Review Article

DOI: https://dx.doi.org/10.18203/2394-6040.ijcmph20250948

Exploring the psychological impact of cancer surgery: a review

Ramya S.1*, Anantha Krishna B. S.2

¹Department of Psycho-social, Solis Health, Bangalore, Karnataka, India

Received: 21 December 2024 **Revised:** 21 February 2025 **Accepted:** 27 February 2025

*Correspondence: Dr. Ramya S.,

E-mail: ramya@solis.health

Copyright: © the author(s), publisher and licensee Medip Academy. This is an open-access article distributed under the terms of the Creative Commons Attribution Non-Commercial License, which permits unrestricted non-commercial use, distribution, and reproduction in any medium, provided the original work is properly cited.

ABSTRACT

Cancer's impact transcends the physical realm, profoundly affecting the human psyche. The integration of psychological care into cancer treatment has garnered increasing recognition. Surgical interventions represent a cornerstone of cancer treatment, promising remission and extended life. The journey through cancer surgery is multifaceted, demanding meticulous attention and psychological support. Cancer patients grapple with a spectrum of challenges, notably anxiety and depression. Tailored psychological therapies aim to alleviate this distress, particularly in the preoperative and postoperative phases of surgery. The preoperative phase is fraught with anxiety, stress, and cognitive challenges, underscoring the necessity for personalized interventions. In the postoperative phase, patients navigate a complex emotional landscape, while dealing with issues like pain management and body image alterations. Coping mechanisms and robust support systems play a pivotal role in aiding patients in navigating these psychological challenges. Individual factors, including age, gender, cultural background, and financial considerations, significantly influence the psychological well-being of patients. Promising future avenues encompass the development of individualized interventions, the assessment of psychological impact, and strategies to mitigate financial distress. Advocating for the integration of psychological care into cancer treatment guidelines is essential for enhancing patient-centred care and optimizing outcomes in the realm of surgical oncology. In conclusion, addressing the emotional and psychological needs of patients before and after cancer surgery is vital for their well-being and surgical outcomes.

Keywords: Cancer surgery, Preoperative anxiety, Postoperative challenges, Surgical oncology outcomes, Patientcentred care, Support system

INTRODUCTION

Cancer is a formidable adversary that affects the body and profoundly impacts the psyche. Picture the moment when someone hears the words, "You have cancer." It's not just a medical diagnosis; it's a pivotal moment when the emotional and psychological consequences of cancer surgery become undeniably evident. Cancer continues to pose a persistent threat to humanity, and the development of a preventive medical procedure for cancer has not yet been realized.² The principal objective of cancer treatment methods is to enhance the quality of life and extend the lifespan of individuals affected by the disease.³

In the last two decades, there has been a notable shift towards recognizing the importance of integrating psychological care into routine cancer treatment. This evolution has led to the development of global clinical guidelines and quality standards, with distress now considered the "6th vital sign," joining temperature, blood pressure, pulse, respiration, and pain.4 Today, it is firmly established that psychological care is an integral aspect of providing quality cancer treatment.⁵

Surgical procedures for cancer play a fundamental role in the field of cancer treatment, frequently offering the most favourable prospects for achieving remission or extending

²Department of Yoga and Wellness, Solis Health, Bangalore, Karnataka, India

a patient's lifespan.⁶ Patients confronting surgical oncology conditions embark on a healthcare odyssey that necessitates navigating through a multifaceted and allencompassing journey. This intricate path unfolds in a series of pivotal stages, each of which calls for meticulous attention and the specialized knowledge and skills of healthcare providers.⁷

Initially, patients undergo a meticulous diagnostic phase, where precise tests and evaluations are conducted to identify the type and extent of the malignancy. Subsequently, they move into the screening phase, where healthcare providers carefully assess the overall health of the patient and evaluate any potential risks or complications that might affect the surgical procedure.

The treatment stage is a critical juncture, involving surgical intervention to remove cancerous tissues or tumors. This phase demands a high level of skill and precision from the surgical team, with the ultimate goal of eradicating or controlling the disease.

Following the surgical procedure, patients enter the crucial phase of post-operative care and follow-up. This stage is marked by continuous monitoring, regular check-ups, and ongoing treatment modalities, ensuring that the patient's recovery is well-managed and any potential complications are promptly addressed.

Cancer patients grapple with a wide range of physical, social, psychological, and emotional challenges, including anxiety and depression, post-diagnosis and during treatment.8 Consequently, numerous psychological therapies, such as counselling, relaxation techniques, role play, problem-solving, and coping strategies, have been proposed to help alleviate their distress.⁹ In essence, the healthcare journey for surgical oncology patients is a complex and multifaceted process that demands a holistic approach, a multidisciplinary healthcare team, and unwavering support to achieve the best possible outcomes for patients facing this challenging medical condition. Psychological factors have an impact on cancer development, the surgical period may offer a window for influence. 10 During the surgical psychological factors may play a critical role by strengthening or dampening the endocrine and immune responses to surgery, and these factors may indirectly influence the chance of recurrence.

The current state of research offers a wide range of perspectives regarding interventions designed to enhance the psychological well-being of cancer patients. Cancer surgery, while common, has been insufficiently examined in terms of its psychological effects on patients. This research is vital because it can enhance patients' overall well-being, improve mental health outcomes, support informed decision-making, optimize resource allocation, foster interdisciplinary collaboration, enable personalized treatment plans, and promote patient-centred care. In

essence, it has the potential to significantly improve the quality of care and outcomes for cancer patients.

LITERATURE SEARCH

This review was conducted through a structured literature search using PubMed, Scopus, Web of Science, and Google Scholar to identify relevant studies on the psychological impact of cancer surgery. Search terms included "psychological distress after cancer surgery," "emotional and cognitive effects of cancer treatment," and "psychosocial support in cancer recovery." Studies published in peer-reviewed journals were included, focusing on both qualitative and quantitative research assessing psychological outcomes post-surgery. The selected literature was critically analyzed to identify recurring themes and emerging patterns in the psychological challenges faced by cancer patients after surgery.

PSYCHOLOGICAL IMPACT OF CANCER SURGERY

Preoperative phase

The psychological impact of surgery extends far beyond the operating room, encompassing both the preoperative phase, fraught with anxiety and uncertainty, and the postoperative phase, marked by physical and emotional challenges. It is a journey that tests one's resilience, coping mechanisms, and self-perception. Understanding and addressing the psychological aspects of this journey are essential for promoting not only physical healing but also emotional well-being. In the psychological aspects of the psy

Providing cancer survivors with thorough psychological information about their diagnosis, treatment, potential psychological effects, and referral services can lead to informed choices, reduced distress, and enhanced mental well-being, fostering greater satisfaction and a sense of personal control. ¹³ Furthermore, it is important to acknowledge that anxiety is a specific emotion that can have adverse effects on cognitive function, leading to difficulties in processing information effectively. Consequently, there is a suggestion that alleviating anxiety during a consultation could enhance the retention of information. This is especially relevant because increased emotional distress, particularly preoperative anxiety, may elevate the risk of postoperative psychological disorders. ¹⁴

The presence of depression can markedly reduce a patient's life quality, rendering the period before surgery emotionally and psychologically demanding. Hence, it is crucial to promptly identify and address depression to ensure that patients are in optimal mental condition for surgery and to attain positive outcomes.

Fear and preoperative uncertainty in cancer signify the emotional distress and doubts that patients experience before surgery. 16 These feelings can impact decision-making and patient well-being. Surgeries for cancers like breast, prostate, and endometrial tend to cause higher preoperative stress due to fears of tumour recurrence, infertility, body changes, and mortality. This heightened stress underscores the need for comprehensive presurgery support.

Postoperative phase

The postoperative phase represents a crucial juncture in a patient's healthcare journey, marked by the intricate interplay between physical recovery and psychological well-being. The During this critical period, individuals often experience a range of emotions, including relief and hope, as well as anxiety and vulnerability, particularly following life-changing surgeries or life-altering. This emotional spectrum comes into play as patients transition from the surgical event to the phase of psychological adjustment and healing. It not only for the patient, the patient's family may undergo shock and stress, which they often hide to protect the patient. Thus, it's important to address and normalize their emotional distress.

In the aftermath of surgery, individuals embark on a multifaceted journey navigating through the complexities of pain management, adjusting to changes in body image and self-esteem, anxiety and depression tied to surgery outcomes, adapting to functional changes, dealing with prognostic uncertainty, maintaining relationships and support systems, addressing issues related to sexuality and intimacy, managing post-traumatic stress, planning for survivorship, and contemplating spiritual and existential questions. ¹⁹

Following cancer surgery, patients frequently grapple with chronic pain, stemming from surgical trauma and nerve damage, necessitating ongoing management.²⁰ Concurrently, post-operative fatigue, induced by surgeryrelated stress and disrupted sleep patterns, is prevalent, requiring monitoring and support to enhance overall wellbeing. Post-surgery, the onset of phantom pains can vary, immediately sometimes appearing or emerging considerably following amputation. later an Understanding the psychological factors influencing this variability is essential for effective pain management and patient well-being.

Cancer patients with stoma bags often contend with significant psychological distress.²¹ Feelings of anxiety, depression, and fear often arise, primarily attributed to concerns surrounding stoma bag management, alterations in body image, and anxieties related to social interactions. These psychological challenges can have a profound effect on their overall emotional state.

The psychological well-being of patients can be notably affected by scarring, resulting in reduced self-esteem, heightened anxiety and depression, social withdrawal, and even the possible emergence of conditions like body

dysmorphic disorder.²² Ultimately, these psychological consequences can have a detrimental impact on the overall quality of life for individuals dealing with scarring.

COPING MECHANISM AND SUPPORT

Coping with cancer surgery, both before and after the procedure, is a complex and emotional journey which involves various strategies and support systems to navigate the physical and emotional challenges.²³

Psychological interventions are integral in cancer surgery, both before and after the operation.²⁴ Preoperative psychological intervention encompasses tailored counselling and support strategies designed to address patients' emotional and psychological needs before surgery. Its objective is to assist patients in managing anxiety, stress, and mental health concerns during the preoperative phase of their healthcare journey.

It's important to emphasize that cognitive behavioural therapy (CBT) significantly contributes to effective coping and psychological resilience in the context of cancer care. In the preoperative phase, CBT equips individuals with the tools to manage depression, anxiety, and stress while instilling realistic expectations. Following surgery, it becomes a cornerstone for pain management, emotional adaptation, and fostering adherence to prescribed care regimens. These individually tailored CBT strategies, whether administered one-on-one or in group settings, should be thoughtfully integrated into the broader spectrum of cancer care, with a central focus on optimizing patients' psychological well-being.

Crucially, art therapies support the emotional well-being of cancer patients, both before and after surgery. ²⁶ Presurgery, assists individuals in managing anxiety and offers a creative outlet for emotional expression. Post-surgery, art therapy contributes to pain management, and emotional recovery, and addresses body image issues from a psychological perspective.

In a surgical oncology setting, acceptance and commitment therapy (ACT) assists patients by offering strategies to handle emotional distress, anxiety, and uncertainty linked to cancer surgery.²⁷ It aids individuals in making informed decisions, clarifying their values, and enhancing their coping abilities in dealing with the challenges of cancer treatment. The outcomes of ACT in this context are mainly related to the patient's psychological well-being and their capacity to navigate the emotional aspects of the cancer treatment process, rather than directly impacting medical or surgical results.

Mind-body techniques have shown proven results in psychological support for surgical cancer treatment. Practices like meditation, mindfulness, and guided imagery can effectively help patients manage anxiety, reduce stress, and foster a positive mindset.²⁸ By

integrating these techniques into a patient's care plan, it enhances overall well-being, offering a holistic approach to coping with cancer and the stress associated with surgery.

Social support from family, friends, and support groups is the provision of emotional, practical, and informational assistance to individuals.²⁹ It helps alleviate anxiety, facilitates informed decision-making, and fosters recovery, playing a crucial role in enhancing psychological well-being and surgical outcomes.

In the realm of surgical oncology, the recent strides made in bionics and prosthetics have profoundly impacted the psychological and emotional well-being of individuals who have undergone amputations due to cancer-related surgeries.³⁰ These innovations extend beyond physical benefits, offering users a renewed sense of independence, purpose, and emotional support. This not only aids in reducing psychological distress but also greatly enhances the overall quality of life for cancer survivors.

INFLUENTIAL FACTORS

The field of surgical oncology is significantly influenced by age and gender, both of which play pivotal roles in shaping an individual's experience throughout their cancer diagnosis and treatment journey.³¹ These factors extend their influence across several key aspects, such as the type of cancer, its staging, and how these elements contribute to the emotional response to the diagnosis.

Additionally, treatment decisions are often swayed by a patient's psychological resilience and readiness to navigate the challenges of surgery. Age, in particular, can affect how a patient perceives their mortality, while gender may impact concerns related to body image and self-esteem following surgical procedures. Furthermore, the experience of treatment side effects can have profound psychological implications, ultimately affecting a patient's overall well-being.

Moreover, cultural influences extend to the psychological well-being of patients in surgical oncology.³² Patient's cultural backgrounds can significantly shape their emotional responses to a cancer diagnosis and their attitudes toward surgical treatment. Cultural beliefs may stigmatize cancer or attach negative connotations to it, contributing to heightened fear and anxiety among patients, in particular, cultural norms regarding emotional expression and coping strategies can also impact how individuals deal with the psychological burden of surgery.

Cancer can influence one's livelihood through its impact on work, finances, and emotional health.³³ It may cause fatigue, physical limitations, and shifts in personal priorities that affect job performance. Discrimination and social isolation can also be concerns. Seeking support and maintaining open communication with employers can aid

individuals in managing these challenges and staying employed during and after cancer treatment.³⁴

Subsequently, financial distress is a crucial aspect of surgical oncology. The expenses linked to cancer treatment, particularly surgical procedures, can be substantial, imposing a considerable financial strain on patients and their families. This financial burden encompasses not only the direct costs of surgery and associated medical interventions but also indirect expenses like income loss, transportation, accommodation expenditures associated with accessing specialized healthcare.³⁵ The implications of financial distress can extend far beyond the financial realm and affect a patient's overall well-being. The apprehension of exorbitant treatment expenses may shape decisions regarding the choice of surgery, compliance with the recommended treatment regimen, and even the timing of seeking medical assistance. Patients may also encounter anxiety and stress stemming from financial challenges, which can have a detrimental impact on their quality of life and emotional health.³⁶

DISCUSSION

The psychological impact of cancer surgery is profound, affecting patients' emotional well-being, cognitive functioning, and overall quality of life.³⁷ This review highlights the key challenges faced by patients' post-surgery, including heightened anxiety, depression, and distress. These psychological responses often stem from the fear of recurrence, body image disturbances, and the uncertainties surrounding long-term prognosis.³⁸

Several studies indicate that post-surgical distress varies depending on the type of cancer, stage at diagnosis, and individual coping mechanisms.³⁹ For instance, breast cancer patients frequently report heightened emotional distress due to mastectomy-related body image concerns, whereas head and neck cancer patients may struggle with speech and swallowing difficulties that contribute to social withdrawal.⁴⁰ Existing literature suggests that patients with adequate psychosocial support, such as counselling and peer support groups, experience lower levels of post-surgical depression and anxiety.⁴¹

A major theme emerging from this review is the crucial role of timely psychological interventions in mitigating post-surgical distress. CBT and mindfulness-based interventions are particularly beneficial in reducing distress levels and improving emotional resilience. However, access to such interventions remains limited in many healthcare settings, highlighting the need for integrating psychosocial care into standard cancer treatment.

Despite the growing recognition of psychological distress in cancer care, there are still gaps in existing research. Many studies primarily focus on short-term psychological outcomes, with limited exploration of long-term mental health challenges. Future research should aim to assess the long-term trajectories of psychological distress and identify factors that promote resilience post-surgery. Additionally, interdisciplinary approaches combining medical, psychological, and rehabilitative support can offer a comprehensive model of care to address both physical and emotional recovery.

By emphasizing the importance of psychological wellbeing alongside medical treatment, healthcare professionals can enhance the overall quality of life for cancer survivors, ensuring a more holistic and patientcentred approach to care.

FUTURE DIRECTION AND IMPLICATION

This research highlights key areas for further study and application. Tailored psychological interventions, such as telehealth solutions and support programs, could help address the emotional challenges faced by cancer patients before and after surgery. Customized care plans that consider individual factors like age, gender, and cultural background may enhance patient outcomes.

Longitudinal studies are needed to assess the lasting effects of these interventions on psychological well-being, recovery, and quality of life. Additionally, integrating psychological assessment tools into cancer care can help identify at-risk patients and provide timely support. Exploring the impact of multidisciplinary collaboration, financial distress, and caregiver support are also crucial areas for future research.

Advocating for the inclusion of psychological care in cancer treatment guidelines can ensure a more patient-centred approach, ultimately improving overall cancer care outcomes.

CONCLUSION

The psychological impact of cancer surgery is a crucial yet often overlooked aspect of patient care, significantly influencing both emotional well-being and surgical outcomes. This review highlights the need for tailored psychological interventions before and after surgery to help patients manage anxiety, cognitive challenges, and post-surgical distress. Addressing factors such as age, gender, culture, and financial burden is essential for personalized care. Future directions include developing validated assessment tools, exploring multidisciplinary collaboration, and integrating digital health solutions. Importantly, incorporating psychological care into standard cancer treatment guidelines can enhance patient-centred care, improve recovery outcomes, and elevate the overall quality of life for surgical oncology patients.

Funding: No funding sources Conflict of interest: None declared Ethical approval: Not required

REFERENCES

- 1. Stein KD, Syrjala KL, Andrykowski MA. Physical and Psychological Long-Term and Late Effects of Cancer. Cancer. 2008;112(11):2577.
- 2. Meyskens FL, Hasan M, Cheryl LR, Jack C, Thomas WK, Chung SY, et al. Cancer Prevention: Obstacles, Challenges, and the Road Ahead. J National Cancer Institute. 2015;108(2):djv309.
- 3. Khan FA, Akhtar SS, Sheikh MK. Cancer Treatment -Objectives and Quality of Life Issues. Malays J Med Sci. 2005;12(1):3.
- 4. Fradgley EA, Barry DB, Brian JK, Matthew JL, Luigi G, Brindha Sl. Progress toward integrating Distress as the Sixth Vital Sign: a global snapshot of triumphs and tribulations in precision supportive care. J Psychosoc Oncol Res Pract. 2019;1(1):e2.
- Grassi L, Spiegel D, Riba M. Advancing psychosocial care in cancer patients. F1000Res. 2017;6:2083.
- 6. Dare AJ. Surgical Services for Cancer Care. Disease Control Priorities, Third Edition Volume 3: Cancer. 2015;223-8.
- 7. Veronesi U, Stafyla V. Grand Challenges in Surgical Oncology. Front Oncol. 2012;2:127.
- 8. Himmelstein DU, Warren E, Thorne D, Woolhandler S. The Psychosocial Needs of Cancer Patients. Health Aff (Millwood) Suppl Web Exclusives. 2008.
- 9. Meng X, D'Arcy C. Coping strategies and distress reduction in psychological well-being? A structural equation modelling analysis using a national population sample. Epidemiol Psychiatr Sci. 2015;25(4):370.
- 10. Costanzo ES, Sood AK, Lutgendorf SK. Biobehavioral Influences on Cancer Progression. Immunol Allergy Clin North Am. 2011;31:109.
- Gu X, Zhang Y, Wei W, Zhu J. Effects of Preoperative Anxiety on Postoperative Outcomes and Sleep Quality in Patients Undergoing Laparoscopic Gynecological Surgery. J Clin Med. 2023;12(5):1835.
- 12. Kohrt BA, Ottman K, Panter-Brick C, Konner M, Patel V. Why we heal: The evolution of psychological healing and implications for global mental health. Clin Psychol Rev. 2020;82:101920.
- 13. Andrykowski MA, Lykins E, Floyd A. Psychological Health in Cancer Survivors. Semin Oncol Nurs. 2008;24:193.
- 14. Adhikari SP, Bishnu DP, Bhuwan G, Sunil B, Prabhas J, Pooja K, Prawesh A, et al. Prevalence of pre-operative anxiety and associated risk factors among patients awaiting elective surgery in a tertiary care hospital. F1000Res. 2023;12:1207.
- 15. Ghoneim MM, O'Hara MW. Depression and postoperative complications: an overview. BMC Surg. 2016;16:5.
- 16. Cheng JYJ, Bryan WZW, Yip HC, Zhi HO, Cheng HN, Hui YT, Dujeepa DS, et al. Preoperative concerns of patients undergoing general surgery. Patient Educ Couns. 2021;104(6):1467-73.

- Lanini I, Timothy A, Caterina SC, Sergio F, Silvia F, Chiara A, Alessandro DF, et al. The influence of psychological interventions on surgical outcomes: a systematic review. J Anesthesia Analgesia Critical Care. 2022;2(1):31.
- Svensson M, Nilsson U, Svantesson M. Patients' experience of mood while waiting for day surgery. J Clin Nurs. 2016;25:2600-8.
- 19. Ghoneim MM, O'Hara MW. Depression and postoperative complications: an overview. BMC Surg. 2016;16:5.
- Avila F, Torres-Guzman R, Maita K, Garcia JP, De Sario GD, Borna S, Ho OA, et al. A Review on the Management of Peripheral Neuropathic Pain Following Breast Cancer: Targets and Therapy. 2023;15:761.
- 21. Ayaz-Alkaya S, Ayaz-Alkaya SC. Overview of psychosocial problems in individuals with stoma: A review of literature. Int Wound J. 2018;16(1):243.
- 22. Honigman RJ, Phillips KA, Castle DJ. A Review of Psychosocial Outcomes for Patients Seeking Cosmetic Surgery. Plast Reconstr Surg. 2004;113(4):1229.
- 23. Stein KD, Syrjala KL, Andrykowski MA. Physical and Psychological Long-Term and Late Effects of Cancer. Cancer. 2008;112(11):2577.
- 24. Hanalis-Miller T, Nudelman G, Ben-Eliyahu S, Jacoby R. The Effect of Pre-operative Psychological Interventions on Psychological, Physiological, and Immunological Indices in Oncology Patients: A Scoping Review. Front Psychol. 2022;13:839065.
- 25. Hylton HM, Vogel WH, Daniels S. Cognitive Behavior Therapy for Patients with Cancer. J Adv Pract Oncol. 2015;6(1):54.
- 26. Hu J, Zhang J, Hu L, Yu H, Xu J. Art Therapy: A Complementary Treatment for Mental Disorders. Front Psychol. 2021;12:686005.
- 27. Song W, Nurul IS, Jinggui S, Ruiling Z, Nor SM, Mohammad FILBA, Zhaohui Z, et al. Effectiveness of Acceptance and Commitment Therapy (ACT) on disease acceptance for breast cancer patients: Study protocol of a randomized controlled trial. PLoS One. 2024;19(11):e0312669.
- 28. Chaoul A, Milbury K, Sood AK, Prinsloo S, Cohen L. Mind-Body Practices in Cancer Care. Curr Oncol Rep. 2014;16:417.
- 29. Acoba EF. Social support and mental health: the mediating role of perceived stress. Front Psychol. 2024;15:1330720.
- 30. Roşca AC, Baciu CC, Burtăverde V, Mateizer A. Psychological Consequences in Patients with Amputation of a Limb. An Interpretative-

- Phenomenological Analysis. Front Psychol. 2021;12:537493.
- 31. Krzyszczyk P, Alison A, Erika JD, Lauren MT, Ileana MB, Misaal P, et al. The growing role of precision and personalized medicine for cancer treatment. Technology (Singap World Sci). 2019;6(3-4):79.
- 32. Yeom JW, Yeom IS, Park HY, Lim SH. Cultural factors affecting the self-care of cancer survivors: An integrative review. Eur J Oncol Nursing. 2022:59:102165.
- 33. Blinder VS, Gany FM. Impact of Cancer on Employment. J Clin Oncol. 2019;38:302.
- 34. Tiedtke CM, Blonk RWB, Van Rhenen W, Van Egmond MP, Joosen MCW. Tailored support for preparing employees with cancer to return to work: Recognition and gaining new insights in an open atmosphere. Work. 2023;76:1519.
- 35. Prinja S, Jyoti D, Nidhi G, Anushikha D, Amal CK, Partha SR, et al. Financial toxicity of cancer treatment in India: towards closing the cancer care gap. Front Public Health. 2023;11:1065737.
- 36. Zhuang T, Sara LE, Lauren MS, Allison KR, Jeffrey Y, Robin NK, et al. Financial Distress Is Associated with Delay in Seeking Care for Hand Conditions. Hand (N Y). 2019;16(4):511.
- 37. Naughton MJ, Weaver KE. Physical and Mental Health Among Cancer Survivors: Considerations for Long-Term Care and Quality of Life. N C Med J. 2014;75(4):283.
- 38. Himmelstein DU, Warren E, Thorne D, Woolhandler S. The Psychosocial Needs of Cancer Patients. Health Aff (Millwood) Suppl Web Exclusives. 2008.
- 39. Abelson JS, Alanna C, Megan JS, Mary C, Anna D, Heather Y. Coping strategies among colorectal cancer patients undergoing surgery and the role of the surgeon in mitigating distress: A qualitative study. Surgery. 2019;165(2):461-8.
- 40. Fingeret MC, Teo I, Epner DE. Managing Body Image Difficulties of Adult Cancer Patients: Lessons from Available Research. Cancer. 2013;120:633.
- 41. Joo JH, Lee B, Joan F, Erin K, Thomas L, Hanan A. The benefits and challenges of established peer support programmes for patients, informal caregivers, and healthcare providers. Fam Pract. 2022;39(5):903.

Cite this article as: Ramya S, Krishna ABS. Exploring the psychological impact of cancer surgery: a review. Int J Community Med Public Health 2025;12:1925-30.