

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

Name: Anna Burns, R N, BSN.

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.

I chose the topic “ How to response to the patient preparing for Ostomy surgery about possible impact on his/her intimacy”

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>The innervation of male and female reproductive organs is complex and achieved by somatic and autonomic nervous systems. Sexual organs in males and females receive their impulses through sympathetic (T11-L2) and parasympathetic nervous systems ( S2-S4). The sympathetic nervous system sends nerve impulses through the hypogastric nerve and parasympathetic NS through the pelvic nerve. The somatic nervous system affects sexual organs' function via the pudendal nerve. There are four sexual reflexes: erection, secretion, emission, and ejaculation. All these parts of the nervous system are responsible for accomplishing sexual performance. Psychogenic erection and vaginal lubrication are controlled by sympathetic and parasympathetic NS. Reflex erection and vaginal lubrication, occurring by direct stimulation of sex organs are facilitated by parasympathetic NS. Emission- the involuntary evacuation of semen and orgasm during sleep is controlled by sympathetic and parasympathetic nervous systems. The ejaculation is achieved by coordinated innervation from sympathetic, parasympathetic NS, and somatic NS via a pudendal nerve. Constriction of the sphincter at the base of the bladder prevents retrograde ejaculation and is facilitated by somatic NS ( Krassioukov &amp; Elliot, 2017).</p>

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

Name: Anna Burns, R N, BSN.

<p>2. Define body image and self-concept.</p>	<p>Body image is a way of perception of the body by its owner. It is influenced by culture, other people's remarks, and some imposed standards by the media and Internet. It creates a certain sense of feeling about one's own body: positive or negative. Positive body image is a healthy and satisfying feeling about body appearance. It develops the sense of well-being, good self-esteem, more desire to be involved in different aspects of society. Negative body image causes poor thoughts about the body, causing depression, loneliness, underachievement, lack of desire to communicate with people, and a total sense of isolation ( Good therapy, 2019).</p> <p>Self-concept is a way of perception of self based on habits, behavior, personality characteristics. Self-concept develops on the opinion and reaction of other people on one side and comparison of self to other people on another side ( Social science, 2020). For example, a person would think that he is a good baseball player by his achievements and other people's opinion. But compared with some friends who are better players, the person understands his limitations.</p>
---	---

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

Name: Anna Burns, R N, BSN.

<p>3. Describe the potential impact of ostomy surgery on: body image, self-concept, and sexuality for men and women</p>	<p>The presence of stoma significantly affects patients' self-image, self-concept, and impacts their sexuality. It is hard for patients to accept the image of the stoma, touch it, and take care of it. Months or years may pass before patients mentally accept the new appearance of the body ( Carmel &amp; Scardillo, 2016). The change in perception of body image with ostomy affects patients' self-concept.</p> <p>Descriptive studies showed that stoma affects personality, body image, self-esteem, lifestyle, and generally, quality of life. Decreased self-concept and fear over stool leakage and unpleasant odor lead to anxiety, low self-respect, and social isolation. Patients with ostomy distance themselves from family, friends, and co-workers. Quality of life becomes more complicated as patients avoid travel, entertainment, and social events. Decreased self-image and self-concept inevitably cause a decrease in sexuality. The most common fears related to sexuality are the image of the stoma, decreased sexual attraction, rejection by partner, odor, noise, leakage, and opening of the pouch during intimacy. Men and women have different impacts on sexual function after surgery. Men experience erectile dysfunction and problems with ejaculation, but women complain of dyspareunia ( painful intercourse). Both sex report inability to reach orgasm ( Yilmaz et al., 2017). Despite the significant effect of ostomy on self-image and sexuality, the sexual relationship and intimacy continue after surgery. It takes time for adjustment to body image and healing to complete before men regain erectile function and the ability to ejaculate ( Goldberg, 2016).</p>
---	--

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

Name: Anna Burns, R N, BSN.

<p>4. Identify safe sex considerations for the person with an ostomy.</p>	<p>One of the most important safe sex considerations is an open dialogue with a partner. If a patient has a partner, the clinician should include this partner in informational sessions about surgery, the purpose of stoma, possible side effects, and the impact of surgery and stoma on sexual function and intimacy. Patients without a partner at the time of planned surgery should be given a referral to an ostomy support group. The group is helpful by providing psychological support and sharing by members their own experiences. Emptying the pouch and ensuring that the pouch is sealed well before intimacy creates a sense of security and relieves anxiety. The use of small ostomy bags, concealing the pouch under the garment removes the fear about distorted body image. The use of lubricated condoms, vaginal lubricants, and local estrogens reduces vaginal dryness and pain related to surgery. Vibratory stimulation helps to improve the ability to reach orgasm (Albaugh et al., 2017).</p> <p>Other considerations for safe and more satisfying sexual relationships are taking a shower before intimacy and using small closed-end pouches. The side-lying position is safer because the ostomy pouch will not be on the way. Irrigation of colostomy before intimacy and covering it with a stoma cap is another technique for more enjoyable sex (Ory et. al, 2018).</p> <p>It is crucial to emphasize teaching patients that stoma can not be used for sex purposes. That can cause damage to the bowel and mucocutaneous junction, induce bleeding, and lead to constriction and scarring (Carmel &amp; Scardillo, 2016).</p>
---	---

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

Name: Anna Burns, R N, BSN.

<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> <li>• Pouch modifications</li> </ul>	<p>Ostomy garments include many types of ostomy support or covers: stoma safe ostomy belts, covers, boxer shorts for men, and lingerie for women with pockets, wraps, and specially designed clothes that make the stoma invisible. Dark color garments prevent the visibility of leaks. Buttons on the front of skirts or trousers help to assess stoma. The studies demonstrated that most people feel embarrassed when the stoma is visible. They feel more secure and self-confident when the appliance is hidden. The purpose of support garments is to decrease stoma visibility in public and improve self-concept and self-esteem during intimacy. They also create a sense of security and control over stoma presence in the most sensitive environments. Correct size and fit of garments are very important. If they don't fit well the undesirable effects may occur, such as leaks and ballooning ( Hubbard et al., 2018).</p> <p>Odor control measures include avoidance of foods causing strong odor or gas formation. For example, asparagus increases urine odor. Special deodorizers for pouches relieve fear about odor. Pouches with gas filters to maintain control over flatus are available. The use of air fresheners is helpful to control odor before emptying the pouch. An example is Ozium Air Sanitizer ( Ory, 2018).</p> <p>Most patients feel uncomfortable wearing regular pouches during intimacy. "Passion" pouches are making intimacy more enjoyable. These small, closed, disposable pouches prevent bulkiness and allow more freedom. There are many brands available on the market. Patients with a colostomy who prefer to irrigate before sexual encounters can wear stoma caps or security pouch ( Ory, 2018).</p>
--	--

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

Name: Anna Burns, R N, BSN.

<p>6. Explain how the PLISSIT model guides the conversation on sexual intimacy.</p>	<p>PLISSIT counseling model stands for Permission, Understanding- Limited Information, Specific Suggestions, and Intensive Therapy. The permissive stage is an assessment of patients' openness and readiness to talk about sexual problems. Open-ended questions asked in a calm and relaxed environment are helpful to establish trustful nurse-patient relationships. At this stage, a patient needs to be reassured that many patients with ostomy experience the same feeling. The next stage is understanding limited information. It is imperative to learn about patients' sexual life, plans, and commitments for the future. The nurse should apply basic knowledge about anatomy and sexuality to gather information and support conversation. During this stage, patients' problems and fears are identified and a nursing plan of care is developed. The third stage is the Specific Suggestion to provide a patient with information about sexual life with ostomy and support resources, including the Ostomy support group. It is time for a nurse to introduce available products to relieve the fear of an uncomfortable body image and talk to a patient about positions during intimacy that may provide comfort during sex. The next stage is intensive therapy. Additional consultations and treatments may be required to address patients' psychological and physical needs at this stage ( Carmel &amp; Scardillo, 2016).</p>
---	--

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

Name: Anna Burns, R N, BSN.

<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>Albaugh, J.A., Tenfelde, S. &amp; Hayden, D.M.( 2017). Sexual dysfunction intimacy for ostomates. Clinics on Colon and Rectal Surgery, 30 (3), pp. 201-206. <a href="https://doi.org/10.1055/s-0037-1598161">https:// doi: 10.1055/s-0037-1598161</a></p> <p>Camel, J.E.&amp; Scardillo, J. ( 2016). Rehabilitation issues and special Ostomy patient needs. In J.E Carmel, J. C.Colwell &amp; M.T.Goldberg (Eds.), Wound, Ostomy and Continence Nurses Society™ core curriculum. Ostomy management. (pp.148-151). Wolters Kluwer</p> <p>Goldberg, M.T. ( 2016). Patient education following urinary/fecal diversion. In J.E Carmel, J. C.Colwell &amp; M.T.Goldberg (Eds.), Wound, Ostomy and Continence Nurses Society™ core curriculum. Ostomy management. ( p.135). Wolters Kluwer</p> <p>Good therapy( 2019). Body image. <a href="https://www.goodtherapy.org/learn-about-therapy/issues/body-image">https://www.goodtherapy.org/learn-about-therapy/issues/body-image</a></p> <p>Krassioukov, A. &amp; Elliot, S. ( 2017). Neural control and physiology of sexual function: Effect of spinal cord injury. Topics in spinal cord injury rehabilitation, 23 (1), pp.1-10. <a href="https://doi.org/10.1310/sci2301-1">https:// doi: 10.1310/sci2301-1</a></p> <p>Ory, C., Burgess-Stocks, J. &amp; Hooper, J. (2018). Intimacy after ostomy surgery ( pp. 7-14). United Ostomy Associations of America.</p> <p>Social science ( 2020). Self concept, self-esteem, self-efficacy. <a href="https://socialsci.libretexts.org/Courses/College_of_the_Canyons">https:// socialsci.libretexts.org/Courses/College_of_the_Canyons</a></p> <p>Yilmaz, E., Celebi, D., Kaya, Y., &amp; Baydur, H. (2017). A descriptive, cross-sectional study to assess quality of life and sexuality in Turkish patients with colostomy. Ostomy wound management 63(8), 22-29. <a href="https://doi.org/10.25270/owm.2017.08.2229">https:// doi: 10.25270/owm.2017.08.2229</a></p>
---	---

### 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.

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

 Name: Anna Burns, R N, BSN.

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>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.