

Nursing guidelines for people with intestinal ostomy in extra-hospital scenario: scoping review

Orientações de enfermagem para pessoas com estomia intestinal em cenário extra hospitalar: scoping review

Directrices de enfermería para personas con ostomía intestinal en escenario extrahospitalario: scoping review

Luana Souza Freitas¹ ; Simone Karine da Costa Mesquita¹ ; Rafael Moreira do Nascimento¹ ;
Mariana Freire Fernandes¹ ; Rhayssa de Oliveira e Araújo¹ ; Isabelle Katherinne Fernandes Costa¹ 

¹Universidade Federal do Rio Grande do Norte, Natal, Brazil

ABSTRACT

Objective: to map in the literature the nursing guidelines for people with intestinal ostomies in primary health care and referral centers. **Method:** scoping review developed in April and May 2022, in national and international bases and gray literature sources. The descriptors were used: Ostomy; Colostomy; Ileostomy; Health Education; Primary Attention; Health Services and their English translations. Followed the steps recommended by the Joana Briggs Institute and registered on the Open Science Framework platform. **Results:** were identified 2242 studies, 17 of which were selected for sample composition. The guidelines focused predominantly on self-care with ostomy and peristomal skin, choice of collector and adjuvant equipment and aspects of acceptance and adaptation. **Conclusion:** the main nursing guidelines for people with ostomy were identified in the literature. The study contributes to nursing practice in view of the reasoning of the needs and qualified care to be provided to the person with an ostomy in the integrality of care.

Descriptors: Nursing; Ostomy; Health Education; Primary Health Care; Health Services Accessibility.

RESUMO

Objetivo: mapear na literatura as orientações de enfermagem para pessoas com estomias intestinais na atenção primária à saúde e centros de referência. **Método:** *scoping review* desenvolvida em abril e maio de 2022, em bases nacionais e internacionais e fontes de literatura cinzenta. Utilizou-se os descritores: Ostomia; Colostomia; Ileostomia; Educação em Saúde; Atenção Primária; Serviços de Saúde e suas traduções no inglês. Seguiu-se as etapas recomendadas pelo *Joana Briggs Institute* e registrou-se na plataforma *Open Science Framework*. **Resultados:** foram identificados 2242 estudos, sendo 17 selecionados para composição amostral. As orientações versaram predominantemente sobre autocuidado com estomia e pele periestomal, escolha de equipamentos coletores e adjuvantes e aspectos sobre aceitação e adaptação. **Conclusão:** Identificou-se na literatura as principais orientações de enfermagem dirigidas às pessoas com estomia. O estudo contribui para prática em Enfermagem diante do raciocínio das necessidades e dos cuidados qualificados a serem dispensados à pessoa com estomia na integralidade da atenção.

Descritores: Enfermagem; Estomia; Educação em Saúde; Atenção Primária à Saúde; Acesso aos Serviços de Saúde.

RESUMEN

Objetivo: mapear en la literatura las directrices de enfermería para personas con ostomías intestinales en la atención primaria de salud y centros de referencia. **Método:** Scoping Review desarrollado en abril y mayo de 2022, en bases nacionales e internacionales y fuentes de literatura gris. Se utilizaron los descriptores: ostomía; colostomía; ileostomía; Educación en salud; atención primaria; servicios de salud y sus traducciones al inglés. Se siguieron las etapas recomendadas por el Instituto Joana Briggs y se hizo el registro en la plataforma Open Science Framework. **Resultados:** se identificaron 2242 estudios, de los cuales 17 fueron seleccionados para composición de la muestra. Las orientaciones se centraron predominantemente en el autocuidado con ostomía y piel periestomal, elección de equipos colectores y adyuvantes, y aspectos de aceptación y adaptación. **Conclusión:** Se identificaron en la literatura las principales orientaciones de enfermería para personas con ostomía. El estudio contribuye a la práctica de enfermería en vista del razonamiento de las necesidades y cuidados calificados a ser prestados a la persona con ostomía en la integralidad del cuidado.

Descriptor: Enfermería; Estomía; Educación en Salud; Atención Primaria de Salud; Accesibilidad a los Servicios de Salud.

INTRODUCTION

As a science that operates in the most diverse health activities and contexts, Nursing is associated with the assistance provided to different populations, needing to have a broader view of the process in which individuals are. In Primary Health Care (PHC) and reference centers, it is possible to monitor system users and develop health education based on their history and conditions appropriate to each person's everyday life^{1,2}.

Education actions should be practiced for the benefit of all population groups, including people with intestinal ostomies who suffer major biopsychosocial impacts after the surgery to create the stoma³.

This study was financed in part by the *Conselho Nacional de Desenvolvimento Científico e Tecnológico - Brazil (CNPq) – Edital Universal 2021 CNPq-40403393/2021-3*.

Corresponding author: Isabelle Katherinne Fernandes Costa. E-mail: isabellekfc@yahoo.com.br

Editor in chief: Cristiane Helena Gallasch; Associate Editor: Flavia Giron Camerini

Unlike the hospital context, where nurses normally provide preoperative care, such as surgical demarcation, and immediate postoperative care, PHC nurses need to provide each person with assistance that affects all spheres of their reality. However, it is at this scenario level where there is significant lack of information⁴⁻⁶.

The guidelines developed by nurses exert a strong impact on the way the patient will face the entire process arising from the surgery to create the stoma. Upon leaving the surgery, the person is still assimilating the entire process of making the stoma and, if the procedure and post-operative course are uneventful, the patient is discharged quickly when there has not been enough time to learn how to care for the stoma and use the collector, much less to reflect on the transformations that the surgery causes, and it is in this situation that PHC professionals and reference centers will assist in the process of learning about the new condition⁷.

With regard to late postoperative care, rehabilitation and self-care development, adaptive process and resumption of activities of daily living, the PHC professionals who serve other populations and carry out various health actions have some difficulties assisting people with ostomies arising from the specificities of the area and the lack of proximity due to the general training of these professionals^{7,8}.

On the other hand, for having specialized services and professionals with experience in the condition, the reference centers can, in general, offer more precise and qualified care to the needs of the population, relying on interdisciplinarity and multiprofessional care^{7,8}.

In view of this, the importance of developing a review that would evidence Nursing guidelines and care performed at these care levels was noticed.

After perceiving the difficulties and doubts faced by people with a stoma, identifying the lack of knowledge of professionals who care for these people and the need to group the main instructions provided by nurses, especially from reference centers, the following question arose: Which are the main Nursing guidelines provided to people with intestinal ostomies in Primary Health Care and care centers?

It should be noted that the relevance of this study is to produce results that support and provide knowledge to offer comprehensive and horizontal care directed to the demands inherent in the process of creating the stoma and the impact caused on the patient.

In view of this, the objective of the current study was to map the Nursing guidelines provided in the literature for people with intestinal ostomies in Primary Health Care and reference centers.

METHOD

This is a scoping review, carried out during April and May 2022 in the following databases: PubMed, Cumulative Index to Nursing and Allied Health Literature (CINAHL), Web of Science, SciVerse Scopus (SCOPUS), *Literatura Latino-Americana e do Caribe em Ciências da Saúde* (LILACS) and *Biblioteca Virtual em Enfermagem* (B-DENF), in addition to the following Gray Literature sources: CAPES Theses and Dissertations Portal, DART-Europe E-Theses Portal, Electronic Theses Online Service (ETHOS), *Repositorio Científico de Acesso Aberto de Portugal* (RCAAP), National ETD Portal, Theses Canada and Google Scholar.

The descriptors were selected from the research question and were indexed in the DeCS and MeSH terms, using these crossings: "Ostomy" OR "Colostomy" OR "Ileostomy" AND "Health Education" AND ["Primary Care" OR "Health Services"] in national databases and sources, and "Ostomy" OR "Colostomy" OR "Ileostomy" AND "Health Education" AND ["Primary Health Care" OR "Health Services"], for the international ones.

Papers with texts available in full and that answered the research question were included, and studies focused on the hospital context were excluded. There was no time or language limitation. The methodological recommendations set forth in the *Preferred Reporting Items for Systematic reviews and Meta-Analyses extension for Scoping Reviews* (PRISMA-ScR) protocol were used⁹.

The review followed the stages recommended by the *Joanna Briggs Institute* (JBI)¹⁰, as it provides formal guidance on how a review should be properly developed and its findings effectively evaluated. From this, a protocol registered on the *Open Science Framework* (OSF) platform was created with the following identifier: DOI 10.17605/OSF.IO/CTFYR, containing information on title, objective, research question based on the P – Population; C – Concept and C – Context acronym, eligibility criteria, data sources and cross-referencing, extraction, analysis and presentation of data.

After elaborating the protocol, the search in the data sources was initiated by reading the titles and abstracts of the studies identified, immediately followed by a full reading of the pre-selected studies and sole inclusion of the studies

that answered the research objective. In addition to that, there was a reverse search from the reference lists of the articles selected to comprise the sample.

The data were entered into a *Microsoft Excel* spreadsheet distributed by title of the article, database found, main results, modality, year, nation where the study was conducted, development locus, study type and approach and name of the authors. Subsequently, they were analyzed by means of descriptive statistics and presented in the form of a table.

RESULTS

A total of 2,242 studies were identified in the literature, 17 of which were selected to comprise the sample after excluding 2,174 after reading the titles and abstracts and applying the eligibility criteria, 21 due to duplicity and 30 after reading all studies in full. Figure 1 details the procedure for searching and selecting the papers.

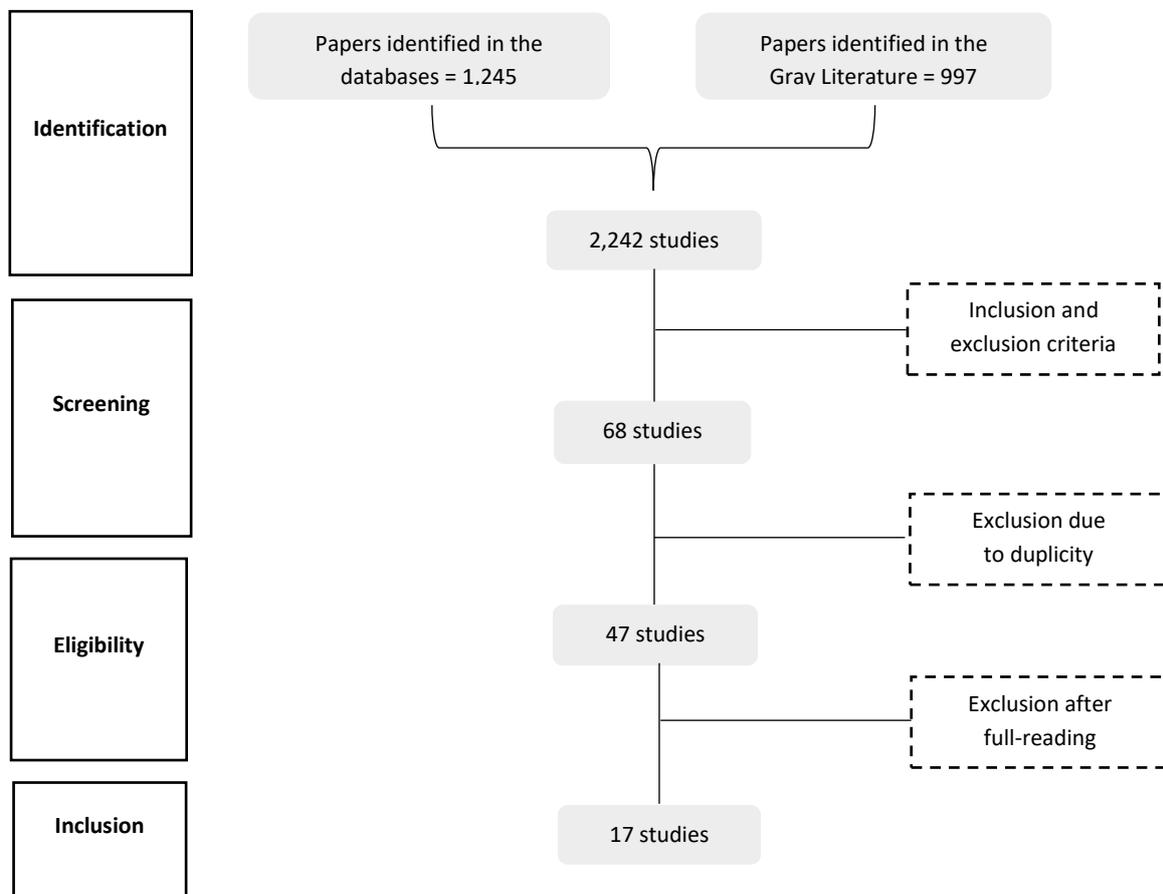


FIGURE 1: PRISMA-ScR flowchart corresponding to the search and selection of studies. Natal, RN, Brazil, 2022.

A total of 17 studies were selected, 82.3% of which were articles, 70.5% developed in the national territory and 58.8% produced in the last five years. As for the type of study, there was predominance of review studies accounting for 29.4% and, regarding the approach, qualitative research stood out with 47.0%. Google Scholar was the data source that originated the largest number of papers (52.9%) and reference centers were the loci where the most research was carried out (52.9%).

As for the results obtained, the guidelines dealt with self-care with ostomies and peristomal skin, pointing out the normal characteristics of an ostomy and skin; how to change, clean, operate and cut the collection bag; products indicated and not indicated for use on the stoma and on the skin; and exposure to sunlight with ostomy protection, among other precautions.

Instructions were also found regarding choice of the collector and adjuvant devices, indicating in which situations certain types of bags should be used and how and when to employ adjuvant products such as powders, pastes and barrier creams, for example.

In addition to these aspects, the studies identified guidelines regarding the following acceptance and adaptation to rebuild self-esteem; questions about eating habits that minimize the production of gases and odors; attention to the occurrence of complications such as dermatitis, prolapses, stenoses, hernias and others; clothing options that disguise the stoma; encouraging social, leisure and work activities and participation in the support group; presentation of the self-irrigation technique and use of an occluder; in addition to encouraging a healthy lifestyle with resumption of issues related to sexuality. It was also possible identify diverse information about the right of people with ostomies.

Table 1 presents the guidelines provided and the frequency found in the studies selected.

TABLE 1: Guidelines provided by nurses, distributed by frequencies. Natal, RN, Brazil, 2022.

Guidelines	n (%)	Reference of the studies
Ostomy and peristomal skin care	12 (70.5)	12,13,14,15,16,19,22,23,24,25,26,27
Collection and adjuvant devices	11 (64.7)	12,14,15,17,19,21,22,24,25,26,27
Acceptance and adaptation	7 (41.1)	11,12,13,14,19,22,23
Eating habits	6 (35.2)	11,14,19,24,25,27
Complications	5 (29.4)	11,14,15,21,24
Social activities	5 (29.4)	11,13,14,19,24
Leisure activities	5 (29.4)	11,14,19,22,24
Clothing	4 (23.5)	17,19,24,25
Sexuality	4 (23.5)	11,14,24,25
Self-esteem	4 (23.5)	19,22,23,25
Healthy lifestyle	3 (17.6)	17,24,25
Participation in a support group	3 (17.6)	13,19,22
Self-irrigation technique	3 (17.6)	19,20,24
Work activities	3 (17.6)	11,14,24
Rights of people with ostomies	2 (11.7)	21,22
Use of the occluder device	1 (5.8)	18

In the studies found, PHC nurses provide general and non-specific guidelines, especially limited to self-care, in addition to frequently directing people with ostomies to the reference center, regardless of each person's needs.

The guidelines provided in specialized centers explored the several other aspects related to the condition of having a stoma, including the rights that the person now has. The results were discussed based on the literature found.

DISCUSSION

With regard to the Nursing guidelines found in the literature in the context of PHC and referral services, ostomy and peristomal skin care was predominant in the studies, showing the nurses' concern to strengthen self-care. Hygiene of the stoma with water and peristomal skin with soap and water, drying with a soft cloth, not using perfumed or moisturizing products that disturb adhesiveness of the plate, trimming the hair with scissors, exposing the skin to the sun protecting the stoma and inspection to identify complications, are some of the guidelines provided in the care offered found in the studies^{19,24,26}.

As for the hygiene issues, a study pointed out that, initially, people with ostomies need some help to clean the stoma, the skin and the bag, although later on, the subjects must perform self-care because it is an essential aspect in the adaptation process²⁸.

The use of collection and adjuvant devices appeared as the second most frequent: it is believed that doubts related to the choice, placement and care of the ostomy bag occupy a large part of the time of the consultations at the health service; as they are essential devices for the ostomy, the person must understand exactly how to place, remove and clean the collector and only after that try to solve other issues²⁹. In addition to that, low schooling levels can make it difficult to understand these aspects, leading to the need for guidance more often during some consultations.

Aspects about acceptance and adaptation were only reported in seven studies in the sample; however, from the moment nurses guide all other questions, it is possible to understand that the acceptance and adaptation process is also being developed and that resumption of reality should start to come true²⁹.

Considering adaptation as an essential component for human survival, there are several instruments that assess the adaptation of populations to certain conditions, even having an ostomy³⁰, representing an important tool to identify the demands of this population segment.

As for the complications, nurses are duly qualified to recognize dermatitis, bleeding, retractions, prolapses and mucocutaneous detachment, among others; and, from there, instruct the person to prevent and treat these problems, based on the use of adjuvants and/or referral to another professional^{31,32}. A number of studies point to the large number of ostomy and peristomal skin complications that affect people, hindering self-care and acceptance and impairing self-esteem³¹⁻³³.

In addition to the physical issues, people are concerned with disguising the collector that reveals the presence of the ostomy, which is why the advice to avoid wearing tight-fitting clothes and the use of belts attached to the bag, given by the professional, was frequently mentioned in the literature^{17,19,25,29}.

With regard to social isolation, the constant restriction of leisure activities and other daily actions is perceived in the period prior to adaptation to the stoma; the embarrassment and fear of rejection provoke negative feelings in the subjects and they prefer to distance themselves from everything that makes a social being to live in a community that believes to be different for having a body similar to the global standard²⁹.

In this sense, nurses must help each person in the conception of their new physical constitution reality, explaining that everything that was done before the procedure can still be carried out with some small behavior adjustments, even regarding the eating habits, which can be resumed paying attention to whether to abstain from or reduce food options that cause excess flatulence and that greatly modify consistency of the effluents²⁹.

Regarding participation in support groups, this guidance was reported in some studies as a strategy for sharing information with people who are in the same situation, going through the same difficulties and from this exchange of experiences, coping is enhanced and this experience assists in the adaptive process and in recovering self-esteem, which was also mentioned with the same frequency^{13,19,22}.

Self-esteem is influenced by each person's perception of themselves, by society's standard definition, by self-image and by well-being and adaptive aspects³⁴; and, when well worked, this dimension is capable of motivating to break the obstacles generated by the surgical procedure²⁹.

As for healthy lifestyles, in order to develop them, it is necessary to adopt practicing physical exercises without significant efforts, balanced diet with sufficient nutrients, and sleep and rest regulated paying attention to the collector bag position.

It is also necessary to pay attention to the demands related to sexuality. A research study pointed out that sexuality after an ostomy surgery was reduced in 48% of the respondents and that more than 88.7% of the men had erectile dysfunctions, exerting negative impacts on people's quality of life³⁵. This important element of a person's life must be addressed by the professionals and quickly resumed based on suggestions aimed at greater comfort and health maintenance²⁹.

Over time and based on greater adaptive capacity, nurses can teach people with ostomies strategies that improve the subjects' life, with self-irrigation and the occluder as the most reported in the literature^{19,36}. A number of studies point to the benefits of the technique and the device for the person's quality of life^{19,20,24,36}.

Irrigation is an intestinal control method prescribed by the medical professional in which the person trained by a nurse instills certain amount of liquid in the colostomy, performing an intestinal lavage. After the medical indication, the trained nurse can guide and teach the person to develop such technique as long as the ostomy is adequate, as it cannot be performed on all types of stomas¹⁹.

In turn, the occluder is a device that temporarily covers the stoma, thus dispensing with the use of the collection bag, reducing visualization of the ostomy by other people. In general, it is used in combination with irrigation, being coupled after washing and, for this reason, it is also not indicated for all types of stomas^{18,36}.

As for returning to the labor market, it is a well-reported concern and, in general, the patients prefer retirement to resuming their work activities, as this return depends on structural organizations, adapted restrooms, hygienic showers and recurring breaks for emptying and cleaning the collector equipment³⁷.

A study carried out in Portugal identified a major impact of ostomies on work activities, as a large part of those surveyed quit their jobs after the surgery³⁵, which can cause financial imbalances and compromise their monthly income.

Finally, two papers were found in the literature where the right of the person with an ostomy was addressed by nurses, and it is of utmost importance to point out this issue because it is unknown by many and little mentioned by the professionals.

People with ostomies have their rights guaranteed by Ordinance 400 of 2009, which among others, deals with general guidelines for the Health Care Service for Ostomized People (*Serviço de Atenção à Saúde das Pessoas Ostomizadas, SASPO*), including the provision of devices and adjuvants and specialized care, as well as guarantees by Decree number 3,298/1999, which ensures other fair benefits as a person with a physical disability^{38,39}.

It is noted that PHC nurses play a prominent role in the care and health education of the populations served and, therefore, the need for continuous and up-to-date training of these professionals is emphasized, so that they can offer the best and most comprehensive care that is the system users' right. With regard to people with ostomies, nurses should act by clarifying all doubts and seeking to solve each person's difficulties in all spheres impacted by the stoma, with a view to promoting self-care, the adaptive process and resuming everyday life.

Study limitations

As for the study limitations, the small number of materials that explicitly address the guidelines dealt with by nurses during health consultations is highlighted, limiting advancement of the discussions of diverse evidence related to the topic.

CONCLUSION

From the study, it was possible to map in the literature the nursing guidelines for people with intestinal ostomies in Primary Health Care and reference centers. Predominance of ostomy and peristomal skin management was observed, followed by care with the collecting equipment and use of adjuvants, in addition to other aspects that interfere with quality of life, acceptance and adaptation.

The importance of this review for the academic community is emphasized as diverse scientific evidence to analyze the care provided, as well as for the nursing practice in reasoning about the needs and qualified care to be provided to people with ostomies in order to fully meet the health of this population segment.

REFERENCES

1. Vendruscolo C, Silva KJ, Durand MK, Metelski FK, Silva Filho CC. Nurse's actions in the interface with expanded services of Family Health and Primary Care Center. *Rev. esc. enferm. USP.* 2020 [cited 2022 Apr 25]; 54:e03642. DOI: <https://doi.org/10.1590/S1980-220X2019008903642>.
2. Ferreira SRS, Périco LAD, Dias VRFG. The complexity of the work of nurses in Primary Health Care. *Rev. Bras. Enferm.* 2018 [cited 2022 Mar 20]; 71(suppl 1):784-9. DOI: <https://doi.org/10.1590/0034-7167-2017-0471>.
3. Dalmolin A, Gomes ES, Coppetti LC, Simon BS, Santos EB, Girardon-Perlini NMO. Ações educativas de enfermagem às pessoas com estoma intestinal de eliminação: revisão narrativa. *Saúde (Santa Maria).* 2020 [cited 2022 May 16]; 46(2):e43195. DOI: <https://doi.org/10.5902/2236583443195>.
4. Marques LGS, Schran LS, Oliveira JLC, Carvalho ARS, Tonini NS, Nicola AL. Satisfação do paciente sobre a assistência de enfermagem hospitalar. *Enfermagem Brasil.* 2018 [cited 2022 May 13]; 17(3):236-44. DOI: <https://doi.org/10.33233/eb.v17i3.1114>.
5. Lima SGS, Spagnolo RS, Juliani CMC, Fernandes VC, Martin LB. Nursing Consultation in Primary Health Care: Integrative Revision. *Ensaios e Ciência.* 2020 [cited 2022 Apr 23]; 24(5):693-702. DOI: <https://doi.org/10.17921/1415-6938.2020v24n5-esp.p693-702>.
6. Toso BRGO, Funguetto L, Maraschin MS, Tonini NS. Atuação do enfermeiro em distintos modelos de Atenção Primária à Saúde no Brasil. *Saúde debate.* 2021 [cited 2022 May 23]; 45(130):666-80. DOI: <https://doi.org/10.1590/0103-1104202113008>.
7. Bandeira LR, Kolankiewicz ACB, Alievi MF, Trindade LF, Loro MM. Fragmented comprehensive health care for ostomized person in the health care network. *Esc. Anna Nery.* 2020 [cited 2022 Apr 23]; 24(3):e20190297. DOI: <https://doi.org/10.1590/2177-9465-EAN-2019-0297>.
8. Carvalho DS, Silva AGI, Ferreira SRM, Braga LC. Elaboration of an educational technology for ostomized patients: peristomal skin care. *Rev. Bras. Enferm.* 2019 [cited 2022 Jun 05]; 72(2):427-34. DOI: <https://doi.org/10.1590/0034-7167-2016-0024>.
9. Tricco AC, Lillie E, Zarin W, O'Brien KK, Colquhoun H, Levac D, et al. PRISMA Extension for Scoping Reviews (PRISMA-ScR): Checklist and Explanation. *Ann. Intern. Med.* 2018 [cited 2022 Apr 03]; 169(7):467-73. DOI: <https://doi.org/10.7326/m18-0850>.
10. JBI. Joanna Briggs Institute Reviewers. JBI Manual for evidence synthesis. Austrália: The Joanna Briggs Institute. 2020 [cited 2022 Mar 23]. Available from: <https://jbi-global-wiki.refined.site/space/MANUAL>.

11. Soares-Pinto IE, Queirós S, Alves P, Carvalho T, Santos C, Brito MA. nursing interventions to promote self-care in a candidate for a bowel elimination ostomy: scoping review. *Aquichan*. 2022 [cited 2022 Apr 12]. 22(1):e2212. DOI: <https://doi.org/10.5294/aqui.2022.22.1.2>.
12. Maurício VC, Souza NVDO, Costa CCP, Dias MO. The view of nurses about educational practices targeted at people with a stoma. *Esc. Anna Nery*. 2017 [cited 2022 Apr 18]; 21(4):e20170003. Available from: <https://www.redalyc.org/articulo.oa?id=127752022026>.
13. Santana JCB, Souza AB, Dutra BS. Perceptions of a group of nurses on the process of taking care of patients with permanent colostomy. *Rev enferm UFPE on line*. 2011 [cited 2022 may 16]; 5(7):1710-5. DOI: <https://doi.org/10.5205/reuol.1262-12560-1-LE.0507201119>.
14. Zhang J-E, Wong FK Y, You LM, Zheng MC. A qualitative study exploring the nurse telephone follow-up of patients returning home with a colostomy. *J Clin Nurs*. 2012 [cited 2022 Jun 01]; 21(9-10):1407-15. DOI: <https://doi.org/10.1111/j.1365-2702.2011.03824.x>.
15. Foà C, Bisi E, Calcagni A, Goldoni A, Moscatelli MP, Pellicani V, et al. Infectious risk in ostomy patient: the role of nursing competence. *Acta Biomed*. 2019 [cited 2022 Apr 20]; 90 (Suppl 11):53-64. DOI: <https://doi.org/10.23750%2Fabm.v90i11-S.8909>.
16. Burch J. Peristomal skin care considerations for community nurses. *Br J Community Nurs*. 2019 [cited 2022 May 21]; 24(9):414-8. DOI: <https://doi.org/10.12968/bjcn.2019.24.9.414>.
17. Bird A, Wilson K, Bertinara A, Amos L. Educating patients in stoma care. *Br J Nurs*. 2019 [cited 2022 Apr 14]; 28(5):S4-S5. DOI: <https://doi.org/10.12968/bjon.2019.28.5.s4>.
18. Diniz IV. Qualidade de vida e adaptação de pessoas colostomizadas antes e após o uso do oclusor. [Doctoral Dissertation]. Universidade Federal da Paraíba; 2021. Available from: https://repositorio.ufpb.br/jspui/bitstream/123456789/22412/1/IrakantaniaVitorinoDiniz_Tese.pdf.
19. Carvalho CMG; Cubas MR; Nóbrega MML. Nursing diagnoses, outcomes and interventions in the care of people with intestinal elimination stoma. *ESTIMA*. 2018 [cited 2022 May 26]; 16:e2218. DOI: http://dx.doi.org/10.30886/estima.v16.518_PT.
20. Maruyama SAT, Barbosa CS, Bellato R, Pereira WR, Navarro JP. Auto-irrigação - estratégia facilitadora para a reinserção social de pessoas com colostomia. *Rev. Eletr. Enf.* 2017 [cited 2022 May 24]; 11(3):665-73. DOI: <https://doi.org/10.5216/ree.v11.47203>.
21. Feitosa YS, Sampaio LRL, Moraes JT, Moreira TMM, Rolim KMC, Dantas TP, et al. Construction and validation of educational technology to prevent complications in intestinal ostomies / peristomy skin. *Rev Bras Enferm*. 2020 [cited 2022 Apr 11]; 73(Suppl 5):e20190825. DOI: <https://doi.org/10.1590/0034-7167-2019-0825>.
22. Mendonça SN, Lameira CC, Souza NVDO et al. Orientações de enfermagem e implicações para a qualidade de vida de pessoas estomizadas. *Rev. enferm. UFPE on line*. 2015 [cited 2022 Apr 11]; 9(1,supl):296-304. Available from: <https://periodicos.ufpe.br/revistas/revistaenfermagem/article/view/10339/11043>.
23. Freitas LS. Efetividade da telenfermagem no processo adaptativo de pessoas com estomia sob a perspectiva do Modelo de Adaptação de Roy. [Master Thesis]. Universidade Federal do Rio Grande do Norte; 2019. Available from: <https://repositorio.ufrn.br/handle/123456789/27001>.
24. Rosado SR, Cicarini WB, Filipini CB, Lima RS, Dázio EMR. Práticas educativas realizadas pelo enfermeiro à pessoa com estomia. *Enfermagem Brasil*. 2015 [cited 2022 May 17]; 14(4):235-41. DOI: <https://doi.org/10.33233/eb.v14i4.47>.
25. Couto JA, Sá TS, Silva KS, Nunes MR. Orientações de enfermagem a pacientes ostomizados: Revisão integrativa. *RSD*. 2021 [cited 2022 Apr 16]; 10(9):e31310918086. DOI: <https://doi.org/10.33448/rsd-v10i9.18086>.
26. Sena JF. Construção e validação de tecnologia educativa para o cuidado de pessoas com estomia intestinal. [Master Thesis]. Universidade Federal do Rio Grande do Norte; 2017. Available from: <https://repositorio.ufrn.br/handle/123456789/24866>.
27. Rodrigues HA, Bicalho EAG, Oliveira RFS. Cuidados de enfermagem em pacientes ostomizados: uma revisão integrativa de literatura. *Rev. Psicol Saúde e Debate*. 2019 [cited 2022 Jun 01]; 5(1):110-20. DOI: <https://doi.org/10.22289/2446-922X.V5N1A9>.
28. Reisdorfer N, Locks MOH, Girondi JBR, Amante LN, Corrêa MS. Processo de transição para vivência com estomias intestinais de eliminação: repercussões na imagem corporal. *ESTIMA*. 2019 [cited 2022 May 29]; 16:e1219. Available from: https://www.revistaestima.com.br/estima/article/download/683/pdf_1/2268.
29. Valau Júnior CAD, Simon BS, Garcia RP, Dalmolin A, Stamm B, Harter J. Perfil sociodemográfico e práticas de autocuidado desenvolvidas por pessoas com estomia intestinal de eliminação. *Braz. J. of Develop*. 2020 [cited 2022 Jun 03]; 6(6):41030-47. 2020. DOI: <http://dx.doi.org/10.34117/bjdv6n6-588>.
30. Medeiros LP, Xavier SSM, Freitas LS, Silva IP, Brito OL, Lucena SKP, et al. Construção e validade da escala do nível de adaptação da pessoa com estomia. *ESTIMA*. 2022 [cited 2022 Jun 10]; 16:e0822. Available from: <https://www.revistaestima.com.br/estima/article/view/1191/523>.
31. Bavaresco M, Manfredini GMSG, Moraes CM, Lima RS, Fava SMCL, Dázio EMR. Complications of ostomy bowel and peristomal skin: evidence for nursing care. *Rev. enferm. UERJ*. 2019 [cited 2022 May 23]; 27:e45758. DOI: <http://dx.doi.org/10.12957/reuerj.2019.45758>.
32. Godoy Junior PC, Sousa AV. Literature review on colostomies and their complications in the period from 2015 to 2021. *International Journal of Health Management Review*. 2021 [cited 2022 Jun 01]; 7(3):1-12. Available from: <https://ijhmreview.org/ijhmreview/article/view/289/218>.

33. Cardoso AA. Complicações na estomia de eliminação e pele ao redor. [Monografia de Especialização]. Universidade Federal de Minas Gerais; 2021. Available from: <https://repositorio.ufmg.br/bitstream/1843/38997/1/TCC%20-%20Complica%C3%A7%C3%B5es%20na%20Estomia%20de%20Elimina%C3%A7%C3%A3o%20e%20Pele%20ao%20Redor.pdf>.
34. UOAA. United Ostomy Associations of America. New Ostomy Patient Guide. 2017 [cited 2022 May 29]. Available from: https://www.ostomy.org/wp-content/uploads/2018/05/All-In-One-New-Patient-Guide_2018.pdf.
35. Miranda LSG, Carvalho AAS, Paz EPA. Quality of life of ostomized person: relationship with the care provided in stomatherapy nursing consultation. Esc. Anna Nery. 2018 [cited 2022 Jun 01]; 22(4):e20190075. DOI: <https://doi.org/10.1590/2177-9465-EAN-2018-0075>.
36. Diniz IV, Mendonça AEO, Brito KKG, Albuquerque AM, Oliveira SHS, Costa IKF, et al. Health education: a booklet for colostomized people in use of the plug. Revista Brasileira de Enfermagem. 2022 [cited 2022 Jun 01]; 75(1):e20210102. <https://doi.org/10.1590/0034-7167-2021-0102>.
37. Barbosa G; Paschoalin HC; Greco RM; Dias SM. Vivências de pessoas com estomia no mundo do trabalho. ESTIMA. 2018 [cited 2022 Apr 18]; 16:e0218. DOI: http://dx.doi.org/10.30886/estima.v16.372_PT.
38. Ministério da Saúde (Br). Secretaria de Atenção à Saúde. Portaria nº 400, de 16 de novembro de 2009. Estabelece Diretrizes Nacionais para a Atenção à Saúde das Pessoas Ostomizadas no âmbito do Sistema Único de Saúde. Brasília, DF: Ministério da saúde, 2009 [cited 2022 May 30]. Available from: https://bvsms.saude.gov.br/bvs/saudelegis/sas/2009/prt0400_16_11_2009.html.
39. Brasil. Decreto nº 3.298, de 20 de dezembro de 1999. Regulamenta a Lei no 7.853, de 24 de outubro de 1989, dispõe sobre a Política Nacional para a Integração da Pessoa Portadora de Deficiência, consolida as normas de proteção, e dá outras providências. 1999. [cited 2022 May 30]. Available from: http://www.planalto.gov.br/ccivil_03/decreto/d3298.htm.

Author Contributions

Conceptualization, L.S.F. and I.K.F.C.; methodology, L.S.F. and I.K.F.C.; software, L.S.F. and I.K.F.C.; validation, L.S.F. and I.K.F.C.; formal analysis, L.S.F. and S.K.C.M.; investigation L.S.F. and S.K.C.M.; resources, L.S.F. and I.K.F.C.; data curation, L.S.F., R.M.N. and M.F.F.; manuscript writing, L.S.F., S.K.C.M., R.M.N. and M.F.F.; writing—review and editing, L.S.F. and R.O.A.; supervision R.O.A.; project administration, I.K.F.C. and R.O.A.; funding acquisition, I.K.F.C. All authors have read and agreed to the published version of the manuscript.