



QUALITY OF LIFE OF PEOPLE WITH INTESTINAL OSTOMIES AND ASSOCIATED FACTORS

Silvana Mendes Costa¹ 
Yure Mendes Soares²
Ingrid Loyane Bezerra Balata Silva¹
Francisca Márcia Pereira Linhares³
Patrícia Ribeiro Azevedo⁴
Líscia Divana Carvalho Silva¹
Rosilda Silva Dias¹ 
Santana de Maria Alves de Sousa¹

¹Universidade Federal do Maranhão, Programa de Pós-Graduação em Enfermagem. São Luís, Maranhão, Brasil.

²Universidade Federal do Maranhão. São Luís, Maranhão, Brasil.

³Universidade Federal de Pernambuco, Programa de Pós-Graduação em Enfermagem. Recife, Pernambuco, Brasil.

⁴Universidade Federal do Maranhão, Departamento de Enfermagem. São Luís, Maranhão, Brasil.

ABSTRACT

Objective: to assess the quality of life of individuals with intestinal ostomies and its association with sociodemographic and clinical factors.

Method: a cross-sectional and correlational study conducted between August 2019 and December 2021, involving individuals with intestinal ostomies registered at the Orthotics and Prosthetics Service of the Municipal Health Department of São Luís-Maranhão. The questionnaires used included a sociodemographic one, a clinical one, and the *City Of Hope – Quality Of Life – Ostomy Questionnaire* (COH-QOL-OQ). The statistical analyses were conducted using the SPSS Statistics 20.1 software for Windows, with a 5% significance level. Normality was verified using the Shapiro-Wilk test, and the correlations between independent and dependent variables were assessed using paired t-tests.

Results: the sample consisted of 154 participants, mostly men (62.6%), with a mean age of 49.94 years old and Incomplete Elementary School (35%). The majority had colostomies (81.2%), temporary (61%), and cancer as etiology (47.4%). In terms of quality of life, the mean scores for the spiritual well-being domain (8.45) stood out, followed by the physical (4.05), psychological (5.85) and social (6.33) domains. The association between sociodemographic/clinical factors, and quality of life was statistically significant ($p \leq 0.05$) for religion, schooling, type and characteristics of the household, ostomy permanence and complications, post-ostomy employment, presence of spouse, physical activity, and access to health services. Etiology of the ostomy was found to be significantly associated with the physical ($p=0.03$), psychological ($p=0.01$) and social ($p=0.01$) domains, as well as overall ($p=0.05$).

Conclusion: the study revealed a significant association for the physical, psychological, social and spiritual domains, impacting the quality of life and care practices for individuals with ostomies and their families.

DESCRIPTORS: Stoma. Quality of life. Epidemiology. Nursing. Colostomy. Ileostomy.

HOW CITED: Costa SM, Soares YM, Silva ILBB, Linhares FMP, Azevedo PR, Silva LDC, Dias RS, Sousa SMA. Quality of life of people with intestinal ostomies and associated factors. *Texto Contexto Enferm* [Internet]. 2023 [cited YEAR MONTH DAY]; 32:e20230118. Available from: <https://doi.org/10.1590/1980-265X-TCE-2023-0118en>

QUALIDADE DE VIDA DAS PESSOAS COM ESTOMIAS INTESTINAIS E FATORES ASSOCIADOS

RESUMO

Objetivo: avaliar a qualidade de vida das pessoas com estomias intestinais e associação com fatores sociodemográficos e clínicos.

Método: estudo transversal e correlacional realizado entre agosto de 2019 e dezembro de 2021, com pessoas estomizadas cadastradas no Serviço de Órtese e Prótese da Secretaria Municipal de Saúde de São Luís-Maranhão. Utilizou-se questionários sociodemográfico, clínico e *City Of Hope – Quality Of Life – Ostomy Questionnaire* (COH-QOL-OQ). As análises estatísticas foram processadas pelo *Software SPSS Statistics 20.1* para *Windows*, nível de significância 5%. No teste Shapiro-Wilk verificou-se a normalidade e no teste-t pareado as correlações das variáveis independentes e dependente.

Resultados: amostra composta por 154 participantes, maioria homens (62,6%), idade média 49,94 anos, com ensino fundamental incompleto (35%), colostomia (81,2%), temporária (61%) e câncer como etiologia (47,4%). Em relação à qualidade de vida, destacaram-se as médias para os domínios bem-estar espiritual (8,45), físico (4,05), psicológico (5,85) e social (6,33). A associação entre fatores sociodemográficos, clínicos e qualidade de vida foi estatisticamente significativa ($p \leq 0,05$) para religião, escolaridade, tipo e característica do domicílio, permanência da estomia e complicações, trabalho pós-estomia, presença de cônjuge, atividade física e acesso ao serviço de saúde. Verificou-se a maior significância da etiologia da estomia para domínios físico ($p=0,03$), psicológico ($p=0,01$), social ($p=0,01$) e geral ($p=0,05$).

Conclusão: o estudo mostrou associação significativa para os domínios físico, psicológico, social e espiritual, com impacto a qualidade de vida e nas práticas de cuidado às pessoas com estomias e seus familiares.

DESCRITORES: Estomia. Qualidade de vida. Epidemiologia. Enfermagem. Colostomia. Ileostomia.

CALIDAD DE VIDA DE PERSONAS CON ESTOMAS INTESTINALES Y FACTORES ASOCIADOS

RESUMEN

Objetivo: evaluar la calidad de vida de personas con estomas intestinales y la asociación con factores sociodemográficos y clínicos.

Métodos: estudio transversal y correlacional realizado entre agosto de 2019 y diciembre de 2021 con personas ostomizadas registradas en el Servicio de Órtesis y Prótesis de la Secretaría Municipal de Salud de São Luís-Maranhão. Se utilizó un cuestionario sociodemográfico, uno clínico y el *City Of Hope – Quality Of Life – Ostomy Questionnaire* (COH-QOL-OQ). Los análisis estadísticos se procesaron en el programa de *software SPSS Statistics 20.1* para *Windows*, con nivel de significancia del 5%. En la prueba de Shapiro-Wilk se verificó la normalidad y, con la prueba t pareada, las correlaciones de las variables independientes y dependientes.

Resultados: la muestra estuvo compuesta por 154 participantes, con mayoría de hombres (62,6%), media de edad de 49,94 años, con estudios primarios incompletos (35%), colostomías (81,2%), temporarias (61%) y cáncer como etiología (47,4%). En relación con la calidad de vida, se destacaron los valores medios correspondientes a los dominios de bienestar espiritual (8,45), físico (4,05), psicológico (5,85) y social (6,33). La asociación entre factores sociodemográficos/clínicos y calidad de vida presentó significancia estadística ($p \leq 0,05$) para religión, nivel de estudios, tipo y característica del hogar, permanencia del estoma y complicaciones, trabajar después del estoma, presencia de cónyuge, actividad física y acceso a servicios de salud. Se verificó que la mayor significancia de la etiología del estoma correspondió a los dominios físico ($p=0,03$), psicológico ($p=0,01$), social ($p=0,01$) y general ($p=0,05$).

Conclusión: el estudio demostró una asociación significativa para los dominios físico, psicológico, social y espiritual, con efecto sobre la calidad de vida y en las prácticas de atención a personas con estomas y sus familiares.

DESCRITORES: Estoma. Calidad de vida. Epidemiología. Enfermería. Colostomía. Ileostomía.

INTRODUCTION

Creation of a stoma involves opening an orifice with the purpose of providing artificial communication between organs and the external environment to ease elimination, excretion or nutrition, enabling a person to effectively perform physiological functions¹. Abdominal trauma, colorectal cancer, inflammatory bowel diseases, megacolon, anal incontinence and ischemic colitis are among the main causes of intestinal ostomies^{2,3,4}.

Colorectal cancer presents a growing trend, emphasizing the need for Public Health actions in prevention, early diagnosis and treatment. The estimate is 704,000 new cancer cases for the 2023-2025 period, including 45,000 colon cancer cases, and an expected 25 million cases by 2030. The global prevalence of ostomies is 0.12%⁵⁻⁶.

In Brazil, the estimated number of people with ostomies is approximately 80,000. Paradoxically, this number could be much higher, considering the potential underreporting and the individuals not registered with state-level stoma associations⁷. Given its etiology as a consequence of disease or trauma, the information in health information systems makes it difficult to characterize its epidemiology^{4,8}. As we can see that in the Orthotics and Prosthetics Service of the Municipal Health Department (*Secretaria Municipal de Saúde*, SEMUS) of São Luís – MA, up to December 2021, 1,145 individuals over 18 years of age were registered with elimination ostomies such as colostomies and ileostomies*.

People with ostomies experience alterations in body image, leading to significant changes in their lives. Emotional, cultural and past experiences influence their adaptation to this new condition. In this sense, health professionals' primary activity, especially nurses, is to ease social inclusion and rehabilitation for these individuals^{2,9-11}.

The progress in surgical techniques since the 20th century has enabled the creation of ostomies and devices that have contributed to improving people's quality of life¹². Quality of life is a multifactorial concept that encompasses the physical (physical health), psychological (emotional and cognitive state), social (interpersonal relationships and social roles) and environmental (quality of the environment where people live) domains¹³.

Therefore, this research aims at evaluating the quality of life of individuals with intestinal ostomies and its association with sociodemographic and clinical factors.

METHOD

A cross-sectional, descriptive and analytical study with a quantitative approach conducted at the Orthotics and Prosthetics Service of the Municipal Health Department (SEMUS) of São Luís (MA), authorized by SEMUS – São Luís/MA, and approved by the Research Ethics Committee (*Comitê de Ética em Pesquisa*, CEP), CAAE: 11983619.1.0000.5087.

The population consisted of 1,145 adults (aged at least 18 years old) with intestinal elimination ostomies, registered in the aforementioned service until December 2021. The inclusion criteria included individuals with intestinal elimination ostomies (colostomies and ileostomies), adults at the time of data collection, ostomies performed at least six months before, and those who agreed to participate in the research. The exclusion criteria included individuals with cognitive deficits and those with clinical instability conditions at the time of the research. The sampling was stratified, proportional, finite and probabilistic. Sample size calculation estimated the participation of 297 individuals; however, due to the COVID-19 pandemic sanitary restrictions, 154 people with intestinal ostomies participated in the study. Refusals and withdrawals totaled 11 individuals.

*São Luís Municipal Health Department data. SEMUS. Printed file. 2021.

Data collection was initiated in August 2019 and suspended in March 2020 due to the COVID-19 sanitary recommendations. It was resumed in August 2021. Sociodemographic and clinical questionnaires were used, developed by the Adults' Health Study, Research and Extension Group (*Grupo de Estudos, Pesquisa e Extensão em Saúde do Adulto*, GEPSA), grounded on the scientific literature. These questionnaires included age, gender, religion, schooling, occupation, type of house and household characteristics, income, support network, life habits, type, cause and duration of the ostomy, complications, characteristics of the collecting pouch, and difficulties accessing health services.

To assess quality of life, the *City of Hope – Quality of Life – Ostomy Questionnaire* (COH-QOL-OQ)¹⁴ was used, containing 43 items divided into four domains: physical well-being (items 1-11), psychological well-being (items 12-24), social well-being (items 25-36), and spiritual well-being (items 37-43). Each item, answered with the support of the *Likert* scale, resulted in an overall mean for quality of life according to the interviewee's perception.

The approach to individuals was in person at the physical location where registration for receiving the devices takes place. The researchers introduced themselves, explained the research objectives and how participation would be, in addition to obtaining the signed Free and Informed Consent Forms (FICF).

The resulting information was organized into a database in *Microsoft Excel* spreadsheet format, and the variables were checked in double-blind modality. The analyses were conducted using the SPSS Statistics software, version 20.1, with a 5% significance level. The Shapiro-Wilk test was applied for data normality analysis. The sociodemographic variables were characterized using descriptive statistics, whereas paired t-tests were applied for the correlations between independent and dependent variables.

RESULTS

The participants' sociodemographic characterization is presented in Table 1, where there was predominance of the male gender with 97 (62.6%), 47 of them aged over 60 years old (30.5%), with a mean age of 49.94, 86 from the capital city (55.8%), 95 of mixed race (61.3%), 54 with Incomplete Elementary School (35%), 125 professing some religion (80.6%), 77 Catholics (49.7%), 111 unemployed after the ostomy surgery (71.6%), 65 earning monthly incomes of less than one minimum wage (41.9%), and 113 with family, friends and church groups as their support network (72.9%).

Regarding the clinical characterization, the prevalent cause of the ostomies was cancer (rectum, intestine, cervix and stomach) with a total of 73 cases (47.4%), followed by other etiologies (intestinal inflammations, trauma, appendicitis, fistulas, hernias, polyps, endometriosis, abscess, duodenal ulcer, megacolon) with 38 cases (24.7%). The most common type of stoma was colostomy, accounting for 125 cases (81.2%), with 94 temporary cases (61%) and 86 reconstructive cases (55.8%). Among these cases, 73 (47.4%) experienced complications. Additionally, 111 individuals (72.08%) reported not engaging in physical activities after the ostomy surgery, 99 (64.30%) reported extra costs for care, and 76 (49.4%) faced difficulties accessing the service for distributing the devices, as shown in Table 2.

Table 1 – Sociodemographic characterization data of the individuals with intestinal ostomies registered at the Orthotics and Prosthetics Service of the Municipality of São Luís, MA, Brazil, 2022. (n=154).

Sociodemographic data	n	%
Age (\bar{x} =49.94 \pm 5.57)		
18 – 20	2	1.30
20 – 30	15	9.74
30 – 40	25	16.23
40 – 50	34	22.08
50 – 60	31	20.13
>60	47	30.52
Gender		
Male	97	63.00
Female	57	37.00
Origin		
São Luís	86	55.80
Other cities	64	41.60
Did not answer	4	2.60
Religion		
Catholic	77	50.00
Evangelical	54	35.06
Other	11	7.14
None	2	1.30
Did not answer	10	6.49
Skin color/Race		
White	38	24.67
Black	19	12.34
Brown	95	61.69
Indigenous	1	0.65
Other	1	0.65
Schooling		
Illiterate	5	3.25
Complete Elementary School	23	14.94
Incomplete Elementary School	54	35.06
Complete High School	48	31.17
Incomplete High School	13	8.44
Complete Higher Education	6	3.90
Complete Higher Education	5	3.25
Employment after the ostomy		
Yes	33	21.80
No	111	71.70
Never worked	10	6.50
Monthly income (MW)*		
<1 minimum wage	65	41.90
1-2 minimum wages	64	41.50
2-4 minimum wages	15	9.90
>4 minimum wages	3	1.90
No	7	4.80
Support network		
Yes	113	73.00
No	41	27.00

*Minimum wage reference in 2022: R\$ 1,212.00.

Table 2 – Clinical characterization of the individuals with intestinal ostomies registered at the Orthotics and Prosthetics Service of the Municipality of São Luís, MA, Brazil, 2022. (n=154).

Clinical data	n	%
Cause of the ostomy		
Cancer	73	47.4
Intestinal obstruction	16	10.39
PFA/PMW*	25	16.22
Fournier's Syndrome	1	0.65
Other	38	24.68
Did not answer	1	0.65
Type of ostomy		
Colostomy	125	81.17
Ileostomy	26	16.88
Colostomy and Ileostomy	3	1.95
Ostomy permanence		
Temporary	94	61.04
Permanent	60	38.96
Ostomy reconstruction		
Yes	86	55.84
No	10	6.49
Does not know	58	37.66
Life habits		
Smoking	5	3.25
Drinking	21	13.64
Smoking and drinking	9	5.84
Others	5	3.25
None	114	74.03
Complication		
Yes	73	47.4
No	81	52.6
Physical activity		
Yes	43	27.92
No	111	72.08
Additional cost		
Yes	99	64.3
No	55	35.7
Difficulties accessing the service		
Yes	78	50.6
No	76	49.4

*PFA – Perforation by firearm/PMW- Perforation by melee weapon.

The quality of life parameters for the individuals with intestinal ostomies were measured on a Likert scale, assigning scores from 0 to 10 for each item in the physical well-being, psychological well-being, social well-being and spiritual well-being domains. The overall mean for quality of life was calculated based on the participants' perceptions.

The mean scores for the evaluated domains of quality of life for people with intestinal ostomies were as follows: physical well-being (4.05), psychological well-being (5.85), social well-being (6.33) and spiritual well-being (8.45). It is noted that the "physical well-being" domain showed an inverse association, being inversely proportional to the score, making it the second-best overall mean value evaluated by the people with intestinal ostomies, followed by "spiritual well-being".

Thus, the association between the sociodemographic/clinical data and the quality of life mean values allowed evidencing the impact of some parameters, as shown in Tables 3 and 4. The schooling level was significant for the psychological ($p\text{-value}=0.03$) and social ($p\text{-value}=0.02$) domains. Quitting work after the ostomy was significant for all quality of life domains, particularly affecting the psychological ($p\text{-value}=0.025$) and social ($p\text{-value}=0.023$) domains.

Etiology of the ostomy (Table 4) showed significance for all domains ($p\text{-value}<0.05$). Permanence of the stoma was statistically significant for the quality of life of people with intestinal ostomies ($p\text{-value}=0.05$). Presence of complications ($p\text{-value}<0.05$) and access to the service ($p\text{-value}=0.05$) were statistically significant for the study participants' quality of life.

Table 3 – Association between sociodemographic data and quality of life of the individuals with intestinal ostomies registered at the Orthotics and Prosthetics Service of the Municipality of São Luís, MA, Brazil, 2022. (n=154).

Variables	Physical	Psychological	Social	Spiritual	Total
Age					
0 – 20	2.27	3.47	1.24	3.17	4.84
20 – 30	3.14	4.21	3.45	4.21	9.87
30 – 40	3.21	3.28	4.27	1.22	2.45
40 – 50	2.97	4.54	4.38	5.89	1.21
50 – 60	6.24	5.96	5.87	9.17	4.19
>60	4.14	1.21	3.27	5.4	4.13
<i>p-value</i>	1.21	3.24	1.21	3.28	8.27
Gender					
Male	6.94	4.75	3.29	4.17	5.2
Female	5.87	6.51	4.46	17.3	7.2
<i>p-value</i>	2.88	1.23	0.87	1.12	6.24
Religion					
Catholic	8.97	4.19	4.21	6.84	7.21
Evangelical	5.49	6.27	2.23	7.24	1.23
<i>p-value</i>	0.02	0.41	1.02	0.05	0.04
Schooling					
Complete Elementary School	9.19	8.99	9.05	9.074	8.02
Incomplete Elementary School	10.27	10.07	10.13	10.154	9.1
Complete High School	10.11	9.91	9.97	9.994	8.94
Incomplete High School	9.02	8.82	8.88	8.904	7.85
Complete Higher Education	8.19	7.99	8.05	8.074	7.02
Complete Higher Education	8.01	7.81	7.87	7.894	6.84
<i>p-value</i>	0.12	0.03	0.02	0.19	0.18
Employment after the ostomy					
Yes	17.65	16.37	16.18	14.94	15.17
No	28.51	27.23	27.04	25.8	26.03
Never worked	0	0	0	0	0
<i>p-value</i>	0.14	0.025	0.023	0.23	0.04
Support network					
Yes	14.03	13.84	12.58	11.06	11.98
No	7.23	7.04	5.78	4.26	5.18
<i>p-value</i>	0.011	0.03	0.14	0.11	0.04

Table 4 – Association between clinical variables and quality of life of the individuals with intestinal ostomies registered at the Orthotics and Prosthetics Service of the Municipality of São Luís, MA, Brazil, 2022. (n=154).

Variables	Physical	Psychological	Social	Spiritual	Total
Ostomy etiology					
Cancer	24.03	23.76	22.6	22.98	22.49
Intestinal obstruction	17.63	17.36	16.2	16.58	16.09
PFA/PMW	19.05	18.78	17.62	18	17.51
Fournier's Syndrome	15.43	15.16	14	14.38	13.89
Other	20.47	20.2	19.04	19.42	18.93
<i>p-value</i>	0.03	0.01	0.01	0.24	0.05
Type of ostomy					
Colostomy	20.05	18.6	19.03	17.92	17.31
Ileostomy	15.41	13.96	14.39	13.28	12.67
<i>p-value</i>	0.11	0.23	0.41	1.18	2.56
Ostomy permanence					
Temporary	23.04	19.45	20.03	21.97	20.85
Permanent	21.03	17.44	18.02	19.96	18.84
<i>p-value</i>	0.79	0.05	0.81	0.46	0.05
Complication					
Yes	6.31	5.66	4.84	5.75	2.66
No	11.05	10.4	9.58	10.49	7.4
<i>p-value</i>	0.05	0.12	0.45	1.23	0.04
Physical activity					
Yes	12.89	4.16	5.08	11.43	11.78
No	23.56	14.83	15.75	22.1	22.45
<i>p-value</i>	0.05	0.66	4.29	2.31	2.01
Additional cost					
Yes	27.4	25.21	25.1	24.98	24.93
No	12.31	10.12	10.01	9.89	9.84
<i>p-value</i>	0.31	0.79	0.46	0.51	0.13
Difficulties accessing the service					
Yes	17.56	16.17	16.15	15.84	15.19
No	17.03	15.64	15.62	15.31	14.66
<i>p-value</i>	0.05	0.31	0.87	0.19	0.05

*PAF- Perforation by firearm/PMW- Perforation by melee weapon.

DISCUSSION

The predominance of men in the creation of ostomies is an important fact that can be justified by the male population's procrastination in seeking health services. This is similar to other research studies where more than 50% of the individuals who underwent colostomies are male^{2,5}.

In this study, low schooling was predominant (Incomplete Elementary School: 35.06%). This is worrisome due to the difficulties learning about the care measures that prevent ostomy complications. Consequently, there is an increase in the hospital readmission rates,⁴ a condition that can hinder understanding of the health-disease process, especially cancer prevention, early diagnosis and treatment^{2,6,15}.

In addition to that, the low socioeconomic status of the ostomized individuals included in this study, with monthly incomes of up to two minimum wages (83.40%), can interfere with the rehabilitation process. Other studies identified similar findings, where the majority stated earning monthly incomes of up to two minimum wages,^{12,16} indicating higher vulnerability to psychological distress and difficulty accessing health services, as well as acquiring collecting and adjuvant devices to meet their basic needs.

This study also identified that most of the people with ostomies have a support network (73%). A research study carried out in Botucatu, São Paulo, showed that all ostomized individuals (n=60) pointed to their family as the main source of help for ostomy care¹⁶. It is noted that, during the treatment of a person with a colostomy, the support and motivation from a partner are crucial factors for successful recovery^{10,17-19}.

It is also emphasized that etiology of the ostomy, mainly related to cancer (47.4%), showed significance for all domains, and its permanence was statistically significant for quality of life. A study conducted in a philanthropic hospital from Teresina, Piauí⁸ supports this finding, detecting that most of people with intestinal ostomies had a medical diagnosis of rectal neoplasia (42.9%) In line with the literature, the current study showed higher prevalence of colostomies (n=125; 81.17%).

Besides the etiology, it is also important to mention the presence of complications, a factor found in the current study (47.4%), where parastomal hernia was the most reported complication by the participants, followed by peristomal skin irritation. The literature indicates incidence of complications in 681 out of 1,216 people with ostomies, corresponding to a morbidity rate of 56.0%, with intestinal hernias as the most common complications (43%)^{3,20-21}.

Ostomy complications can lead to an impact on physical well-being due to the discomfort caused, as well as changes in appearance and lifestyle that can potentiate social isolation from the family and society^{2,10}. These data corroborate with this study regarding the mean values of the physical (4.05) and social (6.33) domains.

We noticed that people may still experience challenging conditions, impacting body image, loss of control in the elimination of gases and stool, and management of social life²²⁻²³. A review of several publications identified that people with ostomies suffer from depression, anxiety and negative emotions after surgery (25%), worry about body image (50%), experience loss of confidence (47%), have impaired sexual function, and feel unattractive (47%)^{10-11,20-21}.

Some studies show that sexual dysfunction affects both men and women due to changes in body image, fecal incontinence, and marital discord associated with behavioral changes, leading to psychological distress^{2,10-11,20}. These studies reinforce the data collected in this research regarding the psychological (5.85) and social (6.33) domains, considered moderate results for quality of life.

In addition to the psychosocial challenges,²⁴ fundamental routines such as cleaning the collecting device, cutting the plate and changing the device or moldable ring are also recurrent among ostomized people, reflecting deficiencies in the self-care process that should be initiated even before the preoperative phase^{15,23,25-26}. In this study, 79.87% of the participants perform all care tasks with the collection device (changing, cutting, emptying, cleaning, and skin care).

It is important to emphasize that these factors are fundamental to reducing morbidity in people with ostomies, also significantly affecting their quality of life. A study conducted in the Northeast region of Portugal and involving 105 ostomy patients, revealed that most of them had a positive quality of life, although they experienced negative impacts on employment, including job abandonment, reduced sexual activity and diet adjustments due to their new life condition²¹. These data are similar to those found in our study, where 71.70% of the participants did not return to work after the ostomy, with 7.57% reporting interference of the stoma in their intimacy (social well-being subitem). However, 7.18% considered their quality of life positive (psychological well-being subitem).

Other studies²⁷⁻²⁹ showed the importance of the family in daily routines, ostomy care, and emotional and financial support. However, some people reported limiting their activities to the home environment, reducing travels, outings, visits to churches and homes of family and friends, due to the unpredictability of the eliminations^{17-18,24,26,29}.

The limitations of this study include the sanitary restrictions imposed by the COVID-19 pandemic, the individuals' irregular attendance at health services, data collection based on demand, and incomplete records in the medical charts.

CONCLUSION

The study aimed at evaluating the quality of life of individuals with intestinal ostomies and its association with sociodemographic and clinical factors.

The research identified that people with intestinal ostomies experienced compromised quality of life, with sociodemographic and clinical correlations.

Schooling level showed a significant correlation with psychological and social well-being. Difficulty accessing health services led to a decrease in physical and overall well-being.

Similarly, not returning to work after the ostomy surgery had high statistical significance for the psychological and social domains, as well as in overall well-being. Similarly, the social and/or family support network also had high statistical significance with a correlation to physical, psychological and overall well-being.

The domains related to physical, psychological and social well-being showed significant associations concerning the impact of the ostomy etiology, affecting overall quality of life. Ostomy permanence showed significance for psychological well-being and overall well-being.

As evidenced in the literature and corroborated by the results of this research, colorectal cancer is the main cause of intestinal ostomies. Therefore, attention should be paid to early diagnosis to determine timely treatment, which can lead to a better prognosis and improved quality of life for individuals with ostomies.

The contributions of this study aim at supporting the development of care strategies for individuals with ostomies, encouraging the involvement of family members in this process. The study also intends to contribute new knowledge for the education of health professionals, especially nurses, and promote further research on the topic.

REFERENCES

1. Barros E, Borges E, Oliveira C. Prevalência de estomias de eliminação em uma microrregião do norte de Minas Gerais. *ESTIMA Braz J Enterostomal Ther* [Internet]. 2018 [cited 2023 Jan 22];16:e3418. Available from: https://doi.org/10.30886/estima.v16.654_PT
2. Maciel DBV, Santos MLSC, Oliveira NVD, Fuly PSC, Camacho ACLF, Coutinho FH. Perfil sociodemográfico de pacientes com estomia definitiva por câncer colorretal: Interferência na qualidade de vida. *Rev Nursing* [Internet]. 2019 [cited 2023 Mar 12];22(258):3325-30. Available from: <https://doi.org/10.36489/nursing.2019v22i258p3325-3330>
3. Ambe PC, Kurz RN, Nitschke CF, Odeh S, Möslin G, Zirngibl H. Intestinal ostomy. *Dtsch Arztebl Int* [Internet]. 2018 [cited 2023 Mar 12];115(11):182-7. Available from: <https://doi.org/10.3238/arztebl.2018.0182>
4. Miguel PO, Oliveira JC, Araujo SA. A confecção de ostomias de eliminação intestinal e a readmissão hospitalar. *RECIMA21* [Internet]. 2022 [cited 2023 Mar 14];3(2):e321147. Available from: <https://doi.org/10.47820/recima21.v3i2.1147>

5. Santos FL, Castanheira JS, Mota MS, Brum AN, Barlem JGT, Paloski G do R. Perfil de usuários de um serviço de estomaterapia: Análise de cluster. *Esc Anna Nery* [Internet]. 2022 [cited 2023 Mar 29];26:e20210307. Available from: <https://doi.org/10.1590/2177-9465-EAN-2021-0307>
6. Santos MO, Lima FCS, Martins LFL, Oliveira JFP, Almeida LM, Cancela MC. Estimativa de incidência de câncer no Brasil, 2023-2025. *Rev Bras Cancerol* [Internet]. 2023 [cited 2023 Mar 27];69(1):e-213700. Available from: <https://doi.org/10.32635/2176-9745.RBC.2023v69n1.3700>
7. Ecco L, Dantas FG, Melo MDM, Freitas LS, Medeiros LP, Costa IKF. Perfil de pacientes colostomizados na Associação dos Ostomizados do Rio Grande do Norte. *ESTIMA Braz J Enterostomal Ther* [Internet]. 2018 [cited 2023 Aug 22];16:e0518. Available from: http://doi.org/10.30886/estima.v16.351_PT
8. Diniz IV, Barra IP, Silva MA, Oliveira SHS, Mendonça AEO, Soares MJGO. Perfil epidemiológico de pessoas com estomias intestinais de um centro de referência. *ESTIMA Braz J Enterostomal Ther* [Internet]. 2020 [cited 2023 Jul 16];18:e2620. Available from: https://doi.org/10.30886/estima.v18.929_PT
9. Kristensen H, Thyø A, Emmertsen KJ, Smart KJ, Pinkney T, Warwick AM, et al. Surviving rectal cancer at the cost of a colostomy: Global survey of long-term health-related quality of life in 10 countries. *BJS Open* [Internet]. 2022 [cited 2023 Aug 22];6(6):zrac085. Available from: <https://doi.org/10.1093/bjsopen/zrac085>
10. Nascimento CMS, Trindade GLB, Luz MHBA, Santiago RF. The ostomy patient's living experience: A contribution to nursing care. *Texto Contexto Enferm* [Internet]. 2011 [cited 2023 May 24];20(3):557-64. Available from: <https://doi.org/10.1590/S0104-07072011000300018>
11. Reisdorfer N, Locks MOH, Girondi JBR, Amante LN, Corrêa MS. Processo de transição para vivência com estomias intestinais de eliminação: Repercussões na imagem corporal. *ESTIMA Braz J Enterostomal Ther* [Internet]. 2019 [cited 2023 Jul 14];16:e1219. Available from: https://doi.org/10.30886/estima.v16.683_PT
12. Lins Neto MF, Fernandes DOA, Didoné EL. Epidemiological characterization of ostomized patients attended in referral center from the city of Maceió, Alagoas, Brazil. *J Coloproctol* [Internet]. 2016 [cited 2023 May 14];36(2):64-8. Available from: <https://doi.org/10.1016/j.jcol.2014.08.016>
13. Hargreaves SM, Raposo A, Saraiva A, Zandonadi RP. Vegetarian diet: An overview through the perspective of quality of life domains. *Int J Environ Res Public Health* [Internet]. 2021 [cited 2023 Jun 29];18(8):4067. Available from: <https://doi.org/10.3390/ijerph18084067>
14. Santos VLCG, Gomboski G, Freitas NO, Grant M. Adaptation of the city of hope-quality of life-ostomy questionnaire from English to Brazilian Portuguese: A validation study. *J Wound Ostomy Continence Nurs* [Internet]. 2021 [cited 2023 Jun 29];48(1):44-51. Available from: <https://doi.org/10.1097/WON.0000000000000727>
15. Valau Júnior CAD, Simon BS, Garcia RP, Dalmolin A, Stamm B, Harter J. Perfil sociodemográfico e práticas de autocuidado desenvolvidas por pessoas com estomia intestinal de eliminação. *Braz J Develop* [Internet]. 2020 [cited 2023 Sep 2];6(6):41030-47. Available from: <https://doi.org/10.34117/bjdv6n6-588>
16. Kimura CA, Silva RM, Guilhem DB, Modesto KR. Fatores sociodemográficos e clínicos relacionados à qualidade de vida em pacientes estomizados intestinais. *Rev Baiana Enferm* [Internet]. 2020 [cited 2023 Sep 3];34:e34529. Available from: <https://periodicos.ufba.br/index.php/enfermagem/article/view/34529>
17. Tomasi AVR, Santos SMA, Honório GJS, Girondi JBR. Living with an intestinal ostomy and urinary incontinence. *Texto Contexto Enferm* [Internet]. 2022 [cited 2023 Sep 3];31:e20210398. Available from: <https://doi.org/10.1590/1980-265X-TCE-2021-0398en>

18. Oliveira IV, Silva MC, Silva EL, Freitas VF, Rodrigues FR, Caldeira LM. Cuidado e saúde em pacientes estomizados. *Rev Bras Promoc Saúde* [Internet]. 2018 [cited 2023 Jul 23];31(2):1-9. Available from: <https://doi.org/10.5020/18061230.2018.7223>
19. Silva KA, Azevedo PF, Olimpio RJJ, Oliveira STS, Figueiredo SN. Colostomy: Building autonomy for self-care. *Res Soc Dev* [Internet]. 2020 [cited 2023 May 13];9(11):e54391110377. Available from: <https://doi.org/10.33448/rsd-v9i11.10377>
20. Ssewanyana Y, Ssekitooleko B, Suuna B, Bua E, Wadeya J, Makumbi TK, et al. Quality of life of adult individuals with intestinal stomas in Uganda: A cross sectional study. *Afr Health Sci* [Internet]. 2021 [cited 2023 Jun 21];21(1):427-36. Available from: <https://doi.org/10.4314/ahs.v21i1.53>
21. Diniz IV, Costa IKF, Nascimento JA, da Silva IP, Mendonça AEO de, Soares MJGO. Factors associated to quality of life in people with intestinal stomas. *Rev Esc Enferm USP* [Internet]. 2021 [cited 2023 Jun 17];55:e20200377. Available from: <https://doi.org/10.1590/1980-220X-REEUSP-2020-0377>
22. Alenezi A, Livesay K, Mcgrath I, Kimpton A. Ostomy-related problems and their impact on quality of life of saudi ostomate patients: A mixed methods study. *J Clin Nurs* [Internet]. 2022 [cited 2023 Jun 17];32(13-4):3707-19. Available from: <https://doi.org/10.1111/jocn.16466>
23. Brady RR, Fellows J, Meisner S, Olsen JK, Vestergaard M, Ajslev TA. A pilot study of a digital ostomy leakage notification system: Impact on worry and quality of life. *Br J Nurs* [Internet]. 2023 [cited 2023 Jun 17];32(6):S4-12. Available from: <https://doi.org/10.12968/bjon.2023.32.6.S4>
24. Shrestha S, Siwakoti S, Shakya U, Shakya R, Khadka S. Quality of life, anxiety and depression among clients with ostomy attending selected stoma clinics. *J Nepal Health Res Counc* [Internet]. 2022 [cited 2023 Jun 17];20(2):383-91. Available from: <https://doi.org/10.33314/jnhrc.v20i02.3978>
25. Miranda LSG, Carvalho AAS, Paz EPA. Quality of life of ostomized person: Relationship with the care provided in stomatherapy nursing consultation. *Esc Anna Nery* [Internet]. 2018 [cited 2023 May 14];22(4):e20180075. Available from: <https://doi.org/10.1590/2177-9465-EAN-2018-0075>
26. Vendelbo G, Carlsson E, Tøndel LT, Myller E, Sternhufvud C, Simonsen KS, et al. Usando a avaliação do perfil corporal periestomal para melhorar a qualidade de vida relacionada ao vazamento em indivíduos com ostomia. *J Britânico de Enferm* [Internet]. 2023 [cited 2023 Sep 4];32(4):173-81. Available from: <https://doi.org/10.12968/bjon.2023.32.4.173>
27. Golpazir-Sorkheh A, Ghaderi T, Mahmoudi S, Moradi K, Jalali A. Family-centered interventions and quality of life of clients with ostomy. *Nurs Res Pract* [Internet]. 2022 [cited 2023 Sep 4];2022:9426560. Available from: <https://doi.org/10.1155/2022/9426560>
28. Silva CRDT, Andrade EMLR, Luz MHBA, Andrade JX, Silva GRF. Qualidade de vida de pessoas com estomias intestinais de eliminação. *Acta Paul Enferm* [Internet]. 2017 [cited 2023 Sep 4];30(2):144-55. Available from: <https://doi.org/10.1590/1982-0194201700023>
29. Duque A, Rico V, Valderrama SMC, González LAL. Effects of socio-educational Interventions on the quality of life of people with a digestive ostomy. *SAGE Open Nurs* [Internet]. 2023 [cited 2023 Sep 4];24;9:23779608231177542. Available from: <https://doi.org/10.1177/23779608231177542>

NOTES

ORIGIN OF THE ARTICLE

Extracted from the dissertation – Evaluation of the quality of life of individuals with intestinal ostomies and associative dispositions, presented at the Graduate Program in Nursing, *Universidade Federal de Maranhão*, in 2023. This dissertation is part of the research entitled “Characterization and evaluation of the quality of life of individuals with ostomies in Maranhão”, conducted by the Adults’ Health Studies, Research and Extension Group (GEPSA).

CONTRIBUTION OF AUTHORITY

Study desing: Costa SM, Sousa SMA.

Data collection: Costa SM, Silva ILBB, Sousa SMA, Dias RS.

Data analysis and interpretation: Costa SM, Silva ILBB, Sousa SMA, Dias RS, Soares YM, Linhares FMP, Azevedo PR, Silva LDC.

Discussion of the results: Costa SM, Silva ILBB, Sousa SMA, Dias RS, Soares YM, Linhares FMP, Azevedo PR, Silva LDC.

Writing and/or critical review of the content: Costa SM, Sousa SMA, Dias RS, Linhares FMP, Azevedo PR, Silva LDC.

Review and final approval of the final version: Costa SM, Sousa SMA, Dias RS, Linhares FMP, Azevedo PR, Silva LDC.

APPROVAL OF ETHICS COMMITTEE IN RESEARCH

Approved by the Ethics Committee in Research of the *Universidade Federal do Maranhão*, under opinion No.3,294,371/2019 and Certificate of Presentation for Ethical Appraisal N°. 11983619.1.0000.5087.

CONFLICT OF INTEREST

There is no conflict of interest.

EDITORS

Associated Editors: Flavia Giron Camerini, Ana Izabel Jatobá de Souza.

Editor-in-chief: Elisiane Lorenzini.

HISTORICAL

Received: May 30, 2023.

Approved: September 29, 2023

CORRESPONDING AUTHOR

Silvana Mendes Costa

costa.silvana@ufma.br