

## Body Image and Sexual Function for the Patient with an Ostomy

Name: \_\_\_\_\_

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 &amp; parasympathetic nervous systems plays in this process.</p>	<p>There are several nerves responsible for sexual function. Motor and sensory somatic control is through the pudendal nerve. It is a major somatic nerve of the sacral plexus. For sensory control, it innervates the external genitalia, skin around the anus, anal canal and perineum. For motor control, it innervates certain pelvic muscles, the external urethral sphincter and external anal sphincter. Motor pathways are needed for pelvic floor muscles contraction. Sexual organs also receive innervation from the hypogastric nerve, pelvic nerve and the vagus nerves. Sympathetic innervation is from the hypogastric nerve and is responsible for psychogenic erection and vaginal lubrication. Parasympathetic innervation from the pelvic nerve is responsible for reflex erection and vaginal lubrication. (Krassioukov &amp; Elliott, 2017)</p> <p>The autonomic nervous system is divided into the sympathetic and parasympathetic systems. They are integrated within the central nervous system that regulates most of visceral organs. The sympathetic nervous system innervates sexual organs. The parasympathetic nervous system contributes to innervation of the uterus and vaginal wall, through the vagus nerve. Ejaculation requires coordination through the sympathetic and parasympathetic spinal centers and the somatic nervous system. (Krassioukov &amp; Elliott, 2017)</p>
<p>2. Define body image and self-concept.</p>	<p>Body image is how a person thinks and feels about their body. It can be influenced by internal and external factors. Internal factors may include the personality you were born with. External factors include the environment you are in. There are four aspects to body image. The first one is perceptual body image. This is the way a person sees their body. This may not be the way others see you or even an accurate view of how you actually look. Effective body image is how you feel about your body. This can be happiness, sadness or disgust. It can be based on how you feel about your shape, weight or certain features. Cognitive body image is the way you think about your body. Do you think about your body constantly, so it interferes with your normal life. The last aspect of body image is your behavioral body image. This is what a person does because of how they perceive their body image. (McShirley, 2015)</p>

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	<p>Self concept is defined by Roy adaption model as “the composite of belief and feelings held about oneself that is formed from perceptions of other’s reactions”. Two subsystems to the self concept include the physical self and the personal self. The physical self is a person’s physical traits. These traits include appearances, bodily functions, sexuality, healthy states and illness states. (Carmel et al, 2016).</p>
<p>3. Describe the potential impact of ostomy surgery on: body image, self-concept, and sexuality for men and women</p>	<p>Ostomy surgery can have an impact on body image, self concept and sexuality. Once a patient recovers from the surgery, these become issues become a greater concern. For many patients with ostomies, these fears are related to fear of not being able to return to their normal activities and fear of rejection by others. Not only do they have to learn how to properly care for their new stomas, but they must also modify their activities, modify how they dress, how they eat and how they go to the bathroom. They lost a segment of their body and must also deal with changes to their physical appearance. Many patient’s feel embarrassed about their loss of privacy or control of body noises. When asked, some would describe themselves as feeling ugly, dirty or inconvenient. Low self esteem was seen in many individuals that feel like they no longer fit in with social standards. (Ahmed et al).</p>
<p>4. Identify safe sex considerations for the person with an ostomy.</p>	<p>Individuals with ostomies can continue to have sex but must follow some safe practices. Close body contact and sex will not hurt the stoma, but the stoma itself should not be used for sexual purposes. Different positions can be explored to make the experience more pleasurable. The bowel does not have stimulating responses, such as those of the anus. The bowel does not distend, like the rectum, so objects placed inside the stoma can cause damage to the bowel, such as bleeding, scarring and constriction. (<i>Intimacy After Ostomy Surgery</i>, 2018)</p> <p>Birth control should be another consideration for individuals with ostomies. It’s possible that absorption of birth control pills may be affected in people with an ileostomy. Other birth control options may need to be discussed with their provider. Other options include skin patches and injections. Also, if a woman has had their rectum or parts of the vaginal wall removed, a diaphragm or IUD may not be an option and other forms of birth control may need to be considered. (<i>Intimacy After Ostomy Surgery</i>, 2018)</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"> <li>• Undergarments</li> <li>• Odor control</li> </ul>	<p>There are special undergarments specifically designed for individuals with ostomies. These undergarments include underwear and lingerie that have either built in pockets to support the ostomy bag or may have a higher waistline to conceal the bag. They offer many benefits, such as concealing the bag, support for the bag or just simply helping an individual have some “normalcy” back in their lives. Some potential downside includes being more costly than regular undergarments and having the potential to restrict capacity of some pouches. These downsides</p>

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<ul style="list-style-type: none"> <li>Pouch modifications</li> </ul>	<p>should be considered prior to purchasing. These special undergarments can be ordered from a website called ostomysecrets or edgepark. They can even be ordered on Amazon. (VeganOstomy, 2017).</p> <p>Pouch modifications can be made to some pouches. One of these modifications is a stoma cap. It is best for an individual that has an end colostomy with a predictable output. There is no way for stool to be stored, so it can only be used for a short time period, unless irrigation is mastered. These caps are perfect when engaging in activities, such as sports or swimming. They can also be used for “intimate” moments. Another modification is connecting to a dependent drainage bag at night, to avoid leakage. This is best used for a urinary pouch system. An adapter is used that attaches the end of a pouch to the dependent drainage bag. (Colwell, 2016)</p> <p>The best way to avoid odors from an ostomy is to empty the ostomy pouch regularly. It should be emptied when the pouch is 1/3 to 1/2 full. Another way to control odor is to monitor what is being ingested. There are certain foods and drinks that can actually help with the odor. Some of these foods and drinks include buttermilk, cranberry juice, orange juice, parsley, tomato juice and yogurt. There are also foods that can be avoided, that tend to produce odors. Some of these foods include asparagus, baked beans, broccoli, garlic, strong cheeses, peanut butter, eggs and fish. Every person is different, so monitoring foods and drinks and the affects they have, is the best approach. (Goldberg, 2016). Odor eliminators is also another option for controlling odors. The odor eliminators can be placed directly in the pouch or can be ingested. An example of an ostomy pouch deodorizer is Safe and Simple Ostomy Pouch Deodorant. It is placed inside the bag with each emptying. For Oral Odor eliminators, the ingredients should include either bismuth subgallate or chlorophyllin copper complexes. (Colwell, 2016). The last thing that can be tried to eliminate odors is a filter. Almost all pouches have a way to attach a filter to the system. An example is the COLOPLAST pouch filter.</p>
<p>6. Explain how the PLISSIT model guides the conversation on sexual intimacy.</p>	<p>The PLISSIT counseling model stands for Permission, Understanding-Limited Information, Specific Suggestions, Intensive Therapy. It is a model used when nurses need to respond to a subject pertaining to sexual health. It has several levels of response and allows the nurse to intervene at the level they are most comfortable with. The permission is a good place to start. Active listening is important at this stage and it helps the patient identify if there’s a need to discuss sexual health topics. It’s important to let the individual know that they are not alone in their experiences. Open ended questions can help guide the patient and nurse in identifying specific questions or concerns. The understanding-limited information phase helps the WOC nurse identify if referrals are necessary. Interventions should include educating the patient in areas of treatment, side effect, emotional changes and sexuality. The specific suggestions phase can be</p>

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	<p>used to guide the WOC nurse in providing websites, resources and specific supplies and accessories that may benefit the patient. The last phase is the intensive therapy stage. If at this stage, the WOC nurse should address possible needs, such as psychological, interpersonal or any other physical needs. (Carmel et al, 2016).</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>Ahmed, M., Abou-Abou, S., &amp; Gaballah, S. (2019). Body Image, Self-esteem and Quality of Life among Stoma Patients. <i>Journal of Nursing and Health Science</i>, 8(2), 47–57.</p> <p>Carmel J. &amp; Scardillo J. (2016) Rehabilitation Issues and Special Ostomy Patient Needs. In J.E. Carmel, J.C. Colwell &amp; M.T. Goldberg (Eds) <i>Wound, Ostomy and Continence Nurses Society Core Curriculum: Ostomy Management</i> (pp. 148–155). Wolters Kluwer</p> <p>Colwell, J. (2016) Selection of Pouching System. In J.E. Carmel, J.C. Colwell &amp; M.T. Goldberg (Eds) <i>Wound, Ostomy and Continence Nurses Society Core Curriculum: Ostomy Management</i> (pp. 120–129). Wolters Kluwer.</p> <p>Goldberg, M. (2016) Patient Education Following Urinary/Fecal Diversion. In J.E. Carmel, J.C. Colwell &amp; M.T. Goldberg (Eds) <i>Wound, Ostomy and Continence Nurses Society Core Curriculum: Ostomy Management</i> (pp. 131–137). Wolters Kluwer</p> <p>Krassioukov, A., &amp; 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. <a href="https://doi.org/10.1310/sci2301-1">https://doi.org/10.1310/sci2301-1</a></p> <p>McShirley, C. (2015, August 21). <i>What is Body Image?</i> PsychAlive. <a href="https://www.psychalive.org/what-is-body-image/">https://www.psychalive.org/what-is-body-image/</a>.</p> <p>United Ostomy Associates of America, Inc.. (2018). <i>Intimacy After Ostomy Surgery Guide</i> <a href="https://www.ostomy.org/wp-content/uploads/2018/03/Intimacy-After-Ostomy-Surgery-Guide.pdf">https://www.ostomy.org/wp-content/uploads/2018/03/Intimacy-After-Ostomy-Surgery-Guide.pdf</a></p> <p>VeganOstomy. (2017, October 31). <i>Ostomy Accessories Guide: Undergarments</i>. VeganOstomy. <a href="https://www.veganostomy.ca/guide-ostomy-undergarments/">https://www.veganostomy.ca/guide-ostomy-undergarments/</a>.</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
<b>Required content objectives</b>	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.
<b>Academic writing standards</b>	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.
<b>APA formatting</b>	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.