

Specialized Professional Monitoring Of Patients With Permanent Colostomy: Impacts On Self-Care And Quality Of Life

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Abstract

Permanent colostomy, indicated in cases such as colorectal cancer or severe intestinal diseases, directly impacts the patient's quality of life, requiring specialized support in the rehabilitation process. This article presents a report of clinical experience with an adult patient with a permanent ostomy, followed by a stoma nurse in the post-hospital discharge period. The patient, with a history of surgery for rectal cancer, had difficulties in handling the collection equipment, lesions on the peristomal skin and emotional instability. The professional intervention included systematic evaluation, appropriate selection of devices, application of protective barriers, educational guidance and continuous emotional support. As a result, progressive improvement in skin integrity, autonomy in self-care and social reintegration were observed. The case reinforces that the lack of specialized monitoring can generate physical complications, prolonged dependence and negative psychosocial impacts. The role of the stoma nurse proved to be fundamental for a safe and humanized adaptation to the stoma, contributing to the prevention of injuries, reduction of readmissions and promotion of quality of life. It is concluded that continuous and specialized support is essential in the monitoring of people with permanent colostomy.

Keywords: Stomatherapy. Colostomy. Specialized nursing. Intestinal stoma. Humanized care.

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I. Introduction

Definitive colostomy is a surgical intervention indicated when there is no possibility of restoring intestinal transit, such as in cases of advanced colorectal cancer, severe inflammatory bowel disease or extensive colon trauma. In this procedure, a part of the large intestine is exteriorized through the abdominal wall, forming a permanent stoma for the elimination of feces (SILVA; HAYCK; DEOTI, 2014).

This condition imposes significant changes on the life of the person with a stoma, impacting not only their physical body, but also their emotions and social relationships. In addition to practical difficulties, such as handling the device and caring for the peristomal skin, the patient faces losses in their autonomy and self-esteem, which can compromise their quality of life and social participation (VIEIRA; MARTINI; ALMEIDA, 2007).

Nurses play a strategic role in the rehabilitation process of ostomized individuals, acting as facilitators of physical, emotional and social adaptation. The role of these professionals should not be restricted to technical care, but should include actions that favor the reconstruction of autonomy and the reintegration of individuals into their social and work contexts. Qualified nursing care is essential to reduce complications, provide guidance on the proper use of devices, promote self-care and provide ongoing emotional support. Despite the importance of these professionals, many ostomized individuals do not receive systematic monitoring in the postoperative period, especially regarding their return to their routine and work activities. The lack of specific guidelines highlights gaps in the Systematization of Nursing Care, especially with regard to the comprehensive approach and knowledge about the social and labor rights of ostomized patients. Thus, the need for ongoing training of nursing professionals is reinforced so that they can act critically, ethically and decisively, ensuring effective rehabilitative care. (MAURICIO; SOUZA; LISBOA, 2013)

Regarding the post-discharge period, continuous monitoring carried out by this professional is essential to prevent complications, promote adaptation to the stoma and ensure the individual's social reintegration. The support provided outside the hospital environment contributes to building the patient's autonomy and improving clinical outcomes (ALMEIDA et al., 2021).

Therefore, this article aims to report the clinical experience in monitoring an adult patient with a permanent colostomy, highlighting the importance of the role of the stomatherapist nurse in the rehabilitation process.

II. Clinical Case Report: Specialized Monitoring Of A Patient With Definitive Colostomy Contextualization Of The Clinical Condition

A definitive colostomy is a surgical procedure that consists of exteriorizing a portion of the large intestine through the abdominal wall, forming a stoma through which feces will be eliminated. This intervention is indicated when there is no possibility of reconstructing the intestinal transit, as in cases of advanced colorectal neoplasia, especially when there is a need for resection of the rectum or anal sphincter; severe inflammatory bowel diseases, such as ulcerative colitis or Crohn's disease; irreversible traumatic injuries to the large intestine or anorectal region; and postoperative complications that make safe intestinal reconstruction unfeasible. It is a therapeutic resource that allows the maintenance of life and improvement of clinical condition in serious conditions, but it causes significant changes in the person's routine, requiring physical, emotional and social restructuring. (BRAZIL, 2021)

The American Cancer Society emphasizes that a permanent colostomy may be necessary when part of the colon or rectum is severely compromised, especially by cancer, and cannot be preserved. In these cases, the affected portion is removed, making the stoma a permanent solution for bowel elimination (AMERICAN CANCER SOCIETY, 2024)

The initial implications for patients undergoing definitive colostomy include profound physical, emotional and social transformations. In the postoperative period, patients often face challenges related to accepting their new body image, changes in self-esteem, difficulties in their sexual life and limitations in social reintegration. The impact of the ostomy on the human living process involves feelings of alienation from one's own body, disgust, shock at the new reality and discomfort when dealing with the changed image. In addition, sexual life is often affected, with many patients avoiding resuming it due to physical changes, shame or fear of non-acceptance. (VIEIRA; MARTINI; ALMEIDA, 2007)

Complementing this perspective, a study by Cetolin et al. (2013) investigated the socio-family dynamics of people with permanent intestinal ostomy. The authors emphasize that living with a stoma is often marked by feelings of fear, embarrassment, discomfort and doubts. However, support has proven to be essential for rebuilding identity, strengthening self-esteem and social reintegration of patients. Given this evidence, the importance of a comprehensive and multidisciplinary approach in the care of colostomized patients is highlighted, which involves emotional support, guidance for self-care and effective strategies for social reintegration. Such actions are essential to promote healthy adaptation and improve the quality of life of these individuals.

Patient Profile And Surgical History

This is a 59-year-old male adult patient. On January 20, 2018, he underwent a rectal resection surgical procedure at a hospital located in the state of Santa Catarina - Brazil, due to a diagnosis of colorectal cancer. Due to the extent of the disease and the impossibility of reconstructing the intestinal transit, it was necessary to perform a definitive colostomy, with exteriorization of the colon through the abdominal wall, allowing permanent diversion of the fecal flow.

Difficulties Experienced Post-Discharge

After hospital discharge, the patient presented difficulties related to the handling of the collection device, peristomal skin integrity and emotional aspects related to the acceptance of the new body condition. Given these demands, after 25 days of hospital discharge, specialized monitoring was started by a professional specialized in stomatherapy, focusing on adaptation, self-care and prevention of complications.

In the post-discharge period, the patient faced multiple difficulties related to adapting to the stoma. Initially, he presented limitations in handling the collection device, with difficulties in properly

securing the bag, recognizing the ideal times for changing it and correctly cleaning the skin around the stoma.

In addition to technical failures, lesions were observed on the peristomal skin, resulting from leaks, inadequate use of protective barriers and the absence of specific products, which resulted in irritation and dermatitis.

From an emotional point of view, the patient demonstrated insecurity regarding his own body image, feelings of shame and fear of rejection, especially when resuming social life. He reported fear of leaving the house due to the risk of leaks, odor and noise emitted by the collection bag, which limited his participation in social activities and impaired his quality of life.

These initial difficulties directly impacted the rehabilitation process and highlighted the need for systematic monitoring by a specialized professional, capable of offering technical, educational and emotional support in a continuous and humanized manner.

Interventions Performed By Specialized Nursing Staff Evaluation

Given the difficulties presented by the patient in the post-operative period, a care plan led by the professional was established, focusing on progressive and comprehensive rehabilitation. The action was based on systematic, personalized monitoring focused on the individual's real needs.

The first stage consisted of a thorough clinical evaluation of the stoma, peristomal skin and the handling technique used by the patient. The presence of contact dermatitis was observed, associated with inadequate use of the device and the absence of effective protective barriers. Failures in the timing of bag changes and the use of accessories incompatible with the type and profile of the stoma were also identified, which contributed to recurrent leaks.

Choosing Collection Equipment

Based on this analysis, an individualized selection of devices was made, considering the shape of the stoma, the protrusion, the fecal production and the profile of the peristomal skin.

The collection device of choice was a two-piece system with a convex moldable barrier, indicated due to the anatomical characteristics of the stoma, which had a circular and retracted shape. This system consists of a protective skin barrier and an attachable collection bag, connected by means of a snap-fit system, which allows the independent replacement of each part of the collection device.

The choice of this device took into account both the type of stoma and previous episodes of peristomal dermatitis, ensuring better sealing, comfort and ease of daily handling, which are essential for maintaining skin integrity and adherence to treatment.

The two-piece ostomy collector system with convex moldable barrier consists of a moldable convex adhesive base and an attachable collection bag. The convex barrier is indicated for flat or retracted stomas, as its protrusion exerts slight pressure around the stoma, promoting its protrusion and improving the bag's coupling, which reduces the risk of leakage. The moldable characteristic of the barrier allows precise adjustment to the diameter and shape of the stoma, eliminating the need for cutting with scissors, providing greater safety, protection of the peristomal skin and ease of use. This type of device is recommended for patients with flat, retracted stomas or those located in areas of irregular abdominal contour, offering greater sealing, comfort and safety in daily handling. (SEIFERT, et al., 2023)

Health Education

At the same time, ongoing health education activities were implemented through theoretical and practical sessions that covered everything from the anatomy and functionality of the stoma to daily skin care, the correct technique for changing the equipment, warning signs of complications and management of complications. The educational process was carried out in a dialogic manner, respecting the patient's learning time and initial emotional limitations, with positive reinforcement for achieving small advances in self-care.

Another essential aspect of the intervention was the emotional support provided throughout the process, focusing on addressing insecurities related to the new body image, sexuality and social reintegration. The nurse provided safe spaces for active listening, validation of the patient's feelings and the construction of coping strategies, strengthening their self-esteem and self-confidence. The

stoma therapist's work was guided not only by technique, but also by qualified listening and the construction of a therapeutic bond, which allowed the patient to be strengthened as an active subject of his/her own care.

Results Observed With Specialized Monitoring

Continuous action generated significant and progressive advances in the patient's clinical and emotional recovery, directly reflecting on his quality of life and social reintegration. The first impact observed was the improvement in the integrity of the peristomal skin.

At the beginning of the follow-up, the patient presented extensive areas of hyperemia, skin irritation and complaints of local burning, resulting from the inadequate use of the collection device and the absence of effective protective barriers. With the introduction of materials compatible with his type of stoma and training on correct application, it was possible to reestablish skin protection in approximately three weeks.

Reducing excessive humidity, changing the bag in a timely manner and adopting a moldable ring as a complementary accessory were decisive in controlling the condition. At the same time, there was a significant improvement in the acquisition of autonomy in self-care.

Initially, the patient needed full assistance to change the device, demonstrating insecurity and fear of dealing with the stoma. Throughout the educational process and with the reinforcement of practical techniques, he began to carry out the entire process independently, from cleaning the skin to attaching the pouch, reporting feeling more confident and capable. This progress was essential to reduce the feeling of dependence and increase his freedom of action in everyday life.

In terms of social aspects, specialized care had a direct impact on the patient's reintegration into community and family life. Before receiving nursing support, he avoided leaving the house, refused invitations to events, and lived with an intense fear of embarrassing situations in public. With increased self-confidence, adequate control of equipment, and elimination of leaks, the patient gradually resumed his routine activities, participated in social events, and traveled briefly on public transportation, demonstrating increased mobility and inclusion.

The patient's satisfaction with the care received was evident and expressed in spontaneous reports during the consultations. He recognized the transformative role of the stoma care nurse, highlighting not only the physical relief of complications, but mainly the emotional support, patience in teaching and empathetic listening throughout the process. The therapeutic bond established was highlighted by him as a key element for his adaptation to the new reality and for restoring his self-esteem.

These results highlight the positive impact of specialized, continuous and person-centered monitoring, reinforcing the role of stomatherapy as an essential area in the comprehensive rehabilitation of ostomized patients.

III. Discussion

The case presented reinforces the importance of specialized monitoring in the rehabilitation process of patients with permanent colostomy. The work of a nurse specialized in the area is essential to promote the physical and emotional adaptation of the patient to the new living conditions.

The stoma therapist nurse plays a fundamental role in assisting people with stoma, offering individualized technical guidance, emotional support and continuous monitoring. This role contributes significantly to the safe adaptation of the patient to the new condition, to the prevention of complications and to the promotion of quality of life. (STOLBERG & MARTINS, 2023)

Systematic and specialized monitoring allows the patient to develop greater autonomy in managing the stoma and reduce their dependence on hospital services. Nursing care for the colostomized patient should be focused on encouraging self-care, educating on the correct use of devices and preventing peristomal complications, in addition to emphasizing the importance of including the family in this care process. (SOUZA & PORFÍRIO, 2022)

In the reported case, the continuous work of the specialized nursing professional favored the acquisition of practical skills, resulted in the improvement of peristomal skin integrity and enabled the patient to return to social life with greater safety. These findings are in agreement with the research by Bliss et al. (2014), which demonstrated that patients accompanied by certified specialist nurses, with regard to home care, obtained better clinical results and had a lower rate of readmissions.

The World Council of Enterostomal Therapists (WCET) has published guidelines focusing on the care of people with ostomies in different global contexts. The document recommends that care should be based on individualized assessment, patient education and continuity of care, respecting the specific needs of each population and the local resources available (WCET, 2020).

Thus, the data obtained in this case report reinforce the relevance of specialized care as an effective strategy for the clinical and emotional management of people with ostomies. Such evidence indicates that the presence of a qualified professional is directly related to the improvement of clinical outcomes, the promotion of self-care and the rehabilitation of the patient.

Therefore, the presence of a nurse specialized in the area of ostomies should not be considered just a differential, but rather an essential component of comprehensive care for the person with a stoma. The experience reported shows that specialized care is an investment in quality health, humanization and effective rehabilitation for a population that demands continuous support and monitoring.

IV. Considerations

This case report demonstrated that permanent colostomy imposes a series of changes on the patient that go beyond the physical aspect, reaching emotional, social and functional dimensions. In this scenario, the role of the specialized nurse proved to be indispensable in guiding the patient through the rehabilitation process in a safe, humanized and effective way.

Specialized care allowed for early identification of peristomal complications, appropriate selection of collection devices, personalized educational guidance and continuous emotional support, respecting the patient's needs and limitations. The therapeutic bond established between the professional and the patient favored adherence to care, the acquisition of autonomy in self-care and the recovery of self-esteem, fundamental aspects for a satisfactory adaptation to the condition of a stoma patient.

Furthermore, it was observed that the continuous presence of a professional specialized in stomatherapy during post-discharge follow-up was crucial to prevent complications, reduce the risk of readmissions, ensure skin integrity and promote social reintegration. The case reinforces that the care provided by this specialist should be valued as a central component of the health care network, especially in the transition from hospital care to the home environment.

The expansion and strengthening of the role of nurses specialized in ostomies and wounds represent fundamental strategies for improving clinical outcomes, reducing complications related to ostomies and promoting the quality of life of people with ostomies. This practice reaffirms the importance of specialized, comprehensive, humanized care supported by scientific evidence, focused on the individual needs of each patient.

References

- [1] ALMEIDA, AO Et Al. Construction, Validation And Application Of Clinical Simulation Scenarios For Evaluation Of Specialists In Enterostomal Therapy. *Brazilian Journal Of Nursing*, V. 74, N. 1, E20200360, 2021. Available At: <https://www.scielo.br/j/reben/a/8KK4RdV9H6K5RXsyWpNVp5n/?Lang=En>. Accessed On: August 18, 2024.
- [2] AMERICAN CANCER SOCIETY. *Colostomy Guide*. <https://www.cancer.org/cancer/managing-cancer/treatment-types/surgery/ostomies/colostomy.html> available On: March 15, 2025.
- [3] BLISS, DZ Et Al. Effectiveness Of Wound, Ostomy And Continence-Certified Nurses On Individual Patient Outcomes In Home Health Care. *Home Healthcare Nurse*, Vol. 32, No. 1, P. 31–38, 2014. Available At: <https://pubmed.ncbi.nlm.nih.gov/23442828/> Accessed On: May 18, 2024.
- [4] BRAZIL. Ministry Of Health. *Health Care Guide For People With Ostomies*. Brasília: Ministry Of Health, 2021. Available At: https://bvsms.saude.gov.br/bvs/publicacoes/guia_atencao_saude_pessoa_estomia.pdf. Accessed On: August 18, 2024.
- [5] CETOLIN, SF Et Al. Socio-Family Dynamics With Patients With Definitive Intestinal Ostomy. *Brazilian Archives Of Digestive Surgery*, São Paulo, V. 26, N. 3, P. 170–172, 2013. Available At: <https://www.scielo.br/j/abcd/a/Yv6ksfmyprg8gxdmt6yrjrz/>. Accessed On: August 18, 2025.
- [6] MAURICIO, VC; SOUZA, NVDO; LISBOA, MTL The Nurse And Their Participation In The Rehabilitation Process Of The Person With A Stoma. *Escola Anna Nery*, V. 17, N. 3, P. 416–422, 2013. Available At: <https://www.scielo.br/j/ean/a/JZ4vcgF3vWmQWxpjFztKww/>. Accessed On: December 18, 2024.
- [7] SAMPAIO, FAA, Et Al. Nursing Care For Patients With Colostomy: Application Of Orem's Theory. *Acta Paulista De Enfermagem*, 21(1), 94-100. 2008. Available At: <https://www.scielo.br/j/Ape/a/Jhgqvr3jrgrjdw3nlnqnm/?Lang=En> accessed On: October 25, 2024.
- [8] SEIFERT, SKM; MORAIS, F.; PEREIRA, LA; SPONTON, ES Algorithm For Indicating Collection Equipment For Ostomies. *ESTIMA, Brazilian Journal Of Enterostomal Therapy*, São Paulo, V. 21, E1311, 2023. Available At: <https://www.revistaestima.com.br/estima/article/download/1311/583/5618>. Accessed On: May 18, 2025.
- [9] SILVA, AL Da; HAYCK, J.; DEOTI, B. Perineal Colostomy: An Alternative To Avoid Definitive Abdominal Colostomy: Surgical Technique, Results And Reflection. *Brazilian Archives Of Digestive Surgery*, V. 27, N. 4, P. 243–246, 2014. Available At: <https://www.scielo.br/j/abcd/a/Byy9fj44NKxJY7pd9RVjbDD/?Lang=En>. Accessed On: December 18, 2024.
- [10] SOUZA, LRG, & PORFÍRIO, RBM (2022). Nursing Care For Colostomized Patients: Literature Review. *Multidisciplinary Scientific Journal Knowledge Center*, 7(3), 87-103. <https://www.nucleodoconhecimento.com.br/saude/colostomized-patient> accessed On January 5, 2025
- [11] STOLBERG, JT, & MARTINS, W. (2023). The Importance Of The Stomatherapist Nurse In Comprehensive Care For Ostomized Patients: An Integrative Literature Review. *RECIMA21 - Multidisciplinary Scientific Journal*, 4(7). <https://doi.org/10.47820/Recima21.V4i7.3470> Accessed On: October 15, 2024.
- [12] VIEIRA, AFM; MARTINI, JG; ALMEIDA, PJS The Impact Of Ostomy On The Human Living Process. *Text & Context Nursing*,

- V. 16, N. 1, P. 163–167, Jan./Mar. 2007. Available At:
<https://www.scielo.br/j/tce/a/Jh16tbcyxrzhdrqkfpfbdf/>. Accessed On: January 18, 2025.
- [13] WORLD COUNCIL OF ENTEROSTOMAL THERAPISTS. International Ostomy Guideline. WCET, 2020. Available At:
<https://wctn.org/page/internationalostomyguidelines>. Accessed On: September 14, 2024.