

*CARE FOR PEOPLE WITH OSTOMY**CUIDADO DE PERSONAS CON ESTOMIA**CUIDADOS ÀS PESSOAS COM ESTOMIA*

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The person with a ostomy goes through important changes in relation to the representation of their body, mental state, in their practices, experiences, family and sexual relationships and daily relationships. These aspects have an impact on their overall quality of life, with repercussions on their autonomy. For this reason, a comprehensive approach to care aims to understand and verify the person's various needs in order to address as many potential issues as possible⁽¹⁾.

In this way, the presence of a ostomy leads to the need to recreate other ways of living as a result of the various adaptive changes. There are countless feelings associated with the use of the collection bag, which often imply self-deprecating experiences, as well as reduced self-efficacy, a sense of chronic incapacitation, uselessness, and other emotional issues⁽²⁾. In order to meet these different coping needs, care management must focus on safety, comfort, hygiene, practicality and quality of life issues.

Due to changes in their normal physiology, people with ostomies can see themselves as different from other people in their social cycles, and end up segregating themselves, dissolving relationships with friends and family⁽³⁾. Faced with such a complex health situation, it is essential that nurses, in addition to technical qualifications, highlight rehabilitation, acceptance and recovery factors, considering that needs can change constantly, including those related to ostomy care.

Understanding the routine, habits, physiological characteristics of the ostomy and the person's expectations can help mediate care and assist in decision-making. Thus, in order to foster confidence in patient management and self-care, it is necessary to follow scientific recommendations and consensus.

The World Council of Enterostomal Therapists® (WCET®) recommends its international guidelines that provide support for the care of people with ostomys. Four categories point to the development of more relevant interventions, understanding the multidimensionality of care. These are: Education and scope of practice, holistic approach, preoperative care needs and postoperative care needs⁽¹⁾.

In the Education category, it is recommended to offer the person knowledge and strategies to promote a positive experience of care. Educational interventions enable greater self-confidence in the face of adaptive realities and promote the development of stoma care skills. It is also important to have a



specialist nurse to provide care to the person and their family, in order to present the most appropriate resources for each situation.

As for the holistic aspects of care, cultural factors, religious beliefs, age, family factors, as well as subjective aspects that may be related to quality of life should be considered. Understanding care as a co-participatory action, it is necessary to discuss economic factors, factors related to image, sexuality and others that are pointed out during the development of the therapeutic process.

With regard to preoperative care, the demarcation of the oetomy site by a stomatherapist is one of the main interventions to prevent future complications and enables greater success for surgical recovery. The procedure takes into account body characteristics, lifestyle, habits and anatomical landmarks, such as the location of the rectus abdominis muscle, scars, waist line and skin folds.

Finally, in the category of post-operative care, the aim is to prevent and manage the risks of peristomal complications. The use of scientifically validated ostomy assessment tools can help standardize care and identify complication factors. The use of durable collection devices that adhere well to the skin, as well as the use of products that protect the skin from effluents, are fundamental for strengthening confidence and adherence to stoma care. Concern and bad experiences of previous leaks make the appropriate choice of collecting equipment and adjuvants a fundamental solution

For this reason, once again, the intervention of a specialist nurse is recommended in the implementation of a care plan that reconciles the specificities and expectations of the person and their family. The stomatherapist's interventions should preferably take place in the first 14 days after the surgical procedure. The main factors they consider in their care are: body profile; the health of the peristomal skin; the effectiveness of the products used previously and those that may be more assertive.

In this sense, the Global Consensus on Clinical Practice for Stoma Care document identifies six points for the physical assessment of the stoma area: the shape of the peristomal area, the shape of the stoma opening, the presence of sagging around the stoma, the presence of skin folds, the location of the stoma in relation to the umbilical scar and the protrusion of the stoma in relation to the body surface⁽⁴⁾.

Once these characteristics have been identified, the aim is to choose quality equipment that contributes to the rehabilitation of the ostomy and guarantees the person's well-being. The choice of the best pouching system and auxiliary equipment must be intrinsically linked to the objectives of the care plan, as well as to the person's conditions, including their level of knowledge about their health condition.

It is believed that living with a ostomy is a challenge for most people, so the definition of best care practices should provide empowerment, the development of self-care, support and acceptance of ostomy adaptations. Thus, regular and targeted monitoring of people with a stoma should be guaranteed as a way of maintaining the effectiveness of the interventions implemented and the longitudinality of care when necessary.

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