

ORIGINAL ARTICLE

PROFILE OF USERS AND REASONS FOR NURSING CONSULTATION IN STOMATHERAPY  
PERFIL DE USUÁRIOS E MOTIVOS DA CONSULTA DE ENFERMAGEM EM ESTOMATERAPIA  
PERFIL DE USUARIOS Y RAZONES PARA CONSULTA DE ENFERMERÍA EN ESTOMATERAPIA

Rosaura Soares Paczek<sup>1</sup>, Andreia Inês Engelmann<sup>2</sup>, Giulia Pedroso Perini<sup>3</sup>, Glória Pinto Soares de Aguiar<sup>4</sup>, Erica Rosalba Mallmann Duarte<sup>5</sup>

ABSTRACT

**Objective:** to analyze the profile of users and the reasons for the nursing consultation in stomatherapy. **Method:** this is a quantitative, descriptive, exploratory and cross-sectional study. Data was collected from medical records of 252 users, who were consulted in 1116 nursing consultations. Data was analyzed using the SPSS version 20 program, using descriptive statistics. **Results:** it is revealed, as for sex, that there was no significant difference; as for the age group, 53.6% of the participants were 65 years old or older; the cause of the stoma was malignant neoplastic disease in 65.5% of the sample; the reason for the consultation, in 56%, was to change the ostomy bag and 50.4% of the patients had only one consultation during the analyzed period. **Conclusion:** it was shown that the stoma nurse needs to reflect on the planning and care strategies provided, contemplating the education of the user's self-care and permanent education of the team, emphasizing the sensitivity of the welcoming, since the majority of patients have malignancy, situation of great impact on the life of the user and their family. **Descriptors:** Ostomy; Nursing Consultation; Education Continuing; Stomatherapy; Self Care; Nursing Care.

RESUMO

**Objetivo:** analisar o perfil de usuários e os motivos da consulta de enfermagem em estomaterapia. **Método:** trata-se de um estudo quantitativo, descritivo, exploratório e transversal. Coletaram-se os dados em prontuários de 252 usuários nos quais foram consultados em 1116 consultas de enfermagem. Analisaram-se os dados pelo programa SPSS versão 20, empregando-se a estatística descritiva. **Resultados:** revela-se, quanto ao sexo, que não houve diferença significativa; quanto à faixa etária, 53,6% dos participantes tinham 65 anos ou mais de idade; a causa do estoma foi a doença neoplásica maligna em 65,5% da amostra; o motivo da consulta, em 56%, foi a troca de bolsa de ostomia e 50,4% dos pacientes realizaram somente uma consulta no período analisado. **Conclusão:** mostrou-se, que o enfermeiro estomaterapeuta precisa refletir no planejamento e nas estratégias de cuidados prestados, contemplando a educação do autocuidado do usuário e educação permanente da equipe, enfatizando a sensibilidade do acolhimento, visto que a maioria dos pacientes tem neoplasia maligna, situação de grande impacto na vida do usuário e de sua família. **Descritores:** Estomia; Consulta de Enfermagem; Educação Permanente; Estomaterapia; Autocuidado; Cuidados de Enfermagem.

RESUMEN

**Objetivo:** analizar el perfil de los usuarios y los motivos de la consulta de enfermería en estomaterapia. **Método:** se trata de un estudio cuantitativo, descriptivo, exploratorio y transversal. Se recopilaron datos de registros médicos de 252 usuarios, que fueron consultados en 1116 consultas de enfermería. Los datos se analizaron utilizando el programa SPSS versión 20, utilizando estadísticas descriptivas. **Resultados:** se revela, en cuanto al sexo, que no hubo diferencia significativa; en cuanto al grupo de edad, el 53,6% de los participantes tenían 65 años o más; la causa del estoma fue la enfermedad neoplásica maligna en el 65.5% de la muestra; el motivo de la consulta, en el 56%, fue cambiar la bolsa de ostomía y el 50,4% de los pacientes tuvieron una sola consulta durante el período analizado. **Conclusión:** se demostró que el enfermero de estomas necesita reflexionar sobre la planificación y las estrategias de atención provistas, contemplando la educación del autocuidado del usuario y la educación permanente del equipo, enfatizando la sensibilidad de la recepción, ya que la mayoría de los pacientes tienen neoplasia maligna, situación de gran impacto en la vida del usuario y su familia. **Descriptor:** Estomia; Consulta de Enfermería; Educación Permanente; Estomaterapia; Autocuidado; Cuidados de Enfermería.

<sup>1</sup>Clinical Hospital of Porto Alegre/HCPA. Porto Alegre (RS), Brazil. <sup>1</sup><https://orcid.org/0000-0002-4397-1814> <sup>2,3,4</sup>Sanitarian Nurse. Porto Alegre (RS), Brazil. <sup>2</sup><https://orcid.org/0000-0002-1429-5941> <sup>3</sup><https://orcid.org/0000-0003-1957-1447> <sup>4</sup><https://orcid.org/0000-0002-5468-4730> <sup>5</sup>Federal University of Rio Grande do Sul/UFRGS. Porto Alegre (RS), Brazil. <sup>5</sup><https://orcid.org/0000-0002-1792-327X>

How to cite this article

Paczek RS, Engelmann AI, Perini GP, Aguiar GPS de, Duarte ERM. Profile of users and reasons for nursing consultation in stomatherapy. J Nurs UFPE on line. 2020;14:e245710 DOI: <https://doi.org/10.5205/1981-8963.2020.245710>

## INTRODUCTION

The terminology of the ostomy is defined according to the body organ that, through a surgical procedure, will have an external body segment. It is explained that stomas performed in the digestive system can be for food or elimination; when they are in the colon, that is, in the large intestine, they will be called a colostomy; in the small intestine, will be ileostomies.<sup>1</sup> In the elimination ostomy, there is the adaptation of a collection bag adhered to the abdomen to contain the drainage of the effluent, which can be carried out temporarily or permanently.<sup>2</sup> It is detailed that the temporary stomas have the function of preserving an anastomosis and performing the reconstruction of the system in the future, while the permanent ones are usually performed in cases of cancer in which there is no possibility of reversing the situation.<sup>3</sup>

It is reported that the main pathologies that result in the construction of an intestinal elimination stoma are colon and rectal neoplasms due to obstruction, diverticular disease, intestinal perforation, genitourinary system fistulas, intestinal inflammatory diseases and congenital diseases.<sup>4</sup>

Year after year, thousands of people undergo ostomy procedures and, in many cases, some of these are surgeries that relieve prolonged suffering due to intestinal diseases and, in others, they are life-saving interventions, because it is cancer the biggest reason for this type of surgery, changing the lives of patients both physically and psychologically, which can be distressing, affecting the ability of self-care, leading to psychosocial problems, increasing morbidity and health costs. Complications of systematic monitoring by health professionals, hospital admission and, in some cases, new surgeries are required.<sup>5</sup>

The National Guidelines for the Care of People with Ostomy within the scope of the Unified Health System (UHS) were established by Ordinance No. 400 of November 16, 2009. This ordinance determined the mandatory inspection, monitoring, control and evaluation of Ostomy Health Care Services (OHCS), demonstrating a greater concern for users with ostomies and the qualification of available services. The ordinance established competence for the three spheres of management (federal, state and municipal), where there are actions in primary care for registration, monitoring, control and evaluation of people with stomata; care organization; referral and counter-referral flows; qualification of clinical indications for use of collection equipment and permanent education of health professionals.<sup>6</sup>

The OHCS:<sup>5</sup>

[...]is a service that provides specialized assistance of an interdisciplinary nature [...], aiming at your rehabilitation, with emphasis on orientation for self-care, prevention of complications in ostomies and supply of collecting equipment and protection and safety adjuvants. You must have [...] physical equipment and facilities, polyclinics, general and specialized hospital outpatient clinics, specialty outpatient units, Physical Rehabilitation units [...].

The services of ostomies were classified as level I, which is responsible for orienting self-care, preventing complications in ostomies and providing collector equipment and protection and safety aids; and level II, which, in addition to the duties of level I, is also responsible for the training of professionals.<sup>6</sup>

In Ordinance No. 793 of 2012, a person with an ostomy was included in the Care Network for People with Disabilities, expanding, qualifying and articulating care within the scope of UHS, through a network of services to serve people with disabilities, with prevention and rehabilitation actions.<sup>7</sup>

In both ordinances, the importance of a multidisciplinary team in the care network and the need to promote a link between the health team and the person with disabilities are identified. The minimum human resources for this service are highlighted, among which are specified the doctors, nurses and social worker, and the number of these professionals must meet the demands of users and the territorial area of coverage of the service. As a priority, in this ordinance, a greater number of nurses per team are observed.<sup>6-7</sup>

The auxiliary stoma nurse must reintegrate the person with an ostomy into social life, educating for self-care, providing a better quality of life, because, due to the changes suffered with their new condition, such as changes in their body image, changes in the way of elimination of your feces and / or urine, there is a challenge for the care provided by health professionals.<sup>6</sup> In another study, it was pointed out that the professional nurse, in stoma therapy services, is generally not only linked to direct assistance, but also to managerial functions of organizing the demand for care, administrative activities and equipment control.<sup>8</sup>

It is described that the nurse, after assessing the patient, verifying their knowledge about the ostomy, their concerns and manual dexterity, will advise which is the best equipment for that patient specifically, according to the type of ostomy, size, location, sensitivity of the skin, lifestyle, observing the protection of the skin in order to prevent complications, providing guidance on the care of the ostomy and peristomal skin, food, hydration, return to their

activities so that the patient has autonomy in their daily care.<sup>9</sup>

In view of the above, this study assumes relevance in expanding information and publications in the area, so that this issue continues to be investigated, to assist in the planning of actions by the multidisciplinary team. Thus, the study's guiding questions are: "Who are the people who seek care in a OHCS?" and "What is the main reason for attending the service?"

It is considered that the results will be relevant, both for the characterization of the user profile of the Stomatherapy Service and to obtain information that improves the service planning in the Nursing care plan regarding the prevention of possible complications, as well as for the organization of the health care network.

## OBJECTIVE

- To analyze the profile of users and the reasons for the nursing consultation in stomatherapy.

## METHOD

This is a quantitative, descriptive, exploratory, cross-sectional study in a stomatherapy service of a Reference Center for People with Ostomy in the city of Porto Alegre, Rio Grande do Sul, which is a reference for the care of people with ostomies. It is noteworthy that, on the date of data collection, there were 632 people registered in the service to obtain equipment for ostomies; the stomatherapy service also serves patients with special dressings, has a coloproctologist, three stomatherapists, two nursing technicians, two nursing assistants, a psychologist, a nutritionist and a social worker. Nursing consultations are carried out by a stoma nurse from Monday to Friday, in the morning shift, by prior appointment or by spontaneous demand.

The research data were collected from the medical records of patients registered at the Reference Center for People with Ostomy of that study, with the inclusion criteria of the medical records of users who had care, at least, once in

the period from April 2018 to April 2019 and, as an exclusion criterion, the medical records of users who came to the service only to obtain material, that is, who did not perform any nursing consultation in the period analyzed.

The sample consisted of 252 selected medical records, which met the inclusion criteria for the study, and the variables selected for data analysis were: gender; age; diseases that led to the ostomy; ostomy type; reason for seeking consultation and the number of Nursing consultations per patient in the period in question. During the collection, a database was produced in the Excel® program. The database was transported to the Statistical Package for the Social Sciences (SPSS®) program, version 20, for the analysis and elaboration of the results. Statistical analyzes were conducted on the same software. For the descriptive statistics, the categorical variables were expressed in absolute number and percentage.

The research project was approved, in view of the determinations of the Regulatory Guidelines and Norms for Research Involving Human Beings, established by Resolution No. 466/2012 of the National Health Council,<sup>10</sup> by the Research Ethics Committee of the Municipal Health Secretariat of the Porto Alegre City Hall - RS, with CAAE n° 17789319.6.0000.5338, under opinion n° 3,530,685. The confidentiality of the data and the identity of the participants were ensured, as well as the non-use of the information for actions or interventions that may have a negative impact on the respondents.

## RESULTS

The sample of 252 medical records of patients with ostomy who underwent nursing consultations was analyzed from April 2018 to April 2019, making a total of 1116 consultations, presenting, in relation to the variable sex, 50.4% (125) female and 49.6% (127) male.

Table 1 shows the distribution of patients regarding age.

Table 1. Age distribution of patients with ostomy who underwent a nursing consultation, from April 2018 to April 2019. Porto Alegre (RS), Brazil, 2019.

Age group	n	%
0-18	6	2.4
19-45	24	9.5
46-65	86	34.1
65 >	135	53.6
Total analysis	251	99.6
Missing System	1	0.4
<b>Total</b>	<b>252</b>	<b>100,0</b>

They appear, as shown in table 2, regarding the International Classification of Diseases (ICD).

Table 2. International Classification of Diseases presented by users who performed consultations, from April 2018 to April 2019. Porto Alegre (RS), Brazil, 2019.

Disease	n	%
Malignant neoplasms	165	65.5
Other diseases	65	25.8
Diverticular disease	17	6.7
DII	5	2.0
<b>Total</b>	<b>252</b>	<b>100.0</b>

Table 3 shows the type of ostomy presented by patients who had a consultation in the analyzed period.

Table 3. Type of ostomy presented by users who consulted from April 2018 to April 2019. Porto Alegre (RS), Brazil, 2019.

Type of ostomy	n	%
Colostomy	148	58.7
Fistula	3	1.2
Gastrostomy	1	0.4
Ileostomy	63	25.0
Urinary stoma	37	14.7
<b>Total</b>	<b>252</b>	<b>100</b>

Table 4 shows the reason for the consultation with the ostomy nurse.

Table 4. Reason for consultation with a stomatherapist nurse at the Service Center for people with ostomy, from April 2018 to April 2019. Porto Alegre (RS), Brazil, 2019.

Reason for Consultation	n	%
Change of bag	625	56
Annual evaluation	139	12.4
First consultation	134	12.1
Bag not lasting	72	6.5
Dermatitis	44	3.9
Cauterization	41	3.7
Orientation	13	1.2
Irrigation	5	0.4
Others	43	3.8
<b>Total</b>	<b>111</b>	<b>100</b>

Table 5, shown below, shows the frequency with which users access the service for the nursing consultation.

Table 5. Number of consultations per patient from April 2018 to April 2019. Porto Alegre (RS), Brazil, 2019.

Number of consultations	n	%
1	127	50.4
2 to 4	72	28.6
5 to 10	30	11.9
>10	23	9.1
<b>Total</b>	<b>252</b>	<b>100,0</b>

## DISCUSSION

In the analysis of the profile of ostomized patients, there was no significant difference between genders, however, in a similar study, there was also no significant difference between genders in the epidemiological profile of patients registered in reference services in the State of Alagoas,<sup>10</sup> which makes it evident that, in each region of the country, planning must be according to its population.

It is inferred that the largest number of people over 65 years of age is already a reality in the Brazilian population, as well as in other developing countries, where the incidence and mortality of colorectal cancer increases with aging, increasing the risks of surgical complications.<sup>10</sup> In a study on the quality of life of patients with ostomy, it was observed that most people were older than 60 years, and it is worth mentioning that, at this age, the skin has a high prevalence of injuries.<sup>11-2</sup>

It is detailed, regarding the diseases that led to the making of the ostomy, which prevailed

malignant neoplasms, as was also confirmed in other studies.<sup>13-4</sup> Many patients with colorectal cancer have appeared in the southern region of Brazil, which is due to the lifestyle, eating habits and culture of that region.<sup>5</sup>

As for the types of ostomy, colostomy prevailed, representing 58.7% (148). Bowel cancer is considered the second most common type of cancer in the Brazilian population, with an estimated 36,000 new cases each year.<sup>13</sup> In this way, the number of users in the health network who underwent surgical interventions (temporary or permanent) necessary for the maintenance of intestinal function progressively increases.<sup>14</sup>

Studies have shown how the ostomy is impacting the life of people with cancer.<sup>15</sup> The nursing team that assists patients with ostomy in this fragile situation should be prepared for these moments, as the approach to the patient requires moments of trust and hope, in which bonding relationships and adaptation to their new condition are produced, taking into account not only the patient, but their family, assessing their anxieties, expectations and needs. They become the orientation and the incentive to participate in important support groups to assist in the adaptation process, being able to share their doubts and experiences in the group.<sup>16</sup>

The main reasons that led users to use the nursing consultation in the ostomy service were analyzed, and the reasons were: exchange of scholarships; annual assessment; first consultation; low bag durability; dermatitis; cauterization; guidance and irrigation. However, it appears that the main reason was the exchange of scholarships, with 56% (625) of the sample, which is recurrent care with the ostomy, followed by the annual evaluation, with 12.4% (139), and the first consultation, with 12.1% (134). It is noticed that these services are of great relevance for the care of patients with ostomy, since they aim at education for self-care and improvement of the user's quality of life.

It was found, in a study conducted with elderly people with ostomy, that more than 50% of patients needed partial or total assistance for ostomy care, where the reason for not performing this care, the denial of health status, occurred in more than 90% of cases, also due to the inability to visualize the ostomy.<sup>10</sup>

It is observed that the participation of the health professional is extremely important to assist in obtaining self-care, as physical, physiological, psychological and social changes occur in these patients.<sup>17</sup> The person with an ostomy should be monitored on an outpatient or home basis after hospital discharge, as rehabilitation is directly related to individualized care for their needs.<sup>7</sup>

It is warned that nursing care for people in ostomy services, whether at any of their levels of care, is very complex due to the social dynamics of the territories in which they are inserted, and considering that the care process goes beyond the treatment of a disease, requiring professionals to reflect on the strengths and weaknesses of people in the process of rehabilitation, and to know their real needs in this new situation. Special attention should be given to the importance of the ostomy nurse in all stages of health care, being the reference professional to obtain support.<sup>17-8</sup>

## CONCLUSION

It takes the individual, through the ostomy, to adapt to his new condition, as it causes changes in their body image, which can awaken feelings of shame, fear of social rejection and inability to self-care. In this sense, the importance of the health team, especially the Nursing team, which is responsible for planning and implementing individualized care for ostomized patients, is emphasized. It is demonstrated, by the data that the reason for seeking consultation with the stomatherapist nurse most evidenced in the research was the exchange of the collection bag and the assistance, mainly, to elderly patients and with a diagnosis of neoplasia. It was identified, considering these three aspects of the sample that the care for this patient profile must be included in the strategic planning in the service. This planning should be aimed at stimulating users and their families, the process of education for their health and self-care, intending that these measures can reduce their anxieties and insecurity and encourage autonomy, with the possibility of these people rebuilding their senses of their life, thus giving a new meaning to their way of living.

The results found reflect on the importance of specialized assistance to ostomy patients and the need for further studies to reveal the care scenario for these people. In this sense, it is noticed that the care for ostomy patients is complex and deserves an interdisciplinary approach, which was not the point addressed in this study, but it deserves to be mentioned so that new research can be carried out with the theme of transdisciplinarity, seeking the understanding of this subject as a phenomenon that should unveil knowledge in a holistic and contextualized way and that attend, in a very adequate way, the health area.

## CONTRIBUTIONS

All authors contributed equally in the design of the research project, collection, analysis and discussion of data, as well as in the writing and critical review of the content with intellectual contribution, and in the approval of the final version of the study.

**CONFLICT OF INTERESTS**

Nothing to declare.

**REFERENCES**

1. Queiroz CG, Freitas LS, Medeiros LP, Melo MDM, Andrade RS, Costa IKF. Characterization of patients with an ileostomy that are treated on a reference service for patients with an ostomy. *Enferm Glob*. 2017 Apr; 16(2):01-36. DOI: [10.6018/eglobal.16.2.230551](https://doi.org/10.6018/eglobal.16.2.230551)
2. Ferreira EC, Barbosa MH, Sonobe HM, Barichello E. Self-esteem and health-related quality of life in ostomized patients. *Rev Bras Enferm*. 2017 Mar/Apr; 70(2):271-8. DOI: [10.1590/0034-7167-2016-0161](https://doi.org/10.1590/0034-7167-2016-0161)
3. Costa ECL, Luz MHBA, Gouveia MTO, Andrade EMLR, Nogueira PC. Characterization of children and teenagers with ostomies in a health service. *ESTIMA (Online)*. 2019 Jan; 17:e0119. DOI: [10.30886/estima.v16.666\\_PT](https://doi.org/10.30886/estima.v16.666_PT)
4. Engida A, Ayelign T, Mahteme B, Aida T, Abreham B. Types and indications of colostomy and determinants of outcomes of patients after surgery. *Ethiop J Health Sci*. 2016 Mar; 26(2):117-20. DOI: [10.4314/ejhs.v26i2.5](https://doi.org/10.4314/ejhs.v26i2.5)
5. Pinto IES, Queirós SMM, Queirós CDR, Silva CRR, Santos CSVB, Brito MAC. Risk factors associated with the development of elimination stoma and peristomal skin Complications. *Referência*. 2017 Oct/Dec; 4(15):155-66. DOI: [10.12707/RIV17071](https://doi.org/10.12707/RIV17071)
6. Ministério da Saúde (BR), Secretaria de Atenção à Saúde. Portaria nº 400, de 16 de novembro de 2009. Estabelece Diretrizes Nacionais Para Atenção à Saúde das Pessoas Ostomizadas no âmbito do Sistema Único de Saúde- SUS [Internet]. Brasília: Ministério da Saúde; 2009 [cited 2019 Aug 10]. Available from: [http://bvsmms.saude.gov.br/bvs/saudelegis/sas/2009/prt0400\\_16\\_11\\_2009.html](http://bvsmms.saude.gov.br/bvs/saudelegis/sas/2009/prt0400_16_11_2009.html)
7. Ministério da Saúde (BR), Gabinete do Ministro. Portaria nº 793, de 24 de abril de 2012. Institui a Rede de Cuidados à Pessoa com Deficiência no âmbito do Sistema Único de Saúde [Internet]. Brasília: Ministério da Saúde; 2012 [cited 2019 Aug 10]. Available from: [http://bvsmms.saude.gov.br/bvs/saudelegis/gm/2012/prt0793\\_24\\_04\\_2012.html](http://bvsmms.saude.gov.br/bvs/saudelegis/gm/2012/prt0793_24_04_2012.html)
8. Mazon LM, Piccini E. The reality and the challenges of nurses in service person ostomized. *Rev Saúde Meio Ambiente*. 2015 Jan/June; 4(1):117-28. DOI: [10.24302/sma.v4i1.798](https://doi.org/10.24302/sma.v4i1.798)
9. Kirkland-Kyhn H1, Martin S, Zaratkiewicz S, Whitmore M, Young HM. Ostomy care at home. *Am J Nurs*. 2018 Apr; 118(4):63-8. DOI: [10.1097/01.NAJ.0000532079.49501.ce](https://doi.org/10.1097/01.NAJ.0000532079.49501.ce)
10. Lins Neto MAFL, Fernandes DOA, Didoné EL. Epidemiological characterization of ostomized patients attended in referral Center from the city of Maceió, Alagoas, Brazil. *J Coloproctol*. 2016

Apr/June; 36(2):64-8. DOI: [10.1016/j.jcol.2014.08.016](https://doi.org/10.1016/j.jcol.2014.08.016)

11. Andrade LI, Pinho AA, Mascarenhas ACA, Borges EL, Pires Junior JF. Characterization of elderly people with an intestinal stoma at a reference center in the state of Bahia. *ESTIMA (Online)*. 2019 Jan/Nov; v17:e2619. DOI: [10.30886/estima.v17.700\\_PT](https://doi.org/10.30886/estima.v17.700_PT)

12. Grden CRB, Ivastcheschen T, Cabral LPA, Reche PM, Oliveira DAS, Bordin D. Skin injuries in hospitalized elderly. *ESTIMA (Online)*. 2018 Sept/Dec; 16:e4118. DOI: [10.30886/estima.v16.639\\_PT](https://doi.org/10.30886/estima.v16.639_PT)

13. Sena JF, Medeiros LP, Melo MDM, Souza AJG, Freitas LS, Costa IKF. Stomized profile with diagnosis of neoplasms registered in an association. *J Nurs UFPE on line*. 2017 Feb; 11(2):873-80. DOI: [10.5205/reuol.10263-91568-1-RV.1102sup201701](https://doi.org/10.5205/reuol.10263-91568-1-RV.1102sup201701)

14. Ministério da Saúde (BR), Instituto Nacional do Câncer José Alencar Gomes da Silva. Câncer de Intestino [Internet]. Rio de Janeiro: INCA; 2020 [cited 2019 Aug 10]. Available from: <https://www.inca.gov.br/tipos-de-cancer/cancer-de-intestino>

15. Reisdorfer N, Locks MOH, Gironi JBR, Amante LN, Corrêa MS. Transition process to experience with elimination intestinal stoma: repercussions on body image. *ESTIMA (Online)*. 2019 Aug; 16:e1219. DOI: [10.30886/estima.v16.683\\_PT](https://doi.org/10.30886/estima.v16.683_PT)

16. Oliveira IV, Silva MC, Silva EL, Freitas VF, Rodrigues FR, Caldeira LM. Care and health of ostomy patients. *Rev Bras Promoç Saúde*. 2018 Apr/June;31(2):01-9. DOI: [10.5020/18061230.2018.7223](https://doi.org/10.5020/18061230.2018.7223)

17. Mota MS, Gomes GC, Petuco VM. Repercussions in the living process of people with stomas. *Texto contexto-enferm*. 2016 Apr; 25(1):e1260014. DOI: [10.1590/0104-070720160001260014](https://doi.org/10.1590/0104-070720160001260014)

18. Tramontina PC, Gironi JBR, Erdmann AL, Engel FD, Mello ALSF. Care management for stomized patients and the health-care network. *Rev Cuid*. 2018 Aug/Dec;10(1):e613. DOI: [10.15649/cuidarte.v10i1.613](https://doi.org/10.15649/cuidarte.v10i1.613)

**Corresponding author**

Rosaura Soares Paczek

Email: [rspaczek@gmail.com](mailto:rspaczek@gmail.com)

Submission: 2020/05/12

Accepted: 2020/06/03

Copyright© 2019 Journal of Nursing UFPE on line/JNUOL.

 This is an Open Access article distributed under the terms of the [Creative Commons Attribution-ShareAlike 4.0 International License](https://creativecommons.org/licenses/by-sa/4.0/). This license lets others distribute, remix, tweak, and build upon your work, even commercially, as long as they credit you for the original creation. Recommended for maximum dissemination and use of licensed materials.