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Profile of colostomized patients in the Association of Ostomized of Rio Grande do Norte

Perfil de pacientes colostomizados na associação dos ostomizados do Rio Grande do Norte

Perfil de pacientes con colostomía en la asociación de colostomía do Rio Grande do Norte

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ABSTRACT

Objective: To identify and describe the profile of colostomized patients domiciled in the State of Rio Grande do Norte. **Method:** This is a descriptive, cross-sectional and quantitative study realized in the Ostomized Association of Rio Grande do Norte, Natal/RN, Brazil, between December 2013 and March 2014, through the registry of 549 colostomized patients. **Results:** The distribution between the genders occurred in a similar way, with a rate age of 58.21 years (± 21.59 years). They were predominantly married (47.7%), brownish colour (47.3%), with elementary school (53.4%), income of up to one minimum wage (64.3%), retirees, pensioners or beneficiaries (25.9%) and coming from the Eastern Coastal Zone (61.4%). Temporary colostomies prevailed (54.3%), with an average surgical time of 4.75 years (± 5.9 years), the main cause of which was rectum neoplasia (44.8%). **Conclusion:** When this population is characterized, it is possible to establish priorities regarding the assistance provided, the planning and implementation of actions aimed at health promotion and the prevention of complications.

DESCRIPTORS: Stoma; Colostomy; Health profile; Nursing; Stomatherapy.

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RESUMO

Objetivo: Identificar e descrever o perfil de pacientes colostomizados residentes no Estado do Rio Grande do Norte. **Método:** Trata-se de uma pesquisa descritiva, transversal e quantitativa realizada na Associação dos Ostomizados do Rio Grande do Norte, em Natal/RN, Brasil, entre dezembro de 2013 e março de 2014, por meio das fichas cadastrais de 549 colostomizados. **Resultados:** A distribuição entre os sexos deu-se de forma semelhante, com média de idade de 58,21 anos (± 21,59 anos). Predominaram casados (47,7%), de cor parda (47,3%), com ensino fundamental (53,4%), renda de até um salário mínimo (64,3%), aposentados, pensionistas ou beneficiários (25,9%) e provenientes da Zona Litoral Oriental (61,4%). Prevaleceram colostomias temporárias (54,3%), com média de tempo cirúrgico de 4,75 anos (±5,9 anos), tendo como principal causa a neoplasia de reto (44,8%). **Conclusão:** Ao caracterizar essa população, pode-se estabelecer prioridades quanto à assistência prestada, ao planejamento e à implementação de ações visando à promoção da saúde e à prevenção de complicações.

DESCRITORES: Estomia; Colostomia; Perfil de saúde; Enfermagem; Estomaterapia.

RESUMEN

Objetivo: Identificar y describí el perfil de pacientes con colostomía residentes en el Estado de Rio Grande do Norte. **Método:** Se trata de una investigación descriptiva, transversal y cuantitativa realizada en la *Associação dos Ostomizados* de Rio Grande do Norte, en Natal/RN, Brasil, entre diciembre de 2013 y marzo de 2014, por medio de las fichas de registro de 549 pacientes con colostomía. **Resultados:** La distribución entre los sexos se dio de forma semejante, con un promedio de edad de 58,21 años (± 21,59 años). Predominaron casados (47,7 %), de color pardo (47,3%), con primaria (53,4 %), renta de hasta un salario mínimo (64,3 %), jubilados, pensionistas o beneficiarios (25,9 %) y provenientes de la Zona Litoral Oriental (61,4 %). Prevalecieron colostomías temporarias (54,3 %), con promedio de tiempo quirúrgico de 4,75 años (±5,9 años), teniendo como principal causa la neoplasia de recto (44,8 %). **Conclusión:** Al caracterizar esta población, se puede establecer prioridades en cuanto a la asistencia prestada, a la planificación y a la implementación de acciones teniendo como objetivo la promoción de la salud y la prevención de complicaciones.

DESCRIPTORES: Ostomía; Colostomía; Perfil de salud; Enfermería; Estomaterapia..

INTRODUCTION

A stoma is made surgically when it is necessary to divert, temporarily or permanently, the normal transit of food or eliminations. Among the main types of stomas is the colostomy, which is characterized by the exteriorization of the colon through the abdominal wall with the objective of fecal elimination[1].

The purposes of a colostomy constructing are decompression of an obstructed colon and diversion of the fecal flow in preparation for the resection of an inflammatory, obstructive or perforated lesion or after a traumatic injury[1]. It stands out among the causes for the accomplishment of a colon colostomy and rectum cancer, as the main diagnosis for intestinal derivation[2,3].

Estimates for the year 2016 indicate that colon and rectum cancer will continue to be one of the most incident in the Brazilian population, accounting for approximately 34 thousand about 596 thousand cases of cancer that will arise in the country. In the Northeast region, this type of cancer will occupy the third position among men and will be the second most incident in women (except for cases of non-melanoma skin cancer)[4].

For prevailing in the elderly population, the incidence of colon and rectum cancer is increasing and should grow even more in the next years due to the population's longer life expectancy[5]. In this way, the importance of health professionals with the elderly is highlighted, developing activities to promote and prevent health, in order to provide a better quality of life for this population.

According to the Brazilian Association of Ostomized (ABRASO), the number of people with stoma in Brazil is approximately 33.864, without accounting for the data that refer to the States of Amapa, Tocantins and Roraima, due to the lack of estimates of the number of people with stoma in those States[6]. However, it should be noted that this number should be even higher, due to underreporting and the absence of registers in state associations.

The lack of studies that approach the topic of colostomized patients contributes to the difficulty in estimating the quantitative of this population and characterize their aspects relevant to the national scenario, making it difficult to elaborate an epidemiological database that can aid in specific actions for these users[7]. Therefore, the following question is necessary: What is the profile of colostomized patients domiciled in the State of Rio Grande do Norte?.

Once the amount and profile of these patients in this area are known, professionals and health managers can reflect on the assistance provided, in addition to enabling the planning and implementation of actions in order to provide a better

quality of life for these people, favoring the promotion and improvement of the professional-patient relationship.

OBJECTIVES

The present study objectified to identify and describe the profile of colostomized patients domiciled in the State of Rio Grande do Norte.

METHODS

This is a descriptive and cross-sectional study with a quantitative approach realized in the Ostomized Association of Rio Grande do Norte (AORN), in Natal/RN, Brazil, from December 2013 to March 2014.

The population consisted of 684 people with stoma who had an active registration form between the period from March 18, 1991 to December 17, 2013. People with active stoma enrolled in this period were included and those with another type of stoma were excluded but not the colostomy, totalizing a sample of 549 colostomized for this study.

For the data collection, a structured form was used, containing information regarding the data of personal identification, sociodemographic, clinical and the characteristics of the colostomy. The information was collected by means of documentary observation of the registration forms of people with stoma in the AORN.

The collected data were organized in spreadsheets in Microsoft Excel 2010 *software*, exported to statistical *software Statistical Package for the Social Sciences* (SPSS), version 20.0, and analyzed through descriptive statistics.

The study was realized in accordance with Resolution 466/2012 of the National Health Council. The project was evaluated by the Ethics and Research Committee of the Federal University of Rio Grande do Norte (UFRN), receiving a favorable decision for its development by the Certificate of Presentation for Ethical Assessment (CAAE) nº 19866413.3.0000.5537.

RESULTS

Among the 549 colostomized patients, the age ranged from zero to 99 years, with a rate of 58.21 years (± 21.59 years), with 55.2% of people with stoma being older than 59 years. There was a similar distribution between the genders, being 50.1% men and predominantly men up to 59 years (26.0%) and women over 59 years (31.1%).

Most of the associates declared themselves to be brownish colour (47.3%), followed by white (38.1%) and yellowish colour (8.2%). Married colostomized predominated (47.7%), and most of them (30.0%) were older than 59 years. Among colostomized individuals up to 59 years old, there were predominant singles (22.6%), followed by married (17.7%).

The predominant degree of education among colostomized patients was elementary school, of which 53.4% were patients. Among patients over 59 years of age, 28.8% had this instruction, followed by illiterates (16.0%). About the colostomized up to 59 years old, 24.6% had elementary school, followed by those with high school (9.5%).

Regarding income, there was a predominance of patients with a minimum wage (64.3%), and 32.8% were over 59 years old. Only 2.4% of the colostomized reported receiving six or more minimum wages and 2.9% reported having no income at all.

Regarding the job/occupation, the majority of the colostomized declared retired, pensioner or beneficiary (25.9%). About these people, 22.8% were over 59 years old. The second most prevalent occupation was "domestic life" (10.7%), followed by the professions of fisherman or farmer (7.6%). All data cited above are described in Table 1.

Regarding the origin, 61.4% lived in the Eastern Coastal Zone, followed by the Mossoroense Zone, with 9.1% of the patients (Figure 1).

Most of the stomas are temporary (54.3%), especially among patients up to 59 years (28.6%). However, among those older than 59 years, the prevalent type of stoma is the definitive (39.5%), as observed in Table 2.

The main cause of colostomy was rectum neoplasia (44.8%), followed by intestinal neoplasia (15.3%), perforation by firearm (5.1%) and diverticulitis (4.1%).

In relation to the diagnosis that led to the colostomy with the gender of the colostomized patients, it is noted that there is a predominance of women with cases of rectum and intestinal neoplasia (35.5% of the diagnoses), a number considerably higher than that of neoplasia in men (24.6%). However, other diagnoses are more prevalent in men, such as Fournier Syndrome and firearm and steel injuries, 2.5%, 4.0% and 2.9% respectively. These data are presented in Table 3.

Table 1. Distribution of colostomized patients as to gender, marital status, colour, schooling, family income and job/occupation. Natal, Rio Grande do Norte, Brazil, 2014.

Sociodemographic characterization	Until 59 years		> 59 years		Total	
	n	%	n	%	n	%
Gender						
Male	143	26	132	24.1	275	50.1
Female	103	18.8	171	31.1	274	49.9
Marital status						
Married	97	17.7	165	30	262	47.7
Single	124	22.6	42	7.7	166	30.3
Widower	11	2	73	13.3	84	15.3
Divorced	6	1.1	12	2.2	18	3.3
Separated	4	0.7	3	0.5	7	1.2
Other	0	0	1	0.2	1	0.2
Ignored	4	0.7	7	1.3	11	2
Colour						
Brownish	122	22.2	138	25.1	260	47.3
White	88	16	121	22.1	209	38.1
Yellowish	16	2.9	29	5.3	45	8.2
Black	15	2.8	12	2.2	27	5
Ignored	5	0.9	3	0.5	8	1.4
Schooling						
Illiterate	36	6.6	88	16	124	22.6
Elementary school	135	24.6	158	28.8	293	53.4
High school	52	9.5	28	5.1	80	14.6
High school	14	2.5	16	2.9	30	5.4
Ignored	9	1.6	13	2.4	22	4
Family income						
Up to a minimum wage (MW)	173	31.5	180	32.8	353	64.3
2 to 5 MW	45	8.2	89	16.2	134	24.4
6 or more MW	3	0.5	10	1.9	13	2.4
Ignored	12	2.2	21	3.8	33	6
Does not have	13	2.4	3	0.5	16	2.9
Job/Occupation						
Retired/pensioner/beneficiary	17	3.1	125	22.8	142	25.9
"Domestic life"	21	3.8	38	6.9	59	10.7
Farmer/Fisherman	14	2.6	27	5	41	7.6
Freelance	22	4	11	2	33	6
Student	12	2.2	0	0	12	2.2
Seller	3	0.5	1	0.2	4	0.7
Teacher	5	0.9	3	0.5	8	1.4

....continue

Table 1. Continuation...

Sociodemographic characterization	Until 59 years		> 59 years		Total	
	n	%	n	%	n	%
Civil servant	3	0.5	5	0.9	8	1.4
Maid/diarist	5	0.9	0	0	5	0.9
Driver	3	0.5	1	0.2	4	0.7
General services	3	0.5	1	0.2	4	0.7
Army/marine	1	0.2	2	0.4	3	0.6
Technician	3	0.5	0	0	3	0.5
Others	35	6.4	11	2	46	8.4
Ignored	99	18.1	78	14.2	177	32.3
TOTAL	246	44.8	303	55.2	549	100

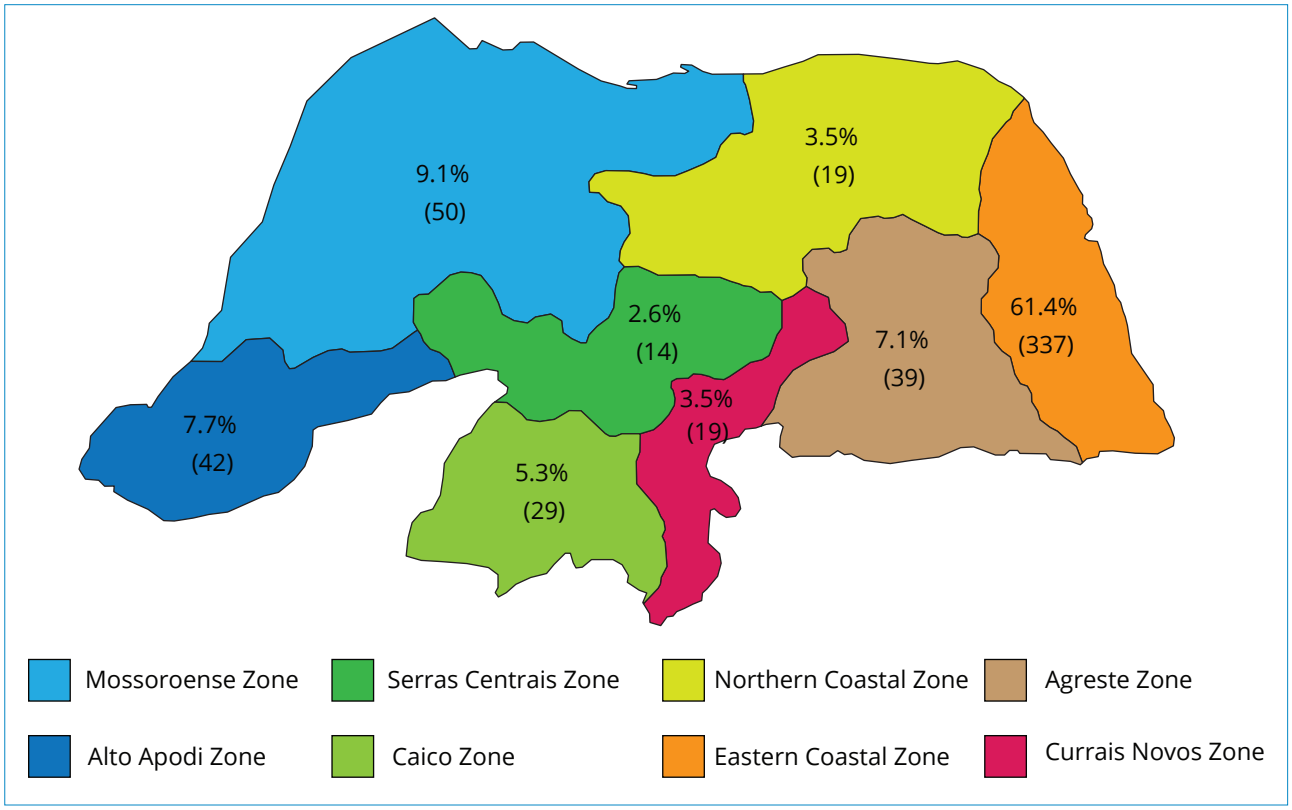

Figure 1. Distribution of colostomized as to origin, according to the Homogeneous Zones of the State of Rio Grande do Norte. Natal, Rio Grande do Norte, Brazil, 2014.

Table 2. Distribution of colostomized according to age and duration of the stoma. Natal, Rio Grande do Norte, Brazil, 2014.

Colostomy duration	Until 59 years		> 59 years		Total	
	n	%	n	%	n	%
Temporary	157	28.6	141	25.7	29	54.3
Definitive	89	16.2	162	39.5	251	45.7
TOTAL	246	44.8	303	55.2	549	100

Table 3. Colostomized distribution according to gender and diagnosis. Natal, Rio Grande do Norte, Brazil, 2014.

Diagnóstico	Female		Male		Total	
	n	%	n	%	n	%
Rectum neoplasia	145	26.4	101	18.4	246	44.8
Intestine neoplasia	50	9.1	34	6.2	84	15.3
Perforation by firearm	6	1.1	22	4.0	28	5.1
Diveriticulitis	13	2.4	9	1.7	22	4.1
Intestinal obstruction	7	1.2	13	2.4	20	3.6
Intestinal colon enlarged	5	1	14	2.5	19	3.5
Perforation by steel	1	0.2	16	2.9	17	3.1
Fournier Syndrome	0	0	14	2.5	14	2.5
Uterine colon tumour	11	2.0	0	0	11	2.0
Rectum injury	1	0.2	6	1.1	7	1.3
Anal perforation	3	0.5	4	0.7	7	1.2
Others	32	5.8	42	7.7	74	13.5
TOTAL	274	49.9	275	50.1	549	100

Surgery time ranged from zero to 42 years, with an average of 4.75 years (± 5.9 years). The time of admission in AORN ranged from zero to 23 years, with a mean of 4.16 years (± 4.9 years).

DISCUSSION

The rate age of the colostomized of this study was 58.21 years, corroborating with other studies that found similar results, with averages of 64.5 years[5] and 53.1 years[8]. It is observed that the elderly has a high propensity to the development of neoplasias and, consequently, a high probability of accomplishment of a stoma, since the presence of tumors influences in the accomplishment of surgeries of exteriorization of the intestinal segment[5].

It was found in the study that the distribution between the genders occurred in a similar way. However, this data differs from a study realized in 2012, in which the percentage of colostomized men was 76.9%[8], and other studies that found a predominance among women, 53.1%[6] and 56.9%[3].

There was a high number of women with colostomy due to rectum or intestinal neoplasia, which may be related to the fact that this type of neoplasia affects more women than men in the Northeast region[4]. In addition, according to the study of Statistics of the Civil Registry, published in 2013 by the Brazilian Institute of Geography and Statistics (IBGE), men aged between 15 and 24 were the main victims of violent or accidental deaths in 2012, which explains the reason of the majority of colostomized patients with firearm or steel injuries are men[9].

Most of the patients in this study were self-declared as brownish colour (47.3%), followed by white colour patients (38.1%). This can be justified by the proportion of people who declared themselves in the State of Rio Grande do Norte in the Demographic Census published by the IBGE in 2010, in which 52.5% of the state population claimed to be brownish colour, followed by 41.2% white colour[10].

The predominance of married colostomized corroborates data from another study in which this population also predominated, 56.4%[9] of the total. It is worth mentioning that during the treatment of a person with colostomy, the support and motivation of a partner are key factors for recovery to occur successful[11].

The predominant level of education was elementary school, 53.4% of the patients. Other studies obtained this same degree of education as predominant, 43.6% 6 and 76.9% 8 of the colostomized. The degree of schooling is an important factor for prevention, early diagnosis

and treatment of cancer. Generally, people with higher level of education have better access and understanding of information, developing actions for the care and maintenance of their health[12], as shown in a study in which higher education levels were associated with a higher consumption of vegetables, fruits, milk and dairy products and a high variety of diet[13].

In addition, the low educational level interferes in the understanding and assimilation of the orientations transmitted by the members of the health team for the management of the stoma[14], reflecting the promotion of self-care, the development of well-being and the quality of life of people with stoma. Authors[15] demonstrated in their results testimonials from patients in whom the use of inappropriate nomenclature to designate the stoma and insufficient information related to the subject were observed, which were associated to the low level of education, the lack of guidelines acquired or the simple lack of interest.

The predominant income was up to a minimum wage (64.3%), which can be justified when comparing this to the levels of schooling, since in most cases wages are directly proportional to the educational level of each individual[16]. Low income may influence the difficulty of acquiring adequate and quality materials, which are not always provided by associations in which people with stoma, are registered, becoming a problem in the treatment of those who cannot afford them[14].

In this study, the majority of colostomized patients reported being retired, pensioner or beneficiary (25.9%) or "domestic life" (10.7%). Similar data could be found in other studies, in which the most quoted occupations corroborate with those of this research[5,8]. Often, people with a stoma have difficulty getting back to work or finding a job. Retirement becomes the choice of many of those who are employed, or who prefer to remove definitely[17,18], justifying the large number of colostomized patients in this situation. This number may also be related to the high number of colostomized patients over 59 (55.2%), many of whom may have reached retirement age.

As far as origin is concerned, a large part of the population (61.4%) is located in the Eastern Coastal Zone, followed by the Mossoroense Zone, with 9.1% of the colostomized. This data is justified by the high demographic density of the population of the state of Rio Grande do Norte in these areas, with 48.5% of the state population domiciled in the Eastern Coast Zone and 19.2% in the Mossoroense Zone[19].

However, although the Alto Apodi Zone has a lower population density (7.5%) than the Agreste Zone (8.9%)[19], it has a higher number of colostomized (7.7%) than the Agreste Zone (7.1%). This suggests a contradiction, since the Alto Apodi Zone is located a high distance from the AORN, it would be more difficult to access the service, however the number of registered in this region is higher than the Agreste Zone, which is very closer to the AORN and hospital services, which may facilitate access.

Regarding the type of colostomy, 50.8% of the stomas were classified as temporary, with 29.5% in people with stoma up to 59 years. The temporary stoma was also found as the main one in another study, 41.4%[7], divergent from several other studies that presented the definitive stoma as the most present, with percentages varying between 54.3% and 78.0%[2,5,8].

Regarding the diagnosis, the prevalence of rectum (43.9%) and intestinal (15.2%) neoplasms is prevalent in this population. Other authors also found neoplasia as a prevalent diagnosis,35.0%[7] of the cases. The result obtained is justified by the growing number of people affected by cancer in Brazil, estimated approximately 596 thousand cases of neoplasms in the Brazilian population in 2016[4].

Colostomized surgery ranged from zero to 42 years, with an average of 4.75 years and a standard deviation of 5.9 years. The time of surgery reflects on the adaptability of people with stoma. Authors point out in their results that the majority of patients interviewed stated that they needed a period of at least 6 months to feel comfortable for self-care[20].

The incomplete registration of the data in the registration forms became a limitation of this study, in which many variables had a high percentage of information ignored.

Once this profile is outlined, studies that evaluate the quality of life, adaptation and self-esteem of people with stoma are suggested, so that interventions aimed at a qualified and holistic care are possible.

CONCLUSION

Based on this research, it was verified that in the State of Rio Grande do Norte the distribution between

the genders occurs in a similar way and with a rate age of 58.21 years (± 21.59 years). There is a prevalence of colostomized married, brownish colour, with elementary school, income up to a minimum wage, retirees, pensioners or beneficiaries and coming from the Eastern Coastal Zone.

It was observed that the main cause of colostomy was rectum neoplasia and that most colostomies are temporary. The mean duration of surgery was 4.75 years (± 5.9 years) and the AORN admission was 4.16 years (± 4.9 years).

The discovery of this study is relevant to prioritizing the care provided, enabling planning and implementation of actions aimed at this population, aiming at health promotion and prevention of complications.

AUTHOR'S CONTRIBUTION

Conceptualization, Ecco L and Dantas FG; Methodology, Ecco L and Dantas FG; Investigation, Ecco L; Dantas FG and Freitas LS; Redaction – First edition, Ecco L and Dantas FG; Redaction – second edition, Freitas LS and Melo MDM; Redaction – Revision & Edition, Melo MDM; Medeiros LP and Costa IKF; Supervision, Costa IKF.

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