

CUIDADO É FUNDAMENTAL

Escola de Enfermagem Alfredo Pinto – UNIRIO

RESEARCH

DOI: 10.9789/2175-5361.rpcfo.v14.11934

CARE PROVIDED BY NURSES IN ASSISTANCE TO PATIENTS WITH INTESTINAL STOMA: EVIDENCE IN LITERATURE

Cuidados prestados pelo enfermeiro na assistência ao paciente com estomia intestinal: evidências na literatura
Cuidados prestados por enfermeros en el cuidado de pacientes con estomía intestinal: evidencias en la literatura

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ABSTRACT

Objective: to identify and describe the evidence found in the literature on the care provided by nurses in the care of patients with intestinal ostomy. **Method:** integrative literature review with a time frame from 2016 to 2020, using the descriptors or synonyms “Ostomy”, “Stoma” and “Nursing Care” crossed by the Boolean indicator “and”, in Portuguese, English and Spanish, in the bases of LILACS, VHL and MEDLINE data. **Results:** after reading the title and abstract, 9 articles were selected and after full reading, 4 articles that articulated with the theme were selected. In the four studies, the hygiene care of the equipment and collection bags, and the emptying of the collector were mentioned as precautions to be performed. **Conclusion:** nursing care is deficient with regard to care for ostomy patients. It is necessary to develop studies that explore the reality of nursing care for this public.

DESCRIPTORS: Enterostomal therapy; Nursing; Professional paper.

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Received: 09/06/2022; Accepted: 06/07/2022; Published online: 01/12/2023

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How cited: Santos KF. Care provided by nurses in assistance to patients with intestinal stoma: evidence in literature. *R Pesq Cuid Fundam* [Internet]. 2023 [cited year month day];14:e11934. Available from: <https://doi.org/10.9789/2175-5361.rpcfo.v14.11934>



RESUMO

Objetivo: identificar e descrever as evidências encontradas na literatura sobre os cuidados prestados pelo enfermeiro na assistência ao paciente com estomia intestinal. **Método:** revisão integrativa da literatura com recorte temporal de 2016 a 2020, utilizando-se os descritores ou sinônimos “Ostomia”, “Estomia” e “Cuidados de Enfermagem” cruzadas pelo indicador boleano “and”, nas línguas portuguesa, inglesa e espanhola, nas bases de dados LILACS, BVS e MEDLINE. **Resultados:** após leitura do título e do resumo, selecionaram-se 9 artigos e após leitura completa, 4 artigos que articulavam com a temática foram selecionados. Nos quatro estudos foi citado os cuidados de higiene dos equipamentos e bolsas coletoras, e o esvaziamento do coletor como cuidados a serem realizados. **Conclusão:** os cuidados de enfermagem são deficitários no que diz respeito à atenção ao paciente ostomizado. É necessário desenvolver estudos que explorem a realidade do cuidado de enfermagem frente a este público.

DESCRITORES: Estomaterapia; Enfermagem; Papel profissional.

RESUMEN

Objetivo: identificar y describir las evidencias encontradas en la literatura sobre los cuidados prestados por enfermeros en el cuidado de pacientes con ostomía intestinal. **Método:** revisión integrativa de la literatura con un marco temporal de 2016 a 2020, utilizando los descriptores o sinónimos “Estomía”, “Estomía” y “Atención de Enfermería” cruzados por el indicador booleano “y”, en portugués, inglés y español, en las bases de LILACS, BVS y datos MEDLINE. **Resultados:** Después de la lectura del título y el resumen, se seleccionaron 9 artículos y después de la lectura completa, se seleccionaron 4 artículos que articulaban con el tema. En los cuatro estudios, el cuidado de la higiene de los equipos y bolsas de recolección, y el vaciado del colector fueron mencionados como precauciones a realizar. **Conclusión:** la atención de enfermería es deficiente en cuanto a la atención a los pacientes ostomizados. Es necesario desarrollar estudios que exploren la realidad del cuidado de enfermería para este público.

DESCRIPTORES: Estomaterapia; Enfermería; Rol profesional.

INTRODUCTION

“Stoma or stoma derives from the Greek stóma, meaning mouth, opening. [...] resulting from surgical intervention with the objective of reestablishing communication between a viscera/organ and the external environment, compensating its functioning affected by some disease.”^{11,25}

Stomas are named according to the segment affected. Therefore, for intestinal stomas, they are called colostomy, ileostomy and jejunostomy; for urinary stomas, urostomy or urinary derivation.² They are forms of treatment for Inflammatory Bowel Diseases, such as Crohn’s Disease and Ulcerative Colitis.³

A surgical procedure that may require several medical, nursing, and patient care, since it may present several early or late complications.⁴

A review study performed an average of complications regarding the stoma, this indicated as early complications, necrosis, bleeding, edema, and retraction; as late complications, paraesophageal hernia, prolapse, and retraction; as for skin complications, irritation, erythema, inflammation, and infection.⁵ Late complications were the most prevalent (89%).⁵ The study also presents obesity as a risk factor for complications, and also found that intestinal stomas are more prevalent as to complications than urinary stomas.⁵ The author also reports on the need for long-term clinical follow-up in order to manage the prevention and treatment of complications.⁵

It is possible to verify that, in the postoperative period or even days after discharge, the patient has already walked a long path of suffering due to inability to care for the stoma, ignorance of their rights, lack of collecting equipment and other embarrassing

situations that intensify their anguish and negative experience in relation to their new condition. These facts could have been avoided if they had had directives from a stomal therapist since the first care.⁶

The stomal therapist is the one who works with ostomized patients, but also with wounds and incontinence, from the preventive to the curative/rehabilitative process.⁷ One study affirms the importance of the care of the stomal therapist nurse in the different phases of adaptation of the ostomized patient, in a personified and individualized way, also in primary health care centers.⁸ However, the nursing consultation in stomal therapy is not a reality even in Brazilian hospitals.⁹

The analysis of studies related to nursing care to ostomized patients may direct towards a systematized and integral care.¹⁰ Thus, making possible the complete and safe adaptation of these users with rehabilitation actions, including guidance for self-care during all phases and consequent prevention and treatment of complications in the stoma and surrounding skin.¹⁰ Furthermore, it is important to train and update the professionals involved and understand the reality of current care.¹⁰

Given the relevance of nursing care, it is considered essential to know what nurses have done in the assistance to patients with ostomy. Therefore, the objective of this study was to identify and describe the evidence found in the literature on the care provided by nurses in the care of patients with intestinal stomies.

METHODS

This is an integrative literature review research that sought to identify publications on how nursing care and the orientation

given by nurses are being provided to ostomized patients. In developing the theme of the study, the following guiding question was posed: "What is the available evidence in the literature about the care provided by nurses in the assistance to patients with intestinal ostomy?"

The inclusion criteria were scientific productions published from 2016 to 2020, available in full and online, in Portuguese, English or Spanish, with free access (open access). We excluded double publications, abstracts, texts in project format, texts in languages other than those specified, publications outside the established time frame, and all quantitative articles, for not being articulated with the chosen theme. The qualitative articles were included because no quantitative studies were found that referred to the research theme.

For data collection, the databases LILACS (Latin American and Caribbean Literature on Health Sciences), VHL (Virtual Health Library) and MEDLINE (Online Medical Literature Retrieval and Analysis System) were consulted. The time frame includes publications from 2016 to 2020. This temporal cut-off will be adopted, since updated references from the last five years are sought.

To identify the publications indexed in the databases, the following Descriptors in Health Sciences (DeCS) were used: ostomy and Nursing Care and the synonym Ostomy. For each one of these, the standardized descriptors that related to the theme in the other languages (English and Spanish) were selected. The Boolean operators 'or' between the standard descriptors and 'and' between the subject descriptors were adopted. The following search strategy was used, according to Chart 1.

The papers that met all the inclusion criteria were submitted to analytical reading, with subsequent organization and preparation of a table with the characteristics of each article, as follows: Authors/year of publication/country; title; objective; method; sample; main findings and conclusions. For this step, we used a collection instrument to ensure the systematic extraction of relevant data for this review, containing the information cited above.

The studies were also classified according to the level of scientific evidence. The level of evidence quality was classified according to: level 1 – meta-analysis of multiple randomized controlled trials; level 2 – individual studies with experimental design; level 3 – quasi-experimental studies, level 4 – descriptive studies (non-experimental) or with a qualitative approach; level 5 – case or experience reports, level 6 – expert opinion.¹¹

Data analysis

The information from each study was exposed in a descriptive way, according to its characteristics. The data were organized in tables in Excel software, succinctly and individually to facilitate the critical analysis of the sample. The data were categorized into four stages: nursing care to the ostomized patient from prevention to management of complications; education for self-care; generalist nurse x stomal therapist nurse and the need for training the team for care/ weaknesses.

RESULTS

After applying the systems filters in relation to years and languages, and immediate exclusion (if outside the criteria by dynamic reading of the data), 166 studies were found, 101 in LILACS, 51 in VHL and 14 in MEDLINE, based on the search strategies described in Chart 1. After reading the title and abstract, 9 articles were selected, and after full reading, 4 articles that articulated with the theme were selected, three in LILACS and one in MEDLINE. The studies that met the inclusion criteria were mostly conducted in Brazil, and all, in addition to Portuguese, were also published in English and Spanish.

From the results obtained, a database was prepared in order to facilitate the visualization and interpretation of the information analyzed. Each study received a code: Study-E1, Study – E2, and so on. Chart 2 was composed of the following information: Authors; study title and journal.

Most studies had 3 authors, and the maximum number of authors was 7, each article from a different scientific journal. The studies that met the inclusion criteria were mostly conducted in South American countries, and all were published in English. Chart 3 and 4 were elaborated to demonstrate the year of publication of the studies, objectives, methodology, results, and level of evidence, being synthesized in a clear and organized way.

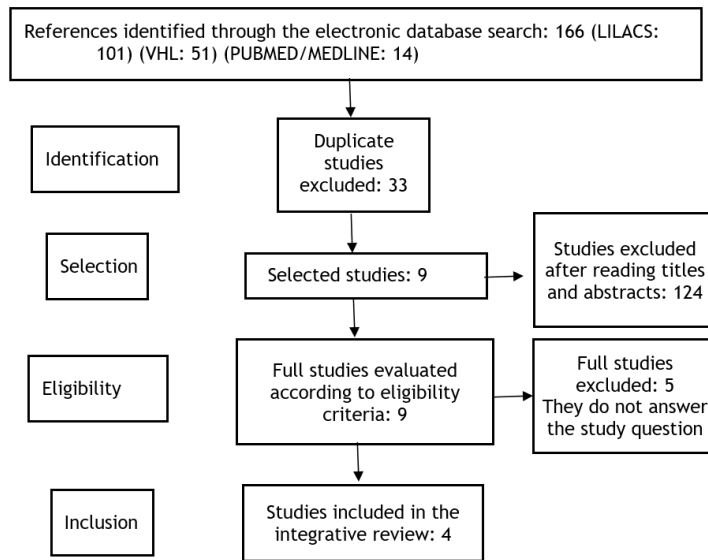
Regarding the year of publication, there were studies in the years 2016, 2017, 2019, 2020, each with one study (25%). Regarding the methodological design, all studies were qualitative research (100%). Regarding the country of origin of the publication, we identified a higher incidence of studies from Brazil, with three (75%) and Italy 1 (25%). In addition, regarding the level of evidence, we observed 3 level 4 studies (75%) and one level 3 study (25%).

In three of the four studies, the research was conducted in hospitals, with similar methods. A comparison between the

Chart 1 – Search strategy in databases, Belo Horizonte, MG, Brazil, 2022

LILACS	("Ostomia") and ("Estomia") and ("Cuidados de Enfermagem") ("Ostomy") and ("Stoma") and ("Nursing Care") ("Estomia") and ("Estomia") and ("Atención de Enfermería")
MEDLINE	("Ostomy") and ("Stoma") and ("Nursing Care")
BVS	("Ostomia") and ("Estomia") and ("Cuidados de Enfermagem")

Figure 1 – Flowchart of study identification, selection, and inclusion, Belo Horizonte, MG, Brazil, 2022



Source: Research data

Chart 2 – Data regarding the journals, titles and authors of the studies in the sample, Belo Horizonte, MG, Brazil, 2022

Article/code	Authors	Title	Periodical
E1	Oliveira LD, Lopes APAT, Decesario MN ¹⁵	Cuidado integral à pessoa ostomizada na atenção básica – conhecimento e atuação do enfermeiro	Ciênc. cuid. saúde
E2	Moraes JT, Santos CF, Borges EL ¹³	Da formação à prática: A percepção de supervisores de enfermagem sobre os cuidados em estomias	Rev. enferm. UERJ
E3	Dalmolin A, Girardon-Perlini NMO, Beuter M, Gomes ES, Moraes JT, Nietzsche EA ¹²	Saberes e práticas dos profissionais de enfermagem no cuidado às pessoas com estoma intestinal	Revista Brasileira de Enfermagem
E4	Foà CMS, Bisi E, Calcagni A, Goldoni A, Moscatelli MP, Pellicani V, et al ¹⁴	Infectious risk in ostomy patient: The role of nursing competence	Acta Biomédica

Source: Research data

Chart 3 – Data regarding publication year, country of origin, objective, methodological design, outcome and level of scientific evidence/ Part 1, Belo Horizonte, MG, Brazil, 2022

Article/code	Year/Country	Objective	Method	Results	Level of Evidence
E1	2017/ Brazil	To appreciate the knowledge and performance of nurses in the care of ostomized people in primary care.	A qualitative, exploratory, descriptive study, used for data collection a semi-structured interview with guiding questions, recorded and transcribed in full, applied to twenty-six municipal primary care nurses.	From the thematic content analysis, the following categories emerged, identifying the care with stomas and the nurse's perceptions regarding the care provided to the ostomized patient. The teaching of nursing and continuing education can contribute to a competent and effective performance of integral care to the ostomized, and this would reflect in the adaptive process and in the quality of life of ostomized patients and their families.	NE4

Chart 3 – Cont.

E2	2016/ Brazil	To describe the assistance of nurse supervisors related to the care of the ostomized patient in a hospital environment.	Qualitative and descriptive research, carried out with 12 nurses from a general hospital in the Midwest of Minas Gerais in the period from March to May 2014. Data were collected through a semi-structured interview and grouped into the domains knowledge and experience in the care of ostomized people; stoma care by nurses; orientations of the supervising nurses.	Although the research shows that there is a basic care to the ostomized person in the hospital environment, the nurses show that they have limitations when it comes to orientations and specific care. The gaps presented by nurses regarding the care of ostomized patients at the hospital level occur despite the training of generalist nurses and the consequent absence of specific training for the theme.	NE3
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Source: Research data

Chart 4 – Data regarding publication year, country of origin, objective, methodological design, outcome and level of scientific evidence/ Part 2, Belo Horizonte, MG, Brazil, 2022

Article/code	Year/Country	Objective	Method	Results	Level of Evidence
E3	2020/ Brazil	To analyze the knowledge and practices of nursing professionals in caring for people with elimination intestinal stoma.	Qualitative, descriptive study, carried out with 21 nursing professionals from a General Surgery Unit.	It was possible to know the theoretical and scientific knowledge that subsidizes the practices, identify contradictions related to the discourse and care in the profession's daily work, as well as the intervening factors, which can facilitate and/or hinder the process of nursing care.	NE4
E4	2019/ Italy	The present research aims to investigate, in the different phases of the nursing process, the level and characteristics of nursing expertise and highlight its impact on reducing infectious risk in ostomy patients.	Qualitative study focusing on comparing self-reported skills among nurses with retrospective archival data on peristomal skin infections (i.e., abscess and cellulitis, but not fistula and dermatitis) of stomized patients.	Several differences emerged in terms of nurses' experience and care settings: for example, ostomy complications in southern Italy being managed with specific checklists, while in northern Italy complications are managed by stomal therapists and in central Italy by general nurses on hospital wards.	NE4

Source: Research data

samples of these studies, nurses with training beyond graduation. There was a 35% percentage of lato sensus postgraduate nurses and 11.7% of nurses with stricto sensus type degrees.¹²⁻¹⁴ The length of training ranged from 3 to 35 years.¹² In the four studies, the length of service ranged from less than 1 year to more than 20 years.¹²⁻¹⁵

DISCUSSION

Nursing care to the ostomy patient from prevention to management of complications

In the four studies, hygiene care of the equipment and collector bags and emptying the collector were mentioned as care to be provided.¹²⁻¹⁵ In two of them, nursing care was directed only to these two previous aspects.^{12,13} Peristomal hygiene was also mentioned, care such as: paying attention to signs of inflammation, differences in coloration and the presence and time of edema in the stoma (this must be until the first week of the immediate postoperative period), as well as evaluating the integrity of the

stoma.¹⁵ In one of the studies, the author also puts as care specific treatment for wounds, hand hygiene to avoid infections, the replacement of single-use material, marking of the operation site, the use of non-alcoholic disinfectant sprays, the need for dry skin and last but not least the psychological support to the stomized patient.¹⁴

Moreover, it is also the approach about the attention to complications, as well as the importance of nurses knowing how to identify them.¹⁴ Lacerations, purulent collections, irritation, redness, dermatitis, dehiscence, fistulas, prolapses, separation of surgical staples, edema, bleeding, necrosis, infiltration, and retraction of the stoma were cited.^{5,14} And the care with interferences performed by nurses were the use of bacteriological tampon, skin hydration, dietary control, use of appropriate plates, advanced measures/ medications, cleaning of the skin, antibiotic ointments, and the use of antiseptic disinfectant.¹⁴ The nurse is also responsible for supervising the technical team in the care of ostomized patients, evaluating the patient, and planning the nursing conducts.¹²

Education for self-care

It is essential that patients understand the psychological and emotional implications of the consequent operation to manage their stress and reduce feelings of anxiety.¹⁴ Moreover, the caregiver's involvement is important for the patient's ability to self-regulate anxiety, i.e., the patient should be supervised throughout care until the disease is self-managed and the maximum possible degree of autonomy is achieved, guided by the trained professional.¹⁴ Continued specialized nursing care was shown by the authors to be effective in minimizing the occurrence of complications, effectively improving the quality of life of these people.¹⁴ One of the studies also corroborates the presence of family support in care as a potentializer of this care process.¹²

The other study also reports on the importance of preventive guidance, besides how to identify early complications and know how to act against them, on changes in social, emotional/psychological, nutritional, and lifestyle habits.¹³ It is noteworthy the importance of this guidance of self-care in a way that is not only biologicistic, since ostomized patients tend to have repercussions on mental health, usually evolving with low self-esteem.^{6,13}

Generalist Nurse x Stomal Therapist Nurse

The generalist nurse has several unknowns about the practice and care, as well as his/her performance with the ostomized patient.^{12,13} Differences were evidenced between the knowledge and practice of generalist and specialist nurses.¹⁴ The generalist nurse does not have professional skills related to the intestinal ostomy, with respect to preventing complications and promoting autonomy, as well as dialogue, active listening and psychological support of the patient for the path of adaptation.¹⁴

On the other hand, the stomal therapist nurse has a fundamental role in the correct planning of the management of the health care of the ostomate, in the pre – and postoperative period, in the ward, in the outpatient clinic or at home.^{8,14} The patients are properly informed and supported throughout the period of treatment between the diagnosis and the intervention in order to ensure that the patient feels ready for surgery.¹⁴ Therefore, the evaluation/nursing consultation of the stomal therapist nurse should be performed whenever possible.^{9,14} It is important to have a reference of care to the stomatized patient, which can be a stomal therapist nurse, since the hospital nurse does not perform the consultation to the stomatized patient.¹³

In addition, the importance of the stomal therapist nurse in the preparatory phase to the surgical approach of the stoma is mentioned.¹²

One of the studies also compared the highest rate of stomal therapist in one of the hospitals evaluated, with the lowest rate of stoma infection in the period of July 2017 in Italy, as well as lower infection rate the greater number of training at the time.¹⁴

Need for staff training for care/ weaknesses

As for the weaknesses and difficulties encountered, it was reported in the studies: difficulty in managing ostomy protections by generalist nurses, the divergence of concepts about the stoma, with a knowledge gap, the lack of nutritional guidelines for patients, and the lack of continuing education in primary care.^{14,15} Moreover, the incomplete generalist academic training in relation to stoma care, lack of systematized nursing consultation, being that at hospital discharge, the patient is anxious and does not absorb the information and it is at this stage that it is most necessary that the patient is aligned and oriented regarding care. As well as the lack of referral to reference services.¹³

The disagreements between what is said and the practice itself, the inadequate cutting of the bags by professionals, the location of the stoma, the lack of materials, lack of time, and the small number of employees for the demand.¹²

In all the studies it is observed the need for training of professionals to work with this public.¹²⁻¹⁵ In addition, it is understood that education for self-care is often directed to the postoperative period and hospital readmissions, causing more public spending, with this increase in hospital admissions for preventable causes in these patients.¹⁵

Nurses in Primary Health Care are scientifically and technically unprepared to assist and guide people with ostomies, since they showed a superficial knowledge in their performance about the care of ostomized users and do not perform activities that promote health education for the ostomized, which is essential for rehabilitation.¹⁵ This condition greatly influences the integrality of care, since these people need a support network and social support that includes not only the family, but also support groups and health professionals to develop the necessary practices.¹⁵

FINAL CONSIDERATIONS

This study showed that the nursing care is deficient regarding the attention to the ostomized patient. The nurse when caring for ostomized patients should always think about their autonomy and with that, build self-care strategies related to the reality of the patient. The assistance to the ostomized patient should not be focused only on the biologicistic model of passing information, but it is also important to assist this patient in his other life situations, his biopsychosocial issues.

It is found that the role of the specialized nurse is fundamental in education during the preoperative, intraoperative and follow-up periods after discharge. This helps to improve the quality of life of the ostomized person with a reduction in postoperative and subsequent complications, leading to a decrease in the high costs of the health system, improving the patient's adaptation to the stoma and reducing hospital stay. A planned and standardized educational intervention for ostomized people, evaluated by specialized nurses, is essential for educational, occupational, social and family rehabilitation achievement.

This research contributes to and involves evidence-based practice in its relevance as it seeks to improve nursing care for the patient. To understand the importance of specialized care in stomal therapy, as well as the deficiency and difficulties faced by the generalist nurse and his need to expand his scientific knowledge. It also contributes so that care can be increasingly closer to the reality of this clientele, since this theme is discussed, constituting an essential support in the disease/health transition for these people.

The limitations of this work refer to the type of method employed, as well as the difficulties in finding targeted studies. Specifically, to the care provided by nurses to patients with ostomy in the last five years, showing that the theme is still little discussed in the academic and scientific area in general. Therefore, the theme must be further explored and the development of research must be encouraged for a better qualification of nursing professionals. This also makes it difficult to find studies with a higher level of evidence. Therefore, the importance of future research related to the theme.

REFERENCES

1. Borges EL, Ribeiro MS. Linha de cuidados da pessoa ostomizada. Belo Horizonte (MG): Secretaria de Estado de Saúde (MG), Coordenação de Atenção à Saúde da Pessoa com Deficiência; 2015.
2. Castro JS. Percepção de enfermeiro acerca do cuidado com estomas de eliminação na Estratégia Saúde da Família em um município de Minas Gerais. [Especialização em Estomaterapia]. Belo Horizonte (Brasil): Universidade Federal de Minas Gerais; 2020. [acesso em 24 de abril de 2021]. Disponível em: <https://repositorio.ufmg.br/bitstream/1843/34311/1/TCC%20juliana%20Silva%20Castro%20FINAL.pdf>.
3. Silva KA, Azevedo PF, Olimpio RJJ, Oliveira STS, Figueiredo SN. Colostomia: a construção da autonomia para o autocuidado. Res., Soc. Dev. [Internet]. 2020 [acesso em 6 de fevereiro 2021];9(11):e54391110377. Disponível em: <https://rsdjournal.org/index.php/rsd/article/view/10377>.
4. Paixão MA. Complicações decorrentes dos estomas digestivos de eliminação: importância do cuidado pelo Estomaterapeuta. [Especialização em Estomaterapia]. Belo Horizonte (Brasil): Universidade Federal de Minas Gerais; 2020. [acesso em 26 de maio de 2021]. Disponível em: <https://repositorio.ufmg.br/handle/1843/34881>.<http://hdl.handle.net/1843/34881>
5. Lima SGS. Complicações em estomas intestinais e urinários: revisão integrativa. [Mestrado em Enfermagem]. Botucatu (Brasil): Universidade Estadual Paulista; 2017. [acesso em 17 de abril de 2021]. Disponível em: <http://hdl.handle.net/11449/150170>.<http://hdl.handle.net/11449/150170>
6. Vieira SAM. Estomia de eliminação intestinal: dois lados de uma mesma história. [Bacharel em Enfermagem]. Sinop (Brasil): Universidade Federal de Mato Grosso; 2018. [acesso em 18 de abril de 2021]. Disponível em: <https://bdm.ufmt.br/handle/1/951>.
7. Carvalho BL, Silva ANB, Rios DRS, Lima FES, Santos FKV, Santana FLF, et al. Assistência de enfermagem a pacientes com estoma intestinal. Revista Eletrônica Acervo Saúde. [Internet]. 2019 [acesso em 13 de março 2021];(24):e604. Disponível em: <https://acervomais.com.br/index.php/saude/article/view/604>.
8. Miranda LSG, Carvalho AAS, Paz EPA. Qualidade de vida da pessoa ostomizada: relação com os cuidados prestados na consulta de enfermagem de estomaterapia. Esc. Anna Nery Rev. Enferm. [Internet]. 2018 [acesso em 9 de junho 2021];22(4):e20180075. Disponível em: <https://doi.org/10.1590/2177-9465-EAN-2018-0075>.
9. Dantas DC, Magalhães AGC, Ribeiro YC, Diaz DPG, Xavier BL, Barreto ACM. Práticas de educação em saúde dos profissionais de enfermagem para o autocuidado de pacientes com colostomia: scoping review. Res. Soc. Dev. [Internet]. 2020 [acesso em 7 de abril 2022];9(11):e65691110241. Disponível em: <https://doi.org/10.33448/rsd-v9i11.10241>.
10. Coelho SA. Processo de elaboração de tecnologia educacional para estomizados: construção de guia para autocuidado de pessoas com estoma intestinal e/ou urinário. [Mestrado em Ciências Ambientais]. Fernandópolis (Brasil): Universidade Brasil; 2017. [acesso em 7 de abril de 2022]. Disponível em: https://www.universidadebrasil.edu.br/portal/_biblioteca/uploads/20200313201629.pdf.
11. Stetler CB, Morsi D, Rucki S, Broughton S, Corrigan B, Fitzgerald J, et al. Utilization-focused integrative reviews in a nursing service. Appl. nurs. res. [Internet]. 1998 [cited 2022 apr 7];11(4). Available from: [https://doi.org/10.1016/s0897-1897\(98\)80329-7](https://doi.org/10.1016/s0897-1897(98)80329-7).
12. Dalmolin A, Girardon-Perlini NMO, Beuter M, Gomes ES, Moraes JT, Nietsche EA. Saberes e práticas dos profissionais de enfermagem no cuidado às pessoas com estoma intestinal. Rev. bras. enferm. [Internet]. 2020 [acesso em 4 de julho de 2021];73(suppl 5):e20200018. Disponível em: <https://doi.org/10.1590/0034-7167-2020-0018>.
13. Moraes JT, Santos CF, Borges EL. Da formação à prática: a percepção de supervisores de enfermagem sobre os cuidados em estomias. Rev. enferm. UERJ. [Internet]. 2016 [acesso em 14 de julho 2021];24(2):e14733. Disponível em: <https://doi.org/10.12957/reuerj.2016.14733>.
14. 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. Ateneo parm. [Internet]. 2019 [cited 2021 jul 7];90(11suppl). Available from: <https://doi.org/10.23750/abm.v90i11-S.8909>.

15. Oliveira LD, Lopes APAT, Decesario MN. Cuidado integral à pessoa ostomizada na atenção básica-conhecimento e atuação do enfermeiro. *Ciênc. cuid. saúde*. [Internet]. 2017 [acesso em 29 de julho 2021];16(3). Disponível em: <https://periodicos.uem.br/ojs/index.php/CiencCuidSaude/article/view/35998/pdf>.