

**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
<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.

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.

There is a complex network of muscles and nerves that control all pelvic floor functions such as urinary functions, sexual functions, and also bowel functions. This complex network of muscles can cause temporary dysfunction that can be corrected with pelvic floor physical therapy. It is important as a WOC nurse to be able to educate patients about not only the muscle function that may be affected by surgery performed in the pelvic area but also the nerves and the sensations that the nerves are responsible for also may be altered. There are thoracolumbar sympathetic nerves, sacral parasympathetic nerves, and pudendal somatic nerves that all innervate the sexual organs.

(Jagdiish, et al., 2022). The autonomic nervous system is involved in erection, orgasm, and tumescence. The parasympathetic nervous system is responsible for sustaining and maintaining an erection. (Krassioukov & Elliott, 2017). The sympathetic nervous system oversees heart, blood vessels, respiratory, sweat glands, sexual organs, bowel and bladder organs, and inhibiting erection. The parasympathetic nervous system has several excitatory pathways that assist with erection. (Krassioukov & Elliott, 2017). Surgery of any type, whether it is colectomy, appendectomy, and even rectopexy surgery all involve nerve pathways that can have an interruption in their function and ability to function normally. When nerve pathways are interrupted either by trauma or surgery this can cause sexual dysfunction, incontinence issues related to decreased sensation, and lead to decreased quality of life. As a WOC nurse, it is an important part of pre op education to discuss sexual function and issues they may have postoperatively with their pelvic floor with patients to prepare them for what to expect. Patients will have increased satisfaction knowing the risks and possible side effects they may experience post surgery rather than being surprised and unprepared.

2. Differentiate between body image and self-concept.

Body image is a subjective thought or image. It is a picture of how we view our body related to our thoughts, feelings, and behaviors. (Huang et al., 2020). There are many issues related to our health and well-being that can be caused or contributed to a distortion in this image of what we have of ourselves and our bodies. Distortion of our body image can affect all functioning of our body. (Huang, Peng, & Ahn, 2020).

Self-concept is who we believe we are as a person, which can be separate from our self-image. (Hermanda et al., 2019). Having an altered body image can be dangerous especially when we are recovering from a body altering surgery such as a new ostomy. Patients are often uneasy about how they will feel about their body after the creation of their ostomy and how this affects their everyday life as well as their sexuality. Having a negative or unhealthy body image to begin with can set a patient up for a more difficult time psychologically dealing with their ostomy and changing body after surgery. As a WOC nurse, during pre op education, it is imperative to assess the patient and their body image as well as their self-concept.

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3. Describe the potential impact of ostomy surgery on body image, self-concept, and sexuality for men and women.  
Having an ostomy can have a negative impact on the body image, self-concept, and sexuality for both men and women. It is important for the WOC nurse to acknowledge these feelings and understand why the patient may have an altered sense of body image. The patient may experience a negative impact on their body image believing that they are “disgusting” or “dirty”. (Villa, et al., 2019). Studies have shown that patients seem to have improved body image and self-concept when they are critically ill before an ostomy surgery vs patient that have no pre-existing health conditions, (Villa, et al., 2019). When a patient is critically ill, they develop coping mechanisms to help manage their emotions and health concerns. A patient that has never had to adjust their lifestyle because of health concerns typically struggle more with their body image and self-concept issues post operatively. Sexuality is often a struggle with ostomy patients. They are often left with feeling that they are unattractive and that their ostomy is going to make them unattractive. This is often true with younger patients, although the older patient also struggles with this concept. Education before surgery, if possible, but also after surgery with time for them to process their feelings, emotions, and express their preconceived notions about their ostomy are an important part of acceptance for them. Setting the patient up with a good support system as well as resources such as support groups can be beneficial to improve their body image, self- concept, and help with their struggles of sexuality. (Alenezi et al., 2021). Ensuring that the patient is aware of all products to help with intimate moments is also important.
  
4. Identify safe sex considerations that should be taught to the person with an ostomy.  
An active sex life is an important part of the overall health and well-being of all patients, including ostomy patients. Speaking with the patient to understand what concerns they have for sexual activity after and any questions they have is an important place to start. Creating a safe space to share and converse about sexual health is important groundwork so that the WOC nurse can educate on safe sex practices/ considerations for the ostomy patient. Altered body function, concerns for odor issues, and sounds that the ostomy make can often present issues with intimacy for patients. (Tripaldi, 2019). It is important for ostomy patients to understand that a healthy sex life is important to their overall health, but there are also some safety concerns they should be aware of. During any sexual encounter, they must be sure to protect the stoma from trauma. This can include positioning and awareness. There are stoma guards that patients can buy for use during sexual activity or even sporting events where their stoma may be injured. (Rodriquez, 2023). Another important education tool is for the patient to be aware to never use their stoma as a sexual orifice. (Rodriquez, 2023). This is important to understand as this may cause damage to the tissue and can cause serious injury.

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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 – Undergarments that help to hold the pouch secure and also to help hide under clothing is helpful for patients that want to have a low profile under their clothing. This is important for patients that want to be able to wear certain clothing options that interfere with their pouch system. There are also belts that patients can wear that can help to secure their pouch so that the patient feels that there is more support.
  - b. Odor control- Odor is a big concern for patients with an ostomy as no one wants to have an odor of stool or urine. There are options for patients that they can do to help with their pouch. The patient can place deodorizing tablets in their pouch as well as liquid pouch deodorizer that the patient can be placed in their pouch. Patients may also find pouches that have filters built into them that can help with odor. These things can all help as well as irrigating their pouches with emptying.
  - c. Pouch modifications – patients can switch to a one-piece pouching system that will be less noticeable under clothing and have a lower profile. It is difficult for patients to switch between two pouches due to insurance coverage but having the ability to do so can offer them options that improve their quality of life and make them feel less self-conscious about their pouch.

6. Explain how the PLISSIT model guides the conversation on sexual intimacy.

The PLISSIT model is helpful in guiding conversations about sexual intimacy. The model centers around the thought process of permission- (P) which is about creating a safe space to talk about their feelings and ask questions without feeling judged. The (LI) next part of the model related to limited information which refers to educating the patient and guiding the conversation with targeted information so that education can be comfortably discussed and guided to make the conversation as comfortable as possible for the provider offering education and also the patient. The next part of the model (SS) is for specific suggestions that are targeted toward the diagnosis that the patient is dealing with in addition to any differential diagnosis that they may also have. The last portion of the model is (IT) dealing with intensive therapy which is for the provider to determine the need for referral to a sex health specialist. (Kirici & Ege, 2021 ).

7. List the references used to develop and cite this assignment.
  - a. *See the course syllabus for specific reference requirements.*

## Bibliography

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