it to the dropbox.

Learning Objective	Response
1. Identify the pelvic nerves responsible for sexual function, and the role of the sympathetic & parasympathetic nervous systems plays in this process.	The nerve supply to the pelvis includes the structures of the bladder, uret adnexa and rectum. They are part of the autonomic nervous system. The su hypogastric plexuses are the two most important components of this systen hypogastric plexus, also called the presacral nerve, is an extension of the ao below the abdominal aortic bifurcation. This plexus contains sympathetic fi afferent fibers from the uterus. The superior hypogastric plexus branches into the hypogastric nerves. Th parasympathetic efferent nerves to form the inferior hypogastric plexus, als plexus. It is the inferior hypogastric plexus that joins the perineum along th innervating the clitoris and vestibular bulbs. Injuring the branches of the inf plexus during cancer therapy or pelvic surgery, for instance, can cause voidi and defecatory dysfunction (Hoffman, et al., 2016). The autonomic nervous system is involved in sexual arousal. Masters and that orgasmic release involves the dopamine pathway and the pelvic, puden nerves (Hoffman, et al., 2016). After orgasm, there is psychological and phy promoted by the parasympathetic nervous system. In the male, sensory organs from the receptors in the penis and glans for and penis. In turn, the dorsal nerve travels to the S2-S4 dorsal root ganglia nerve. Parasympathetic nerve fibers to the penis come from the S2-S4 sacra Sympathetic innervation involved in arousal and climax originates from T11- and proceeds down through the hypogastric plexus. Overall, neural input to crucial in initiating and maintaining an erection. The autonomic nerve suppl vascular relaxation, promoting erection with the release of nitric oxide. Nitr and released by the non-adrenergic, non-cholinergic autonomic nerve suppl Reference Hoffman, B.L., Schorge, I.O., Bradshaw, K.D., Halvorson, L.M., Shaffer, J.I., & *Williams Gynecology* (3rd ed.), 796-807. McGraw Hill Education. McVary, K.T. (2015), Alterations in sexual function and reproduction. In D.L J.L. Jameson, A.S. Fauci, D.L. Longo & J. Loscalzo (Eds.). *Harrison's Principles* (19h ed.), 324-331. McGraw Hill Education.
2. Define body image and self-concept.	Body image is "A subjective picture of one's own physical appearance, usu observation and by gauging the reaction of others" (Carmel, Colwell, & Gold Sadock & Ruiz (2017) describe the components of body image as both perce Self-concept is an individual's inner perception of their identity, personali a person. This is shaped by an individual's beliefs, practices and principles. concept and personal experiences reflect the unique nature of an individual Reference Carmel, J.E., Colwell, J.C., & Goldberg, M. (2016). *Wound, Ostomy and Conti*

	Core Curriculum Ostomy Management. Wolters Kluwer.
3. Describe the potential impact of ostomy surgery on: body image, self-concept, and sexuality for men and women	Carmel and Scardillo (2016) describe the process of adapting to an ostom step in reshaping an individual's body image, self-concept, and sexual functi Adjustment Inventory-23 is a self-report tool that helps the provider assess psychosocial adjustment to an ostomy. Identifying coping strategies, physic hurdles, & engaging support systems is an important initial step to positive a may rely on an ostomy group, a church family or a family nucleus, to name a The impact of ostomy surgery includes mastering self-care procedures th especially with arthritic hands, and positive provider reinforcement. Concer addressed, especially if the patient becomes isolated, fearing the company c about pouch leakage. In addition, the patient may have difficulty adjusting t sight of ostomy contents, adjusting perhaps to a new style of clothing to ac wear, grieving over the loss of the old self and an altered body image. A wo no longer sexually attractive and feminine, as she defines it. After pelvic surgery, with cancer and radiation therapy, men can experie dysfunction, retrograde ejaculation and loss of sexual desire. Women may f vaginal dryness, loss of libido. With the rectum removed, the shape and ang change, requiring experimenting with comfortable sexual positions. The sto be used for sexual pleasure since insertion may damage the mucosa and bo scarring and constriction. Reference Carmel, J.F. & Scardillo, J. (2016). Rehabilitation issues and special ostomy p Carmel, Colwell, J.C., & M.T.Goldberg, (Eds). In *Wound, Ostomy and Contine Core Curriculum Ostomy Management*, 148-156. Wolters Kluwer.
4. Identify safe sex considerations for the person with an ostomy.	Safe sex for a person with an ostomy includes a positive mental attitude a ostomy does not mean being asexual. An individual can be sexually active, ostomy pouch is not a disfigurement, deterring one from enjoying sex. It ne and leakage can be checked, with the pouch emptied and cleaned beforeha A patient can educate a sexual partner regarding the surgery and ostomy positions, use of lubricants. Together they may explore pleasure areas, exclu may be damaged with insertion. Reference Carmel, J.F. & Scardillo, J. (2016). Rehabilitation issues and special ostomy p Carmel, Colwell, J.C., & M.T.Goldberg, (eds). In *Wound, Ostomy and Contine Core Curriculum Ostomy Management*, 148-156. Wolters Kluwer

5. Provide an example for each of the categories listed below and relate how it promotes healthy body image for the person with an ostomy: • Undergarments • Odor control • Pouch modifications	Undergarment Brandee Appeldoorn o f Weistminster, California invented the Ostomy Ga patent #10015997B2 for a garment that contains a pocket for an ostomy po pouch lays against the user. It has two bands encircling the garment for sec two additional bands at the midline, along the length of the pocket. This de ostomy pouch, enhances comfort and confidence while physically active. All promote a healthy body image, as well. Reference *United States Patent Documents*, July 10, 2018, 1-4. US 10,015,997B2 Odor control Smart UnderWear was developed by the Tackling Ageing (sic) Continence Tools and Technology consortium in the U.K. Smart UnderWear was design leakage and make the user aware before urine spreads to outer clothing and increases user confidence, decreases anxiety and the embarrassment of leal Smart UnderWear is a washable product with sensor threads and a remo that vibrates three times when threads become wet. Reference Long, A., Edwards, J., Worthington, J...Heuvel, E.V.D. (2015). Clinical evalu underwear designed to detect urine leakage from continence pads. *Journal and Continence Nursing*, 42(6), 632-639. Pouch modifications Dennis M.Kay invented an ostomy pouch with a faceplate that contours t abdomen. His patent # US 4596566A It is a custom design that enhances co body and eliminates bulky drain valves and unsightly bulges. It has a protec over the stoma, protecting the stoma if an object may impact the faceplate removed from the faceplate so that irrigation and cleansing can be done thr while it is attached to the body. A vacuum can be created in the chamber of faceplate, allowing it to adhere to the body. Reference *United States Patent Documents*, June 24, 1986. US4596566A
6. Explain how the PLISSIT model guides the conversation on sexual intimacy.	The PLISSIT model , developed by psychologist Jack Annon, has four levels "Permission, Understanding limited information, Specific Suggestions, and I These levels guide conversation and help the WOC know when to intervene questions and issues. It is a succinct method for introducing sex into a clinic The permission stage is the exploratory phase. The individual acknowled exists and help is needed to discuss sexual concerns. The WOC uses empath and open ended questions. The WOC should relay that the patient is not alo problem. For example, the WOC may say to the patient that it is common fo recent ostomy to experience sexual difficulties. Please feel free to ask me a

	ask you several questions as well. In the understanding-limited information phase, the WOC takes a sexual problems and explores the patient's expectations. Formulating a patient tr shared decision making requires a team approach that in turn facilitates pat goal in this level is to educate the patient and provide facts. The hope is to b understanding of treatment and their side effects, psychosocial changes and may explain the workload of the heart and organs during sexual activity, for The Specific Suggestion level reassures and arms the patient with resourc sexuality. The WOC informs the patient of anticipated potential effects of tr sexuality. Guidance may be offered by suggesting a pouch cover, mini pouch underwear to enhance sexual intimacy. The intensive therapy stage addresses psychological, interpersonal and p usually requires referral to a therapist or a specially trained counselor. Carmel, J.F. & Scardillo, J. (2016). Rehabilitation issues and special ostomy p Carmel, Colwell, J.C., & M.T.Goldberg, (eds). In *Wound, Ostomy and Contine Core Curriculum Ostomy Management*, 148-156. Wolters Kluwer.