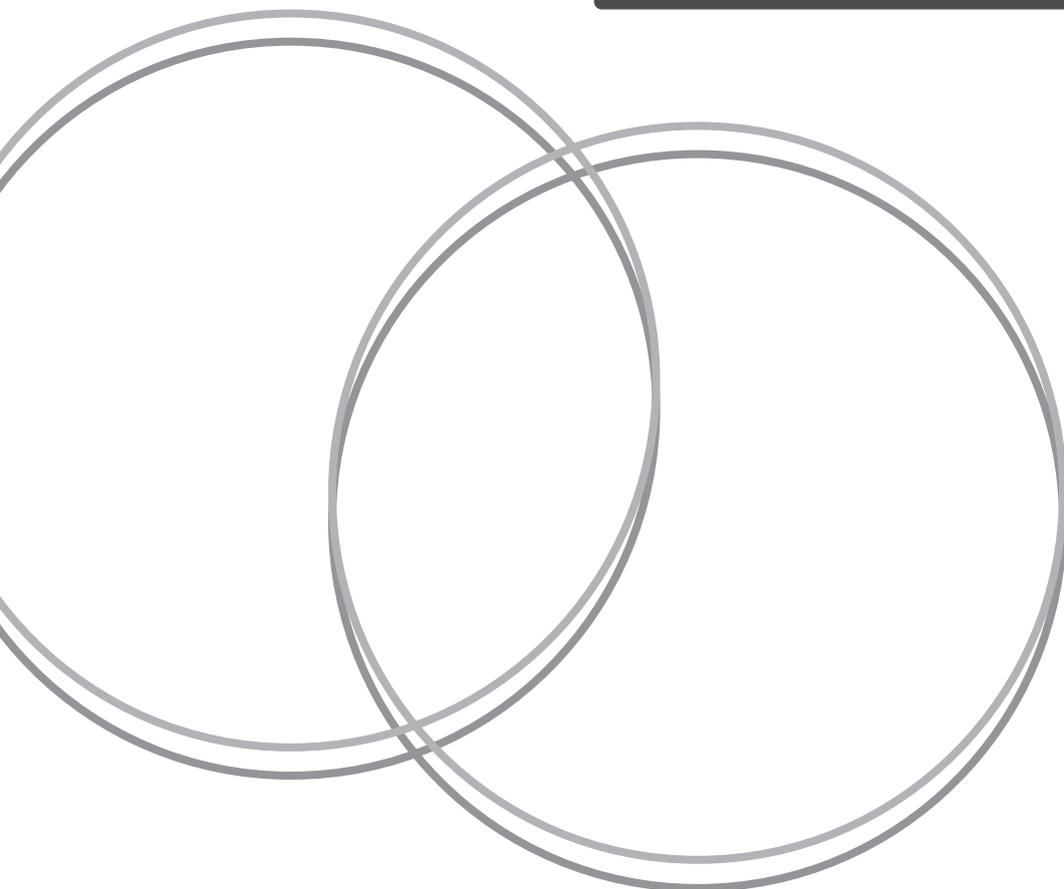


# Possible Stoma Complications

Information for patients



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

# 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 or Grape juice, over the counter laxatives and softeners).

However, you may always seek advice from your Stoma Nurse Specialist. Simply increasing the amount of fibre in your diet will help, as will drinking plenty of fluids. 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.

If you have an ileostomy and it stops working for more than 6 hours you could have a blockage, other symptoms include abdominal pain, nausea and vomiting. You will need to inform your GP for additional support, and you may be sent to the hospital for further assessment from one of the colorectal team. Occasionally people may need to be admitted to hospital for a few days. If you suspect a blockage, avoid eating any solids, but keep drinking if you are able and seek further medical assistance.

**Try not to panic. If you have a blockage it usually will right itself as blockages are usually due to a ball of food that the gut will pass itself.**

## 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 to prevent if you live an active lifestyle or have a manual 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. It can make it difficult to get a good seal on the bag. There are various appliances, which can ease this problem.

## Stenosis

Sometimes, 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 and Stoma Specialist Nurse. A change in diet can help with obstructive symptoms but if this problem persists it might need surgical intervention and your Stoma Specialist Nurse can advise how to manage this.

## Diarrhoea

Some common reasons are:

- Certain foods or alcohol. Avoid the suspected food or drink for a while – then try again later
- Emotional upset, stress or nervousness
- Medication, especially some antibiotics
- Radiotherapy and Chemotherapy treatment
- Tummy upset.

**Seek specialist advice from your Nurse Specialist or doctor.**

It is very important to drink plenty of fluids to avoid becoming dehydrated (a minimum of 8 glasses per day).

If you have a colostomy and usually wear a closed bag, it is advisable to wear a drainable bag to avoid changing too often while the diarrhoea persists. Contact your Stoma Specialist Nurse if you wish to discuss this.

If you have an ileostomy, dehydration can be more dangerous for you as you do not have your colon in circulation to aide in additional fluid absorption.

With an ileostomy at times of hot weather or when exercising it can be common to loose additional salts and minerals in sweat. These need to be replenished and a good way to do so can be with isotonic drinks which are higher in Salta and sugar. Examples of these are Dioralyte or Lucozade sport.

Make up to 1 litre with tap water with:

- Glucose 6 flat teaspoons
- SALT (Sodium Chloride) 1 flat teaspoon
- Sodium Bicarbonate/Citrate ½ teaspoon

The taste may be improved with small amounts of fruit juice. The solution should be drunk over 24 hours.

Isotonic fluids are better for you because of the higher sodium (salt) and glucose content. They encourage fluid to be absorbed into the gut, rather than passing straight through into your stoma bag (e.g. Lucozade sport).

Some people have found eating marshmallows or jelly babies helps firm up the output.

## **Bleeding from Stoma**

When you clean 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 to you, it may be better to be a little less vigorous with your cleaning technique!

If you notice, however, 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 out of hours/GP without delay.

## **Prolapse of Stoma**

This is where the stoma protrudes further than usual. This 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 concerned about particularly, but do mention it to your GP. If you have a large prolapse, more than six inches, contact your Nurse Specialist, then call out your GP, and rest on the bed until the GP arrives. It is very rare so please try not to worry that this might happen. Sometimes surgery is required to correct this.

## **Contact Us**

To contact a Nurse Specialist in Oxford please telephone:

01865 221839 for the John Radcliffe Hospital Stoma Team

01865 235367 for the Churchill Hospital Stoma Team



## 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.

Author: OUH Stoma/Colorectal Nursing Team  
November 2021  
Review: November 2024  
Oxford University Hospitals NHS Foundation Trust  
[www.ouh.nhs.uk/information](http://www.ouh.nhs.uk/information)



*Making a difference across our hospitals*

[charity@ouh.nhs.uk](mailto:charity@ouh.nhs.uk) | 01865 743 444 | [hospitalcharity.co.uk](http://hospitalcharity.co.uk)

OXFORD HOSPITALS CHARITY (REGISTERED CHARITY NUMBER 1175809)

