

**Sexuality of men with colostomies***Sexualidad de los hombres con colostomía**Sexualidade do homem portador de colostomia***Caroline Farias Osório<sup>1</sup>**

ORCID: 0009-0002-1900-3984

**Thainara dos Santos Barbosa<sup>1</sup>**

ORCID: 0000-0002-5570-8925

**Cristiane Maria Amorim Costa<sup>2\*</sup>**

ORCID: 0000-0003-1089-2092

<sup>1</sup>Universidade Veiga de Almeida.  
Rio de Janeiro, Brazil.<sup>2</sup>Universidade do Estado do Rio  
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<https://dx.doi.org/10.5935/2675-5602.20200456>**\*Corresponding author:**[cmacosta1964@gmail.com](mailto:cmacosta1964@gmail.com)**Submission:** 12-04-2024**Approval:** 01-13-2025**Abstract**

This study aimed to analyze the impact on men's physical, social, emotional, psychological, and sexual life after the insertion of a colostomy. This is a literary review with a qualitative approach based on the authors' experiences when carrying out integrative reviews. Fourteen articles were found and selected according to the inclusion and exclusion criteria established in the BVS platform for the composition and basis of this research. For the analysis, the following categories were created: Adaptation and daily life after colostomy, Self-image and autonomy of the colostomized person, The affective and sexual relationship of the colostomized person with his/her spouse, Difficulties in managing ostomies and Health services for colostomized men. It was evident that men present difficulties after colostomy in their adaptation, self-image, social and sexual relationships, and the health system.

**Descriptors:** Colostomy; Men's Health; Sexuality; Masculinity; Quality of Life.**Resumén**

El objetivo fue analizar el impacto en la vida física, social, emocional, psicológica y sexual de los hombres después de la inserción de una colostomía. Se trata de una investigación de revisión literaria con un enfoque cualitativo basada en las experiencias vividas por los autores al realizar revisiones integradoras. Se encontraron catorce artículos, elegidos de acuerdo con los criterios de inclusión y exclusión establecidos en la plataforma BVS para la composición y base de esta investigación. Para el análisis se crearon las siguientes categorías: Adaptación y vida cotidiana después de la colostomía, Autoimagen y autonomía de la persona colostomizada, Relación afectiva y sexual de la persona colostomizada con su cónyuge, Dificultades en el manejo de las ostomías y Servicios de salud para hombres con colostomías. Se evidenció que los hombres experimentan dificultades después de la colostomía en su adaptación, autoimagen, relaciones sociales y sexuales y en el sistema de salud.

**Descriptores:** Colostomía; Salud Masculina; Sexualidad; Masculinidad; Calidad de Vida.**Resumo**

Objetivou-se analisar o impacto na vida física, social, afetiva, psicológica e sexualidade do homem após a inserção da colostomia. Trata-se de uma pesquisa de revisão literária com abordagem qualitativa baseada nas experiências vivenciadas pelos autores por ocasião da realização de revisões integrativas. Foram encontrados quatorze artigos escolhidos pelos critérios de inclusão e exclusão estabelecidos na plataforma BVS para a composição e o embasamento desta pesquisa. Para a análise, foram elaboradas as categorias: Adaptação e cotidiano após a colostomia, A autoimagem e autonomia do colostomizado, A relação afetiva e sexual do colostomizado com seu cónyuge, As dificuldades no manejo de ostomias e Serviços de saúde ao homem colostomizado. Evidenciou-se que os homens apresentam dificuldades após a colostomia em sua adaptação, autoimagem, relações sociais e sexuais e no sistema de saúde.

**Descritores:** Colostomia; Saúde do Homem; Sexualidade; Masculinidade; Qualidade de Vida.

## Introduction

Male sexuality is a subject that involves several discussions, as it carries an image of masculinity. The concept of sexuality is broad and can be interpreted in many ways. Sexuality is a set of feelings that arouse emotion, satisfaction, happiness, pleasure, and more. It goes beyond the sexual act and can lead to other paths. These paths are subjective and vary according to each person's point of view. An individual's self-esteem is linked to their sexuality, and their self-assessment in front of others, involving their physical, physiological, and psychological image. The image of a perfect body is related to today's standards of media and a society that creates stereotypes. Each person has a different body structure. This is linked to the overvaluation of the human body<sup>1</sup>.

Men tend to project a strong image of being providers and self-sufficient. And sometimes, raising this flag of masculinity can affect self-care. Masculinity is a generational value that contributes to the identity of the image of being a man. It is difficult to find evidence that identifies men as subjects with specific needs<sup>2</sup>.

Due to their gender role imposed by society, men see themselves differently with the presence of a colostomy, altering their image. With this perception, they may end up excluding themselves from various situations in their lives, making it difficult to relate to other people. Feelings such as fear, shame and insecurity may be awakened, leading to a withdrawal from emotional relationships and a lack of sexual interest. Due to these physiological changes, the relationship may become different, damaging the couple's relationship and impacting their sexuality. As a possible consequence, sexual intercourse becomes more difficult and less frequent. The relationship with your spouse is important for your well-being and for better coping with difficult times<sup>3</sup>.

Some diseases require a surgical opening in the abdominal wall to divert fecal matter from the internal environment to the external environment. This surgical opening is called a stoma. When surgery is performed to open a stoma in the large intestine or colon, it is called a colostomy. Depending on the location of the stoma, fecal elimination may have different appearances and frequencies. Stomas are protected by a collection bag. This bag must be properly cared for to avoid complications. The collection bag can have different shapes depending on the needs of the person with the condition. An intestinal stoma, or colostomy, can be temporary or permanent depending on the pathological or clinical condition. The image of a man who sees himself as a colostomy ends up affecting his self-esteem. Consequently, he does not give importance to taking care of his body<sup>4</sup>.

In some surgical procedures to exclude cancer, it can trigger the creation of an intestinal stoma. In Brazil, it is estimated that in every three years from 2020 to 2022, 20,520 cases of colon and rectal cancer in men and 20,470 in women will occur. These values correspond to an estimated risk of 19.63 new cases per 100,000 men and 19.03 per 100,000 women. In terms of mortality, in Brazil, in 2017 In terms of mortality, in Brazil, in 2017, there were 9,207

deaths from colon and rectal cancer (9.12/100,000) in men and 9,660 (9.33/100,000) in women<sup>5,6</sup>.

Nursing, as part of the multidisciplinary team, has a direct relationship with the care of patients with colostomy bags. Consequently, it uses its practical and theoretical knowledge to encourage the empowerment of patients in the face of the physical, psychological, and social challenges they may face. In addition, it helps them to re-signify their identity and their insertion into social groups, increasing their expectations in the face of this challenge. Therefore, the work of the nursing team towards the individual is essential, since it encourages their empowerment to self-care, in different ways when faced with colostomy<sup>7</sup>.

The aim was to analyze the impact on the physical, social, emotional, psychological, and sexual life of men after the insertion of a colostomy.

## Methodology

This study is an integrative literature review. A literature review aggregates knowledge on a given subject to conclude a significant study for nursing. It is an essential task for researchers. Bibliographic research is considered one of the best ways to begin a literary study, as it seeks analogies and disagreements in the study bases found. The evolution of electronic media for researchers has democratized access and provided frequent updates of information<sup>8,9</sup>.

The research followed methodological standards respecting the steps that constitute an integrative literature review: identification of the theme and selection of the research question, establishment of inclusion and exclusion criteria/literature search, identification of pre-selected and selected studies, categorization of selected studies, analysis and interpretation of results and synthesis of knowledge on the theme and presentation of the review<sup>10</sup>.

The guiding question establishes the fundamental phase of the study, because it defines which studies will be included and the methods that will be used for data research. It needs to be created objectively, related to theoretical knowledge, contributing to the researcher's knowledge<sup>11</sup>.

Therefore, to guide the study and find better evidence, the PICO strategy was applied (P = Population, I = Interest, and Co = Context), in which the research question was developed to base our studies. After using the strategy, the following question was reached for the development of the study: "What do scientific productions indicate as an impact on the sexuality and affective relationships of colostomized men?"

The research for articles to collect data was conducted in the databases included in the Virtual Health Library (BVS), Scientific Electronic Library Online (SciELO), and Google Scholar. The search was carried out for content that could provide us with scientific productions that answered the guiding question of the review study. In the search for these articles, the following descriptors identified in the Medical Subject Headings (MeSH) were used: "Colostomy", "Men's Health", "Men's Health", "Sexuality" and "Masculinity".



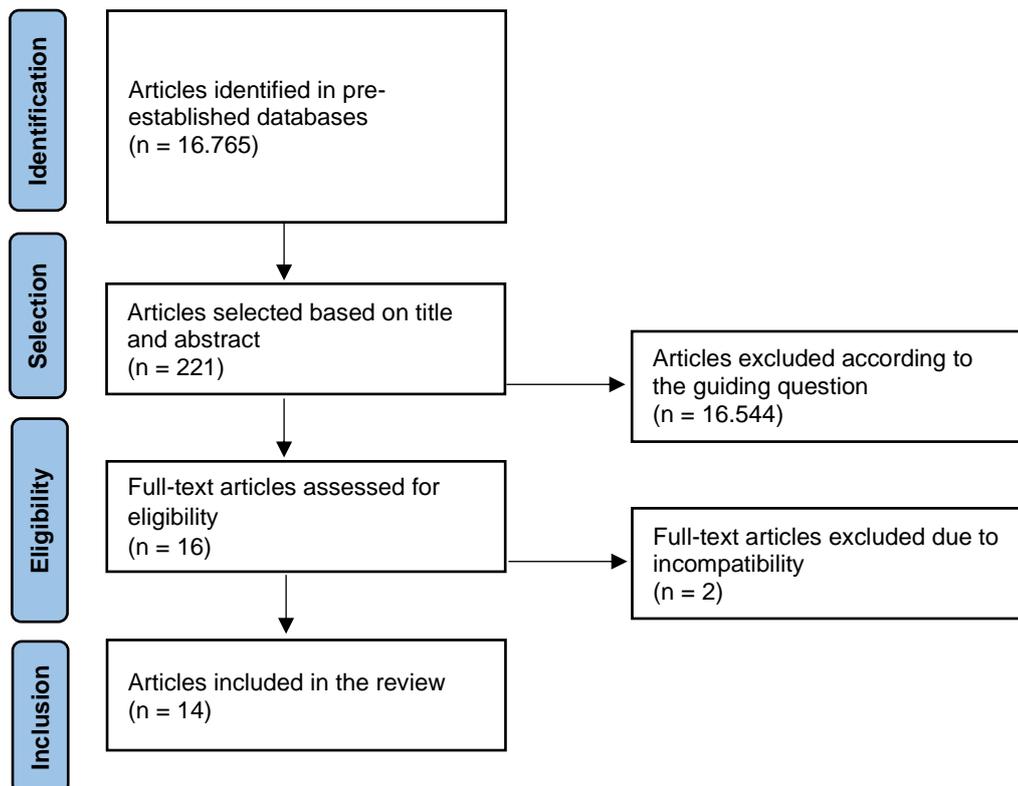
This survey was conducted between January and February 2021. Based on our guiding question, the inclusion and exclusion criteria were applied. Inclusion criteria: research articles that address the chosen theme, available in full and online and original in the health area, articles in Portuguese, Brazilian, with a time frame from 2011 to 2021. The exclusion criteria established were articles without a scientific basis, articles repeated in the selected databases, theses, dissertations, and conference abstracts.

After designating the descriptors used for the study, the Boolean operator “AND” was applied to perform the cross-referencing between the descriptors: “Colostomy AND Men's Health or Men's Health”, “Colostomy AND Sexuality”, “Colostomy AND Masculinity”, “Men's Health or Men's Health AND Masculinity”, “Men's Health or Men's Health AND Sexuality” and “Sexuality AND Masculinity”.

**Chart 1.** Cross-referencing of descriptors and articles selected for the study. Rio de Janeiro, RJ, Brazil, 2021

Crossroads	Founded	Excluded	Selected
“Colostomy AND Men’s Health or Male Health”	11.143	11.057	86
“Colostomy AND Sexuality”	43	40	03
“Colostomy AND Masculinity”	04	04	0
“Men’s Health or Male Health AND Sexuality”	3.306	3.226	80
“Men’s Health or Men’s Health AND Masculinity”	2.269	2.227	42
“Sexuality AND Masculinity”	233	223	10
TOTAL	16.765	16.544	221

**Flowchart 1.** Identification and selection of studies. Rio de Janeiro, RJ, Brazil, 2021



Searches were carried out for publications in the databases available in the VHL, using the following filters: articles published in Portuguese, Brazil as the country of affiliation, and articles published and indexed in the database in the last ten years. Through the first cross-

referencing of the descriptors (“Colostomy AND Men's Health or Men's Health”), 12 articles were identified. After using the descriptors (“Colostomy AND Sexuality”), one article was identified. Then, using the descriptors (“Colostomy AND Masculinity”), no article was identified.



After using (“Men’s Health or Male Health AND Sexuality”), one article was identified. Then using (“Men’s Health or Male Health AND Masculinity”), one article was identified. And finally, using the descriptors (“Sexuality AND Masculinity”), one article was identified.

The 16,765 scientific papers found for the research were analyzed by evaluating the titles and abstracts, carried out by two researchers. After applying the inclusion and exclusion criteria, 16,544 were excluded. Two more articles were excluded because they did not contribute to the research. In total, 14 articles were selected for this review.

## Results and Discussion

This integrative literature review consisted of 14 scientific articles, selected according to the eligibility criteria established above. It was difficult to find publications that specifically addressed the chosen theme; however, given this gap, subjects related to the theme were also addressed. Most of the publications that formed the sample refer to the analysis of coping, changes in life, and sexuality of the established public. Chart 2 presents the general characteristics of the articles evaluated.

Chart 2. Articles collected in the BVS database on integrative review. Rio de Janeiro, RJ, Brazil, 2021

Year	Journal	Title	Authors	Summary of Results
2011	Revista Eletrônica Enfermagem	As repercussões de viver com uma colostomia temporária nos corpos: individual, social e político	Souza, P. C. M., et al.	In this study, two aspects were identified: the repercussions of information about the need for colostomy and its care; and the repercussions of living with a temporary colostomy on individual, social, and political bodies. It is essential that nursing invests in the individualities of these individuals with temporary colostomies, also understanding the sociocultural scenario and the subjectivity of each of them.
2011	Revista Brasileira de Enfermagem	Autoimagem de clientes com colostomia em relação à bolsa coletora	Batista, M. R. F. F.; Rocha, F. C. V. G.; Silva, F. J. G.	There are feelings of change about the adaptation to the colostomy bag. The relationship between the person with a colostomy and the collection bag is defined by negative feelings, significant physical, psychological, and sexual changes, as well as their social relationships.
2012	Revista de Enfermagem do Centro-Oeste Mineiro	Análise do autocuidado das pessoas estomizadas em um município do Centro-Oeste de Minas Gerais	Teixeira M. T.; Sousa, L. A.; Carmo, W. J.	Colostomized patients had difficulty going to public places due to the lack of conditions to care for a person with a stoma and the risks caused by the pouch and its effluent. They do not feel excluded due to difficulties related to sexual relations, understanding that family and health professionals are fundamental in the process of rehabilitation and reintegration of this colostomized person into society.
2013	Revista Mineira de Enfermagem	A estomia mudando a vida: enfrentar para viver	Coelho, A. R.; Santos, F. S.; Dal P. M. T.	After the stoma was created, there were physical, psychological, and social changes caused by the loss of sphincter control and changes in body image, leading to strategies to adapt to the new life. Certain coping strategies were adopted, such as social isolation, adaptation over time, and creation of ideas when using the collection device, which led to better acceptance of coexistence and well-being in this population.
2015	Cogitare Enfermagem	Protocolo de enfermagem para as alterações psicossociais e espirituais da pessoa com colostomia	Silva, E. S., et al.	The colostomized person is fragile and requires specific, individualized nursing care, as each person has afflictions, fears, and changes in their lifestyle. Social reintegration is a challenge for the nurse to encourage the colostomized person and their family to understand and get used to the stoma. This nursing classification is easy to use and its association with basic human needs allowed us to understand the colostomized individual in general, for nursing techniques and procedures.
2016	Revista SOBECC	Pós-operatório de pacientes com câncer colorretal estomizados: uma análise compreensiva	Rodrigues, S. C., et al.	Two categories emerged: “Living with feelings related to the stoma and facing them” and “Influences on conceptions about the experience of sexuality and marital relationships”. The qualification of professionals who care for these people, so that they receive comprehensive and humane assistance, reducing the obstacles faced by the patient and health professionals.
2016	Revista Gaúcha de Enfermagem	Vídeo educativo como recurso para educação em saúde a pessoas com colostomia e familiares	Dalmolin, A., et al.	Three aspects were identified: Self-care and self-care learned alone: the lived reality; Health education and learning through educational video: perceived possibilities; the singularities of educational video from the perspective of colostomized people and their families. These audiovisual guidelines increase the independence of self-care.

2017	Revista Mineira de Enfermagem	Autoimagem e autocuidado na vivência de pacientes estomizados: o olhar da enfermagem	Freire, D. A., et al.	The self-image and self-care of colostomy patients are linked to feelings of shame, fear, insecurity, invasion and suffering, directly reflecting on social, romantic, and work life, and difficulties are also identified regarding adaptation and acceptance of the colostomy, reflecting in social isolation.
2017	Revista de Enfermagem UFPE	Conhecimento sobre o manejo de estomias intestinais de eliminação	Oliveira, A. C.M., et al.	It is shown that having a stoma makes it difficult to maintain care, social isolation, lifestyle changes, and sexuality and highlights the need for closer ties with the health team.
2017	Revista de Enfermagem UFPE	Demandas de cuidados de pacientes oncológicos estomizados assistidos na atenção primária à saúde	Barba, P. D., et al.	Intestinal ostomy can bring changes to patients' lives. It was found that the following aspects: not having a religion, having children and higher income are related to a better result in the environment domain. Those who reported better self-assessment of quality of life had better results in health and physical and psychological aspects. Individuals with intestinal ostomy describe a good quality of life, with low aspects in the environment, connecting with aspects of money and leisure. The main self-assessment of quality of life indicates good satisfaction with health in general.
2018	ARCHIVES of Health Sciences	Avaliação da qualidade de vida em pacientes com estomia intestinal	Faria, F. L., et al.	Sexuality is rarely questioned in general, with emphasis on sexual relations and acts. Despite difficulties, there was no full aggregation of speeches about equal responsibilities for reproduction and parenthood.
2019	Revista de Enfermagem UFPE	Colostomia e autocuidado: significados por pacientes estomizados	Aguiar, F. A. S., et al.	Patients with a stoma have difficulties even when they are adapted, especially in aesthetic aspects and due to the fear caused by leaks, flatulence and causing discomfort to other people around them. It is understood that the majority of ostomized patients have not achieved three of Orem's assumptions: human functioning, the dangers of life and well-being and potential developments.
2020	Revista Científica de la Asociación de Historia y Antropología de los Cuidados	Aplicação do cuidado baseado na teoria de Orem ao paciente ostomizado	Lescano F. A., et al.	The multidisciplinary team introduces a new context of care. Therefore, one of its functions is to unite the individual subject divided by medicine, and to break the Cartesian model that still exists in the psychology of professionals. This multidisciplinary team has knowledge of the legislation that regulates the care of individuals with ostomies, which is of fundamental importance, since this team must develop its actions efficiently and effectively in accordance with the legislation.
2020	Escola Anna Nery Revista de Enfermagem	Atenção integral fragmentada a pessoa estomizada na rede de atenção à saúde	Bandeira L. R., et al.	It was found that care from hospital admission to discharge is segmented. The patient may encounter difficulties in the care received in Primary Health Care, which is a specialized service area. The patient did not receive quality care in his new condition. It is in these specialized areas that physical and psychological care is provided.

During the search for articles, it was noted that most of them were published in the last five years. One factor that may have influenced this increase was the lack of published materials and the increased prevalence and incidence of diseases that cause damage to biophysiological functions, requiring the insertion of a colostomy. Individuals affected by these diseases require comprehensive health services, since a colostomy is an intervention that completely changes a person's life. Most of the publications were carried out by nurses and nursing students, and this data is justified by the proximity generated by greater contact with the patient during care, helping in coping with the condition of having a stoma, based on the dialogical bond, helping the patient in the adaptive process of having a permanent stoma<sup>12</sup>.

When presenting the analysis, it was decided to group the studies into thematic categories for better visualization of the material, namely: Adaptation and daily

life after colostomy, Self-image and autonomy of the colostomized person, The affective and sexual relationship of the colostomized person with his/her spouse, Difficulties in managing ostomies and Health services for men with colostomies.

#### Adaptation and daily life after colostomy

According to study<sup>12</sup>, adapting to a colostomy creates situations that abruptly change one's life, altering personal and cultural characteristics and previous conditions. The person with a colostomy undergoes changes in their anatomy and intestinal physiological functions and is insecure about the ostomy due to fear of leaks, flatulence, and disturbing those around them. They need to acquire specific knowledge about their condition, access to the SUS, and the portability of a collection device.

After all, these people have undergone changes in their lifestyle, bringing limitations such as daily activities,



eating habits, clothing, leisure, and professional activities. Therefore, adaptation occurs gradually and according to the daily life lived and sometimes they may not understand their current situation<sup>13,14</sup>.

The study highlights that the quality of life of people with ostomies was good. However, it was identified that they did not have enough financial resources, or leisure time and acquired negative feelings, and that ostomized people who are out of the job market experience financial difficulties, even more so if they are the family provider. The higher the financial income, the better the relationship with the environment<sup>15</sup>.

Authors<sup>12,14,16</sup> claim that the quality of life of ostomized people is linked to the habits adopted to experience biological, physical, and psychological changes. This causes harm to social relationships and relationships with their spouse. It also affects the lives of these people. They are apprehensive about the formation of odors and gases, preventing them from going to more distant places. They always prepare themselves before leaving and avoid eating certain foods, that is, given the physiological changes, they compromise the performance of routine and leisure activities.

Psychosocial aspects influence their responses to the disease. It is also inferred that there are individuals who do not adapt to the stress related to the colostomy and the use of the collection bag, adhering to denial, a feeling of mutilation, rejection of themselves and others, impaired social and sexual relationships, changes in self-esteem, thus generating depreciative feelings and emotional, social and psychological disorder<sup>12,13,17</sup>.

The person with a colostomy realizes that they are not in line with the normality of other people in society and creates new forms of adaptation that allow them to not feel so different from their old cultural patterns, but during this process, they struggle with suffering, fear of rejection and the idea of dying<sup>16</sup>. These individuals are concerned about the environment they frequent, whether to maintain their safety or to justify themselves in the environment. This adaptation compromises their work, recreation, and leisure activities. Nursing care focused on this client is important<sup>18</sup>.

Authors<sup>19</sup> They say that faith and religiosity also become a strategy for coping with the situation of the colostomized person. Spirituality contributes to the process of accepting their new condition and alleviating the negative feelings that have been generated. Health recovery becomes more understood with the individual's multidimensional resources. Beliefs generate positive factors for the quality of life of the colostomized person.

Researchers<sup>12,15,19</sup> say that family support is important in the life of a colostomized person, as they report finding strength to face difficulties. It seeks to understand fears, insecurities, and frustrations. The family becomes more united with the concern of a worse event such as the loss of a loved one. The relationship becomes more pleasant and harmonious. The professional must see the family as an extension of the care of this patient, becoming the main caregiver and taking on responsibilities. It is also worth noting that relationships with family, friends, and health

professionals can help with the self-esteem of the person with a colostomy. They acquire a new path to face the difficulties experienced, through individual, cultural, and family actions with a positive perspective or through values and beliefs<sup>20</sup>.

### The self-image and autonomy of the colostomy patient

The interpretation of the ostomy experience occurs through a process of reflection and resignification related to their own body. Everyone understands their body differently, beyond its physical and biological aspects. Therefore, the health-disease process is linked to each person's sociocultural context and manifests itself through a body in three dimensions: the individual body is the main one, since in this body the ostomy person's experience is with their self. The social body, on the other hand, is related to the body expected by society, the visual and healthy body that the presence of the colostomy destroys. And the political body is referenced by work, a culturally valued issue. They become hostages of inauthenticity, in a way of being that is unfavorable to their fulfillment. In the social context, insecurities may occur caused of the quality of the materials and equipment used, the patient may feel vulnerable and isolate themselves from both family and social life<sup>13,16</sup>.

The ostomy process and the collection bag have brought about changes in the lives of these people. It usually takes a while for them to come to terms with their new condition. They also develop some negative feelings. As a result, it takes them a while to accept and understand self-care. Despite the difficulties, ostomy patients feel capable of performing self-care. They can count on the help of their family, which makes them feel more confident<sup>16,17</sup>.

Colostomized patients need to use a collection bag, which requires daily maintenance, such as emptying the contents of the bag, and promoting hygiene and safety. The stoma must also be washed to change the device. The change of the bag may vary from day to day, depending on the amount of content and smell. Caring for the stoma and changing the collection bag encourages the achievement of autonomy and self-care, as this care is often performed by family members. Health care strengthens the family relationship and the autonomy of the colostomized patient, thus creating an individualized form of care according to values, beliefs, and affinities in the sociocultural environment in which they live. Encouraging the participation of colostomized patients in self-care is important because it contributes to overcoming the difficulties they experience. It is essential that the nurse understands the individuality of each individual and tries to make them the subject of their self-care through strategies and resolutions of circumstances related to self-image<sup>3,14,19,20,21</sup>.

Living with a colostomy bag generates conflicting feelings, concerns and difficulty in dealing with the new reality. According to the interviewees, loneliness, depression, suicidal thoughts, loss of self-esteem and changes in self-image, while psychological functions are intertwined in the daily lives of those who go through the process of having a colostomy. These conflicts favor the loss



of self-esteem, since when dealing with the colostomy, people's attention is focused on values related to intestinal elimination, and what was once natural begins to be revised<sup>16</sup>.

Having a temporary colostomy involves facing daily challenges, especially when considering that even with limitations and repercussions on self-concept and self-image, it is also seen as a possibility of life, and the time limit becomes a situation that alleviates their suffering. When analyzing the perception of the colostomy patient regarding their self-image, it was noted that the negative changes are related to self-esteem<sup>13,18</sup>.

### The affective and sexual relationship of the colostomy patient with his/her partner

This category highlights the harm to the relationship with the spouse, caused by physiological and physical changes, making sexual intercourse difficult. Sexual activity can also be affected, altering self-esteem and emotional relationships<sup>22</sup>. The most common changes found when analyzing the expectations and experiences of individuals who have undergone colostomy are related to maintaining their social network (work and leisure) and sexuality, as they feel insecure, invaded, and fear rejection, which directly affects their love, social, and work lives. Sexuality, when experienced by the colostomy patient, is manifested through negative feelings: worry, fear, anguish, inferiority, shame, isolation, and control of their desires<sup>16,18</sup>.

For study<sup>20</sup>, Addressing the topic of sexuality for people with colostomies is embarrassing. Talking about sexuality in this condition is difficult to express, just as giving up sexual intercourse seems like a natural decision for some individuals, in which sex contrasts with the condition of having an ostomy. The presence of the pouch generates concern about self-image in front of the partner and may lead to decreased self-esteem and apprehension about the possible elimination of odors, flatus, and feces during sexual intercourse.

The person with a colostomy does not see their body as the same as before and these changes show in their sexual activities due to physical discomfort, embarrassment, and side effects of the treatment. The appearance of sexual dysfunctions and frequent problems related to their sexuality, as the person with a colostomy feels impotent during the relationship with their partner, and this can lead to family breakdown<sup>16</sup>.

### Difficulties in managing ostomies

In a study<sup>13</sup>, colostomized people had difficulties in caring for their stoma and had doubts about the time and possibility of returning to their previous lives. They also had fears about managing the stoma and were uncertain about places they could go and their relationship with their partner. At this point in these people's lives, they believe in giving meaning or new meaning to life and are thus going through a period of acceptance of their condition.

It is also inferred that, on the part of professionals, care is only linked to the stoma, forgetting about the other factors that make up the life of this individual. The lack of

information about the procedure to be performed is noticeable because there are gaps left by professionals. The radical change in the body can be associated with factors that are rejected in society, such as dirt, feces, odors, privacy, body image, and others. The health professional must establish a bond with this individual, understanding their particularities and the sociocultural environment in which they are inserted to face and overcome this situation<sup>13</sup>.

The multidisciplinary team's knowledge about the care of people with ostomies is essential since this team must perform its actions efficiently and effectively, following what is recommended by law, and it is also responsible for sharing information with patients and their families. Providing guidance requires professional competence, as well as knowledge, skills, and attitudes to carry out this action. It is necessary to carry out ongoing educational actions to enhance assistance and care management by answering the questions of ostomized patients and their families<sup>23,24</sup>. There is a certain deficit in the level of nursing knowledge about ostomies. Therefore, it is recommended that these professionals be improved and trained so that the team can obtain quality continuing education to ensure the safety of ostomized patients<sup>3</sup>.

### Health services for men with colostomies

The patient undergoing this surgical procedure requires specialized care in the pre-, trans- and post-operative periods. It is important to emphasize that the nurse is responsible for intervening in this process so that the individual can better adapt to this new condition through strategies and connections. Continuous care in health services with the health team occurs due to the chronic condition of the definitive intestinal ostomy<sup>12</sup>.

Authors<sup>18,23</sup> They say that the individual creates negative feelings due to the intestinal colostomy and therefore believes that he does not fit into the standards imposed by society, making it difficult for him to live in the social environment. The professional must holistically treat this patient and understand the environments in which he lives and the acceptance of his condition. Understanding that each person has his particularities, providing individualized care. Identifying these factors in the planning of care<sup>20</sup>. The nurse is the professional who facilitates the process, building a bond, self-acceptance, and guidance for this individual. It is said that it is essential that the nurse encourages this person's autonomy in their self-care. I understand the transformations that occur in the new condition, needing the support of professionals to guarantee a quality of life, and ensure knowledge and interventions in these changes in daily life<sup>16,18</sup>.

Study<sup>24</sup> adds that people with colostomies have the right to register in a specific system that provides access to personal items for the stoma and specific care recommended by the National Guidelines for Health Care for People with Ostomies. Assistance in these health units must be decisive and when necessary, seek support from specialized units, and the connection between services is essential.



Nursing actions are giving more value to the most vulnerable people, making individualized care a challenge for sociocultural contexts. It is important to see more broadly the consequences that colostomy can bring to the person's life, developing an effective relationship. Therefore, it is possible to clarify doubts, uncertainties, fears, stoma care, collection bags, and others, enabling the process of adaptation and socialization in a more efficient way<sup>13</sup>.

Authors<sup>19,23</sup> say that the nurse is responsible for the systematization of nursing care, promoting self-care actions for the individual based on Orem's Theory. This theory promotes a more effective relationship between the patient and the environment in which he or she lives. This restores autonomy, enables an improvement in quality of life, and complements care in health units. Silva emphasizes that the nursing process contributes to the good quality of care provided by this health professional. Health education is important in care, through which self-care, independence of care, choices and the resumption of routine are promoted<sup>14</sup>.

It is also worth noting that this professional must encourage the recovery of the meaning of life and accompany the growth of this person, find strategies for adaptation, establish communication for the exchange of knowledge, and understand the context of values, beliefs, fears, and taboos so that the patient can overcome negative feelings and social isolation. The return to society is an action that the nurse must provide to the man and, also, guide his family in dealing with the stoma<sup>3,16,18,21</sup>.

Authors<sup>18</sup> highlighted gaps in the guidelines, due to the lack of information that certain patients did not have. They explained the failure of care as the professional's attitude or work overload. It is emphasized that when the guidelines were given correctly and individually, the individual's safety and well-being were encouraged.

Study<sup>20</sup> adds that patients needed to seek strategies to overcome the gap that occurred. The lack of nursing systematization and educational guidelines was raised by patients. The difficulty in managing the stoma by professionals was also highlighted, which was detrimental to the learning and adaptation to the new condition by the colostomized person. These people had to learn on their own how to deal with the new conditions at home.

## Conclusion

This literature review, in search of more available evidence on male sexuality, achieved its objectives, presenting the difficulties encountered by men after the insertion of a colostomy, evaluating the conceptual and personal aspects, the adaptation process, and professional support. It is understood that the worst factor for men is the distortion of their image, where they become more dependent on care and fragile, something that affects their psychology and affects their self-esteem.

The need for this physiological adaptation generates a series of personal conflicts, derogatory feelings, emotional exhaustion, and social isolation. And this sudden change interferes with self-care and acceptance. Everyone has their own adaptation time and strategies to face this moment of transition; some cling to religion and others seek refuge in their family. It was observed that there is still a lack of information from professionals and that not all colostomized people receive the necessary support.

This study contributes by showing that it is essential that health professionals engage in new research on the subject, focusing on men with colostomies. It is up to the nurses to guide the colostomized patient about the clinical, physical, and psychological conditions after the surgical intervention. It is also essential to emphasize the care that the patient should take with the colostomy.

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