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PSYCHOSOCIAL BURDEN AND QUALITY OF LIFE AMONG ADULT OSTOMATES: A NARRATIVE REVIEW WITH IMPLICATIONS FOR PAKISTAN

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Abstract

Ostomy surgery, while frequently life-saving, imposes a substantial psychosocial burden on affected individuals. This narrative review examines the physical, psychological, and social consequences of living with a stoma, drawing on global, regional, and Pakistan-specific literature. Across settings, disturbances in body image, anxiety, depression, and social withdrawal are consistently reported among ostomates, with stigma, limited specialist services, and inadequate post-operative support compounding these effects in low-resource contexts such as Pakistan. Evidence suggests that structured education, psychosocial counselling, and peer support can mitigate emotional distress and improve adaptation, yet such interventions remain limited and poorly standardized, particularly in South Asia. These findings highlight the need for holistic, culturally sensitive models of ostomy care that address psychosocial as well as physical self-care needs.

Keywords: Ostomy; stoma; psychosocial adaptation; quality of life; body image; stigma; Pakistan.

INTRODUCTION

Ostomy formation is performed when normal excretory function is compromised by colorectal cancer, inflammatory bowel disease, congenital anomalies, or trauma. Although the procedure is often life-saving, it represents a radical and frequently permanent change to the body and sense of self, carrying physical, emotional, and social burdens that must be managed indefinitely (Liang, 2023). This review synthesizes evidence on the psychosocial and quality-of-life consequences of living with a stoma, with particular attention to the additional burdens reported in Pakistan and comparable low-resource settings.

Physical and Psychological Consequences

Physically, ostomates commonly experience peristomal skin irritation, pouch leakage, infection, and discomfort, all of which can undermine daily functioning and social confidence. Psychologically, the presence of a stoma frequently affects body image and self-esteem and can complicate the maintenance of intimate and social relationships, contributing to anxiety, depression, and delayed psychosocial adaptation (Liang, 2023). Disturbances in body image and psychological distress are consistently identified across studies as predictors of poor adaptation and poor self-care, underscoring the interconnected nature of physical and psychological recovery after stoma surgery (Villa et al., 2019).

Social Consequences and Stigma

Socially, stigma, embarrassment, and fear of odor or leakage frequently lead ostomates to withdraw from employment, family responsibilities, and community roles. Multidisciplinary support, particularly pre- and peri-operative education, has been shown to help manage emotional distress and support social reintegration, though its use remains inconsistent and often superficial across many healthcare settings (Barnabe et al., 2023; Dibley et al., 2020).

The Pakistani Context

Structural and socio-cultural constraints add to these difficulties in Pakistan. Limited public awareness, scarce ostomy care services, entrenched stigma, and a lack of professional training all contribute to poor stoma-related outcomes. Empirical studies report disproportionately high levels of anxiety and depression among Pakistani ostomates, worsened by financial hardship and a lack of post-operative counselling (Siddiqui et al., 2024; Sarfraz et al., 2022). More than half of patients in these studies were unable to perform regular stoma care effectively, largely due to inadequate education and ongoing support (Siddiqui et al., 2024).

Interventions to Mitigate Psychosocial Burden

Community-based interventions such as structured education programmes and peer support networks have shown promising effects on emotional well-being and self-care practices (Begum et al., 2021). Culturally sensitive educational material that incorporates linguistic, religious, and social context has similarly been associated with better coping and improved emotional and behavioral outcomes (Alenezi, 2022). However, such initiatives remain limited in number, poorly standardized, and inaccessible to many ostomates, particularly in Pakistan, where they are rarely integrated into routine clinical practice (Begum et al., 2021; Sarfraz et al., 2022).

Discussion and Implications

Collectively, the literature indicates that the psychosocial burden of living with a stoma is substantial and multidimensional, encompassing body image disturbance, emotional distress, and social withdrawal, and that this burden is amplified in low-resource settings by stigma and limited access to specialized support. While structured education and peer support show clear promise in mitigating these effects, current programmes remain fragmented and inconsistently implemented, particularly in Pakistan. This points to a need for holistic models of ostomy care that integrate psychosocial support alongside technical self-care education, rather than treating the two as separate domains of care.

Conclusion

Ostomates face significant and interconnected physical, psychological, and social challenges, which are often magnified in low-resource, culturally conservative settings such as Pakistan. Addressing these challenges requires ostomy care models that combine structured self-care education with deliberate psychosocial and emotional support, delivered in a culturally sensitive manner. Further research is needed to develop and evaluate such integrated models within the Pakistani healthcare context.

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