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Abstract

Ileostomy, a surgical intervention required for conditions such as inflammatory bowel disease (IBD), colorectal cancer, trauma, and sepsis, can be a transformative intervention and imposes substantial physical and psychological challenges on patients. While the physical aspects of ileostomy care are well addressed, the psychological burden—marked by anxiety, depression, and diminished quality of life—remains under-recognized in clinical practice. This perspective article underscores the critical role of mental health in ileostomy recovery, highlighting variations in psychological distress and recovery trajectories across adult patient populations. For some, such as those with IBD, the ileostomy represents relief from debilitating symptoms. For others, including trauma or cancer patients, the stoma may symbolize loss, exacerbating emotional distress. Unaddressed psychological distress can impede recovery through physiological mechanisms (e.g., dysregulated inflammation, impaired immunity) and behavioral pathways (e.g., non-adherence to care, social withdrawal). Compounding this issue is a pervasive gap in clinician training: few healthcare providers are equipped to address the unique mental-health needs of ostomy patients. This article synthesizes emerging evidence to advocate for integration of mental-health support into ileostomy care, emphasizing its potential to optimize outcomes across diverse adult populations and drawing parallels to successful mental-health integration in other chronic and acute condition.

Variable Psychological Impact of Ileostomy: Context Matters

The psychological burden of an ileostomy is not monolithic—it is shaped by the patient's underlying condition and the narrative surrounding their journey to surgery (Starcevic et al., 2025). For some, such as IBD patients, the ileostomy represents relief after years of suffering (Pineton de Chambrun et al., 2018). For others, like trauma or cancer patients, it has a more sudden occurrence and may become an unwelcome reminder of a life-altering event (Ananthakrishnan et al., 2013; Li et al., 2023; Xiangting et al., 2023).

IBD Patients: Liberation from Chronic Suffering

For many IBD patients, ileostomy offers respite from years of debilitating symptoms, including pain, malnutrition, and diarrhea. Unsurprisingly, 70-80% of IBD patients report significant improvements in quality of life post-ileostomy, with many describing the stoma as "a second chance at life" (Brown et al., 2015; Lee, 2005; Pineton de Chambrun et al., 2018). Even among patients who experience improved quality of life, challenges such as body-image disturbance, fear of leaks, and anxiety about intimacy persist (Davis et al., 2020). Notably, younger IBD patients report higher rates of depression post-surgery, potentially due to the unique challenges of their life stage—such as navigating relationships, careers, and social dynamics while adapting to life with a stoma (Ananthakrishnan et al., 2013; Xiangting et al., 2023).

Cancer Patients: A Symbol of Illness and Fear

For cancer patients, an ileostomy often represents a tangible reminder of their diagnosis and treatment. The stoma may compound the psychological toll of cancer, evoking fears of recurrence, social rejection, or a diminished sense of self. Colorectal-cancer patients with stomas report clinically significant anxiety, frequently linked to stoma-related concerns such as odor, leakage, or visibility of the pouch (Soelling et al., 2025; Xiangting et al., 2023). Unlike IBD patients—who may share a narrative of the stoma as a source of relief—cancer patients often struggle to reconcile the stoma with their identity, leading to prolonged emotional distress (Soelling et al., 2025).

Trauma Patients: An Unplanned Life-Altering Event

Trauma patients—such as those undergoing ileostomy following accidents, acute medical emergencies, or surgical complications—face a distinct set of challenges. For these individuals, the stoma is often the result of an unplanned, life-altering event, leaving little time for psychological preparation (Clark et al., 2023). They may struggle with feelings of vulnerability or loss of control, and the stoma becomes a physical manifestation of their traumatic experience. Unlike cancer patients, who may have some time to mentally prepare for the possibility of a stoma, trauma patients are thrust into this reality abruptly, often without the opportunity to process its implications (Clark et al., 2023).

How Distress Undermines Recovery: Mechanisms and Evidence

Psychological distress is not merely a subjective experience—it exerts tangible effects on postoperative healing through physiological and behavioral pathways (Saito et al., 1997).

Physiological Pathways: Stress, Inflammation, and Immunity

Chronic stress activates the hypothalamic–pituitary–adrenal (HPA) axis, triggering systemic release of cortisol and pro-inflammatory cytokines. Elevated cortisol levels impair fibroblast proliferation and collagen synthesis, **can** delay wound healing and increasing the risk of surgical-site infections (Saito et al., 1997). Concurrently, dysregulated inflammation exacerbates underlying conditions—for example, in IBD patients, psychological distress has been linked to significantly higher odds of disease flares (Ge et al., 2022). Emerging research also implicates stress-induced gut dysbiosis in stoma-related complications. Animal models demonstrate that chronic stress alters gut microbiota composition, reducing microbial diversity and impairing mucosal immunity—a finding with direct relevance to ileostomy patients (Dinan & Cryan, 2012; Ge et al., 2022; Konturek et al., 2011). For these patients, the diverted digestive system and absence of the colon create a unique vulnerability to microbiome disturbances. Stress-induced changes in gut flora **can** exacerbate complications such as small intestinal bacterial overgrowth (SIBO), leakage, and peristomal skin irritation (Konturek et al., 2011).

Behavioral Pathways: Nonadherence, Avoidance, and Isolation

Distressed ileostomy patients are more likely to engage in behaviors that jeopardize recovery, including nonadherence to stoma care, intentional fluid restriction, and social withdrawal (DiMatteo et al., 2000; Vonk-Klaassen et al., 2016). Anxiety about pouch changes, fear of high output, or embarrassment about the stoma can lead to complications such as skin breakdown, tion, and further isolation (Messaris et al., 2012; Taneja et al., 2019; Vonk-Klaassen et al., 2016). These poor outcomes, in turn, exacerbate distress, creating a feedback loop that prolongs recovery, extends hospital stays, and escalates healthcare costs (Andersen et al., 2024; Taneja et al., 2019).

Training Gap: Why Clinicians Are Ill-Equipped to Respond

Although surgeons frequently recognize the psychological challenges associated with ostomy care, formal distress screening and mental-health support remain inconsistently implemented in surgical and cancer-care settings (Polidano et al., 2021). Even when distress is recognized, few mental-health professionals are trained to address stoma-specific challenges. Therapists often feel ill-equipped to manage fears of leakage, odor, or social rejection—issues central to the psychological burden of ileostomy patients (Polidano et al., 2021; Saunders et al., 2023). Without targeted training, mental-health providers may struggle to contextualize patients' concerns, further perpetuating the care gap. Bridging this gap requires interdisciplinary collaboration among surgeons, stoma nurses, and mental-health professionals (Polidano et al., 2021; Saunders et al., 2023).

Call to Action

Addressing mental health in ileostomy care requires a multifaceted approach. Specialized training programs must target both surgical and mental-health teams. Mental-health modules should be integrated into ostomy-care certification curricula, and distress screening (e.g., PHQ-9 or OAI-23) embedded into pre- and post-operative care (Kroenke et al., 2001; Simmons et al., 2009). Embedding these screenings into EHR systems can automate referrals for high-risk patients. Ostomy-specific mental-health interventions—such as tailored CBT and peer-support networks—have shown promise in improving outcomes and reducing complications (Ding et al., 2024; Wang & Pan, 2025).

Conclusion

The mind–body dichotomy is a false construct in ileostomy care. Psychological distress is not ancillary—it is a critical mediator of recovery. For IBD patients, the stoma may symbolize hope; for cancer survivors, despair. These divergent narratives demand individualized mental-health support to empower patients to navigate recovery with resilience and dignity.

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