

## Changes and Adaptation Patient Post Colostomy

Sri Susanty<sup>1</sup>, La Rangki<sup>2</sup>

Faculty Of Medicine, Concentrate Nursing Science Halu Oleo University, Southeast Sulawesi, Indonesia,

---

**Background:** Each stoma Patients experiencing problems both physical problems such as pain due to injuries colostomy surgery, as well as psychological problems such as shyness due to a colostomy bag, as well as the social problems experienced by Patients stoma. This paper aims to Determine the change and adaptation to the post-colostomy Patients.

**Methods:** This paper using the methods of literature review of various sources of change and adaptation stoma Patients items, namely international journals, sources of books and international conference proceedings.

**Results:** For Patients who need to be installed permanently colostomy or lifetime, Likely will have an impact on aspects of life from the patient's physical, psychological, social, and spiritual.

**Conclusion:** Colostomy is seen as a burden of stress that can Affect the quality of life in many dimensions. At first, Patients feel uncomfortable, embarrassed, pain, anxiety, and other problems.

**Recommendation:** There needs to be more studies on the analysis of the nursing care needs of Patients with a stoma.

**Keywords:** Changes, Adaptation, Patient, Post-colostomy.

---

### I. Introduction

One treatment for colon and rectal cancer is the colostomy surgery. Colostomy actions most often performed in cases of colon and rectal carcinoma [1]. Patients with colostomy likely to face complex problems such as changes in the physical, mental, emotional, social, sexual and economic [2] For patients who need a colostomy installed permanently or for life, it will have an impact on other aspects of life of the patient's physical, psychological, social, and spiritual [3]. The main problem is the ability of a colostomy patient self-care of her and the psychological response to changes in the patient's self-image or body image that will affect the patient's mental, emotional and sexual. World Health Organization (WHO) [4], saying that colon and rectal cancer is the third most common cause of cancer in men and the second most common cause of cancer among women worldwide in 2008. Every year, an estimated 550,000 people worldwide die from colorectal cancer [5] The risk of colon and rectal cancer will significantly increase at age 50 and became a two-fold greater in each of the next decade. Carcinoma of the rectum is more common in men than women, but there is no striking gender differences in colonic carcinoma in other areas [6].

### II. Methods

This paper reviews the literature method (literature review) from various sources about the life experiences stoma patients, which is an international journal, which uses different methods, including qualitative and quantitative, through journals proquest, chinall.

### III. Result and Discussion

The results of the literature review on the impact of post-colostomy stoma of the patient are as follows:

#### A. Physical Changes

In patients with a stoma common physical problems that cause complications in the wound site reactions including irritation stoma, it also will be the cause of the difficulty of adaptation to the patient, [7] of the 325 respondents stoma bag users, 73% reported skin problems. Dermatoses including irritation reactions, especially from the leakage of urine or feces (42%); existing skin diseases, especially psoriasis, seborrheic dermatitis and eczema (20%), infection (6%); Allergic contact dermatitis (0.7%) and pyoderma gangrenosum (0.6% annual incidence). Furthermore, 15% of patients had persistent or recurrent dermatitis is not known whether due to allergies, infections or irritation from fecal. [8] also showed of 48 patients, 35 (73%) stated no skin problems and 13 detected by stoma nurses have skin erosion. Stoma and the skin around the stoma is usually associated with the emergence of problems during the process of wound care. Some of the problems arising regarding the stoma is an injury, bruising, pressure sores, and peristomal hernia. Bruising can occur due to pressure on the skin as a result of a corset or girdle used by patients, can also occur as a result of trauma to the skin surrounding the stoma patients. Peristomal ulcer usually occurs as a result of the withdrawal of the skin continuously, repeated pressure and chemical irritation from urine or faecal that the skin around the wound

area. Pressure sores are also caused by continuous emphasis on areas of the skin that can lead to interruption of blood flow [7]. In addition to the complications in wound stoma, as well infection can occur in the area around the wound stoma on primary wound closure and wound secondary as well as research conducted [8] study aims to assess the incidence of wound infection, non stoma in patients who have undergone closure stoma. This research was conducted with the design chart review at a tertiary hospital, against 95 respondents with the results of the general incidence of infection by 29%. Primary wound closure showed increased incidence of infection by 41%, when compared with the secondary wound closure that is as much as 15%. Studies conducted [9] concluded that the colostomy has a very heavy negative impact on the quality of life of patients. While other studies have found that the stoma effect on the limitations perform daily activities and social interaction [10] Patients with a stoma face some special stress the possibility of isolation, low self-esteem, body image disturbance, and have a taste incompetent [11] Many stoma patients who returned to work after undergoing surgery depends on the general health condition, it should be a joint decision between the patient and the doctor. Some patients undergoing general surgery will get suggestions for no longer allowed to return to work before the operation to recover and it took several months to recover [12]. In line with research conducted [13], which aims to find the meaning of life with a stoma and stoma affective in situations of life. This study was conducted on 17 women with interview and data analysis with interpretive phenomenological approach, the results obtained with several themes, namely stoma as an obstacle for patients: that the stoma is described as an inhibitor in the activity. In addition, as a woman, stoma leads to changes in life roles. Further, he said that the stoma also affect the patient's daily activities. In addition to the changes to the physical activity, too many important issues to be discussed with stoma patients, including about diet. Patients are often unsure of the type of food that can be eaten and what should be avoided. [14] that the suggestions related to diet in patients with stoma focused individual and avoided wherever possible the rules that are strict about diet, sometimes certain kinds of foods are sensitive to a particular patient, so leave any uneaten food and view effects for the patient. Many patients experience a change in diet as a result of the problem of gas control, but many of them can accept these conditions after some time, the choice of food can be effectively advised to minimal gas and a bit of a problem [15]. A study discusses the importance of improving nutritional status in patients with colon and rectal surgery and stoma patients. availability of hospital food is a basic element in patient care. It is said that stoma patients who underwent colon and rectal surgery is not recommended foods containing fiber and vegetables as a result of diarrhea [16] With regards to nutrition, it is important to give information to each patient stoma to remain comfortable with the food. After the surgery the food can cause changes in stool consistency and they can be wise with the condition. Including problems with odors from a colostomy bag will also be a problem for patients nutritional input. It is essential, however, for the patient, trying every meal in some time before the patient decides not to eat these foods in a few months, this requires adaptation of the gastrointestinal tract of the patient. The setting stoma is very easy if the patient understands the effect of any differences in food in the intestines of patients, such as eating fruits can increase spending and other foods may cause constipation [17]

## **B. Changes Psychosocial**

Stoma also have an impact on the psychosocial aspects of stoma patients, the presence of anxiety, depression and lack of self-confidence. [18], this study showed that about 25% of stoma patients experience anxiety, depression, and negative emotions after stoma surgery. The study also showed that 50% of patients felt her body into strange and unusual, 45% feel that the stoma limit their life activities, 47% said they had lost confidence, and 55% felt that no one else can feel how to have a stoma, 23% felt less than perfect as male or female, and 37% worried about replacement stoma bag. Patients also feel the change in closeness to the partner and an experience to engage in sexual activity. From these studies emphasize that the nurse is very necessary to provide education and counseling to patients with stoma, so as to improve self confidence and improve perceptions of the condition [19] found that patients with a stoma still feel yemen more than 4 months after surgery. In patients with stoma is also changes the role of self-esteem, body image, sexual and social relationships, in addition to it stoma in patients with colostomy greatly affect the disruption of the self-image of patients and is a major problem that happens to change the concept of the patient, which changes picture the patients themselves will affect other components of self-concept [20]. Thus during patient care, nurses should provide support so that the patient can adjust to the achievement of a positive self-image. Reception on self-image changes will convince patients to live, with the same lifestyle with prior actions colostomy [21]. Patients who have undergone a colostomy also frequently experience complications and a condition where the patient can not receive stomanya, among the conditions maladaptive emerging that stress, often angry and brooding, [22] study with the aim to determine the incidence of complications and problems that commonly occur in patients after surgery for gastrointestinal stoma, the study conducted at the University Hospital of Oulu, Finland, with a cohort, to 163 patients with stoma where there were 35 patients (30%) had complications, 18 patients had parastomal herniation, 78 patients (66%) are well adapted, including 49 patients with 25 patients

with a colostomy and ileostomy. There are 41 patients maladaptive, 12 patients did not accept the change in body image, 10 patients have problems in social life and 9 patients had bowel problems. In the study also obtained results about the quality of life of patients, of whom 114 patients there were 55 cases (48%) showed a better physical condition than before the surgery, general mental health better than before the operation there were 52 cases. The social function of the increase after stoma surgery with 48 cases (34%). Furthermore, patients with ileostomy action better than a colostomy action subject reported their physical condition worse, mental health and social function. Colostomy also have an impact on the incidence of depression and problems in social functioning of patients, [23] using the prospective method of the psychosocial impact on the quality of life of patients with colon cancer and rectal stoma, conducted on 249 patients with colon cancer and rectal with a long range of 3, 6, 12, 24 months after the first operation carried out follow-up, the result that stoma patients have a high incidence of depression, poor social functioning, body image issues, problems in urination, chemotherapy side effects, and some constipation problems than patients with non stoma. In patients with a stoma male sexual problems also arise when compared with men without a stoma. Psychosocial experience and the effect on life with a stoma need for approaches to cope with changes in life with a stoma, including the need for support to stoma patients can receive condition changes. Many patients with a stoma have focused on the experience of the attention that occurred during the process of stoma surgery. approximately 20% of patients with a stoma have experience against the emergence of psychological meaningful clinical symptoms in post surgery. Reports generally have experience depression, anxiety and disruption in receiving stoma. patients also experience sexual interference on, including pain during intercourse, erectile dysfunction. Factors associated with psychological disorders can be categorized in the pre and postoperative factors [24] conducted a study with the aim of evaluating the quality of life of patients with stoma using the special measuring tool. Research with cross sectional survey of 102 respondents. Showed that more than half reported depression after surgery. Univariate analysis indicated a factor of the type of ostomy (temporary / permanent), the underlying cause of action stoma, the incidence of depression, the location of an ostomy, and lifestyle changes, have influence on the quality of life of patients. It can be concluded that living with a stoma affects all aspects of life, optimal health education to patients and family is very important to improve the quality of life of patients. Sexual and psychological consultation can also improve the quality of life of patients. Having a stoma is a major event and the impact on anxiety and depression. Adequate counseling is important and this is needed, including mental health specialists. Quality of life can be changed in patients with a stoma. In the first few weeks is the main thing. [25] The new stoma patients, required growing awareness of the changes that may occur and stool consistency [26] .In the pre-operative phase, nursing services should focus on the psychological preparation of patients in surgical stoma [27]. Some patients will experience significant psychological distress when undergoing surgical stoma (White, 1998). Many patients will experience feelings of anxiety as a result of how their lives later with a stoma. This opinion may be based on a lack of knowledge, including information from mouth to mouth submitted by friends, family or internet. Information preoperative allows patients are able to decide about their treatment and securing approval [28]. At this stage, the patient should be referred to the stoma nurse to discuss his condition soon after surgery. Some patients will want to meet with the nurse stoma including including surgical teams, to ask a few questions related to the condition after surgery [29] .Support from family is very important, considering the family is expected to give greater support than the support from others. Family support is support in the form attitudes, actions and acceptance of family informant after colostomy surgery. According to The National Council for palliative Care (2011) in Joshland (2011) suggested that the family is a person who is always involved in any act of service delivery by health personnel, who always accompany individuals in every condition and treatment started from pre diagnosis, when the enforcement process diagnosis and treatment, during illness or even death. Kekhawatiran to the integrity of the body include the meaning of life, their fear of pain and death usually accompanied by a sense of anger, grief and mourning [30]. Surgery on the formation of a stoma is a huge problem in the life of a patient so that membuntuhkan considerable psychological adjustments. Patients experiencing psychological problems to a certain extent either pre- or postoperatively [31]. In the postoperative period, coping mechanisms become overloaded as a result of loss of confidence, independence and often the patient may seek to address the issues relating to dignity as patients with stoma [32]. shows that the psychological effects stoma surgery is greater than the physical or pharmacological effects [33]. Changes in body image and mourning the loss of a limb due to surgery can be viewed as a problem in the physical or sexual and disturbing the integrity of the body. The main considerations in terms of adaptation after stoma surgery would seem to require a long time in the grieving process [34]

### **C. Changes in Body Image**

Body image is the mental picture of the patient's physical evolving since birth, continues throughout life and is associated with different factors affecting the formation dynamically [35]. The formation of stoma surgery either temporary or permanent will lead to changes in body image and awareness to change the appearance and function of the individual [36]. Besides individuals with body image change will have an impact

on the other domains of physical, cognitive, emotional, cultural, sexual and economic. Feelings of degradation, wanted to commit suicide and self-limiting in the association can also occur [37]. The intensity of emotional reaction to changes in body image with the severity of the changes experienced body image [38]. There are many factors that determine the patient's ability to adapt to changes in body image and this is relevant to patients and their families. These factors include the disease process, diagnosis, treatment and medical and nursing care in the hospital and returned to the community [38]. Changes in body image after surgery stoma may also occur with the loss of control of sensory phenomena that smells of feces and flatus sound previously in control patients [39]. The patient's own perception of this phenomenon, may actually or potentially, could be a problem. Control elimination studied at an early stage in person, so the loss of control over the sensory phenomena accompanying certainly have an impact on body image changes [40] explains that the process of individual adaptation to changes in body image appear anxiety after surgery stoma over leaks bag and spillage of faeces, smells, sounds, the ability to sexual fulfillment and fascination are common [42]. Many patients may struggle after stoma surgery with several instances of depression, whether mild or quite realistic with difficulties and impaired or disproportionate, severe and even make the patient powerless [43]. People who have aged normally critical about their body image or part of their body that they consider improper or inadequate, and this self-criticism can cause insecurity. Therefore, an operation such as stoma, either temporarily or permanently, can have a profound effect on the way people behave [44]. Adaptation to the way of life and a new body image after surgery stoma is intrapersonal experiences and how people react depends on feelings, attitudes and experience against his own body [45]. Another variable that will also play a role in adapting to changes in body image is a personal belief, ethical, social and environmental status of individuals [46]. Nurses can help stoma patients to adapt to their changing identity by encouraging patients to discuss their thoughts and fears and take the time to listen to patient complaints stoma. A suitable time to talk and listen is when the self-care of the stoma. Often the bathroom in the hall can be used and can provide patients with a quiet, private area to discuss the matter with the nurse. Patients will have the concerns and feelings of anger, sadness and anxiety in the early days after the surgery and this can affect self-esteem of patients [47]. Information provided and the skills provided during hospitalization will be needed to accelerate the adaptation process when the patient's condition at home. Adaptation stoma surgery is a continuous process and impact on lifestyle changes. The nurse was instrumental in the transition from hospital to home patients, by building a therapeutic relationship, support to patients and families, associated with emotions and grieving and adaptation to physical treatments such as stoma and ensure the comfort and dignity of the patient [48]. Teach practical skills to patients about stoma care is a complex matter and requires patience. The principle of the education provided is based on social learning theory and guides effective education for skills practice. The guides were considered beneficial to the patient by a nurse when a patient had undergone surgery and how to change colostomy bag. Including the adaptation process stoma and stoma management every day. Psychologically, however, some patients will adapt easily, than others, and research shows experiments to identify the factors that contribute to this condition. This study shows that patients who are satisfied with the preoperative information they receive at least the psychological problems arise after a colostomy [49]. Initial referral to the stoma nurse is ideal for patients with stoma outpatients. This is the right time to discuss surgical procedures and aspects of stoma care and stoma care before surgery. Many of the questions that may be expressed by patients that could reduce patient anxiety. Some of the things discussed in the counseling which is about the surgery, body image, the risk of sexual dysfunction, hobby and maintenance practices. Counseling is very important to reduce the psychological and physical impact of postoperative colostomy [50]. Preparation of return and set goals for recovery after stoma surgery is a continuous process, which should be a process that is done through a holistic assessment, ideally home care performed by expert nurses who have knowledge and experience in these areas. This practitioner requires effective listening skills to ensure the care and psychological centered on the patient. Planning and intended for recovery purposes. Specialist practitioners should receive evidence-based approach in the treatment, ensure important aspects of care, taught early on in stoma care skills and avoid injury [51]. describes the challenge of adapting to a person in a permanent colostomy [52]. Performed with semi-structured interviews and analyzed using content analysis techniques aim of Bardin. With the participation of five people who underwent ostomy program in Brazil. Research using qualitative description, since the month of July until September 2005. The results of this study are categorized into three themes: the experience of the consequences of the disorder disease: it indicates that the disorder occurs in patients with the stoma physiological disorders, functional and psychological included diet, body image, fecal elimination function. It also appears the theme: improving understanding of life; In this situation the participants expressed how they could have the ability to improve their lives, despite the conditions being attached stoma. as well as theme: life with the new conditions; participants in this study clearly started something that is difficult to accept the new conditions as well as difficult to accept a colostomy bag. However the family support is very important in the acceptance of the new conditions. Life experience of patients on self-image changes will convince patients to live, with the same lifestyle with prior surgery or colostomy action [53]. The process of adaptation of the patient and family is very important to do early in an

attempt to ongoing care when patients return home, as well as [54]. This study aimed to evaluate the need for nursing patients stoma, the interview method semi-structured performed on 1 week, 1 month, 6 months, and 1 year after the return of the 112 patients, showed that the ability to survive in touch with staging system Dukes, more than half surviving for one year with the suffering fatigue, one of 10 experienced severe pain, 1 of 5 parastomal hernia. Each interview is approximately 1 in 4 people obtain intervention and 1 in 10 is referenced. This study shows that the need for home visits and ongoing patient care is very important.

#### **D. Changes in Sexual Function**

Sexuality is defined [55] as the concept of the individual, shaped by the personality of the individual, and is expressed as sexual feelings, attitudes, beliefs and behavior, expressed through heterosexual, homosexual, bisexual, or transsexual orientation. Having sexual feelings and being a sexual being is part of being human, and there is no age limit to enjoy a healthy sex life [56]. However, many patients who undergo surgery experience concerns over the stoma associated with sexual activity, intimacy and sexual aspects of their relationship [57] depicts a conversation about sexual matters as one of the most challenging for nurses to patients, this will help build a good relationship nurses and patients. [58] showed that the interview will not be finished until the relationship has been built and that this may be as important as the information that will be given. Terlepas of psychological disorders and serious social for patients who have a stoma, if not trained to adapt to changes in body image and the effects of the operation will be able to disrupt or cause permanent damage to normal sexual function [59]. Disease and loss of sex appeal because the individual has a stoma may affect the way people feel about themselves as sexual beings, and have a stoma, either permanent or temporary, can make the patient feel unattractive and undesirable to her partner [60]. In the early postoperative period, the patient learns to cope with stoma, desire and sexual feelings can be reduced. Sexual attraction will depend on how patients cope with a tool attached to the stomach wall. If the patient has a constant leakage and adhesion problems, there may be odor to the patient and her partner. Fear of intimacy with a partner will cause anxiety in the patient in case the cause of the leak. Fearing that the partner might be surprised to see the tool or the contents of a colostomy bag can also reduce sexual desire and feelings of the patients also reduced the appeal. Pain, drugs such as analgesia, chemotherapy and antidepressants, feelings of fatigue and depression can all be substantially reduced sexual desire and sexual feelings [61]. Anxiety about the ability to have sexual intercourse and worry about the stoma equipment during sexual intercourse can cause the patient to refuse intimacy with their partner. Pain during intercourse, inability to have an erection or maintain it and the lack of interest may cause patients and their partners will increasingly believe that their sexual desire has been completely lost. The patient and her partner should feel comfortable with each other, which may take some time to adapt to the conditions. Often the stoma appearance caused more concern and embarrassment to patients from the partner [62]. The role of nurses in helping patients who experience sexual dysfunction after surgery stoma is to understand the type of surgery and the possible effects on the patient, to know when to refer patients for further assistance and to understand the limitations in discussing sexual issues with patients [63]. Sexuality and sexual function is a hidden problem in the treatment of patients with stoma. Fear of death, the effects of cancer treatment, did not want any change in lifestyle, it will reduce the ability to control, loss of confidence, loss in social relationships, changing role in the family, performance anxiety, changes in body image, loss of self-esteem, fear of rejection from others will cause a loss of feeling against sexual needs and inability to develop an intimate relationship [64].

#### **E. Changes in Quality of Life**

Colostomy and stoma surgery, will affect the quality of life of patients [65], doing research with an objective evaluation of the quality of life of patients with stoma using the special measuring tool. Research with approach of cross sectional survey on 102 respondents. Showed that more than half reported depression after surgery. Univariate analysis indicated a factor of the type of ostomy (temporary / permanent), the underlying cause of action stoma, the incidence of depression, the location of an ostomy, and lifestyle changes, have influence on the quality of life of patients. It can be concluded that living with a stoma affects all aspects of life, optimal health education to patients and family is very important to improve the quality of life of patients. Sexual and psychological consultation can also improve the quality of life of patients. [66] this study aimed to assess the effectiveness of health education at the adequate preoperative and its impact on quality of life of patients with postoperative stoma. This study was conducted at two hospitals in Lithuania, the results showed that patients who received health education adequate and visits from the nurse prior to surgery, the patient stoma function better emotional and gastrointestinal problems are fewer, further financial problems for patients group fewer interventions of the financial problems in the control group. Patients receiving adequate education peroperasi also has experience better sexual satisfaction when compared with the control group, in addition to the problems arising in connection with a stoma less when compared to the control group.

#### IV. Conclusion

Patients who go through life with a stoma is an experience that is a big threat to the physical integrity and self-concept and changes in body image in relation to changes in bodily functions. Sexuality is an integral part of the patient's personal and is a very complex phenomenon. Many patients find it difficult to talk about sexual feelings, especially after changes in body image and nurses should be able to help patients identify and adapt to changes in the patient sexual concept. Cultural background plays an important role in the lives of patients, including patients keyakianan personal and religious, their perceptions of the recovery, as well as the concept of behavior and attitudes toward the disease. Nurses must combine expression, information openly, the question with respect to the patient and family, and have a commitment to respond flexibly and constructively.

#### Acknowledgements

Need research approach in this change and adaptation patient post colostomy in order to manage all about post colostomy impact for patieents..

#### References

The need for further study on the analysis of nursing care needs of patients with stoma so that it can be seen nursing care needs are more specific in the treatment of patients with stoma.

#### References

- [1]. Mayers, R. (1998). Colorektal Cancer, in Fauci AS dkk, editor: Harison's Principles of internal medicineed 14. New York: McGraw-Hill
- [2]. Panusur & Rika, (2007).Kemampuan Self Care dan Gambaran Diri Pasien kolostomi di RSUP. H. Adam Malik Medan. Dikutip dari: Repository.usu.ac.id/bitstream. Diakses tanggal 30 september 2013.
- [3]. Swan, E. (2010). Colostomy, management and quality of life for the patient. British Journal of Nursing.Vol 19, No 21
- [4]. World Health Organization. (2008). Colorectal Cancer Incidence, Mortality and Prevalence Worldwidein 2008. Diperoleh dari: <http://globocan.iarc.fr/>. Diakses pada 30 Oktober 2012
- [5]. Brown, H., & Randle, J. (2005). Living With a Stoma: a Review of The Literature. Article first published online: 1365-2702.
- [6]. Brown, J.R., & Du Bois, R.N., (2005). COX-2: a Molecular Target for Colorectal Cancer Prevention.Journal Clinical Oncology;; 23(12), 2840-2855
- [7]. [6]Sjamsuhidayat,Karnadihardja,W.,Rudiman,R.,Lukman,K.,Ruchiyat,Y.,Prabani,C.,(2006).Panduan Pengelolaan Adenokarsinoma Kolorektal. Jakarta: PT. Roche
- [8]. Lyon, C.C., Smith, A.J., Griffiths, C.E., & Beck, M.H. (2000). The Spectrum of Skin Disorders in Abdominal Stoma Patients. The British Journal Of Dermatology. ISSN: 0007-0963, Vol. 143 (6).
- [9]. Piccinelli, M., Brazzale, R., & Saracco, C. (2009). Assessment of The Prevalence and Perception of Skin Problems in Patients With Permanent Stoma. Journal Article Country of Publication: Nursing. Vol. 28 (4), pp. 183-9;
- [10]. Karadag, A., Menten, B.B., Uner, A., Irkorucu, O., Ayaz, S., & Ozkan, S. (2002). Impact of Stomatherapy on Quality Of Life In Patients With Permanent Colostomies or Ileostomies. Journal of Colorectal Diseases.18(3);234-2
- [11]. Gooszen, A.W., Geelkerken, R.H., Hermans, J., Lagsay, M.B., & Gooszen, H.G.(2000). Quality of Life With a Temporary Stoma: Ileostomy vs. Colostomy., British Journal of Nursing.43(5): 650-655.
- [12]. Black, P. (2004). Psychological, Sexual and Cultural Issues for Patients With a Stoma. British Journal of Nursing13.12 .692-694,696-697.
- [13]. Wright, J.(2008). Managing stoma & skin related problems. Journal of Community Nursing. 22, 8/9; ProQuest. pg. 36
- [14]. Anaraki, F., Vafaie, M., Behboo, R., Maghsoodi, N., Esmaelpour, S., & Safaee, A. (2012). Quality of Life Outcomes in Patients Living with Stoma. Indian Journal of Palliative Care.Vol-18.
- [15]. Honkala and Bertero (2009)
- [16]. Hackam, D.J., & Rotstein O.D. (1995) .Stoma Closure and Wound Infection: An Evaluation Of Risk Factors. Department of Surgery, Toronto Hospital, Oncology Journal.38(2):144-8.
- [17]. Burch, J. (2005). The Pre- and Postoperative Nursing Care for Patients With a stoma. British Journal of Nursing;; 14, 6; ProQuest Nursing & Allied Health Source. pg. 310\
- [18]. Wondergem, F.(2007). Stoma Care- a Guide to Daily Living. Journal of Community Nursing.21,4;ProQuest.pg.
- [19]. White, C. (1998). Psychological Management of Stoma-Related Concerns. Nursing Standard. 12, 36; ProQuest Nursing & Allied Health Source;pg. 35
- [20]. McKenzie, F., White, C.A., Kendall, S.,Finlayson, A.,Urquhart, M.,&Williams, I. (2006).Psychological Impact of Colostomy Pouch Change and Disposal. British Journal ofNursing. 15 (6): 308–16
- [21]. McKenzie, F., White, C.A., Kendall, S.Finlayson, A.,Urquhart, M.,&Williams, I. (2006).Psychological Impact of Colostomy Pouch Change and Disposal. British Journal of Nursing. 15 (6): 308–16
- [22]. Panusur & Rika, (2007).Kemampuan Self Care dan Gambaran Diri Pasien kolostomi di RSUP. H. Adam Malik Medan. Dikutip dari: Repository.usu.ac.id/bitstream. Diakses tanggal 30 september 2013
- [23]. Makela, J.T., & Niskasari, M. (2006). Stoma Care Problems After Stoma Surgery in Northern Finland, Division of Gastroenterology, Oulu University Hospital. Scandinavian Journal of Surgery: Finland
- [24]. Lone, R., Annemette, G., Abild,N., Birthe, L., Thomsen., Randi, V., et al. (2007). Quality Of Life of Danish Colorectal Cancer Patients With and Without a Stoma. Support Care Cancer. 15: 505–513.
- [25]. Anaraki, F., Vafaie, M., Behboo, R., Maghsoodi, N., Esmaelpour, S., & Safaee, A. (2012). Quality of Life Outcomes in Patients Living with Stoma. Indian Journal of Palliative Care.Vol-18.
- [26]. Brown, H., & Randle, J. (2005). Living With a Stoma: a Review of The Literature. Article first published online: 1365-2702.
- [27]. Joshland, E.,Brennan,F.,Anastasiou,A & Brown, A.M. (2011). Developing and Sustaining a Renal Supportive Care Services for People With End Stage Renal Disease. Renal Society of Australia Journal. 8(1), 12-18 (Hyland, 2002; Joane, 2009).
- [28]. (Porrett, 2005).
- [29]. (Davenport, 2003).

- [30]. Vujnovich, A.(2008). Pre and Post-Operative Assessment of Patients With a Stoma. *Nursing Standard*; 22, 19; ProQuest Nursing & Allied Health Source pg. 50
- [31]. Plant, H. (1995). The Experience of Families of Newly Diagnosed Cancer Patients: Selected Findings. In: Richardson A, Wilson-Barnet J, eds. *Nursing Research in Cancer Care*. London: Scutari Press, 137-51.
- [32]. Black, P. (2004). Psychological, Sexual and Cultural Issues for Patients With a Stoma. *British Journal of Nursing* 13.12 .692-694,696-697.
- [33]. Metcalf, C. (1999). Stoma Care: Empowering Patients Through Teaching Practical Skills. *British Journal Nursing*. 8: 593-600; ProQuest Nursing & Allied Health Source. pg. 593
- [34]. Furthermore Offman (1995; Black, 2004),
- [35]. Parkes, 1972; Black, 2004.
- [36]. (Price, 1990).
- [37]. (Black, 1992; Black, 2004).
- [38]. Black, P. (2004). Psychological, Sexual and Cultural Issues for Patients With a Stoma. *British Journal of Nursing* 13.12 .692-694,696-697.
- [39]. Bekkers, et al, 1995; Uliss & Johnston, 1995; Mellon & Northouse, 2001; Black, 2004)
- [40]. Black, 2000)
- [41]. Klopp, A. (1990). Body Image and Self-Concept Among Individuals With Stomas. *Journal Enterostomal Therapy*. 17(3): 98-105
- [42]. Littlewood, J. (1989). A Model Of Nursing Using Anthropological Literature. *International Journal Nursing Study*. 23: 221 -9
- [43]. Borwell, B., & Gregory, P. (1997). *Developing Sexual Helping Skills: A Guide for Nurses*. Medical Projects International, Maidenhead
- [44]. Galloway& Graydon, 1996; Black, 2004).
- [45]. Borwell, B., & Gregory, P. (1997). *Developing Sexual Helping Skills: A Guide for Nurses*. Medical Projects International, Maidenhead
- [46]. (Black, 2000).
- [47]. White, 1998; Black, 2004)
- [48]. Borwell, B., & Gregory, P. (1997). *Developing Sexual Helping Skills: A Guide for Nurses*. Medical Projects International, Maidenhead
- [49]. Wendy, P., & Swan, E. (2001). Continuing Care After Discharge From Hospital for Stoma Patients ,*British Journal of Nursing*, Vol. 10
- [50]. Metcalf, C. (1999). Stoma Care: Empowering Patients Through Teaching Practical Skills. *British Journal Nursing*. 8: 593-600; ProQuest Nursing & Allied Health Source. pg. 593
- [51]. Jennie, 2005).
- [52]. O'Connor, G. (2003). Discharge Planning in Rehabilitation Following Surgery for a Stoma. *British Journal of Nursing*. 12, 13; ProQuest Nursing & Allied Health Source. pg. 800
- [53]. O'Connor, G. (2005). Teaching Stoma-Management Skills: The Importance of Self-care; *British Journal of Nursing*. 14, 6; ProQuest Nursing & Allied Health Source;pg. 320
- [54]. Cohen, 1991; Panusur & Rika, 2007).
- [55]. Wendy, P., & Swan, E. (2001). Continuing Care After Discharge From Hospital for Stoma Patients ,*British Journal of Nursing*, Vol. 10
- [56]. Royal College of Nursing. (2000). *Sexuality and Sexual Health in Nursing Practice*. London: Royal College Nursing.
- [57]. Peate, 2004).
- [58]. White, 1998). Drill and Watts (1993)
- [59]. Brewin (1996)
- [60]. Borwell, B., & Gregory, P. (1997). *Developing Sexual Helping Skills: A Guide for Nurses*. Medical Projects International, Maidenhead
- [61]. Bekkers, et al, 1995; Uliss & Johnston, 1995; Mellon & Northouse, 2001; Black, 2004)
- [62]. Borwell, B., & Gregory, P. (1997). *Developing Sexual Helping Skills: A Guide for Nurses*. Medical Projects International, Maidenhead [62] Gait & Hill, 2003
- [63]. Borwell, B., & Gregory, P. (1997). *Developing Sexual Helping Skills: A Guide for Nurses*. Medical Projects International, Maidenhead [64] Black, 2004).
- [64]. Anaraki, F., Vafaie, M., Behboo, R., Maghsoodi, N., Esmaelpour, S., & Safaee, A. (2012). Quality of Life Outcomes in Patients Living with Stoma. *Indian Journal of Palliative Care*. Vol-18.
- [65]. Gulbiniene, J., Markelis, R., Tamelis, A., & Saladzinskis, Z. (2004). The Impact of Preoperative Stoma Siting and Stoma Care Education on Patient's Quality of Life. *Mickevicius, British Journal of Nursing*. 40(11):1045-53