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ILEOSTOMY AFTER CESARIAN SURGERY: EXPERIENCE REPORT

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ABSTRACT

Report the experience of undergraduate fellows in nursing consultation in a postpartum with ileostomy. This is an experience report of undergraduate nursing students, as undergraduate researchers, in nursing consultation with cesarean section postpartum ileostomy in a referral service in the city of Belém. Students collaborated with anamnesis and physical examination, Nursing diagnosis and conduct with a central focus on guidelines for personal autonomy, adequate nutrition considering the patient's high weight loss and follow-up of the intestinal transit reconstruction process. Nursing students experienced the expansion of their knowledge and the development of their competences in nursing practices in enterostomal therapy.

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INTRODUCTION

The increase in cesarean delivery rates has been widely discussed in the Brazilian literature. The private and public networks have differences in the factors associated with cesarean delivery. The desire for this procedure at the beginning of pregnancy is the most frequent occurrence (OLIVEIRA *et al.*, 2016).

During the pregnancy period, is established an affective bond between the mother and the baby, which becomes effective in the breastfeeding process. However, several factors still contribute to the interruption of breastfeeding, for example, cesarean section postpartum complications, such as pain and discomfort due to surgery, which may lead to early weaning (TORQUATO *et al.*, 2018). Weaning implies consequences for both mother and child, negatively interfering with the mother-child binomial. Among the most common problems,

breast engorgement, nipple pain/trauma, blockage of milk ducts, breast abscess, as well as interfering with the growth and development of the newborn and acting as a source of contamination the introduction of complete feeding (ALVARENGA *et al.*, 2017). Complications of the cesarean section may imply risks of maternal and neonatal death. To delimit this study, we highlight short-term morbidity and mortality associated mainly with intraoperative complications, such as lacerations of adjacent pelvic organs (bladder, urinary tract, or intestinal); the uterus and cervix; the increased risk of bleeding and acute pain related to the surgical procedure (FERRADAS *et al.*, 2013). In this context, when intraoperative complications are an adjacent pelvic organ laceration at the location of the small intestine, there is a need for an ostomy characterized by a visceral opening through the skin, performed by surgical procedure, for promoting breathing, feeding or elimination. Ostomy of intestinal elimination is the exteriorization of a portion of the intestine, indicated when a part of the small or large intestine is temporarily or permanently unable to perform its functions; therefore, it has the purpose of allowing the elimination of feces through the abdominal wall (CARVALHO *et al.*, 2016).

This procedure consists of the temporary or definitive deviation of the colonic effluent, which may be the externalized portion of the ileum (ileostomy) or colon (colostomy). Because of this surgery, it is necessary to use stool collection equipment (SILVA *et al.*, 2017). An ileostomy is designed to treat problems affecting the gastrointestinal system that make it impossible for the definitive or temporary functioning of the other segments of the system in question. Frequently, an ileostomy is performed for medical treatment, requiring the exteriorization of a portion of the small intestine, the ileum located in the right lower quadrant (QUEIROZ *et al.*, 2017). The adaptation process of the patient with an ostomy in living with the altered body results in a significant impact on the aesthetic, emotional and socio-family quality of life (MARQUES *et al.*, 2018). The use of collecting equipment is associated with negative feelings, such as fear, anguish, sadness and helplessness, which can mobilize self-deprecating experiences, linked to feelings of mutilation, loss of health and self-esteem, as well as reduced self-efficacy and a sense of worthlessness and disability, among other emotions (SILVA *et al.*, 2017). These feelings intensify when the process of living with an ileostomy occurs in the postpartum period, after all, by itself, this is a period of intense transformations and changes that make women emotionally sensitive. Pregnancy, childbirth, and puerperium comprise physiological phenomena, as well as correspond to moments of feminine life, in which the most intense organic, body, psychological and cultural changes occur (SANTOS *et al.*, 2015).

Given the above, the interest arose in reporting the experience of the care process provided to a postpartum woman with ileostomy after cesarean section. This experience was provided from field research activities tied together with a research project whose objective is to trace the epidemiological profile of people with an ostomy, investigate the adaptation of the ostomy and quality of life of people treated in a referral care service to people with an ostomy in the municipality of Belém, PA, Brazil. Thus, this study aims to report the experience of undergraduate scholarship students from the undergraduate nursing course during data collection through nursing

consultation of a postpartum woman with ileostomy after cesarean delivery in a referral unit for people with an ostomy.

MATERIALS AND METHODS

This is a qualitative, descriptive, experience-based study based on the experiences of undergraduate students of the Nursing Course of a Public University, in a Referral Service for People with Ostomy, from the city of Belém, State of Pará. Experience report is understood as a descriptive research tool that reflects a given action, which is a situation experienced in the academic and professional context of interest to the scientific community (CAVALCANTE; LIMA, 2012). The experience of the students, as undergraduate scholarship students, occurred from the collection of research data, which allowed the establishment of nursing care in the context of nursing consultation to a postpartum woman with ileostomy after cesarean delivery in a Care Service to Person with an ostomy. The consultation was carried out by the joint scholarship of the Enterostomal Therapist Nurse, coordinator of the research project, and was carried out by systematic stages of nursing care, starting with anamnesis and followed by physical examination, evaluation of the ostomy and peristomal skin. From these, outpatient nursing diagnoses and interventions were determined. This experience was developed during the field research of the project entitled Profile of Ostomy People in the Amazonian Context, whose main objective is to describe and analyze the epidemiological profile of people with a stoma in the Amazonian context. The Ethics and Human Research Committee of the Universidade Federal do Pará (UFPA) under opinion No. 525.319 approved this study.

RESULTS

Recently given birth, 35 years old, Brazilian, brown, incomplete high school, married, salesperson, native and resident of Ananindeua, vaginal delivery 04 and cesarean 01. Attended the Enterostomal Therapy Nursing Consultation on 06/24/2014 postoperatively, accompanied by her husband and aunt. She lives in her own brick home with six people, running water, electricity, basic sanitation and garbage collection, monthly family income of 01 minimum wage. She reported being discharged on the first postoperative day of the cesarean section. When she got home, she had severe vaginal bleeding and severe pain in the right upper quadrant, making breastfeeding impossible. She attended several times in an Emergency Care Unit in the city, complaining of abdominal pain and dysuria, where she received medication and returned to her home. She was hospitalized for five days due to urinary tract infection. It evolved with abdominal distension. Ultrasound examination revealed fluid in the abdominal cavity due to the internal rupture of the stitches and abscess. The patient underwent exploratory laparotomy with a trans-umbilical midline incision, following the descending colostomy, and was referred to the Intensive Care Unit (ICU). She went again to the Surgical Center (CC) where she underwent a new surgery for ileostomy and mucosal fistula on the left flank. Performed blood transfusion. On physical examination: conscious, regular general state, lucid, communicative, in a wheelchair due to generalized asthenia, skin-mucous pallor +/4, thin, weight: 44. 700 kg and height: 1.49 m (BMI = 20,1). The cardiorespiratory apparatus was unchanged. Flat, tympanic, flaccid abdomen, with presence

of lower sounds, with extensive conventional occlusive bandage, concealing surgical site dehiscence, with flat wound, extensive hypogastric region, proliferative phase, healing by secondary intention, left flank mucous fistula, draining purulent discharge, regular, pale pink color, diameter 30mm and 15mm protrusion, and right flank terminal ileostomy, regular, pale pink, draining fecal content, centralized effluent drainage angle, single-use system, diameter 28mm and 20mm protrusion. Peristomal skin with irritant dermatitis caused by effluents. Upper limbs with good mobility, presenting first-degree burns on the posterior face of the arm, which occurred during ICU stay. Symmetrical lower limbs, intact, the strength of preserved extremities. Integral external genitalia. Related nursing diagnoses: a) unbalanced nutrition, less than body needs, evidenced by weight loss, related to insufficient intake and food absorption; b) disturbance in body image related to alteration in one's own body vision, alteration in body function, change in lifestyle, evidenced by surgical procedure - ileostomy; c) risk of low self-esteem evidenced by changes in body image, changes in body function, weight loss, and surgical procedure - ileostomy; d) risk of impaired bond evidenced by the separation of mother and child; e) interrupted breastfeeding evidenced by non-exclusive breastfeeding, related to maternal hospitalization for surgical procedure - ileostomy; f) Impaired skin integrity evidenced by alteration in skin integrity related to hospitalization and surgical procedure - ileostomy. (NANDA, 2015). Nursing Conduct: Occlusive bandage used for cleaning: 0.9% physiological saline + gauze + prontosan + adhesive tape. Collector equipment exchange, used cleaning solution + remover gel + barrier cream + protective powder + barrier paste and skin protector, fixed two-piece system, 44mm flange, Hollister ileostomy draining opaque pouch and unique 8x50mm fistula system (Coloplast). Oriented on self-care, on methods to promote bonding with the baby and encouraged to change equipment and increase water intake.

DISCUSSION

In the experience of the clinical condition described above, there was a postoperative complication of cesarean section, resulting in the ileostomy. The medical report was inconclusive, stating that it was an appendectomy. The information provided by the postpartum woman suggests a complication that can in the postoperative period of surgery: the perforation of hollow viscera/intestine. In this context, paralytic ileus is suggested, given the intense distension of the colon in the absence of obstructive lesions. Caecal perforation is a potentially lethal complication, usually resulting in the need for right hemicolectomy (FERRADAS *et al.*, 2013). Due to postoperative complications, the postpartum woman returned to the hospital for a new surgical intervention, impairing the mother-child affective bond and interrupting breastfeeding. The mother-child interaction contributes to the improvement of baby safety and to the strengthening of the mother's self-confidence in taking care of the baby. The process of breastfeeding, the time interval between breastfeeding, the way to hold the newborn, are essential for the creation of this affective bond and when interrupted or altered may negatively affect said bond, besides being a risk factor for the development of postpartum depression, as it is triggered by a traumatic event and/or lifestyle change (BRASIL, 2015). The complicated cesarean postpartum

nursing actions should stimulate self-care, promote the adaptation of the postpartum woman to the specificities of this period; orientate, aiming to provide emotional support, attention, and information; promote the safety of care provided by all staff and autonomy after discharge (CORREIA; PEREIRA, 2015). From the clinical picture, it was possible to obtain 5 Nursing Diagnoses to provide a systematized, holistic and effective Nursing Care. The planning of a Nursing Care based on humanized and integral care is important, especially in the context of the ostomy patient, as it enables the care of the individual in all its aspects. In this bias, one of the nursing diagnoses to the case of ileostomy experienced was related to the postpartum nutritional decay, this is because the ostomy-generating surgery alters the usual processes of nutritional absorption and excretion, highlighting the importance of dietary advice for these patients. The ileostomy is placed in the small intestine, nutrient absorption region with liquid feces, abundant with digestive enzymes and continuously can occur nutritional losses of calcium, magnesium, iron, vitamin B12, iron, vitamins A, D, E, and K, folic acid, water, proteins, fats and bile salts (ANDRADE, 2018).

Given this, the importance of nutritional monitoring for people with an ostomy is emphasized, as it will lead to a balanced diet that will help the daily bowel function, avoiding damage to their health such as constipation or diarrhea. Thus, attention to the food of these individuals is of critical importance, as this will provide attention in choosing food for their meals and learning to observe the effects of food on their body (ANDRADE, 2018). Regarding the diagnosis of Body Image Disorder and low self-esteem, it is important to emphasize that body image can be understood as a three-dimensional image, involving psychological, sociological and physiological aspects that each person forms of himself. The person with ostomy has changes in body image caused by the ostomy, such as discomfort with physical appearance, lack of control over the noise caused by bowel movements and elimination of gases, leaking fecal content, rejection and shame of the new image, factors that culminate in social isolation, changes in sexuality and in lifestyle (COSTA *et al.*, 2017). Therefore, to provide quality care, it is required from the health professional, especially nursing, a reflection on the aspects of rehabilitation, acceptance and emotional recovery with knowledge of their needs that, in addition to being diverse, are in constant change (FREIRE *et al.* 2017).

In the experience of the students, it was also possible to identify the interrupted Breastfeeding Nursing Diagnosis, which was given due to the mother's hospitalization process to perform the ileostomy surgical procedure. Breastfeeding is an important ally against infections, diarrhea, and respiratory diseases; increases immunity; prevents some types of allergies, especially food and respiratory; promotes intellectual development; contributes to the growth and development and to the mother-child binomial interaction. Thus, this diagnosis is associated with the diagnosis of the risk of an impaired bond (VARGAS *et al.*, 2016). In the process of breastfeeding and the affective bond with the baby, the mere presence of the mother stimulates a response by the baby, creating reciprocal affective exchanges. In a few weeks of birth, the baby seeks to communicate with the mother, and when it is reciprocal, he repeats the experience, because it gives him pleasure. Maternal attitudes, especially in the first year of life, are decisive and

influences the development of the baby's personality (MAZZAQUATRO; ARPINI; POLLI, 2015). Thus, nurses must be prepared to encourage and teach methods to promote this maternal bond, respecting maternal limitations due to the presence of ileostomy and teaching how to deal with these limitations in living with the conceptus. Given this scenario, the Enterostomal Therapist must identify the importance of knowing all technology categories and applying appropriate interventions to individuals, providing specialized and humanized assistance (SHOJI *et al.*, 2017). The Enterostomal Therapy care in all stages positively influences the quality of life of the person with an ostomy, being the referral professional and support not only physical but psychosocial (NIEVES *et al.*, 2017).

Conclusion

The case reported and the reflections resulting from this study, about postoperative complications and the right of postpartum women in recovery and rehabilitation, justify the need for health services to have comprehensive care, in which clinical guidelines can be developed to effect Nursing Care. It is the responsibility of the nursing profession to perform a clinical evaluation to be able to implement the care plan. This study draws attention, especially concerning self-care and adaptation, to this new phase of women's life. To the feeding of the child and its bond with the mother, as well as allowing reflections on the care related to mothers with an ostomy, thematicon which there is a shortage of studies in the literature, and more studies are needed to promote better care. The research project to which this study is linked benefited the scientific initiation scholarship students, with experience on the research, the expansion of their knowledge and the development of their competences in the practice based on the theory apprehended in the undergraduate program. Also, allowed a return to people with an ostomy, who benefited from humanized care and scientific production to support the evidence.

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