

# CUIDADO É FUNDAMENTAL

Escola de Enfermagem Alfredo Pinto – UNIRIO

SCOPE REVIEW

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## PRIMARY CARE ACTIONS IN THE HEALTH CARE OF PEOPLE WITH OSTOMY: A SCOPING REVIEW

*Ações da atenção primária no atendimento à saúde das pessoas com estomia: scoping review**Actuaciones de atención primaria en el cuidado de la salud de las personas con eostomy: una revisión de alcance***Larissa Carvalho de Castro**<sup>1</sup> **Thayane Ingrid Xavier de Andrade**<sup>2</sup> **Laura Oliveira Silva**<sup>3</sup> **Laryssa Barbosa Custodio**<sup>4</sup> **Cristiane Rabelo Lisboa**<sup>5</sup> **Sandra Marina Gonçalves Bezerra**<sup>6</sup> **Juliano Teixeira Moraes**<sup>7</sup> 

### RESUMO

**Objetivo:** mapear na literatura ações realizadas pelos profissionais da Atenção Primária à Saúde na assistência às pessoas com estomia. **Método:** trata-se de uma revisão de escopo fundamentada na metodologia do *The Joanna Briggs Institute* (JBI) e pelas diretrizes do *Preferred Reporting Items for Systematic reviews and Meta-Analyses extension for Scoping Reviews* (PRISMA-ScR). A pesquisa foi realizada em cinco bases de dados, e em dois catálogos de teses e dissertações, além de diretrizes e resoluções nacionais, sem limite temporal. **Resultados:** das 1.421 publicações, foram selecionadas 16 para amostra final. Os achados recorrentes nos estudos foram categorizados em seis eixos de análises principais: rede de cuidados, promoção de autocuidado, rede de apoio, abordagem multidisciplinar, educação permanente, e conhecimento das complicações. **Conclusão:** embora a produção de conhecimento na Atenção Primária à Saúde

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envolvendo o cuidado em estomias tenha sido limitado, foi possível mapear as principais ações para o atendimento da pessoa com estomia.

**DESCRITORES:** Estomia; Estratégia de saúde da família; Atenção primária a saúde; Eostomyterapia; Enfermagem de atenção primária.

## ABSTRACT

**Objective:** To map the actions taken by primary health care professionals when assisting people with ostomy, as described in the literature. **Method:** This is a scoping review based on the methodology of the Joanna Briggs Institute (JBI) and the Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR) guidelines. The search was conducted across five databases, two catalogs of thesis and dissertations, national guidelines, and resolutions without a time limit. **Results:** Of the 1,421 publications identified, 16 were selected for the final sample. Recurring findings from the studies were categorized into six main axes of analysis: care network, self-care promotion, support network, multidisciplinary approach, continuing education, and knowledge of complications. **Conclusion:** Although knowledge production in primary health care involving ostomy care has been limited, it was possible to identify the main care actions for people with ostomy.

**DESCRIPTORS:** Ostomy; Family health strategy; Primary health care; Enteroostomy therapy; Primary care nursing.

## RESUMEN

**Objetivo:** mapear en la literatura las actuaciones llevadas a cabo por los profesionales de Atención Primaria en la asistencia a personas con ostomías. **Método:** Se trata de una revisión exploratoria basada en la metodología de The Joanna Briggs Institute (JBI) y en las directrices de la extensión para revisiones exploratorias de Preferred Reporting Items for Systematic reviews and Meta-Analyses (PRISMA-ScR). La búsqueda se realizó en cinco bases de datos y dos catálogos de tesis y disertaciones, así como en directrices y resoluciones nacionales, sin límite de tiempo. **Resultados:** De las 1.421 publicaciones, se seleccionaron 16 para la muestra final. Los hallazgos recurrentes en los estudios se clasificaron en seis ejes principales de análisis: red de cuidados, promoción del autocuidado, red de apoyo, enfoque multidisciplinar, formación continuada y conocimiento de las complicaciones. **Conclusión:** Aunque la producción de conocimientos en Atención Primaria sobre el cuidado de los eostomy ha sido limitada, fue posible trazar un mapa de las principales acciones para el cuidado de las personas con eostomy.

**DESCRIPTORES:** Estomía; Estrategia de salud familiar; Atención primaria de salud; Eostomyterapia; Enfermería de atención primaria

## INTRODUCTION

The care of people with ostomies involves health actions produced by different levels of healthcare. Although most care is offered in secondary care by ostomy care services, primary health care (PHC) and tertiary care are also part of this care context.<sup>1,2</sup>

The national health care guidelines for people with ostomies within the Unified Health System (SUS) are defined in Ordinance 400 of November 16, 2009. This regulation stipulates that actions to encourage self-care, prevent complications, and monitor these individuals must be carried out in primary care, as well as in secondary care.

The Ministry of Health published Ordinance No. 793 in 2012. Considering the three levels of care, this document establishes the Care Network for Persons with Disabilities within the scope of the Unified Health System (SUS),<sup>3</sup> in which people with ostomies are included, according to Federal

Decree 5,296 of December 2, 2004.<sup>4</sup> PHC is a component of this network and aims to promote comprehensive care for people with ostomies by enabling regulated access to each point of care and/or support services.<sup>5</sup>

PHC plays an important role in caring for people with ostomies and is considered a gateway to health services. At this level of care, strategic actions can be developed to improve access to and quality of care for people with disabilities. Health education, monitoring, and care can be provided to people with disabilities in home care. Support and guidance can also be given to families and caregivers of people with disabilities.<sup>3,4</sup>

Therefore, it is essential that primary health care (PHC) professionals develop strategies and take action to support ostomy users and provide follow-up care in health units.<sup>3</sup> Although the regulations clearly define the role of PHC in guiding self-care, preventing complications, and monitoring ostomy patients, it is unclear what actions are carried out at

this level of care. Thus, the following question arises: What actions do PHC health professionals carry out in the care of people with ostomies, according to scientific literature?

Answering this question can help identify deficiencies in important actions aimed at people with ostomies. Additionally, it can inform decision-making regarding the adoption of interventions, optimize resources, and ensure adequate care that promotes well-being and improves the quality of life of people with ostomies. This scoping review aims to compile literature on the actions carried out by primary health care professionals in caring for people with ostomies.

**METHOD**

This scoping review was guided by the Joanna Briggs Institute (JBI) method and the Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR)<sup>6</sup> guidelines. Prior to data collection, the review protocol was registered in the Open Science Framework with the following Digital Object Identifier (DOI): 10.17605/OSF.IO/WZGM7.

The review took place in nine stages: defining the objective and research question, establishing and aligning inclusion criteria, identifying evidence, selecting studies, extracting and presenting data, searching for evidence, selecting studies, summarizing, extracting, and analyzing evidence, and presenting and interpreting results, conclusions, and implications of findings.<sup>6</sup>

The mnemonic strategy describing participants, concept, and context (PCC) was used to formulate the guiding

question of this review. P (population): people with ostomy. C (concept): actions performed by health professionals. C (context): primary health care professionals. Thus, the defined research question was: What actions do PHC health professionals carry out in the care of people with ostomies, according to scientific literature?

The inclusion criteria were scientific research published in full in English, Portuguese, or Spanish. The language restriction was determined by linguistic feasibility. There was no time frame for the search. Identified studies had to be conducted in the context of primary care and address actions carried out by health professionals aimed at people with ostomies. The age of people with ostomies was not restricted to expand the possibilities of identifying these actions.

From October 2023 to March 2024, the following databases were searched: Online Medical Literature Search and Analysis System (MEDLINE) via the National Library of Medicine (PubMed), Web of Science, Scopus, Embase, and the Virtual Health Library (VHL). All the databases were accessed via the Periodical Portal of the Coordination for the Improvement of Higher Education Personnel (CAPES), with access provided by a higher education institution. A search was also conducted in gray literature from the official websites of the Ministry of Health, the Latin American Repository, and the Library and Information Science Abstracts (LISA).

The search terms were obtained from DeCS/MeSH, and the adopted strategies are presented in Chart 1. The search strategies were adapted according to the specificities of each database, while maintaining a similar combination of descriptors.

**Chart 1** – Search strategies in the databases. Divinópolis, Minas Gerais, Brazil, 2024

Database	Search strategy
VHL, Capes Portal and Latin American Repository	(Médicos OR Physicians OR “Profissionais de saúde” OR “Health Personnel” OR “Equipe de Assistência ao Paciente” OR “Patient Care Team” OR Enfermeiro OR Nurses OR “Assistentes Sociais” OR “Social Workers” OR Fisioterapeutas OR “Physical therapists” OR “Agentes Comunitários de Saúde” OR “Community Health Workers” OR Nutricionistas OR Nutritionists OR Psicologia OR Psychology) AND (Estomia OR Ostomy OR Colostomia OR Colostomy OR Ileostomia OR Ileostomy) AND (Autocuidado OR “Self Care” OR “Assistência ao Paciente” OR “Assistência Integral à Saúde” OR “Comprehensive Health Care” OR “Primary Health Care” OR “Atenção Primária à Saúde”)
Pubmed(Medline)	(Physicians OR “Health Personnel” OR “Patient Care Team” OR Nurses OR “Social Workers” OR “Physical therapists” “Community Health Workers” OR “Nutritionists” OR Psychology) AND (Ostomy OR Colostomy OR Ileostomy) AND (“Self Care” OR “Comprehensive Health Care” OR “Primary Health Care”)
Web Of Science	(Physicians OR Nurses OR Social Workers OR Nutritionists OR Patient Care Team OR Health Personnel) AND (Ostomy OR Colostomy OR Ileostomy) AND (Self Care) AND (Primary Health Care OR Comprehensive Health Care)

Database	Search strategy
Scopus	(Physicians OR Nurses OR Social Workers OR Nutritionists OR Patient Care Team OR Health Personnel) AND (Ostomy OR Colostomy OR Ileostomy) AND (Self Care) AND (Primary Health Care OR Comprehensive Health Care)
Embase	(Physicians OR "Health Personnel" OR "Patient Care Team" OR Nurses OR "Social Workers" OR "Physical therapists" OR "Community Health Workers" OR "Nutritionists" OR Psychology) AND (Ostomy OR Colostomy OR Ileostomy) AND ("Self Care") AND ("Comprehensive Health Care" OR "Primary Health Care")
LISA	(Physicians OR "Health Personnel" OR "Patient Care Team" OR Nurses OR "Social Workers" OR "Physical therapists" OR "Community Health Workers" OR "Nutritionists" OR Psychology) AND (Ostomy OR Colostomy OR Ileostomy) AND ("Self Care") AND ("Comprehensive Health Care" OR "Primary Health Care")

The review was conducted in three main stages of searching. The first stage involved searching for studies in the aforementioned databases. The second stage included publications classified as gray literature, such as reports, thesis, and dissertations, as well as other unpublished or limited circulation materials. The third stage involved manually searching the references of the selected articles to identify additional relevant studies through citations.

The studies found were exported to the Rayyan® program for organizing and screening the articles. Then, two researchers read the titles and abstracts of all available publications and selected those that were potentially eligible for the study. Any selection disagreements were resolved in a plenary session with a third researcher. After reaching a consensus on the selection of publications, the full texts were read.

The information from the selected documents was then extracted and organized independently in a Microsoft Excel® instrument adapted according to the JBI methodology. The publications were characterized by the following categories: year, source of information, authors, title, type, method, language, country, descriptors/keywords, and evidence level.<sup>6</sup> Regarding the evidence level and level of recommendation, the publications were categorized according to the JBI

recommendation, which is classified from one to five and followed by letters from A to E.<sup>8</sup>

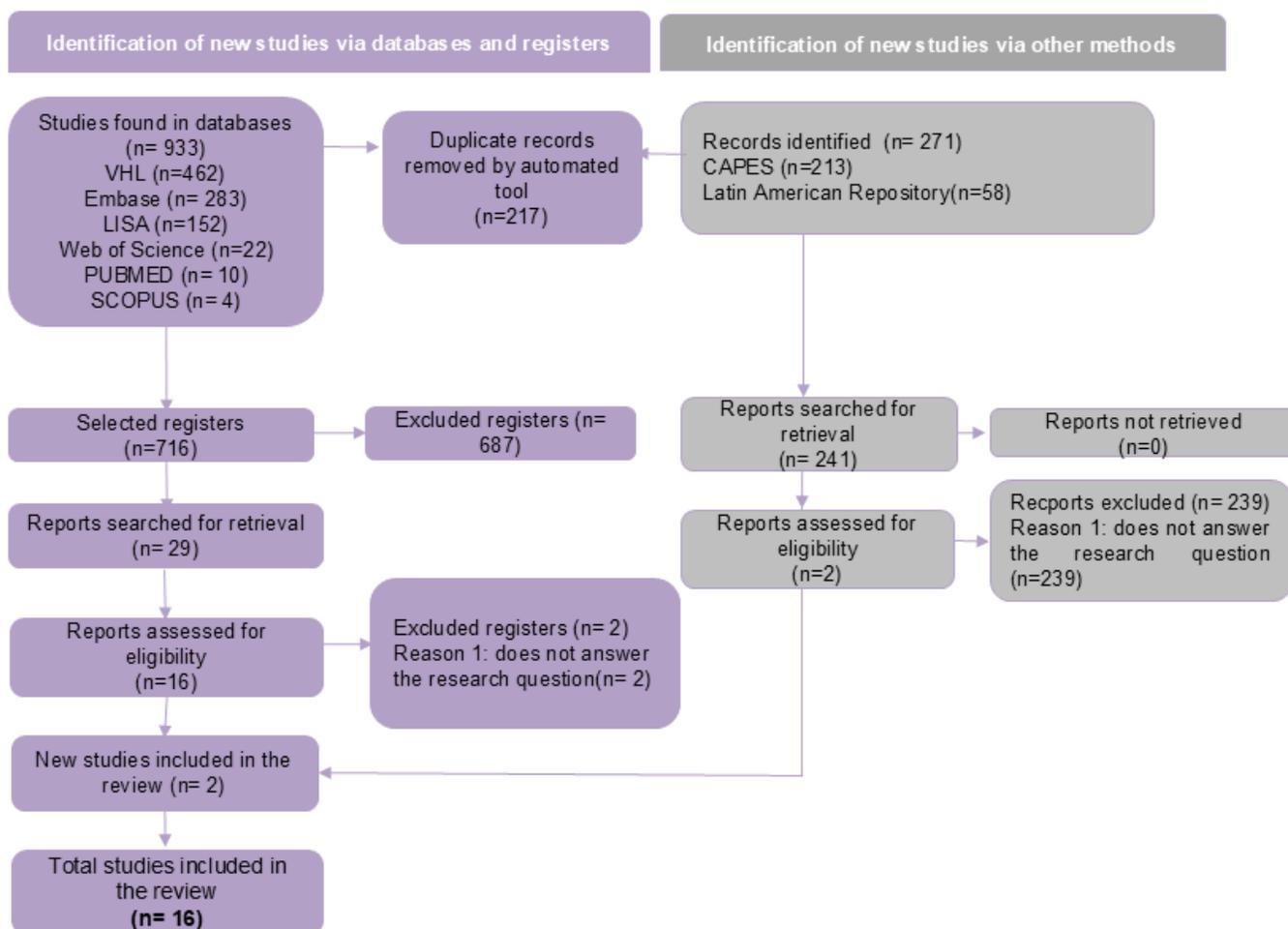
The extracted data will be organized and presented in tables to facilitate visualization and comparison of relevant information. The Ethics and Research Committee assessment was waived since this is a review study without human involvement.

## RESULTS

The initial data survey yielded 1,421 publications. Of these, 462 were found in the Virtual Health Library (VHL), 283 in Embase, 152 in the Library and Information Science Abstracts database (LISA), 22 in Web of Science, 10 in PubMed, 4 in Scopus, 213 in the Capes Thesis and Dissertations platform, and 58 in the Latin American repository. After the initial analysis, 217 duplicated articles were excluded.

After reviewing the titles and abstracts, 29 studies were selected for full-text reading. Of the 29 articles read in full, 13 were excluded because they did not meet the study's objectives. Two full-text publications were included from the gray literature, which resulted in the inclusion of 16 studies in this review, as shown in Figure 1.

**Figure 1** - Flowchart referring to the selection process of the Scoping Review studies, adapted from PRISMA. Divinópolis, Minas Gerais, Brazil, 2024



All the studies were published between 2012 and 2023. 87,5% (n = 14) were conducted in Brazil, 6.25% (n = 1) in the United States, and 6.25% (n = 1) in Spain. Additionally, approximately 18.75% (n = 3) had evidence level 4a, 56.25% (n

= 9) were 4b, 12.5% (n = 2) were 2d, 6.25% (n = 1) were 4d, and 6.25% (n = 1) were 2b. The data from the studies are presented in Chart 2, which identifies the studies' characteristics, such as year, type, objective, and evidence level.

**Chart 2** - Characteristics of the studies, by year, study type, study objective and evidence level. Divinópolis, Minas Gerais, Brazil, 2024 (n=16)

No.	Year	Title	Type of study	Objective	EL*
AI	2023	<i>Prática avançada de Enfermagem às pessoas com Estomias na Atenção Primária à Saúde: Revisão Integrativa</i> <sup>9</sup> [Advanced Nursing Practice for People with Ostomies in Primary Health Care: Integrative Review]	An integrative review of the six stages from 2011 to 2021	To analyze the scientific evidence on advanced nursing practice for patients with elimination ostomies in primary health care.	4a

No.	Year	Title	Type of study	Objective	EL*
A2	2023	Nursing Intervention for Quality of Life in Patients with Ostomy: A Systematic Review <sup>10</sup>	Systematic review of experimental and quasi-experimental studies	To determine evidence of effective nursing interventions in quality of life (QoL) for patients with ostomy.	2b
A3	2023	Care provided by nurses in assistance to patients with intestinal ostomy: evidence in literature <sup>11</sup>	Integrative literature review within the time frame of 2016-2020	To identify and describe the literature on the care provided by nurses for patients with intestinal ostomies.	4a
A4	2020	<i>Atenção integral fragmentada a pessoa estomizada na rede de atenção à saúde</i> <sup>5</sup> [Fragmented comprehensive care for people with ostomies in the health care network]	Descriptive	To identify the multidisciplinary care actions carried out for ostomy patients from the preoperative period to follow-up after hospital discharge.	4b
A5	2019	Self-care of elderly people with ostomy by colorectal cancer <sup>12</sup>	Integrative review	Identify the scientific literature on self-care in elderly people with colorectal cancer.	4a
A6	2018	<i>Gestão do cuidado à pessoa com estomia e a rede de atenção à saúde</i> <sup>13</sup> [Care management for people with ostomies and the health care network]	Cross-sectional, qualitative, grounded theory	To understand how the healthcare network manages care for people with ostomies.	4b
A7	2019	<i>Rede social no cuidado à pessoa estomizada por câncer colorretal</i> <sup>14</sup> [Social network in the care of people with colorectal cancer]	Exploratory descriptive study and content analysis.	To understand how the social network influences the care of people with ostomies due to colorectal cancer and describe the support the social network offers these individuals.	4b
A8	2019	<i>Avaliação do impacto da capacitação no trabalho para o cuidado de pessoas com estomia</i> <sup>15</sup> [Evaluation of the impact of on-the-job training for the care of people with ostomies]	Cross-sectional study	To assess the impact of training nurses in primary health care to care for people with ostomies.	4b
A9	2018	<i>Estudo quase-experimental com enfermeiros sobre estomias intestinais de eliminação</i> <sup>16</sup> [Quasi-experimental study with nurses on elimination intestinal ostomies]	Quasi-experimental before-and-after study	To assess the effect of distance education on primary care nurses' knowledge of intestinal ostomy.	2d
A10	2018	<i>Efetividade da educação a distância no conhecimento de enfermeiros sobre estomias intestinais de eliminação</i> <sup>17</sup> [Effectiveness of distance education on nurses' knowledge of elimination intestinal stomas]	Quasi-experimental before-and-after study	To evaluate the effectiveness of distance education on primary care nurses' knowledge of intestinal ostomies.	2d
A11	2017	Ostomy patients' perception of the health care received <sup>18</sup>	Qualitative phenomenological study	To describe ostomy patients' perceptions of the healthcare they received, as well as their needs and suggestions for improving the healthcare system.	4b
A12	2017	<i>Demandas de cuidados de pacientes oncológicos estomizados assistidos na atenção primária à saúde</i> <sup>19</sup> [Care demands of oncologic patients with ostomies assisted in primary health care]	Descriptive study	To highlight the care demands of ostomy cancer patients.	4b

No.	Year	Title	Type of study	Objective	EL*
A13	2017	<i>Cuidado integral à pessoa estomizada na atenção básica - conhecimento e atuação do enfermeiro</i> <sup>20</sup> [Comprehensive care for people with ostomies in primary care - nurses' knowledge and work]	Exploratory and descriptive study	To appreciate the knowledge and performance of nurses in caring for people with ostomy in primary care.	4b
A14	2017	<i>Conhecimento de enfermeiras do Programa de Estratégia Saúde da Família sobre estomias intestinais e urinárias</i> <sup>21</sup> [Family Health Strategy Program nurses' knowledge of intestinal and urinary ostomies]	This is an exploratory and descriptive study	To obtain information about PESF nurses' knowledge on intestinal and urinary ostomies.	4b
A15	2016	<i>Educação em saúde com estomizados e seus familiares: possibilidade para melhor qualidade de vida</i> <sup>22</sup> [Health education with ostomy patients and their families: a possibility for a better quality of life]	Experience report	Report on the experience of nurses carrying out educational activities with ostomy patients and their families in the Family Health Strategy of the western border of Rio Grande do Sul.	4d
A16	2012	<i>Conhecimento do profissional enfermeiro sobre ileostomia, na atenção básica</i> <sup>23</sup> [Professional nurses' knowledge of ileostomy in primary care]	Exploratory study	To identify the knowledge of nurses regarding ileostomies in Family Health Teams (FHTs) in Sanitary District I of Uberaba, and describe the perception of nursing professionals regarding nursing care for ileostomized patients.	4b

\*Evidence Levels

Source: Research data.

Regarding primary health care for people with ostomies, the following actions were found: guidance for self-care, family context, care and support networks, active methodologies, and a multiprofessional approach (Chart 3).

**Chart 3** - Descriptions of the main actions of Primary Health Care for people with ostomy, Divinópolis, Minas Gerais, Brazil, 2024 (n=16)

Categories	Primary Health Care Actions	Studies included
Care network	Establish referral processes between primary and specialized healthcare.	A1, A4, A7
Self-care promotion Support network	Provide guidance on self-care.	A3, A4, A5, A6, A12, A13, A15 and A16
	Use active methodologies for health education.	A1, A4, A5, A12, A15
Multidisciplinary approach Continuing education	Familiarize the family and involve them in care.	A2, A4, A6, A7, A11, A12, A13 and A16
	Favor and stimulate the formation of groups for health education.	A4, A12, A15 and A16
	Promote effective communication.	A6, A11
Care network	Develop multidisciplinary care strategies within the unit.	A4, A12, A13 and A16

Categories	Primary Health Care Actions	Studies included
Self-care promotion	Develop moments of ongoing education with the healthcare team.	A1, A2, A3, A6, A7, A8, A9, A10, A13, A14
Support network	Identify complications.	A3, A14 and A16

Sources: Research data

## DISCUSSION

This study enabled us to identify the actions carried out by health professionals in primary health care for people with ostomies in the literature. Six main axes of analysis emerged for the discussion: 1) Care network, 2) Promotion of self-care, 3) Support network, 4) Multidisciplinary approach, 5) Permanent education, and 6) Knowledge of complications.

Primary Health Care (PHC) is the main means of accessing health services and organizing care within the Health Care Network. It provides reception services, health education, monitoring, and healthcare for people with disabilities and other health conditions, as well as support and guidance for families.<sup>15</sup>

People with ostomies must receive adequate guidance and continuous monitoring from PHC professionals to promote self-care. This requires providing detailed information on ostomy care, preventing complications, and properly changing and using ostomy bags. Additionally, these professionals must offer emotional support to help patients cope with anxiety and fear associated with the condition.<sup>11,24</sup>

Care for people with ostomies begins in the preoperative period, at the moment of hospital admission. After hospital discharge, PHC and the specialized service should carry out planned actions for the physiological and psychological follow-up of people with ostomies. These actions are decisive for self-care, acceptance, and quality of life. The multidisciplinary team should assist with coping with the disease by carrying out actions of promotion, prevention, protection, treatment, recovery, and rehabilitation.<sup>11</sup>

The guidelines should address skin care, collection bag changes, eating habits, ostomy and collection device hygiene, clothing, social and family life, and work activities. They should also stimulate positive self-care and prevent complications.<sup>11,25</sup>

It is known that educational actions positively impact self-care, reduce complications, and promote acceptance of the new life condition. Therefore, it is essential that the professional responsible for these actions is competent and confident in this area. However, the literature indicates that this practice is

still in its infancy, particularly in primary health care (PHC) settings.<sup>13</sup> Health education can be conducted in various ways to facilitate understanding, such as through booklets, folders, and explanatory videos, as well as during the exchange of collection equipment.<sup>24,26</sup>

Another action carried out in primary health care (PHC) that was identified in the studies involves caring for local and general complications. These complications can make a person more dependent and fragile, which makes it difficult for them to readapt. Local complications include ostomy and surrounding skin issues, such as lacerations, irritation, redness, dermatitis, dehiscence, fistulas, bleeding, and necrosis.<sup>11,23</sup>

Therefore, nurses who are aware of these complications can provide greater security, autonomy, and encouragement for self-care, which can increase the confidence of people with ostomies and help them integrate ostomy care into their daily activities. This knowledge depends on the professional's understanding of the ostomate's physiological and social changes.

It is important to coordinate health services with the ostomate's primary social network, which may include children, siblings, spouses, and friends.<sup>12</sup> Regarding chronic diseases, the family plays a fundamental role in providing emotional support and continuous daily care.<sup>14,25</sup>

Additionally, support networks facilitate the exchange of patients' personal experiences, improving health status and increasing self-esteem, acceptance, self-knowledge, social inclusion, and knowledge of rights and responsibilities. Thus, integrating family support with support networks can significantly contribute to patients' well-being and quality of life.<sup>14,25</sup>

It is the nurse's responsibility to direct the entire process, whether with the family or in groups, facilitating improvements in the biopsychosocial aspects of individuals involved in rehabilitation, while respecting their individuality and integrality.<sup>9,26</sup> It has been observed that health services do not act in an articulated manner within the healthcare network and are still in the beginning stages, resulting in fragmented care, especially for people with ostomies.<sup>4,26</sup>

Strengthening the Health Care Network (HCN) is necessary to provide comprehensive care and address the specific needs of each patient. Counter-referral is also important for continuity of care and has a positive impact on health. However, evidence shows that there are weaknesses in communication between care points.<sup>4,18</sup>

In this sense, primary health care (PHC) must address the needs of individuals and, when necessary, seek support from the specialized team.<sup>4,18</sup> The national guidelines for health care for people with ostomies guarantee comprehensive health care, so nurses and the multidisciplinary team must understand them to develop skills and knowledge related to ostomies.<sup>1</sup>

When exercising their care practice, it is extremely important for PHC nurses to consider the psychosocial, emotional, and spiritual needs of individuals. These needs influence self-esteem, confidence, and safety during rehabilitation<sup>4, 12-14</sup>. It is also essential to integrate the multidisciplinary team<sup>26</sup>. A bond between the patient and the team guarantees support and recognition of their needs and potential.<sup>19</sup>

Literature considered the care provided to people with ostomy by family health teams at the primary health care (PHC) level a positive point for the construction of comprehensive care. Home visits and nursing consultations are important resources for rehabilitating patients at all HCN levels, integrating and stimulating rehabilitation actions. Sharing care among team members reinforces the need for an interdisciplinary approach, encouraging self-care and preventing ostomy complications, the central focus of PHC.<sup>13</sup>

Planning carried out by a multiprofessional team is essential to meeting the needs of Family Health teams (eSF) and, when possible, having the support of multiprofessional Primary Health Care teams (eMulti), including social workers, psychologists, nutritionists, and physiotherapists. Thus, the psychological and social issues of people with ostomies must be considered, in addition to the physiological issues. This significantly contributes to their (re)adaptation and coping with constant ostomy-related transformations and promotes a better quality of life.<sup>27</sup>

Health professionals should welcome patients in a empathetic and problem-solving way. They should be prepared through training and health education to develop self-care skills and support patients with ostomies in their various care needs.<sup>19,22</sup>

Monitoring these individuals in PHC can alleviate various feelings, such as anxiety, fear, insecurity, rejection, low self-esteem, withdrawal, and isolation. With the support of the team, people with ostomies can better prepare to accept this new condition. Finally, care must be comprehensive and personalized to facilitate resuming daily life.<sup>11,19,23</sup>

A commitment to professional development ensures quality service. A study of 17 primary health care (PHC) nurses revealed that most lacked specific ostomy training and that the topic was only briefly covered in university courses.<sup>21</sup> Regardless of their area of practice, nurses must provide quality care to their patients and their families. Undergraduate nursing curricula should also emphasize the development of minimum competencies for ostomy care, especially those related to self-care guidance at home.<sup>16-18</sup>

Literature reports gaps in knowledge related to nursing care for elimination ostomies and the need for continuing education updates.<sup>4,18,20</sup> It is notable that nurses need appropriate knowledge to work with people who have ostomy.<sup>4,18</sup>

Continuing education combats the deficit in knowledge and strengthens the healthcare network based on longitudinal care and management of underlying diseases and complications. Therefore, carrying out continuous education activities on ostomies is fundamental. These activities play a crucial role in uniting reality and scientific knowledge, enabling the creation of new knowledge and improving professional practices through meaningful learning.<sup>11</sup> This ensures excellence in work and guarantees effective care for patients.<sup>10</sup>

The professional in charge must know the guidelines for caring for that person, as well as how to prepare a care plan, use available resources, and monitor and evaluate.<sup>4,9,18</sup>

## LIMITATIONS OF THE STUDY

Some of the limitations of this scoping study include the exclusion of searches in other languages and the exclusion of studies that were not eligible for the theme. Additionally, studies that may exist in other indexing databases were disregarded.

## CONCLUSION

Considering the findings of this study and the literature reviewed, the complications and difficulties faced by primary health care in providing general care to people with ostomies were understood.

The literature consistently shows that follow-up care for these patients in primary health care (PHC) is still in its infancy. This hinders comprehensive care, which is the main gateway to the referral and assessment system of the HCN. When users seek care at this level, they are referred to specialized services. Scientific evidence shows that primary care nurses are unaware of their primary responsibilities for patients with ostomies.

Therefore, it is crucial that the health service has an in-depth understanding of its role and acquires the necessary knowledge to develop skills and practices that

address the needs of patients and clarify their concerns. To this end, managers and health professionals must develop strategies that direct care, ensuring comprehensive care for people with ostomies.

Important strategies include implementing ongoing education for health professionals, creating protocols to guide care in primary health care, and providing continuous support from municipal specialized services to health teams. These joint efforts aim to improve care quality and address patients' needs comprehensively. However, more studies are needed to clarify the role of primary health care. Additionally, it is important to validate these actions to ensure that ostomy care is safe, effective, and scientifically rigorous.

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