BJN
British Journal of Nursing

# We don't talk about sex enough: overcoming barriers to discussing intimacy issues with stoma patients

*Lucy Fitzgerald, Marie McGrogan, Jennifer McManus and Chris Proctor*

This article is reprinted from British Journal of Nursing, 2025,Vol 34, No 16 (Stoma Care Supplement) | https://doi.org/10.12968/bjon.2025.0323

# We don't talk about sex enough: overcoming barriers to discussing intimacy issues with stoma patients

Lucy Fitzgerald, Marie McGrogan, Jennifer McManus and Chris Proctor


## ABSTRACT

Sex and intimacy are generally considered to be vital to an individual's psychological wellbeing. As such, anything that affects a person's ability to engage in sex and intimacy has the potential to significantly impact their mental health. It is well known that stoma-forming surgery can leave ostomates with body-image issues and a profound feeling of lack of control over their body. Subsequently, this can lead to ostomates avoiding sex and intimacy. Despite the well-documented link between sex and psychological wellbeing, many stoma care nurses may, understandably, be uncomfortable discussing sex with their patients. However, there are several tools that can help the nurse facilitate these conversations, allowing them to better support their patients. In addition, stoma care nurses can support ostomates by raising awareness of sexual dysfunction, encouraging open communication, and discussing the use of support garments.


**Key words:** Sexual wellbeing ■ Ostomy ■ Psychosexual issues ■ Self-esteem ■ Body image ■ Stoma ■ Communication

For many people, sex can be an uncomfortable topic for discussion, and is considered taboo by many (Dames et al, 2021). Despite this, sex and intimacy are widely considered to be integral to an individual's psychological wellbeing (Mitchell et al, 2021; Arcos-Romero and Calvillo, 2023). Therefore, anything that affects this has the potential to negatively impact a person's mental health.

Stoma-forming surgery is a major intervention and is often performed in order to save an individual's life or to substantially improve their quality of life (Boyles, 2010). However, although the formation of a stoma may help to ease the symptoms of an individual's underlying condition, it can have several unintended effects on their psychological wellbeing (McGrogan and Proctor, 2024). For example, stoma-forming surgery may have adverse effects on an ostomate's ability or desire to engage in sex and intimacy.

It is well established that the formation of a stoma may lead to an ostomate having an altered body image, and a loss of sense of control over their own body (McGrogan and Proctor, 2024). As a result of these and other negative impacts, ostomates may shy away from intimacy. If the individual is in a relationship their partner may even struggle to accept the stoma and this can add to the psychological burden, particularly for women (Tripaldi, 2019). Younger ostomates may feel that they will have difficulty in forming an intimate relationship, particularly due to the stigma that surrounds having a stoma (Saunders et al, 2024)

In addition to the psychological and social impacts of having a stoma, there are a number of physical factors that can impact an individual's ability or desire to engage in sex. For example, the presence of a parastomal hernia has been shown to negatively impact physical intimacy in ostomates (Munro et al, 2024). The formation of the stoma or even additional therapies for the underlying diagnosis can also have an impact. Nerve damage during stoma-forming surgery can have negative effects on sexual function for both men and women (Albaugh et al, 2017) and treatments such as ongoing chemotherapy and radiotherapy can have significant effects on sexual wellbeing (Canty et al, 2019; Savitch et al, 2024).

It is clear that living with a stoma impacts sex and intimacy for ostomates. Although some nurses will feel comfortable discussing these topics freely, many may be hesitant to do so.

In a small unpublished survey on the topic of discussing sex and intimacy with ostomates, nurses were asked how often they discussed the topics with their patients (*Figure 1*). Only 27% of nurses said they discussed sex and intimacy 'most times' or 'always' (data on file, Eakin Healthcare, 2025). Therefore, many ostomates will not have an opportunity to express their concerns and may continue to worry about intimacy unnecessarily.

The authors believe that, by exploring the topic of sex and intimacy for ostomates, many stoma care nurses will feel more comfortable approaching the topic.

In this review, the authors will examine the reasons why many stoma care nurses and ostomates do not discuss sex and

**Lucy Fitzgerald,** Clinical Advisor, Eakin Healthcare, Comber, Northern Ireland, lucy.fitzgerald@eakinhealthcare.com

**Marie McGrogan,** Senior Clinical Advisor, Eakin Healthcare, Comber, Northern Ireland

**Jennifer McManus,** Insights Executive – Ostomy, Eakin Healthcare, Comber, Northern Ireland

**Chris Proctor,** Insights Manager – Ostomy, Eakin Healthcare, Comber, Northern Ireland

**Article submitted**: July 2025

**Accepted for publication**: August 2025

intimacy as part of routine care, explore the different factors that ostomates may worry about regarding sex and intimacy, and highlight some of the tools that can be used to have meaningful and productive conversations around sex.

## Why don't people talk about sex?

As humans we often avoid speaking about topics that make us feel embarrassed or uncomfortable. Shame is often one of the reasons why the topics of intimacy and sexual wellbeing are avoided by patients and health professionals (Dolezal, 2022). Research has highlighted that nurses aspire to help their patients take control of their sexual wellbeing, but feelings such as fear and shame leave them hesitant to discuss this topic (Saunamäki and Engstrom, 2014). Dyer and das Nair (2013) identified as many as 19 interconnected themes that may cause hesitation for health professionals. These themes included fear, lack of time, resources and training, concerns about knowledge and abilities, worry about causing offence, personal discomfort and a lack of awareness about sexual issues.

From a patient's perspective, shame and embarrassment have been identified as reasons why they do not bring up the topic of sexual wellbeing with their nurse. Identifying shame is important as it can lead to individuals feeling devalued, inadequate, incompetent and worthless (Sedighimornani, 2018) as well fearing being exposed, condemned or ridiculed by others (Vikan et al, 2010). Similarly, Waling et al (2023) highlighted that embarrassment was one of the most common reasons why patients did not seek advice concerning topics of a sexual nature. However, failing to address issues such as sex and sexual wellbeing can intensify such feelings. Patients may feel stigmatised by their stoma, which may prompt them to turn to alternative sources of information, which may be inaccurate and contribute to increased fear and shame (Erbil, 2019).

The need for sex, intimacy and connection does not disappear just because it is not talked about and, in fact, not discussing this important topic may amplify unpleasant and upsetting feelings, making the subject a taboo for many people. This can lead the patient to feel isolated. When nurses attend available training on addressing sexual matters with their patients, become familiar with research on the topic and approach patients with an open mind, they can empower their patients to make informed, healthier choices and to understand the power of not feeling alone, misunderstood or abnormal.

Sex and sexual wellbeing can be important for physical health, mental and emotional wellbeing, relationships and social health. It is also recognised by the World Health Organization (2025) as a central component of human rights and health. Therefore, allowing unjustified feelings of discomfort or fear to hinder a conversation on sexual wellbeing will allow the cycle of shame to continue.

Many people grew up in households where the word 'sex' was met with embarrassment and often avoided as much as possible. An explanation for this may be found in sex education. For example, in England and Wales, the Education (No 2) Act 1986 made it compulsory for schools in England to have some kind of sex education, with a focus on reproduction and puberty. However, how, what and when this education was provided was the responsibility of the school and the education students received often focused on physical elements, neglecting emotional and relational dimensions, and delivery varied greatly from school to school.

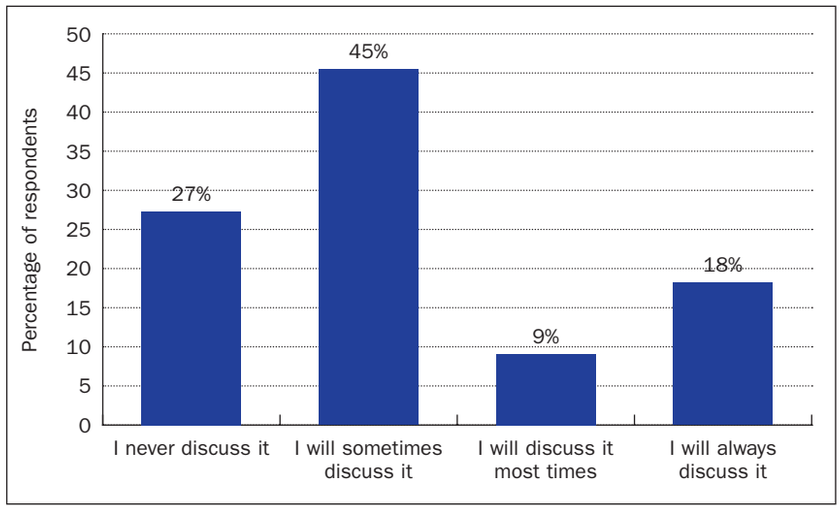


**Figure 1. How often nurses (*n*=11) discussed sex and intimacy with their stoma patients (data on file, Eakin Healthcare, 2025)**

In 2000, a more detailed outline of sex education in schools in England and Wales was introduced with the Learning and Skills Act 2000, which required schools to provide sex and relationship education. However, it was not until 2019 that a major shift occurred in how relationships and sex education was delivered in schools in England when the *Relationships Education, Relationships and Sex Education (RSE) and Health Education* statutory guidance was published. It has since been updated (Department for Education, 2025).

This made health education compulsory for all school-aged children, with relationships education compulsory for younger children and relationships and sex education compulsory for older age groups. These new regulations emphasised consent, LGBTQ+ inclusion and mental health alongside traditional topics such as safe sex and the biology of reproduction. This was intended to provide a more holistic and open approach to sex education. Considering how recently these changes have been made, it may take some time for attitudes, social beliefs and pressures, and comfort with discussing these topics, to be reflected among the general public.

Religious beliefs may also contribute to the shame and stigma associated with sex and sexual wellbeing. Many studies highlight the complex relationship between religious beliefs and sexual shame (Downie, 2022; Kaplan et al, 2025). Historically, many religious leaders preached the idea that sex is for procreation purposes only and strongly disapproved of it being practised simply for pleasure (Ashdown et al, 2011). One study investigated the sexual beliefs of Protestant, Catholic and Jewish individuals, and those with other religious affiliations, as well as agnostics and atheists. The authors showed that spirituality and religiousness are negatively linked to supporting the use of birth control, accepting the need for sex education and thinking sexual practices such as masturbation are acceptable (Murray et al, 2007). It can be challenging for nurses to address

sexual wellbeing while being mindful of a patient's religious beliefs, but prompting patients to turn to alternative sources of information, which may be inaccurate, may contribute to increased fear and shame.

The concept of sexual wellbeing can and should be introduced to all patients, but a patient's wish not to continue the conversation further should be respected. Awareness of specific religious teachings can help to anticipate potential sensitivities and avoid a 'one size fits all' approach. Open communication may allow the nurse to effectively explore a patient's personal and religious values with regard to sex and intimacy. The nurse should clearly outline that the aim of any discussion on sexual health is to provide information while respecting the patient's religious beliefs. When appropriate, the nurse could suggest that talking to a chaplain or other religious leader is an option for the patient if they do not feel comfortable discussing the topic with the nurse (Habib et al, 2020).

## Practical advice for stoma care nurses

The following section aims to provide stoma care nurses with practical advice in order to better support their patients, thus ensuring better psychological outcomes surrounding sex and intimacy. Advice will be discussed under the following key headings:

- Communication between the nurse and patient
- Encouraging body positivity
- Sexual dysfunction awareness
- Communication between the patient and current and potential partners
- Offering a choice of stoma appliances and support garments.

### Communication between the nurse and patient

When it comes to sexuality and stomas, good communication is at the core of encouraging openness and reducing shame. This dialogue can take many forms. One of the most important is for the health professional to provide a safe and supportive environment where discussions can happen naturally, including with the patient's partner when appropriate (García-Rodríguez et al, 2021; Fourie et al, 2024). Encouraging communication between the patient and their partner, close friend, confidant or therapist should also provide emotional support and enable the individual to feel more accepted and confident. Paszynska et al (2023) found that those who focused on maintaining a strong bond with their partner returned to sexual activity with more ease. However, low self-esteem after stoma formation often led to poor communication with partners.

When addressing fears around sexuality, offering space to those who have a stoma to examine the messages they have received in the past about health, body image and bodily waste, such as urine or stool, is important (Manderson, 2005; Weinberg and Williams, 2005). These messages may have come from family, school, social media, general media and broader social norms. This will allow them to identify what messages have been helpful and what messages could be driving their fear, negative self-image, or their avoidance of sexual needs. One study by Horgan et al (2020) reported embarrassment by participants due to the stoma's connection with faeces and using the toilet. This resulted in them keeping the fact that they had a stoma a secret from friends and even family members in some cases. This secrecy may further drive isolation and a feeling of disconnection. However, this study also highlighted that communication and using the support, encouragement and reassurance of friends and family often resulted in reduced embarrassment for the individual.

It should also be noted that young adults, older people, LGBTQ+ individuals and those navigating intimacy for the first time may face distinct challenges, underscoring the need for personalised, inclusive and non-judgmental advice and support that respects their identity and promotes autonomy (Chandler, 2020).

### Encouraging body positivity

Communication on social media and from the cosmetic and fitness industries often revolves around the 'ideal' body and lifestyle. As a result of this, encouraging patients to embrace their own body's uniqueness, and what their body has endured and survived, is more important than ever.

Positive body image can be defined as love and acceptance of one's own body by appreciating the body's uniqueness and functionality (Tylka and Wood-Barcalow, 2015). In recent years it has become clear that this is vital when it comes to sex and intimacy. Many studies have highlighted the link between self-esteem, body image and sexual activity in people with a stoma, including that by Medina-Rico et al (2019).

Self-compassion techniques have also been identified as a potential factor in improving one's self-image (Turk and Waller, 2020). An increasing body of research has highlighted the benefits of self-compassion in psychological health. Greater self-compassion has been shown to help individuals deal with distress (Neff et al, 2007) including physical issues such as chronic pain (Costa and Pinto-Gouveia, 2011). However, research on the potential benefits specifically for ostomates is absent. Turk et al (2021) found that self-compassion interventions can significantly improve an individual's body image. As there is a high correlation between having a stoma and having a negative perception of one's own body (McGrogan and Proctor, 2024), introducing interventions such as self-compassion may be highly beneficial for ostomates.

Therefore, by embracing body positivity and promoting self-compassion and a positive self-image, nurses can foster greater sexual confidence in their patients. Nurses can get more information on how they can introduce these techniques through evidence-based websites such as 'Self-Compassion' (Neff, 2025).

### Sexual dysfunction awareness

The reasons for stoma formation and the type of surgery will depend on each individual's condition. Sexual dysfunction is common for both men and women after colorectal surgery (Giglia and Stein, 2019); however, the risk of this may vary depending on the type of surgery. Therefore it is important that patients are informed of the potential risks preoperatively, with a tailored approach to each individual case. Ostomy surgery can have a number of common impacts on sexual function, including erectile dysfunction and retrograde ejaculation in

men and vaginismus and vaginal dryness in women (Albaugh et al, 2017; García-Rodríguez et al, 2021; Liot et al, 2022).

There are some practical tips that the stoma care nurse can suggest to their patients that may help ease the burden of any sexual dysfunction that may arise. For example, lubrication for women who experience vaginal dryness can increase sexual pleasure and promote improved sexual wellbeing (Tonks, 2023). Referral pathways for more detailed sexual dysfunction options should also be offered (Walker et al, 2021). For example, pelvic floor physiotherapy (PFP) can play a significant role in addressing sexual dysfunction. Although, research on the impact of stoma-specific PFP input is limited, a recent qualitative study by Lin et al (2023) specifically recommended PFP for vaginal dryness, dyspareunia and restoring confidence to patients. PFP also contributes to improved blood flow and nerve function, as well as strengthening weak pelvic floor muscles, which may help men with erectile dysfunction (Cohen et al, 2016). Other referral options may include a urology consultation or relationship and sex therapy.

It is also important to explore the individual's lifestyle and sexual preferences. For example, if a person usually enjoys anal sex, they may have to find alternative ways of sexual gratification post-stoma formation if the surgery included the anus or rectum (Tonks, 2023).

### Communication between the patient and current and potential partners

Medina-Rico et al (2019) highlighted that fear of partner rejection is a factor that may encourage decreased sexual activity. Promoting open dialogue between an ostomate and their partner, either new or established, will reduce automatic negative thoughts such as 'mind reading' (a cognitive distortion or automatic negative thought, for example, presuming a person's partner is no longer interested in them intimately without having any evidence) and catastrophising. Similarly, a review of the literature by Paszynska et al (2023) found that including partners in preoperative counselling sessions can help promote quality of life following stoma formation.

### Offering a choice of stoma appliances and support garments

Offering patients a choice of stoma appliances encourages autonomy and enables individuals to make decisions based on their unique needs and lifestyle. Many of today's stoma bags are centred around the needs and comfort of the user, offering a variety of colours and sizes. Features such as water-resistant fabrics and foldable designs allow users to easily adapt their bag's size and appearance, enhancing both comfort and confidence.

Research on the impact of support garments is limited for sexual wellbeing. However, they have been shown to help disguise the presence of the stoma bag and provide reassurance (Hubbard et al, 2019). Therefore, such products can potentially improve intimate experiences and confidence as they offer those with a stoma autonomy over their body and stoma bag.

## Tools available to the nurse

Discussions around sexual health and wellbeing are such a fundamental component of nursing consultations, that the Royal College of Nursing (2022) has highlighted the need for resources and training to support nurses in developing these skills.

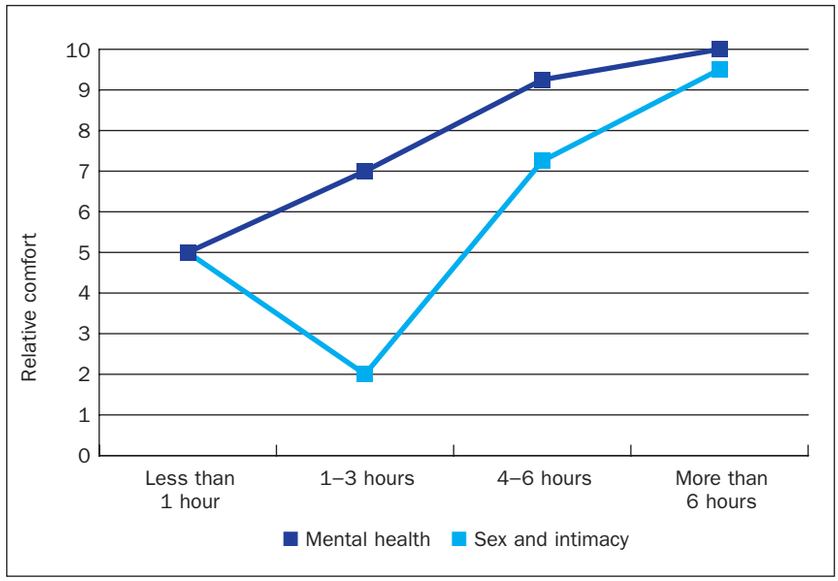


**Figure 2. Results of a study (*n*=8) investigating the number of hours of training and nurses' self-reported comfort in discussing mental health and sex/intimacy with stoma patients (data on file, Eakin Healthcare, 2025)**

A small unpublished study investigating the relationship between the number of hours of training and nurses' self-reported comfort in discussing general mental health and sex/intimacy with patients found that comfort levels, measured on a scale of 0 to 10, increased with training hours for both topics (data on file at Eakin Healthcare, 2025). See *Figure 2*.

Several models have been designed to support health professionals when having these discussions, but perhaps few are known to nurses. The aim of these models is to provide a structured approach and to help guide conversations around sexuality and intimacy in a respectful, patient-centred, and professional manner. Some of these models focus on giving permission and normalising the topic, whereas others offer step-by-step frameworks for assessment, education and referrals. There are several models that address sexual wellbeing, including the PLISSIT model, the BETTER model and the EX-PLISSIT model. Other models of care not originally designed for sex and intimacy can be adapted to support sexual wellbeing discussions (such as the '5As' model) because they have been developed with the specific aim of promoting dialogue (Porrett, 2023).

### The PLISSIT model

The PLISSIT (Permission, Limited Information, Specific Suggestions, and Intensive Therapy) model (Annon, 1976) offers a method for introducing sex and intimacy into clinical discussions. This approach provides an opportunity for patients to address concerns and offers effective treatment or referral options for the clinician. Critically, the model offers nurses the opportunity to identify sexual wellbeing concerns and address issues within their scope of practice and signpost or refer patients with more complex sexual health issues to appropriate specialists. A study designed to review the effectiveness of the PLISSIT

model for solving the sexual problems of patients with a stoma found that, when using the model, the patients' concerns about their sexual life reduced. This was through having their feelings and concerns recognised and having the importance of sexuality highlighted (Ayaz and Kubilay, 2009). The authors also suggested that the education and counselling in the third step of the model helped promote adaptation and acceptance of the changes to the ostomate's body (Ayaz and Kubilay, 2009). In more recent studies, Sohrabi et al (2024) compared two groups of women with an intestinal stoma. They found that intervention based on the PLISSIT model significantly increased their sexual quality of life. Tuncer and Oskay (2022) recommended the use of the PLISSIT model as a guide for health professionals to increase sexual wellbeing and improve sexual problems for their patients.

### The EX-PLISSIT model

The Expanded PLISSIT (EX-PLISSIT) model is an extension of the original PLISSIT model and is centred around 'permission-giving' (Taylor and Davis, 2007). This model gives nurses using it the opportunity to check in and clarify the situation and experiences of their patient so that they can reflect on any interventions that they have tried (Taylor and Davis, 2006). However, like all of the models discussed here, it is essential that the nurse works within their scope of practice and knows when they need to refer a patient to a specialist and can do so without undue delay (Punjani and Papathanassoglou, 2019).

### The BETTER model

The BETTER model was developed for nurses to help them address topics concerning sexuality and sexual activity during consultations with patients (Mick et al, 2004). There is limited research on the use of this model in stoma care; however, the model consists of a number of steps – Bring up, Explain, Tell, Timing, Educate and Record – that provide a structured framework for health professionals to comprehensively address sexual health with their patients (Karimi et al, 2021).

### The '5As' model

The '5As' model provides an outline of five major interventions that the nurse can use (Glasgow et al, 2006). These interventions are ask, advise, assess, assist and arrange. Following these steps provides the nurse with opportunities to open the conversation around sex and intimacy, to offer information to the patient on how stomas can impact their sexual wellbeing, to assess the implications of stoma formation on an individual basis, to provide education and reduce stigma associated with sex and intimacy and, lastly, arrange follow up and onward referrals if needed. The '5As' model helps to ensure that, before determining what resources are required, consent, recognition and exploration of an individual's concerns are addressed (García-Rodríguez et al, 2021)

## Using models

The models discussed here are just a small selection of the various tools that a nurse can use. However, regardless of the specific communication tool or approach used, the most important objective is to provide a space for conversation and openness around changes in intimacy and sexuality, promoting informed consent and open communication with patients (Arends et al, 2024). As many models recommend early interventions, these tools should be implemented from the preoperative stage where possible and used throughout the patient's pathway to establish their trust and allow the nurse to gain an understanding of their baseline views and priorities. These models will also help the nurse to provide information on potential changes to quality of life, including sexuality, before surgery to ensure informed consent is achieved (Krebs and Hoang, 2023).

## Conclusion

Psychosexual wellbeing is an integral part of overall wellbeing. Yet, research suggests it is often an overlooked or avoided aspect of holistic care for individuals before and after stoma formation, by both health professionals and the patient. This article highlights the challenges presented to nurses and patients in discussing the topic of sex and intimacy, often rooted in shame, discomfort and lack of expertise and resources. Spiritual and educational factors further complicate the open dialogue required to meet the needs of people living with a stoma.

Although numerous tools exist to support the assessment and needs of the patient, their effective use requires nurses to develop confidence and knowledge in opening a dialogue and referring patients appropriately when required. Rather than providing a single solution, this article has outlined some practical solutions and referral options.

Addressing psychosexual wellbeing must become routine and an integrated element of stoma care in a respectful and appropriate manner, helping to reduce stigma and ensuring that every patient has the opportunity to explore their sexual wellbeing needs in a way that is integral to the compassionate and patient-centred approach associated with the nursing profession. **BJN**

*Declaration of interest: All the authors are employees of Eakin Healthcare, and research for this article and the studies conducted were carried out in the course of the authors' employment*

*Data sharing: Data are available from the authors upon reasonable request*

## KEY POINTS

- Sexual wellbeing is a deeply personal and often underestimated challenge for many individuals living with a stoma
- Stoma care nurses play a crucial role in reducing the stigma around sex and intimacy and need dedicated education and support to address sexual wellbeing confidently
- Encouraging open, compassionate communication between nurses, patients and their partners can help reduce feelings of shame related to sexual health
- Discussing sexual wellbeing before stoma surgery ensures patients feel informed and supported in their care decisions and enables informed consent

Albaugh JA, Tenfelde S, Hayden DM. Sexual dysfunction and intimacy for ostomates. Clin Colon Rectal Surg. 2017;30(3):201–206. https://doi.org/10.1055/s-0037-1598161

Annon JS. The PLISSIT model: a proposed conceptual scheme for the behavioral treatment of sexual problems. Journal of Sex Education and Therapy. 1976;2(1):1–15. https://doi.org/10.1080/01614576.1976.11074483

Arcos-Romero AI, Calvillo C. Sexual health and psychological well-being of women: a systematic review. Healthcare (Basel). 2023;11(23):3025. https://doi.org/10.3390/healthcare11233025

Arends SAM, van Rossum CE, Eeltink CM et al. Feasibility and effectiveness of communication tools for addressing intimacy and sexuality in patients with cancer: a systematic review. Support Care Cancer. 2024;32(2):109. https://doi.org/10.1007/s00520-024-08308-6

Ashdown BK, Hackathorn J, Clark EM. In and out of the bedroom: sexual satisfaction in the marital relationship. Journal of Integrated Social Sciences. 2011;2(1), 40–57. https://tinyurl.com/22m38ab8 (accessed 5 August 2025)

Ayaz S, Kubilay G. Effectiveness of the PLISSIT model for solving the sexual problems of patients with stoma. J Clin Nurs. 2009;18(1):89–98. https://doi.org/10.1111/j.1365-2702.2008.02282.x

Boyles A. Stoma and peristomal complications: Predisposing factors and management, Gastrointestinal Nursing. 2010;8(7):26–36. https://doi.org/10.12968/gasn.2010.8.7.78432

Canty J, Stabile C, Milli L, Seidel B, Goldfrank D, Carter J. Sexual function in women with colorectal/anal cancer. Sex Med Rev. 2019;7(2):202–222. https://doi.org/10.1016/j.sxmr.2018.12.001

Chandler P. Lesbian, gay, bisexual and transgender (LGBT) inclusion in nursing services: a reflective case study from stoma care. Gastrointestinal Nursing. 2020;18(Suppl 9):S26–S32. https://doi.org/10.12968/gasn.2020.18.Sup9.S26

Cohen D, Gonzalez J, Goldstein I. The role of pelvic floor muscles in male sexual dysfunction and pelvic pain. Sex Med Rev. 2016;4(1):53–62. https://doi.org/10.1016/j.sxmr.2015.10.001

Costa J, Pinto-Gouveia J. Acceptance of pain, self-compassion and psychopathology: using the chronic pain acceptance questionnaire to identify patients' subgroups. Clin Psychol Psychother. 2011;18(4):292–302. https://doi.org/10.1002/cpp.718

Dames NB, Squire SE, Devlin AB, Fish R, Bisset CN, Tozer P; Respondents to the Sex After Colorectal Surgery Survey. 'Let's talk about sex': a patient-led survey on sexual function after colorectal and pelvic floor surgery. Colorectal Dis. 2021;23(6):1524–1551. https://doi.org/10.1111/codi.15598

Department for Education. Relationships education, relationships and sex education (RSE) and health education. 2025. https://tinyurl.com/ue6jbbjn (accessed 5 August 2025)

Dolezal L. The effects of shame and stigma on patient care. Br J Hosp Med (Lond). 2022;83(11):1–3. https://doi.org/10.12968/hmed.2022.0441

Downie A. Christian shame and religious trauma. Religions. 2022;13(10):925. https://doi.org/10.3390/rel13100925

Dyer K, das Nair R. Why don't healthcare professionals talk about sex? A systematic review of recent qualitative studies conducted in the United kingdom. J Sex Med. 2013;10(11):2658–2670. https://doi.org/10.1111/j.1743-6109.2012.02856.x

Erbil N. Relationship between sexual myths and sexual function of women. International Journal of Caring Sciences. 2019;12(3):1570–1579. https://www.internationaljournalofcaringsciences.org/Issue.aspx?issueID=53 (accessed 5 August 2025)

Fourie S, Norton C, Jackson D, Czuber-Dochan W. Grieving multiple losses: experiences of intimacy and sexuality of people living with inflammatory bowel disease. A phenomenological study. J Adv Nurs. 2024;80(3):1030–1042. https://doi.org/10.1111/jan.15879

García-Rodríguez MT, Barreiro-Trillo A, Seijo-Bestilleiro R, González-Martin C. Sexual dysfunction in ostomized patients: a systematized review. Healthcare (Basel). 2021;9(5):520. https://doi.org/10.3390/healthcare9050520

Giglia MD, Stein SL. Overlooked long-term complications of colorectal surgery. Clin Colon Rectal Surg. 2019;32(3):204–211. https://doi.org/10.1055/s-0038-1677027

Glasgow RE, Emont S, Miller DC. Assessing delivery of the five 'As' for patient-centered counseling. Health Promot Int. 2006;21(3):245–55. https://doi.org/10.1093/heapro/dal017

Habib A. Connor MJ, Boxall NE, Lamb BW, Miah S. Improving quality of life for Muslim patients requiring a stoma: a critical review of theological and psychosocial issues. Surgical Practice. 2020;24. https://doi.org/10.1111/1744-1633.12409

Horgan L, Richards H, Joy A. The young adult male's perception of life with inflammatory bowel disease and a stoma: a qualitative examination. J Clin Psychol Med Settings. 2020;27(3):560–571. https://doi.org/10.1007/s10880-019-09695-3

Hubbard G, Taylor C, Munro J et al. Experiences of support garments following bowel stoma formation: analysis of free-text responses in a cross-sectional survey. BMJ Open Gastroenterol. 2019;6(1):e000291. https://doi.org/10.1136/bmjgast-2019-000291

Kaplan M, Lazter Y, Gewirtz-Meydan A. Caught between two worlds: the association between moral disapproval of prohibited sexual behaviors and sexual shame among Jewish religious adolescents. Sexuality & Culture. 2025. Epub. https://doi.org/10.1007/s12119-025-10400-w

Karimi F, Babazadeh R, Roudsari RL, Asgharipour N, Esmaily H. Comparing the effectiveness of sexual counseling based on PLISSIT and BETTER models on sexual self disclosure in women with sexual problems after childbirth: a randomized trial. Iran J Nurs Midwifery Res. 2021;26(1):68–74. https://doi.org/10.4103/ijnmr.IJNMR_265_19

Krebs ED, Hoang SC. Informed consent and shared decision making in the perioperative environment. Clin Colon Rectal Surg. 2023;36(3):223–228. https://doi.org/10.1055/s-0043-1761158

Lin S, Yin G, Chen L. The sexuality experience of stoma patients: a meta-ethnography of qualitative research. BMC Health Serv Res. 2023;23(1):489. https://doi.org/10.1186/s12913-023-09532-2

Liot E, Christou N, de Sousa S et al. Patients' related sexual outcomes in colorectal surgery. Front Oncol. 2022;12:968978. https://doi.org/10.3389/fonc.2022.968978

Manderson L. Boundary breaches: the body, sex and sexuality after stoma surgery. Soc Sci Med. 2005;61(2):405–415. https://doi.org/10.1016/j.socscimed.2004.11.051

McGrogan M, Proctor C. Survivor to thriver: identifying and overcoming the psychological effects of a stoma. Br J Nurs. 2024;33(16):S14–S18. https://doi.org/10.12968/bjon.2024.0226

Medina-Rico M, Zárate-Velasco AM, Quiñonez A et al. Sexuality in people with ostomies: a literature review. Sexuality and Disability. 2019;37:571–586. https://doi.org/10.1007/s11195-019-09604-4

Mick J, Hughes M, Cohen MZ. Using the BETTER model to assess sexuality. Clin J Oncol Nurs. 2004;8(1):84–86. https://doi.org/10.1188/04.CJON.84-86

Mitchell KR, Lewis R, O'Sullivan LF, Fortenberry JD. What is sexual wellbeing and why does it matter for public health? Lancet Public Health. 2021;6(8):e608–e613. https://doi.org/10.1016/S2468-2667(21)00099-2

Munro J, Hubbard G, Goodman W, Beeken R, Oliphant R. Lived experience of parastomal bulging: a mixed methods study. J Abdom Wall Surg. 2024;3:12478. https://doi.org/10.3389/jaws.2024.12478

Murray KM, Ciarrocchi JW, Murray-Swank NA. Spirituality, religiosity, shame and guilt as predictors of sexual attitudes and experiences. Journal of Psychology and Theology. 2007;35(3), 222–234

Neff K. Self Compassion. 2025. https://self-compassion.org (accessed 5 August 2025)

Neff KD, Rude SS, Kirkpatrick K. An examination of self-compassion in relation to positive psychological functioning and personality traits. Journal of Research in Personality. 2007;41:908–916. https://doi.org/10.1016/j.jrp.2006.08.00

Paszynska W, Zborowska K, Czajkowska M, Skrzypulec-Plinta V. Quality of sex life in intestinal stoma patients – a literature review. Int J Environ Res Public Health. 2023;20(3):2660. https://doi.org/10.3390/ijerph20032660

Porrett T; Evidence-based Proposals for a Best Practice Pathway Project Advisory Board and Project Group. Advancing stoma care services: evidence-based proposals for a best practice pathway. 2023. https://www.coloplastprofessional.co.uk/globalassets/hcp/pdf-file/v2/uk/oc/ascn/advancing-stoma-care-services (accessed 5 August 2025)

Punjani N, Papathanassoglou E. Application of the extended-plissit model to improve sexual health in the adolescent population: a theory analysis. Journal of Community and Public Health Nursing. 2019;5(4):1000234. https://tinyurl.com/bde2se88 (accessed 5 August 2025)

Royal College of Nursing. Sexual and reproductive health – education, training and career progression in nursing and midwifery. 2022. https://tinyurl.com/4dn5sdhw (accessed 5 August 2025)

Saunamäki N, Engström M. Registered nurses' reflections on discussing sexuality with patients: responsibilities, doubts and fears. J Clin Nurs. 2014;23(3-4):531–440. https://doi.org/10.1111/jocn.12155

Saunders B, Polidano K, Bray L et al. Young people's priorities for the self-management of distress after stoma surgery due to inflammatory bowel disease: a consensus study using online nominal group technique. Health Expect. 2024;27(2):e14009. https://doi.org/10.1111/hex.14009.

Savitch SL, Marzoughi M, Suwanabol PA. Fertility concerns related to surgery for colorectal cancer: an under-discussed topic. Cancers (Basel). 2024;16(19):3376. https://doi.org/10.3390/cancers16193376

Sedighimornani N. Shame and its features: understanding of shame. European Journal of Social Sciences Studies. 2018; 3(3). https://doi.org/10.5281/zenodo.1453425.

Sohrabi F, Tirgari B, Safaei M, Alizadeh S. Effects of sexual counseling on sexual function and sexual quality of life of women with permanent intestinal ostomy. J Sex Med. 2024;21(4):311–317. https://doi.org/10.1093/jsxmed/qdae010

Taylor B, Davis S. Using the extended PLISSIT model to address sexual healthcare needs. Nurs Stand. 2006;21(11):35-40. https://doi.org/10.7748/ns2006.11.21.11.35.c6382

Taylor B, Davis S. The Extended PLISSIT model for addressing the sexual wellbeing of individuals with an acquired disability or chronic illness. Sexuality and Disability. 2007;25(3):135–139. https://doi.org/10.1007/s11195-007-9044-x.

Tonks N. Body image and sexuality. In: White M, Perrin A (eds). Stoma care specialist nursing: a guide for clinical practice. Springer International Publishing; 2023:287–300. https://doi.org/10.1007/978-3-031-07799-9

Tripaldi C. Sexual function after stoma formation in women with colorectal cancer. Br J Nurs. 2019;28(16):S4-S15. https://doi.org/10.12968/bjon.2019.28.16.S4

Tuncer M, Oskay ÜY. Sexual counseling with the PLISSIT Model: a systematic review. J Sex Marital Ther. 2022;48(3):309-318. https://doi.org/10.1080/0092623X.2021.1998270

Turk F, Waller G. Is self-compassion relevant to the pathology and treatment of eating and body image concerns? A systematic review and meta-analysis. Clin Psychol Rev. 2020;79:101856. https://doi.org/10.1016/j.cpr.2020.101856

Turk F, Kellett S, Waller G. Determining the potential links of self-compassion with eating pathology and body image among women and men: a cross-sectional mediational study. Body Image. 2021;37:28-37. https://doi.org/10.1016/j.bodyim.2021.01.007

Tylka TL, Wood-Barcalow NL. What is and what is not positive body image? Conceptual foundations and construct definition. Body Image. 2015;14:118-129. https://doi.org/10.1016/j.bodyim.2015.04.001

Vikan A, Hassel AM, Rugset A, Johansen HE, Moen T. A test of shame in outpatients with emotional disorder. Nord J Psychiatry. 2010;64(3):196-202. https://doi.org/10.3109/08039480903398177

Waling A, Farrugia A, Fraser S. Embarrassment, shame, and reassurance: emotion and young people's access to online sexual health information. Sex Res Social Policy. 2023;20(1):45-57. https://doi.org/10.1007/s13178-021-00668-6

Walker LM, Sears CS, Booker R et al. Development, implementation, and evaluation of a multidisciplinary oncology sexual health clinic in a Canadian cancer care setting. J Cancer Surviv. 2021;15(5):755-766. https://doi.org/10.1007/s11764-020-00967-8

Weinberg MS, Williams CJ. Fecal matters: habitus, embodiments, and deviance. Social Problems. 2005;52(3): 315-336 https://doi.org/10.1525/sp.2005.52.3.315

World Health Organization. Sexual and reproductive health and rights. 2025. https://tinyurl.com/y97a4bye (accessed 5 August 2025)

## CPD reflective questions

- Think about whether you discuss sex and intimacy enough with your patients
- Do your preconceptions and patient demographics affect how you discuss sex and intimacy?
- How can you make talking about sex feel like a normal part of your clinical routine?
- Are your patients fully consented to an operation for a stoma if sex and intimacy is not discussed as part of preoperative counselling?



This article is reprinted from British Journal of Nursing, 2025, Vol 34, No 16 (Stoma Care Supplement) | https://doi.org/10.12968/bjon.2025.0323