

# Knowledge of professionals about sexuality of the ostomyzed

## *Conocimientos del profesional sobre la sexualidad del ostomizado*

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### Abstract

**Background:** An ostomy significantly influences a person's life, altering their biopsychosocial and sexual sphere and affecting their interpersonal relationships. **Materials and methods:** Through an observational, descriptive, and cross-sectional study, with a questionnaire aimed at professionals from a health area in Madrid, we analyzed: sociodemographic variables, knowledge of the professionals on the subject, referral of the patient according to the professional's assessment and feelings that the subject under study produces in the patient and in professionals. **Results:** 49% claimed to have no knowledge about sexuality of the ostomyzed patients. 55.9% of those surveyed consider that the healthcare provider is the one who should introduce the topic of sexuality during the clinical interview. 48.5 and 85.2% are unaware of treatments for male and female sexual dysfunction, respectively. **Conclusions:** The data show that the training provided in the university centers is insufficient to deal effectively with this issue in the medical consultation. The participants manifest null or minimal knowledge about the sexual sphere in ostomized patients. Knowledge deficiencies are detected in relation to the sexuality of the ostomized patient, difficulty in talking about sex with these patients, and the importance that sanitary professionals give to the patient's sexual sphere, among others.

**Keywords:** Ostomy. Nurses. Physicians. Sexuality. Knowledge.

### Resumen

**Antecedentes:** Una ostomía influye significativamente en la vida de la persona, alterando su esfera biopsicosocial y sexual, y afectando a sus relaciones interpersonales. **Material y método:** Estudio observacional, descriptivo y transversal. Mediante un cuestionario dirigido a profesionales de un área sanitaria de Madrid, se analizan variables sociodemográficas, conocimientos de los profesionales, derivación del paciente a un especialista según la valoración del profesional encuestado y sentimientos que produce en ellos el tema de estudio. **Resultados:** El 49% afirma tener conocimientos nulos sobre la sexualidad del paciente ostomizado. El 55.9% de los encuestados considera que el sanitario es quien debe introducir el tema de la sexualidad durante la entrevista clínica. El 48.5 y el 85.2% desconocen tratamientos para la disfunción sexual, masculina y femenina, respectivamente. **Conclusión:** Los datos demuestran que la formación impartida en los centros universitarios es insuficiente para tratar de forma efectiva este tema en la consulta. Los participantes en el estudio muestran nulo o mínimo conocimiento sobre la esfera sexualidad en el paciente ostomizado. Se detectan deficiencias de conocimiento en relación con la sexualidad del ostomizado, dificultad para hablar de sexo con el paciente y valor que da el profesional a la esfera sexual en su paciente, entre otras.

**Palabras clave:** Ostomía. Enfermeras. Médicos. Sexualidad. Conocimiento.

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## Introduction

There is nearly 70 000 ostomized individuals in Spain, with 15 000 new cases being reported each year<sup>1</sup>. Worldwide epidemiological data on this topic are not available.

Ostomized patients often experience a loss of the sense of “fullness” related to body image and may experience significant anxiety. Loneliness and isolation exacerbate stress and lead to a loss of sexuality too<sup>2,3</sup>.

Psychological reactions to the stress caused by the disease and the ostomy care process are the leading causes of sexual dysfunction in men and dyspareunia in women. Many ostomized individuals try to keep their condition a secret for fear of being stigmatized or rejected, leading to changes in how they express their sexuality, which ends up affecting their interpersonal relationships<sup>4</sup>.

Sexuality in ostomized patients is a topic that is rarely addressed by health care professionals, and often considered taboo and laden with prejudices. This may be due to limited knowledge and training in this area<sup>1,5</sup>. Despite the importance of health education aimed at informing and addressing the sexual problems of these patients, health professionals often encounter difficulties in resolving these issues, which can manifest as decreased libido or sexual dysfunction<sup>6-10</sup>.

Some authors have found that many patients had never discussed sexuality with health care professionals. Most expressed feelings of self-doubt, shame, and fear too. A significant number of patients experience significant discomfort due to the impact of the ostomy care process on their body image and sexuality<sup>11-13</sup>. Other authors report that most professionals assisting ostomized patients believe that patients will probably feel uncomfortable addressing this issue and they prefer to drop the subject<sup>6</sup>.

The objective of the study is to analyze the current best knowledge of health care professionals on the sexuality of ostomized patients in the Salud de Vallecas area, Spain and identify possible deficiencies in the surveyed professionals regarding the sexuality of ostomized patients.

## Material and methods

- Design. This was an observational, descriptive, and cross-sectional study that used a questionnaire directed at health care professionals treating ostomized patients at Hospital Universitario Infanta

Leonor, and Hospital Virgen de la Torre, both based in Madrid, and affiliated primary and specialized care centers (13 primary and specialized care centers). Inclusion criteria were health care professionals specialized in Family and Community Medicine, General and Digestive System Surgery, Urology, Gynecology, Internal Medicine, primary care nursing, and specialized care nursing. Medical and nursing students and health care professionals who did not wish to voluntarily participate in the study were excluded.

Questionnaires were distributed and collected from April through July 2021.

- Sample size. Convenience sampling was conducted among all health care professionals involved in the above centers treating ostomized patients who correctly completed the questionnaires.
- Procedure. An expert group was created, including 1 colorectal surgeon, 1 urological surgeon specialized in andrology, 2 ostomy nurses, and 2 surgical ward nurses from the surgery and urology departments. An ad hoc cross-sectional questionnaire was created by the expert group regarding this research, consisting of 22 questions with single or multiple-choice answers. The items were developed after consulting the scientific medical literature on this topic and reaching consensus within the group. The sociodemographic variables, professionals' best knowledge on the topic in question, patient referral according to professional assessment, and the feelings that the topic in question evokes in the professional were all collected. Construct and content validation were not considered necessary due to the highly specific nature of the topic, and also because the research's primary goal was to describe health care professionals' best knowledge on the sexuality of ostomized patients.
- Data analysis. Descriptive analysis of variables was performed. Categorical variables were expressed as frequencies and percentages, while the quantitative ones were expressed as mean and standard deviation (SD). The level of confidence for parameter estimation was set at 95%. Differences were considered significant when the *P* value associated with the statistical test of contrast was < .05. The association of qualitative variables (nominal and ordinal) was assessed using the chi-square test. Data were analyzed using the SPSS-22 software program. Convenience sampling was used, including correctly completed questionnaires in the sample.

- Ethical aspects. Information on the objective of the survey was provided along with the questionnaire, and participants were asked for their prior consent before completing it. Additionally, participants were informed that the data would be used for educational and research purposes only. Data collection was anonymous and followed the principles established in the Organic Law 3/2018, of 5 December, on the Protection of Personal Data and the Guarantee of Digital Rights always in full compliance with the fundamental principles outlined in the current version of the Declaration of Helsinki.

## Results

### Sociodemographic data

The target population surveyed included 812 professionals, with a participation rate of 41.6% (14.29% physicians, and 27.34% nurses).

Twenty-one out of the 359 surveys received were discarded due to incompleteness, resulting in a total sample of 338 questionnaires for final analysis. The participants' mean age was 41.6 years (SD, 11.8).

Table 1 illustrates the general characteristics of the participants.

### Best knowledge of health care professionals on sexuality and ostomized patients

The level of knowledge acquired in college on sexuality was minimal for 66% (223) of the surveyed health care professionals, while 59.5% (201) stated that, overall, their best knowledge on ostomized patients was also minimal. When asked specifically on their level of best knowledge on the sexuality of ostomized patients, 95.3% (322) said they had minimal, or no knowledge at all (Fig. 1). There is a significant correlation ( $p = 0.008$ ) between the overall number years worked and the overall level of best knowledge on ostomized patients.

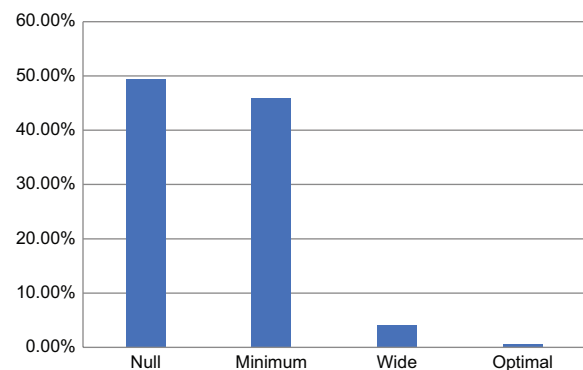
There is statistical significance ( $p = 0.001$ ) when assessing the knowledge of sexuality health care professionals have in relation to how the topic is discussed with the patient. A total of 54% (134) of health care professionals claim to openly discuss the topic while reporting not knowing too much on sexuality.

Figure 2 shows the health care professionals' best knowledge on existing treatments for male and female sexual dysfunction. Among those who claim to know the treatments available for men, only 68.4% (119)

**Table 1. General characteristics of participants**

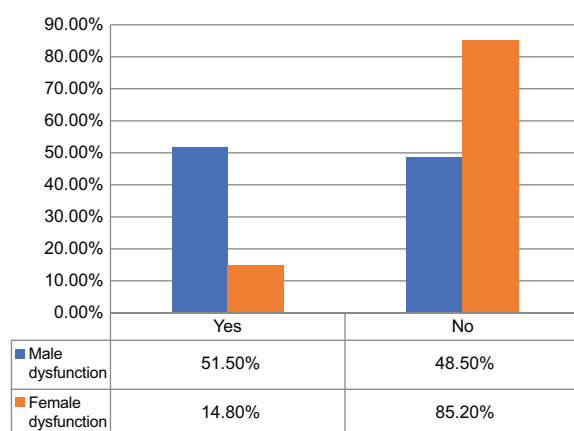
|                         | n (338) | %     |
|-------------------------|---------|-------|
| Gender                  |         |       |
| woman                   | 275     | 81.4% |
| Man                     | 63      | 18.6% |
| Professional category   |         |       |
| Medicine in PC          | 52      | 15.4% |
| Medicine in SC          | 64      | 18.9% |
| Nursing in PC           | 94      | 27.8% |
| Nursing in SC           | 128     | 37.9% |
| Health care level       |         |       |
| PC                      | 103     | 43.2% |
| SC                      | 135     | 56.8% |
| Professional Experience |         |       |
| < 10 years              | 110     | 32.5% |
| 11-20 years             | 110     | 32.5% |
| 21-30 years             | 72      | 21.4% |
| > 31 years              | 46      | 13.6% |

PC: primary care; SC: specialized care.



**Figure 1. Best knowledge of health care professionals on ostomized patients, and their sexuality.**

specify their response, being Viagra® the most frequently mentioned. Other treatments mentioned include sildenafil or tadalafil (phosphodiesterase inhibitors), testosterone-based hormonal therapy, Caverject® (prostaglandin with vasodilatory action), or penile prostheses. In the case of women, only 14.8% (50) claim to know about treatment. Participants who claim to know about therapies vs this issue include specialist physicians at 32.9% (21), while those who know the least are primary care physicians at 9.6% (5). A total of 64% (32) of the 50 respondents who specify treatments for female sexual dysfunction, mention hormonal therapy with androgens and estrogens, lubricants, creams, radiofrequency, psychological treatment, and vitamin complexes that stimulate libido such as Libicare® and Gynfeel®.



**Figure 2.** Best knowledge of treatments vs. sexual dysfunction.

A total of 96.4% (326) of the entire sample are unaware of the existence of any surveys to assess sexual changes in surgical patients. Only 9 professionals wrote down the surveys they knew: the International Index of Erectile Function (IIEF-5), the Sexual Health Inventory for Men (SHIM), IIEF-5, and the Sexual Function Questionnaire for Men (FSH).

### ***Referral of ostomized patients based on the health care professional's assessment***

Table 2 specifies the specialties involved in counseling ostomized patients, both in terms of who should be referred, and the most qualified specialty for it.

In relation to the total years worked by the health care professional regarding whom they would refer ostomized patients to, there is significance ( $p = 0.001$ ) in the case of men. Health care professionals with < 30 years of experience mainly refer patients to urologists. However, 21.1% with over 30 years of work experience would refer patients to a specialist psychologist.

### ***Feelings evoked in health care professionals when discussing the sexuality of ostomized patients***

A total of 73.4% (248) of health care professionals would openly discuss the topic if the patient actively requested information on their sexuality.

A total of 55.9% (189) of respondents believe that health care professionals should be the ones to introduce the topic of sexuality during the clinical interview vs 44.1% (149) who think that the patient should initiate

**Table 2.** Specialties involved in advising ostomized patients

|                                                  | n (338) | %     |
|--------------------------------------------------|---------|-------|
| Specialty for referral                           |         |       |
| Coloproctology                                   | 19      | 5.6%  |
| Urology/Gynecology                               | 86      | 25.4% |
| PC physician                                     | 27      | 8%    |
| Ostomy nurse                                     | 115     | 34%   |
| Psychology                                       | 91      | 26.9% |
| Specialty most qualified for resolving questions |         |       |
| Urology                                          | 108     | 32%   |
| Gynecology                                       | 13      | 3.8%  |
| Coloproctology                                   | 33      | 9.8%  |
| Oncology                                         | 3       | 0.9%  |
| Psychiatry                                       | 4       | 1.2%  |
| Psychology                                       | 77      | 22.8% |
| PC physician                                     | 9       | 2.7%  |
| Ostomy nurse                                     | 75      | 22.2% |
| Nursing                                          | 16      | 4.6%  |
| Specialty for referral in case of male changes   |         |       |
| Urology                                          | 198     | 58.6% |
| Andrology                                        | 50      | 14.8% |
| Coloproctology                                   | 12      | 3.6%  |
| Oncology                                         | 2       | 0.6%  |
| Psychologist specialized in sexual therapy       | 76      | 22.5% |
| Specialty for referral in case of female changes |         |       |
| Gynecology                                       | 215     | 63.6% |
| Andrology                                        | 11      | 3.3%  |
| Coloproctology                                   | 11      | 3.3%  |
| Oncology                                         | 5       | 1.5%  |
| Psychologist specialized in sexual therapy       | 96      | 28.4% |

PC: primary care.

the discussion. Regarding when to address the topic of discussion, 79.9% (270) believe that it can be discussed at any time during the process if doubts arise.

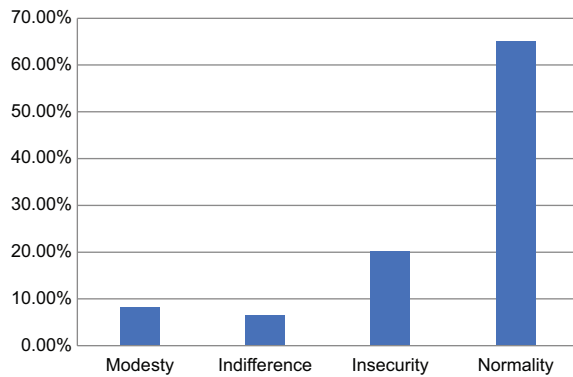
Figure 3 illustrates the feelings generated in health care professionals when discussing sex. The feeling of normality is more ingrained among the nursing staff.

Overall, 62.7% (212) consider it important to address sexuality.

## **Discussion**

Despite the importance placed on sexuality in ostomized patients, little is known on what health professionals know on this topic.

The response rate to the questionnaire was 41.6% (388 health care professionals), which is similar to the rate reported by other studies of similar characteristics<sup>14-17</sup>. Many of these studies conduct surveys by mail,



**Figure 3.** Feelings of health care professionals when addressing sexuality with their patients.

while in this study, the survey was personally delivered to the heads of each evaluated unit for subsequent distribution among the target population. This method did not significantly impact the response rate. However, we should mention that the nursing group had a strikingly higher though statistically nonsignificant response rate compared to physicians.

Kaner et al.<sup>18</sup> suggest that one important factor impacting response rates to surveys is the topic of research. If the surveyed individual is interested in the topic in question, the response rate tends to be higher. Based on the results obtained and this theory, we can deduce that sexuality in ostomized patients is an interesting topic of discussion, especially in the field of nursing, as supported by various nursing reports on this subject<sup>19-22</sup>. These reports, however, do not focus on the training or level of acquired knowledge.

Analyzing the population that responded to the surveys, we can conclude that the group of hospital nurses exceeds that of specialized physicians, which can be a bias, as the study originates from hospital nursing professionals, thus making it easier to access professionals within the hospital setting compared to primary care professionals, with whom it is a little more difficult to come into contact.

The surveyed population is consistent with that of studies of similar characteristics<sup>14-23</sup>. An example of this is studies that assess the best knowledge of health care professionals on fecal incontinence. The study topic is considered comparable to the sexuality of ostomized individuals because it is also a taboo topic of discussion. The respondents' mean age was 47.7 years, which is very similar to the 41.6 years, on average, of the surveyed population for the completion of this work. Similarly, the professional experience in

the sample of this study is < 20 years in 65% of the cases, while in the study conducted by Ng Kheng-Seong et al.<sup>23</sup> it is 72.5%.

Despite having more and better education in sexuality today, there are no statistically significant differences in terms of best knowledge and total working experience. However, education in ostomies is significantly better.

The participants in this study were, as expected, predominantly women, which is similar to what other contemporary studies have reported. In contrast, the participants of studies conducted in the 1970s<sup>24</sup> on the best knowledge on sexuality in physicians were male participants in 100% of the cases.

The participants included in this study represent a diverse group, and despite having different educational backgrounds during their respective college degrees, they all agree on the lack of knowledge acquired. No significant differences were observed among them.

In Spain, according to the scientific medical literature currently available<sup>25</sup>, patients do not openly discuss sexual dysfunction and expect health care professionals to initiate discussions about their sexual issues. While more than half of the respondents believe that it should be the health care professional the one bringing up the topic of discussion, the reality (based on another question asked) is that they only address this topic is requested by the patient.

Urologists are considered the most qualified professionals to respond to the general questions asked by ostomized patients. Regarding the referral process for ostomized patients, the respondents believe that ostomy nurses are the most suitable individuals to address the topic of sexuality, even more so than urologists, or gynecologists. Therefore, the answer to the question "which health care professional would you refer ostomized patients to when not knowing how to approach their new sexuality" is an interesting one because the expectation is to refer the patient to the most qualified health care professional. This response is probably biased because respondents were aware that the study was conducted, among others, by ostomy nurses. When asked about sexual dysfunction, they do mention that they would refer ostomized patients to urologists and gynecologists.

A similar situation arises when asking about the feelings that talking about sex with patients generates in health care professionals. As mentioned earlier, if one lacks sufficient knowledge about a topic, discussing it with a patient will, at least, create insecurity. It is noteworthy that 65% of respondents claim they would

address the topic normally. This response does not seem very logical and suggests that respondents may be trying to hide the feelings of modesty and insecurity created in them while discussing sex with their patients.

The benefit of explaining to the patient, before the procedure, what an ostomy is and the care it requires, has been widely demonstrated<sup>12,26,27</sup>. Most professionals believe it should be addressed when uncertainty arises. Only 18.9% believe it is important to discuss the topic in question in the preoperative phase.

We should mention that primary care physicians are the health care professionals who know more on how to treat male sexual dysfunction. In contrast, they are the ones who know the least on female sexual dysfunction. This may be related to the limited consultation by women about their sexual dysfunctions, causing doctors to be unaware of them<sup>28</sup>.

In general, the respondents agree that sexuality will be affected after undergoing an ostomy. Over a quarter of them say sexuality will not recover, and the patient must accept the changes.

## Conclusions

It is essential for patients to receive comprehensive care including addressing sexuality, which, in turn, requires the education and training of health care professionals. This study confirms the current shortage of knowledge among health care professionals on sexuality during their college education. The lack of preparation to address patient inquiries, the barrier of modesty, and preconceptions contribute to this under-addressed issue.

There is a need for educational tools that help health care professionals develop knowledge, trust, and comfort when discussing sexuality with ostomized patients.

It would be valuable to establish a referral system for addressing the sexuality of these patients to foster a trustful environment between health care professionals and patients, enabling open discussions on this topic without fear.

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## Conflicts of interest

None declared.

## Ethical disclosures

**Protection of human and animal subjects.** The authors declare that the procedures followed were in accordance with the regulations of the relevant clinical research ethics committee and with those of the Code of Ethics of the World Medical Association (Declaration of Helsinki).

**Confidentiality of data.** The authors declare that they have followed the protocols of their work center on the publication of patient data.

**Right to privacy and informed consent.** The authors have obtained the written informed consent of the patients or subjects mentioned in the article. The corresponding author is in possession of this document.

## References

1. Borrell Brau N, Davin Durban I. Intervención de enfermería en la sexualidad de los pacientes ostomizados [Internet]. *Revista de Enfermería*; 2019. Disponible en: <https://e-rol.es/intervencion-de-enfermeria-en-la-sexualidad-de-los-pacientes-ostomizados>
2. Silva AL da, Shimizu HE. A relevância da rede de apoio ao estomizado. *Rev Bras Enferm*. 2007;60(3):307-11.
3. Díaz DF, Carrasco VIC, Barbero FL, Carrión PB, Atalaya JCV-M. ¿Cómo es la experiencia de vivir con una ostomía? Una aproximación fenomenológica. *Enferm Comunitaria*. 2019;15.
4. Agulló RS, Gutiérrez SB, Agulló AS, Martínez AG, Gutiérrez MJB, Fau CB. Pacientes ostomizados. Revisión sistemática de los estudios sobre la alteración de la imagen corporal y la función sexual. *Enferm Integral*. 2016;(113):52-9.
5. Vargas-Escudero A, Moya-Muñoz N, Capilla-Díaz C, Sánchez-Crisol I, Hueso-Montoro C. Altered body image in stoma patients: evaluation through classification of nursing outcomes. *Gastrointest Nurs*. 2019;17(Sup5):S24-30.
6. Vera SO da, Sousa GN de, Araújo SNM, Moreira WC, Damasceno CKCS, Andrade EMLR. Sexuality of patients with bowel elimination ostomy. *Rev Pesqui Cuid É Fundam Online*. 2017;9(2):495-502.
7. Ayazı Alkaya S. Overview of psychosocial problems in individuals with stoma: A review of literature. *Int Wound J*. 2019;16(1):243-9.
8. Symms MR, Rawl SM, Grant M, Wendel CS, Coons SJ, Hickey S, et al. Sexual health and quality of life among male veterans with intestinal ostomies. *Clin Nurse Spec*. 2008;22(1):30-40.
9. Ramirez M, McMullen C, Grant M, Altschuler A, Hornbrook MC, Krouse RS. Figuring out sex in reconfigured body: experiences of female colorectal cancer survivors with ostomies. *Women Health*. 2010;49(8):608-24.
10. Duque PA, CampinoValderrama SM. Vivencias de las personas portadoras de ostomía digestiva. *Cienc Enferm*. 2019;25(10):1-10.
11. García López R, Heras García A. Impacto en la calidad de vida, imagen corporal y sexualidad de las ostomías de eliminación: Una revisión narrativa [Tesis de grado en Internet]. [Madrid]: Facultad de Medicina, Universidad Autónoma de Madrid; 2020. Disponible en: [https://repositorio.uam.es/bitstream/handle/10486/691644/garcia\\_lopez\\_raquel.pdf?sequence=1](https://repositorio.uam.es/bitstream/handle/10486/691644/garcia_lopez_raquel.pdf?sequence=1)
12. Vural F, Harputlu D, Karayurt O, Suler G, Edeer AD, Ucer C, et al. The impact of an ostomy on the sexual lives of persons with stomas: a phenomenological study. *J Wound Ostomy Continence Nurs*. 2016;43(4):381-4.
13. Mota M, Silva C, Gomes G. Vida e sexualidade de mulheres estomizadas: subsídios à enfermagem. *Rev Enferm Cent O Min*. 2016;6(2):2169-79.
14. Thekkinkattil DK, Lim M, Finan PJ, Sagar PM, Burke D. Awareness of investigations and treatment of faecal incontinence among the general practitioners: a postal questionnaire survey. *Colorectal Dis*. 2008;10(3):263-7.
15. McDonald P. Response rates in general practice studies. *Br J Gen Pract*. 1993;43(376):484.
16. Myerson S. Improving the response rates in primary care research. Some methods used in a survey on stress in general practice since the new contract (1990). *Fam Pract*. 1993;10(3):342-6.

17. McAvoy BR, Kaner EF. General practice postal surveys: a questionnaire too far? *BMJ*. 1996;313(7059):732-3.
18. Kaner EF, Haighton CA, McAvoy BR. "So much post, so busy with practice--so, no time!": a telephone survey of general practitioners' reasons for not participating in postal questionnaire surveys. *Br J Gen Pract*. 1998;48(428):1067-9.
19. Brito RJ, Jiménez VK, Tolorza LG, Siqués LP, Rojas PF, Barrios PL. Impacto de la ostomía en el paciente y su entorno. *Rev Chil Cir*. 2004;56(1):31-4.
20. Magnan MA, Reynolds KE, Galvin EA. Barriers to addressing patient sexuality in nursing practice. *Medsurg Nurs*. 2005;14(5):282-9; quiz 290.
21. Silva AL, Shimizu HE. O significado da mudança no modo de vida da pessoa com estomia intestinal definitiva. *Rev Lat Am Enfermagem*. 2006;14(4):483-90.
22. Calcagno Gomes G, Peres Bitencourt P, Pizarro A da R, Pereira Madruga A, Silva de Castro E, de Oliveira Gomes VL. Ser mujer con ostomía: la percepción de la sexualidad. *Enferm Glob*. 2012; 11(27):22-33.
23. Ng KS, Soares DS, Koneru S, Manocha R, Gladman MA. Knowledge, skills, and barriers to management of faecal incontinence in Australian primary care: a cross-sectional study. *BJGP Open*. 2021;5(3):BJGPO.2020.0182.
24. Alzate H. La educación sexual médica. Federación Colombiana de Obstetricia y Ginecología; 1976.
25. Puigvert-Martínez A, Prieto-Castro R. El diagnóstico y el tratamiento de disfunción eréctil en España: la opinión del médico de atención primaria. Proyecto «Atlas de la disfunción eréctil en España». *Rev Int Androl*. 2015;13(3):92-8.
26. Harris MS, Kelly K, Parise C. Does preoperative ostomy education decrease anxiety in the new ostomy patient? A quantitative comparison cohort study. *J Wound Ostomy Cont Nurs*. 2020;47(2):137-9.
27. Perz J, Ussher JM; Australian Cancer and Sexuality Study Team. A randomized trial of a minimal intervention for sexual concerns after cancer: a comparison of self-help and professionally delivered modalities. *BMC Cancer*. 2015;15:629.
28. Ribeiro S, Alarcão V, Simões R, Miranda FL, Carreira M, Galvão-Teles A. General practitioners' procedures for sexual history taking and treating sexual dysfunction in primary care. *J Sex Med*. 2014;11(2):386-93.