



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 self-care. 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.

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

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, preand 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 preoperatively, 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.

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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