

Sexual and Psychological Adverse Events (AE) Facing Stoma patients in our societySoheir Abo El-Fadl Abdel AAL¹ and Ahmed Hussan²¹Department of Medical-Surgical Nursing Faculty of Nursing Alexandria University²Department of Colorectal Surgery Faculty of Medicine Alexandria UniversitySoheir56@yahoo.com

Abstract: Stoma operations has been shown to be associated with a lot of bodily, life style and emotional (AEs) which affecting the safety of those patients. This study aimed to identify the most frequent adverse events among stoma patients. This will help the care-givers (CGs) to develop proper strategies of care. Otherwise it help the nurses to prepare the counseling sessions and contents of instructional guides for those patients to maintain their safety. This objective can be achieved through the fulfilling of different needs resulting from this operation. Stomas are performed for people from infants to elderly, for a wide variety of causes. It may be permanent or temporary. Whether it is permanent or temporary, it can be difficult to adjustment form patients, their family and the loved ones. This study is prospective type based on the experience of those who have had stoma surgery. We must be focused on what the (CGs) experiencing or understanding regards the frustrations as well as fears of those patients. We hope that, this study can help to answer the stoma patient's questions and identify the most frequent (AEs) that usually occur and affecting their safety and life negatively. Subject: - A convenient sample of 75 adult patients with stoma operation, both sex, post operative: At least one month and was selected from the following setting The Main University hospitals in Alexandria and El-Minia for period of two year. Meeting of patients was down in out patient's clinic and at their home. A specially designed interview questionnaire was developed and utilized for data collection. Stoma examination was down to assess the stoma lumen, mucosa as well as its function and assessment of skin around it. Furthermore the psychological response and sexual practices were assessed by asking the patients about its **problems related to** sexual and marital life due to this operation. The study revealed that, (50%) of patients were observed as ≥ 40 years old with total mean score equal 37.81 ± 1.7 years & SD 13.126. More than half of patients (54%) were males and married as will as the total mean score 1.46 ± 0.06 and 2.38 ± 0.13 & SD 0.502 and 1.02 respectively. Moreover, (30.2%, 20.6%) for patients were illiterate or read and write respectively and the total mean score equal 2.81 ± 0.17 , & SD 1.35. As well as (55.6%) were noticed from Alex. & (44.4%) from El-minia with total mean score equal 1.43 ± 0.07 , & SD 0.53. However, the result was represented that, the relation of gender, sexual as well as psychological adverse events assadness and depression were represented among 59% and 93.1% in male and female respectively. Furthermore, is a highly statistical significant correlations was detected regarding the correlation between sex and psychological events ($P=0.000^*$).

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1. Introduction

Stoma patients usually suffer from many alterations or (AEs) associated with presence of stoma itself. However, it could be resulting from poor care for those patients. So the life-style and emotional disturbances as (AEs) usually affecting their quality of life and safety. Furthermore the trans-cultural aspect plays a very serious role in occurrences of these or (AEs). However, stomas are performed for people from infants to elderly, due to a wide variety of causes. Whether the stoma is permanent or temporary, there are many (AEs) may be occur as surgical events of stoma itself (e.g.; stenosis, prolaps, retraction, herniation, pain, tenderness, stomal bleeding, infection, inflammation, ulceration and ischemia).^(1,2,3)

Whatever, (AEs) of skin around the stoma is including irritation, severe inflammation, edema, or ulceration? These events are due to leakage of pouch contents, poor pouching system or wrong application as well as the utilization of adhesive solvents. Additionally, to bowel movement events aroused as difficulty to control the passage of stool, gasses and odors.^(4,5,6)

However, safety and comfort usually altered among those patients due to a lot of events. These events are lack of knowledge, skills, poor communication between patients and (CGs), lack of interest among those patients, poor follow up plan of care, lack of referral system and non skillful (CGs) which consider as a corner stone for many (AEs) occurrence, prevention and management. Finally,

these (AEs) affecting the patients' comfort and reflect negatively on their social and psychological life. ^(7, 8, 9)

Recently some studies reported that, male patients may experience partial or complete impotence events. It could be temporary or permanent, due to fear of failure, or offending his partner with the presence of stoma, as well as depression related to their losses which affected their body image. Additionally, to (AEs) of erectile or achievement of orgasm as usually appear among those patients. The ejaculation may be retrograde and sterility finally the end results. ⁽⁹⁾ However, sexual complains or (AEs) among female patients as decreased vaginal lubrication and painful intercourse. Discomfort in the first few times having intercourse due to either the closure of the anus or the shifting of the uterus from the surgery (AEs). ^(5, 6, 10)

However, the negative emotional impact as a female may have one of two responses from having a stoma? As feeling that, she cannot be loved or touched because of the stoma being there. In addition to sense of sexual relationship will be lost completely as a result of the stoma itself. In conclusion stoma it self considered as stigma that affecting all aspect of comfortable sexual or social life among those patients. ¹¹ Thus, the (CGs), must be trained how they can managed those patients safely and minimize the patients' complaint or (AEs) through holistic and comprehensive plan of care. Additionally to developing a program for counseling as well as preparation of instructional guide for stoma patients to fulfill the different needs arising or questions from patients or their partners. It must be focused on the safety consideration for satisfying of sexual and social life among those. ^(11, 12, 13)

Aim of the Study:-

The aim of this study was to:-

- 1-Identify the most common sexual and psychological events of stoma operation as aspect of safety among those patients.
- 2-Synthesize possible reasons for variability in results, and make recommendations for future research.
- 3-Enhance the nurses to prepare counseling sessions and contents of instructional guidelines for stoma patients to fulfill the different needs and concerns arising from this condition with safety consideration.

2. Material and Methods.

This study is a prospective study. It was conducted in the surgical out patient clinics at the Main University Hospital in Alexandria and EL-Minia University Hospital.

A convenient sample of 75 adult patients with stoma operation, both sex, age ranged from 20- 65

years, approved to be included in this study and postoperative at least one month. Patients were selected randomly for period of 16 weeks.

The tool used to collect data in the current study include assessment tool regarding the effect of stomas on patients' condition & assessment the general health problems among them as well as sexual alterations, condition of stoma and skin around it. Medical records were used to collect data about diagnosis, type of stomas as well as operation date.

Tool will be divided into two parts:-

Part One:-

It was included **socio-demographic data** such as age, sex, marital status, education, area of residence, religion as well as occupation and past medical history as operation date, type of stoma and diagnosis.

Part Two:-

A specially designed assessment sheet was developed and utilized for data collection about the following:-

- 1-Stomal examination regarding prolapsed, stenosis, herniation, bleeding, inflammation, ulceration or necrosis.
- 2-Bowel assessment regarding diarrhea, constipation, gases, leakage, odor or abdominal cramp.
- 3-Skin around the stoma was assessed regarding itching, irritation, ulceration or infection
- 4- Psychological response and sexual alterations were assessed by asking the patients about its problems related to sexual life, as pain during intercourse, erectile dysfunction or dryness. Additionally to the negative impact on sexual practices in form of fear, sadness or depression as well as avoidance of sexual practices.

Methods:-

- Permission to conduct the study was obtained from the authorized persons at mentioned settings.
- Patient's approval to be included in the study sample was obtained with written consent.
- The sample selected was 75 and during data collection 7 patients refused to complete the participation in the study and 5 patients was died.
- Data was collected by the researchers through individualized interview with the patients.
- The sessions of data collection ranged from 20 to 45 minutes according to patient's tolerance.
- Data collection was completed after two sessions with each patient.
- 17 patients were completed their data collection by home visits.
- Pilot study applied for 10 patients to ensure the applicability.

- The sheet was evaluated by 6 expertise in the field of nursing and colorectal surgery
- The needed correction was done.
- The sheet was tested by reliability.
- As regards the statistical analysis was done with SPSS & Minitab 15.

3. Results

The total observed subjects in this study were 63 patients distributed as following: 35 from Alexandria and 28 from El-minia. Table (1) shows the Socio-demographic characteristics of the study patients. Half of them (50%) their ages were ≥ 40 years old with the total mean score was 37.81 ± 1.7 years & SD 13.126. Otherwise (54%) of patients were males and married with total mean score 1.46 ± 0.06 & 2.38 ± 0.13 and SD 0.502 & 1.02 respectively. More than half of the patients (30.2%, 20.6%) were illiterate, or read and write respectively with total mean score 2.81 ± 0.17 , & SD 1.35. As well as (55.6%) patients from Alex. and (44.4%) from El-minia with the total mean score 1.43 ± 0.07 , & SD = 0.53.

Table (2):-Revealed the correlation between diagnosis and gender. The result shows that 53.3% males and 46.6% females with cancer diagnosis. However the relation between diagnosis and gender is not statistically significant ($\chi^2 = 0.84$). Regarding type of stoma it was detected that (64%) of males and (36%) of females had temporary stoma, and the correlation between type of stoma, and gender was not statistically significant as ($\chi^2 = 1.68$). As regards pouching system (47%, 53%) males and females respectively mentioned that, they not utilize it and there is no statistically significant correlation was detected between the pouching system and gender ($\chi^2 = 1.02$)

Table (3) illustrates the distribution of patients by diagnosis in relation to setting. This table shows that, the setting as 60% of studied patients from Alexandria and 40% from El-Minia with cancer colon. There is no statistically significant relationship was detected between diagnosis and study setting. ($\chi^2 = 7.99$). However, (34%) from studied patients were detected with temporary stoma from Alexandria and (66%) with permanent stoma. Otherwise it was observed that, (54%) from El-Minia with a permanent stoma. The relation between stoma types and setting reflected that, there is no statistically significant difference as ($p = 2.81$). Regarding pouching system (86%) from patients mentioned that, they didn't utilized it from El-Minia and (14%) only from Alexandria. Whatever, there is no statistically significant correlation was noticed between pouching system and setting as ($\chi^2 = 16.89$). Additionally the educational level it was noticed, that (52.6%) from El-Minia were illiterate, 38.5% read & write, with there

is no statistically significant correlation was found as ($\chi^2 = 8.354$)

Table (4) shows that, (36.6%) was observed with cancer and temporary stoma as well as (63.4%) with permanent stoma, moreover there is no statistically significant correlation was noticed between diagnosis and types of stoma as ($\chi^2 = 9.542$). This table also shows that, the (60%), from cancer patients said that they haven't pouching system and no statistical significant correlation was observed between diagnosis and pouching system ($\chi^2 = 2.386$).

Table (5) represented that (58.73%) were not utilize the pouching system from total studied subjects, while (14.29%) only were utilized it from El-Minia. As well as there is a highly statistical significant correlations was detected regarding the pouching system and the setting ($p = .000^*$).

Table(6) represented the distribution of the patients regarding gender, sexual as well as psychological adverse events sadness and depression were represented among 59% and 93.1% in male and female respectively. Furthermore, is a highly statistical significant correlations was detected regarding the correlation between sex and psychological events ($p = .000^*$). The result of current study revealed that, (29.4%) from males were complaining from anxiety regarding the sexual practices and (68.96%) in females. However, there is a highly statistical significant correlation between sex and anxiety regarding the sexual practices was reported with ($p = .003^{**}$). Regarding Avoidance of sexual relations, it was represented among (30.1%) from all studied patients and it was noticed among 34.48% and 26.5% in females and males respectively with a highly statistical significant correlation as ($p = .003^{**}$). In relation to sexual problems the result of this study was represented that (70.5 % & 65.51%) among males and females respectively, with statistical significant findings ($p = .063^*$). On the other hands, (68.25%) from total studied patients refused to talk about this topic as noticed in (29.4 & 34.48%) males and females respectively, as well as there is statistical significant correlation was noticed as ($p = .089$).

Regarding to change of pouch figure (1) revealed that only 10% were changed it in proper time, while nearly by half of total sample not utilized it. Otherwise, around one quarter of them were mentioned that, they not changed it in appropriate time. On the other hand the causes of non utilizing of pouch system the figure (2) revealed that only 10% were mentioned that it is not available or due to lack of money, while nearly by one quarter of total patients were mentioned that, they not utilized it due to lack of money and knowledge. Furthermore 20% of them were detected as not utilized it due to there is no any

background or idea about it. Otherwise, 15 % were mentioned that, they not utilized it due to lack of money and around 10% said that there is no any instructional guide was received regarding the pouch system in general.

As regarding the stoma (AEs) this figure (3) was revealed that, the apparent (AEs) as stenosis, bleeding and retraction were detected among (14%, 12% & 10%) respectively. While, necrosis and prolapsed were noticed only among (4% & 6%) respectively.

Table (1): Distribution the characteristics of the study sample

Socio-demographic data	n= 63	%	Mean ±S.D
<u>Age in years</u>			
- 20- 29	13	20.6	37.81 13.126
- 30 – 39	18	28.6	
- 40 and more.	32	50.8	
<u>Gender.</u>			
- Male.	34	54	1.46 0.502
- Female	29	46	
<u>Marital Status</u>			
- Married	34	54	2.38 0.023
- Unmarried	29	46	
<u>Educational Level</u>			
- Illiterate	19	30.7	2.81 1.354
- Read& Write	25	40.1	
- Secondary level	10	15.9	
- University	9	14.3	
<u>Setting</u>			
- Alex.	35	55.6	1.43 0.530
- El Minia	28	44.4	

Table 2: Distribution of the study sample by:

- **Gender &Diagnosis.**
- **Gender &Types of colostomy.**
- **Gender &Pouching system.**

Variables	Gender				Total (n=63)	χ^2
	Male		Female			
	No.	%	No.	%		
<u>1. Diagnosis</u>						
- Cancer	16	53.3	14	46.7	30	0.842
-Inflammatory bowel disease.	6	54.5	5	45.5	11	
-Obstruction	4	66.7	2	33.3	6	
-Trauma & Ruptured	6	50	6	50	12	
-Others	2	50	2	50	4	
<u>2. Types of colostomy</u>						
- Temporary	16	64	9	36	25	1.679
- Permanent	18	47.4	20	52.6	38	
<u>3. Pouching system</u>						
- yes	16	64	10	36	26	1.027
- No	18	47	19	53	37	

Table 3: Distribution of the study sample by:

- Diagnosis and setting.
- Types of colostomy and setting.
- Pouching system and setting.

Education level and setting.	Alex. No=35	%	El- Minia No=28	%	Total No=63	Sign. s ²
1. Diagnosis						
-Cancer	18	60	12	40	30	7994
-Inflammatory bowel disease	7	64	4	36	11	
- Obstruction	5	83	1	17	6	
-Trauma & Ruptured	4	33	8	67	12	
-Others	1	25	3	75	4	
2. Types of colostomy						
- Temporary	12	48	13	52	25	2815
- Permanent	23	61	15	39	38	
3.Pouching system & Gender						
- yes	22	85	4	15	26	16.819*
- No	13	35	24	65	37	
1. Education level						
- illiterate	9	47	10	53	19	8354
- Read & write	8	62	5	38	13	
- Basic	6	50	6	50	12	
- Secondary	8	80	2	20	10	
- University	4	44	5	56	9	

Table 4: Distribution of patients according to diagnosis, pouching system and type of stoma.

Diagnosis	Pouching System				Total	χ ²	stoma types				Total	χ ²
	Yes n=26		No n=37				Yes n=26 No. %	No n=37		n=63		
	No. %	No %	No. %									
-Cancer	12	40	18	60	30		11	37	19	63	30	
Inflammatory bowel disease	5	45	6	55	11		4	36	7	64	11	
-Obstruction	3	50	3	50	6	2.386	4	67	2	33	6	9.542
-Trauma or rupture	5	42	7	58	12		3	25	9	75	12	
-Others	1	25	3	75	4		3	75	1	25	4	

Table (5): Distribution of patients according to correlations between (Pouching system and setting).

Utilize of pouching system.	Setting				Total		Sig. <i>p</i>
	Alex.		El-Minia				
	N	%	N	%	N	%	
Yes	22	64.70	4	14.29	26	41.27	.000 ^{***}
No	12	35.30	24	85.71	37	58.73	
Total	34	100 %	28	100 %	63	100	

Table (6): Distribution of sample according to gender with correlation (Sexual & psychological events)

Sexual & psychological (AEs)	Male		Female		Total		SingP
	n=34	%	n=29	%	63	%	
-Sense of sadness & Depression	20	59	27	93.1	47	74.6	.000 [*]
-Anxiety about sexual practises	10	29.4	20	68.96	30	47.6	.003 [*]
Avoidance of sexual relations	9	26.5	10	34.48	19	30.1	.013 [*]
-Sexual problems	24	70.5	19	65.51	43	68.25	.063 [*]
- Refused to talk about this topic	10	29.4	10	34.48	20	31.74	.089 [*]

Pearson Chi-Square Asymp. Sig. (2-sided) χ^2 & $P > 0.05$ Level of sign.

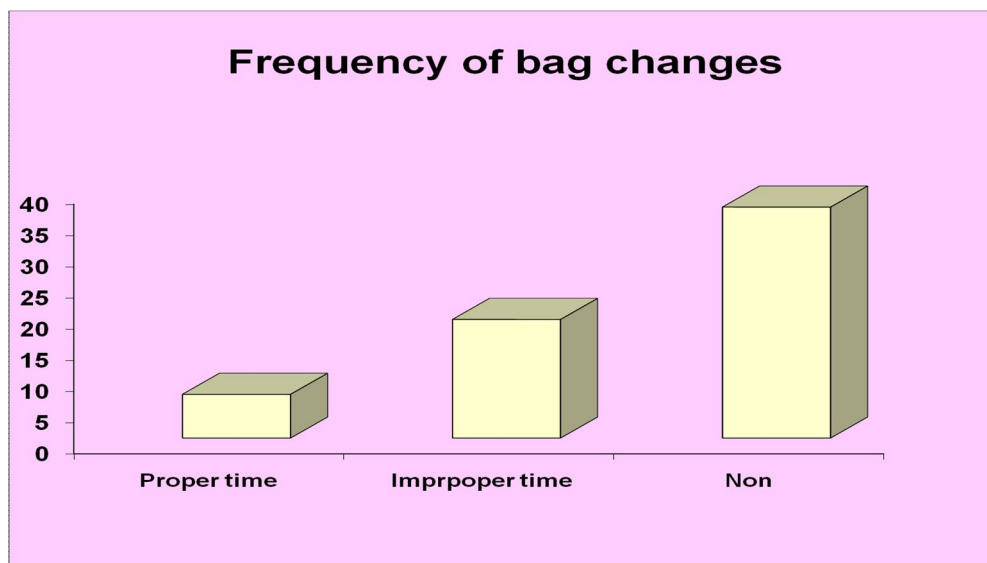


Figure (1) Distribution of patients according to Time of pouch changing

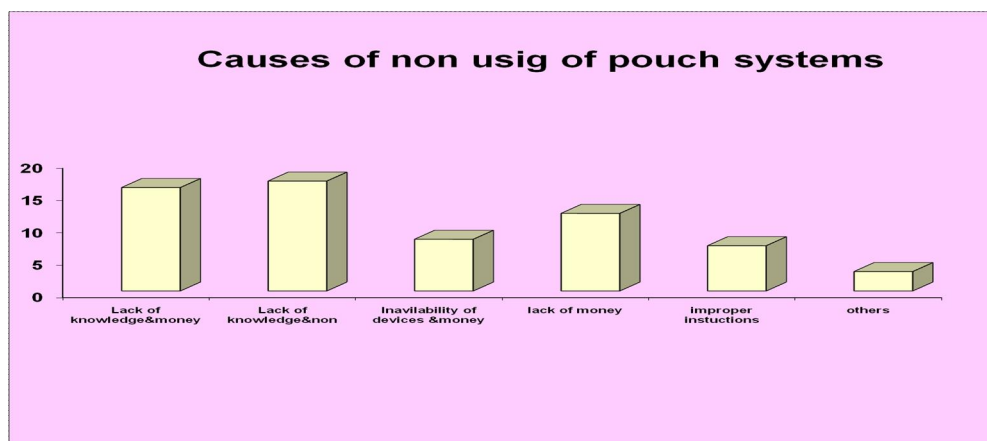


Figure (2) Distribution of patients according to the causes of non using pouch system

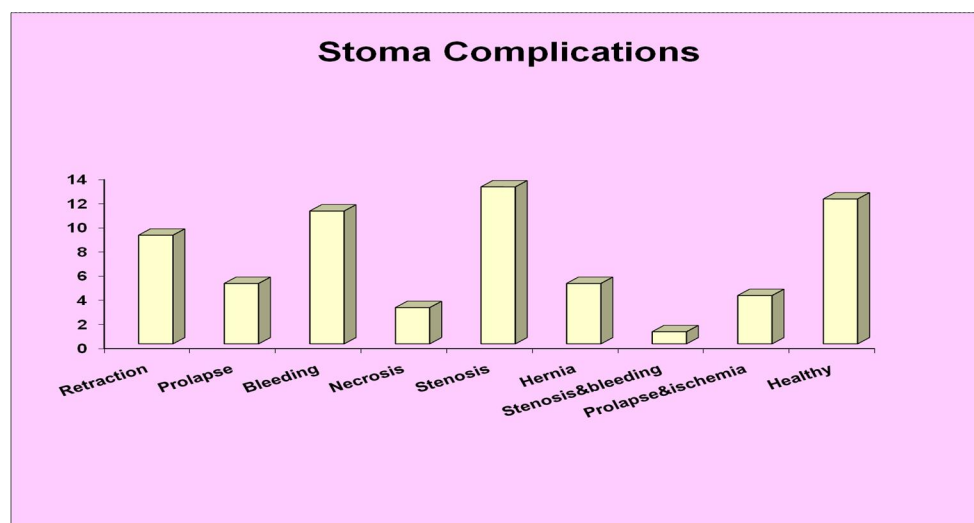


Figure (3) Distribution of patients according to stoma complications

4. Discussion

In the last 30 years, much has been done to improve the general progression of stoma patients. However, this can be documented through better surgical techniques with fewer sequelae, improved the practical management of stoma patients.^(14, 15) While, better understanding regarding the accompanying (AE) as physical, psychosocial and sexual with the presence of stoma. On the other hand psychosocial and sexual (AE) are neglected⁽¹²⁾. This is supported by the stoma groups and care givers CGs as reported that, it is a very difficult experience to face the diagnosis and stoma operation with the same time.^(16, 17)

This study revealed that only 10% were detected as not utilized the pouch system due to unavailability of it or lack of money, or knowledge. This may be attributed to lack of interest, income, poor of training of CGs additionally¹⁸ to lacking of system for manage those patients in our society or embarrassment to handle this issues due to tranche culture believes. This finding was antagonistic to **Oueda et al.**¹⁸, whom reported that, after six months of training and follow up, the stoma patients were noticed as success fully independent related to utilizing of bag, prepare the pouch and empty it correctly.⁽¹³⁾ This may be return to neglecting the trans-culture factors, lack of awareness among those patients related to assemble all material needed. Furthermore, the misconception of CGs in health care setting due to limited area of the study which not reflecting the true background regarding the general problem in our societies. In congruent with these findings, Karadag. **A.**, was confirmed that, the colostomy has a profoundly negative impact on quality of life. Furthermore, another study was recommended on the urgency for specialized counseling for those patients by a dedicated team improves QOL significantly.^(12, 14)

The study is revealed that, cancer as the most indicators for stoma surgery among nearly by 50% of the total studied patients. This finding was documented by Bass M., **et al.**⁽⁶⁾ whom mentioned that, the colorectal cancer is the main cause for stoma operation. Whatever, poor progression of these conditions may be resulting from lack of patient's awareness regarding the importance for call to medical help with the presence of early bowel alterations and finally stoma take place.⁽²⁾

While cancer is the main cause for the stoma those patients are usually dealing with a two fold threat of loss: the threat to life by cancer itself and the threat to bodily integrity by the stoma as well as its consequences.⁽¹²⁾ This is documented by the results of current study as shown in table (6) among most of female patients and more than half of male. By the fact shock and numbness are the initial feelings, with anxiety, hopelessness, and helplessness alternating

with feelings of disbelief or anger. Sharing the crisis with a close relative, friend, or veteran patient is important at this point. Anticipatory grieving for the expected loss can greatly facilitate the later adjustment.⁽³⁾ Information may have to be repeated because patients may not be able to assimilate all that, they have heard. Inspit of the figure (2) reflected that there is lacking regarding patient's counseling about preparing those patients preoperatively regarding the all mentioned expected (AEs). This is indeed with reporting of in Abo el-fadle S.⁽²¹⁾ study finding.

As evidenced, the ability for self-care reflects the individual's power to engage in the stoma care. Thus, the individual must have the ability and skills to initiate or sustain self-care efforts. Moreover, knowledge and awareness with the important of proper practices and its relation to general health as well as socialization or sexuality are urgently.⁽¹⁶⁾ This is can be achieved through planned teaching strategies with consideration the transculture factors as well as the socioeconomic status of those patients.

We can outline the main problems among those patients and their families related to the adjusting to life with stoma. These problems involve every aspect of life: physical, emotional, and interpersonal (especially sexual) as shown in (Table 6). Although most of patients try to cope with it, they need considerable support and continuous care. In spite of these leads to improvements, however, even it is also difficult for busy physician to respond for the patient's questions and concerns about stoma and sexual practice so they neglected their needs.^{3, 4}

Nowadays, most of studies mentioned that, although nurses or enterostomal therapists may be more familiar with the practical aspect of emotional problems among those patients, the surgeon is still neglecting these aspects. Urgently the surgeons should have answers to every question about this operation and its expected outcome or (AE).⁽¹⁷⁾ It is common myths within the medical community that telling patients about possible AEs makes them more adapt to occur; patients are better off not being told, the reasoning goes. So that correct information given empathetically is one of the best ways to lead that patient through the experience of living with stoma. Another important principle is to listen and to detect psychosocial events early, so that, they can be confronted with it and treated before they become fixed.

Based on our personal experience with those patients and review of literature, we have worked out guidelines for physician's management of cancer patient with stoma. In everyday medical practice, some of these points are observed and some are not, depending on the sensitivity of the caretakers. Thus we hope that, this study helps to further improve the

quality of life and safety of stoma patients. In despite of their limitations they not only survive, but live a full life. Less attention has been paid to physiological changes or events after abdominoperineal resection in women. Recently a little studies mentioned that, decreased libido, decreased vaginal lubrication, and decreased incidence of orgasm disturbance seems to be less frequent in women patients with stoma after abdomino-perineal resection for rectal cancer or stoma for inflammatory bowel disease.⁽¹⁰⁾ However this lined with our finding in table (6).

While male patients were detected besides the physiological sequelae, the psychological safety among those patients may be even more important. Sometimes the two sides of the problem are so intertwined that, they are difficult to separate. All the psychological problems mentioned so far also affect sexual function^{8, 9}. For instance, impotence and decreased libido may be a symptom of depression rather than the sequelae of the operation as shown in (table 6). As well as shame and embarrassment may interfere with pleasurable sex. For example, the man, after abdomino-perineal resection was completely impotent, but able to enjoy orgasm through other ways. In spite of some patients in the current study said that, they could not expose the bag and covered it by wearing a shirt. This finding was documented by pervious study as mentioned that, covering stoma site was important to the patient, but not to their wife's. This matched with - Secord C. and Persson E.⁽¹⁹⁾ study about the AEs of abdomino-perineal resection for rectal cancer

Besides the stigmas of cancer and stomas, there is an additional problem confronted by the cancer patient who undergoes stoma surgery "the sexual taboo"⁽²⁰⁾. Although sex quality has been studied extensively,²¹ and people speak more openly about sexual problems; it is still difficult for many physicians and patients to address the question. Patients don't ask and doctors don't ask. Why is this? Cancer patients are mainly in the older age groups. Although there is plenty of evidence that human beings of every age have a need to express themselves sexually,⁽²²⁾ there is a frequent misconception held by both physicians and the lay public that age limits interest in sex. Additionally to the loss of normal bowel function or urination has all the ramifications of loss of a limb or breast.

However both patient and his partner may fear that cancer can be transmitted through the sexual act as mentioned by some patients from El-Menia. other patients in our study' refused the stoma and put their life in jeopardy because they could not imagine life without sex; Other male patients reacted to early postsurgical bleeding as if it were menstrual flow and felt feminized and asexual. Women describe feeling

sexually assaulted; in both sex, stoma can become eroticized and patients may then feel embarrassed about autoerotic sensation. The need for control became less important once there were bags available to reasonably protect the patient from odor and spillage⁽²²⁾. However, the current study revealed that more than half of the subjects do not use the stoma bag. Thus, they usually were suffering from odor and spillage of stoma contents.

Another common misconception held by physicians and the public is that sex is not important if one is physically ill, especially with cancer. After we interviewed our patients with advanced colorectal cancer, it became clear that some of them had rewarding sexual experiences despite physical limitations. This dispels another common thought that equates sexuality with vaginal intercourse, without consideration of other satisfactory means of sexual expression. It is also well documented that patients with advanced disease have a greater need to be held and touched.^{13, 23}

Finally, some physicians think that dealing with sexual problems is not part of their job. In a large survey in Great Britain and Ireland, most of the young ileostomy patients who consulted a physician about sexual difficulties regarded the doctor's advice as unhelpful.^(24, 25) Thus there is a clear-cut need for sexual education from the health care givers and its importance for those patients.

However, nurse educators considers as mother board for promotion and improvement of patient outcomes in the future. This can be achieved by facilitating an evidence-based nursing approach within clinical nursing education. Moreover, Secord C and Persson E. (2001)¹⁹ emphasized that nursing faculty are incorporating evidence-based practice by helping students increase their skills in accessing and analyzing the most relevant evidence to support their beginning nursing practice career. They also suggested that, to provide rationales for quality nursing actions, by recognize the importance of current research evidence and other sources of knowledge, such as ethical, personal, and aesthetic.^(24, 25, 26)

Conclusion

The conclusion of this study reflects that, a significant percentage of ostomy operation due to cancer more than 50%. Patients have cancer in Alexandria were 47.6% from the total sample. Postoperative sexual dysfunction is common in both sex, due to presence of stoma, stress, difficulty to reach orgasm in addition to dryness, erectile dysfunction and infertility.²⁷ In addition to the trans-cultural aspect in the form of embarrassment to expressing any problems related to sexual practices as revealed in the study results about 1/3 of the studied

sample. Finally these alterations lead to a negative impact on patients' safety and quality of life as mentioned in many studies. Those patients who feel that pouching system and leakage, skin problems and bad odor poorly reflect on their sexual lives and cause multiple physiologic and psychological components to alter patients' safety and comfort.

Recommendations:-

All the desired outcome can be achieved by the following:

1. Enhance an understanding of important concepts in patient safety, particularly the need for a systems approach for those patients.
2. Exchange information about patient safety initiatives under way in the region and identify emerging areas for regional collaboration;
3. Identify and address issues related to the implementation of patient safety in the following four areas: health care associated infections, the frontline role of health care workers, the involvement of patients and their families in the plan of care.
- 4- Developing of follow up schedules and proper training program for care giver as well as patients and their families.
- 5- Urgency for developing the team works in the plan of care for stoma patients as well as designs the proper referral system for such condition as well as developing rehabilitation programs for those patients.
- 6- Furthers studies about the sexual concerns of stoma patients.
- 7- Increase the awareness of HCG regarding the urgency and importance of intimacy and sexual life for stoma patients in their plan of care.

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