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SOCIODEMOGRAPHIC AND CLINICAL PROFILE OF PEOPLE WITH A STOMA DUE TO ONCOLOGICAL CAUSE: OBSERVATIONAL STUDY

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ABSTRACT

Introduction: Cancer is caused by abnormal cell mutations. Colon and rectum cancer occupies the second position in the ranking of incidences in Brazil. Objective: To describe the sociodemographic and clinical profile of people with an ostomy due to cancer in the state of Ceará. Method: Epidemiological, observational, longitudinal study with a retrospective approach, carried out in Ceará, in medical records of patients monitored by the Service of Attention to the Patient with Stoma. Result: A total of 655 medical records were analyzed, in which most of the patients were female (53%), elderly (61.41%), retired and pensioner (46.9%), married (42%), with children (67.9%), whose predominant schooling was elementary school (34.2%); 72.8% had no comorbidities, did not use chemotherapy (54.5%), colostomy (64.7%), terminal (65.3%), definitive (46%), in the lower left quadrant (52.5%) , red (64.4%), oval (47.2%), low profile (44.6%) and pasty (33.9%), used a one-piece bag (60.6%), with an average of 10 bags monthly (95%), changing every 3 to 5 days (43.1%), without the need to use adjuvants (71%). Conclusion: A profile of patients should be drawn in order to improve assistance and planning of actions for this public.

DESCRIPTORS: Oncology. Enterostomal therapy. Nursing.

PERFIL SOCIODEMOGRÁFICO E CLÍNICO DE PESSOAS COM ESTOMIA POR CAUSA ONCOLÓGICA: ESTUDO OBSERVACIONAL

RESUMO

Introdução: O câncer é causado por mutações celulares anormais. O câncer de cólon e reto ocupa a segunda posição no ranking de incidências no Brasil. **Objetivo:** Descrever o perfil sociodemográfico e clínico de pessoas com estomia por causa oncológica no estado do Ceará. **Método:** Estudo epidemiológico, observacional, longitudinal com abordagem retrospectiva, realizado no Ceará, em prontuários de pacientes acompanhados pelo Serviço de Atenção ao Paciente com Estomia. **Resultado:** Foram analisados 655 prontuários, dos quais a maioria dos pacientes eram do sexo feminino (53%), idosos (61,41%), aposentados e pensionistas (46,9%), casados (42%), com filhos (67,9%), cuja escolaridade predominante foi o fundamental (34,2%); 72,8% não possuíam comorbidades, não utilizaram quimioterapia (54,5%), colostomia (64,7%), terminal (65,3%), definitiva (46%), em quadrante inferior esquerdo (52,5%), vermelha (64,4%), ovalado (47,2%), baixo perfil (44,6%) e pastoso (33,9%), utilizavam bolsa de uma peça (60,6%), com uma média de 10 bolsas mensalmente (95%), realizando troca de 3 a 5 dias (43,1%), sem a necessidade de uso de adjuvantes (71%). **Conclusão:** Um perfil dos pacientes deve ser traçado, a fim de melhorar a assistência e planejamento das ações a esse público.

DESCRITORES: Oncologia. Estomaterapia. Enfermagem.

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PERFIL SOCIODEMOGRÁFICO Y CLÍNICO DE LAS PERSONAS CON ESTOMA DE CAUSA ONCOLÓGICA: ESTUDIO OBSERVACIONAL

RESUMEN

Introducción: El cáncer es causado por mutaciones celulares anormales. El cáncer de colon y recto ocupa la segunda posición en el ranking de incidencias en Brasil. **Objetivo:** Describir el perfil sociodemográfico y clínico de las personas con estoma por cáncer en el Estado de Ceará. Método: Estudio epidemiológico, observacional, longitudinal con abordaje retrospectivo, realizado en Ceará, en prontuarios de pacientes acompañados por el Servicio de Atención al Paciente con Estoma. **Resultado:** Se analizaron 655 prontuarios, la mayoría del sexo femenino (53%), adulto mayor (61,41%), jubilado y pensionado (46,9%), casado (42%), con hijos (67,9%), cuya escolaridad predominante fue la primaria. (34,2%). El 72,8 % no tenía comorbilidades, no usaba quimioterapia (54,5 %), colostomía (64,7 %), terminal (65,3 %), definitiva (46 %), en cuadrante inferior izquierdo (52,5 %), rojo (64,4 %), ovalado (47,2 %), bajo perfil (44,6 %) y pastoso (33,9 %), usaba bolsa de una sola pieza (60,6 %), con un promedio de 10 bolsas mensuales (95 %), cambiando cada tres a cinco días (43,1 %), sin necesidad de utilizar adyuvantes (71%). **Conclusión:** Debe elaborarse un perfil de pacientes para mejorar la atención y planificación de acciones para este público.

DESCRIPTORES: Oncología. Estomaterapia. Enfermería.

INTRODUCTION

Cancer is understood as a broad term for malignant diseases that, in common, are caused by mutation or abnormal activation of genes that control cell growth, resulting in progressive changes in cell biology characterized by changes in cell proliferation, differentiation and interaction with the extracellular environment[1].

Within the types of cancer, colon and rectum cancer was, in 2020, the second in the ranking of estimated incidence in Brazil in both sexes according to the National Cancer Institute (Instituto Nacional do Câncer-INCA)[2]. Due to this scenario, cancer, especially of the colon, is the primary cause of ostomy manufacturing, as this therapy allows for

better survival rates and even cure in these patients.[3,4].

The ostomy is characterized as a surgical construction of a mouth of the viscera chosen for the external environment, which can be temporary or permanent to continue the path of elimination of liquids and physiological effluents. Its therapy has as its main objective the treatment of tumor lesions through primary anastomosis[5].

The area of expertise that cares for people with stomas is stomatherapy, which began in 1980 and has since developed its scientific knowledge in this scope[6]. Caring for people with a stoma aiming for their adaptation and better quality of life is one of the goals of a stoma therapist nurse. Thus, it is essential to understand its audience, its difficulties, and the socioeconomic context in which this patient is inserted.

Through the umbrella project, the need to keep professionals updated and trained to work in stomatherapy to offer qualified assistance based on scientific evidence was observed. In addition, to provide assertive care, it has become necessary to know the profile of patients who receive such care. Therefore, based on this justification, the guiding question emerged: what is the sociodemographic and clinical profile of people with ostomies due to cancer in Ceará state?

OBJECTIVE

Describe the sociodemographic and clinical profile of people with an ostomy due to cancer in the Brazilian state of Ceará.

METHODS

The present is an epidemiological, observational, longitudinal study with a retrospective temporal trend approach through document analysis[7]. Longitudinal studies analyze changes in the characteristics of individuals over a given period.

As for the time, they can be prospective (follows patients throughout the treatment) or retrospective (based on data from past periods)[8].

The study results from an umbrella project entitled "Sociodemographic profile and association of ostomy and peristomal skin complications". It was carried out at the Health Care Service for Ostomized People (Serviço de Atenção à Saúde das Pessoas Ostomizadas-SASPO), located in Fortaleza, Ceará. Following the national guidelines established by the Ministry of Health, in the state of Ceará, the specialized care service for people with an ostomy was implemented in 2016 through the State Health Department, which enables people with an ostomy to perform self-care, treatment and rehabilitation, and distributes collection equipment and adjuvant devices provides assistance to a multidisciplinary team and has flow for ostomy reversal. The Health Care Service for Ostomized People serves people from all over the state, guaranteeing users follow-up through a multidisciplinary team[9].

Data collection started from August to November 2020 and was resumed in March 2021 after new decrees on social distancing related to the COVID-19 pandemic.

For data collection, an instrument was created considering sociodemographic and clinical aspects. The following variables were included: sex; age range; provenance; naturalness; diagnostic hypothesis; type, temporality, shape, color, location in the abdomen and ostomy complications; peristomal skin complications; effluent consistency; treatment with chemotherapy and/or radiotherapy; and use of adjuvants.

The collected data were transcribed and tabulated in Microsoft Excel software for storage. After completing data collection and tabulation, the statistical analysis process began using the double-entry technique using the Statistical Package for Social Sciences for Windows (SPSS) software, version 23.0. After its tabulation, the data were interpreted and substantiated based on the literature relevant to the theme.

The study was submitted for evaluation by the Research Ethics Committee and approved with CAAE:09945419.4.0000.5534 and opinion number: 3,345,417, obeying the ethical precepts referring to Resolution 466/2012 of the National Health Council[10].

Due to the study using secondary data, the leading researcher signed the Trustee Term.

RESULTS

Of the 1,076 medical records surveyed, 655 (60.87%) cases were of people with an ostomy due to cancer who attended the service from 2016 to 2019 in the state of Ceará, from which the sociodemographic, economic and clinical profiles were characterized in this study.

Regarding the sociodemographic profile, it can be said that the majority were female (53%), elderly (61.41%), retired and pensioners (46.9%), married (42%), with children (67. 9%), whose predominant educational level was the elementary school (34.2%) as shown in Table 1.

As for the clinical profile of people with a stoma, most patients did not have comorbidities (72.8%), and even though the reason for making the stoma was oncological, 54.5% did not need to undergo chemotherapy after surgery.

The most frequent ostomy for these patients was the colostomy (n = 424) (64.7%), the main exteriorization was the terminal one (n = 428), and its predominant temporality was the definitive one (46%).

The most common characteristics of stomas in terms of location, color, shape, protrusion and effluent are, respectively: lower left quadrant (52.5%), red (64.4%), oval (47.2%), low profile (44 .6%) and pasty (33.9). Notably, the protrusion considered ideal forms only 4.9% of patients.

As for the need for dispensing supplies by the stomatherapy service, most used a flat system of only one piece (60.6%), with an average of 10 bags per month (95%), performing exchanges every three to five days (43.1%), without the need to use adjuvants (71%). Still, ostomy powder was the most administered (11.8%).

Regarding the continuity of follow-up in the specialized service, 15 patients abandoned the treatment, 37 reverted during the study period, and 43 died. A description of the data presented in Table 2 follows.

Table 1. Sociodemographic profile of oncology people with an ostomy at SASPO. Fortaleza, Ceará, Brazil,2021.

Sociodemographic Profile		
Gender	**n**	**%**
Male	308	47.0
Female	347	53.0
Total	655	90.9
Age		**54.5**
12 to < 20 years	3	0.5
20 to < 30 years	8	1.2
30 to < 40 years	25	3.8
40 to < 50 years	79	12.1
50 to < 60 years	137	20.9
60 to < 70 years	172	26.3
70 to 80 years	155	23.7
over 80 years	76	11.5
Occupation		**54.5**
Workers	102	15.6
Retirees	248	37.9
Pensioners	58	8.9
No income	69	10.5
Uninformed	178	27.2
Marital status		
Single	101	15.4
Married	275	42.0
Widower	59	9.0
Divorced	30	4.6
Stable union	11	1.7
Uninformed	179	27.3
Education		
Illiterate	104	15.9
Literate	3	0.5
Elementary School	224	34.2
High school	91	13.9
University education	25	3.8
Uninformed	208	31.8
Children		
Yes	445	67.9
No	73	11.1
Uninformed	137	20.9

Source: Elaborated by authors.

Table 2. Clinical profile of patients with ostomies due to oncological causes of SASPO, Ceará, Brazil, 2021.

Clinical profile		
Comorbidities	**n**	**%**
Yes	178	27.2
No	477	72.8
Chemotherapy		**90.9**
Yes	289	44.1
No	357	54.5
Not applicable	9	1.4
Type of ostomy		72.7
Ileostomy	135	20.6
Colostomy	424	64.7
Urostomy	96	14.7
Externalization		63.6
Terminal	428	65.3
Strap	154	23.6
Two mouths	13	2.0
Bricker	7	1.1
Uninformed	53	8.0
Temporality		9.0
Temporary	197	30.0
Definitive	301	46.0
Undefined	118	18.0
Uninformed	39	6.0
Format		
Oval	309	47.1
Round	275	42.0
Irregular	49	7.5
Uninformed	22	3.4
Place		
LLQ	344	52.4
LRQ	216	33.0
ULQ	37	5.6
URQ	31	4.7
Uninformed	27	4.1
Color		
Red	422	64.4
Pink	26	4.0
Uninformed	207	31.6

continue...

Table 2. Continuation...

Clinical profile		
Protrusion		
Retracted	90	13.7
Flat	126	19.2
Low profile	292	44.6
Normal height	32	4.9
High profile	8	1.2
Prolapse	29	4.5
Uninformed	78	11.9
Effluent		
Liquid	159	24.3
Semi-liquid	14	2.1
Pasty	222	33.9
Semi-solid	78	11.9
Solid	84	12.8
Uninformed	98	15.0
Collection bag		
1 fat piece	397	60.6
2 flat pieces	80	12.2
1 convex piece	105	16.0
2 convex pieces	72	11.0
Two types	1	0.2
Amount		
10	622	94.9
15	29	4.4
20 or more	4	0.7
Change Frequency		
Daily	4	0.6
2 to 3 days	176	26.9
3 to 5 days	282	43.1
more than 5 days	70	10.7
Uninformed	123	18.7
Use of adjuvant		
Yes	190	29.0
No	465	71.0
Adjuvants		
Ostomy powder	77	11.8
Ostomy paste	50	7.6
Elastic belt	63	9.6
Outcome		
Death	43	6.6
Reversion	37	5.6
Abandon	15	2.3
Follow-up	560	85.5

LLQ: Left Lower Quadrant; LRQ: lower right quadrant; ULQ: upper left quadrant; URQ: Upper right quadrant. Source: Elaborated by authors.

DISCUSSION

The results of this study are similar to data found in a survey carried out with a similar customer profile in the state of Rio de Janeiro, in which the similarity of socioeconomic data is encountered in the variables age, education and whether they have children[11].

Although females are the most affected in the present study, this variable is at odds with studies found in the literature.[12,13].It can be said that the male population is more affected by colorectal and bladder cancer, consequently with a higher incidence of making ostomies. It is worth noting that men's health is little explored and studied in health services, even with the National Policy for Integral Attention to Men's Health (Política Nacional de Atenção Integral da Saúde do Homem)published in 2018[14].

The elderly population was the most affected, reiterating the studies that claim that at this age, the tumor and the incidence of cancer are higher[2,15]. Therefore, attention is needed for this population, from which the elderly must be encouraged to learn and rediscover life as a new challenge, which is care for their ostomy.

Reiterating a study carried out in João Pessoa, this investigation found a predominance of patients who are retired or pensioners since the socioeconomic level of the patient reverberates even in the quality of life, health habits and regionalization[16].

Another study carried out in northeastern Brazil is similar to this one[17]. It is noticed in this research that more than half were married. Family members become great allies in ostomy care and encourage living in society, as before the illness[18]. This characteristic reinforces the fundamental role of the support network and treatment adherence.

The clinical characteristics of the patients, such as comorbidity, showed similarity with the 2019 study[19]. Despite the aging of the population and the high prevalence of comorbidities such as systemic arterial hypertension and diabetes mellitus, most of the sample presented did not have such conditions[20].

Among the various types of exteriorization, colostomy is the most frequent. Studies from the country's south and southeast corroborate this one's findings, demonstrating homogeneity in the Brazilian territory[21,22].

A study to trace the sociodemographic and clinical profile of people with an ostomy in Brazil showed similarities with the findings in the variables: type of effluent, pasty consistency and frequency of changing the bag every 3 to 5 days. However, it differs concerning temporality, most of which were not temporary, the use of adjuvants, which in the present study, in general, were not used or were not dispensed, and the type of bag dispensing, in which the flat equipment of an only piece was the most used[22].

It is noteworthy that the use of adjuvants is more indicated when the patient has some complication in his ostomy; this, however, despite the low dispensing of inputs, does not necessarily mean that patients had fewer complications than in previous studies[11,22] because the development of complications also depends on factors such as the quality of the service, good preparation and guide marking of the ostomy and the promotion of the health offered, always seeking the patient's autonomy.

The prevention of these complications can be done through preoperative guide marking so that the ostomy is in a place free of folds and bone prominence, helping the bag to adhere and the patient to take care of himself; with health education and an adequate bag cut for better equipment adherence and reduction of peristomal complications[21].

In the present study, no patient had their stomas previously demarcated, showing the need to disseminate this practice by stoma therapist nurses in the state, showing the importance of this care for the clinical staff and patients, and carrying out training to have nurses trained for this.

Certain factors negatively influenced the sample size, such as the time taken to collect study data due to the pandemic period and medical records needing more information, limiting the scope of the study. Despite the difficulties encountered, this study is relevant for its contribution to the knowledge of patients with a stoma in the field of oncology.

CONCLUSION

The study showed the profile of patients with an ostomy due to oncological causes with characteristics of female, elderly, retired, married, with children and elementary school patients. In addition, with the clinical profile of patients without

comorbidities, who, despite the cause, did not undergo chemotherapy or radiotherapy, with a definitive colostomy, with a protrusion in low profile, pasty effluent, using a flat one-piece bag every 3 or 5 days.

This information is essential in establishing the planning of organizational, managerial and care actions for the described public, maintaining the individuality of the patient with a stoma and assertively qualifying care with well-targeted public resources and incentives for training in stomatherapy.

CONFLICT OF INTEREST

Nothing to declare.

AUTHORS' CONTRIBUTION

Conceptualization: Jorge TV and Marques ADB; **Methodology:** Jorge TV, Marques ADB and Mourão LF; **Research:** Jorge TV and Marques ADB; **Writing – First version:** Jorge TV, Marques ADB, Mourão LF, Pinheiro RM, Silva AL and Lopes DGLZ; **Writing – Reviewing & Editing:** Jorge TV, Marques ADB, Mourão LF, Pinheiro RM, Silva AL and Lopes DGLZ; **Financing Acquisition:** Jorge TV, Marques ADB and Mourão LF; **Resources:** Jorge TV, Marques ADB and Mourão LF; **Supervision:** Marques ADB.

DATA AVAILABILITY STATEMENT

Data will be available upon request.

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