

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.

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

The pelvic nerves responsible for sexual functioning are a complex system of interconnected nerves reliant on one another to properly function. The brain and spine use nerves to extend to the pelvis to signal to the body commands like when it is time to urinate, defecate, and mechanisms of arousal. The pelvic nerves that innervate sexual function can be divided into the autonomic nervous system and the somatic nervous system. The autonomic or involuntary nervous system can then be divided further into the sympathetic and parasympathetic nervous systems. The main sympathetic nerve involved in sexual function hypogastric nerve. This nerve then communicates to smaller localized nerves sensation and pain. The sympathetic nervous system is involved with controlling urethral and anal sphincters. The sympathetic nervous system also regulates ejaculation and prevents retrograde ejaculation. The parasympathetic nervous system includes the pelvic nerve and the vagus nerve. The parasympathetic system is largely responsible for tumescence or swelling related to sexual excitement as well as signaling to the body to produce and secrete lubrication necessary for sexual function. Lastly, the pudendal nerve is thought to have autonomic and somatic components. The pudendal nerve innervates the pelvic floor with sensory and motor functions. This nerve is largely responsible for pelvic floor contractions that necessitate proper sexual functioning (Alkatout et al., 2021). Damage to any of these nerves could lead to sexual dysfunction due to the complex nature of sexual function and due to the reliant nature these nerves have on one another to achieve pleasurable outcomes.

2. Differentiate between body image and self-concept.

Body image refers to the personal thoughts and feelings one has about their body. This can be positive and negative as well as affected by internal and external factors. An individual may have body image issues when they are comparing aspects of their physical appearance to another individual and being dissatisfied at the differences present. Positive body image is accepting and loving your body for all it has done and will do. Accepting that everyone is different and that is what makes everyone unique. Self-concept is how an individual identifies and perceives themselves. Self-concept can include strengths and weaknesses the individual believes they possess (Dhawan et al., 2022). Body image is closely related to physical traits, whereas self-concept is related to personal beliefs of oneself.

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

Ostomy surgery may impact body image due to the physical changes experienced by the individual. Following the acute illness, the focus shifts to the appearance of the stoma and pouching system. The individual may fear the noises and smells coming from their pouching system as off-putting. This may lead to self-isolation which may impact one's self-concept. The individual may fear their differences make them unworthy of relationships and fear they will be rejected. Men and women should be educated on the potential impacts that ostomy surgery may have on

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sexual function. Men should be educated on the possibility of erectile dysfunction, loss of libido, and retrograde ejaculation following ostomy surgery. Women should be educated on the possibility of vaginal dryness, loss of desire, and painful intercourse following surgery (Carmel & Scardillo, 2022). These possible impacts should be discussed prior to surgery to better facilitate the transition and allow the individual a better understanding of possible outcomes.

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

Safe sex considerations that must be taught to a person with an ostomy include not using the stoma for sexual purposes, pregnancy is possible, and oral contraception may be less effective and other methods should be discussed. Any object inserted into the stoma may cause injury and damage to the stoma and stomal structures. Bleeding and scarring may occur as a result of using the stoma for sexual gratification. Education should be provided on stimulating the stoma does not achieve a pleasurable outcome. Women with ostomies can become pregnant, if this is not the goal, the use of contraception is advised. Due to changes in the bowel related to ostomy creation, oral contraceptives may be less effective and additional methods should be explored (Carmel & Scardillo, 2022).

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**
- b. Odor control**
- c. Pouch modifications**

A large part of the unhealthy body image is related to the visible pouching system. The visible content in the pouch may be embarrassing for the individual, just as forgetting to flush a bowel movement would be for those without an ostomy. Undergarments designed to cover and support the pouching system are just one of the many products available to promote healthy body image. Additional products available to combat ostomy odor include deodorant that goes into the pouch as well as oral supplements that internally reduce odor. Other available products that promote positive body image include pouch covers, mini pouches and abdominal binders that conceal and support the ostomy pouching system (Carmel & Scardillo, 2022). These products do not eliminate the individuals every negative effect of an ostomy, they aim to improve the individual overall experience and assist in adapting to the changes associated with having an ostomy.

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

The PLISSIT model is used to guide conversation between the WOC nurse and the ostomy patient. This model initiates necessary conversations to ensure the patients needs are met and to provide them with additional resources. The model starts by asking for permission to introduce the topic of sexual health. This allows all parties to agree or disagree with continuing the conversation. The model then moves on to the understanding-limited information allows the nurse to identify if there are any issues or concerns as well as discussing goals. Specific suggestions are an informative phase where the nurse can provide the patient with written material as well as identify useful resources to address and meet their specific needs. The last phase of this model is the intensive therapy where the WOC nurse assesses and addresses psychological and physical needs and offers appropriate resources and referrals when needed (Carmel & Scardillo, 2022).

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

a. See the course syllabus for specific reference requirements.

Alkatout, I., Wedel, T., Pape, J., Possover, M. & Dhanawat, J. (2021). Review: Pelvic nerves - from anatomy and physiology to clinical applications. *Translational Neuroscience*, 12(1), 362-378. <https://doi.org/10.1515/tnsci-2020-0184>

Carmel, J. & Scardillo, J. (2022). Adaptations, rehabilitation, and long-term care management issues. In J. Carmel, J. Colwell, & M. T. Goldberg (Eds.), *Wound, Ostomy, and Continence Nurses Society core curriculum: Ostomy management* (2nd ed., pp. 201-222). Wolters Kluwer.

Dhawan, M., N T, S., & Kakkar, S. (2022). Body image issues and self-concept dilemmas in adolescents living with thalassemia. *Psychology, health & medicine*, 27(3), 598-612. <https://doi.org/10.1080/13548506.2021.1903050>