

NURSING CARE WITH OSTOMY COMPLICATION: A CASE REPORT:

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ABSTRACT

The stomized patient requires a systematized assistance from nurses in order to promote rehabilitation and prevent complications such as retractions and peristomal dermatitis, in order to provide a better quality of life. However, when practitioners encounter these clinical situations, steps must be taken to reverse the case and favor treatment success. This work aimed to report a clinical case of the treatment of a complication of the dermatitis type in an ileostomy. Patient had postoperative peri-stomal dermatitis due to improper adaptation of the stoma plate to the skin. After evaluation and use of several products, among which we highlight the collecting equipment and adjuvants of skin protection, which allowed for greater comfort and a good evolution with consequent healing. Thus, we can conclude that the nurse has a fundamental role in the planning of care, in the peri and postoperative period. This care implies an interaction between the caregiver and those being cared for, to exchange knowledge and experiences, providing a positive result, aiming at the best intervention of the stomized condition, promoting the coping with the chronic condition of the intestinal stoma, requiring adequate care, which also does not exempt the performance of the interdisciplinary team.

KEYWORDS: Peristomal dermatitis, Ileostomy, assistance, nursing.

1. INTRODUCTION

In Brazil, among the main causes related to the need for ostomies in the adult and elderly population are neoplasms, mainly colorectal cancer, the most recent estimate by the National Cancer Institute José Alencar Gomes da Silva (INCA) for the year, with 32,600 cases, of which 15,070 men and 17,530 were women¹.

The word stoma is of Greek origin and includes the opening of a mouth for the exteriorisation of any hollow viscera in the body. This opening is performed surgically and aims to promote the elimination of effluents, such as feces and urine to the external environment, and is therefore called elimination stoma².

The preparation of a stoma is aimed at saving life and reestablishing the health of the individual, but it

constitutes problems for the stomach: it leads to a lack of intestinal control and involuntary loss of feces and gases causing embarrassment and discomfort with physical repercussions. Thinking about the stomized, rehabilitation is understood as the successful way of adapting the changes resulting from surgery, and it is necessary to offer the possibility of exercising functions of daily life. Faced with the complexity of the treatment and rehabilitation of the ostomate, nursing is one of the professionals qualified for the planning, implementation and evaluation of the care to the patient³.

Colostomies and ileostomies are indicated in the treatment of a number of diseases. Its creation is common in the treatment of colorectal tumors, and are indicated in cases of obstruction of pelvic tumors or in enlarged resections⁴. According to the origin of the disease, the intestinal stomies may be temporary or definitive and depending on the location they are classified as ascending, transverse, descending and ileostomy⁵.

Local complications can occur either in the immediate postoperative period, early or late. The person undergoing surgery becomes a stoma carrier and with this the possibility of developing complications. Among the types of complications, abscesses, dermatitis, edema, stenosis, folliculitis, haemorrhage, peristomal hernia, necrosis, prolapse and retraction were mentioned⁶. The ability for self-care can play a decisive role in the physiological, psychological and social adaptation of the ostomy patient and their families to the process of living with an ostomy, which contributes to a significant improvement in quality of life of people⁷.

Coexistence with the stoma requires that the stomized person adopt numerous measures of adaptation and readjustment to daily activities, including learning the actions of self-care of the stoma and peristaltic skin. Aware of these changes, the nurse, stoma-therapist or not, should include in the planning of the client's care, in all phases of the surgical treatment of the stomach, the triad: ostomy / skin peristoma / devices used in care⁸.

The nurse has an important role in the rehabilitation

of the stomized patient since the choice of type of bag, type of skin protector or protective barrier of skin and accessory products to be used. The nurse's assistance is supported by the technological advances achieved by the devices for use in the care of intestinal stomata and that these devices are available in our market. For this, it is necessary for the professional qualification, in order to know the devices, know how to use them, when to indicate etc. In addition, it is necessary for the patient "to be able to access" the devices. On the contrary, it is difficult to provide a better-quality care to the patient with stomata, despite the existence of these products and equipment⁹.

Another relevant factor is the orientation of the nurse to the patient, stimulating self-care, which allows the individual greater independence. Several factors influence this process, as well as the adherence and motivation for the treatment and the proposed interventions⁷. The knowledge of the multidisciplinary team in the pre-and post stomatal performance, as well as the education to self-care, can reduce the incidence of complications to improve the quality of life of the stomized person³.

The objective of this clinical case was to report the successful experience of treating a postoperative dermatitis-type complication in a patient with ileostomy.

2. CASE REPORT

The patient was M.H.Z, 55 years old, female, retired, divorced, resident in the municipality of Coronel Fabriciano, MG, Brazil. She was referred to the Service of Assistance to the Ostomized Person of Ipatinga on 10/23/2015, was accompanied by her daughter. Patient had been discharged on the same day, reports that he sought the service immediately after discharge because he felt severe pain in the peristomal region and had not received the necessary care with the stoma during the period of hospitalization. Patient presents hospital



Figure 1. External appearance of the colostomy bag at first care.

discharge summary with medical diagnosis of Malignant Neoplasia of the ascending colon, ICD (C18.9), was hospitalized at the Hospital of the city of Timóteo on 10/06/2015.

After exams performed during admission, a stenosing lesion was observed in the ascending colon, total colectomy was performed with preservation of part of the sigmoid and rectum, evolved postoperative with intestinal semioposition and was submitted to exploratory laparotomy with lysis of adhesions and confection of a new ileosigmoid anastomosis. With good evolution of ileostomy. Discharged on 10/23/15. Clinical examination showed a limitation in locomotion, patient with a verbal report of strong in the peristomal region, arrived supported by the daughter and very tearful. He had surgical wound of exploratory laparotomy in good condition, ileostomy located in the QID, in two mouths, with a support rod, irregular borders, globular abdomen, a stoma of bright red color, measuring 30mm in diameter, totally retracted, presents severe peristomal dermatitis To the region of the right iliac crest, presents bleeding, strabismus stenosis and mucocutaneous detachment, present greenish-colored stools. Patient in the immediate postoperative period, partially dependent on family care. The immediate nursing care was: Carry out cleaning with saline solution 0.9% throughout the stoma and peristomal skin, apply skin protection powder, hydrocolloid plaque, protective paste, indicated the convex plate device, 70mm bag and



Figure 2. Peristomal skin presenting extensive dermatitis, mucocutaneous detachment and irregularity in the skin.



Figure 3. Convex plate being fixed.

belt for Better adhesion of the plate. Guided as to the hygiene of the bag, as well as the periodic exchange of

the same every 3 days, on feeding and to return for reassessment in 4 days.

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Patient released at home reporting almost total pain relief after all procedures performed. He returned to the

service after 4 days where he presented significant



improvement in the healing of the peristomal lesion and total pain relief, ileostomy was functioning. Maintained conduct and previous medications.

Figure 4. Return of the patient after 4 days of treatment.



Figure 5. Patient after 30 days of treatment.

3. DISCUSSION

It was observed how important was the nurse's role in the treatment of dermatitis, a very frequent complication in the stomata. Significant improvement in the care and life quality of these individuals, due to the large number of products available for the ostomized in the market, where there is a constant search for improvement by the health team.

The treatment of the lesions is no longer only based on the accomplishment of the dressing technique, incorporating all the assistance methodology that the nurse provides, with evaluation of the general condition of the patient, physical examination directed according to the etiology of the lesion, treatment choice and of the coverage to be used, besides the nursing record and prognostic projection⁵.

As the healing process constantly evolves, certain toppings may no longer be the best indication after a few days. Adequate follow-up is essential and should be done by the trained professional. In addition, patients may respond in a totally different way, even with similar wounds, always needing a reevaluation⁶.

The care of the nurse with the patient who has this profile requires professionals, beyond the practice of dressing, approach also, understanding the physiology of the skin, physiology of healing, scientific knowledge and knowledge about the types of coverages in the market⁸.

The wound is something that weakens, and may, in the majority, weaken the patient to develop their daily activities. The person who has an injury carries with it the origin of this injury: burn, trauma, chronic disease, complications after a surgical procedure, among others¹⁰. The prevention and treatment of wounds should be carried out in clinics, basic health units of the family, clinics, that is, environments that have a multidisciplinary team with health professionals, qualified for this purpose, be it public or private initiative, also having of suitable materials⁹.

Lately, nursing has been seeking knowledge about the prevention of tissue damage and treatment and wound care that can improve their practice in this regard. In Brazil, dermatology from a nursing perspective is currently being developed through the direct assistance of the nurse to the patient in outpatient, home and hospital units¹⁰.

4. CONCLUSION

It was evidenced that currently, when speaking about assistance to patients with injuries, nursing has been seeking something far beyond the practice of dressing, such as technical-scientific knowledge and adequate materials for the elaboration of prevention and treatment strategies for the promotion of conditions Which help in a faster healing and without major compromises. It is hoped that this report of experience can subsidize the practice of nurses who are faced with similar situations.

The theme of nurses' performance in relation to the new technological devices of stomies has been gaining ground in scientific research. However, there is still a lot to learn and know about the new devices, the field is vast.

In addition, the present work is pursuing an objective and defined path, in order to produce a new representation of nurses in society, contributing to their recognition as the fundamental and essential professional for the practice of health in the country.

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