

## **Challenges in Self-Care Related to the Ostomy of Elderly People**

**Raul de Paiva Santos\***

*Researcher Raul Paiva is a doctorate student in the Inter-institucional Doctoral Program in Nursing, developed jointly with the University of São Paulo (USP), School of Nursing and the University of São Paulo at Ribeirão Preto (EERP), College of Nursing Brazil*

**\*Corresponding Author:** Raul de Paiva Santos, Researcher Raul Paiva is a doctorate student in the Inter-institucional Doctoral Program in Nursing, developed jointly with the University of São Paulo (USP), School of Nursing and the University of São Paulo at Ribeirão Preto (EERP), College of Nursing Brazil.

**Received:** March 12, 2020; **Published:** April 25, 2020

The purpose of this editorial is to reflect and point out some challenges found in the daily self-care of elderly people with intestinal elimination ostomy, due to colorectal cancer, as well as to stimulate discussions and point out questions that can be investigated in gastroenterology. The basis for the reflection was a qualitative master's research that investigated self-care in this distinct cultural group.

Initially, the literature points out that the self-care of elderly people with intestinal elimination ostomy can be permeated by daily challenges for its effective performance. Difficulties in the performance of self-care are related both to the changes in aging and comorbidities, as well as to the debilitating and suffering nature attributed to cancer, and lastly to the economic factors for the acquisition of supplies for ostomy care.

In the investigative path, few elderly people performed their own care, that is, self-care. In most cases the ostomy care, was attributed to third parties as spouses, children and grandchildren. It is worth declaring that this situation was more frequent among male participants. Regarding the specific self-care of the elderly, it was noticed that it is intricate of particularities which, to a greater or lesser extent, impact and influence the daily performance of care and, consequently, the health status.

The specificities of self-care in this population ranged from changes associated with the aging process, such as declines in mobility, visual and auditory acuity, including the acquisition of care supplies, collecting equipment, also known as "the bag", adhesive plate, powder, fixative pastes and, above all, the State's dependence for free distribution of these supplies.

It was observed that socioeconomic factors influenced the self-care of the elderly. The family, friends and health professionals played a support role for the performance of self-care, specially in the ostomy care, as well as emotional support. The main aspect that must be reinforced in the investigated context is the State's dependence on effective self-care. It should be stated that, in case of interruption of the distribution of the equipment and care adjuvants, other dimensions of life could be compromised, such as the acquisition of food, medicines for continuous intake to control chronic conditions, such as high blood pressure and diabetes and housing-related costs, including rent and water, electricity and gas bills.

As the elderly's self-care with intestinal ostomy is complex, there is no intention to deplete the reflections of the theme, in this sense, I list the main aspects found in the field of research, which influenced daily care, and which can act as a clinical guidance in health and in the problematization of future investigations, they are:

1. The elderly self-care is learned from its teaching in the hospital and public health, by health professionals, particularly by nurses and doctors. However, it is improved in everyday experience, being common to find adaptations made to the equipment by the elderly.
2. The technical-procedural components of self-care should be taught and its importance emphasized throughout the perioperative period, with a view to development of the elderly person's autonomy and security for the exercise of the self-care at home. Since, after hospital discharge, the elderly is who will assume responsibility for the ostomy care.
3. In the development of educational actions related to the ostomy, the health professional must consider the educational level of the elderly, as well as aspects associated to the language used in self-care's training moments, which must be accessible. It is suggested that teaching be continuous, horizontal and in small fractions, with longitudinal accompaniment by primary healthcare professionals, up to the home.
4. In the context of countries that have a public health system, aspects of legislation must be reinforced by health professionals, regarding the right to receive the necessary supplies for self-care, free of charges and related to the responsibility of the State to provide them continuously and with quality.
5. Health professionals should consider possible changes in the senescence, since decreases in visual and auditory acuity are common and may impair the understanding of health guidance and consequently, the self-care.
6. Health professionals must maintain a longitudinal follow-up in the teaching of self-care, because despite daily practice, some difficulties and complications may emerge in the execution of the procedures, as doubts regarding the equipment the use of powders and paste, complications, such as allergic dermatitis related to materials of supplies, as well as other complications of ostomy and eventual bleeds and leaks.
7. It is urgent to emphasize that the ostomy is linked to a social stigma, due to the cancer and the fear of effluents leakages, odors and noise resulting from the elimination of flatus. In this sense it is common, especially in elderly women, the attempt to hide the stoma and the "bag", with the use of wider blouses and tighter pants.
8. The social reintegration of this elderly person should be encouraged, always and in all environments of health care, given the social stigma that can corroborate to social isolation and to the emergence of sadness, shame, fear and insecurity. Family and friend bonds should be stimulated, as well as the religiosity and faith that, in the investigated context, helped the elderly to cope with the disease and in the adaptation process.
9. It is important to establish continuous partnerships between teaching, research, management of public universities with the civil society, through a view to developing science and improving health care and well-being related to cancer and the use of an ostomy.
10. It is a moral obligation of health professionals to keep their knowledge up to date, coherent with scientific evidence to achieve a most secure and efficient clinical practice. Aiming at the patient autonomy and safety in the ostomy care, at health care quality and at the improvement of quality of life, physical and social well-being of this specific population.

**Volume 7 Issue 5 May 2020**

**© All rights reserved by Raul de Paiva Santos.**