes that occur in their daily lives, situations that require adaptation to be experienced with the new body shape, among them: domestic tasks, sexuality, sports, work, and leisure activities.

I cannot clean the house anymore! (I1).

Of course, my husband and I have changed somethings [...] (I3).

Before I would walk, and visit, and get out, and sell lingerie and everything, now I am stucked at home (I4).

I do not practice all the sports I liked, I can't [...] (I7).

I take my people to the beach, but I do not go into the water because here (referring to the ostomy) may cause a problem, it may dampen ... then there are certain things that we are left out! (I14).

During the interviews, three subjects reported autonomy in activities of daily living, and mentioned that it was unusual to use the irrigation method. They related the use of the method as a determining factor for a satisfactory lifestyle. For these interviewees, the ostomy is seen as a facilitating process, that is, a new possibility in the face of the disease.

Absence of the problem, the problem has gone, but the ostomy is here, this is the solution! Sometimes, I even forget that I have an ostomy, with the irrigation business, I calm down, I forget [...] I can do everything! (I9).

Thanks to this (referring to the ostomy), to have that possibility, I have managed to get well, I have healed myself, it is already a grace of God [...] The ostomy does not disturb me at all [...] I use the irrigation method, do you know it? (I11).

DISCUSSION

The individual submitted to the surgical process to perform an ostomy undergoes several types of change, both in body physiology and in their lifestyle, as this procedure implies changes in daily habits and the need for new knowledge about health.⁹ The category "Changes in eating habits and nutritional status of people with ostomy" has shown that there are many changes in relation to the patient and their nutritional profile, from changes related to body weight to changes that affect their preferences and eating habits. There may be weight gain or a significant decrease in this measure.

The ostomy process can contribute to the rehabilitation of the patient's nutritional status, since symptoms of abdominal pain, vomiting and diarrhea are common as a result of the underlying disease, leading to physical changes such as difficulty in gaining weight. After surgery, these symptoms cease, favoring the adequacy of nutritional status.¹⁰ Another positive aspect is that, after the ostomy, to avoid problems with it, many patients become more selective in food selection, introducing healthy foods

into the diet, performing complete chewing, frequent meals and with less volume, favoring recovery or maintenance of nutritional status.¹¹

On the other hand, it is common to lose weight after surgery, due to some patients decrease food intake, or to exclude from the diet foods essential for proper maintenance of nutritional status.¹² During the immediate postoperative period, patients with ostomies, especially ileostomized patients, lose much fluid. In this sense, careful control of food intake and fluid outflow is necessary to avoid dehydration and changes in the hydroelectrolyte balance. Another important aspect is the pre-operative marking of the ostomy site to reduce the risk of future complications.¹³ If increased losses of faecal effluent and deficits in water, sodium and magnesium occur, it may cause malnutrition and weight loss in the long term in these patients.¹⁴

Some respondents withdrew important sources of food groups, such as those of proteins and fibers. This inadequacy can lead to food deficiencies, among them: anemia, hypovitaminosis and malnutrition.¹⁵ Regarding dietary habits, in an attempt to interrupt the normal functioning of the intestine and to avoid the presence of waste in the collecting bag, many individuals end up using erroneous habits, such as eating a few meals and excluding food groups from the diet, resulting in changes in nutritional status and the normal functioning of the human body.¹¹

It is necessary to accompany the nutritional aspects that involve the daily life of the people with ostomies, because, depending on the location of the ostomy, the process of nutrient absorption can be impaired. Maintaining adequate nutrition and managing the ostomy outflow are priorities in nutritional monitoring.¹⁴ Despite the importance of this follow-up, only 29.4% of the interviewees reported having nutritional care during the pre- and postoperative process. Corroborating with this data, a study carried out with people with ostomy in the south of the country revealed that none of the interviewees had received nutritional monitoring and their diets were based on guidelines issued by known individuals.¹²

Feeding is directly related to the patients' lifestyle, because the gastrointestinal symptoms produced by the consumption of some foods alter the life of the person with an ostomy, causing nutritional changes that can generate feelings of sadness and insecurity. It is evident the importance of working in multiprofessional teams that contain professionals in the field of nutrition,¹²⁻¹⁵ because it is the professional capable of performing nutrient substitutions, adjusting the food consumption in a balanced way and clarifying doubts about the beliefs about food. Nutrition is a science that brings people together, is present in family and social rituals and celebrations, changing eating habits can cause significant changes in the daily life of the person with an ostomy, influencing positively or negatively in the process of adaptation to their new condition of life.⁷

Thus, nutritional monitoring is fundamental in the process of rehabilitation of individuals with ostomies, regardless of whether the ostomy is temporary or definitive, but the condition of intestinal stomization is little studied in the area of nutrition. These people have a great tendency to develop nutritional losses and decrease in quality of life. The follow-up of the nutrition professional with this clientele is also essential to avoid the ostomy obstruction, diarrhea, constipation, flatulence, unpleasant odors and assist in the treatment of wounds.¹⁶ Dietary counseling should be offered in a clear and concise manner to all new patients with ostomies. Conflicting advice should be avoided to provide more safety and independence in food choices made by people with ostomy.¹⁷

In the category "Living with the new", it is perceived that rehabilitation is a difficult process and that each individual presents his time of acceptance and adaptation to the new condition of life.¹⁷ The physical change due to intestinal ostomy interferes in the lifestyle of these patients and can generate uncertainties, feelings of anger, sadness and anguish. In addition to sexual dysfunction, a sense of disability, which impairs the rehabilitation of these individuals in both the psychological, physical and social dimensions.¹⁸ It is necessary that the professional who works with the population of people with

ostomies knows how to respect the adaptation time of each patient and help him in an empathetic and humanized way.

In other cases, rejection becomes accepted when individuals perceive the ostomy as the best option to avoid future complications, so that, even if they can undergo reversion surgery, they prefer to stay with the ostomy because the new surgery does not provide guaranteed results.¹⁹ It was noticed that autonomy in performing leisure activities and self-care with the ostomy itself interferes positively in the lifestyle of the individuals. Professionals and the family have the role of educating for self-care, attending to individual needs, respecting the limitations and arousing the interest of taking care of oneself to obtain a better quality of life.⁵⁻²⁰

Individuals with intestinal ostomy are considered to be threatened in performing their daily activities, either because they present feelings of insecurity, limitations or physical incapacity, establishing in their lives significant daily changes. With such changes, illness goes beyond physical illness and diffuses into all dimensions of being, causing discontinuities and empty spaces, which imply reflection of values, priorities and life projects.²¹ Therefore, care should be extended to other personal areas that may be compromised and neglected at the same time. For effective rehabilitation, the subjectivity and the sociocultural aspects that integrate the experiences of the people with the ostomy should be considered.¹⁸⁻²¹

The inability of fecal control associated with the need to use fecal collection devices requires a new way of living.²⁰ Amongst the changes resulting from surgery for the manufacture of the ostomy, in addition to changes in diet, the interviewees mentioned daily changes that require adaptation to be experienced, among them: domestic tasks, sexuality, sports practice, work, and activities of leisure. Other studies performed with individuals with ostomies also revealed that the most frequent daily changes are related to the difficulty of returning to work, sexuality and leisure activities.²²⁻²³

Work plays an important role in human life, presents a social burden and not exercising it can be perceived as loss of autonomy and independence and lead the individual to feel inferior and subject to discrimination.²¹ However, getting back to work makes the patient feel active, provides socializing with other people, and contributes to well-being and mental health.²¹⁻²³ Orientation to clients in relation to work is considered one of the pillars of rehabilitation and professionals should be able to inform the labor laws that involve these patients. It is emphasized that it is after the adaptation to the new condition of life that will make him feel safe to return to social activities and work.²³

In relation to sexuality, in the face of the surgical damage of the ostomy, this experience is often affected. Studies indicate that individuals with ostomies consider it difficult to resume sexual activity both because of the shame of their new body image and because of surgical complications, however it is perceived that low self-esteem overlaps with physical limitation.²⁴⁻²⁵ Both the subject with the intestinal ostomy and his or her sexual partner need more information about their sexuality. The inclusion of this theme, in the planning of guidelines and in the routine of care of the multiprofessional team, contributes to improve the quality of life of these individuals.²⁶

Ostomy causes a striking modification of body integrity, since physical deformities are an important source of stigma in society, so that some participants in this research avoided verbalizing the word ostomy.²⁰ The alteration of the self-image, among other changes that are so paradigmatic, require the health professional to orient the patient from the preoperative process, in a gradual way, and according to the individual and family questions, without neglecting orientations that rehabilitation success. The psychological support to the person with an ostomy is indispensable, since it works the adaptation and acceptance of the new condition of life. Based on techniques for re-signification of the situation, this professional seeks, together with the patient, the meaning of their existence.²⁷

As part of the changes in the lifestyle of people with an ostomy, there are leisure activities, such as traveling or playing some sport. These are activities that these individuals end up "left out".

This is often due to insecurity, due to the quality of the devices, or because of fear of gastrointestinal problems.²² Learning to live with an ostomy is a challenge and requires continual adaptation to change. Currently there are technologies of collection bags that contribute to the improvement of quality of life. The irrigation method²⁸ is one of these new technologies that helps people with ostomy in everyday activities. This method is used to regulate the intestinal activity of the individual who has a colostomy, is performed by introducing a volume of liquid in the large intestine to eliminate the fecal content on a planned schedule and day, making people colostomized exempt from the daily use of the bag collection.²⁹

A cross-sectional study was carried out to evaluate and compare the quality of life of people with colostomy, who use and do not use the intestinal irrigation method, showed that colostomized individuals who perform irrigation have a significantly better quality of life than those who do not. However, it is not all individuals with ostomies who are able to perform such procedure, since, in addition to motivation and interest, the colostomy should be terminal, from a mouth, located in the descending or sigmoid colon, the patient must have no complication in the ostomy and not be a carrier of irritable bowel syndrome.³⁰

Irrigation is a mechanical method that can be performed by the person himself through teaching and prior guidance. The technique helps in the process of rehabilitation, facilitates the return to leisure and work activities, has reduced distress and fears, as well as provides autonomy for the accomplishment of daily activities.³⁰⁻³¹ Corroborating this study, other research shows that the individual who uses this method has the feeling of feeling “normal”, affecting positively their lifestyle.²⁹⁻³⁰ However, another study reports that greater knowledge is needed on the part of the health team about irrigation, in order to favor the indication of colostomy irrigation that has such a positive impact on the quality of life of these patients.³¹

Regarding the limitations of the study, it should be noted that the participants were interviewed only once, which prevented further discussions and generalizations about the topic addressed. Lack of protocol to assess nutritional aspects of people with ostomies has also been shown to be an important limitation.

CONCLUSION

The development of this study demonstrated that the daily life of the individuals with ostomies undergo changes related to the new body image that interferes comprehensively in the lifestyle of these individuals. It was observed the need to adapt to daily activities, such as: household chores, sports, leisure activities and reinsertion in work and sexual life, as well as changes in eating habits, such as: decrease or exclusion of important food groups and significant changes in nutritional status.

In this context, in the search for the effectiveness of people with ostomy health care, professionals should develop practices that seek the singularity of the subject in their social context and that value the complexity of the human being in all its dimensions. In order to improve self-esteem and work towards the acceptance of the new life condition, it is necessary to provide psychological support from the preoperative period of the patient with an ostomy and, thus, avoid complications and promote progress in the rehabilitation process.

There is evidence of the need for individualized nutritional monitoring of all patients with intestinal ostomies to help regulate intestinal transit, prevent malnutrition and vitamin deficiencies, and provide an improvement in the nutritional quality and nutritional profile of these individuals.

In addition, it is essential to broaden the guidelines of the teams of professionals who work with individuals with ostomies to minimize the repercussions that occur in the lifestyle of these patients and to disclose the irrigation method to all of them who are able to perform such procedure, because it was concluded that the use of this method assists in the autonomy to perform the daily activities

and to improve the quality of life of these individuals. In this context, through the results obtained in this study, the participation of the health team in training and improvement, will corroborate with better guidelines for the individuals with ostomies and their families, which will enable the effective rehabilitation of their needs.

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NOTES

ORIGIN OF THE ARTICLE

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CONTRIBUTION OF AUTHORSHIP

Study design: Selau CM and Margutti KMM.

Data collection: Selau CM and Limberger LB.

Data analysis and interpretation: Selau CM and Margutti KMM.

Discussion of the results: Selau CM and Margutti KMM.

Writing and/or critical review of content: Silva MEN, Pereira AD, Oliveira FS and Margutti KMM.

Review and final approval of the final version: Selau CM, Pereira AD and Margutti KMM.

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CONFLICT OF INTERESTS

There is no conflict of interest.

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CORRESPONDENCE AUTHOR

Clarissa Maciel Selau

clarissa.selau@hotmail.com