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

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**Point criteria**

| Criteria | Under performance<br><3 points per criteria | Basic<br>3 – 3.9 points per criteria | Proficient<br>4.0 – 4.4 points per criteria | Distinguished<br>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.**

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

Nurse practitioners in surgery generally understand that the neurophysiology of sexual function is not as simple as communication between the pelvic sexual organs and the spine, and/or brain, via nerves. Sexual function involves a complex feedback system that connects many parts of the body to the brain, via nerves, including the pelvic sex organ nerves. The nerves that innervate the pelvis are not individually responsible for sexual function, but are an integral part of sexual function. Surgically, it is important to try to avoid nerves in the pelvis, because damaging these nerves can contribute to sexual dysfunction post-operatively (Boushey, 2022). However, sexual dysfunction after pelvic surgery does not always include nerve injury. Health care professionals benefit from general knowledge about these pelvic nerves but should not attribute sexual dysfunction to nerve injury alone.

With this said, the larger nerves and nerve bundles in the pelvis include the pudendal nerve and the pelvic nerve plexus (Krassioukov & Elliott, 2017). Both nerve bundles provide sensory and motor information to the brain from the pelvis. The pudendal nerve, a somatic nerve, innervates the voluntary smooth muscles to trigger the responsive contraction of orgasm (Simetinger, 2023). The pelvic nerve plexus contains fibers of the pelvic nerve and the hypogastric nerve. These nerves are pathways for autonomic (involuntary) nervous system actions. These involuntary functions are either sympathetic (activating) or parasympathetic (restorative). It is a balance of sympathetic and parasympathetic actions that provide the sex organ response: lubrication, clitoris tumescence, labia engorgement, erection, orgasm, flaccidity, recovery. However, parasympathetic action is thought to predominate in erection and clitoral tumescence, whereas sympathetic action predominates in ejaculation (Krassioukov & Elliott, 2017).

Surgery in the pelvis that includes ostomy can lead to sexual dysfunction from nerve injury. Women may admit to, or complain of, dyspareunia; men may admit to, or complain of, erectile dysfunction or retrograde ejaculation. These can occur with nerve injury, but these things can pre-exist surgery or occur without nerve injury (Boushey, 2022).

2. Differentiate between body image and self-concept.

A new surgical ostomy is an abrupt anatomic alteration. Any new stoma dictates a change in function, immediately. However, adjusting to a stoma is not automatic or guaranteed. Recognizing the stoma, initiating some self-care, independently managing the stoma, sharing stoma experiences with others, returning to former activities, and having new experiences are all part of adjusting to living with a stoma. Adjustment is a unique process for any given individual. For nurses to support stoma patients through this adjustment, it is helpful to ask the patient how they think and feel about their body now that they have a stoma. A patient's own perspective about their body is referred to as body image. Fears about interacting with others are often affected by how a patient feels or believes others perceive or react to the stoma. How a patient feels about their stoma based on other's thoughts or reactions is referred to as self-concept (Carmel & Scardillo, 2022).

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

Every patient responds to a new stoma differently. Body image, self-concept, and sexuality are often altered. Regarding body image, once surgery is over and initial recovery passes, negative body image becomes more concerning. Even when quality of life improves, negative body image can persist for years. For adolescents and young adults, body image concerns are more prominent (Carmel & Scardillo, 2022). Feeling uncertain, different, less confident, and having less self-respect are common (Ayaz-Alkaya, 2019). Patients express reduced social confidence,

and increased self-consciousness (Ayaz-Alkaya, 2019). These negative feelings may be a result of a negative self-concept and may affect interactions with others.

Sexual dysfunction in people with ostomies is not uncommon, but interestingly, patients often report that their health care providers do not advise them that sexual dysfunction may occur (Carmel & Scardillo, 2022). When individuals have improved health, they may verbalize a positive effect on sexuality (Dames, et al., 2021). Unfortunately, patients often express a negative effect. Nerve injuries secondary to surgery can cause dyspareunia in women and erectile dysfunction or retrograde ejaculation in men. These post operative complications have a negative affect on quality of life and may contribute to, or be worsened by, the associated poor sense of well-being. Pouch concerns regarding leakage, odor, or appearance can contribute to difficulty not just during sexual interactions with others, but with all social interactions (Carmel & Scardillo, 2022).

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

Safe sex should be a conversation that any sexually active patient should be able to have with their health care provider. In individuals with a stoma, safety should include education that a stoma is not skin. Stomas are intestinal mucosa which, unlike genital skin, are not painful to touch, and stimulation will not produce any sexually gratifying sensation. In fact, stimulation or penetration of the stoma with fingers, penis, sex toys, or hard objects can cause stoma trauma, bleeding, and/or eventual stenosis (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.

Adjusting to having and caring for a new stoma is not easy. Patients often express negative feelings regarding how they look and feel. Concerns about self-care, personal relations, social interactions, and return to work are common. However, with appropriate reassurance and

education, patients can experience more positive outcomes, less fear, and higher quality of life. WOC professionals can facilitate this by providing general and specific information regarding stomas. Basic reassurance is helpful. Reassure patients that individuals often learn and become confident regarding self-care, anxiety is to be expected, and resources are available (Goldberg & Mahoney, 2022). There are many specific topics that can be addressed during patient education. Three helpful topics are undergarment selection, odor control, and pouch modification.

Most patients will be able to use their own clothing when they go home with their stoma. However, some individuals will have to modify their underwear to accommodate a pouch. Stomas that sit at or above the belt line may require a form fitting undershirt to make them less visible, and belts may need to be avoided. Patients may seek information regarding visibility of pouch under tight clothing and visibility of pouch during intimacy. The trick to an invisible pouch is less the type of clothing than just keeping the pouch empty. Ensuring that a patient is comfortable with pouch burping and emptying is necessary (Carmel & Goldberg, 2022). Have a patient stand in front of a mirror with their clothes on and point out that the pouch is not visible. The WOC professional can use a belt and an intact pouch under their own clothes to illustrate that pouches are not necessarily visible. Ensure that the patient can contact their pouch distributor and remind the patient that distributors often have accessories available for stomas. Provide the patient with the United Ostomy Association of America website. Surf the site with them if possible.

Most individuals with colostomies do not smell of stool. A clean, intact, sealed pouch will not allow odor to escape the pouch. Odor should be expected with pouch burping, emptying, changing, and with a leak. To reduce odor during these times, deodorant is available. Recommending a combined lubricant deodorizer for regular use inside the pouch will reduce odor when the pouch is open, and the lubricant will

facilitate stool evacuation from the pouch when emptying (Colwell & Hudson, 2022). As patients adapt to their stoma, they may want to explore other deodorizer options. Contacting their distributor is the most effective way to find out what their re-imbursed options are. A visit with a WOC professional often allows patients to see some other options as well.

Some individuals will benefit from pouch modification for specific activities. For instance, when stooling is predictable, stoma caps can be used with swimming, hot tubbing, and sex. A stoma protector may be necessary depending on an individual's occupation. In select stomas, closed end bags or bag liners can be used with 2-piece systems to provide a quick disposable option in place of emptying the pouch (Colwell & Hudson, 2022).

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

Sexual dysfunction in people with ostomies is not uncommon, but interestingly, patients often report that their health care providers do not discuss sexual dysfunction (Carmel & Scardillo, 2022). Permission, Understanding-Limited Information, Specific Suggestions, Intensive Therapy (PLISSIT) is phasic model that is used to guide patient counseling. The permission phase involves listening to patient's concerns, asking open ended questions regarding relationships and/or intimacy, and reassuring patients that sexual difficulties are common. The next phase in this model is Understanding-Limited Information. During this phase of counseling, specific sexual dysfunctions are identified and specific interventions, that address the dysfunction, are recommended. The goal of this phase is to create a knowledgeable patient. Some patients will not be able to overcome the dysfunction they experience and intensive counseling may be necessary (Carmel & Scardillo, 2022). A referral back to their surgeon can clarify if surgical complications are contributing to their dysfunction. Others will need a referral to a therapist.

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

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