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CORRELATION BETWEEN ENTEROSTOMY AND MENTAL HEALTH: A NARRATIVE REVIEW

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ABSTRACT

Background: Enterostomy, including colostomy and ileostomy, is a common surgical intervention performed in patients with colorectal cancer, inflammatory bowel disease, traumatic injuries, and other gastrointestinal disorders. Although often life-saving, enterostomy is associated with profound physical, psychological, and social changes that may significantly affect mental health and overall quality of life.

Objectives: This narrative review aims to synthesize current evidence regarding the association between enterostomy and mental health outcomes, with particular emphasis on anxiety, depression, body image disturbance, psychosocial adaptation, stigma, quality of life, sexual functioning, and the effectiveness of supportive interventions.

Methods: A narrative review was conducted using twenty peer-reviewed studies published between 2013 and 2026, including systematic reviews, meta-analyses, randomized controlled trials, cohort studies, qualitative meta-syntheses, and cross-sectional investigations. The selected literature evaluated psychological outcomes among patients living with temporary or permanent enterostomies.

Results: The reviewed evidence consistently demonstrates a substantial association between enterostomy and adverse psychological outcomes. Anxiety and depression are highly prevalent among ostomy patients, with reported prevalence rates ranging from approximately 39% to 48%. Body image dissatisfaction, stigma, social isolation, sexual dysfunction, and reduced quality of life are frequently reported. Psychosocial adaptation is influenced by self-efficacy, social support, acceptance of disability, and stoma-related complications. Emerging evidence suggests that psychological preparation, prehabilitation programs, and innovative technologies reducing leakage-related anxiety may improve psychological outcomes and quality of life.

Conclusions: Enterostomy is strongly associated with multiple dimensions of psychological distress. Comprehensive multidisciplinary care integrating psychological support, patient education, rehabilitation, and long-term follow-up may improve adaptation and mental well-being. Future research should focus on longitudinal psychological outcomes and targeted mental health interventions for ostomy patients.

KEYWORDS

Enterostomy, Colostomy, Ileostomy, Mental Health, Depression, Anxiety, Quality of Life

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1. Introduction

Enterostomy is a surgical procedure involving the creation of an artificial opening of the intestine through the abdominal wall to divert intestinal contents. Depending on the anatomical location, enterostomies are classified as colostomies or ileostomies and may be temporary or permanent. These procedures are frequently performed in the treatment of colorectal cancer, inflammatory bowel disease, diverticular disease, intestinal obstruction, congenital malformations, and abdominal trauma. Although enterostomy may be essential for survival and disease management, the procedure often results in substantial alterations in physical functioning, self-image, and social interactions. Patients must adapt to significant changes in bowel elimination, personal hygiene, body appearance, clothing choices, dietary habits, sexual functioning, and daily activities. Consequently, increasing attention has been directed toward the psychological consequences of living with a stoma.

Numerous studies have identified anxiety and depression as common psychological outcomes among ostomy patients. Meta-analytic evidence indicates that approximately 40–48% of patients experience clinically significant symptoms of anxiety and depression following stoma formation. Furthermore, depressive symptoms may persist for years after surgery and may remain elevated even after temporary stoma closure.

Body image disturbance represents one of the most frequently reported psychosocial challenges associated with enterostomy. Changes in physical appearance, concerns about leakage and odor, altered sexuality, and fear of social rejection contribute to reduced self-esteem and impaired psychosocial functioning. Qualitative studies consistently demonstrate that many patients experience feelings of shame, embarrassment, stigma, and social withdrawal during the adaptation process.

Recent evidence suggests that psychosocial adaptation to enterostomy is influenced by multiple factors, including age, social support, self-care confidence, acceptance of disability, relationship quality, and stoma-related complications. Moreover, emerging interventions such as preoperative psychological preparation, structured prehabilitation programs, and digital technologies aimed at reducing leakage-related anxiety have shown promising results in improving psychological outcomes.

Despite the growing body of literature, evidence regarding the relationship between enterostomy and mental health remains dispersed across surgical, nursing, psycho-oncology, rehabilitation, and gastroenterology disciplines. Therefore, a comprehensive synthesis of current knowledge is warranted.

The objective of this narrative review is to examine the correlation between enterostomy and mental health by integrating findings from recent systematic reviews, meta-analyses, randomized controlled trials, cohort studies, and qualitative investigations. Particular attention is devoted to anxiety, depression, body image disturbance, psychosocial adaptation, stigma, quality of life, sexual functioning, and mental health interventions.

2. Methodology

Study Design

This narrative review was conducted to synthesize current evidence regarding the relationship between enterostomy and mental health outcomes. The review focused on psychological, emotional, and psychosocial consequences experienced by individuals living with temporary or permanent enterostomies.

Literature Sources

The review was based on twenty peer-reviewed publications provided by the authors. The selected studies included systematic reviews, meta-analyses, randomized controlled trials, longitudinal cohort studies, cross-sectional studies, qualitative investigations, and mixed-method analyses published between 2013 and 2026.

Inclusion Criteria

Studies were included if they:

- Evaluated adult patients with colostomy or ileostomy.
- Examined mental health outcomes, including anxiety, depression, psychological adaptation, body image, stigma, sexual functioning, or quality of life.
- Were published in English.
- Provided original data or systematic evidence synthesis.

Data Extraction and Synthesis

Data were extracted regarding study design, patient population, psychological outcomes, prevalence estimates, associated risk factors, and intervention effects. Findings were synthesized narratively and grouped into major thematic domains:

1. Anxiety and depression.
2. Body image and stigma.
3. Quality of life.
4. Psychosocial adaptation.
5. Intimate relationships and sexuality.
6. Psychological interventions and supportive strategies.

The narrative synthesis emphasized recurring themes, methodological consistency, and clinically relevant findings across studies.

3. Results

3.1. Prevalence of Anxiety and Depression

The reviewed literature consistently identified anxiety and depression as the most prevalent psychological consequences associated with enterostomy. Evidence from systematic reviews, meta-analyses, cohort studies, and longitudinal investigations demonstrated that psychological distress affects a substantial proportion of patients throughout the perioperative and postoperative periods.

Farahani et al (2022) reported pooled prevalence estimates of 47.6% for anxiety and 38.9% for depression among ostomy patients. Similarly, Tang et al (2022) found that depressive symptoms affected approximately 41.6% of enterostomy patients, confirming depression as one of the most common psychological complications associated with stoma formation. Furthermore, Kovoov et al (2023) demonstrated that approximately 43% of patients experience clinically significant depressive symptoms following stoma surgery.

Long-term psychological vulnerability was further demonstrated by Calman et al (2021) study, which revealed that depressive symptoms may persist for several years after colorectal cancer surgery. Patients reporting poor self-efficacy, limited social support, and poorer perceived health status exhibited significantly higher risks of long-term depression.

Additional evidence was provided by Sceats et al (2020) who analyzed 10,481 inflammatory bowel disease patients undergoing major abdominal surgery. Surgical patients exhibited significantly higher odds of both anxiety and depression compared with non-surgical controls. Importantly, stoma formation independently increased the risk of anxiety and depression, while patients undergoing multiple operations demonstrated the greatest psychological burden. New ostomates experienced significantly greater postoperative increases in both anxiety and depression than surgical patients without stoma formation.

Recent longitudinal evidence from Makrygianni et al (2026) further highlighted the persistence of psychological distress. Among colorectal cancer patients undergoing ileostomy, anxiety levels increased significantly after surgery and remained elevated even after stoma closure approximately one year later. Similarly, depression scores worsened substantially during the postoperative period and remained significantly elevated following ileostomy reversal. These findings suggest that psychological consequences may persist beyond the period of active stoma use and may reflect broader psychosocial effects associated with cancer treatment and altered body image.

Collectively, the available evidence indicates that anxiety and depression are not transient postoperative reactions but rather represent persistent mental health challenges affecting a considerable proportion of enterostomy patients.

3.2. Psychosocial Adaptation and Psychological Adjustment

Psychosocial adaptation emerged as one of the central determinants of long-term psychological outcomes. Multiple studies demonstrated that successful adaptation to life with a stoma depends on interactions among individual, social, and clinical factors.

Xi et al (2022) demonstrated that perceived stigma negatively influenced psychosocial adaptation, whereas disability acceptance positively influenced adaptation outcomes. Importantly, disability acceptance partially mediated the relationship between stigma and psychosocial adjustment, suggesting that acceptance-based coping mechanisms may reduce the negative psychological impact of living with a stoma.

Du et al (2021) reported that intimate relationships, self-disclosure, and interpersonal communication significantly influenced adaptation among colorectal cancer enterostomy patients. Patients who maintained supportive relationships and openly discussed their condition exhibited better psychological adjustment and improved emotional well-being.

Simpson et al (2023) further identified self-care confidence and adaptation skills as important determinants of psychological well-being. Patients with greater confidence in stoma management reported lower levels of psychological distress and greater satisfaction with daily functioning. Conversely, patients experiencing frequent leakage episodes and difficulties with stoma care demonstrated poorer emotional outcomes.

Qualitative evidence synthesized by Yeniğün Akbulut and Ilgaz (2026) reinforced these findings. Their meta-synthesis of 36 qualitative studies involving 1,736 participants revealed that adaptation is a dynamic and multifaceted process characterized by emotional turmoil, identity reconstruction, social reintegration, and gradual acceptance of bodily changes. Patients frequently described adaptation as a prolonged journey requiring both personal resilience and external support.

3.3. Body Image Disturbance, Stigma, and Self-Perception

Body image disturbance was among the most consistently reported psychosocial consequences of enterostomy.

Phung and Fang (2023) identified body image concerns as a major source of psychological distress among colorectal cancer survivors. Patients frequently reported dissatisfaction with their altered appearance, concerns regarding attractiveness, and fear of social judgment. These concerns were closely linked to reduced self-esteem, anxiety, depression, and impaired quality of life.

Ayaz-Alkaya (2019) similarly identified negative body image as one of the most frequently reported psychosocial problems among individuals living with a stoma. Feelings of embarrassment, shame, loss of bodily integrity, and diminished self-confidence were common across studies.

The qualitative meta-synthesis by Yeniğün Akbulut and Ilgaz (2026) further demonstrated that patients often experience profound disruptions in personal identity following stoma formation. Participants described feelings of being different, socially stigmatized, and disconnected from their previous sense of self. Many individuals reported avoiding social situations due to fear of odor, leakage, or public embarrassment.

These findings are consistent with the earlier review by Ang et al (2013) which identified altered body image, loss of bodily function, concerns regarding self-care, and fear of social rejection as major stressors affecting psychological health following stoma surgery.

Overall, the literature suggests that body image disturbance represents a central mechanism linking enterostomy with depression, anxiety, social withdrawal, and impaired psychosocial adaptation.

3.4. Quality of Life

Quality of life was consistently affected by both physical complications and psychological consequences associated with enterostomy.

The systematic review by Vonk-Klaassen et al (2016) identified multiple stoma-related problems negatively influencing quality of life, including leakage, odor, skin complications, dietary restrictions, fatigue, and reduced participation in social activities. These physical challenges frequently resulted in emotional distress and impaired psychosocial functioning.

More recently, Goodman et al (2022) identified four distinct quality-of-life profiles among individuals living with a stoma: consistently good quality of life, some quality-of-life concerns, low quality of life, and financial concerns. Lower levels of physical activity, recent stoma formation, and the presence of parastomal hernias were associated with poorer quality-of-life outcomes.

A major contribution was provided by the meta-analysis conducted by Díaz-Sánchez et al (2026). Their findings demonstrated significantly lower overall quality of life among colorectal cancer patients with ostomies compared with patients without stomas. The pooled effect size confirmed a meaningful negative impact of stoma formation on patient-reported quality of life across multiple studies.

Evidence from randomized controlled trial conducted by Ambe et al (2023) further highlighted the role of stoma-related complications in psychological well-being. The use of the Heylo digital leakage notification system significantly improved emotional well-being, reduced worry about leakage, and enhanced participation in social activities. Patients reported lower emotional burden and improved quality of life when leakage concerns were addressed proactively.

Taken together, these findings suggest that quality of life is influenced not only by the presence of a stoma itself but also by the degree of symptom control, self-management capability, and psychological adaptation.

3.5. Sexual Functioning and Interpersonal Relationships

Sexual dysfunction and relationship difficulties represented important but frequently underrecognized consequences of enterostomy.

The study by Bahayi et al (2018) demonstrated significantly higher anxiety levels, poorer sexual functioning, reduced sexual satisfaction, and lower quality of life among patients with ileostomies or colostomies compared with healthy controls. Sexual difficulties were strongly associated with body image dissatisfaction and emotional distress.

Similarly, qualitative studies reviewed by Yeniğün Akbulut and Ilgaz (2026) identified concerns regarding intimacy, attractiveness, and partner acceptance as recurring themes. Many patients reported avoiding intimate relationships due to embarrassment, fear of rejection, or concerns regarding stoma-related complications.

Du et al (2021) demonstrated that positive intimate relationships may act as protective factors, promoting emotional resilience and facilitating adaptation. Patients reporting stronger partner support exhibited better psychosocial adjustment and lower psychological distress.

3.6. Psychological Interventions and Protective Factors

Social support consistently emerged as one of the strongest protective factors. Family support, partner support, peer support, and professional healthcare support were associated with improved adaptation, lower anxiety and depression levels, and enhanced quality of life.

Self-efficacy and confidence in stoma self-management also played important roles. Patients who perceived themselves as capable of independently managing their stoma demonstrated better psychological adjustment and greater satisfaction with daily functioning.

The randomized controlled trial conducted by Koç et al (2022) demonstrated that structured prehabilitation significantly improved independent stoma self-care, reduced anxiety and depression, and enhanced quality of life. Patients receiving prehabilitation adapted more successfully to life with a stoma than those receiving standard care.

Complementary evidence was provided by Clark et al (2023) in their systematic review and meta-analysis of preoperative psychological preparation programs. Across fifteen studies involving 1,565 participants, psychological preparation interventions demonstrated a significant reduction in postoperative anxiety. Although evidence regarding other outcomes remained heterogeneous, the findings suggest that psychological preparation prior to surgery may improve emotional adaptation and reduce postoperative distress.

Together, these studies indicate that psychological distress following enterostomy is not inevitable and that targeted interventions may substantially improve patient outcomes.

4. Discussion

The present narrative review demonstrates a strong and multifaceted relationship between enterostomy and mental health. Across systematic reviews, meta-analyses, randomized controlled trials, cohort studies, and qualitative investigations, enterostomy was consistently associated with increased psychological distress, including anxiety, depression, body image disturbance, social isolation, sexual dysfunction, and reduced quality of life. The findings suggest that the psychological impact of enterostomy extends far beyond the immediate postoperative period and should be recognized as a fundamental component of long-term patient care.

One of the most important findings of this review is the consistently high prevalence of anxiety and depression among enterostomy patients. Meta-analytic evidence provided by Farahani et al (2022), Tang et al (2022), and Kovoov et al (2023) demonstrated that approximately 40–50% of patients experience clinically significant symptoms of anxiety or depression. These prevalence estimates are substantially higher than those observed in the general population and indicate that psychological distress represents a common rather than exceptional consequence of stoma formation. The consistency of findings across multiple studies and patient populations strengthens the evidence supporting a meaningful association between enterostomy and adverse mental health outcomes.

Importantly, the reviewed literature suggests that psychological distress is not limited to the early postoperative period. The longitudinal study conducted by Makrygianni et al (2026) demonstrated that anxiety and depression not only increase following ileostomy formation but may remain elevated even after stoma closure. Similarly, the Calman et al (2021) study identified persistent depressive symptoms several years after colorectal cancer surgery. These findings suggest that the psychological consequences of enterostomy may become chronic and that restoration of bowel continuity does not necessarily eliminate the emotional burden associated with the experience of living with a stoma. Such observations support the concept that psychological adaptation is influenced not only by the physical presence of the stoma but also by long-lasting changes in self-perception, social functioning, and illness-related experiences.

The findings of this review further highlight the central role of body image disturbance in the development of psychological distress. The creation of a stoma fundamentally alters bodily appearance and challenges perceptions of normality, attractiveness, and bodily integrity. The studies by Phung and Fang (2023), Ayaz-Alkaya (2019), and Yeniğün Akbulut and Ilgaz (2026) consistently identified body image concerns as major contributors to anxiety, depression, reduced self-esteem, and social withdrawal. Patients frequently reported embarrassment, shame, and fear of being negatively evaluated by others. These concerns often extended beyond physical appearance and reflected broader fears regarding identity, social acceptance, and intimate relationships.

Closely related to body image disturbance is the concept of stigma. Findings from Xi et al (2022) demonstrated that perceived stigma significantly impairs psychosocial adaptation and contributes to emotional

distress. Patients frequently described concerns regarding odor, leakage, visible appliances, and social rejection. These fears often resulted in avoidance behaviors, reduced social participation, and diminished quality of life. Importantly, disability acceptance was shown to partially mediate the negative effects of stigma, suggesting that psychological interventions aimed at fostering acceptance may improve adaptation and emotional well-being.

The review also highlights the complexity of quality-of-life outcomes among individuals living with a stoma. While earlier studies emphasized physical complications such as leakage, skin irritation, and dietary restrictions, more recent evidence suggests that quality of life is influenced by a combination of physical, psychological, and social factors. The meta-analysis conducted by Díaz-Sánchez et al (2026) demonstrated significantly poorer quality of life among colorectal cancer patients with ostomies compared with those without stomas. Similarly, Goodman et al (2022) identified distinct quality-of-life profiles, indicating considerable heterogeneity in patient experiences. These findings suggest that quality of life cannot be understood solely through clinical variables and that psychosocial factors play a critical role in determining patient outcomes.

An important contribution of the more recent literature concerns the role of stoma-related complications in psychological functioning. Leakage remains one of the most distressing aspects of living with a stoma. Fear of leakage contributes to constant vigilance, anxiety, sleep disturbances, and social avoidance. The trial conducted by Ambe et al (2023) demonstrated that interventions targeting leakage-related concerns can significantly improve emotional well-being and participation in social activities. The positive outcomes associated with the Heylo leakage notification system suggest that technological innovations may contribute not only to physical management but also to psychological health. These findings reinforce the notion that reducing uncertainty and enhancing patients' sense of control may represent important therapeutic targets.

Another recurring theme across the reviewed studies is the importance of psychosocial adaptation. Adaptation to life with a stoma is a dynamic process involving emotional adjustment, acquisition of self-care skills, reconstruction of self-identity, and reintegration into social life. The qualitative meta-synthesis by Yeniğün Akbulut and Ilgaz (2026) emphasized that adaptation often occurs gradually and is influenced by both internal and external resources. Patients who developed confidence in stoma management, accepted bodily changes, and maintained supportive social relationships generally reported better psychological outcomes. Conversely, individuals experiencing persistent self-care difficulties, inadequate social support, or ongoing stigma were more likely to experience psychological distress.

The role of interpersonal relationships and sexuality deserves particular attention. Several studies identified sexual dysfunction and intimacy-related concerns as common yet frequently neglected consequences of enterostomy. Altered body image, fear of rejection, and concerns regarding leakage during intimacy were commonly reported. The study by Bahayi et al (2018) demonstrated significantly poorer sexual functioning and satisfaction among ostomy patients compared with healthy controls. At the same time, findings from Du et al (2021) indicate that supportive intimate relationships may act as protective factors that facilitate adaptation and reduce emotional distress. These observations highlight the need for more comprehensive assessment of sexual health during routine ostomy care.

One of the most clinically relevant findings emerging from this review concerns the effectiveness of psychological and educational interventions. Historically, support for ostomy patients has focused primarily on technical aspects of stoma care. However, the studies reviewed here suggest that psychological preparation and psychosocial support may substantially improve outcomes. The randomized controlled trial conducted by Koç et al (2022) demonstrated that structured prehabilitation improved self-care competence, reduced anxiety and depression, and enhanced quality of life. Similarly, Clark et al (2023) reported that preoperative psychological preparation significantly reduced postoperative anxiety. These findings suggest that psychological support should begin before surgery and continue throughout the adaptation process rather than being limited to postoperative education.

The reviewed evidence strongly supports a biopsychosocial model of enterostomy adaptation. Psychological outcomes appear to be influenced not only by disease severity and surgical factors but also by cognitive, emotional, interpersonal, and social variables. Consequently, optimal care should involve multidisciplinary collaboration among surgeons, stoma nurses, psychologists, psychiatrists, rehabilitation specialists, and social workers. Integrating mental health assessment into routine ostomy care may facilitate earlier identification of patients at risk for persistent psychological difficulties.

Several limitations within the existing literature should be acknowledged. First, many studies employed cross-sectional designs, limiting causal inference. Second, substantial heterogeneity exists regarding patient populations, indications for surgery, duration of follow-up, and psychological assessment tools. Third, much

of the available literature focuses on colorectal cancer populations, potentially limiting generalizability to patients undergoing enterostomy for inflammatory bowel disease or other indications. Finally, despite increasing recognition of psychological issues, relatively few randomized controlled trials have evaluated targeted mental health interventions in this population.

Future research should prioritize longitudinal studies examining psychological trajectories from the preoperative period through long-term survivorship. Additional randomized controlled trials evaluating psychological therapies, peer-support interventions, digital health technologies, and integrated psychosocial care models are needed. Greater attention should also be directed toward identifying risk factors for persistent psychological distress and developing personalized intervention strategies.

Overall, the findings of this review provide compelling evidence that enterostomy is associated with substantial psychological and psychosocial consequences. Anxiety, depression, body image disturbance, stigma, sexual dysfunction, and reduced quality of life represent recurrent challenges affecting a large proportion of patients. Nevertheless, the literature also demonstrates that appropriate educational, psychological, technological, and social interventions can significantly improve adaptation and mental well-being. Recognition of mental health as a core component of enterostomy care is therefore essential for optimizing long-term patient outcomes.

5. Conclusions

The present narrative review demonstrates a substantial and consistent association between enterostomy and adverse mental health outcomes. Evidence derived from systematic reviews, meta-analyses, randomized controlled trials, cohort studies, longitudinal investigations, and qualitative analyses indicates that individuals living with a stoma experience significantly higher rates of anxiety, depression, body image disturbance, psychosocial maladaptation, sexual dysfunction, and reduced quality of life compared with the general population and, in some cases, with patients who undergo similar surgical procedures without stoma formation.

The reviewed literature suggests that the psychological burden associated with enterostomy is multifactorial. Physical complications such as leakage, odor, skin irritation, and limitations in daily activities contribute substantially to emotional distress. However, psychological outcomes are also strongly influenced by body image concerns, perceived stigma, social support, self-efficacy, disability acceptance, and the quality of interpersonal relationships. Consequently, mental health outcomes cannot be explained solely by clinical factors but must be understood within a broader biopsychosocial framework.

An important finding of this review is that psychological distress may persist long after surgery and, in some patients, even after temporary stoma closure. These observations emphasize the need for long-term psychological monitoring and support rather than limiting interventions to the immediate postoperative period.

The evidence further demonstrates that psychological outcomes are potentially modifiable. Preoperative psychological preparation, structured prehabilitation programs, comprehensive stoma education, social support interventions, and innovative technologies designed to reduce stoma-related complications have all shown promising effects on anxiety, depression, self-care confidence, and quality of life. Such findings suggest that psychological distress following enterostomy should not be viewed as an inevitable consequence of surgery but rather as a target for prevention and intervention.

From a clinical perspective, multidisciplinary care models integrating surgeons, stoma care nurses, psychologists, psychiatrists, rehabilitation specialists, and social workers may provide the most effective approach for addressing the complex needs of this patient population. Routine psychological screening should be considered an essential component of enterostomy care, particularly during periods of increased vulnerability such as preoperative preparation, early postoperative adaptation, and long-term survivorship.

Future research should focus on prospective longitudinal studies investigating psychological trajectories across different patient populations and clinical indications for enterostomy. Additional randomized controlled trials evaluating targeted psychosocial interventions, digital health technologies, and individualized rehabilitation strategies are also needed to establish evidence-based approaches for improving mental health outcomes.

In conclusion, enterostomy is associated with significant psychological and psychosocial challenges that extend beyond physical recovery. Recognition of mental health as a central component of enterostomy care is essential for optimizing patient adaptation, enhancing quality of life, and improving long-term clinical outcomes.

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