

Body Image and Sexual Function for the Patient with an Ostomy

Name: _____ Teresa Hernandez-Zamudio _____

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 function include the pudendal nerve, inferior rectal nerve, and perineal nerve (Kinter & Newton, 2023). The pudendal nerve is found bilaterally branching to rectal canal, anus, perineum, and genitalia. It assists in clitoral and penile erection along with ejaculation. The inferior rectal nerve assists with voluntary control of bowel movements and sensation around anus (Kinter & Newton, 2023). The perineal nerve is divided into deep and superficial nerves which provide motor and sensory function to urogenital area. The sympathetic nervous system aids in vasoconstriction function which stops erection and arousal. Decreasing the response of the sympathetic nervous system will improve erections. The parasympathetic nervous system assists in vasodilation and arousal which results in erection and increased blood flow to genitalia (Kinter & Newton, 2023). The parasympathetic response can be increased by local stimulation and the decrease of sympathetic response. Sexual function is impacted with the creation of a new ostomy. A patient might develop issues with erection, ejaculation, libido, painful intercourse, and dryness (Carmel & Scardillo, 2022). Discussing common issues with sexual function after an ostomy surgery will help the patient improve their quality of life.

2. Differentiate between body image and self-concept.

Body image is subjective and is the patient's own image of their body. The way a patient views their own body might have developed prior to surgery and may change after the ostomy creation. Self-concept is the idea a patient has created about themselves based on their own beliefs and how others respond to them. Common concerns include stoma appearance, ostomy system, odor, function, leakage, physical changes, and sexual function (Carmel & Scardillo, 2022). The WOC nurse must take time to assess, validate, and educate the patient regarding these common concerns and provide the proper resources for the patient to better address body image and self-concept. Research has shown that patients with ostomy surgery commonly lack body image confidence and report surgery as a negative impact on life and sexual function (Dames et al., 2021). Asking questions that address concerns with body image and self-concept will help gear the conversation about intimacy.

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

The ostomy surgery can have a negative impact on the patient's body image, self-concept, and sexuality. The patient might now view their body as imperfect or defective. The unknown of a new ostomy brings deficits to their life which can be improved with education. The patient's self-concept might be negative and can feel as if they are a burden to others. Sexuality for both men and women is sometimes not addressed or avoided in fear of causing trauma to the stoma. Educating the patient on how to manage the ostomy and acknowledging their

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feelings will help the patient cope with the changes that are occurring. The patient's body is now altered from what it was before surgery and will require some training which will provide the patient with resources and knowledge. Knowledge is power and will set the patient for success. Some patients are independent with their care and are better able to cope with the change if they have all the resources on hand as opposed to having to call someone for help.

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

Educating a new ostomy patient regarding safe sex consideration might be uncomfortable or considered taboo to some but is a topic that needs to be addressed preoperative and postoperative. The WOC nurse can start the conversation by letting the patient know that concerns about sex are normal and opening questions to the patient. One suggestion is to educate the patient and partner for sexual activity by preparing and having a clean and secure pouch prior to intimacy (Carmel & Scardillo, 2022). Emptying the pouch prior to sexual activity and keeping an open communication about concerns should be covered (Carmel & Scardillo, 2022). Informing the patient and partner that the stoma should not be used for sexual purposes is strongly advised as stoma stimulation will not be pleasurable since it is not an erogenous area (Carmel & Scardillo, 2022). Reassuring the patient that sexual activity can still be continued after ostomy surgery will provide the patient with reinforcement and support that is needed postoperatively.

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

Promoting a healthy body image for the patient with a new ostomy is a multi-step approach. Education might need to be broken up into several sessions. The WOC nurse must teach the patient how to manage the ostomy and the supplies that are required and available for the stoma care. Specialized undergarments are available for the patient to help conceal and support the pouching system (Carmel & Scardillo). The undergarments tend to have a higher waistband with an inner pocket for pouch concealment and security. One popular brand is Ostomysecrets. This brand carries undergarments for both male and female with different style options. Odor control is important for most patients and if well managed will contribute to a healthier body image. Hollister offers m9 which is an odor eliminator drops that is applied inside the pouch. Some pouches come premanufacture with a charcoal filter which helps with odor control. There are many ways to modify a pouch to fit the patient's needs. If the patient needs additional support, a stoma belt can be ordered for the patient. Skin barrier wafers can be cut to fit the ostomy. A stoma guard can also be ordered for the patient to help protect the site from impact.

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

PLISSIT refers to permission, understanding-limited information, specific suggestions, and intensive therapy which is a counseling model for sexual health (Carmel & Scardillo, 2022). The nurse and WOC nurse must also be comfortable with the discussion and their own values to be able to address the patient's needs and sexual health concerns. During the stage of permission, the patient can share their sexual concerns and questions (Carmel & Scardillo, 2022). The nurse should be actively listening to help the patient with their concerns. During the stage of understanding-limited information, the nurse can assess difficulties and if the patient might require a referral to a WOC nurse (Carmel & Scardillo, 2022). This stage requires a sexual health history, identifying the problems, expectations, and goals to help develop and action plan (Carmel & Scardillo, 2022). During the stage of specific suggestions, the WOC nurse provides reassurance and resources about sexuality to the patient (Carmel & Scardillo, 2022). During the stage of intensive therapy, the WOC nurse addresses psychological, interpersonal, and physical needs (Carmel & Scardillo, 2022). The WOC nurse can provide the patient with printed resources that the patient can use for later reference and refer to when needed.

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

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.

Dames, N. B., Squire, S. E., Devlin, A. B., Fish, R., Bisset, C. N., & Tozer, P. (2021). "Let's talk about sex": a patient-led survey on sexual function after colorectal and pelvic floor surgery. *Colorectal Disease*, 23(6), 1524–1551. <https://doi.org/10.1111/codi.15598>

Kinter, K. J., & Newton, B. W. (2023) Anatomy, abdomen and pelvis, pudendal nerve. *StatPearls Publishing*. <https://www.ncbi.nlm.nih.gov/books/NBK554736>