



Živeti sa urostomom

Living with urostomy

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Apstrakt

Karcinom mokraćne bešike je najčešći tumor mokraćnih organa. Muškarci obolevaju dva do tri puta češće nego žene, ali je petogodišnje preživljavanje isto kod oba pola. Faktori rizika za nastanak bolesti su: hronična iritacija i infekcija, genetska predispozicija, a pušenje duvana je najznačajniji faktor rizika.

Simptomi su: hematurija, koja može biti bezbolna, totalna, spontana, stalna ili intermitentna.

Dijagnoza karcinoma bešike se postavlja laboratorijskom analizom urina, a uretroscistoskopija sa bimanuelnom palpacijom u anesteziji je kamen temeljac u dijagnostici. Transuretralna resekcija sa PH verifikacijom je ključna za odluku o daljem lečenju.

Bolesnici sa invazivnim karcinomom leče se hirurški – radikalna cistektomija (odstranjivanje bešike). Zato se mora obezbediti derivacija urina: kontinentna – kada se od creva bolesnika formira rezervoar urina, ili inkontinentna – izvođenje urostome.

Urostoma predstavlja način izvođenja urina na prednji trbušni zid korišćenjem crevnog patrljka, kroz koji neprekidno ističe urin u kesu. Operacijom se odstranjuje bešika, a otvor za urin se napravi na stomaku, lokalizovan na donjem desnom delu abdomena, malo ispod pupka. Nega i obuka bolesnika su veoma važni za dalji kvalitet života i očuvanje aktivnosti bolesnika sa urostomom.

Cilj rada je prikazati i naglasiti značaj nege kod bolesnika sa urostomom.

Pravilna i adekvatna preoperativna i postoperativna nega ovih bolesnika značajno utiču na uspešan ishod lečenja i sprečavanje nastanka postoperativnih komplikacija, koje su vrlo česte. Nega se sprovodi u svim fazama procesa zdravstvene nege: nega operisanog bolesnika, postavljanje sestrinske dijagnoze, planiranje nege, realizacija planiranih aktivnosti, evaluacija, kao i osposobljavanje bolesnika za normalan život. Postavljeni ciljevi mogu biti:

1. kratkoročni – otkloniti strah i bol, normalizovati vitalne funkcije, informisati pacijenta o operaciji, ne dozvoliti komplikacije,
2. dugoročni – navikavanje na novu životnu situaciju i prevazilaženje problema uglavnom psihološke prirode, a zatim i obuka pacijenta za život sa stomom i njeno održavanje.

Uloga medicinske sestre je veoma bitna u svim fazama, kako u toku prijema, preoperativne pripreme, tako i u postoperativnom praćenju pacijenta, u održavanju stome i edukaciji i obučavanju pacijenta za što ranije i uspešnije vraćanje svakodnevnim aktivnostima.

Abstract

Bladder cancer is the most common tumor of the urinary tract. Men get sick 2 to 3 times more often than women, but the five-year survival is the same for both genders. Risk factors for the disease are: chronic irritation and infection, genetic predisposition, and smoking tobacco is the most important risk factor. The symptoms are hematuria, which can be painless, total, spontaneous, permanent, or intermittent.

The diagnosis of bladder cancer is made by laboratory analysis of urine, and urethrocystoscopy with bimanual palpation under anesthesia is the base in the diagnosis. Transurethral resection with PH verification is crucial for the decision on further treatment.

Patients with invasive cancer are treated surgically - radical cystectomy (removal of the bladder). Therefore, urine derivation must be provided: continental - when a urine reservoir is formed from the patient's intestines, or incontinent - performing a urostomy.

Urostomy is a way of passing urine to the anterior abdominal wall using an intestinal stump, through which urine flows continuously into the bag. The operation involves bladder removal, and a urine opening is made in the abdomen, localized on the lower right part of the abdomen, just below the navel. Care and training of the patient are very important for the further quality of life and preservation of the activity of patients with urostomy.

The aim of this paper is to show and emphasize the importance of care in patients with a urostomy.

Proper and adequate preoperative and postoperative care of these patients significantly affects the successful outcome of treatment and prevention of postoperative complications, which are very common. Care is carried out in all phases of the health care process: care of the operated patient, setting a nursing diagnosis, care planning, the realization of planned activities, evaluation, as well as training the patient for a normal life. The set goals can be:

1. short-term - eliminate fear and pain, normalize vital functions, inform the patient about the operation, prevent complications,
2. long-term - getting used to a new life situation and overcoming problems mainly of a psychological nature, and then training the patient to live with a stoma and its maintenance.

The role of the nurse is very important in all phases, both during admission, preoperative preparation, and in postoperative monitoring of the patient, in maintaining the stoma and educating and training the patient to return to daily activities as soon as possible and successfully.