



A study of assessment of sexual functioning of patients with colorectal cancers and their spouses at Tata Memorial Hospital, Mumbai, India

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Abstract

Colorectal cancer (CRC) is a formidable health problem worldwide. It is the third most common cancer in men (663000 cases, 10.0% of all cancer cases) and the second most common in women (571000 cases, 9.4% of all cancer cases). Almost 60% of cases are encountered in developed countries. The number of CRC-related deaths is estimated to be approximately 608000 worldwide, accounting for 8% of all cancer deaths and making CRC the fourth most common cause of death due to cancer. In India, the annual incidence rates (AARs) for rectal cancer in men are 4.1 per 100000, respectively. The AAR for colon cancer in women is 3.9 per 100000. Colon cancer ranks 8th and rectal cancer ranks 9th among men. For women, rectal cancer does not figure in the top 10 cancers, whereas colon cancer ranks 9th. While the incidence rates of CRC is much lower in India, the survival rates for CRC are disproportionately lower. A stoma operation causes profound changes in a patient's life because of the resulting physical damage, disfigurement, loss of bodily function, impaired or lack of interest in sexual function/activity. It can change the person's social life and make them feel different because they do not display the characteristics and attributes that society deems normal, due to their changed body. It may even lead social isolation and may find it difficult to understand the implications of a stoma. The nurse, as a member of the multi-professional team, has an important role in the process of counselling to the person with a stoma, as she has competence and assistential tools, such as Systematized Nursing Care, for detecting all the difficulties in adaptation that these clients may face in their condition of having stomas, as well as outlining together actions aimed at minimizing and overcoming such difficulties.

Aim: To assess the sexual functioning of patients with colorectal cancers and their spouses after colostomy. **Objectives Of The Study:**

1. To identify sexual functioning of patients with colostomy who have undergone surgery for colorectal cancers.
2. To identify sexual functioning of patient's spouses with colostomy.
3. To find association between issues related to sexual function and selected demographic variables.

RESEARCH METHODOLOGY: Exploratory descriptive survey research design approach was used in this study. Setting was Stoma Clinic, Homi Bhabha Building 3rd floor of Tata Memorial Hospital, Parel, Mumbai. The sample size was, 25-patients and 25 spouse). Sampling technique used was nonprobability convenience sampling and semi-structured questionnaire was used. Main study was conducted in duration of 6 weeks. Data gathered was analysed by using descriptive statistics, analysis was done using SPSS software. Based on the analysis interpretation were made. Findings of the study: Majority (40%) of respondents were in the age group of 31-40 and spouse were in the age group of below 40. Sixty four percent of respondents who underwent colostomy for colorectal cancer were males. Nine two percent of respondents had permanent colostomy and 54% had received the combination treatment (chemotherapy and radiation therapy). Eighty percent respondents did not commence sexual activity after discharge while 40% respondents received information on initiation of sexual activity. There was no significant association between demographic variables and issues related to sexual function while there was

significant association between medical data and sexual function. More than 60% of the respondents did not face major family issues while around 64% avoided changing cloth in front of family members. Around 44% of the respondents felt that the sexual life was not pleasurable/enjoyable. Hindrances to sexual activity was due to odor, leaking from stoma and scared that stoma bag may tear. Maximum 48% of respondent said that their partner shows interest in sex while 72% feel sexually unattractive. Majority (76%) of spouse had accepted patient with colostomy. 72% of respondents agreed that the spouse must be informed about commencing sexual activity after colostomy also they felt that sexual counselling is important. Around 76% of spouse disagreed that their sexual life is completely disturbed due to their illness while 12% of spouse's sexual urge is decreases due to their partner's stoma.

Nursing Practice: In order to help patients to go through the difficult period and overcome the physical, psychological, social and sexual obstacle, the nurse should associate the family members to understand the patient's psychological status deeply and patiently thus to provide adequate support and encouragement. The importance of the stoma care nurse in all stages of the health care is specifically stressed, being the professional of reference to obtain support.

Nursing Education: Research can help increase the body of the nursing knowledge, which improves the care provided. The findings of the study serve as a basis for the student nurses to conduct further studies on sexual dysfunction after surgery in colorectal cancer. Hence, more studies can be carried out in nursing setting to understand more about sexual issues in oncology setting. **Conclusion:** Different issues related to commencement of sexual activity were identified in the domains of physical, social and sexual. For spouse, only sexual function domain was identified. It was evident that the acceptance score was high among the patients who received some information regarding the commencement of sexual activity as compared to who did not and there was association between the expectations about sexual counselling and the patients who received some information regarding the commencement of sexual activity as compared to who did not.

Biography

Surekha Stephen Dongerdive has completed her MSc Nursing in Oncology (2 years full time course) from Tata Memorial Hospital & Research Centre, (Homi Bhabha National Institute) Mumbai, India in the year 2018. Post Basic BSc Nursing (2 years full time Course), from Fortis Institute of Nursing (JCI Accredited), Mulund, Mumbai, India in the year 2015. She completed the Diploma in General Nursing and Midwifery (3 years course) from the College of Nursing, Government Hospital, Nagpur, India in the year 1996. She worked as an Oncology nurse in Tata Memorial Hospital, Mumbai, India. She worked as a senior Oncology nurse in Royal Hospital (Ministry of Health), Muscat, Sultanate of Oman. She worked as an Oncology Coordinator and Bone Marrow Transplant Manager in Kokilaben Dhirubhai Ambani (Reliance Hospital), Andheri, Mumbai. She had worked for Cancer patient support group, Mumbai and as a Zonal Transplant Committee member. She is a life member of Oncology Nurses Association of India (ONAI) and Trained Nurses Association of India (TNAI).

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