

Body Image and Sexual Function for the Patient with an Ostomy

Name: Tina Garcia Miller

Reviewed by: Barbara J. Hocevar, MSN, RN, CWOCN; October 27, 2020

Using academic writing standards and APA formatting of references, respond to each of the following learning objectives. Using this document, enter the responses next to the corresponding learning objective. Responses should be 150-350 words in length. Scroll down to see assignment rubric for specific details on how the project will be assessed and how the will be points awarded. Save the completed document as the assignment title and submit to the dropbox.

My comments are in purple and green.

Learning Objective	Response
<p>1. Identify the pelvic nerves responsible for sexual function, and the role of the sympathetic & parasympathetic nervous systems plays in this process.</p>	<p>While sexual function is an intricate coordination of neurologic, reflex, and psychogenic responses, the hypogastric, pelvis, and pudendal nerves are largely responsible for the physical regulation of sexual function (Krassioukov & Elliot, 2017). <u>Good.</u> The autonomic system which includes parasympathetic and sympathetic nerves, as well as the somatic system, which consists of sensory and motor nerves extend from the spine to enervate the genitals and muscles of the pelvic floor. <u>Yes.</u> As a result, any injury to these nerves may result in arousal disorders, issues with female lubrication and accommodation, ejaculatory dysfunction, and problems with orgasm. <u>Good.</u></p> <p>While there are psychogenic and reflexive components of arousal, the process of increased blood flow largely relies on the parasympathetic output of the pelvic nerve. Ejaculation is regulated by both the parasympathetic branch of the hypogastric nerve and the somatic components of the pudendal nerve. <u>Yes.</u> The hypogastric nerve is responsible for the sympathetic enervation that regulates ejaculation and orgasm. <u>Yes. Damage to this nerve can result in retrograde ejaculation. Reference?</u></p> <p>Understanding how these nerves function and the effects that pelvic surgery may have on sexual function and possibly even fertility is an essential part of maximizing</p>

Body Image and Sexual Function for the Patient with an Ostomy

Name: Tina Garcia Miller

	<p>the quality of life that individuals have after pelvic surgery. <u>Okay.</u></p> <p><u>Sympathetic innervation results from nerves exiting the spine at the lumbar region, and parasympathetic nervous innervation comes from S-2, 3, & 4. These are important locations to remember.</u></p> <p><u>Women: decreased lubrication, dyspareunia: Parasympathetic and sympathetic nerves</u></p>
<p>2. Define body image and self-concept.</p>	<p>Body image is a combination of the positive and negative ways that one sees themselves and the mental image that one holds of their body. <u>Yes.</u> McShirley (n.d.) states that four major factors determine body image:</p> <ol style="list-style-type: none"> 1. How one sees their body 2. How one feels about their body 3. The way one thinks about their body 4. Behaviors that an individual will engage in as a result of their body image <u>Good.</u> <p>Body image has a significant influence on self-concept or how a person perceives and values themselves and how they believe that others see them. Often, when individuals report that they have negative feelings about their bodies, they are dissatisfied with how they look (McShirley, n.d.). <u>True. Nicely done.</u></p>
<p>3. Describe the potential impact of ostomy surgery on: body image, self-concept, and sexuality for men and women</p>	<p>While nerve damage as a result of pelvic surgery can result in sexual dysfunction, sexual function may be affected negatively without any anatomical or biological reason. Each individual may be impacted differently, as each person may experience intimacy differently. Individuals may feel that they are less attractive due to stoma formation and may think that the presence of a stoma appliance makes</p>

Body Image and Sexual Function for the Patient with an Ostomy

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	<p>their body appear unattractive. <u>True.</u> Other individuals have reported feelings of shame, fear of pain, anxieties about equipment malfunction, and fear of rejection interfere with intimacy. <u>Yes; reference?</u></p> <p>One of the more common sexual problems reported in women who engage in intercourse is dyspareunia (or painful intercourse). The rectum can act as a "shock absorber" for the vagina, and when it is removed, some people report pain and discomfort with penetration. In addition, pelvic surgery may decrease the natural lubrication of the vagina (Krassioukov & Elliot, 2017). <u>Both true.</u> Also, as a result of rectal surgery, scar tissue bands may grow around the vagina, decreasing its diameter or length; this may make penetration very difficult and even impossible. <u>Yes.</u> One of the more common sexual problems reported in men is having or maintaining an erection. Lastly, surgeries in which the entire rectum is removed, resulting in the absence of the rectal canal, can pose additional issues for individuals that prefer to use their rectum for sex. <u>Yes, this subset of patients is often forgotten about! Also need to curtail anal sex if a low anastomosis is done; an example of this would be those who have an IPAA. Anal intercourse can damage the penetrating penis from the staples that are used or anastomotic breakdown (perforation) can occur.</u></p> <p><u>In a nutshell, Concerns commonly found about body image include:</u></p> <ul style="list-style-type: none"> <u>-Embarrassment over change in body (stoma, surgical scars)</u> <u>-Functional bowel issues (loss of control of function, +/- pouch leakage)</u> <u>-Lack of confidence in a person's body, particularly in social situations</u> <u>-Concern about sexual attractiveness with decrease in intimacy</u> <u>-Worry over ability to perform strenuous activity</u> <u>-Fears about health in the future</u> <p><u>You need to be aware of signs of depression and recommend psych help as needed.</u></p> <p><u>Remind patients adjustments after surgery are a process; they take time with ups and</u></p>
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Body Image and Sexual Function for the Patient with an Ostomy

Name: Tina Garcia Miller

	<p><u>downs along the way. It takes about one year to adjust to the “new you”</u></p> <p><u>For those with permanent stoma: Allow time for grief/mourning (loss of old self); on-going psychological support throughout the process</u></p> <p><u>Medical help available</u></p> <p><u>-Men: penile implant, vacuum device, medications</u></p> <p><u>-Women: water based lubricants, estrogen cream, vaginal dilators for vaginal stenosis</u></p>
<p>4. Identify safe sex considerations for the person with an ostomy.</p>	<p>Safe sex considerations are mostly the same for individuals without an ostomy. Barriers that protect from the exchange of body fluid, condoms, foams, and contraception should still be used. The stoma should also not be used for penetration as it can result in injury or stoma complications. <u>Absolutely! This can cause perforation with need for emergency surgery.</u> Dr. Lisa Cunningham, Associate Professor of The Division of Colon and Rectal Surgery (personal communication, October 22, 2020), confirmed that there is limited information regarding sexual dysfunction after pelvic surgery for LGBT+ patients. <u>True. Usually would recommend that these patients see a sex therapist to assist with alternate means of sexual expression. As noted earlier, anal intercourse can disrupt the anastomotic line/injure the penetrating penis.</u> While she recommends that the stoma should never be used for penetration, she recommends that the individual seek open and candid discussion with their surgeon. <u>Absolutely; this should be made known prior to the operation if possible.</u> <u>Patients may find a change of position helpful; pain medication if needed prior to sexual activity can also help. Lubrication may also be needed to make intercourse more comfortable.</u></p>
<p>5. Provide an example for each of the categories listed below and relate how it</p>	

Body Image and Sexual Function for the Patient with an Ostomy

Name: Tina Garcia Miller

<p>promotes healthy body image for the person with an ostomy:</p> <ul style="list-style-type: none"> • Undergarments • Odor control • Pouch modifications 	<p>The United Ostomy Association of America (2018) states that some individuals with ostomies may prefer to prepare for sex to help them feel more confident. Some of the things that people may choose to do include:</p> <p>Wearing special undergarments: Boxer shorts, lingerie, belts, or special covers that can cover the pouch and secure it to the body. Yes; some of these products do provide extra support to the pouch as well. Some people will simply tape the pouch out of the way to prevent flapping during intimacy.</p> <p>Taking odor control measures: The UOAA (2018) recommends that the pouch be emptied or changed prior to sex. Other options include the use of a room deodorizer, pouch additives, taking medications, or simply avoiding foods that may increase the production of gas or odor. Medications would include bismuth subgallate and chlorophyll tablets. Devrom®-active ingredient is bismuth subgallate, which works to decrease flatus as well as deodorize the stool. Does not require a prescription; ordered over the counter; is a heavy metal (needs to be discontinued prior to abdominal x-rays or at least let docs/radiologist know it is taken). Chlorophyll tablets e.g. Nullo: taken orally and help to neutralize odor; make stool grass green (patient/health care worker teaching point). Room deodorizers should be odor neutralizers, not cover-ups! Charcoal filters are either added onto a pouch or are an integral part of the pouch. All filters are slow release, so if a person has a huge gush of gas, the gas needs to be emptied through the bottom of the pouch or if the person is using a two-piece system, the pouch can be “burped”.</p> <p><u>New odor</u> for a person with a urinary diversion may indicate infection or diminished fluid intake (concentrated urine)</p>
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Body Image and Sexual Function for the Patient with an Ostomy

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	<p>Choosing pouch modifications: There are smaller, less-bulky pouches with closed ends that can be used during sex (UOAA, 2018). Yes. Some individuals will also secure the pouch with additional tape or to ensure that it does not come off or leak. <u>Okay.</u></p> <p><u>Stoma guards: Made from a variety of products, are a little bit harder and are worn over the stoma to provide protection from trauma (perhaps bumping while rock climbing; security/prison guards; police officers). Examples include: StomaPlex; Ostomy Armor; Ostomy resolutions; and StomaDome security shield</u></p> <p><u>Sachets placed in bottom of pouch to thicken stool that is very liquid (prevents undermining and makes it easier to empty)</u></p>
<p>6. Explain how the PLISSIT model guides the conversation on sexual intimacy.</p>	<p>PLISSIT is a four-phase guide for therapeutic communication. The acronym stands for permission, limited Information, specific suggestions, and intensive therapy. Ayaz (2009) states that 80-90% of most sexual problems can be addressed and resolved by the first three phases of this model and also believes that 70% of all sexual problems can be resolved at the phase of permission. <u>Yes; oftentimes therapeutic listening to the patient's concerns is so very helpful.</u> Listed below are the four phases:</p> <p>(P)Permission - Allowing the individual to express their feelings. Conversation is guided by identifying the feeling of the individual regarding life after stoma creation. The impact on intimate relations, and the emotional changes experienced after surgery. An example of a conversation starter would be "tell me how you feel about your body". <u>Okay. Another, perhaps less intimidating question to ask would be, "After surgery people oftentimes have questions in regard to intimacy. Do you have any concerns you would like to ask me about?" If nothing else, it plants the seed that you are willing and open to discuss these issues.</u></p> <p>(LI)Limited information - Giving information to the individual that is directly related to their problem. At this level, the patient should be informed about the specific changes that are associated with the formation of a stoma such as body image and</p>

Body Image and Sexual Function for the Patient with an Ostomy

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	<p>self-esteem. <u>You can provide pamphlets and other written information that addresses these issues. The UOAA has some great pamphlets on this subject; some of the companies also have brochures/pamphlets you can give to patients.</u></p> <p>(SS)Specific Suggestions - This involves specific information and suggestions given to the patient (and their partner) in order for sexual activity to be more satisfying. It is effective especially for problems regarding stimulation, erection, ejaculation, orgasm and painful sexual activities. At this level, suggestions should be made regarding the specific concerns. <u>This could be use of lubricants, change of postiion, and the like.</u></p> <p>(IT)Intensive therapy - This is the last phase of the PLISST model. It involves referral of the patient to other specialists when a more in-depth consultation is required as it is more appropriate for specially-trained providers to initiate these treatments. <u>Specialists would include gynecologists, urologists, and sex therapists.</u></p> <p>Of note, it is important to understand that intimacy is a quality of life issue for many patients after surgery and that it is extremely difficult to adequately assess the complex issue of sexual health and satisfaction. <u>Absolutely!</u></p>
<p>List at least three current references that support your responses (textbook required as one of the references), and include the citations in the body of the written responses.</p> <p><u>In APA format, the entirety of the entries is double-spaced.</u></p> <p><u>When citing within the work, be sure to</u></p>	<p>Ayaz, S. (2009). Approach to sexual problems of patients with stoma by PLISSIT model: An alternative. <i>Sexuality and Disability</i>. 27, 71–81. https://doi.org/10.1007/s11195-009-9113-4 <u>Volume numbers are italicized.</u></p> <p>Krassioukov, A., & Elliott, S. (2017). Neural Control and Physiology of Sexual Function: Effect of Spinal Cord Injury. <i>Topics in spinal cord injury rehabilitation</i>, 23(1), 1–10. https://doi.org/10.1310/sci2301-1 <u>Titles of articles are written with lower case/upper case; journal titles are in caps (you have it backwards).</u></p>

Body Image and Sexual Function for the Patient with an Ostomy

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<p><u>include a reference for each paragraph. I am taking it that the reference used in the prior paragraph is what was used, but the rule of thumb is that each paragraph should have a reference delineated; not to do so opens you up to plagiarism.</u></p>	<p>McShirley, C. (n.d.) <i>Eating disorders, self esteem</i>. PsychAlive. https://www.psychalive.org/what-is-body-image/</p> <p>United Ostomy Association of America. (Rev. ed. 2018). <i>Intimacy after ostomy surgery</i>. https://www.ostomy.org/sexuality/</p>
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Points criteria:

Criteria	Under performance <3 points per criteria	Basic 3 – 3.9 points per criteria	Proficient 4.0 – 4.4 points per criteria	Distinguished 4.5 – 5 points per criteria
Required content objectives	Content objectives are missing or sparsely covered.	Content objectives are not consistently addressed. Demonstrates minimal understanding of content.	Content objectives consistently addressed. Demonstrates understanding of content.	Content objectives consistently addressed. Demonstrates mastery of content.
Academic writing standards	Writing lacks scholarly tone & focus. Sparse content. Multiple grammatical, spelling, & factual errors. Reliance on bullet points rather than effective writing in speaker notes. 4 or more direct quotes per project.	Writing is unclear and/or disorganized. Inconsistent scholarly tone. Inadequate depth of content. Grammatical and spelling errors. No more than 3 direct quote of less than 40 words per project.	Writing demonstrates general exploration of content. Responses are clearly written using scholarly tone. Few grammatical and/or spelling errors. No more than 2 direct quote of less than 40 words per project.	Writing demonstrates comprehensive exploration of content. Responses are clearly written using scholarly tone. Rare grammatical and/or spelling errors. No more than 1 direct quote of less than 40 words per project.
APA formatting	References and citations have multiple errors or are missing.	References and citations have errors.	References and citations have few errors.	References and citations have rare errors.