

# Common concerns and possible stoma complications for people with a stoma

**Information for patients**

A large, faint Venn diagram consisting of two overlapping circles, one on the left and one on the right, with a central intersection area. The circles are drawn with thin grey lines.

**Colorectal Nursing  
Department**

The aim of this leaflet is to give you information about some of the common concerns and possible complications that can occur with a stoma.

## **Wind (flatus)**

Everybody passes wind, but if you have a stoma this can sometimes be inconvenient or embarrassing, as you have no control over it. However, the following advice may help:

### **Diet**

Some people with a colostomy have found that green vegetables, onions and fruit cause excessive wind, whilst people with an ileostomy have found that peas, onions, beans or green vegetables can be a problem. It is very much an individual issue; a certain food that causes one person to have wind may be perfectly acceptable to another. Try to make a note of which foods cause you to produce more wind, so that you can reduce the amount or avoid them if you wish to.

### **Fizzy drinks**

These may cause wind. Letting the drink settle for a few minutes after opening can help. Drinking drinks slowly or steadily rather than gulping can help, as when drinking quickly you tend to swallow more wind. Some people also find it helpful not to drink whilst eating a meal, but to wait until the end.

### **Flatus filters**

Modern appliances have an integral filter, which controls the release of wind, helping to prevent the bag from inflating or 'ballooning'. These filters contain charcoal, which helps to neutralise any odours. Sometimes trialling different bags can be helpful to find if a particular brand works better for you.

### **Charcoal tablets**

These are available over the counter from your local pharmacist or health food shop and may help reduce excessive wind.

## **Natural yoghurt (probiotic)**

Eating natural or 'live' yoghurt can help to neutralise the bacteria in the gut, reducing excessive wind. Actimel and Yakult are brands of yoghurt drink available from most supermarkets, or you may find they have their own brand available.

## **Peppermint**

Some people find the use of peppermint tea or tablets / capsules helpful in reducing flatus.

## **Eating habits**

Eating at regular mealtimes or intervals can be helpful, as missing meals or having long periods between eating can cause increased flatus. Eat steadily as you tend to swallow more flatus when eating quickly.

## **Odour**

This is an aspect of having a stoma which can give our patients the most worry before surgery. Ultimately faeces has a smell.

However, modern appliances are made from odour-proof materials and have an odour neutralizing flatus filter. You should not get odour unless you are emptying or changing the bag. Air fresheners or deodorants are available in the form of sprays, or drops that can be inserted into the bag, which can be helpful. Some adhesive removers also have a scent to reduce odour on bag changes.

If you have a problem with odour, it could be caused by changes in your bowel function or diet related, but again this is individual. Some people with a colostomy report problem with odour after eating green vegetables and onions. For people with an ileostomy the culprit foods may be fish, eggs, onions and cheese.

## Pancaking

This is a particular problem for people with a colostomy, when the faeces remain stuck around the stoma instead of dropping down into the bag.

The following may help:

### **Cover the flatus filter:**

This will allow some air to remain in the bag preventing a vacuum from forming and helps to stop the faeces from sticking at the top.

### **A piece of screwed up tissue or cotton wool ball in the bag:**

Placing this in the bag before applying prevents the inner surfaces of the bag from sticking together preventing a vacuum from forming and allows space for faeces to drop into the bag.

### **A small amount of oil (vegetable or sunflower) or Vaseline in the bag:**

Apply a small amount onto the front inside surface of the bag; this will help the faeces to slide down. Take care not to get on the outside of the bag or on the sticky surface, as this will make it oily, and it may not stick.

### **Increase your fluid intake:**

Dehydration and not drinking enough fluid can result in larger quantities of water being reabsorbed by the intestine; this causes dry faeces, which tend to stick.

### **Lubricating deodorants:**

These are gels which go inside the stoma bag, helping faeces slide to the bottom of the bag and have an odour neutralizing quality.

### **Colostomy irrigation:**

It is possible for some people with a colostomy to wash out their bowel regularly with water, to avoid having to wear a bag. Please speak to your Stoma Specialist Nurse, who will be able to tell you if this type of management might work for you.

## Sore skin

This will probably happen to everybody at some stage. The important thing is to work out what the cause of the soreness is, before trying to deal with it. Clean around your stoma with warm water only – no soap. Avoid using baby wipes, as some of these contain lanolin (moisturiser), which can stop the adhesives from sticking. They can also sometimes cause skin soreness.

Caution should be taken if needing to apply any creams which you would usually use for skin complaints elsewhere on your body to the area around your stoma, as they could leave a greasy residue, thus undermining the adhesion of the bag. There are many products available on prescription to help manage skin soreness or irritation, but as a simple remedy we have found calamine lotion can help to sooth the skin.

The following are some common causes of sore skin and simple remedies:

### **The area immediately around the stoma is sore:**

This would suggest that the hole in your template may not be the correct size or shape causing the skin to be exposed and needs to be adjusted to ensure the skin is covered. In the first 6-8 weeks after your operation the stoma will shrink in size, during which the template will need to be adjusted. The template can also change because of weight loss or gain.

### **Changing the appliance too frequently:**

As a general guide, most people with a colostomy change a one-piece closed bag twice a day. People with an ileostomy would wear a one-piece drainable bag for about two to three days, although some people choose to wear the bag longer. Excessive changing can lead to skin irritation.

### **Poor technique when changing the appliance:**

Check you are removing the old appliance correctly; you should support the skin directly above where you are gently peeling the appliance off – from top to bottom. If you are removing your appliance incorrectly, this may cause skin soreness. Your Stoma Specialist Nurse will supply you with an adhesive removal spray which can help to ease the bag off gently.

### **Are you cleaning the area well with warm water and, more importantly, drying the area thoroughly?**

When applying the new appliance, use of a mirror can be helpful to position correctly, or you might need to change position from standing to sitting, or vice-versa. Ensure you have pressed the adhesive onto your skin.

Do allow time for the appliance to stick properly – some people find it reassuring to simply place your hand over it for a few minutes.

### **Leaving the appliance on too long:**

This can also cause your skin to become sore, as the adhesive will start to break down, allowing the faeces onto your skin.

### **Weight gain or loss:**

This can cause body contours to change, sometimes resulting in skin folds or dips which can undermine adhesion or moulding of the adhesive onto the skin.

### **A skin reaction:**

This can sometimes happen in response to a particular product. Contact your Stoma Specialist Nurse as they may be able to suggest an alternative product.

## **Pre-existing skin conditions:**

Such as eczema or psoriasis.

## **Inflammation of hair follicles:**

This can happen if you have hairy skin on your abdomen. It is best to keep the area around your stoma shaved and hair-free. If your skin remains sore, please contact your Stoma Specialist Nurse who will be able to help you. The vast majority of skin problems are easily resolved.

# **Constipation**

Constipation only applies if you have a colostomy.

If you are constipated the causes and remedies are much the same as for someone with an intact bowel (e.g. Prune, Grape or Orange juice, over the counter laxatives and softeners). Simply increasing the amount of fibre in your diet, as will drinking plenty of fluids will help.

Sometimes you may need to take a laxative prescribed by your doctor. Some painkillers can have a constipating effect especially if taken regularly, and a laxative will need to be taken to counteract this.

However, you may always seek advice from your Stoma Specialist Nurse.

If you have an ileostomy and it stops working for more than 6 hours you could have a blockage, other symptoms include abdominal pain, abdominal distension or swelling and nausea and vomiting. If you suspect a blockage, avoid eating any solids, but keep drinking if you are able and seek further medical assistance and assessment from your GP or NHS 111. You may be sent to the hospital for further assessment by one of the colorectal team. Occasionally people may need to be admitted to hospital for a few days. Advice can also be sought by contacting your Stoma Specialist Nurse if within normal working hours. Often blockages will resolve themselves within a few hours if caused by something you have eaten which has not digested properly.



## Hernia

A hernia can be common for those with an ostomy. If you are concerned you have developed a hernia, please contact our team.

### **Common symptoms include:**

- Swelling
- discomfort
- dragging feeling around the stoma.

Any new strong pain should be assessed by a healthcare professional.

Hernias cannot always be prevented but support wear can be helpful with prevention if you live an active lifestyle or have a more physical job.

## Retraction Of the Stoma

This is where the stoma pulls the skin inwards. This can happen when the muscles are not strong enough to support the stoma, or there has not been enough “slack” left on the bowel at the time of the operation. This is more common in obese people. Obtaining a good seal of the bag onto the skin can be more difficult. There are various appliances which can help resolve this problem.

## Stenosis

Occasionally, the opening to a stoma can become scarred and narrowed sometimes as small as a few millimetres. If the stoma still functions well, then do not worry about it. If the stoma stops working or appears to be blocked, then you should contact your GP, NHS111 or your Stoma Specialist Nurse if within normal working hours. Keeping the stool softer is essential to ensure good function. A change in diet or the use of gentle laxatives can help. If symptoms persist surgical intervention may be required. Advice can be obtained from your Stoma Specialist Nurse.

## **Examples of rehydration solutions:**

St Mark's Solution: 1000 mL water, 6 level teaspoons/20g glucose powder, 1 level teaspoon/3.5g salt, ½ teaspoon/2.5g Bicarbonate of Soda.

The taste may be improved with small amounts of squash, fruit cordial, fresh lemon or lime added to the solution when making. The solution should be drunk over 24 hours.

Isotonic Lucozade Sport (full sugar version): to a 500ml bottle add ½ teaspoon salt.

Dioralyte (Double strength): 1 sachet in 100 mL water, usually scaled up to 10 sachets in 1000 mL water.

## **Bleeding from Stoma**

When you clean over and around the stoma, it is very common to get a few drops of blood on the cleaning cloth. This is quite normal and is absolutely nothing to worry about and occurs because the stoma itself has many blood vessels in it. If this happens, you may need to be a little gentler with your cleaning technique!

However, if you notice that blood appears to be coming from the inside of your body, or you have a bag which has some blood in it, then contact your GP or NHS 111 as could be an indication of bleeding within the bowel which needs to be investigated.

## **Prolapse of Stoma**

This is where the stoma protrudes further than usual and is fairly rare. If it happens to you, above all don't panic! If the stoma protrudes less than six inches, it is nothing to be particularly concerned about, but mention/discuss with your Stoma Nurse Specialist or GP at next contact.

If you have a large prolapse, more than six inches, contact your Stoma Nurse Specialist if within normal working hours for advice or your GP/NHS111, as the prolapse will likely need to be reviewed and assessed. Lying down can help reduce some of the swelling. It is very rare so please try not to worry that this might happen. Sometimes surgery is required to correct a prolapse.

There are three main factors to consider in self-management whilst seeking advice:

- colour of the stoma i.e. is it healthy
- function i.e. is it working
- management i.e. can you apply a stoma bag. You may need to remove the current bag and apply a new one but cutting the hole larger to ensure the stoma is not constricted.

## **Contact Us**

To contact a Stoma Nurse Specialist in Oxford please telephone:

**John Radcliffe Hospital Stoma Team office**

01865 221839

**Churchill Hospital Stoma Team office**

01865 235367

## Further information

If you would like an interpreter, please speak to the department where you are being seen.

Please also tell them if you would like this information in another format, such as:

- Easy Read
- large print
- braille
- audio
- electronic
- another language.

We have tried to make the information in this leaflet meet your needs. If it does not meet your individual needs or situation, please speak to your healthcare team. They are happy to help.

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[www.ouh.nhs.uk/information](http://www.ouh.nhs.uk/information)



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