

THE SEXUALITY OF THE STOMIZED PATIENT IN SPEECH OF THE NURSE

A SEXUALIDADE DO PACIENTE ESTOMIZADO NO DISCURSO DO ENFERMEIRO

LA SEXUALIDAD DEL PACIENTE OSTOMIZADO EN EL DISCURSO DEL ENFERMERO

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Submitted on: 2017/01/17

Approved on: 2017/10/15

ABSTRACT

Some gastrointestinal diseases culminate in surgical stomas, which can be permanent or temporary. These stomas lead to numerous life changes, adaptations, and different emotional reactions in those afflicted. Sexuality is a part one's cultural background and influences the quality of life. The objective was to identify how nurses deal and discuss sexuality in the perioperative period of the patient with surgical stomas. A qualitative research was conducted to this end. It used content analysis as a methodological approach and the collection of verbal data took place through individual and semi-structured interviews. The instrument for the interviews was created by the researchers and subdivided in two stages. The first included identification and professional aspects and the second, issues directly related at the theme. Among the 18 nurses interviewed, the age average was 30.4 years old and most were females. Regarding their professional profile, they had been graduated, on average, for 6.7 years and 12 of them had been working in the health unit for less than a year. Six categories emerge from verbal data analysis: "perception of sexuality", "vocational training", "feelings", "surgical stoma implications", and "partner inclusion". The research led interviewees to reflect upon the theme, encouraging the search for guidance, as well as generating a proposal of professional training support. It is important to reconsider the assistance aimed at the biomedical model and approach more subjective aspects of human life as a way of achieving health promotion standards.

Keywords: Sexuality; Ostomy; Nursing Care.

RESUMO

Algumas doenças do trato gastrintestinal culminam com a confecção cirúrgica do estoma, podendo ser de caráter definitivo ou temporário. O estoma acarreta inúmeras adaptações, mudanças nos hábitos de vida e diversas reações emocionais. A sexualidade é parte da construção sociocultural e influi na qualidade de vida do ser. Objetivou-se identificar a abordagem da sexualidade no período perioperatório do paciente estomizado, entre os enfermeiros de um hospital público de ensino. Para tal, foi realizada pesquisa qualitativa, utilizando a análise de conteúdo como abordagem metodológica. Optou-se por utilizar a entrevista estruturada como técnica de coleta de dados verbais. O instrumento foi produzido pelas pesquisadoras e subdividido em duas etapas. A primeira envolveu a identificação e os aspectos profissionais e a segunda abordou questões direcionadas à temática. Entre os 18 enfermeiros entrevistados, a idade média foi de 30,4 anos e a maioria do sexo feminino. Considerando o perfil profissional, o tempo médio de formação foi de 6,7 anos e 12 sujeitos tinham menos de um ano de trabalho na unidade. Da análise dos dados verbais emergiram seis categorias: "percepção de sexualidade", "formação profissional", "sentimentos", "implicações do estoma", "abordagem ao cliente" e "inclusão do parceiro". Nessa perspectiva, a pesquisa levou os entrevistados à reflexão sobre a temática, incentivo à busca de orientações e, ainda, ao surgimento de propostas para apoio à capacitação profissional. É importante repensar a assistência voltada para o modelo biomédico e abordar aspectos mais subjetivos da vida humana, como uma forma de se alcançar a promoção da saúde.

Palavras-chave: Sexualidade; Estomia; Cuidados de Enfermagem.

How to cite this article:

Goulart MB, Santos FS, Dal Poggetto MT, Rodrigues LR, Contim D. The sexuality of the stomized patient in speech of the nurse. REME – Rev Min Enferm. 2017[cited _____];21:e-1041. Available from: _____ DOI: 10.5935/1415-2762.20170051

RESUMEN

Algunas enfermedades del aparato digestivo conducen a la construcción de un estoma intestinal temporario o definitivo. El estoma exige adaptaciones y cambios en los hábitos cotidianos y genera diversas reacciones emocionales. La sexualidad es una parte de la construcción sociocultural e influye en la calidad de vida. El objetivo del presente estudio fue identificar cómo los enfermeros enfocan la sexualidad del paciente ostomizado en el preoperatorio. Para ello fue realizada una investigación cualitativa que utilizó el análisis de contenido como enfoque metodológico. Se eligió la entrevista estructurada como técnica de recogida de datos verbales. El instrumento fue elaborado por las investigadoras y subdividido en dos etapas. La primera etapa incluyó la identificación y los aspectos profesionales y la segunda cuestiones sobre el tema. La edad promedio de los enfermeros entrevistados (18 en total) era de 30,4 años; mujeres en su mayoría; graduados hacía un promedio de 6,7 años; 12 de ellos trabajaban en la unidad de salud hacía menos de un año. Del análisis de datos verbales surgieron seis categorías: percepción de la sexualidad, formación profesional, sentimientos, implicaciones del estoma, aproximación al cliente e inclusión del compañero. La investigación permitió que los entrevistados reflexionaran sobre el tema, fomentó la búsqueda de orientaciones y de propuestas para la capacitación profesional. Es importante repensar la atención centrada en el modelo biomédico y tratar de los aspectos más subjetivos de la vida como una manera de promover la salud. **Palabras clave:** Sexualidad; Estomía; Atención de Enfermería.

INTRODUCTION

The intestinal stoma is used to externally conduct the normal transit of effluents. It is classified according to its time of permanence and type of surgical intervention. The main causes leading to its confection, etiologically, are colorectal neoplasms, but they can also be conducted as a consequence of other illnesses, such as ulcerative colitis, Crohn's disease, megacolon, anal incontinence, ischemic colitis, among others.¹

Regarding the changes in life habits, in addition to emotional reactions, the intestinal stoma produces a range of physical changes, especially due to the opening of the abdomen for the evacuation of feces. Consequently, the patient, in general, feels different and eschews socialization. The reason of this isolation is the fact that humans developed their images according to the social concepts of the group they live in.²

Corporal image is, indeed, linked to factors such as health, aesthetics, youngness and perfection, and can lead patients to feel rejected. These difficulties to readapt come from surgical interventions that, commonly, lead to physiological disfunctions. Among males, the intestinal stoma can provoke the reduction or loss of libido (with erectile disfunctions and problems in ejaculation). Women, in addition to a diminution in the libido, feel pain during the sexual act.³

Sexuality directly influences the quality of life, and discussing it is essential to offer integral and personalized attention. For that to be done, professionals must develop the ability to actively listen, so that the feelings the patients have about the process they are going through, as well as the influence this process has on their social lives, can be properly understood.⁴ It should be highlighted that sexuality is a part of one's socio-cultural construction, whether or not one chooses to. When considered in its totality, it is shown through gestures, discourses, attitudes, postures, looks, silences and through the general behavior of each one.⁵

The new condition may lead to psychic and social isolation, influencing family relations, leisure, work and interactiv-

ity. In this context, self-esteem can be cut down, negatively impacting an active and pleasurable sex life. Sexuality is not merely made up of physiological aspects and is associated to the desires and emotions that the sexual act produces beyond the body. It is connected to subjectivity.⁶

After surgery, a partner can collaborate for the readaptation of an individual to sexuality, aided by specialized professionals that can help both to seek new tactics to deal with possible challenges. The patients commonly have doubts on how to continue their relationship. A partner, on the other hand, needs to encourage the other and develop strategies to exercise sexuality in a natural and prejudice-free way.⁷

During perioperative care, the guidance of nursing professionals is important, as it makes information available and encourages self-care, leading the patient to feel safe in their new condition, and consequently to an easier rehabilitation. The role of the nurse is, therefore, essential for the readaptation of the ostomized patient, who goes through a period of emotional changes and stress.⁸

In the care for these patients, a difficulty can be noticed: if, on one hand, sexuality is extremely important, on the other, obstacles abound, since the theme is complex and involves personal issues - not to mention the scarcity of researches in investigating this subject. From this perspective, the following guiding question presents itself: "how do hospital nurses deal with the sexuality of patients with intestinal stomas?" This study, consequently, was created to identify the approach of sexuality in the perioperative care of the ostomized patient among the nurses of a public teaching hospital.

METHODS

This is an exploratory and descriptive research, with a qualitative approach. This approach was chosen as it answered some questions that could not be expressed in numbers. It aims to understand the universe of meaning, the perceptions

of subjects and the deeper space of relationships. Some abilities that involve sensibility and creativity are necessary.⁹

The settings of the study were the hospitalization units "Surgical Clinic" (UICC) and "Medical Clinic" (UICM) in a large public general hospital in the countryside of the state of Minas Gerais. The hospital was chosen for this research as it is a teaching hospital and a macroregional reference of the Triângulo Sul region in the South of the state of Minas Gerais, Brazil. The units selected were the ones that most frequently receive this type of client for long hospitalization periods.

Participated in the research the nurses from the UICC and UICM, independently of work shifts, as long as they accepted participating. The exclusion criteria included the nurses who were on vacation or leave. This criterion meant that eight nurses from UICC and ten from UICM were surveyed.

The technique chosen to collect verbal data was the structured interview. The instrument of data collection was elaborated by the researchers and divided in two stages. The first one involved the identification of the subjects and their professional information (code, age, gender, marital status, education time, time working in the unit), while the second one involved questions about the theme, such as: what do you understand as sexuality? Was sexuality discussed during your professional education? How do you feel when dealing with the subject? Do you know the physical implications of a stoma when it comes to sexuality? Do you bring this subject up when talking to the ostomized patient during his hospitalization? What type of guidance do you offer the ostomized patient about exercising sexuality? Do you include the partner of the patient in your approach?

The interviews were previously scheduled. All of them happened between June and July, 2015, were conducted in a private room in the hospital and recorded digitally. The anonymity of the participants was maintained, as they were only identified by the letter "E" followed by numbers.

To analyze the data, content analysis was used, according to the definition of Gomes.⁹ The organization of the answers took place in stages that include: transcription of the information, separation of the material in units for registering, grouping of the units according to convergence of meaning, and lastly, categorization.

The project was subjected to the appreciation of the Committee of Ethics and Research with Human Beings at the Federal University of the Triângulo Mineiro (UFTM), under protocol n. 1.890.282, and adopted the Resolution CNS n. 466/2012. Participants were informed about the objective of the research and that they were free to choose whether to participate. Interviews were conducted after the Free and Informed Consent Form was signed.

RESULTS

Three of the 23 nurses were on vacation and two on leave. All 18 nurses who were working in the hospitalization units at the time accepted to participate in the study and be interviewed. According to the profile of the participants, 15 were female and three were male; their average age was 30.44 years of age; 11 were single and seven were married. Regarding higher education time, three nurses had up to three years, ten had from four to nine years, and five had more than 10 years. Concerning how long they had been working in the units, twelve had been working for less than one year, five had been working for up to five years and only one had completed 10 years of work in the units.

From the analysis of data, six categories emerged, and are presented below.

- **Category 1** – perception of sexuality: this category includes statements about how the participant understands sexuality. Some of them mentioned concepts which were limited, since they only considered physical characteristics.

It is a moment when she touches someone else, from the same or from the opposite sex, to have a sexual intercourse (E17).

It's having sexual intercourse, with the genital organs. What comes to mind is: sex, genital organs, both male and female (E10).

On the other hand, there were statements showing an understanding that sexuality is more than the literal sexual touch, also including feelings, affective relations and the different ways to express.

It goes beyond the sexual act, the penetration itself, I understand it's broader. All types of touch, exchange, care, love, feeling (E2).

It is a group of variables, not only of the sexual act itself, it's an issue that involves gender, the relationship between people, feelings, willingness and physical, mental, psychological and financial well-being (E3).

- **Category 2** – professional education: this category is composed of statements that show the approach of sexuality during university education. Most nurses said that they had learned about the theme during their education, as the following statements show:

It was discussed a lot [...] health education of all age groups [...] specially in the work with teenagers, in leagues, sexuality with elders (E2).

It was discussed. Medical clinic, women's health, including that of ostomized patients. It was discussed regarding the perception of the patient, their self-image, family, and the social impact of an ostomy (E6).

Despite that, some participants stated to have insufficient knowledge about the subject.

Sexuality itself, no. [...] I don't know a lot about the subject. [...] we are too ill informed when it comes to that (E8).

It wasn't very well discussed. I feel prepared up to a point [...] depends on the population, it would be easier (E17).

Some strategies have been suggested to make conversations about the theme easier, such as the development of socioemotional abilities and an individualized touch with the client. Both suggest a path that leads to improvement and learning.

I had to develop some abilities and acquire knowledge. It's a very polemic theme [...] working with sexuality is something that the nurse must improve and develop. Sometimes we are good in procedures and techniques, even with the managing of people (E2).

I think it involves a lot the environment in which you are [...] if it was a private conversation it would be much easier to approach the subject (E18).

- **Category 3** – feelings: in this category, the nurses expose their feelings about dealing with this subject. From the reports, it was found that most feel shame, embarrassment and discomfort when they talk about the theme, be it because of cultural issues and/or professional lack of training.

It's complicated, it's a theme about which we're still too prude. We don't feel at ease to talk to the clients and they don't feel at ease to be open about it (E4).

I feel shy, embarrassed. We feel we're not prepared to deal with these subjects, these themes. (E15).

I feel insecure. I think it's difficult [...] we're trained not to talk about this sort of thing [...] that to each his own, each one with his or her life (E16).

Others say not to feel anything different, since it is a health issue.

To me it's fine to deal with this subject. [...] I think it should be discussed with any age group or gender, because sexuality is also a part of health (E3).

I deal with it OK, I don't have any trouble with it (E12).

- **Category 4** – implications of the stoma: this category regards the physical and psychological implications of the stoma among patients. The nurses interviewed mentioned especially psychological issues such as embarrassment in approaching the partner, low self-esteem, fear to give themselves in to sexual desires due to compromised aesthetics, fear, and body image abnormalities.

Most patients are ashamed [...] it generates discomfort more than anything else, the appearance issue, the smell, so they don't want to be in touch with anyone (E1).

I think it's like a trauma. The patient is [...] afraid of relationship changes, feelings of shame, they don't want to show it to others (E7).

The stoma leads to a change in sexual habits. I believe it interferes a lot in intimacy, self-esteem (E15).

Others identify some psychological changes, but do not know about the physical implications, as becomes clear in the following statements:

[...] it's as if she lost the attractiveness to attract the partner [...] I don't see any kind of physical restriction, only a psychological one really (E9).

Ostomized patients see themselves differently [...] they think they are abnormal people, I think that has a negative impact in sexuality (E12).

Only one report discussed the issue of meaningful physical implications that interfere in the sexual function of the patient.

[...] I read that a nerve from men can be severed, prejudicing erection. In the past I worried about that, and the patients told me: "oh, the problem is not only that the stoma causes pain or smelling, pain and shame, the problem is that it doesn't get hard anymore" (E18).

- **Category 5** – approaching the client: this category describes the approach of the client by the nurse and the main resources they use. Most nurses say not to guide them about sexuality, stating that there is no demand from the patient, that they do not think they are the professionals that should deal with sexual problems and that it is not a priority.

[...] to be honest, I, as a nurse, I never discussed it and was never asked about it by any patient (E5).

[...] I ask for a consultation with the psychologist so the ostomized patient feels at ease about their sexuality [...] the nurse has no initiative to work with this theme (E4).

I use to let the patients express what they need [...] I don't spontaneously bring it up, maybe I'm wrong about that (E9).

We end up focusing on what's more urgent [...] we can't approach the patients holistically, especially in a hospital like ours and with the work we have (E16).

However, although sexuality is not systematically discussed with the ostomized patient, care with the stoma and the pouching system is largely discussed.

[...] we teach them to exchange it, to take care, but we don't talk about those other needs [...] there's even a leaflet about the exchange of the pouch and other basic care (E9).

[...] the care is especially about proper cleaning, the correct way to change the pouch, noticing changes in the region, even problems with eating [...] we give this type of guidance and make it clear that it won't restrict their lives at all (E18).

- **Category 6** – inclusion of the partner: this category is made up of statements about including the partner during the guidance of the patient. It was found that the nurses do not habitually include the partner in the guidance, whether due to difficulties in approaching them or to a lack of understanding about the responsibilities of the nurse.

[...] the conversation was never with the partner, but with the patient (E1).

No [...] when they seem to be having trouble I try to talk a little bit. But if they don't mention that, we end up prioritizing other types of knowledge, and not this one (E13).

Regarding the care we always guide [...] the patient and the person who'll take care of them, they do it together, so they feel safer as they go home (E9).

In addition to these categories, some isolated statements were made that highlighted the importance of the research, reflections about the subject and a proposition of training of professionals when it comes to the theme, all of which is highlighted by the statements below:

When you called me to do this research, I thought how would I guide someone to have intercourse, it's very hard. I think it's all very embarrassing. This study will make me think about how to give guidance (E1).

After you finish, bring us the results and give a training course to the team, that would be really important (E3).

Now I'll think more about that, because I don't discuss this kind of thing (E16).

DISCUSSION

The adaptation of the individual to the acquisition of a stoma is very important. One possible strategy is shown when the person faces the disease with a positive attitude and confidence.¹⁰ Those who do not adapt present “[...] feelings of shock, denial, sadness, aggressiveness, depression, in-conformity and social isolation”¹¹. These changes have serious implications in sexuality and in the sexual act, as well as in the coexistence with others.

The person who undergoes a surgical procedure and receives an intestinal stoma faces many losses that can be real or symbolic, such as sphincter control, intestinal function, the absence of the anus, among others. Therefore, the ostomized patient goes through the five stages of grief described by Kübler-Ross: denial, anger, bargaining, depression and acceptance. When the strategies to deal with the problem are not effective, negative consequences are expressed through these crises, that directly impact health.¹⁰

In the first category (perception of sexuality) the understanding shown is that sexuality is more than the physical pleasure, involving physical, mental and emotional sex issues, even influencing affectivity.

There are many theoretical perspectives regarding sexuality, but two of them stand out: essentialism and constructivism. The first states that there is an innate sexual drive within the bodies of individuals that lead them to seek the sexual act. In this approach, only reproductive and biological aspects are considered. The constructivist perspective states that sexuality is socially constructed and varies according to culture, values, established social relations and the historic population setting. Even the definition of sex and gender would be social constructs.¹¹

Regarding the study of sexuality during the nurse education, most have stated that the content was discussed at some point, although only in specific subjects, such as Gynecology, Semiology, Physiology, Anatomy and Psychology. In addition, sexuality had also been discussed in health education disciplines.

Sexology and sexuality are essential to prepare the nurse for the profession, since a health professional who only takes into account the managing of the stoma will be incapable of offering a holistic assistance to the patient. There are other elementary dimensions, such as behavior, digestion, coexistence processes, work conditions, among others.⁷

Professional education is necessary if the nurse is to guide the patient about the stoma and the sexual act, especially when it comes to hygiene, protection and dealing with complications. Therefore, the nurse would be able to offer integral care to ostomized patients, leading them to a complete rehabilitation.¹²

The third category considers how do nurses feel about dealing with sexuality. Many of them feel embarrassed and timid to discuss the subject with the ostomized patient. Others state to not feel any difficulty in approaching the theme, but do not specify how is it that they guide the patient.

To prevent these difficulties in professional lives, discussions on the adversities found are paramount. Omitting the subject during teaching reinforces negative reactions such as shame, fear and embarrassment, all of which are unwelcome when dealing with the client. In this context, the understanding of the subjects is diminished, compromising their ability to question the dimensions involving their conditions.⁵

The professional training process in Nursing has been through many influences through time. In the beginning of this historically female profession, it required closed uniforms, hair pinned and no ornaments.¹³ Even today, the educational model directly interferes in the body, sexuality and care practices, meaning it is essential to look critically and ethically at the educational approaches in the community.

The implications of the stoma, fourth category of this study, involved physiological and psychological aspects. The ostomized patient has difficulties as they rehabilitate to their

new lives, due to a mutilated self-image, complex self-care and restrict leisure opportunities. Some considerable changes are the evacuation of gases and limited nutrition.⁷

Therefore, due to the existence of the stoma, the patients feel sad, uncomfortable with their appearance, have lower self-esteem, all of which directly interfere in the practice of the sexual act. That is why they isolate themselves so much of the time, as a way to hide the stoma, avoiding embarrassing situations and judgement.¹⁴ The possibilities of fully exercising sexuality are diminished, and a feeling of frustration and uselessness takes on the patient, stimulating their social isolation.

Additionally, sexual disfunctions take place after bowel resections for the surgical treatment of benign and malign illnesses. These organic losses are due to the autonomous denervation that compromises erection and ejaculation among men and diminish libido and sexual satisfaction among women. One of the preventive measures is the preservation of the nervous system innervations, even if, in the case of more advanced malign tumors, a radical surgery becomes necessary.¹⁵

Psychological implications of this generate adverse situations that mostly happen due to discrimination. Some myths refer to the ideas that people with disabilities: a) should not exercise sexuality; b) are not attractive, and are, therefore, incapable of keeping sexual or intimate relationships; c) always have erectile disfunctions.¹⁶

Concerning consequences, it was found that the ostomized patients have to deal with the loss of their intestinal function, which leads to physical, social and psychological impacts. Therefore, the type of stoma and surgery are indifferent, since this process requires adaptive changes in all scopes of life.¹⁷

Regarding the fifth category, which involves how to approach the client, it was found that the nurses must know that the client is in an alien environment (not their home), with unknown people (some of which are unfamiliar to them), justifying their shyness. That is why this approach requires careful preparation.

One of the basic requirements for the rehabilitation of the ostomized patient is effective communication, including the observation of their verbal and non-verbal manifestations; it also means assuming the responsibility of clarifying doubts, giving support and encouraging self-care. offering feelings of safety and helping them to seek a better life in community.¹⁸

Difficulties in the sexuality of ostomized clients are not visible in the practice of nurses of the multiprofessional team, which results in a small number of researches being made on the subject. It is common to see unprepared nurses, whose care is limited to mere medical diagnoses, a curative attention model that ignores the fact that the client is a complex being, that needs a more humanistic approach.¹²

Clear and objective information made available by a multidisciplinary team collaborate to dealing better with these cases and to the resulting participation of the individual in the process. The lack of guidance compromises recovery and make it more difficult. The client needs to receive information at all times possible: both in the perioperative period, allowing for an understanding of the case and for the posing of questions about the diagnosis, and in the post-operative hospitalization, when the recovery and maintenance of the stoma must be discussed.¹⁹

The sixth category involved the inclusion of the partner. The nurses mentioned that it is difficult to include the partner in their guidance. On the other hand, they see their inclusion as pertinent. The literature emphasizes that the participation of the partner in the process favors their joint pleasure, that can be emphasized through dialogue, mutual care and result in the satisfaction of emotional and physical needs, even with the presence of the stoma in their day-to-day lives.⁶

Under this perspective, this research led its participants to ponder about the theme, encouraging them to seek guidance so that they are capable of getting to know the sexuality of ostomized patients. Another result was the proposition of a professional training course to develop actions that improve and transform reality.

The use of dialectic and participative thinking is pertinent, since it corresponds to the practice of assistance. Considering the researcher as someone who can make knowledge available to a larger crowd, transforming them in active subjects involved in the learning process; thus, scientific knowledge becomes attached to professional practices, leading to an improvement in health.²⁰

FINAL CONSIDERATIONS

This study has identified the understanding of nurses regarding the sexuality of the ostomized patient. Such aspects were highlighted as the understanding of sexuality, university education, feelings when discussing the theme, changes caused by the stoma and how is it that the theme is approached. Thus, it was possible to find that the assistance to ostomized patients is not as good as it could be. It only deals with specific problems, especially with the care to be given the stoma.

The appearance of the ostomized patients makes them feel ashamed in front of others. Therefore, low self-esteem frequently leads them to isolation, a way to hide the stoma and eschew relations with the partner. The exercise of sexuality involves a social aspect, and, beyond an emotional need, it involves situations that bring satisfaction and well-being, not to mention self-confidence, as well as they cut down on tensions and anguish.

It should be highlighted that the multiprofessional team should approach sexuality from the perioperative period on. Encouraging the patient to talk about their feelings, fears and uncertainties is paramount to create interaction opportunities and to show interest in helping them, since the approach of sexuality is complex, especially in a society as repressive as ours.

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