Revista de Enfermagem e Atenção à Saúde
REAS

INTEGRATIVE REVIEW
DOI: 10.18554/reas.v13i3.5699
e202429

A PESSOA COM ESTOMIA INTESTINAL E A INCONTINÊNCIA URINÁRIA: REVISÃO INTEGRATIVA

THE PERSON WITH INTESTINAL OSTOMY AND URINARY INCONTINENCE: INTEGRATIVE REVIEW

LA PERSONA COM ESTOMÍA INTESTINAL E INCONTINENCIA URINARIA: REVISIÓN INTEGRATIVA

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How to cite this article: The person with intestinal ostomy and urinary incontinence: integrative review. Rev Enferm Atenção Saúde [Internet]. 2024 [access:____]; 13(3):e202429. DOI: https://doi.org/10.18554/reas.v13i3.5699

ABSTRACT

Objective: to understand the scientific production on people with intestinal stomas and urinary incontinence. **Method**: integrative review, carried out in the databases Latin American Literature in Health Sciences, National Library of Medicine, the virtual library Scientific Electronic Library Online, the Science Direct Scopus platform, Cumulative Index to Nursing and Allied Health Literature and Web of Science. The articles were searched and selected in December 2018 and January 2019, and updated in November 2020. **Results**: in the 13 articles analyzed, it was observed that there is a concern to evaluate urinary sphincter dysfunctions, however, in some studies, it is not well stated whether the participants who presented urinary incontinence are those who use an intestinal stoma. **Conclusion**: It is important to investigate this issue so that health professionals can provide quality care, minimizing dysfunctions after the stoma has been made.

Descriptors: Ostomy; Colostomy; Ileostomy; Surgical Stomas; Urinary Incontinence.

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RESUMO

Objetivo: conhecer a produção científica sobre a pessoa com estomia intestinal e com incontinência urinária. **Método:** revisão integrativa, realizada nas bases de dados Literatura Latino Americana em Ciências da Saúde, *National Library of Medicine*, a biblioteca virtual *Scientific Electronic Library Online*, a plataforma *Science Direct Scopus*, *Cumulative Index to Nursing and Allied Health Literature* e *Web of Science*. A busca e a seleção dos artigos foram realizadas nos meses de dezembro de 2018 e janeiro de 2019, e atualizada no mês de novembro de 2020. **Resultados**: nos 13 artigos analisados, observou-se que há preocupação de avaliar as disfunções do esfíncter urinário, porém, em alguns estudos, não estão bem declarados se os participantes que apresentaram incontinência urinária são os que utilizam estomia intestinal. **Conclusão:** destaca-se a importância de investigar sobre essa temática, para que profissionais da saúde possam proporcionar um cuidado com qualidade, minimizando as difunções após a confecção da estomia.

Descritores: Estomia; Colostomia; Ileostomia; Estomas Cirúrgicos; Incontinência Urinária.

RESUMEN

Objetivo: conocer la producción científica sobre la persona com ostomia intestinal e incontinencia urinaria. **Método:** revisión integradora, realizada em las bases de dados de Literatura Larinoamericana en Ciencias de la Salud, Biblioteca Nacional de Medicina, Biblioteca Virtual Científica Electrónica em Línea, plataforma Science Direct Scopus, Índice Acumulativo de Literatura en Enfermería y Afines en Salud y Web of Science. La búsqueda y selección de artículos se realizo en diciembre de 2018 y enero de 2019, y se actualizó em noviembro de 2020. **Resultados:** en los 13 artículos analizados se observo que existe preocupación por evaluar disfunciones del esfínter urinario, sin embargo, em algunos estudios, no está bien planteado si los participantes que presentaron incontinencia urinaria son los que utilizan uma ostomia intestinal. **Conclusión:** se destaca la importancia de investigar este tema, para que los profesionales de la salud puedan brindar una atención de calidad, minimizando las disfunciones posteriores a la realización de la ostomia.

Descriptores: Estomía; Colostomía; Ileostomía; Estomas Quirúrgicos; Incontinencia Urinaria.

INTRODUCTION

People with chronic health conditions, such as those with a stoma, need support that goes beyond traditional interventions. There are many challenges faced from the discovery of the primary diagnosis, the moment they will undergo a stoma, until their adaptation to a new lifestyle. These challenges can be understood as bodily changes that influence their self-knowledge, self-care and relationships in social life.[1]

People with intestinal ostomies experience many negative feelings caused by loss of self-esteem and dissatisfaction with their body image. In addition, there are changes in their family, professional, social and emotional life, which can lead to imbalances in their health, family relationships and work environment. Added to this is the lack of knowledge about public policies aimed at ostomy users, which leads to a deficit in the search for improvements and new care practices.[2-3]

Feelings of ambivalence can arise when the individual is faced with a stoma, because the procedure that will promote their healing will also imply a loss of control over their body and their emotions. Most of the time, discomfort or annoyance is related to a lack of guidance on how to use the bag and self-care, as well as a lack of emotional support, which are some of the factors that contribute to the good adaptation of the person with an intestinal stoma to their new way of living.[4]

In view of this, support from family, healthcare professionals, and support networks such as associations are of fundamental importance in overcoming limitations. With this support and guidance, it is possible to demystify the disability/incapacity of people with ostomies, promoting self-care and autonomy based on planned care experiences and actions.[2]

In this sense, it is known that quality of life is a complex issue and that it is related to everyday life, depending on people's satisfaction in several aspects considered essential, among which is the maintenance of human integrity.

Therefore, any event that promotes the breakdown of this integrity could bring serious physical, psychological and social problems.[3]

A common finding, often misinterpreted as a natural part of life, is the involuntary loss of urine. These symptoms are often not investigated by healthcare professionals and can affect the quality of life of people with an intestinal stoma. However, the necessary surgeries in the digestive system are not in themselves the cause of urinary loss, but they induce functional and structural changes in the urinary system, which can predispose to this condition.[5]

Study on the prevalence of urinary incontinence (UI) in Brazil, with 686 individuals, of which 445 (64.9%) were female, of which 138 (31.0%) of the women and 56 (23.2%) of the men presented symptoms of UI. Thus, it was possible to verify that there was a high prevalence of UI among the individuals surveyed.[6]

Although some risk factors are established in national and international literature, there are gaps regarding the factors involved in the occurrence of urinary symptoms, including in the population with intestinal ostomy. So, understanding the experiences of people with ostomy and UI symptoms may contribute to the acquisition of knowledge, also representing an important contribution to the care provided by health professionals.

Thus, it is unique to develop a study based on the available evidence, and this

integrative review aimed to understand the scientific production on people with intestinal ostomy and urinary incontinence.

METHOD

This is an integrative literature review. The following steps were used to implement this review: the development of a protocol, including the definition of the guiding question, strategies for searching and selecting articles, critical evaluation of studies, data collection, interpretation and synthesis of data.[7] Therefore, the study began with the construction of the guiding question: "What is the scientific production on people with intestinal ostomies and urinary incontinence?"

The search strategies were developed with the help of a specialized librarian. They were used in the following electronic databases: Latin American Literature in Health Sciences (LILACS), National Library of Medicine (PubMed), the Scientific Electronic Library Online (SciELO), the Science Direct Scopus (Scopus) platform, Cumulative Index to Nursing and Allied Health Literature (CINAHL), and Web of Science, accessed through the CAPES portal. The search strategies were formulated separately for each database, with the Boolean and/or, and the descriptors "Ostomy," "Colostomy," "Ileostomy," "Surgical Stomas," and "Urinary Incontinence" were used, as found in the Health Science Descriptors (DeCS/Bireme) or Medical Subject Headings (MeSH/PubMed). For all descriptors, their corresponding languages in Portuguese, English, and Spanish were used.

The inclusion criteria were: articles available in full and without time limit. The selected languages were English, Portuguese and Spanish; the methodology could be quantitative, qualitative, mixed or methodological studies such as cross-cultural validation of questionnaires.

The exclusion criteria were: literature other than primary articles, therefore, literature reviews, reflections, editorials, book chapters, master's dissertations, doctoral theses and monographs.

The literature search and selection of articles were carried out in December 2018 and January 2019, but the review was updated in November 2020. Through the search strategy established in the different databases, 417 publications were found. To better organize the process, the selection was carried out in stages, the first stage being the reading of the titles and abstracts. In this stage, 391 articles were excluded, of which 348 studies did not meet the inclusion criteria and 43 presented duplication in the different databases.

Twenty-six articles were selected for full reading, 13 of which were excluded because they did not meet the research objectives. The final sample consisted of 13 articles. Figure 1 schematically presents the synthesis of the study selection stages of this integrative review.

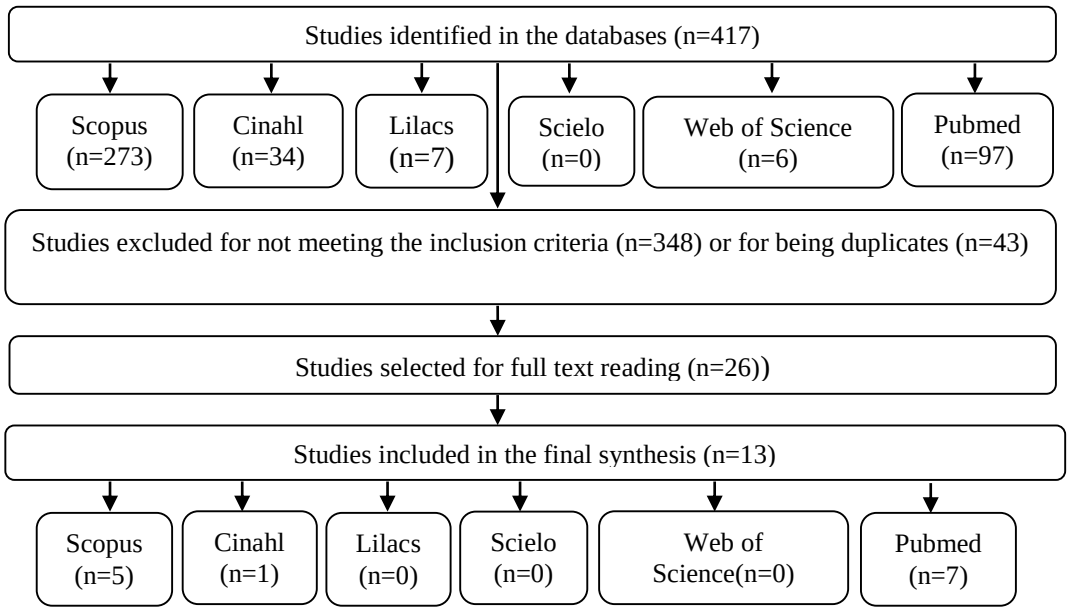

Figure 1- Flowchart of the stages of selection of scientific studies in databases. Florianópolis, Santa Catarina, Brazil, 2020

After this selection, all included articles were subjected to exhaustive readings to identify and record the elements to be analyzed based on a specific form prepared by the authors, such as code, title, authors, journal, year of publication, objective and type of study, data collection, research subjects, main results and final considerations. The results of the analysis are presented descriptively and were analyzed qualitatively. It is noteworthy that the evaluation of the articles included in this analysis was carried out by peers, there was divergence in the inclusion of 02 articles of methodological studies, but as their results highlighted the weakness in the UI item, it was decided to include them in the corpus of analysis of this integrative review.

Ethical precepts regarding the citation of sources and identification of authors were respected, in accordance with copyright.

RESULTS

Table 1 presents details of the 13 articles included in the review, with their identification code, title, country of origin, objective and main results.

When starting the search for articles in the databases, the initial definition was to search only for studies with the elderly population, however, with the full reading this was not possible, because during the data search and initial reading of the titles and abstracts, publications of all ages (children, adults and elderly) appeared, therefore, it was decided to include articles that included adults and elderly people.

Table 1- Characterization of the corpus of analysis of the integrative review, according to title, country of origin, objective and main results. Florianópolis, Santa Catarina, 2020 (continued)

Code	Title/Country of Origin	Objective	Main results
A1[8]	The impact of anastomotic leakage on long-term function after anterior resection for rectal cancer. Sweden.	To evaluate how anastomotic leakage after anterior resection for rectal cancer influences defecatory, urinary and sexual function.	A total of 1,180 patients participated, of which 1,091 were in the group without anastomotic leakage (mean age of 66 years) and 89 with leakage (mean age of 65.2 years). Among the participants, 142 had a permanent ostomy and 842 had undergone intestinal transit reversal. Regarding urinary complaints, 491 had UI, the most prevalent type being urgency urinary incontinence (UUI).
A2[9]	Functional outcomes and health-related quality of life after curative treatment for rectal cancer: a population-level study in England. England.	To investigate how potentially curative rectal cancer treatment influences subsequent function (bowel, urinary and sexual) and health-related quality of life (HRQoL) 12 to 36 months after diagnosis.	Population study with 3,988 cases of rectal cancer. Most survivors were aged between 55 and 74 years. Of this total, 1,759 had a permanent or present intestinal stoma at the time of data collection. Regarding urinary complaints, 1,189 had UI (653 with intestinal stoma).
A3[10]	Long-term functional outcomes of perineal gangrene: worse than expected? – an observational retrospective study. France.	To report long-term urinary and anal sphincter dysfunctions, sexual sequelae and quality of life of patients after treatment of perineal gangrene.	Study conducted with 22 patients (21 male and one female), with an average age of 62 years. Of these, six still had a colostomy, 11 had minimal to mild fecal incontinence, and one had constipation. Regarding urinary complaints, the female participant had UI, and six had dysuria.
A4[11]	A large-scale prospective clinical and psychometric validation of the EORTC colorectal (QLQ-CR29) module in Polish patients with colorectal cancer.	To evaluate the Polish translation of the European Organization for Research and Treatment of Colorectal Cancer questionnaire (EORTC QLQ-CR29).	This questionnaire presents a module of 29 items that evaluates symptoms of the gastrointestinal system, urinary system, pain, and functional areas such as sexual and body image. Study with

	Poland.		150 patients, 45 with ostomy use, mean age of 68 years. UI was reported by 14.1 patients with ostomy, and presence of dysuria in 6.4 patients with ostomy, and 5.2 without ostomy. A reliability performance of the item for UI and bad dysuria was concluded in this study.
A5[12]	The EORTC QLQ-CR29 quality of life questionnaire for colorectal cancer: validation of the Dutch version. Netherlands.	To validate the Dutch version of the European Organization for Research and Treatment of Colorectal Cancer questionnaire (EORTC QLQ-CR29).	A total of 236 people participated, most of them male, aged between 24 and 90 years. Of these, 27 had ostomies, 33 of whom had UI and 34 had dysuria. It was found that younger patients had fewer UI and urinary frequency problems compared to older patients, and patients without ostomies also had a lower incidence of UI. The UI and dysuria items showed low reliability and poor item performance.
A6[13]	Algorithm-based multidisciplinary treatment approach for rectourethral fistula. United States.	To report the results of an algorithm-based multidisciplinary treatment approach for rectourethral fistula.	Retrospective review of 30 male patients aged 37 to 78 years. Prostate cancer was the most common etiology of fistula (97%). Permanent ostomy was performed in five patients. Long-term urinary incontinence was observed in 11 patients, and six required permanent urinary diversion or drainage catheters.
A7[14]	Coloanal anastomosis or abdominoperineal resection for very low rectal cancer: what will benefit the surgeon's pride or the patient's quality of life? Italy.	To compare the quality of life of patients undergoing abdominoperineal resection (APR) with those who had coloanal anastomosis (CAA).	Multicenter study with 60 patients, 26 with APR and 34 with CAA, with a mean age of 65 and 76 years, respectively. Among the participants, all in the CAA group were protected by temporary ileostomy, and in the APR group no complications were reported in the intestinal ostomy. UI occurred in 11 patients after APR and eight after CAA, the severity of postoperative UI was not significantly different between the groups.
A8[15]	Sexual and urinary functioning after rectal surgery: a prospective comparative study with a median follow-up of 8.5 years. Netherlands.	To prospectively compare rectal resection (RR) with colon resection on sexual, urinary and bowel function and quality of life in the short and long term.	This study involved 83 patients who underwent RR compared with 53 who underwent colon resection leaving the rectum in situ (RIS). The mean age of the participants was between 20 and 81 years in the RR group

			and between 18 and 76 years in the RIS group. The presence of intestinal stoma occurred in 26 patients preoperatively, in 34 patients after 3 months postoperatively, 15 after 12 months and 17 after 8 years and 6 months of follow-up. Regarding the complaint of UI, 47 participants presented UI in the RR group and 32 in the RIS group reported it.
A9[16]	Late patient-reported toxicity after preoperative radiotherapy or chemoradiotherapy in nonresectable rectal cancer: results from a randomized phase III study. Norway.	To compare late bowel, urinary, and sexual functions after preoperative chemotherapy (CRT) or radiotherapy (RT).	This study included 78 patients, after four to 12 years of follow-up, aged 42 to 84 years. Of these, 49 had an ostomy. More patients in the CRT group had received an ostomy (73% vs. 52%). Most patients without an ostomy (7 of 12 in the CRT group and 9 of 16 in the TR group) had liquid or gas fecal incontinence. UI was reported in a quarter of patients, more than twice a week or more frequently, in 25% in the CRT group, and 26% in the TR group, while 5% and 9% had permanent problems, respectively.
A10[17]	Late side effects and quality of life after radiotherapy for rectal cancer. Norway.	To learn about long-term morbidity after radiotherapy and total mesorectal excision for rectal cancer.	The sample consisted of 535 patients, of whom 226 had a stoma, aged between 30 and 95 years. Daily UI occurred more frequently after radiotherapy. The proportion of patients with a stoma did not differ between preoperative and postoperative RT+ patients. There were no significant differences in the rates of fecal incontinence, frequent bowel movements, loose stools, or UI in preoperative compared with postoperative RT+ patients.
A11[18]	Quality of life after indefinite diversion/ pouch excision in ileal pouch failure patients. England.	To examine the quality of life and functional outcome of patients after indeterminate diversion/pouch excision with ileal insufficiency.	Study carried out with 53 patients, aged between 22 and 71 years, all with ostomy, and presented at least one urinary dysfunction. The symptoms were nocturia, weak urinary flow, SUI and UUI.
A12[19]	Impact of functional results on quality of life after rectal cancer surgery. Finland.	To discover the impact of adverse effects related to rectal cancer surgery on quality of life.	Of the 82 patients, with a mean age of 68 years, 46 (56%) reported some type of urinary complaint. Urinary dysfunction after curative

			resection was higher for rectal cancer, assessed as urinary urgency, increased urinary frequency, occasional leakage, difficulty emptying the bladder, poor stream, and difficulty initiating urination. Permanent ostomy was observed in 29 patients. Adverse effects related to surgery, such as bowel, urinary, and sexual dysfunction, appear to worsen the quality of life of patients with rectal cancer.
A13[20]	Preservation of bowel and urinary continence in the management of locally recurrent rectal cancer. United States.	To evaluate the outcome of procedures for recurrent rectal cancer and preservation of the pelvic floor and restoration of continence.	Sixty-seven patients with recurrent rectal cancer, aged between 32 and 81 years, participated in the study. In 45 patients, it was not possible to restore urinary dysfunction and they remained with an intestinal stoma.

DISCUSSION

No Brazilian studies that met the inclusion criteria were identified, published in the databases used in this research, which makes us think about the need for national research, seeking a more active role in the care of people with intestinal ostomy and UI symptoms, so that they can achieve self-care.

Regarding the articles highlighted in this review, it was observed that the ages of the participants ranged from 18 years[15] and 95 years.[17] However, the age range of participants who presented UI symptoms was not stated. However, research indicates that there is an association between advanced age and urinary symptoms.[21-22] Like age, other studies have also demonstrated associations between UI and comorbidities such as systemic arterial hypertension, diabetes mellitus, arthritis and prostate problems as risk factors for UI, with these factors being more prevalent.[21-23-24]

Analyzing urinary symptoms and the use of intestinal ostomy in the studies researched, it was observed that it was not evident whether all patients with urinary complaints were those who had an ostomy.[10-14-19] Only two articles in this review showed that patients with intestinal ostomy were the same ones who complained of urinary loss. At least one problem with bladder function occurred in 37 participants, such as symptoms of nocturia, stress urinary incontinence (SUI) and urgency urinary incontinence (UUI)[18] and in another study in this review, 54.9%

of participants with intestinal ostomy had symptoms of UI.[19] Furthermore, in another study[20] with the aim of preserving the pelvic floor and restoring continence in 67 patients, of these 45 it was not possible to restore urinary dysfunction, and they remained with intestinal ostomy.

Nocturia was a symptom reported among participants in the review studies. In research conducted in Egypt, 25 with 3,600 adult and elderly men and women, 86% of them experienced lower urinary tract symptoms. Nocturia was reported in 70% of the population, UI by 21%, and 30% met the criteria related to overactive bladder, which are the symptoms of urinary urgency, increased urinary frequency, UUI and nocturia.

Another very important aspect that should be identified in studies is the presence of UI between the sexes. In a study carried out in Brazil, with 1,705 people of both genders, 29.4% (n=499) reported urinary loss, 36.3% in females and 17.0% in males.[26] In another study[27], carried out in a long-term care facility, a higher prevalence in women was also shown.

Regarding the type of UI, a study[8] of this review found that the most prevalent was UUI. This finding corroborates a study of 454 participants[23], where the highest presence of the UUI type occurred in 87% (39/47) of the participants. Whereas in the study, which only included women[28], the most prevalent type was SUI. This difference between the prevalence of the types of UI may be due to the symptoms being self-reported.

Regarding factors related to UI, the studies in this review indicated urinary symptoms in patients after preoperative radiotherapy, chemotherapy and postoperative radiotherapy.[16-17] Prostatectomy was also found to be a factor related to UI[13], and some of these patients had an intestinal stoma.

In view of the data reported in the studies researched, a comparison was made in which the prevalence of urinary symptoms after radiotherapy in prostate cancer and their impact on quality of life were assessed.[29] In the study, conducted with 33 men, symptoms such as urinary urgency, increased daytime urinary frequency and nocturia were observed more frequently in the post-radiotherapy group compared to the pre-radiotherapy group. This information corroborates the data collected in this literature review regarding the presence of urinary symptoms after radiotherapy treatment in prostate cancer.

The factors associated with a higher prevalence of UI found in the studies were: being female, being over 70 years old, being insufficiently active, having some chronic disease, having mild/moderate/severe

dependence and using polypharmacy.[25] Most of the studies in the review provide information in a complementary way, that is, there are few studies that specifically relate UI and intestinal ostomy.

Another thematic focus found among the studies in this review is related to instrument validation. Regarding the validation of questionnaires from the European Organization for Research and Treatment of Colorectal Cancer, it was shown that in the evaluation of the Polish translation[11] and the Dutch version[12], the UI and dysuria domains did not present good reliability. These results lead us to reflect that we need more instruments/scales and studies that elucidate urinary symptoms in people with intestinal ostomy, assessing the prevalence, whether they are being frequently investigated and treated, with this we can improve the quality of life of these individuals.

As a limitation of this review, there is a lack of knowledge regarding research that explores in more depth the relationship between intestinal ostomy and UI symptoms. Such information is vital for professionals to be able to guide self-care in both situations, developing an individualized and quality care plan.

CONCLUSION

The results of this integrative review indicate that few studies were found in these databases on UI symptoms, specifically in people with intestinal ostomy. The research conducted with this population addresses more psychological symptoms, body image, quality of life, care of the collection bag and sexuality. In the studies with people who used intestinal ostomy and had UI, it was not clear whether the participants with urinary complaints were older or those who already had some other risk factor for UI.

Thus, there is a need for in-depth studies that address the relationship between ostomy and UI, since recognizing all the adverse effects that may arise after the creation of the ostomy is necessary to provide better quality care for these individuals, thus minimizing some complications resulting from UI.

Based on this information, health professionals could provide guidance on care for prevention and/or rehabilitation of UI and educate on self-care, with a view to promoting greater well-being and quality of life. Therefore, given the findings of this review, it can be said that studies of people with intestinal ostomy and UI are scarce.

Therefore, it is suggested that further studies be developed to further investigate aspects also within the scope of professional care so that during

consultations, aspects related to intestinal ostomy and UI can be better investigated. Among the limitations of the study, the scarcity of research stands out.

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RECEIVED: 07/20/21
APPROVED: 02/16/24
PUBLISHED: 10/2024