

Enterocutaneous Fistula:

Trauma, the Mind-Body Connection and Holistic Support



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Background

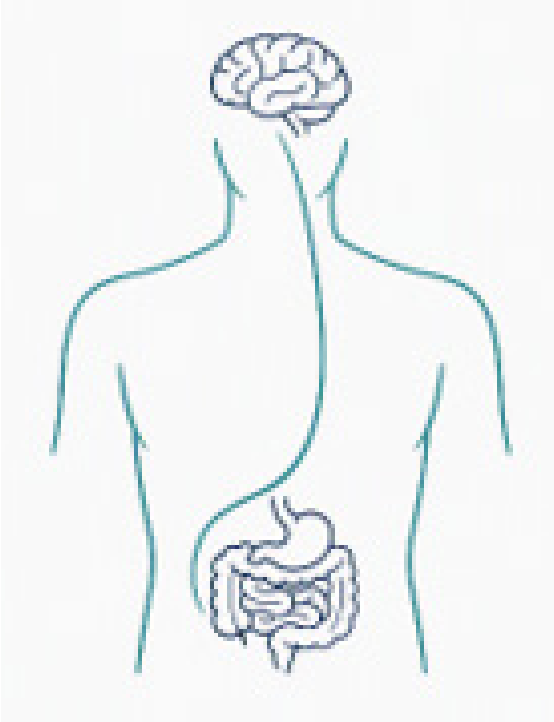
An enterocutaneous fistula (ECF) is an abnormal connection between the gastrointestinal tract and the skin of the abdomen. Although rare, ECFs can occur spontaneously or following abdominal surgery. Because they are often unexpected, patients are facing significant changes without pre-operative preparation, along with unpredictable output, fear of leaks, altered body image, substantial nutritional challenges and uncertainty about long-term prognosis. This poster aims to provide practical strategies to support the emotional wellbeing of both patients and healthcare professionals as well as bring awareness to some of the therapy modalities available by accredited therapists that can support patients if more in-depth support is required.

Psychological Impact

ECFs can have a profound psychological impact. Patients experience both physical trauma and psychological trauma, particularly as the conditions are usually sudden, distressing, uncertain, associated with repeated procedures, leakage, pain, social withdrawal and changes to independence. In a recent survey 94% of respondents reported their fistula had a negative impact on their mental health^{1,*}.

The Brain–Abdomen Connection

The connection between body and mind is central to ECF care. Physical symptoms, uncertainty and distress can influence emotional regulation, sleep, coping and engagement with care. Recognising this connection supports a trauma-informed approach that addresses both physical and psychological needs.



Physical Trauma and Psychological Support

For patients living with an ECF, the suddenness of diagnosis, uncertainty around recovery, altered body image, leakage, odour, nutritional demands and repeated interventions can all contribute to a heightened stress response. As nurses there are a few simple things we can do to support our patients:

- Validate distress- It is understandable in the context of ECF.
- Normalise the link between physical symptoms and emotional responses.
- Offer simple grounding approaches that can be used during moments of overwhelm- both for the patient, and ourselves.
- Encourage routines such as gentle movement, connection and sleep hygiene.
- Recognise when persistent trauma symptoms may require more specialist psychological support than we can provide.

Practical Grounding Techniques

These grounding techniques can be useful for both patients and nurses, offering simple ways to pause, regulate and return attention to the present moment during periods of stress or overwhelm.



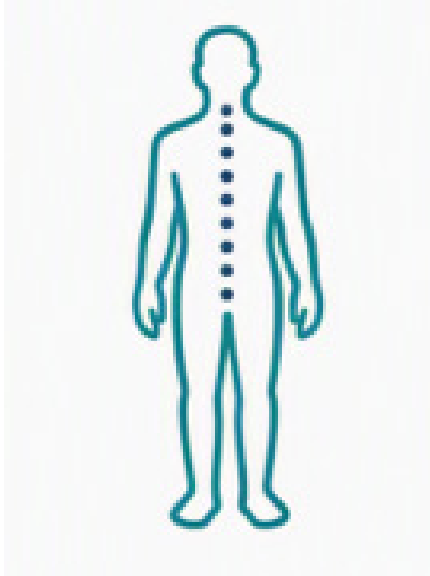
Butterfly Hug

Alternating shoulder taps while breathing slowly can support regulation and help the patient return attention to the present moment.



Anchor Object

An item, such as a stone, a piece of fabric or a meaningful object, can provide sensory focus during periods of overwhelm. It involves focusing attention on the item such as touch, sight and smell.



Body Scan

Consciously focusing your attention on different parts of the body, usually starting at the head to toe or vice versa and working through the body.



Stretch and Release

Gently tense or stretch a muscle group, then slowly release the tension while noticing the difference between tightness and relaxation.

Recognising When Specialised Trauma Support May Be Needed

Specialist psychological support may be helpful when trauma symptoms persist, worsen or begin to interfere with daily life, relationships, sleep, treatment engagement or sense of safety. Signs may include unhelpful negative thoughts, avoidance, persistent negative beliefs, hypersensitivity, detachment, low mood or ongoing signs of overwhelm. PTSD requires diagnosis as per the DSM-5² from a qualified health care professional, however, anyone can experience trauma and so a diagnosis of PTSD is not required for a recommendation to trial a psychotherapy intervention.

*For further statistics on mental health please see poster:
Suffering in Silence: Examining the psychological impact of living with a fistula – result from a pilot study

So What Options Are Available?

CBT-informed approaches: CBT has the most evidence supporting its use as a psychological intervention³. It can be effective for a range of traumatic experiences. It works by identifying and challenging unhelpful beliefs, examining automatic negative thoughts contributing to distress, exploring statements that identify how the trauma affected beliefs, processing traumatic memories in a safe and supportive environment, and developing adaptive thinking skills that can be applied outside therapy to improve functioning and quality of life.

EMDR: EMDR (Eye Movement Desensitisation and Reprocessing) is a structured psychotherapy that helps individuals process and reduce the emotional impact of traumatic memories⁴. During EMDR sessions, patients focus briefly on a traumatic memory while simultaneously experiencing bilateral stimulation, such as side-to-side eye movements, tapping or auditory tones. This process is believed to mimic the brain's natural processing state, similar to REM sleep, and helps the brain reprocess the memory so it is no longer as emotionally overwhelming. Over time, patients may notice that the memory loses its vividness and distressing impact, allowing them to adopt more positive beliefs and feelings about the event.

Person-centred therapy: Person-centred therapy offers a trauma-informed, nonjudgmental approach that empowers clients to process trauma at their own pace and discover personal solutions for healing⁵. Person-centred therapy allows clients to reconnect with their feelings, honour rejected or ignored parts of themselves, and gradually reintegrate these experiences at their own pace.

Mindfulness-based therapy: Mindfulness-based therapy for trauma is a psychological approach that uses mindfulness techniques to help individuals become aware of and regulate their thoughts, emotions and bodily sensations, promoting healing and reducing trauma-related distress. It integrates mindfulness practices, such as conscious attention to the present moment, breathing exercises and body awareness, into trauma-focused therapy. Mindfulness-based approaches, are thought to target several core features of PTSD, including avoidance, hyperarousal, emotional numbing, negative emotions such as shame and guilt, and dissociation⁶.

Key Message

Enterocutaneous fistulas represent a complex and unanticipated clinical challenge with significant physical and psychological consequences for patients and healthcare professionals. Self-care for nurses and patients, as well as utilising therapy modalities that suit individual needs, can empower and support patients to recover mentally as well as physically.

Reference
1. Data on file; Eakin Healthcare. (2025). Data on file. Eakin Healthcare.
2. American Psychiatric Association. (2022). Diagnostic and statistical manual of mental disorders (5th ed., text rev.). American Psychiatric Association Publishing. <https://doi.org/10.1176/appi.books.9780890425787>
3. Fordham, B., Sugavanam, T., Edwards, K., Stallard, P., Howard, R., das Nair, R., Copsey, B., Lee, H., Howick, J., Hemming, K., & Lamb, S. E. (2021). The evidence for cognitive behavioural therapy in any condition, population or context: A meta-review of systematic reviews and panoramic meta-analysis. Psychological Medicine, 51(1), 21-29. <https://doi.org/10.1017/S0033291720005292>
4. American Psychological Association. (2025). Clinical practice guideline for the treatment of posttraumatic stress disorder in adults. <https://www.apa.org/ptsd-guideline/ptsd.pdf>
5. Hazler, R. J. (2016). Person-centered theory. In Counseling and psychotherapy theories and interventions (6th ed., Chapter 7). American Counseling Association
6. Boyd, J. E., Lanius, R. A., & McKinnon, M. C. (2018). Mindfulness-based treatments for posttraumatic stress disorder: A review of the treatment literature and neurobiological evidence. Journal of Psychiatry & Neuroscience, 43(1), 7-25. <https://doi.org/10.1503/jpn.170021>