

Body Image and Sexual Function for the Patient with an Ostomy

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Using academic writing standards and APA formatting of references, respond to each of the following learning objectives. Using this document, **enter the responses directly next to the corresponding learning objective on the grid below**. 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. References should be no more than 5 years old.

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>The pudendal nerve is the main nerve in the perineum responsible for sexual functioning (Dellwo, 2020). There are three branches of the pudendal nerve to include the inferior rectal nerve, the perineal nerve, and the dorsal nerve of the penis or clitoris. The pudendal nerve has both motor and sensory functions in the pelvis and is important in sexual functioning and the ability of the individual to stay continent. The pudendal nerve's main role and responsibility is to send nerve impulses to the central nervous system that are involved in penile and clitoral erection. The pudendal nerve is also responsible for ejaculation in men (Dellwo, 2020). The superior hypogastric plexus (SHP) is part of the sympathetic system and if it is not functioning at an optimal level then retrograde ejaculation may occur (Pallisera-Lloveras et al., 2019, p. 4). The inferior hypogastric plexus (IHP) is also involved in sexual functioning and if it is not working correctly then a male patient may experience a problem with ejaculation and erection as well as voiding difficulties and incontinence issues (Pallisera-Lloveras et al., 2019, p. 4). In women, if there is a one-sided issue with the IHP then there is the potential for a female to have genital lubrication issues and in men, there would be an ejaculation and erection problem coupled with voiding difficulties (Pallisera-Lloveras et al., 2019, p. 4). In a two sided IHP problem, men will experience impotence, but women will have dyspareunia and the decreased ability to achieve an orgasm (Pallisera-Lloveras et al., 2019, p. 4). Next there are the hypogastric nerves which if affected may alter ejaculation, but there is no alteration in erections (Pallisera-Lloveras et al., 2019, p. 4). The splanchnic nerves which are part of the parasympathetic system and if affected during a procedure will cause alterations in the male erection and dyspareunia in females. These nerves are responsible for neurogenic bladder (Pallisera-Lloveras et al., 2019, p. 4). The neurovascular bundle of Walsh and cavernous nerve if affected will cause men to be impotent and experience erectile dysfunction and in women dyspareunia and reduced genital lubrication may occur (Pallisera-Lloveras et al., 2018, p. 4). Last but not least damage to the pudendal nerve and levator ani will cause sexual sensorial impotence (Pallisera-Lloveras et al., 2019, p. 4).</p> <p>Moawad et al. (2021) indicate that the neural pathways that are embedded in the pelvic region via the hypogastric nerves are directly responsible for proprioception, vaginal lubrication, and urethral and anal sphincter functioning.</p>

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	<p>As you can see this is a very complex process and definitely one that must remain under consideration when surgeries are performed. It is essential to preserve the pelvic autonomic nerves and maintain male and female sexual functioning to provide patients a higher quality of life.</p>
<p>2. Define body image and self-concept.</p>	<p>Body image is how you think and feel about yourself (U. S. Department of Health and Human Services, 2021). The mental image that you project in your mind is important and tells you how you feel living within your own skin. Body image is indicative of how you behave due to the thoughts and feelings you may have about yourself. And last but not least, body image is indicative of your perception of yourself in addition to your self-esteem as a determinant for how much you value or believe in your worth (Houston, 2017). Self-concept according to Carmel and Scardillo (2016) as cited in Roy (2009) describes this self-concept mode as “the composite of beliefs and feelings held about oneself that is formed from the perceptions of others’ reactions (p. 95). When working with patients concerning body image and self-concept, it is important to know, understand, and realize that individuals have formulated their essence of self-concept and body image foundation typically during their pre-teen years.</p>
<p>3. Describe the potential impact of ostomy surgery on: body image, self-concept, and sexuality for men and women</p>	<p>As a health care provider, it is important to know that patients that have gone through an ostomy surgery will feel a certain way about their body image and self-concept and will need the expertise of the advanced practice nurse to discuss and direct them and help them travel and navigate through this emotional healing process. The potential impact of ostomy surgery on an individual’s body image and self-concept is significant and if you have the opportunity to work with the patient prior to surgery, it is a definite benefit. Conducting a baseline assessment to determine sexual functioning prior to ostomy surgery is a good idea and is recommended (Carmel & Scardillo, 2016, p. 151). Also challenging are the perception that one’s partner may have of them after their ostomy surgery. Knowing these things up front are helpful to the patient and may be proactively addressed.</p> <p>Patient’s may experience fear that their partner may not like the look of their bag, they may also be reticent of odors or unexpected noises, and even worse yet, a potential leakage (Carmel & Scardillo, 2016, p. 151). Education and counseling are the two measures that may be</p>

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	<p>implemented to provide the patient the necessary information to help them feel better prepared to address the unexpected. Involving both the patient and the partner in the education process is wise as it is always best to maintain clear communication. Carmel and Scardillo (2016) recommend that the patient initiate a fresh ostomy system change before attempting sexual activity (p. 151). In this manner, the patient and their partner will feel more confident.</p>
<p>4. Identify safe sex considerations for the person with an ostomy.</p>	<p>It's always best to be upfront with patients and to never make any assumptions. For this very reason this is why education efforts are so important. For instance, patients should be instructed that the stoma should not be used for anything related to sex (Carmel & Scardillo, 2016, p. 151). Patients could be provided additional information to let them know that if they are experimenting with the stoma, that bleeding, scarring, and possible constriction may occur. Informing patients that stoma do not provide pleasurable response that may be experienced in other areas such as the anal area (Carmel & Scardillo, 2016, p. 151). While having these conversations it is important to engage both the patient and partner in an open ended discussion in a comfortable environment. Make sure that both parties are aware that questions may be asked at any point and stop and confirm understanding as information is provided. People are curious and so it is necessary for the advanced practice nurse or WOC nurse to take their time and make sure that all is addressed during the education session.</p>
<p>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:</p> <ul style="list-style-type: none"> • Undergarments • Odor control • Pouch modifications 	<p>Undergarments: Undergarments help patients to feel more secure and in control of their ostomy. Undergarments provide the necessary cover and help to appropriately conceal the patient's ostomy contents. For instance, patients may use the stealth belt (worn on the side of the body) to help keep their ostomy away from the front and center of their body. This type of system affords the patient the opportunity to feel empowered that when they have front to front body contact during a hug that their ostomy bag will be out of the way and will not be able to be detected. Many other belt systems exist as well. There are also ostomy undergarments for both men and women ostomy patients with pockets built into the undergarment that will accommodate the ostomy pouches on any side of the body. These undergarments are available in all colors and sizes at DME companies.</p> <p>Odor Control: There are in pouch deodorant liquids and tablets that patients may use to either</p>

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	<p>decrease or eliminate odor (Colwell, 2016, p. 129). There are also oral odor eliminators that are available over the counter. The ingredients are bismuth subgallate or chlorophyllin copper complex (Colwell, 2016, p. 129). These products will most definitely help patients feel more confident that their ostomy does not have an odor thus providing them with a positive body image and self-concept.</p> <p>Pouch Modifications: There are a variety of pouch modifications that will enable the patient the opportunity to conceal the contents of their pouch. For instance, there are opaque pouch covers that are available for swimming and kayaking that afford the patient the opportunity to remain in the full swing of life. These covers also help to absorb moisture, perspiration, and decrease a rustling noise (Colwell, 2016, p. 128). Helping patients stay involved in their previous activities is always prudent. There are also pouch liners that may be utilized in a two piece pouching system. Once full, the liner may be disposed of directly into the toilet (Colwell, 2016, p. 129).</p>
<p>6. Explain how the PLISSIT model guides the conversation on sexual intimacy.</p>	<p>Carmel and Scardillo (2016) indicate that the permission, understanding-limited information, specific suggestions, intensive therapy (PLISSIT) model as cited in Anon (1976) provided four levels of responses to adequately address the sexual health of patients (p. 151). To begin with, the first stage is the permission phase and affords the patient the opportunity to acknowledge that they are in need of assistance in discussing topics concerning sex. The advanced practice nurse should remain attentive, exercise good listening skills, and use open ended questioning in order to move ahead in an effective and efficient manner. Making sure that the patient feels comfortable is pertinent to the success of the conversation so that the most efficient outcomes may be implemented. The next phase is the understanding-limited information phase provides the opportunity for the nurse to determine and assess if there are any difficulties requiring a WOC nurse referral (Carmel & Scardillo, 2016, p. 152). Obtaining a sexual history is prudent so that any problems may be addressed and goals may be outlined so that an action plan may be properly designed. The next step for the WOC nurse is to provide the necessary reassurance during the suggestion phase (Carmel & Scardillo, 2016, p. 152). Providing the patient the necessary education resources and a referral to the ostomy.org website is recommended. The final phase concludes with the intensive therapy stage to assess and determine if the patient requires any other additional needs such as psychological, interpersonal, or physical needs (Carmel & Scardillo, 2016, p. 152).</p>

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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.

References

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	<p>Rodriguez, J., Serra-Pla, S., Dominguez-Garcia, A., Prats-Lopez, J., Navarro-Soto, S., Serra-Aracil, X. (2019). Dissection of the inferior mesenteric vein versus of the Inferior mesenteric artery for the genitourinary function after laparoscopic approach of rectal cancer surgery: A randomized controlled trial. <i>BMC Urology</i>, 19(75), 1-10.</p> <p>https://doi.org/10.1186.s12894-019-0501-5</p> <p>U. S. Department of Health and Human Services. (2021).</p> <p>https://www.womenshealth.gov/mental-health/body-image-and-mental-health/body-image</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	Writing is unclear and/or disorganized. Inconsistent scholarly tone. Inadequate depth of content. Grammatical and spelling errors. No more	Writing demonstrates general exploration of content. Responses are clearly written using scholarly tone. Few grammatical and/or spelling	Writing demonstrates comprehensive exploration of content. Responses are clearly written using scholarly tone. Rare grammatical and/or spelling

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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
	effective writing in speaker notes. 4 or more direct quotes per project.	than 3 direct quote of less than 40 words per project.	errors. No more than 2 direct quote of less than 40 words per project.	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.