

THERAPEUTIC EDUCATION TO PATIENT WITH UROSTOMY

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Introduction & Objectives

The patient after cystectomy with urostomy packaging has a negative impact on the **life's quality** and therefore requires specific educational interventions. **Therapeutic education** (TE) aims to help the person and his family in the management of the disease, organizing its activities according to their state of health, lifestyle to be adopted, early detection of complications. The aim of the **review** is to explore and to analyze **educational needs, main informations** and **educational interventions** to the patient with a urostomy for correct and effective **self-management** at home.

EDUCATIONAL NEEDS

- ✓ **PHYSICAL NEEDS:** related to learning of correct **management of device**, methods for **pain control** and understanding of the **nutrition** importance
- ✓ **SOCIAL NEEDS:** related to the working and financial environment, inability to take care of themselves or other family members
- ✓ **PHYSIOLOGICAL NEED:** related to the lack of knowledge of surgical treatment and management of their health state

Material & Methods

A overview was carried out through a search in *PubMed* and *CINAHL* databases (limits: english, french, italian languages; year of publication from 2002); 22 articles were selected. The research was carried out also in the grey literature.

Results

In management of patient with a urostomy, nurses have a key role because they help the patient to better understand the diagnosis, the prognosis, to encouraging the new condition adaptation through **TE pathways**, in order to deal with **social and psychological issues**, such as the **perception of body image** and **sexuality alteration**. The TE is largely implemented by nurses who, through specific interventions, seek to provide the patients with the necessary informations to understand the diagnosis, to facilitate postoperative recovery and the return to an **independence state** in their **ADLs**; it's important not only **verbal communication** but also the **use of audiovisual instruments** and the **support of patients** who already have urostomy, in connection to management and to stomal complications. From the literature seems that psychological distress appears as the result of an alteration in body image and the reduction of life's quality. To restore patient autonomy after surgery, it's important to talk to an **expert nurse** to clarify any doubts about **sexuality, clothing, nutrition, changing and choice of device, prevention and management of eventual stomal complications**.

Conclusions

The patient with urostomy experiences a series of issues related to change in **physical aspect, relational aspect** with other people, **sexual and psychological adaptation**, which can be faced through a TE pathway. Preoperative and postoperative TE can help the patient to deal with these issues, and contribute to improving his conditions in terms of **educational interventions** for the **correct device management** at home. It is necessary to implement specific interventions to improve the quality of nursing care to the patient with urostomy, such as **training of specialized nurses** and the **promotion of training courses**.

Notes TE: therapeutic education; *CINAHL*: *Cumulative Index to Nursing and Allied Health Literature*; ADLs: Activities of Daily Living.

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