

Clinical and sociodemographic characterization of ostomized patients treated at a referral center

Caracterização clínica e sociodemográfica de pessoas estomizadas atendidas em um centro de referência

How to cite this article:

Cerqueira LCN, Cacholi SAB, Nascimento VS, Koeppel GBO, Torres VCP, Oliveira PP. Clinical and sociodemographic characterization of ostomized patients treated at a referral center. Rev Rene. 2020;21:e42145. DOI: <https://doi.org/10.15253/2175-6783.20202142145>

 Luciana da Costa Nogueira Cerqueira¹

 Sabrina Almeida Barreto Cacholi¹

 Viviane da Silva Nascimento¹

 Giselle Barcellos Oliveira Koeppel¹

 Viviane Cristina da Paz Torres²

 Priscila Pradonoff Oliveira¹

ABSTRACT

Objective: to characterize the epidemiological socio-clinical profile of the population with ostomy treated at a referral center. **Methods:** cross-sectional study with 255 records of the Primary Care Service for the Ostomized Person submitted to a descriptive and statistical analysis (chi-square test and Fisher's exact test). **Results:** 54.1% were men, 56.5% elderly, 50.2% white, 46.7% had a partner, 59.2% had elementary school and 34.5% retired. Patients with colostomy, 71.4%, being 33.7% temporary, 69.4% due to neoplasms and 17.3% presented dermatitis. Only a correlation between presence of complications and gender of patients was observed ($p=0.037$). **Conclusion:** the data indicate a predominance of elderly, male, white, with partner, retirees and with a low education level. People with temporary colostomy, due to neoplasia, with dermatitis as the main complication, prevailed, showing a correlation between sex and the presented complication.

Descriptors: Ostomy; Health Profile; Nursing Care.

RESUMO

Objetivo: caracterizar o perfil socioclínico epidemiológico da população com estomia atendida em um centro de referência. **Métodos:** estudo transversal com 255 prontuários do Serviço de Atenção Básica à Pessoa Ostomizada submetidos a uma análise descritiva e estatística (teste qui-quadrado e teste exato de Fisher). **Resultados:** 54,1% eram homens, 56,5% idosos, 50,2% brancos, 46,7% tinham companheiro, 59,2% com até o ensino fundamental e 34,5% aposentados. Pessoas com colostomia, 71,4%, sendo 33,7% temporárias, 69,4% por neoplasias e 17,3% apresentaram dermatite. Somente uma correlação entre presença de complicações e sexo dos pacientes foi observada ($p=0,037$). **Conclusão:** os dados indicam predominância de idosos, do sexo masculino, brancos, com companheiro, aposentados e de baixa escolaridade. Pessoas com colostomia temporárias por neoplasia, com dermatite como principal complicação prevaleceram, tendo uma correlação entre o sexo e a complicação apresentada.

Descritores: Estomia; Perfil de Saúde; Cuidados de Enfermagem.

¹Universidade Veiga de Almeida - Campus Cabo Frio. Cabo Frio, RJ, Brazil.

²Polo de Atendimento à Pessoa Estomizada de Cabo Frio. Cabo Frio, RJ, Brazil.

Corresponding author:

Luciana da Costa Nogueira Cerqueira
Rua Vitor Igrejas, 24, casa 20. Ville Blanche, Cabo Frio.
CEP: 28915-210. Rio de Janeiro, RJ, Brazil.
E-mail: luciana.nogueira7@hotmail.com

Introduction

Over the years, there has been a sociodemographic change that has impacted the health-disease process, such as urbanization, habits changes, globalization of knowledge and technological advances, which has led to an increase in life expectancy and, in parallel, contributed to a rise in the number of chronic noncommunicable diseases, causing an increase in the number of ostomized patients. According to the Ostomy Associations of America, an estimated 150.000 Americans have a stoma and 130.000 new surgeries are performed annually. In Brazil, each year one million and approximately 400,000 surgical procedures are aimed to perform an ostomy⁽¹⁻³⁾. Epidemiological data on people with ostomy in the country are still scarce. In this context, there are isolated local studies of characterization of this population⁽⁴⁾.

Ostomized patients are subject to different biopsychospiritual alterations, therefore, the nursing professional has a fundamental role in minimizing these impacts. As duties, the nursing professional should develop appropriate planning and care, including technical and psychological support, and health education planning that prepares the patient to live with the ostomy, stimulate autonomy and self-care in order to facilitate the patient's adaptation to his/her new condition and to avoid complications⁽²⁾.

The lack of epidemiological data at national and state levels can directly interfere in the implementation of measures aimed at providing targeted and quality care to the ostomized patient. Therefore, the present study becomes relevant, because the characterization of patients assisted in a specialized service helps in understanding their health status, as well as subsidizes data for the implementation of health policies and the direction of nursing planning aimed at improving patients' quality of care. It also provides updated and real data to health managers to address problems related to this population. For that reason,

the study objective was to characterize the epidemiological socio-clinical profile of the population with ostomy treated at a referral center.

Methods

This is a descriptive and cross-sectional study with a sample composed of 255 records of ostomized patients. Data collection took place at the Coastal Baixada Pole of the Primary Care Service for the Ostomized Person (Pole I), located in the municipality of Cabo Frio-RJ, Brazil, which is entirely public administration. The survey of clinical and sociodemographic data of the patients was performed from the medical records registered in the Pole I through a data collection instrument elaborated by the researcher.

Data collection took place from September to November 2018. The medical records of patients with ostomy who had enrolled in the Pole I were included, those of patients under 18 years old and those who had already performed ostomy reconstruction were excluded. Consequently, 270 medical records were found, excluding 13 because they were under 18 years old and two because they had already performed stomach reconstruction, thus totaling 255 selected medical records.

The collected data were organized and submitted to a descriptive statistical analysis, calculating percentage values and measures of central and dispersion trends, using Microsoft Excel 2010 software. For the statistical analysis (chi-square test and Fisher's exact test), GraphPad Prism 5.0 software (GraphPad Software, Inc., USA) was used.

The study complied with the formal requirements contained in the national and international regulatory norms for research involving human subjects and was approved by the Ethics and Research Committee of Veiga de Almeida University of the State of Rio de Janeiro, with substantiated opinion no. 2,907,189/2018.

Results

The analysis of the demographic characteristics of the studied population indicated a higher number of consultations of mostly male patients 138 (54.1%) people, 144 (56.5%) were over 60 years old and the average age was 71.1 years; 128 (50.2%) were whites; 119 (46.7%) had a partner; 151 (59.2%) had up to elementary school, 88 (34.5%) were retired; and 58 (22.7%) were socially insured, as shown in Table 1.

Table 1 - Distribution of sociodemographic data of ostomized patients. Cabo Frio, RJ, Brazil, 2018. (n = 255)

Demographic characteristics	n(%)
Sex	
Male	138 (54.1)
Female	117(45.9)
Age range in years (average age)	
18 - 40 (29.2±6.51)	28 (10.9)
41 - 59 (52.4±4.9)	79 (30.9)
60 or more (71.1±8.0)	144 (56.5)
Not informed	4 (1.7)
Race	
White	128 (50.2)
Black	21(8.2)
Brown	98 (38.4)
Not informed	8 (3.1)
Marital status	
Without partner	69 (27)
With partner	119 (46.7)
Not informed	67 (26.3)
Education Level	
Up to elementary school	151 (59.2)
High school	62 (24.3)
Higher education	17 (6.7)
Not informed	25 (9.8)
Profession	
Unemployed	47 (18.4)
Retired	88 (34.5)
Social insured	58 (22.7)
Employed person	36 (14.1)
Student	2 (0.8)
Not declared	24 (9.4)
Total	255 (100.0)

The analysis of the stomatal clinical data indicated a prevalence of patients with colostomy, 182 (71.4%), and 177 (69.4%) had neoplasia as the main reason for indication for ostomy. Some problems in the process of caring for people with an ostomy, such as the emergence of ostomy-related complications,

can negatively impact the patients' lives. In the present study, the main complications found were dermatitis, occurring in 44 patients (17.3%), followed by the presence of granuloma (8.6%), prolapse (8.2%) and hernia (7.1%). Other complications affected a percentage between 4.3% and 4.9% of individuals (Table 2).

Statistical analyzes (chi-square test and Fisher's exact test) showed no correlation between the presence of ostomy and sex (p=0.165), age (p=0.365) and education level (p=0.663) of the patients. There was a correlation between the presence of complications and sex (p=0.037), but no other correlations were found between complications and sociodemographic characteristics.

Table 2 - Ostomy characterization. Cabo Frio, RJ, Brazil, 2018. (n=255)

Stoma	n(%)
Types	
Colostomy	182 (71.4)
Urostomy	17 (6.7)
Ileostomy	27 (10.6)
Transversostomy	18 (7.1)
Others	2 (0.8)
Not informed	9 (3.5)
Indication	
Perforation	19 (7.5)
Neoplasms	177 (69.4)
Intestinal obstruction	21 (8.2)
Trauma	6 (2.4)
Other	22 (8.6)
Not informed	10 (3.9)
Complication	
Dermatitis	44 (17.3)
Prolapse	21 (8.2)
Hernia	18 (7.1)
Retraction	12 (4.7)
Granuloma	22 (8.6)
Bleeding	11 (4.3)
Hyperemia	15 (5.9)
Other	13 (5.1)
Not informed	99 (38.8)
Permanence	
Temporary	86 (33.7)
Definitive	77 (30.2)
Indefinite	58 (22.7)
Other	34 (13.3)
Total	255 (100.0)

Discussion

The data indicated by the study represent a local reality, and do not allow extrapolation to other jurisdictions. Data were collected from medical records, and thus the incomplete filling of social information made the collection difficult and compromised the discussion of some variables predicted by the research, and thus represent a limitation of the study. This justifies the need for epidemiological studies that aim to describe the health profile of a given population in order to measure problems that affect them, thus generating relevant data for decision-making by the healthcare team, especially nursing professionals who have an important role in caring for ostomized people.

The collected data point to a larger number of male patients, similarly to previous studies, which may be related to increased urban violence, licit or illicit drug use, lower demand and use of health and prevention services, and late seeking of medical care, situations most commonly observed in men⁽⁴⁻⁵⁾. Although scientific evidence points to a predominance of elderly people with diseases that lead to the formation of ostomies⁽⁶⁾, the need for attention to disease prevention and health promotion aimed at individuals of other age groups remains.

The predominance of white patients found in this study is in contrast to data available in the literature that indicate a greater number of black or brown individuals with ostomies⁽⁷⁾. One possible hypothesis for such contradiction may be the fact that ethnicity is self-declared, based on how the patient perceives himself. Our country has a high miscegenation and the classification of color and race is almost exclusively declared by what is meant by skin color. It is possible that the patients' individual perception of their skin tone may be responsible for this contradiction in the data compared to the available literature.

Similar to previous studies, most patients have a low level of education, which generally results in greater difficulty in understanding health problems

and health prevention processes. In addition, the maintenance of harmful habits such as alcoholism, smoking, physical inactivity and poor eating habits is higher among such demographic profile, factors closely linked to malignant neoplasms such as colorectal cancer, which is mainly responsible for performing colostomies^(2,8). The results obtained in the present study reinforce, therefore, data available in the literature that indicate reduced education and advanced age as sociodemographic factors linked to the presence of ostomies⁽²⁻³⁾.

The analysis of the professional profile revealed patients mostly retired or insured due to disability, similar to the profile previously described in other studies⁽⁹⁻¹⁰⁾. It is possible that the professional profile found occurs due to the majority of patients being over 60 years old. However, it is noteworthy that ostomized patients can receive government assistance for the duration of the disease or even permanently, based on Decree n^o 5.296 of December 2, 2004. Such legislation aims to assure such right to persons with disabilities, which is understood by law as any partial or complete alteration of one or more segments of the human body that implies impairment of organic function, such as paraplegia, paraparesis, monoplegia, monoparesis, tetraplegia, tetraparesis, triplegia, tri-paresis, hemiplegia, hemiparesis and ostomy, among others⁽¹¹⁾.

Furthermore, the professional profile found to be mostly retired or socially insured may be associated with the challenge that these individuals face to get a job or to return to their work activities, since this fact has a direct relationship with self-image and lifestyle readaptation. In this same context, a study corroborates data from this research, which states that ostomy becomes a disabling factor for the development of work activity and has a direct relationship with the decrease in quality of life⁽⁹⁾. Another study conducted in the city of São Paulo points out that most people with ostomy do not return to their work activity, generating a major conflict in the patient's rehabilitation process⁽¹²⁾. In this scenario, it is extremely

important that nurses can implement social measures for the profile of patients treated, since income and their work activity may have a close relationship with patient compliance with ostomy-related care.

Therefore, health professionals, especially nurses, should consider this reality when providing care to the ostomized patient, aiming at coping and adapting the patient to this new reality, including what is related to the individual's professional activity.

The types of ostomy found also corroborate previously published data, indicating that colostomy, is the most common digestive tract procedure, mainly caused by obstructions, trauma, inflammatory diseases and neoplasms⁽¹²⁾. Colorectal cancer is the main cause of the need for a ostomy, with the exception of non-melanoma skin cancer, being the second and third most common type of cancer in women and men, respectively⁽¹³⁾. It is important to highlight that the incidence of cancer has been increasing over the years, which is possibly associated with a longer life expectancy and also to the fact that, population's habits and lifestyle induce important changes in their bodies⁽¹⁴⁾. Such increase may also impact the number of ostomized patients, which further reinforces the need for nursing professionals to know the profile and be prepared to deal with these patients, instituting health promotion measures and disease prevention.

Irritative dermatitis is one of the most common problems in ostomized patients, and it usually occurs due to improper use of equipment, improper cutting of the pouch hole or improper installation of the pouch, causing intestinal fluid to remain in contact with the skin around the ostomy, irritating it⁽²⁾. As shown in previous studies^(2,15), irritative dermatitis was the most common complication among the patients analyzed in the present study. Preventing the onset of dermatitis and skin lesions should be a fundamental goal, and it is essential that the patient be properly oriented about self-care⁽²⁾.

In this sense, the interdisciplinary team plays a fundamental role, being the professional present sin-

ce the diagnosis and installation of the ostomy, during the hospitalization period and in specialized units, primary health centers and family health teams following the postoperative period of ostomized patients⁽¹⁶⁾. It is noteworthy that a correlation between patient's gender and the presence of complications was found during the present study, indicating that the patient's gender may have impacted on the emergence of ostomy complications. The available evidence has little agreement on the correlation of gender with risk factors associated with complications⁽¹⁷⁾. This fact becomes a potential target for nursing measure implementations that can bridge this gap in care.

There are several factors associated with the development of ostomy-related complications, most of them non-modifiable. However, there are still relevant care factors, especially about the integral nursing triad (patient, professional and family) in reducing the incidence of complications and early detection, becoming potential to improve the quality of life of patients with ostomy⁽¹⁷⁾.

Regarding the permanence of ostomies, mostly temporary ones were found, which corroborates data already described in the literature⁽⁷⁾. However, in contrast to another finding, in which most of the ostomy, especially intestinal ones, were definitive⁽⁹⁾, supporting the need to guide healthcare in the profile of the assisted population.

The installation of the ostomy and its permanence is a major challenge for the patient, regarding the process of acceptance of the current health condition and the uncertainties of the future. The average length of stay of temporary ostomies is about five years⁽¹²⁾, and people who undergo ostomy in the first months tend to be depressed and even angry because of the presence of the ostomy, what makes them to question the sense of having undergone the surgery⁽¹⁶⁾. At this stage, the health professional stands out as a transformation agent and an important facilitator for the acceptance of the ostomy, whether temporary or permanent.

Conclusion

The data showed the profile of individuals of the ostomized population as predominantly elderly, male, white, retired, with partner, with low education level, and the presence of intestinal ostomy was due to the presence of neoplasia. The main complication is irritative dermatitis due to the constant contact of the skin with the intestinal fluid. There was a relationship between sex and the complications presented.

Collaborations

Cerqueira LCN, Cacholi SAB and Nascimento VS collaborated in the conception and design, analysis and interpretation of the data. All authors contributed to the writing of the article or relevant critical review of the intellectual content. Koeppe GBO, Oliveira PP and Torres VCP contributed to the final approval of the version to be published.

References

1. World Health Organization. Saving lives, spending less. A strategic response to noncommunicable diseases [Internet]. 2018 [citado 2019 nov 16]. Disponível em: <https://apps.who.int/iris/handle/10665/272534/WHO-NMH-NVI-18.8-eng.pdf?ua=1>
2. Miranda SM, Luz HBA, Sonobe HM, Andrade EMLR, Moura ECC. Caracterização sociodemográfica e clínica de pessoas com estomia em Teresina. *Estima*. 2016; 14(1):29-35. doi: <http://dx.doi.org/10.5327/Z1806-3144201600010005>
3. Stricher L, Hocevar B, Asburn J. Fecal and urinary stoma construction. In: Carmel JE, Colwell JC, Goldberg MT, eds. *Wound ostomy and continence nurses society core curriculum: ostomy management*. Philadelphia: Lippincott Williams and Wilkins; 2016.
4. Barbosa MR, Simon BS, Tier CG, Garcia RP, Siniak DS, Rodrigues SO. Profile of people with stomas from a municipal health service in Southern of Brazil. *ESTIMA Braz J Enterostomal Ther*. 2018; 16:e1318. doi: http://dx.doi.org/10.30886/estima.v16.465_PT
5. Secretaria do Estado de Saúde (RJ). Retratos municipais – baixada litorânea [Internet]. [citado 2019 jul. 20]. Disponível em: http://sistemas.saude.rj.gov.br/tabnet/retratos/BAIXADA_LITORANEA/BLIT.html
6. Moraes KL, Brasil VV, Oliveira GF, Cordeiro JABL, Silva AMTC, Boaventura RP, et al. Functional health literacy and knowledge of renal patients on pre-dialytic treatment. *Rev Bras Enferm*. 2017; 70(1):147-53. doi: <http://dx.doi.org/10.1590/0034-7167-2015-0169>
7. Ecco L, Dantas FG, Melo MDM, Freitas LS, Medeiros LP, Costa IKF. Perfil de pacientes colostomizados na Associação dos Ostomizados do Rio Grande do Norte. *ESTIMA Braz J Enterostomal Ther*. 2018; 16:e0518. doi: http://dx.doi.org/10.30886/estima.v16.351_PT
8. Nahas SC, Nahas CSR, Bustamante-Lopez LA, Pinto RA, Marques CFS, Campos FG, et al. Prognostic factors of surgically-treated patients with cancer of the right colon: a ten years' experience of a single university institution. *Arq Bras Cir Dig*. 2015; 28(1):3-7. doi: <http://dx.doi.org/10.1590/S0102-67202015000100002>
9. Miranda LSG, Carvalho AAS, Paz EPA. Quality of life of ostomized person: relationship with the care provided in stomatherapy nursing consultation. *Esc Anna Nery*. 2018; 22(4):e20180075. doi: <http://dx.doi.org/10.1590/2177-9465-EAN-2018-0075>
10. Marques GS, Nascimento DC, Rodrigues FR, Lima CMF, Jesus DF. A vivência de pessoas com estomia intestinal no grupo de apoio em um Hospital Universitário. *HUPE*. 2016; 15(2):113-21. doi: <http://dx.doi.org/10.12957/rhupe.2016.28235>
11. Presidência da República (BR). Decreto nº 5.296, de 2 de dezembro de 2004: regulamenta as Leis nº 10.048, de 8 de novembro de 2000, que dá prioridade de atendimento às pessoas que especifica, e 10.098, de 19 de dezembro de 2000, que estabelece normas gerais e critérios básicos para a promoção da acessibilidade das pessoas portadoras de deficiência ou com mobilidade reduzida, e dá outras providências. Brasília: Casa Civil; 2004.

12. Aguiar JC, Pereira APS, Galisteu KJ, Lourenção LG, Pinto MH. Clinical and sociodemographic aspects of people with a temporary intestinal stoma. *Rev Min Enferm.* 2017; 21:e-1013. doi: <http://dx.doi.org/10.5935/1415-2762.20170023>
13. Ministério da Saúde (BR). Instituto Nacional de Câncer José Alencar Gomes da Silva. Coordenação de Prevenção e Vigilância. Estimativa 2018: incidência de câncer no Brasil. Rio de Janeiro: INCA; 2017.
14. Panis C, Kawasaki AC, Pascotto CR, Justina EY, Vicentini GE, Lucio LC, et al. Critical review of cancer mortality using hospital records and potential years of life lost. *Einstein (São Paulo).* 2018; 16(1):eAO4018. doi: <http://dx.doi.org/10.1590/s1679-45082018ao4018>
15. Santos VLGG, Cesaretti IUR. *Assistência em estomaterapia - cuidando de pessoas com estomia.* São Paulo: Atheneu; 2015.
16. Silva NM, Santos MA, Rosado SR, Galvão CM, Sonobe HM. Psychological aspects of patients with intestinal stoma: integrative review. *Rev Latino-Am Enfermagem.* 2017; 25:e2950. doi: <http://dx.doi.org/10.1590/1518-8345.2231.2950>
17. 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; IV(15):155-66. doi: <https://doi.org/10.12707/RIV17071>



This is an Open Access article distributed under the terms of the Creative Commons