v. 3, n. 14, 2023

International
Journal of
Health
Science

COLORECTAL CANCER FROM THE PATIENT'S, FAMILY CAREFUL'S AND NURSING'S VIEWPOINT

Luciana Camargo Amaro
Student of the Nursing Course at Centro Universitário Unigran Capital

Michele Batiston Borsoi
Professor of the Nursing Course at Centro Universitário Unigran Capital. Graduated in Nursing from UFMS (1999). Specialist in Public Health, in Family and Community Nursing, in Palliative Care and Pain Therapy and Master in Family Health

DOI 10.22533/at.ed.1593142327028

Abstract: Introduction: Colorectal cancer is a neoplasm found in the colon and rectum, its symptoms and treatment will vary according to the stage of the lesions, resulting in physical and psychological changes in patients and their families. **Objective:** To identify nursing care for patients diagnosed with colorectal cancer and to highlight the perspective of the patient and his support network in studies from 2012 to 2022. Methods: The study is an integrative review based on the search for articles in databases Latin American and Caribbean Literature in Health Sciences (LILACS) and Nursing Database (BDENF), accessed through the Virtual Health Library (VHL). **Results:** 18 articles were selected resulting in three groupings by thematic category: Colorectal cancer and ostomization from the patient's point of view; patient care, according to the view of the family caregiver and finally, the main nursing care for patients with colorectal cancer. **Conclusions** : The changes in the patient's life stand out and how they can be circumvented based on care established by the nursing team and family caregivers, demonstrating the need for nurses to act in all health care, however it is emphasized that there is a lack of studies aimed at all nursing care and not only at people with a stoma.

Keywords: Colorectal cancer; Nursing care; Nursing assistance.

INTRODUCTION

Colon and rectum or colorectal cancer (CCR) refers to neoplastic changes found throughout the colon, rectum and anus. According to Inca (2022), colorectal cancer was the most common neoplasm among men and women in 2020, corresponding respectively to 9.1% and 9.2% of all primary lesions and the third most fatal.

Silva and Errante (2016) describe the main risk factors as: age over 50 years, having a diet with a high fat content and little vegetable fiber, exaggerated consumption of processed meats, sedentary lifestyle, smoking and high intake of beverages, genetic predisposition (cases of colorectal cancer in the family or polyposis Familial Adenomatosis - FAP) and history of inflammatory bowel diseases, as recurrent episodes of inflammation may trigger changes in the intestinal mucosa, promoting the appearance of polyps.

CRC symptomatology is presented differently depending on the location and extent of the tumor, however Cruz et al. (2007) demonstrates in their case study that the most common symptoms, regardless of the tumor location, are changes in bowel habits, abdominal cramps, blood in the stool and changes in fecal matter, when the tumor is in an advanced state, other symptoms may appear. such as pain in the lower abdomen, anemia and a decline in general health.

Colorectal cancer is one of the neoplasms that have a good cure rate if detected at an early stage. It is recommended that people over 50 years old perform the fecal occult blood test annually and, if the result is positive or as indicated by the professional, colonoscopy or rectosigmoidoscopy is performed (INCA, 2020). The diagnosis is made by histopathological examinations of specimens removed during the colonoscopy examination or by performing a contrast-enhanced radiological examination of the colon, when there is no possibility of performing another examination (BRAZIL, 2014).

The form of treatment will depend on the stage of the tumor and involve chemotherapy, radiotherapy and surgery. The objective of the surgical procedure is to resect the entire extension of the tumor and regional lymph nodes, which may lead to the need to make temporary or definitive ostomies, in which part of the intestine is diverted out of the abdominal cavity, as a mechanism for the exit of feces (BRAZIL, 2014).

The high cost of the exam in private clinics or the delay in performing it by the Unified Health System (SUS), the prejudice against the performance of invasive exams or the low knowledge about cancer screening are directly responsible for the high rate of late discovery of lesions evil. The study by Santos et al. (2021) states that the population's level of health education is proportional to the rates of adherence to early screening mechanisms, demonstrating that patients who had the opportunity to acquire information about colorectal cancer have greater participation in screening programs.

Corroborating the above, the study carried out by Sardinha, Nunes and Almeida (2021), with patients treated at a highly complex oncology hospital in the state of Maranhão, where 60.4% of respondents were diagnosed with tumors in stages III and IV of the TNM scale (tumor, lymph nodes and metastasis). Therefore, many times, when receiving a late diagnosis, the patient already has greater physical and psychological weaknesses.

Nursing care directed to cancer patients goes beyond technical care. One must understand the stages of patient acceptance and know how to deal with them in a humane way. The nursing team has to be willing and able to go beyond standard procedures and establish a bond with patients, welcoming their adversities with empathy, care and respect (STUMM; LEITE; MASCHIO, 2008). During nursing care in oncology, the professional creates a bond with the family caregivers of their respective patients, since they are often the ones who assume responsibility for care outside the care environments.

The study by Araújo, Cantele and Mingotti (2017) demonstrates that the welcoming provided to family members helps them to go through the period of uncertainties and fears in a milder way, either by providing care guidelines or as emotional support. Therefore, nursing care based on objective and subjective characteristics occurs in maintaining health and when it is unable to fulfill its needs on its own, either aiming at the recovery of autonomy or maintaining the quality of life available (SOUZA et al, 2005).

In this context, the guiding question was: How is colorectal cancer understood by diagnosed patients, by nursing and by their support network? Its realization is justified by the need to study the role of nursing in the prevention, treatment and rehabilitation of oncological patients with colorectal cancer, given the high rate of cases diagnosed late.

This study aims to identify nursing care in the care of patients with colorectal cancer, highlighting the perspective of the patient and his family support network in the face of the diagnosis and treatment of the disease.

METHOD

The following integrative literature review study was carried out in view of the possibility of carrying out a search and careful evaluation of various studies on the same subject and from that obtaining a concrete understanding of the chosen topic in a reduced period of time (MENDES; SILVEIRA; GALVÃO, 2008).

The search for publications took place in the Latin American and Caribbean Literature in Health Sciences (LILACS) and Nursing Database (BDENF) databases accessed through the Virtual Health Library (VHL). For its realization, the following descriptors in health sciences (DECS) were used: colorectal cancer, nursing care and nursing care.

As inclusion criteria for the selection of articles, it was decided by: all categories of articles, articles with abstracts and full texts, documents published in the period from 2012 to 2022, in Portuguese language and articles that in their titles/abstracts had a direct relationship with the chosen theme. The exclusion criteria were: incomplete articles, duplicate texts, in other languages, outside the requested period, with methodological compromise and that were not directly related to the objective of the study.

The search was carried out during the months of February and March 2022, organized in the following stages: initially, the descriptors in health sciences were directly associated with the databases for the selection of Boolean operators to be used. Next, a search was performed using inclusion and exclusion filters in the selected databases based on the selected descriptors. In the third stage, articles that were not within the desired theme were excluded. The fourth step referred to reading the titles and summaries of the texts together with the exclusion of duplicated texts. Finally, a new reading was performed to confirm the selection of final articles.

The descriptors were used in association with the Boolean operators "AND" and "OR": "colorectal cancer" and "nursing care" or "nursing care". Initially, 104,454 articles were found, 1,585 texts in the LILACS database and 62 in the BDENF database according to the inclusion and exclusion criteria, after reading the titles and abstracts and excluding duplicate texts, 18 articles were selected for the study.

Figure 1 in the next page.

RESULTS AND DISCUSSION

For that study, after the inclusion and exclusion criteria, 18 articles were selected, 14 articles in BDENF and 4 in LILACS.

Table 1 in the page 6 and 7.

Eighteen articles were found between the years 2012 to 2022, with a predominance of 15 (fifteen) studies of a qualitative nature and three (3) of a quantitative nature. In view of the selected articles, it was possible to establish three thematic areas for study that aimed to answer the guiding question: "How is colorectal cancer understood by diagnosed patients, by nursing and by its support network?". Thus, the categories described are: "Colorectal cancer and ostomization according to the patient's perception", "Patient care, according to the family caregiver's view" and "The main nursing care for patients with colorectal cancer".

Category I - Colorectal cancer and ostomization according to the patient's perception

Receiving the diagnosis of a chronic disease, such as cancer, considerably affects the patient's life and their support network. According to Barboza et al. (2021), the process of receiving the bad news brings with it the discovery of several feelings that were not known before, such as: fear of death, shock, suffering due to the stigma of the disease, which must be related to adapting to a new lifestyle.

On several occasions, cancer is not demonstrated in an expressive way, so when diagnosed, patients tend to have a reaction of surprise to such a situation (Mufato et al., 2012), thus being the way in which the news is transmitted to the patient and family by the responsible professional, is one of the key points for how he will face the disease and understand the necessary changes from that moment on.

Colorectal cancer symptoms differ between age, disease stage and tumor location. It appears that psychological symptoms considerably affect the older population, in contrast to the younger population who have greater difficulty with physical symptoms, verifying that depending on the age group there is a specific need for care (MOURA et al., 2020).

During their study, Barboza et al. (2020) demonstrates that patients and their families report the lack of empathy of health professionals, as well as the exacerbation of

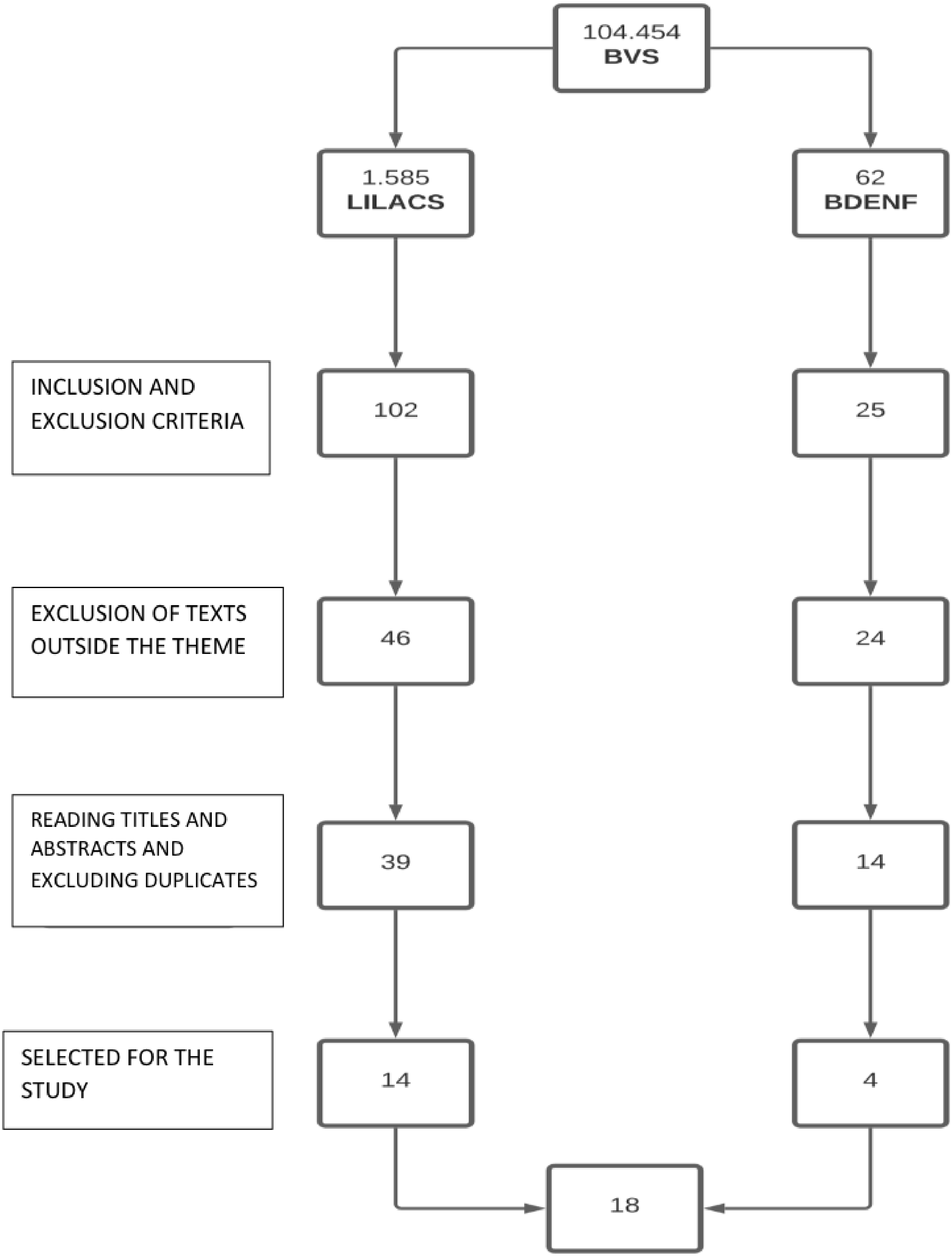

Figure 1- Flowchart for identification, exclusion and selection of articles, Campo Grande MS, 2022.

Source: Own authorship, 2022.

Authors	Goals	Methodology	Main results
Vieira, LM et al. Colorectal Cancer: between suffering and rethinking life. Health in Debate Magazine, 2013.	To describe the feelings and experiences lived by the patients after the colostomy surgery.	Qualitative approach study based on the Fundamental Theory of Data and formation of categories and subcategories.	The use of an ostomy bag results in feelings such as: surprise, the need to adapt and rethink post-ostomy life.
Oliveira GS et al. Experiences of the family caregiver of a person with an intestinal ostomy due to colorectal cancer. Renee Magazine, 2014.	To know the experiences of being a family caregiver of people with an intestinal ostomy due to colorectal cancer.	Descriptive qualitative approach study of exploratory nature through semi-structured, serial interviews and inductive analysis.	During the adaptation period, both patients and their family caregivers report difficulties regarding the correct use of the colostomy bag due to the lack of guidance from health professionals.
Botelho, ASC and Pereira M.G. Quality of Life, optimism,coping, morbidity psychological and family stressin cancer patients colorectal in chemotherapy. Psychology Studies Magazine, 2015.	To evaluate and analyze relationshipsof these variables with patients undergoing chemotherapy according to age, gender age, level of schooling.	Quantitative approach study based on interviews with instruments that evaluatethe psychological variables, relationship index family, anxiety and hospital depression.	women present greater chances of to develop the psychological morbidity, thedepression as major predictor for the development of psychological problems and on the need seek interventions what act directly on these aspects.
Mesquita, MER and Silva, RP Self-care and oral chemotherapy at home: Evaluation of Nurses' Educational Practices from the Perspective of Patients. Journal of Cancerology, 2016.	To evaluate, according to the patients' point of view, the discrepancies between nursing guidelines during home oral chemotherapy.	Qualitative - evaluative approach study with fifteen participants diagnosed with colorectal cancer.	They identified the difficulties from guidance to the application of educational practices, whether due to lack of understanding or lack of skill.
Rodrigues. SC et al. Postoperative period in colorectal cancer patients with ostomies: a comprehensive analysis. SOBECC Magazine, 2016.	To understand the feelings of the person with an ostomy as a result of colorectal cancer.	Qualitative study of an exploratory nature with interviews of patients hospitalized in coloproctology and oncology clinics.	The difficulty in coping with the ostomy in the face of body changes and their feelings of apprehension in terms of post-procedure sexuality.
Dalmolin A. et al. Educational video as a resource for health education for people with a colostomy and their families. Gaúcha Journal of Nursing, 2016.	To report the opinions of participants in a support group regarding the use of videos as educational material about ostomies.	Descriptive qualitative approach study with interviews in a support group.	Initially, patients are afraid of handling it alone and the effectiveness of learning through videos in view of the association of images with reality itself.
Barba PD, Bittencourt VLL, Kolankiewicz ACB, Loro MM Care demands of ostomy cancer patients assisted in primary health care. UFPE Journal of Nursing, 2017.	To check the demands of ostomized patients in primary care.	Descriptive qualitative approach study with semi-structured interviews of ten oncological patients with ostomy.	The difficulty of maintaining self-care for ostomy patients and the need for a more present action by the health team was identified.
Farias DLS, Nery RNB, Santana ME The nurse as a health educator for stomized people with colorectal cancer. Nursing Magazine in Focus, 2018.	To demonstrate the importance and role of nursing in the process of health education for people with a stoma.	Descriptive qualitative approach study with semi-structured interviews with four nurses from a specialized service unit for people with ostomy.	It was identified that the nurse is a health educator for the person with an ostomy, encouraging self-care and the need for professional specialization in the area.
Pérez LAP et al. Environmental factors and colorectal cancer awareness in people with familial risk. Latin American Journal of Nursing, 2019.	To identify environmental and familial risk factors and association with colorectal cancer awareness.	Cross-sectional correlational quantitative approach study with people who met the Bethesda criteria for risk factors for developing colorectal cancer.	Relationship between genetic factors and the presence of colorectal cancer, with female prevalence, presence of overweight, symptoms of alcohol dependence and low preventive knowledge on the subject.

Nascentes, CC et al. Social network in the care of the person with a colorectal cancer. UFPE Journal of Nursing, 2019.	To understand how the social network influences the care and self-care of the person with a stoma and how this social network helps these patients.	Descriptive qualitative approach study with semi-structured interviews of eleven people with colorectal cancer.	Social networks are divided into primary (family circle) and secondary (health professionals). Participants indicate the fragility of primary care in the care offered.
Bandeira LR et al. Comprehensive fragmented care for people with a stoma in the health care network. Anna Nery School Magazine, 2020.	To identify the care provided by the multidisciplinary team necessary for the person with a stoma from the preoperative period to hospital discharge.	Descriptive qualitative approach study through interviews with patients diagnosed with colorectal cancer.	It was identified that care in all periods of treatment is fragmented and reports the presence of the nursing team during the guidelines.
Barboza MCN et al. Communication of the diagnosis of colorectal cancer to the person and family and/or caregiver. Journal Health NPEPS, 2020.	To demonstrate how the diagnosis of colorectal cancer affects the patient and their relationships.	Descriptive qualitative approach study with eleven people with colorectal cancer and their respective family members.	Difficulties were identified in the ability to communicate bad news, to understand technical terms and conflicts when reporting the diagnosis to elderly people.
Macêdo, LM et al. stomized patients with colorectal cancer about quality of life. Renee Magazine, 2020.	To understand changes in quality of life based on the perceptions of ostomized patients	Qualitative approach study based on interviews with fifteen patients in outpatient treatment.	Reports referring to complications of living with an ostomy combined with the necessary changes in quality of life were identified.
, S.F. et al. Symptom pattern in colorectal cancer patients according to age. Brazilian Journal of Cancerology, 2020.	To identify the differences in symptoms that colorectal cancer causes in patients according to age.	Quantitative approach study used from a data set of symptoms of patients with colorectal cancer attended by INCA.	It was identified that most patients were elderly and a discrepancy in symptoms such as pain, nervousness, drowsiness, sadness, problems with sexual activity, lack of appetite, irritation, change in food taste and body visual identification.
Mufato, LF et al. (Re) Organization in the daily life of the family due to the repercussions of the chronic condition caused by cancer. Science, Care and Health Magazine, 2012.	To understand how the support networks for patients with colorectal cancer are organized within family life.	Study with a qualitative-comprehensive approach to the question: "Tell us about the experience lived by you since the onset of the disease until today".	Family ties are important in their own way in caring for sick patients, however, the importance of associating family care with professional practices is reported.
Barboza, MCN et al. The repercussion of the diagnosis of colorectal cancer for the person and his family. Science, Care and Health Magazine, 2021.	It sought to identify how the diagnosis of colorectal cancer affects family relationships.	Study of qualitative approach and theoretical framework with interviews with patients with colorectal cancer and their families.	The impact of the diagnosis on the person and family was identified, as well as the previous experience with the disease that facilitates coping.
Junior Correa, AS et al Multiple senses after ostomization: the beginning of socialization of people with colorectal cancer. Cogitare Nursing Magazine, 2021.	understand the meanings attributed by people with colorectal cancer and their companions about the surgical treatment with ostomy.	Qualitative approach study based on interviews with twenty-two participants of a surgical and outpatient clinic.	They reported the anguish of the first visualization of the ostomy bag, learning in the postoperative period, changes in lifestyle.
Perin, CB et al. colostomized patients on nursing care at oncology inpatient units. ESTIMA – Brazilian Journal of Enterostomal Therapy, 2021.	To analyze the perceptions of patients with colorectal cancer using a colostomy about care of nursing in the oncology inpatient units of a hospital in the west of Santa Catarina.	Qualitative, descriptive – exploratory study with interviews applied to twenty patients with colorectal cancer currently using a colostomy bag.	Nursing provides essential care for patients from the moment of admission to handling the ostomy bag.

Table 1 - Description of articles on colorectal cancer, according to authorship, title, journal, year of publication, objective, methodology and main results Campo Grande - MS, 2022.

Source: Authorship, Campo Grande - MS, 2022.

technical terms referring to the pathology, indicating that in addition to the need to deal with the uncertain future of life, they are forced to look for own means to understand what was passed on to them.

The treatment for colorectal cancer involves chemotherapy and radiotherapy, however in some cases surgery ends up being the most indicated, either as a curative or palliative method and resulting in temporary or permanent ostomies. With the opening of a stoma, many patients witness moments of anguish and confusion in the face of physical and psychological changes. The fear of the collection bag leaking or smelling is recurrent in most newly ostomized patients, bringing with it, periods of social isolation and depressive episodes, thus impairing the rehabilitation process (VIEIRA et al., 2013).

The postoperative period for ostomized patients is one of the most exhausting phases of their mental health. When observing the stoma for the first time, questions that were not evident before arise, either because of the novelty when visualizing the evacuation mechanism, anxiety because they do not feel able to carry out maintenance properly or because of the dissatisfaction of not being able to return to their usual routines (CORREA JÚNIOR et al., 2021).

Sexuality is another factor affected after ostomization. According to Rodrigues et al. (2016), giving up sexual intercourse with partners was recurrent among the patients analyzed, either because of concern that something might happen during the act, because of revulsion – from the person/partner or because of the changes that may come as a result of the surgical procedure (dyspareunia, loss of libido, decreased or inability to obtain an erection, and abnormal ejaculation). However, it must be noted that those who decided to maintain marital relations were able to get around the situation in various ways and could count on the understanding and partnership of their spouses.

The return to work and social activities were described as difficult in most of the selected studies. Demonstrating that ostomized patients acquire fears about the occurrence of accidents with the collection bag or about what other people's opinion will be when they learn of its existence, preventing them from having greater difficulties in reestablishing themselves socially.

A recurrent mechanism for coping with these stages is religion, but there are discrepancies about quality of life and the use of religiosity. According to Macêdo et al. (2020), those who use religion as support end up accepting the disease and therapy process more quickly, either because of divine support or gratitude for overcoming this process. However, Botelho and Pereira (2015) state that people who take refuge in religion end up becoming more relaxed with the quality of their physical functioning, thus causing a loss in quality of life in general.

Category II - Patient care, according to the family caregiver's view

As described in the study by Mufato et al. (2012), support networks are shaped according to the extent to which they are affected by the medical diagnosis, the progression of the disease's symptoms, the treatment instituted, and what care each family member can provide for the patient's good.

The family support network operates from the moment the patient receives his diagnosis, going through the therapeutic phases and later, when he has to deal with the consequences of the disease. Due to various situations, the care exercised by them transits between psychological and physical support.

It is understood that family caregivers are the main means of patient care, even surpassing the procedures performed by professionals, since they are inserted in the routine and uniqueness of the patient and experience the difficulties and achievements of the patient day after day, thus corroborating the study carried out by Nascentes et al. (2019), where he describes the relevance of monitoring a primary social network from the search for health services and later, as emotional support and coping with adversities.

During the chemotherapy and radiotherapy phase, patients often report side effects due to the vast amount of radiation and cellular toxicity received. During this period, family members are usually the moral support of the patient, thus aiming to encourage him to continue the treatment and not to be overwhelmed by the stigma of the disease. In addition to dealing with the responsibility of caring for others, family caregivers have to face their own anxieties and anxieties with the relative's illness, dealing with the duality between being strong for the patient and being strong for themselves.

One of the consequences of colorectal cancer is the need to amputate the organ or part of it that contains the tumor, resulting in the opening of stomata in the abdominal cavity. During the rehabilitation process, it is customary for the family member to acquire responsibility for carrying out procedures such as care for the surgical wound, conservation and hygiene of the "new anus" with cleaning, changing bags and/or adhesive plates, thus causing dependence between patient-caregiver (OLIVEIRA et al., 2014).

However, even with the acquired responsibility of caring for their family members, caregivers saw the need to seek guidance in places such as the internet, because according to them, during the hospital period there were few indications passed on by professionals, thus showing a deficiency between educators and professionals. students (DALMOLIN et al., 2016).

Category III - The main nursing care for patients with colorectal cancer

Nursing is present in all phases of patient care with a chronic disease, that is, from receiving the diagnosis, during therapeutic measures, hospital discharge and even subsequent consultations, such as specialized ostomy care. Therefore, it is extremely important to understand the performance of these professionals with cancer patients, whether in a hospital environment or outside it (FARIAS; NERY; SANTANA, 2018).

Nursing care is not only based on the technicality of the treatment, but considers the patient as a being of multiple variables, thus forcing the professional to seek to understand such issues and know how to conduct them in the healthiest and most productive way to maintain the self-care of that individual. which is assisted.

Based on the idea that primary care professionals, and especially those who work in nursing, are more capable of understanding the vulnerabilities and risk factors of their patients enrolled in their respective area of coverage, it can be concluded that they are the ones who have the most training in promoting prevention strategies for colorectal cancer. Corroborating this thought, Barba et al. (2017) and Pérez et al. (2017), state that nursing professionals are the main actors in education and identification of possible injuries, as well as risk factors before illness and disease progression.

It is evidenced in Mesquita and Silva (2016), that during the use of oral chemotherapy at home, the study group describes the role of nursing as responsible for passing on explanations and indications that are divided into three stages: guidelines, understanding and application. The nurse is the one who will pass on the information either through speech during the nursing consultations or through educational booklets on how to take the medications, risk factors, possible complications of the treatment, in a way that the patient is able to understand and carry out the activities. However, it must be noted that guidance does not mean correct execution.

It must be noted that nursing is responsible for care within the hospital unit prior to the ostomy procedure and after the surgery. According to Perin et al. (2021), the procedures performed that were described by newly ostomized patients in hospital units refer to the hygiene of the collection bag and the ostomy, the use of appropriate products during handling, exchange of the bag and possible complications, demonstrating the importance of health education carried out by nursing.

In the continuation of care with the ostomy, the patient is referred to specialized services, which are supported by stoma therapist nurses capable of addressing the questions that may continue when patients and their caregivers return to their homes and must start the process of autonomy, proving the importance of the professional class within the teaching-learning relationship (Bandeira et al., 2020).

Corroborating this thought, Nieves et al. (2017) states in their study that the way in which information is passed on to ostomy patients directly affects how they will recover the autonomy of their own care, thus indicating that correct or incorrect guidance can change patient acceptance your new outlook on life.

Health education is one of the main characteristics of the nursing professional, and in caring for people with a stoma, there is a notable improvement in the information passed on by associating the education process with the available technologies. Faced with this, Dalmolin et al. (2016) demonstrates in their study carried out with family members and patients with colostomy an improvement in adaptation when knowledge is offered from the use of technologies associated with the usual care practice, allowing the patient or caregiver to see how the procedure is performed. stoma care, hygiene, knowing the devices that are available to help daily.

FINAL CONSIDERATIONS

When patients receive the diagnosis of colorectal cancer, they go through a mix of emotions and necessary changes, physically or psychologically, in order to try to maintain their quality of life during this period. Many end up having to undergo ostomization due to the severity of the injuries, thus causing even more significant changes in their routine. The family ends up suffering interference from the disease, as they acquire for themselves the responsibility of caring for the cancer patient outside the hospital environment, demonstrating the importance of family caregivers in the care provided.

Nursing plays a fundamental role in the prevention, treatment and rehabilitation of cancer patients, especially those most affected by the disease. Among the main types of care found are: emotional support, interventions aimed at hygiene and health education, aimed mainly at ostomized patients, guiding them to regain autonomy in their own lives.

Nevertheless, as much as it was possible to identify nursing care for this type of cancer patient, it must be noted that most of the studies found refer to ostomy care, failing to describe other relevant care at other times for the patient. these patients, thus limiting the study within the chosen theme. Therefore, the need to carry out more studies focused on the area of nursing care for patients with colorectal cancer during all health care processes such as prevention, treatment and rehabilitation is highlighted.

It is hoped that with this study it has been possible to demonstrate and value the performance of nurses, not just directly based on pre-established or systematized techniques, but as holistic professionals who see the patient and their surroundings, seeking to understand their difficulties and knowing how teach how to get around them, from a humanized assistance.

REFERENCES

ARAÚJO, Bruna Nadaletti de; CANTELE, Adriana; MINGOTTI, Giovana. **Acolhimento do Enfermeiro aos Familiares de Portadores de Câncer: A Percepção do Familiar.** Revista Saúde e Desenvolvimento, Curitiba, v. 11, n. 9, p. 143-155, out. 2017. Disponível em: https://www.revistasuninter.com/revistasaude/index.php/saudeDesenvolvimento/article/view/783#:~:text=O%20acolhimento%20aos%20familiares%20%C3%A9,facilitar%20o%20enfrentamento%20da%20doen%C3%A7a. Acesso em: 12 maio 2022.

BANDEIRA, Laura Renner; KOLANKIEWICZ, Adriane Cristina Bernat; ALIEVI, Mariana Fröhlich; TRINDADE, Letícia Flores; LORO, Marli Maria. **Atenção integral fragmentada a pessoa estomizada na rede de atenção à saúde.** Escola Anna Nery, [S.L.], v. 24, n. 3, p. 1-7, maio 2020. FapUNIFESP (SciELO). Disponível em: https://doi.org/10.1590/2177-9465-EAN-2019-0297. Acesso em: 05 mar. 2022.

BARBA, Patrícia dalla; BITTENCOURT, Vivian Lemes Lobo; KOLANKIEWICZ, Adriane Cristina Bernat; LORO, Marli Maria. **Demandas de cuidados de pacientes oncológicos estomizados assistidos na atenção primária à saúde.** Revista de Enfermagem Ufpe, Recife, v. 11, n. 8, p. 3122-3129, ago. 2017. Disponível em: https://periodicos.ufpe.br/revistas/revistaenfermagem/article/view/110217. Acesso em: 05 mar. 2022.

BARBOZA, M. C. N.; MUNIZ, R. M.; CAGLIARI, R.; ROCKEMBACH, J. A.; VASCONCELLOS, S. A.; DIAS, L. V. **Comunicação do diagnóstico de câncer colorretal à pessoa e família e/ou cuidador/ Communication of colorretal cancer diagnosis to the person and family and/or caregiver/ Comunicación del diagnóstico de cáncer colorretal a la persona y la familia y/o cuidador.** Journal Health NPEPS, [S. l.], v. 5, n. 2, 2020. Disponível em: https://periodicos.unemat.br/index.php/jhnpeps/article/view/4585. Acesso em: 23 maio. 2022.

BARBOZA, Michele Cristiene Nachtigall; MUNIZ, Rosani Manfrin; CAGLIARI, Raquel; VIEGAS, Aline da Costa; AMARAL, Débora Eduarda Duarte do; CARDOSO, Daniela Habekost. **A repercussão do diagnóstico de câncer colorretal para pessoa e sua família.** Ciência, Cuidado **e Saúde, [S.L.], v. 20, 27** jan. 2021. Universidade Estadual de Maringa. Disponível em: https://doi.org/10.4025/ciencuidsaude.v20i0.57576. Acesso em: 05 mar. 2022.

BOTELHO, Ana Sofia Cordeiro; PEREIRA, Maria da Graça. **Qualidade de vida, otimismo, enfrentamento, morbidade psicológica e estresse familiar em pacientes com câncer colorrectal em quimioterapia.** Estudos de Psicologia, [S.L.], v. 20, n. 1, p. 51-60, 2015. GN1 Genesis Network. Disponível em: https://doi.org/10.5935/1678-4669.20150007. Acesso em: 05 mar. 2022.

BRASIL. Ministério da Saúde. Gabinete do Ministro. Portaria n **º 958, de 26 de** setembro de 2014. **Aprova as Diretrizes Diagnósticas e Terapêuticas do Câncer de Cólon e Reto.** Diário Oficial da União, Brasília, DF, 29 set. 2014. p.59.

CORREA JÚNIOR, Antonio Jorge Silva; MENDES, Clarissa Porfírio; PASTANA, Elizama Nascimento; SONOBE, Helena Megumi; TELES, André Aparecido da Silva; SANTANA, Mary Elizabeth de. **Múltiplos sentidos após a estomização: implicações para o início da socialização de pessoas com câncer colorretal.** [S.l.], v. 26, jul. 2021. ISSN 2176-9133. Disponível em: https://revistas.ufpr.br/cogitare/article/view/72932. Acesso em: 05 mar. 2022.

CRUZ, Geraldo Magela Gomes da et al. **Câncer colônico - epidemiologia, diagnóstico, estadiamento e gradação tumoral de 490 pacientes**. Revista Brasileira de Coloproctologia, [S.L.], v. 27, n. 2, p. 139-153, jun. 2007. FapUNIFESP (SciELO). Disponível em: https://doi.org/10.1590/S0101-98802007000200003. Acesso em: 02 fev. 2022.

Dalmolin, Angélica et al. **Vídeo educativo como recurso para educação em saúde a pessoas com colostomia e familiares.** Revista Gaúcha de Enfermagem [online]. 2016, v. 37, n. spe [Acessado **13 Maio 2022], e68373.** Disponível em: https://doi.org/10.1590/1983-1447.2016.esp.68373. Epub 06 Abr **2017. ISSN 1983-1447.**

FARIAS, Dilton Luis Soares de; NERY, Roberta Nayara Barroso; SANTANA, Mary Elizabeth de**. O enfermeiro como educador em saúde da pessoa estomizada com câncer colorretal.** Enfermagem em Foco, [S.L.], v. 10, n. 1, p. 35-39, 27 fev. 2019. Conselho Federal de Enfermagem - Cofen. Disponível em: https://doi.org/10.21675/2357-707X.2019.v10.n1.1486. Acesso em: 05 mar. 2022.

FERNANDES MOURA, S.; SILVA POTENGY DE MELLO, M. R.; DRUMOND MUZI, C.; MENDONÇA GUIMARÃES, R. **Padrão Sintomatológico em Pacientes do Câncer Colorretal de acordo com a Idade**. Revista Brasileira de Cancerologia, [S. l.], v. 66, n. 1, p. e–15474, 2020. Disponível em: https://doi.org/10.32635/2176-9745.RBC.2020v66n1.474. Acesso em: 05 mar. 2022.

INCA - Instituto Nacional de Câncer. **Câncer de intestino - versão para Profissionais de Saúde.** 2021. Disponível em: https://www.inca.gov.br/tipos-de-cancer/cancer-de-intestino/profissional-de-saude. Acesso em: 13 abr. 2022.

INCA. Instituto Nacional de Câncer. **ABC do câncer: abordagens básicas para o controle do câncer.** Instituto Nacional de Câncer José Alencar Gomes da Silva/Ministério da Saúde. 6ª ed. rev. atual. Rio de Janeiro: INCA, 2020. Disponível em: https://www.inca.gov.br/publicacoes/livros/abc-do-cancer-abordagens-basicas-para-o-controle-do-cancer. Acesso em: 23 mai. 2022.

INCA – Instituto Nacional de Câncer. **Estatísticas de câncer.** 2022. Disponível em: https://www.inca.gov.br/numeros-de-cancer. Acesso em: 22 mai. 2022.

MACÊDO, Luan Monteiro et al. **The perception of ostomized patients with colorectal cancer regarding their quality of life.** Rev Rene, [S.L.], v. 21: 1:e43946, 17 jul. 2020. Rev Rene - Revista da Rede de Enfermagem de Nordeste. Disponível em: https://doi.org/10.15253/2175-6783.20202143946. Acesso em: 05 mar. 2022.

MENDES, Karina dal Sasso; SILVEIRA, Renata Cristina de Campos Pereira; GALVÃO, Cristina Maria. **Revisão integrativa: método de pesquisa para a incorporação de evidências na saúde e na enfermagem.** Texto & Contexto - Enfermagem, [S.L.], v. 17, n. 4, p. 758-764, dez. 2008. FapUNIFESP (SciELO). Disponível em: https://doi.org/10.1590/S0104-07072008000400018. Acesso em: 09 set. 2021.

MESQUITA, Maria Eunice Rodrigues de; SILVA, Rildo Pereira da. **Autocuidado e Quimioterapia Oral Domiciliar: avaliação das práticas educativas dos enfermeiros sob a perspectiva de pacientes.** Revista Brasileira de Cancerologia, Rio de Janeiro, v. 62, n. 3, p. 237-245, jul-ago-set. 2016. Disponível em: https://rbc.inca.gov.br/index.php/revista/issue/view/82/12. Acesso em: 05 mar. 2022.

MOURA, Silmara Fernandes; MELLO, Marianne Regina Silva Potengy de; MUZI, Camila Drumond; GUIMARÃES, Raphael Mendonça. **Padrão Sintomatológico em Pacientes do Câncer Colorretal de acordo com a Idade.** Revista Brasileira de Cancerologia, [S. l.], v. 66, n. 1, p. e–15474, 2020 Disponível em: https://doi.org/10.32635/2176-9745.RBC.2020v66n1.474. Acesso em: 25 maio. 2022.

MUFATO, Leandro Felipe; ARAÚJO, Laura Filomena Santos de; BELLATO, Roseney; NEPOMUCENO, Marly Akemi Shiroma. **(Re) organização no cotidiano familiar devido às repercussões da condição crônica por câncer.** Ciência, Cuidado **e Saúde, [S.I], v. 11, n. 1, p. 89-97, out. 2012.** Disponível em: https://periodicos.uem.br/ojs/index.php/CiencCuidSaude/article/view/18863. Acesso em: 05 mar. 2022.

NASCENTES, Camila Cantarino; SOUZA, Maria Helena do Nascimento; MOREIRA, Marlea Chagas; OLIVEIRA, Norma Valéria Dantas de; PALASSON, Rosilene Rocha; GHELMAN, Liane Gack. **Rede social no cuidado à pessoa estomizada por câncer colorretal.** Revista de Enfermagem UFPE Online, [S.L.], v. 13, 14 jun. 2019. ISSN 1981-8963. Revista de Enfermagem, UFPE Online. Disponível em: https://doi.org/10.5205/1981-8963.2019.239569. Acesso em: 05 mar. 2022.

NIEVES, Candela Bonill-De Las; DÍAZ, Concepción Capilla; CELDRÁN-MAÑAS, Miriam; MORALES-ASENCIO, José Miguel; HERNÁNDEZ-ZAMBRANO, Sandra Milena; HUESO-MONTORO, César. **Ostomy patients' perception of the health care received.** Revista Latino-Americana de Enfermagem, [S.L.], v. 25, 11 dez. 2017. ISSN 1518-8345.FapUNIFESP (SciELO). Disponível em: http://dx.doi.org/10.1590/1518-8345.2059.2961. Acesso em: 05 mar. 2022.

OLIVEIRA, Gláucia Sousa; BAVARESCO, Marina; FILLIPINI, Cibelle Barcelos; ROSADO, Sara Rodrigues; DÁZIO, Eliza Maria Rezende; FAVA, Silvana Maria Coelho Leite. **Experiences of the family caregiver of a person with intestinal ostomy due to colorectal cancer.** Revista da Rede de Enfermagem do Nordeste, [S.L.], v. 15, n. 1, p. 108-115, 16 fev. 2014. Rev Rene - Revista da Rede de Enfermagem de Nordeste. Disponível em: https://doi.org/10.15253/2175-6783.2014000100014. Acesso em: 05 mar. 2022.

PACHECO-PÉREZ, Luis Arturo; RUÍZ-GONZÁLEZ, Karla Judith; DE-LA-TORRE-GÓMEZ, Aldo César Gómez; GUEVARA-VALTIER, Milton Carlos; RODRÍGUEZ-PUENTE, Linda Azucena; GUTIÉRREZ-VALVERDE, Juana Mercedes. **Fatores ambientais e conscientização sobre o câncer colorretal em pessoas com risco familiar.** Revista Latino-Americana de Enfermagem, [S.L.], v. 27, out. 2019. FapUNIFESP (SciELO). e3195. Disponível em: https://doi.org/10.1590/1518-8345.3082.3195. Epub 14 Out 2019. ISSN 1518-8345. Acesso em: 05 mar. 2022.

RODRIGUES, Suellen Cristina et al. **Pós operatório de pacientes com câncer colorretal estomizados: uma análise compreensiva.** Revista Sobecc, [S.L.], v. 21, n. 2, p. 90-96, 2 set. 2016. Zeppelini Editorial e Comunicacao. Disponível em: https://revista.sobecc.org.br/sobecc/article/view/16. Acesso em: 05 mar. 2022.

SANTOS, Jorge Ygor Gonçalves dos et al**. Estratégias para ampliação do rastreamento de câncer colorretal em população de risco / Strategies for expanding colorectal cancer screening in risk population.** Brazilian Journal Of Health Review, [S.L.], v. 4, n. 5, p. 21010-21024, 6 out. 2021. South Florida Publishing LLC. Disponível em: https://doi.org/10.34119/bjhrv4n5-200. Acesso em: 26 abr. 2022.

SARDINHA, Ana Hélia de Lima; NUNES, Priscila Praseres; ALMEIDA, Joelson dos Santos. **Perfil epidemiológico de casos do câncer colorretal em hospital de referência no Maranhão, Brasil.** O Mundo da Saúde, [S.L.], v. 45, n. s/n, p. 606-614, 1 jan. 2021. Centro Universitario Sao Camilo - Sao Paulo. Disponível em: DOI 10.15343/0104-7809.202145606614. Acesso em: 23 abr. 2022.

SILVA, Márcio da; ERRANTE, Paolo Ruggero. **Câncer Colorretal: Fatores de Risco, Diagnóstico e Tratamento.** Revista Unilus Ensino e Pesquisa, São Paulo, v. 13, n. 33, p. 133-140, out-dez. 2016.

SOUZA, Maria de Lourdes de; SARTOR, Vicente Volnei de Bona; PADILHA, Maria Itayra Coelho de Souza; PRADO, Marta Lenise do. **O Cuidado em Enfermagem: uma aproximação teórica.** Texto & Contexto - Enfermagem, [S.L.], v. 14, n. 2, p. 266-270, jun. 2005. FapUNIFESP (SciELO). Disponível em: https://doi.org/10.1590/S0104-07072005000200015. Acesso em: 26 abr. 2022.

STUMM, Eniva Miladi Fernandes; LEITE, Marinês Tambara; MASCHIO, Gislaine. **Vivências de uma Equipe de Enfermagem no Cuidados a Pacientes com Câncer.** Cogitare Enfermagem, [S.L.], v. 13, n. 1, p. 75-82, jan-mar. 2008. Disponível em: https://www.redalyc.org/pdf/4836/483648978010.pdf. Acesso em: 16 abr. 2022.

VIEIRA, Leila Maria; RIBEIRO, Barbara Nayara de Oliveira; GATTI, Márcia Aparecida Nuevo; SIMEÃO, Sandra Fiorelli de Almeida Penteado; CONTI, Marta Helena Souza de; VITTA, Alberto de. **Câncer colorretal: entre o sofrimento e o repensar na vida.** Saúde em Debate, [S.L.], v. 37, n. 97, p. 261-269, 19 ago. 2013. Disponível em: https://www.scielo.br/j/sdeb/a/chgD6nnDtgTjMg4hPf3Qr8x/#ModalArticles. Acesso em: 05 mar. 2022.