
Relationship and sexual satisfaction of stoma patients

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Study protocol

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Version 2

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1 **Background**

Sexual dysfunctions are common after stoma operations with rectal cancer.¹ Sexual dysfunctions after rectum operations are a known complication.² Patients with stoma have a significantly lower self-esteem compared to healthy people.³ There is no research regarding the connection of a stoma and sexual satisfaction to the best of our knowledge. To advise patients before such an operation it is necessary to investigate such a connection.

2 **Aim**

- Sexual satisfaction of participants with stoma
- Relationship satisfaction of participants with stoma
- Comparing colostomy and ileostomy
- Sensitize people treating patients with stoma

3 **Patients**

Patients with stoma or after having had a stoma are asked to fill out an online questionnaire regarding sexual and relationship satisfaction.

Minimum age: 18 years

No sexual dysfunctions. No disease influencing sexual functioning

4 **Methods**

Anonymous Questionnaire. Retrospective data analysis.

5 **Statistics**

Empiric data analysis of answers and comparing answers to literature.

6 **Protection of data privacy**

Questionnaire is anonymous. Data is only available with password. Only head of study and deputy have access to data.

7 **Risks**

The study is an anonymous questionnaire. The data is analysed retrospectively. So there are no risks for participants.

8 **References**

1. Sutunbuloglu, E., & Vural, F. (2018). Evaluation of sexual satisfaction and function in patients following stoma surgery: A descriptive study. *Sexuality and Disability*, 36(4), 349-361.
2. Hendren, S. K., O'Connor, B. I., Liu, M., Asano, T., Cohen, Z., Swallow, C. J., ... & McLeod, R. S. (2005). Prevalence of male and female sexual dysfunction is high following surgery for rectal cancer. *Annals of surgery*, 242(2), 212.

3. Gozuyesil, E., Taylan, S., Manav, A. I., & Akil, Y. (2017). The evaluation of self-esteem and sexual satisfaction of patients with bowel stoma in Turkey. *Sexuality and Disability*, 35(2), 157-169.