

Body Image and Sexual Function for the Patient with an Ostomy

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Point 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.

Carefully review the assignment rubric above for how points are awarded. Using academic writing standards and APA formatting of references and citations, respond to each of the learning objectives on page two. **Each response should be 150-350 words in length.** Save the completed document as the assignment title and submit to the dropbox.

Body Image and Sexual Function for the Patient with an Ostomy

1. Explain the pelvic nerves responsible for sexual function, and how the sympathetic & parasympathetic nervous systems impact this process.

The pudendal nerve is a major nerve in your pelvic region, essential for sensation and function (Rodriguez et al., 2022). This nerve sends movement and sensation information from your genital area. The pudendal nerve is part of your peripheral nervous system. The primary motor function controls the movement of your anal sphincter muscles (Fuschillo et al., 2022). For example, the anal sphincter muscle helps you hold in or release feces. In addition, urethral sphincter muscles help you hold in or release urine. The pudendal nerve also helps to provide sensory information about touch, pleasure, pain, and temperature (Fuschillo et al., 2022). The pudendal nerve connects to the S2 and S4 sacral spinal nerve in the sacral plexus; after entering the pudendal canal, the pudendal nerve branches into the inferior rectal nerve, which controls your anal sphincter muscle and sends sensory information to your anal sphincter and anal canal (Rodriguez et al., 2022). The perineal nerve controls your pelvic floor muscles and your urethral sphincter. This provides sensory information to the labia and perineum. Finally, the dorsal nerve sends sensory information, including touch, pleasure, and pain, to the skin allowing for sexual pleasure and assisting in erections (Rodriguez et al., 2020). Sympathetic nerves are believed to diminish clitoral erectile tissue through vasoconstriction (Fuschillo et al., 2022). At the same time, parasympathetic stimulation increases blood flow. It results in smooth muscle relaxation in the penile arteries, cavernosal smooth muscle relaxation, and venous outflow closure from the penis (Fuschillo et al., 2022).

2. Differentiate between body image and self-concept.

Body image is a combination of your thoughts and feelings about your body (Jarman et al., 2022). Body image can be both positive and negative. Internal and external factors influence body image. There are four aspects of body image; perceptual body image is how you see your body, which is only sometimes a correct representation of how you look (Jarman et al., 2022). Second, affective body image is the way you feel about your body (Jarman et al., 2022). These feelings may include happiness or disgust, satisfaction or dissatisfaction with your shape, weight, and body parts. Third, cognitive body image is how you think about your body, which can lead to preoccupation with body shape and weight (Jarman et al., 2022). Finally, behavioral body image is the behaviors you engage in due to your body image (Jarman et al., 2022). For example, when people are dissatisfied with their appearance, they may isolate themselves or engage in unhealthy behaviors to change their appearance.

Self-concept is an idea about who we are physically, emotionally, socially, and spiritually (Kawamoto, 2020). It displays uniquely with each person. It ranges from positive to negative and carries emotional, intellectual, and functional dimensions. It changes with the context and changes over time, and it also influences the person's life (Kawamoto, 2020). Biological and environmental factors influence it. We form and regulate our self-concept as we grow based on our knowledge of ourselves. Self-concept is learned and not inherent.

Body Image and Sexual Function for the Patient with an Ostomy

Self-concept maintenance refers to how people maintain or enhance their sense of self. It is usually fixed after a person reaches adulthood, but it can change based on personal experiences. Self-concept maintenance generally includes evaluating ourselves, comparing our actual selves with our ideal selves, and taking actions to move closer to our ideal selves (Kawamoto, 2020).

3. Describe the potential impact of ostomy surgery on: body image, self-concept, and sexuality for men and women.

Following ostomy creation, the normal anatomy and function of the gastrointestinal system are changed. The intestinal contents are diverted to the exterior by an abdominal opening in the small or large intestine. Creating an ostomy leads to a significant change in the patient's body image. However, adaptation to this alteration of body image is necessary for rehabilitation following surgery. Poor adaptation to an alteration of body image is associated with younger age, overweight, and temporary stoma (Samarasekera & Jayarajah, 2019). Patients at risk of poor adaptation should be identified before surgery and counseled before, after, and during follow-up visits (Samarasekera & Jayarajah, 2019). Sexual relationships and intimacy are meaningful and fulfilling aspects of life. However, a stoma is quite a change in how you look and can make you feel anxious and self-conscious. It is likely that your partner will also be nervous and may be fearful of hurting the stoma or dislodging the equipment. A woman can have pain during sex, and men may have trouble getting and keeping an erection (Samarasekera & Jayarajah, 2019). Sexual potency can also be affected, but this should only last a short time and usually gets better with time. In addition, patients should be screened for depression and anxiety. Patients may need a referral for psychological interventions as needed, which should be a priority in establishing good psychological well-being to achieve a higher quality of life in patients (Samarasekera & Jayarajah, 2019).

4. Identify safe sex considerations that should be taught to the person with an ostomy.

The time around illness, surgery, and recovery is filled with emotion, so sharing your feelings with your partner is essential. Resuming sexual activity after ostomy surgery can be an emotional and challenging time. The patient will cope with the aftereffects of surgery, adapting to a new skill and changes to self-perception, including body image and attractiveness (Acquati et al., 2022). The patient's partner may be worried about causing the patient discomfort during intercourse or about the reaction to the pouch and stoma. Communication is critical to re-establishing the sexual relationship. There will undoubtedly be fears about feeling sexy, about being able to stimulate each other sexually, and about being able to respond (Acquati et al., 2022). Life with a stoma will be different, but understanding your stoma is critical to getting the most out of life. Physical contact during sex does not hurt the stoma. You may need to change positions to ensure the ostomy pouch is not actively in the way. Consider emptying the pouch before intercourse and securing it to prevent it from moving. Odor and hygiene are a concern for many, but a wide variety of products are available to maintain freshness (Acquati et al., 2022). There are internal odor control tablets and deodorant drops for your pouch. Try to avoid timelines and specific

Body Image and Sexual Function for the Patient with an Ostomy

expectations about resuming sexual activity. Remaining sensitive to each other's feelings and ongoing open communication will help you to continue sexual activity.

5. Describe how each of the following categories can help to promote a healthy body image for the person with an ostomy. Be sure to include at least one example for each category.
 - a. Undergarments- Clothing is essential; a patient's sense of style can help to influence their confidence and body image. Ostomy undergarments help to keep the ostomy pouch supported and flat against the stomach allowing for more tailored clothing (DeGarmo et al., 2020). Undergarments can completely cover the pouch, which will help reduce friction between the pouch and the skin. Undergarments will also help support the weight of the pouch as it fills up, providing additional security and confidence. In addition, undergarments can smooth bumps, making them less noticeable and preventing the pouch from swinging under clothing (DeGarmo et al., 2020).
 - b. Odor control- Managing ostomy odor is a challenge with an ostomy. The first thing you can do to avoid ostomy odor is to monitor your body's response to food and beverages. Different food and drinks are digested by the body differently, and digestion is directly linked to any odor or gas produced. Most of these foods are high in soluble fiber or have natural and artificial sugars (DeGarmo et al., 2020). Another way to avoid ostomy odor is by regularly emptying your ostomy pouch; the odors will become stronger when you let waste build-up. Odor eliminators come in many forms, including pouch deodorants; these come in both liquid and gel forms and are used as preventative measures (DeGarmo et al., 2020). Odor eliminator sprays are used when you change your pouch to eliminate airborne odors; these should not be sprayed directly in your pouch.
 - c. Pouch modifications- Many types of pouch modification accessories are available for purchase. A pouch lubricant can be added to the pouch to ease the stool's emptiness (DeGarmo et al., 2020). A cosmetically appealing pouch cover can be used to cover the stoma and stool; this will also help to reduce noise from the plastic pouch. Pouch liners keep the pouch clean to be used multiple times. Finally, a vent added to a pouch will allow for control over when the wearer releases gas; this decreases the risk of spillage compared to burping or releasing gas (DeGarmo et al., 2020).
6. Explain how the PLISSIT model guides the conversation on sexual intimacy.

Sexual health affects many patients' quality of life. Safe, consensual, pleasurable sex balances relationships and is integral to life (Tuncer & Oskay, 2021). The PLISSIT model offers an excellent method for introducing sex into a patient-clinician conversation. Clinicians can narrow the scope of a patient's concern, offering effective counseling and treatment. The PLISSIT model is composed of four steps. First, clinicians must create a space for patients to raise sexual health concerns, usually through open-ended questions, like is there anything about your sexual health that you would like to discuss (Tuncer & Oskay, 2021)? Second, once the patient has identified a concern, the clinician can offer specific information, including potential causes of the symptoms (Tuncer & Oskay, 2021). Third, a differential diagnosis

Body Image and Sexual Function for the Patient with an Ostomy

is offered, with specific suggestions for addressing the problem (Tuncer & Oskay, 2021). Fourth, the clinician will inform the patient that there will be multiple attempts at addressing their issues and that many treatment options are available if this suggestion does not solve the problem (Tuncer & Oskay, 2021). Finally, the clinician can refer the patient to a sexual health specialist, sex therapist, sex educator, or pelvic floor specialist to provide additional information, support, and guidance.

7. List the references used to develop and cite this assignment.

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Body Image and Sexual Function for the Patient with an Ostomy

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