








SELF-CARE OF PEOPLE WITH INTESTINAL STOMA: IMPLICATIONS FOR NURSING CARE

AUTOCUIDADO DE PESSOAS COM ESTOMIAS INTESTINAIS: IMPLICAÇÕES PARA O CUIDADO DE ENFERMAGEM

AUTO CUIDADO DE PERSONAS CON ESTOMÍA INTESTINAL: IMPLICACIONES PARA EL CUIDADO DE ENFERMERÍA

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Funding: No funding.

Submitted on: 12/16/2021

Approved on: 12/09/2021

Responsible Editors:

-  Allana dos Reis Corrêa
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ABSTRACT

Objective: to understand the difficulties faced by people with intestinal stoma based on self-care experiences. **Method:** this is a descriptive, qualitative study carried out with 30 people with intestinal stoma, in a specialized rehabilitation center in Rio Grande do Norte, from April to June 2017. The semi-structured interview was recorded, transcribed and the data collected were analyzed following the assumptions of Bardin's content analysis. **Results:** from the self-care experiences mentioned by the participants, the difficulties grouped in the categories emerged: hygiene and handling of collecting appliance; peristomal skin care needs; collecting appliance and leakage episodes; social interaction after the ostomy; difficulties and potentialities of Nursing care. People with stoma had difficulties related to cleaning the stoma, cutting the collecting appliance, the appearance of peristomal complications, effluent leakage, withdrawal from social activities and insufficient information about self-care. **Final Considerations:** given the difficulties encountered, it is necessary to reflect on changes in care practices to develop self-care for the population with ostomies, which can benefit from the use of educational technologies instituted since the preoperative period. This study contributes to the understanding of the self-care experiences lived by this population, to be addressed by Nursing in the promotion of health education. In addition, it is expected that the study will support research with new strategies to strengthen assistance to this public and the advancement of Nursing science.

Keywords: Self-care; Ostomy; Nursing Care; Health Education; Enterostomal Therapy.

RESUMO

Objetivo: compreender as dificuldades enfrentadas pelas pessoas com estomias intestinais a partir das vivências de autocuidado. **Método:** trata-se de estudo descritivo, qualitativo, realizado com 30 pessoas com estomias intestinais, em um centro especializado em reabilitação no Rio Grande do Norte, de abril a junho de 2017. A entrevista semiestruturada foi gravada, transcrita e os dados coletados foram analisados seguindo-se os pressupostos da análise de conteúdo de Bardin. **Resultados:** a partir das vivências de autocuidado mencionadas pelos participantes, emergiram as dificuldades agrupadas nas categorias: higiene e manuseio do equipamento coletor; necessidades de cuidado com a pele peristomal; equipamento coletor e os episódios de vazamento; convívio social após a estomia; dificuldades e potencialidades da assistência de Enfermagem. As pessoas com estomias apresentaram dificuldades relacionadas a limpeza do estoma, recorte do equipamento coletor; aparecimento de complicações periestomiais, vazamentos de efluentes, afastamento de atividades sociais e informações insuficientes sobre o autocuidado. **Considerações Finais:** diante das dificuldades encontradas, torna-se necessário refletir sobre as mudanças nas práticas assistenciais para desenvolver o autocuidado da população com estomias, as quais podem se beneficiar do uso de tecnologias educativas instituídas desde o período pré-operatório. Este estudo contribui para a compreensão das experiências de autocuidado vivenciadas por essa população, a serem abordadas pela Enfermagem na promoção da educação em saúde. Além disso, espera-se que o estudo subsidie pesquisas com novas estratégias para fortalecer a assistência a esse público e o avanço da ciência de Enfermagem.

Palavras-chave: Autocuidado; Estomia; Cuidado de Enfermagem; Educação em Saúde; Estomaterapia.

RESUMEN

Objetivo: comprender las dificultades que enfrentan las personas con ostomía intestinal a partir de las experiencias de autocuidado. **Método:** se trata de un estudio descriptivo, cualitativo, realizado con 30 personas con ostomía intestinal, en un centro de rehabilitación especializado en Rio Grande do Norte, de abril a junio de 2017. La entrevista semiestructurada fue grabada, transcrita y los datos recolectados fueron analizados siguiendo los supuestos del análisis de contenido de Bardin. **Resultados:** de las experiencias de autocuidado mencionadas por los participantes surgieron dificultades, agrupadas en las siguientes categorías: higiene y manejo de los equipos recolectores; necesidades de cuidado de la piel peristomal; equipos de recolección y episodios de fugas; interacción social después de la ostomía; dificultades y potencialidades del cuidado de enfermería. Las personas con ostomías tuvieron dificultades relacionadas con la limpieza de la estoma, corte del equipo de recolección, aparición de complicaciones periestomiales, fuga de efluentes, retiro de actividades sociales e información insuficiente sobre el autocuidado. **Consideraciones finales:** dadas las dificultades encontradas, es necesario reflexionar sobre cambios en las prácticas de cuidado para desarrollar el autocuidado de la población con ostomías, que puede beneficiarse del uso de tecnologías educativas introducidas en el período preoperatorio. Este estudio contribuye a la comprensión de las experiencias de autocuidado vividas por esta población, para ser abordadas por enfermería en la promoción de la educación para la salud. Además, se espera que el estudio subsidie la investigación con nuevas estrategias para fortalecer la asistencia a esta audiencia y el avance de la ciencia de Enfermería.

Palabras clave: Autocuidado; Estomía; Atención de Enfermería; Educación en Salud; Estomaterapia.

How to cite this article:

Silva IP, Sena JF, Lucena SKP, Xavier SSM, Mesquita SKC, Silva VGF, Costa IKF. Self-care of people with intestinal stoma: implications for Nursing care. REME - Rev Min Enferm. 2022[cited _____];26:e-1425. Available from: _____ DOI: 10.35699/2316-9389.2022.38661

INTRODUCTION

Intestinal ostomies are characterized by a surgical procedure with the purpose of communicating the intestine with the external surface, through an opening in the abdominal wall for the diversion and elimination of fecal waste in a collecting appliance. They are called ileostomy, when performed in the ileal segment, and colostomy, in the colon region, being produced by different causes, such as colorectal cancer, inflammatory bowel diseases and trauma.¹

Estimates show that between 750,000 and 1,000,000 people live with an elimination stoma in the United States of America.¹ In Brazil, data on this population are scarce, but it is estimated, based on the projections of the International Ostomy Association (IOA) of one person with a stoma for every 1,000 inhabitants,² that there are more than 207,000 people with elimination stoma in the country.³

The high estimate of people with stomas underlines the importance of paying attention to this population, which needs to strengthen comprehensive healthcare, since the stoma can generate physical, psychological, and social impacts on people's lives.⁴ These impacts are related to the difficulties encountered in the rehabilitation process, mainly due to changes in body image, feelings of grief, loss, and fear of public embarrassment due to fecal leaks, noise, and gases.⁵ Such situations lead to social withdrawal, changes in lifestyle and difficulties in self-care.⁵

Self-care, according to Dorothea Orem, can be understood as a set of actions performed by individuals for their own benefit for the restoration or maintenance of health. Therefore, at this time of adaptations to the stoma, people need new knowledge and skills for self-care.⁶

In this context, Nursing plays a fundamental role in helping people with intestinal stoma, especially in health education aimed at self-care, an essential aspect for achieving autonomy and rehabilitation. However, teaching self-care for this population is a challenge for Nursing, considering, for example, that there are people, especially the elderly, with motor difficulties to perform care and, also, people who are afraid or repulsed to touch in the stoma, as well as in the body itself after the ostomy.⁷

Therefore, the teaching of self-care must be worked from the period before the surgery, in order to know the difficulties and potential of the person, understand the support network available to help them face the new condition and use appropriate interventions for the effective learning of self-care by the person with stoma.⁸

Understanding the difficulties experienced by people with stoma is the basis for planning Nursing care,

with the inclusion of educational strategies that consider the main needs and potential of this population to enable them, together with the family support network, to develop knowledge and self-care skills.

In view of the above, the role of Nursing professionals in the health education of people with stoma is of great importance and, therefore, it is essential to understand the difficulties that permeate the self-care experiences of this population to provide holistic and excellent care. For this, this study sought to understand the difficulties faced by people with intestinal stoma, based on self-care experiences.

METHOD

This is a descriptive study with a qualitative approach, based on the methodological framework of thematic content analysis proposed by Lawrence Bardin,⁹ carried out from April to June 2017. The study followed the recommendations of the Consolidated Criteria for Reporting Qualitative Research checklist (COREQ).¹⁰

The Specialized Center in Rehabilitation and Enabling of *Rio Grande do Norte (CERHRN)* was used as a research scenario, which is a reference in monitoring people with stoma in the state. The interviewer researcher's initial approach to the participants took place through a presentation mediated by the director of *CERHRN*. There were 853 people with stomas registered at the service and based on the eligibility criteria, 30 people with intestinal stomas participated in the research, who were selected for convenience. As for the number of participants, the criterion of saturation was considered, using the parameter of semantic repetition, as well as the logic of the object of study¹¹ found in the content of the speeches, which was observed from the 25th interview.

As for the eligibility of the participants, the inclusion criteria included people with an intestinal stoma, aged 18 years or older, who attended the *CERHRN* service during the proposed period for data collecting and who had time to participate in the interview. Exclusion criteria referred to patients who presented diagnoses of cognitive or communication deficit in the medical records. There were no exclusions, according to the established criteria.

Data collection took place through a semi-structured interview with an average duration of 10 to 20 minutes, individualized, guided by a semi-structured instrument in which we sought to characterize the participants through sociodemographic data, such as gender, ethnicity, age, marital status, education, occupation, family income and

religion. And clinical data, such as type of ostomy, cause, ostomy time and permanence criteria. To obtain information about self-care, the participant was asked to answer the following question: 'tell me what difficulties you experience regarding your ostomy care'. The interviews were recorded in digital audio, as authorized by the participants.

The recorded interviews were fully transcribed and later analyzed according to Bardin's thematic content analysis proposal, following the steps of pre-analysis, material exploration, data processing and interpretation. In the pre-analysis, the content of the interviews was organized, through skimming, selection of documents, formulation of hypotheses and determination of indicators. The exploration of the material was the most important step, which required a longer analysis time than the others, since in this phase the categories and recording units were defined, based on the text segments that mentioned the difficulties experienced in relation to stomas, selected as units-base.⁹

Finally, the treatment and interpretation of data, a step that brings the grouping and condensation of information, according to the similarities and common characteristics about the difficulties with care with ostomies mentioned by the participants.⁹ Thus, the thematic categories 'hygiene and handling collecting appliance', 'peristomal skin care needs', 'collecting appliance and leakage episodes', 'social interaction after ostomy'; and 'difficulties and potential of Nursing care'.

To identify the participants, the letter 'E' was adopted followed by an Arabic number from 1 to 30, in the order in which the interviews took place (E1, E2, E3).

Regarding ethical aspects, the participants received clarification about the research objectives and, after accepting the invitation, they were asked to sign the Free and Informed Consent Term (ICF) and the Voice Recording Authorization Term. The interviews took place individually, on the days of care for people with stoma, in a reserved space provided by the institution, in order to preserve the privacy of the participants.

The present study was evaluated by the Research Ethics Committee of the Universidade Federal do Rio Grande do Norte, receiving a favorable opinion report for its development by the Presentation Certificate for Ethical Assessment No. 659425179.0000.5537.

RESULTS

The sample consisted of 30 people, most of whom were men (66.7%), brown (50.0%), catholic (50.0%), aged 60 or over (33.3%), retired or beneficiaries (60.0%), with

a monthly income of up to two minimum wages (70.0%), with incomplete primary education (30.0%) and the same amount of married and single (43.3%). Regarding the clinical characteristics, there was a predominance of people under two years of age with a stoma (80.0%), with temporary stoma (70.0%), of the colostomy type (80.0%), using a drainable single piece (73.3%) and having colorectal cancer as the main cause for making the ostomy (46.6%).

From the transcription and analysis of the speeches, five categories emerged related to the difficulties in self-care of people with stoma: hygiene and handling of collecting appliance; peristomal skin care needs; collecting appliance and leakage episodes; social interaction after the ostomy; difficulties and potentialities of Nursing care.

Hygiene and handling of collecting appliance

People with stomas faced difficulties related to cleaning the stoma and handling the collecting appliance, especially in the initial period after surgery, in which stoma care represents something new and unknown and the skills for hygiene, emptying and changing the appliance are still incipient, with the need to be improved. The subjects' speeches showed the support of family members and caregivers, who were essential to assist in the initial care with the ostomy and collecting appliance.

At first it was more difficult, but I'm still getting used to changing and cleaning. These were the main difficulties in the beginning. E8.

At first, I didn't know how to do it right. I had to ask my wife for help, including putting the pouch on. E13.

I need a caregiver to perform the care. I don't know how to use the pouch or clean it and put it on. E21.

Cutting and placing the collecting appliance were the main difficulties experienced in handling these appliances, as they require more manual skills, being sometimes delegated to family members, close people, or Nursing professionals. These difficulties, although common in the initial period of rehabilitation after making the ostomy, for some lasted longer and until the moment of the interview they received help from other people to cut and place the collecting appliance.

In the beginning, 9 years ago, I had a little difficulty learning to change and cut the pouch. E2.

I had a hard time cutting the pouch. To this day, the one who cuts is my mother. So, I only cut when she's not there. E15.

I had difficulties to change [the pouch] and I always called my cousin, who is a Nursing technician. E26.

To cut it and to clean it [the pouch]. That's how it is, right, even today, sometimes I have difficulty. You have to take it easy, right, and cut it well and clean it. Then, I ask the nurse, my aunt, for help. E28.

The lack of appropriate public toilets for cleaning the stoma was another difficulty faced by people with stoma participating in the study, since hygiene materials, showers, sinks, and adequate toilets are needed for cleaning. For some, these difficulties limited social interaction, which made these people prefer isolation, avoiding social activities, due to the fear of having to carry out cleaning in public bathrooms, without the necessary conditions.

At home, as I don't go out, as I became antisocial, because of that, I do more care at home, I avoid going to friends' houses, for lunch, dinner, other plans. E7.

To do the cleaning, you know, you have to go to the bathroom with a shower, these things... The difficulties are great, because we don't wait, it's not, we don't have that control to do the needs, you know? Yeah... I avoid going out to places like that, where there are a lot of people, because it's something that doesn't belong to us... At home I can do it, because, as I have the kit, I do the cleaning very well, in the shower, got it? E10.

Ah, it's terrible, because not all bathrooms have a sink inside, so sometimes I even refuse to go out like this, to the mall, these kinds of places, because there's no place. E23.

Making an ostomy requires new knowledge and skills that were previously unknown, which can generate many doubts in the initial period of the adaptive process. Thus, some people end up looking for alternative strategies, such as the use of audiovisual content available on the Internet, to obtain information that helps them with the stoma care.

I had a lot of doubts and went to look for it on YouTube, when I got an ostomy. First, I was looking to learn how to clean the pouch. I saw many videos on YouTube, but in practice, I had been learned. E17.

Peristomal skin care needs

Difficulties regarding self-care were common when people with stoma had complications with the peristomal skin. Inadequate management of the ostomy and collecting appliance can cause contact of fecal residues with the skin, in addition to mechanical trauma related to the adhesion of the collector, which results in dermatitis of the peristomal skin. Some people had such complications and demonstrated insufficient knowledge about dermatitis and the necessary care for the peristomal skin.

I only had difficulty when the skin next to the stoma turned red. I didn't know why she was like this. I was always careful, and I was scared by it. E5.

In the beginning, when I cut the diameter very small, then it would cause irritation, yes, on the skin, but if you pay close attention, cut the larger diameter, so that it is distant, you know, from the intestine, it prevents this mycosis. E9.

Collector appliance and leakage episodes

Leakage episodes are common problems reported by people with intestinal stoma and result in situations of embarrassment when exposed to eliminations, which can generate psychological and social repercussions. Some face difficulties when carrying out social activities, for fear of leaks and, commonly, they avoid leaving the house, for fear of having problems with the collecting appliance and having the fecal residues exposed. Excess gases and detachment of the collector plate were the main problems observed that led to leakage of feces.

But one day I had a situation on the bus, where the pouch burst and I got dirty, as I didn't have another spare pouch. Very difficult to go to the places because of that. E4.

It's leaking now, because the single piece is leaking a lot, then I had some leaks, a lot, from yesterday on... E6.

It happens, right... Because there are times when this part, which is made of silicone, that it sticks to my abdomen, with sweat, it comes off easily, that's why I use the belt a lot, so it lasts longer. E9.

It takes off itself, leaks, when I take a look at, it's all smeared with defecation, then I run home to clean it up. E24.

It has burst four times; it fills up a lot of gas. E25.

I went for an exam, then the pouch burst. I had changed it in the afternoon, I thought it won't burst. But I hadn't relieved myself for two days... E27.

I've had a leak, it's pretty weird, right? Then, I was sleeping and, when I woke up, it was already leaking, so I had to change it, right? Put a new one. E28.

Social life after the ostomy

Some people with stoma find it difficult to return to their social activities of leisure, sports, and work in order to avoid stoma disorders in public places and embarrassment in front of other people, due to the exposure of the stoma, collecting appliance and fecal waste. In addition, the lack of control over the output of feces is an aspect that makes social return difficult, thus, this population tends to isolate themselves from socializing with other people and hide their new condition with the ostomy.

The main difficulty I have is related more to be social, like... Today I'm very antisocial, like I don't leave the house, I stopped going to some programs with my son, I stopped going to church, I stopped going for environments with people... This is very difficult, very difficult, especially for those who are used to being with people. E7.

Since this happened, I don't go to the beach, because you feel ashamed, to take your shirt off, but indoors everything is normal. E9.

I avoid going out to places like that, where there are a lot of people, because it's something that is not ours, it's not our desire, that you can't have much control over it. E11.

The difficulty is just getting out. I'm afraid to go out. To pass this shame on in front of others. E28.

Difficulties and potentialities of Nursing care

It is observed, from the speeches, that health guidelines for self-care are still insufficient and sometimes absent. Many people, right after the surgery, did not receive teachings about the stoma care and the use of collecting appliance, which were the main difficulties reported. The speeches showed that there was still resistance from some professionals not only to carry out the handling of the stoma, but also for the actions of health education in the postoperative period.

At first, I couldn't clean it properly, the nurses who did it, very angry, but they did it... E7.

I was discharged yesterday, and I did not receive any guidance. I don't know anything yet. I have no idea how to clean or how to change this pouch. They sent me here so I could receive the pouches and also learn. E14.

At the hospital I asked the nurse to clean it up, one day she said it wasn't necessary yet. I was very sad, but at dawn I got up and went to clean alone. It was as if that had given me the strength to face it alone. E18.

On the other hand, in the specialized center, some participants mentioned having received guidance and support from health professionals regarding stoma care. In these places, Nursing professionals receive training and qualifications to care for people with stomas, and some have expertise in the area of stoma therapy, which can favor assistance to this population.

Well, I came here to this establishment, and they taught me how to use the pouch... E7.

When we come here in the sector, there was a nurse that we always went to and she gave us hints. E23.

DISCUSSION

Making an ostomy causes profound changes in a person's lifestyle due to new habits and changes in self-care.¹² These new needs demand the development of self-care skills, and the active participation of the person with a stoma is essential, with the help of Nursing actions, so that this process can develop.¹³

In this study, it was observed that many people, in the initial period after making the ostomy, had difficulties in relation to stoma hygiene and handling the collecting appliance for changing and emptying, which can be explained by the need to learn about the new skills, which takes a variable time for each person.¹² These results corroborate studies that show as one of the main problems the difficulties in stoma care related to the exchange of the collector system and time spent to perform the care.¹⁴

The production of an ostomy implies experiencing new habits and experiencing changes that go beyond the physiological aspects related to intestinal elimination and also involve body appearance, stoma care and use of collecting appliance. Thus, it is necessary to understand the

coping mechanisms of the person with a stoma and work on the new self-care needs, according to the individual potential to achieve the autonomy of these individuals.¹⁵

For this, it is essential that nurses promote educational actions throughout the perioperative period, initiating conduct from the preoperative period, in which it is important to carry out an assessment of the patient's and family's previous skills. Furthermore, psychological, and social aspects and characteristics of the stoma are also considered for adequate planning, as well as the continuity of care after surgery.⁸

This population can benefit from educational strategies, such as monitoring via telehealth, especially from the initial weeks after surgery, for the follow-up of care with the stoma, collecting appliance and support regarding the main difficulties faced. A study that carried out this type of intervention in a group observed that the participants had several self-care problems, mainly related to the collecting appliance, and the nurses were able to discuss guidelines regarding the appropriate cut of the bag up to 3 mm, how to clean and strategies to avoid problems with the collecting pouch, which can favor the acquisition of self-care.¹⁶

Another important difficulty identified in the speeches concerns hygiene care in public places, which are mostly structurally inappropriate for cleaning the stoma. This problem represents a challenge for the rehabilitation of people with a stoma, since it impairs their socialization, sometimes remaining inmates at home, due to the absence of adequate public bathrooms, which favors social isolation and affects self-care.¹⁷

The Brazilian Regulatory Norm brings suggestions for the physical structure of bathrooms adapted for this population, with showers and toilets in specific positions,¹⁸ which has already been implemented by a hospital in Goiânia, which has structured a bathroom fully adapted to this clientele and has obtained positive results. with regard to safety, comfort, and personal appreciation.¹⁷

It is noteworthy that there are alternative strategies that help with stoma care in public environments, which are developed during the lived experiences, such as taking extra hygiene materials with them, cleaning at a specific time and controlling food, when considering that this influences the eliminations.¹⁹

As complications, people with stoma had peristomal skin dermatitis, which may be associated with the contact of effluents with the skin, as well as granulomas. In some cases, these complications were mainly related to the improper handling of the collecting appliance, with a cut in the wrong size of the collecting appliance plate.

Peristomal dermatitis is one of the main complications that affect people with stoma and makes it difficult to care for the stoma.²⁰ In this study, it was found that the dermatitis was of the irritant type, related to the contact of feces with the skin of the abdomen, also related to self-care actions. In a study carried out with people with permanent stoma, it was identified, on the other hand, that the majority (about one third) had allergic contact dermatitis, but those who had irritant contact dermatitis had worse quality of life scores ($p=0.02$), which demonstrates the impact of this type of complication in the lives of people with stoma.²⁰

In addition, some individuals face a lack of access or insufficient knowledge to identify complications.²⁰ Thus, guidelines on the main complications by nurses, combined with care, such as clipping, correct placement and use of collecting appliance, can help prevent these complications.²¹

Self-care developed early by Nursing also helps to encourage people with stoma to perform peristomal skin care, in search of autonomy. The involvement of people with stoma in their care process and the provision of materials that reinforce and facilitate access to information, such as visual educational technologies in the form of booklets, are alternatives that can assist in the learning process of this population about care with peristomal skin, prevention, and management of complications.²²

Many people have experienced effluent leakage from the collecting appliance. This is one of the biggest obstacles for people with stoma, since leaks are unpredictable and involve the exposure of fecal excretions. These situations can happen as a result of problems with the collecting appliance, such as accumulation of gases, material quality and improper handling.²¹

Accordingly, a similar study identified reports of leakage among participants with stoma, which generated feelings of anxiety in the face of lack of control and adaptation to the use of the collecting appliance. In addition, the episodes of leakage were decisive for the withdrawal from social life, due to the fear of fecal exposure.¹⁶ These aspects were recurrent in the speeches of the participants of this study, mainly related to the management of the collecting appliance and peristomal skin, as well as the management care before and after leaks.

In order to minimize these challenges, it is necessary for the Nursing professional to support the patient in the correct handling of the collecting appliance and to guide him/her in relation to feeding, to avoid the accumulation of gases, odor, and leakage, in an integrated way with the multi-professional team, with the

objective of meeting the needs of the person with a stoma in its entirety.²¹

In addition, it is important that the patient uses the appliance that best adapts to the type of ostomy. Several collecting appliances are available on the market, such as two-piece, one-piece, with or without an odor filter. In addition, there are also several materials to protect the peristomal skin, such as plates that protect the skin from effluents. The nurse must evaluate and select, together with the patient, the best option of appliance and provide education for its use.²³

In social life, the speeches of people with stoma revealed that isolation is common to avoid exposure of the stoma and possible constraints related to effluent leakage, regardless of the ostomy time, since the participants of this study had variable time, most of them less than two years ago. In other studies, social withdrawal was also recurrent, especially in the initial period after surgery,^{15,16} and the acquisition of self-care and security in the face of living with a stoma helped in the process of returning to social activities.¹⁵

Self-care, with regard to social and psychological aspects, is necessary for the process of rehabilitation and well-being of the person with an ostomy. And when he/she manifests difficulties in this process, the nurse must act in order to help her return to social activities, since Nursing, according to Orem's theory, has the necessary skills to support the patient in achieving their competences for self-care.¹³

In this context, the social support network is essential to assist in the psychological and social aspects. This network involves the support of the multidisciplinary health team and the help of family members and close people. Support groups for socializing with other people with stoma and sharing experiences can be beneficial to strengthen self-confidence in the face of the stoma.²⁴ Thus, based on the difficulty in social interaction, nurses can create support groups or encourage participation of people in existing groups to stimulate a space for exchanging experiences and strengthening social interactions between people with stoma, family members and professionals.

In this study, it was learned that some people did not receive guidance from Nursing on self-care, as well as some professionals offered resistance to the implementation of stoma care while still in the hospital. However, in the specialized center there was guidance and support from health professionals regarding self-care, where professionals have specific training and training to serve this

public. This fact shows the need for health services, at all levels of care, to provide continuing education to Nursing professionals, in order to encourage the improvement of the knowledge and skills necessary for the care of the person with intestinal stoma.

Health education on self-care is an aspect that needs to be developed from the moments before surgery to make the ostomy, with continuity in the postoperative period and in the rehabilitation period, in which people are usually referred to specialized services.²⁴ For this, professional qualification is important to promote comprehensive and quality care to the person with a stoma, in addition to providing more security to the professional.

From this, the nurse must help the person with a stoma and can use educational strategies according to each person's individual factors. Strategies can be associated with digital appliance, multimedia, telephone monitoring, as well as education at the home level, in order to promote the engagement of the person with an ostomy and help them learn about stoma care.²⁵

As more is known about the experiences and difficulties that people with intestinal stoma face, it is possible to plan and implement targeted interventions based on the singularities of each being. Today, there are several care strategies that can help nurses in this health education process, as well as multimedia tools that allow audiovisual interaction and facilitate communication and the active participation of people in their self-care process.²⁵

The nurse, by seeking to understand the self-care needs of the population with stoma, combining it with care technologies, knowledge, creativity, and sensitivity, can overcome the inherent challenges of this process and improve these people's self-care experiences. In this sense, the present study contributes to understanding the difficulties experienced by this clientele and supporting the planning of Nursing interventions, as well as the production of new care technologies.

The study is limited to the participation of people from a certain scope and information that cannot be generalized. And it is also focused on the aspect of self-care difficulties, so that other perspectives can still be explored with regard to self-care and the needs of Nursing care for this population.

FINAL CONSIDERATIONS

The self-care experiences of people with stoma in the study made it possible to understand that the main difficulties permeate hygiene and handling of collecting appliance; peristomal skin care needs; collecting appliance and leakage episodes; social interaction; and Nursing care.

The nurse, being an important pillar in this assistance, must reflect on their practices, which go beyond technical-scientific skills. The professional needs to have the sensitivity to perceive the difficulties that arise when facing the new reality and to think about alternatives that contribute to the success of rehabilitation. The use of strategies such as booklets, educational videos, in addition to guidance from the preoperative period is an alternative to actively support and involve this population in the process of learning about self-care.

It is hoped that this work will contribute to encouraging future studies on new strategies for the promotion of health education for this population and the strengthening of care by healthcare professionals, especially the Nursing team, in line with the needs of this population. In addition, it is expected to contribute to the advancement of knowledge on the subject and strengthening of Nursing science.

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