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Educational support for patients with intestinal provisional stoma: a descriptive study

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ABSTRACT

Method: A descriptive exploratory study that will be developed in the abdomino-pelvic ambulatory surgery of Cancer Hospital I, located in the municipality of Rio de Janeiro. The study subjects will be surgery patients who have received treatment for colorectal neoplasia with the construction of temporary intestinal stoma. Aims: 1- Develop an educational protocol of nursing care for patients undergoing surgery for the treatment of colorectal neoplasia with the construction of temporary intestinal stoma; 2- Apply the protocol; 3- Discuss the educational protocol of nursing care with patients undergoing colorectal surgery with the construction of temporary intestinal stoma, focusing on selfcare. The results will be collated, categorized and analyzed according to Orem's Self-Care Theory and the work of other authors. The project was approved by the Ethics Committee in Research of the National Cancer Institute on 07.19.2011 under No. CAAE-0008.0.007.007-11.

Keywords: Self Care, Ostomy, Surgical Stomas.

¹National Cancer Institute

PROBLEM SITUATION AND ITS SIGNIFICANCE

While employed as an enterostomal nurse in a public hospital, with particular reference

to the care of cancer patients, I observed difficulties with regard to self care action on the

part of patients with provisional intestinal stoma. These were not only with regard to the

handling of the stoma and collector equipment, but also, the bodily and physiological

sensations and perceptions resulting from surgery, such as the desire to evacuate

through the anus, the presence and elimination of mucus via the anus, and pain in the

anal area.

Given the above, it was noted that patients were not prepared for these bodily sensations

and perceptions, exacerbating their discomfort and anxiety, and leading to them seeking

medical consultations, mostly unnecessary, because such consultations were limited to

explaining the normality of the sensations following surgery.

The patients are not prepared and oriented to self care with regard to the stoma, and to

the possible physiological bodily sensations and perceptions perceived by a carrier of an

intestinal stoma⁽¹⁾.

This fact prompted the interest in this subject, mainly due to the complexity and the

specifics involving patients with provisional intestinal stoma due to colorectal neoplasia,

because of the lack of knowledge with regard to various issues about self care affecting

these patients.

In this sense, it is necessary to seek new knowledge to support and endorse a

professional performance that meets the needs of the patient, since the work of health

education is aimed at changing the habits of the subject in such a way as to contribute to

their rehabilitation^(2,3). It is relevant to introduce concepts and discussions about nursing

care to these patients, providing scientific theoretical support for such nursing care, and

information with regard to self care in order to outline the actions and the evaluation of

nursing care.

AIMS

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1- To develop an educational protocol-specific interventions for nursing care with regard

to patients undergoing surgery for colorectal cancer and in need of construction of the

temporary intestinal stoma; 2- To apply the protocol; 3- To discuss the educational

protocol in terms of nursing care of patients undergoing colorectal surgery with the

construction of temporary intestinal stoma, focusing on self-care.

METHOD

The study will involve a qualitative and exploratory approach which will be developed in

the ambulatory abdomino-pelvic surgery in Cancer Hospital I in the city of Rio de Janeiro,

in the period from September to December 2011. It will have as its study subjects, pre-

and post-operative surgery patients for colorectal neoplasia. It will consist of two groups

with approximately 15 patients each, who will undergo surgery for colorectal neoplasia

involving temporary intestinal stoma. Both groups will receive the same guidance pre-

operatively, but at different times.

Group 1 will be offered pre-operative nursing consultation only once at the time of

hospitalization for surgery. For Group 2, the pre-operative nursing consultation will occur

in two stages: in the days of scheduling the surgery and on the day of admission/entry of

the patient. It is worth noting that prior to the scheduled surgery, there is a waiting

period of about 15-30 days. Both groups will be monitored in the post-operative

outpatient department, returning in 15, 30 and 45 days from the date of discharge. The

nursing visits will occur in the post-operative outpatient clinic of the abdomino-pelvic

ambulatory surgery of the Cancer Hospital I - INCA.

The data collection will be through forms with closed and open questions, and

participant observation at the nursing consultation will be performed pre-operatively and

post-operatively. The interviews will be recorded on an MP4 (digital recorder) and

transcribed.

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The data related to the interviews will are presented in tables and will include the

frequency of responses to closed questions and associated analysis. The open questions,

in turn, will involve content analysis as recommended by Bardin. The data obtained from

the observations will be analyzed and organized in a spreadsheet that will contain the

main doubts, questions and bodily expressions of the patients. Finally, these will be

categorized in terms of similarities and presented in tables. All data will be analyzed

based on Orem's Self Care Theory and the work of authors which is relevant to the topic.

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