

**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.

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

The female and male reproductive systems consist of external and internal organs that are needed for sexual function and reproduction. These organs need to be innervated to work. The pelvic neuroanatomy is complex. The nerves within the pelvis that largely responsible for sensory function of the genitalia and sexual response are the pudendal nerve, the pelvic splanchnic nerves, the hypogastric nerve, and vagus nerve (Alkatout et al., 2021). The autonomic nervous system is divided into the sympathetic and parasympathetic nervous systems (Alkatout et al., 2021). The sympathetic nervous system is triggered by stress and controls the “fight or flight” response (Alkatout et al., 2021). Sexual organs including the uterus, vagina, prostate, and seminal glands receive sympathetic innervation via the hypogastric nerve (Alkatout et al., 2021). The sympathetic nervous system is responsible for release of fluid from the bulbourethral glands that lubricate the penis and the smooth muscle contraction involved in releasing semen into the urethra for ejaculation (Alkatout et al., 2021). The parasympathetic nervous system, also known as the “rest and digest” system, appears to play a larger role in the physiology of sexual arousal and functioning. The parasympathetic nervous system stimulates the release of vasodilatory neurotransmitters (Alkatout et al., 2021). In males, this causes an erection. For females, this results in clitoral and labial swelling. Achieving orgasm involves both systems of the autonomic nervous system (Alkatout et al., 2021). To briefly summarize, the nerves of the pelvis send information to the brain and spinal cord and then signal for the body’s response. The pelvic splanchnic nerves contribute to the parasympathetic nervous system of the sacral area and innervate the anorectum, uterus, vagina, prostate, and seminal vesicles (Alkatout et al., 2021). The vagus nerve supplies the gonads, which are the testicles and ovaries, with parasympathetic innervation (Alkatout et al., 2021). The hypogastric nerve has primarily sympathetic fibers and is involved in the sensory innervation of the female and male genitalia (Alkatout et al., 2021). Lastly, the pudendal nerve originates from the sacral plexus of nerves and is one of the main nerves related to sexual pleasure and function as it has both autonomic and somatic functions (Alkatout et al., 2021).

2. Differentiate between body image and self-concept.

Body image (BI) can be defined as how a person thinks and feels about his or her body (Ganesan et al., 2018). It involves the person’s perceptions, feelings, and thoughts. According to the National Eating Disorders Association (n.d.), BI is how people see themselves when they look in the mirror or how they visualize themselves in their mind. There are two dimensions of BI: negative BI and positive BI (Burychka et al., 2021). Factors that contribute to a negative BI have been extensively studied. They include biological factors, such as physical appearance and body size (Ganesan et al., 2018). Depression and perfectionism are examples of psychological influences that contribute to a negative BI (Ganesan et al., 2018).

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Social influences and interpersonal relationships are also related to BI (Ganesan et al., 2018). A positive BI is when a person has feelings of acceptance, appreciation, and respect for his or her body (Burychka et al., 2021). More specifically, a positive BI consists of certain components which are: (1) favorable opinions about the body (2) acceptance of the body despite imperfections, weight and/or body shape (3) respect for the body demonstrated by caring for its physical needs and having healthy behaviors (4) being able to reject sociocultural expectations and unrealistic body images portrayed by others in the media (Burychka et al., 2021). BI can heavily influence a person's self-concept, which is multidimensional idea about who he or she is, on a physical, emotional, social, and spiritual level. (Ackerman, 2018). Self-concept refers more so to a person's perception of his or her self-worth and value (Ackerman, 2018).

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

Ostomy surgery, while it may be necessary and even lifesaving, can create physical and psychological pressures for the person with new stoma. A stoma is surgically created opening in the intestine that diverts the flow of waste, either urine or feces, through an opening in the abdomen which gets drained into a collection device (Choudhary & Kaur, 2020). The presence of a stoma can cause people to feel disgusted and embarrassed. This can lead to poor body image, low self-esteem, sexuality problems, and even a decreased quality of life (Choudhary & Kaur, 2020). Visualizing the ostomy itself can bring feelings of shame and horror. People often view themselves as unattractive. The shape of the abdomen might change after surgery, and this paired with surgical scars can also contribute to negative thoughts and feelings (Choudhary & Kaur, 2020). A person might be reluctant and fearful of returning to their usual activities, perceiving the stoma as an obstacle in being able to go to the movies, swim, and travel (Choudhary & Kaur, 2020). Common concerns are not having a convenient place to perform ostomy care or that other people will see the stoma (Choudhary & Kaur, 2020). After getting an ostomy, a person should be able to wear most of the same clothes as worn before. Ostomates, however, may feel that they must wear loose, unfashionable clothing to conceal the stoma (Choudhary & Kaur, 2020). These factors can lead to mental problems and poor self-concept. The uncertainty of the future and ability to perform ostomy care, especially if there are stoma complications, can make a person feel anxious and depressed. Patients report feeling “negative feelings about themselves and stoma creation such as guilt, feeling afraid, feeling alone, shame, getting upset easily, and remarked feeling of inferiority” (Choudhary & Kaur, 2020, p. 424). Their confidence gets shaken as they may feel dependent on others for care or compare themselves with “normal” people (Choudhary & Kaur, 2020). In these situations, people have expressed wanting to die instead of having to live with a stoma (Choudhary & Kaur, 2020). In turn, the altered body image and self-concept can influence sexual relations. Ostomates may feel hesitant to have sexual intercourse following stoma creation because they are uncomfortable with their bodies and self-conscious. Common factors causing avoidance of sexual activity for males is erectile and ejaculation problems

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while females have a fear of looking unattractive (Choudhary & Kaur, 2020). Other concerns include odor, noise, and leakage (Carmel & Scardillo, 2022).

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

There are a few considerations for ostomates when resuming sexual activity after surgery. As discussed in the previous question, ostomates often have feelings of uncertainty and fears about having sexual relations. It is important that the ostomy nurse reassures that patient that while sex may be slightly different due to bodily changes following surgery, he or she can most definitely have an active sex life. Ideally, a preoperative assessment should be performed to identify the patient's potential concerns regarding how the ostomy surgery might impact sexual function (Carmel & Scardillo, 2022). This will help guide what type of education will be given. The patient should be advised to allow adequate healing time following surgery. This time can serve as an opportunity for patient become familiar with having an ostomy and learn how to care for it. While sex will not likely cause harm to the ostomy, sex should not be too rough at first. Any position that causes discomfort or damage to the stoma or pouching system should be avoided (Byram Healthcare, 2021). Having open communication greatly assists with overcoming negative thoughts or anxiety while in this stage or establishing sexual expression and intimacy (Byram Healthcare, 2021). Practical suggestion to achieve a more enjoyable sexual experience is having a clean, secure, and empty pouch (Carmel & Scardillo, 2022). If the female ostomate is experiencing painful intercourse due to vaginal dryness, a lubricant would be a useful tool to combat this (Byram Healthcare, 2021). A common myth is that women are unable to get pregnant with a stoma (United Ostomy Associations of America, Inc., n.d.). This is a false, however, as women with ostomies can indeed get pregnant and have a successful pregnancy course and delivery (Carmel & Scardillo, 2022). It is advised, however, to wait a year after surgery before getting pregnant (Carmel & Scardillo, 2022). Of note, oral contraceptives may be less effective in women with an ileostomy (Carmel & Scardillo, 2022). This should be discussed with the appropriate patients as they might want to consider another method of birth control. Males that are experiencing issues with erection and ejaculation should be encouraged to talk with their provider. Both parties should be reminded that there are many ways to be intimate and intercourse is not the only way to give and receive sexual pleasure. The stoma, however, should never be used for any type of sexual activity to avoid damaging the bowel, bleeding, and scarring (Carmel & Scardillo, 2022). Ostomates should be made aware that stimulating the stoma will not produce the same pleasurable feelings as when touching other places, such as the anus, because it is not an erogenous zone (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.

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- a. Undergarments
- b. Odor control
- c. Pouch modifications

There are many types of ostomy products available that are helpful in promoting a healthy body image. Undergarments that are designed to accommodate and conceal the pouch can give a sense of security and slimming effect with clothing. Examples of undergarments are underwear and wraps which can be bought through many different online websites. The underwear has a high waistline to cover the wafer and an inner pocket to support the ostomy pouch while holding it securely against the body. Ostomates can choose from a variety of colors and styles. Some feature bows and lace detailing which give a more feminine look. Men have the option of boxer briefs or classic briefs. The underwear can be worn with all types of ostomies. Wraps have similar functions of concealment and securement of the pouch. They are typically made from an elastic, moisture-wicking fabric that wraps around the abdomen. They can also have an inner pocket to hold the pouch. Wraps can be worn during physical activities, sleeping, intimacy, or for everyday wear. Odor is one of the most common fears for a person with an ostomy (Carmel & Scardillo, 2022). If the pouch is intact, it should be odorless. The patient should be taught that odor can be a sign of leakage. Many people have an aversion to the smell of the pouch contents while emptying it. This is especially relevant in the colostomy population, as the stool is malodorous due to the bacterial load. Deodorants come in droplet and liquid form and can be added to the inside of the pouch to reduce odor (Carmel & Scardillo, 2022). This is done with a newly placed pouch and the deodorizer gets replaced each time the pouch is emptied (Carmel & Scardillo, 2022). Lubricating deodorants are also available. These prevent the pouch contents from clinging to the pouch, allowing for easier emptying in addition to neutralizing the odor (Carmel & Scardillo, 2022). Oral products are another option that work internally to deodorize stool. For example, Bismuth subgallate (Devrom®) is a tablet taken before meals and at bedtime to deodorize flatulence and stool (Carmel & Scardillo, 2022). This product does not require a prescription, but the patient should consult with the ostomy nurse or provider before using it (Carmel & Scardillo, 2022). Lastly, a pouch cover is an example of a pouch modification that provides patients with a sense of security and discretion when it comes to wearing their pouch. It can be thought of as an undergarment for the pouch; it slips over the pouch to cover it. There are many kinds of pouch covers to choose from. Most pouch covers are opaque and are available in various materials, colors, and patterns. Some feature viewing windows or have an opening at the bottom of the cover for drainage purposes. People often feel more comfortable and confident when the contents of their ostomy pouch are concealed, especially during moments of sex and intimacy.

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

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Talking about sex and intimacy can be uncomfortable for the patient with a new ostomy. It is the role of the ostomy nurse provide support and education. The PLISSIT counseling model can help guide the conversation between the nurse and patient. The PLISSIT acronym stands for: Permission, Understanding-limited information, Specific suggestion, and Intensive therapy, which are the four levels of response of the nurse to issues surrounding sexual health (Carmel & Scardillo, 2022). Each stage requires increasing skill and knowledge. The ostomy is most capable of intervening at the permission and understanding-limited information levels (Carmel & Scardillo, 2022). To properly apply this counseling model, the nurse cannot allow any of his or her personal opinions and attitudes towards sexuality interfere with providing care (Carmel & Scardillo, 2022). The first stage of the model, permission, begins exploring a patient's thoughts and feelings by giving him or her an invitation to talk about sex (Carmel & Scardillo, 2022). This is an opportunity for the patient to share any questions or concerns that they might have. To best facilitate this, the nurse should ask open-ended questions and be an active listener (Carmel & Scardillo, 2022). Asking how ostomy surgery has affected the patient's sex life is an example of an open-ended question (Carmel & Scardillo, 2022). During this stage, the nurse can reassure the patient that he or she is not alone in their problems (Carmel & Scardillo, 2022). The understanding-limited information phase is the second stage of the model in which the nurse assesses difficulties and seeks to gain a deeper understanding by investigating the patient's sexual history, expectations, and goals (Carmel & Scardillo, 2022). These details are needed to develop an action plan. At this level, the focus is providing information and increasing the patient's knowledge level of exactly how sexual function is impacted by ostomy surgery (Carmel & Scardillo, 2022). Overall, the first two steps of the PLISSIT model serve to encourage the patient to talk openly about sex and intimacy. The nurse can also have functions in the remaining two stages. In the specific suggestion stage, written information regarding sexual health with an ostomy can be provided to the patient for further guidance (Carmel & Scardillo, 2022). Lastly, in the intensive therapy stage, the nurse can refer the patient to other professionals if there are more serious psychological, interpersonal, or physical needs (Carmel & Scardillo, 2022). Caring for a patient is a multidisciplinary effort. Thus, it is vital that the nurse is aware of the available resources and services and when it is appropriate to consult them.

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

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