



ENTEROSTOMAL THERAPY IN MEXICO

ESTOMATERAPIA EN MÉXICO

ESTOMATERAPIA NO MÉXICO

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Mexico is a benchmark country for Latin America in many ways. Its culture, historical centers, its music, its gastronomy, its customs, movies, and even in the area of health. For this reason, it is interesting to ask ourselves how Stomatherapy (ST) works in this beautiful country.

I will tell you in these short lines about our situation. How did it come about? How does stomatherapy work in Mexico? What kind of autonomy do stoma therapists have? And from my point of view, what are the expectations for the future?

In 1975 at the National Institute of Pediatrics (*Instituto Nacional de Pediatría-INP*), the pediatric **nurse Ángeles Vilchis** began a program for the care of pediatric ostomate patients; Guadalupe Lopez Eslava, in charge of stoma clinics, told us in June 2022 that once the nurse Angeles graduated as a stoma therapist in 1985, she officially established the stoma clinic at this Institution.

However, according to Master Rosalinda López Rodríguez, Head of Nursing at the HIM Colorectal Center, 50 years ago, the colon and rectum disease clinic was created at the Federico Gómez Children Hospital of Mexico (Hospital Infantil de México Federico Gómez-HIM). However, it was not until 1995 when doctors Dr. Mercado, Dr. Peña and **Pediatric Nurse Martha Lule Domínguez** went to train at the Schneider Children Hospital Colorectal Center in New York, United States, to better care for sick children in this specialty with a high-level protocol.

The teacher **María Guadalupe Ibarra Castañeda**, a great visionary, professional and empowered, who we recognize as the pioneer of stomatherapy in Mexico due to her trajectory and development of this specialty in the country, takes the nursing direction at Hospital Ángeles del Pedregal, in Mexico City and professionally forms the First Course-Diploma in Enterostomal Therapy.

She was the person who, in 1992, brought the WCET (World Council of Enterostomal Therapists) to Mexico. That year, she represented our country as its first international delegate.

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The Course had the formal recognition of the Pan American Health Organization (PAHO)-WCET and was endorsed by the National School of Nursing and Obstetrics (Escuela Nacional de Enfermería y Obstetricia -ENEO) of the National Autonomous University of Mexico (Universidad Nacional Autónoma de México-UNAM); from its creation until approximately August 2008, around 250 Enterostomal Therapists graduated from Mexico and Latin American countries, such as Puerto Rico, Panama, Costa Rica and Uruguay.

The teacher Mtra. María Guadalupe tells us that most of these graduates today participate in academic and professional events to share and generate new knowledge that favors and fosters the continuous improvement of the field in Latin American regions.



Figure 1. Latin American group at lunch in Lyon, together with the president Nancy Fallar.

In the historical memory of several nurses in the country, it is said that ETs **María Guadalupe Ibarra Castañeda**, **Rebeca Franyutti**, **Ángeles Vilchis**, **Etelvina Gómez** and **Yolanda Murad** paved the way for Enterostomal Therapy in the country, being the first nurse to graduate abroad (Colombia, Spain and the US).

It is important to mention that in Mexico, the first clinic for wounds and ostomies focused on adults was created in the General Regional Hospital “Ignacio Zaragoza” of the I.S.S.S.T.E in 1990 since there was an overriding concern to improve the quality of life of people with wounds and ostomies. Nursing graduates **ET Otilia Cruz Castañeda** and **ET Lucía Pat Castillo** attended the stomatherapy course and officially inaugurated the clinic in 1993. Since then, they have been great teachers, partners in different care processes for people with ostomies, and influential leaders at the national level and in developing stomatherapy in Mexico.

Since 1992, there have been four more delegates in Mexico before the WCET, one of them is **ET María Mercedes Meza Gudiño**, **director of CONSALUD**, who is a graduate of the first generation of ETs formed in Mexico. First Enterostomal Therapist in Jalisco, she has been a pioneer and has accompanied hundreds of ostomized people, held multiple academic events in this State, and created the first boutique for ostomized patients in Mexico.

The other is **Dr. ET Yolanda Murad**, a reviewer of WCET education programs; she promoted the creation of Postgraduate Specialty and Master’s degrees in wound, stomas and burns therapy, by the Pan-American University endorsed by WCET in 2009, for the training of stoma therapist nurses. The master’s degree takes 14 generations, with approximately 350 students trained. It is a training school for nurses and doctors in Mexico and Latin America. In addition to working for the University, doctoral student Murad currently has her own office, opening the field to nurses and arduously supporting ostomate patients mainly.

The third delegate was **Teacher ET Guadalupe María Lobo Cordero**, who was president of the Mexican Association for Comprehensive Wound Care and Healing (AMCICHAC), later co-founder, president of the Latin American Multidisciplinary Confederation of Wounds, Stomas and Incontinence (*Confederación Multidisciplinaria Latinoamericana*

de *Heridas Estomas e Incontinencia – COMLHEI*) and director of “Medicis”, center wound and stoma care in the City of Aguascalientes, where she has been the first Stomatherapist nurse in the State. Together with the group of nurses called the *Consejo Mexicano de Enfermeras Al Cuidado De Ostoma* (CMECE), she developed different important and high-impact activities in the country. They carried out a training route titled “Improving the practice of elimination stoma care” (*Mejorando la práctica del cuidado de stomas de eliminación*) which, in conjunction with Access to Health Care, resulted in a national level: a total of 35 symposia held with 3,000 health workers trained in the best practices.

As part of the management, a clinical practice guideline based on scientific evidence was also prepared for the marking and comprehensive management of adults with elimination stomas. Subsequently, the clinical practice guide nursing interventions in managing elimination stomas in children and adults in the second and third levels of care was updated. Evidence and recommendation, CENETEC¹. A total of 5,618 Clinical Practice Guides (CPG) were distributed among health professionals nationwide. The first investigation of a nursing educational intervention for rehabilitating people with an ostomy was concluded² with significant results that strengthen the need for creating an Ostomate Association and its inclusion as part of the Disability Law.

In Mexico, the General Law for Persons with Disabilities (Ley General de Personas con Discapacidad-GPC) was approved in 2011. During a workshop for the elaboration of the CPG, this law was analyzed and discussed, generating a document entitled “initiative by which people with an ostomy are considered as people with disabilities according to the general law for the inclusion of people with disabilities”. This document sought to include people with an ostomy as people with disabilities, with the possibility of obtaining the benefits that this law grants to have access to decent and quality care, as well as having the necessary materials to help them cope with their disability, contemplating, in this case, the collecting systems in required quantity and quality for the patient to have reach and better quality of life. Unfortunately, to date, it has not had a great impact or follow-up by the authorities.

The current and last delegate, Lic. Carmen Romo has begun to train nurses in stoma therapy in the country’s northern region. She has linked up with WCET to establish some guidelines for stoma therapy in the country.

Stomatherapist nurses in Mexico work unwaveringly but in isolation to provide better care, generate improvements in people’s quality of life and contribute to the elimination of social barriers.

“Currently, Mexico has generated public policies outlining major objectives, strategies, and specific actions. With necessary and essential guidelines for the wound clinic care model, this is a sector benchmark that defines the logical structure for the development of wound clinics. To achieve the above, the General Directorate of Health Quality and Education (Dirección General de Calidad y Educación en Salud-DGCES), in conjunction with the General Directorate of Health Planning and Development (*Dirección General de Planeación y Desarrollo en Salud-DGPLADES*), created the general guidelines for the correct implementation of the clinical care model for wounds in health units”³ but it does not contemplate the specialty as a whole in terms of wounds, stomas and incontinence. It only considers and intends to strengthen the care of wounds since they see it as a priority need for healthcare improvement, losing the specialty’s full dimension.

Although stomatherapy is still growing, several universities are offering the specialty and master’s degree (Univ. Panamericana, UPAEP in Puebla and Univ. Autónoma de Querétaro), the development of the specialty is just beginning to be generated, not as such but mostly focused on wounds, stomas and burns. It may be due to geographical, cultural, or training impediments. There is no University that develops and empowers stomatherapy in knowledge, research and advanced practice. Wound nurses and stomach therapists do not have a certification that endorses their procedure, although the specialty exists at several universities.

The Stoma Therapists do not have large offices or care centers in the Institutions in a tripartite manner (wounds, stomas, incontinence). Of the three areas of stomatherapy, continence is the least developed, and few nurses are recognized and paid as specialists.

More and more clinics require a doctor’s support at the private sector level since the nurse does not have autonomy, even if she has the skills.

To conclude this quick historical tour, I would like to list some of the expectations from my point of view for the future of stomatherapy in Mexico:

- Developing academically solid stomatherapy courses to encourage specialization in Mexican nurses.
- Integrating the specialty master's degree in stomatherapy since, in Mexico, a Specialty that integrates nursing professionals in advanced practice has more curricular weight and professional recognition. As referred by Master Claudia Leija, an advanced practice that reflects a high degree of autonomy and independent professional practice; case management, by putting into practice recognized advanced clinical competencies for assessment, diagnostic reasoning, and decision-making; be the recognized first point of contact for customers; provide consulting services to healthcare providers and enable us to develop plans, implement and evaluate programs⁴
- Certify stoma therapists by a Council or Institute in their three areas to demonstrate the skills they have and can exercise their advanced practice anywhere they are independently.
- Strengthen and promote the fight to increase collection systems for people with an ostomy since it is practically non-existent in most public health institutions.
- Join more efforts with Latin America to strengthen knowledge and stomatherapy as Advanced Practice Nurses (Enfermeras de práctica Avanzada-EPA) or at least as advanced clinical nurses. We have to rely on experts such as those who make up WCET (worldwide), SOBEST (Brazil) and NSWOC (Canada) to develop stomatherapy in Mexico academically and scientifically.

In recent years, many multi-professional graduates have emerged, some with a good academic load, others more commercial, but more is needed; we must strengthen advanced clinical nursing to become and be recognized as Specialists in Wounds, Stomas and Continence.

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