



Oxford University Hospitals
NHS Foundation Trust

Colorectal Nursing Department

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.

Most complications are minor and easily dealt with. Please contact your Specialist Nurse for advice if you are concerned.

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. These are prune or grape juice, over the counter laxatives and softeners, but you can also seek advice from your Specialist Nurse.

Simply increasing the amount of fibre in your diet will help, as will drinking plenty of fluids.

Painkillers can have a constipating effect, especially if they are taken regularly. You may need to take a laxative to help prevent this. If over the counter laxatives don't work, you may need to take a laxative prescribed by your GP.

Ileostomy blockages

If you have an ileostomy and it stops working for more than 6 hours, you will need to tell your GP or Specialist Nurse. If you have a blockage you will experience abdominal pain and feel very nauseated. If this happens, avoid eating any solids, but keep drinking (if you feel you are able to).

If your ileostomy is blocked, try not to panic. If you have a blockage it usually will resolve itself, as blockages are usually due to a ball of food that the gut will pass naturally.

If you continue to be constipated, you may need to be admitted to hospital for a few days, where we can help you to fast (stop eating and drinking) to rest your bowel. We can also give you intravenous fluids (into a vein) to stop you from becoming dehydrated.

Bleeding from the stoma

When you clean around your 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. It occurs because the stoma itself has many blood vessels in it. You may want to try cleaning a little more gently.

However, if you notice that blood appears to be coming from the inside of your body, or you have a bag and notice some blood in it, then please contact your GP, Specialist Nurse or out of hours service immediately.

Prolapse of the stoma

A prolapse is when the stoma protrudes (sticks out) further than usual. This is fairly rare. If it happens to you, don't panic! If the stoma protrudes less than 6 inches (15cm) it is nothing to be concerned about, but do mention it to your GP or Specialist Nurse.

If you have a large prolapse that is more than 6 inches (15cm), please contact your Specialist Nurse and then call out your GP.

Immediate treatment for prolapse

Rest, lying flat on your back on your bed until your GP arrives. If your stoma has increased in size significantly, gently remove the stoma bag and apply a new one with a much larger hole cut in the adhesive. This will help to avoid the stoma being constricted.

It is likely that a prolapse longer than 6 inches (15cm) may need surgery to repair it. However, a stoma prolapse is very rare, so please try not to worry that this might happen.

Hernia

It is quite common to develop a hernia (a swelling) next to or around the stoma, as the stoma can cause a weakness in the abdominal wall. Hernias can vary in size. Most hernias are not a cause for concern. However, if you find that it aches, or the appearance of the swelling worries you, then we can fit you with a support garment; please ask your Specialist Nurse for advice about this.

It is best not to lift anything excessively heavy, such as a full bag of shopping, as this can make you more likely to develop a hernia.

Retraction of the stoma

This is where the stoma starts to pull the skin inwards. This can happen if your abdominal 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 if you have a high Body Mass Index or are very overweight.

If the stoma retracts, it can make it difficult to get a good seal on the bag. There are various appliances which can help with this problem. Please contact your Specialist Nurse for advice.

Stenosis

Sometimes the opening to a stoma can become scarred and narrowed to just a few millimetres in diameter. If this happens but your stoma is still working well, then do not worry about it, but please contact your Specialist Nurse for an assessment. If your stoma stops working or appears to be blocked, then you should contact your GP (or out of hours service) and Specialist Nurse.

A low residue diet can be helpful (please ask for a leaflet on this), but it may be necessary for you to have a small operation, usually just around the stoma, which will mean you need to stay in hospital for 2-3 days.

Diarrhoea

Some common reasons for diarrhoea are:

- certain foods or alcohol. Avoid the suspected food or drink for a while – then try again later and see what the effect is.
- emotional upset, stress or nervousness
- medication, especially some antibiotics. Check with your doctor, who may be able to prescribe you an anti-diarrhoeal medicine.
- radiotherapy and chemotherapy treatment. Seek specialist advice from your Specialist Nurse or the Oncology department.
- tummy upset or virus. Seek advice from your GP.

It is very important to drink plenty of fluids to avoid becoming dehydrated. You should aim to drink at least a minimum of 8 cups per day (1.5 to 2 litres). If you have an ileostomy, you are at a higher risk of problems from dehydration, because you have had your colon removed. This means that it is very important you keep up your fluid intake.

If you have a colostomy and usually wear a closed bag, it is advisable to wear a drainable bag to avoid having to change it too often while you have diarrhoea. Contact your Specialist Nurse if you need more information about this.

It is recommended that during hot weather or exercise, or if you have watery stools, you should drink additional fluids. We recommend that you have isotonic drinks, which are higher in salt and sugar. Isotonic fluids are better for you because of the higher sodium (salt) and glucose content. They encourage fluid to be absorbed into your gut, rather than passing straight through into your stoma bag.

These types of drinks include Dioralyte (which you can buy from supermarkets and chemists) and Lucozade Sport or Powerade, or you can make up your own rehydration drink using:

- glucose – 6 flat teaspoons
- salt (sodium chloride) – 1 flat teaspoon
- sodium bicarbonate/citrate – ½ teaspoon
- make up to 1 litre with tap water

You can flavour this with small amounts of fruit juice. You will need to drink this solution over 24 hours.

Some people have found eating marshmallows or jelly babies helps firm up their stools.

If you would like further information about foods that can help to keep your stoma healthy, please ask for our leaflet called 'Dietary Advice'.

How to contact us

To contact a Specialist Nurse from the John Radcliffe Hospital Stoma Team:

Tel: **01865 221 839**

(9.00am to 5.00pm, Monday to Friday)

To contact a Specialist Nurse from the Churchill Hospital Stoma Team:

Tel: **01865 235 367**

(9.00am to 5.00pm, Monday to Friday)

If you need an interpreter or would like this information leaflet in another format, such as Easy Read, large print, Braille, audio, electronically or another language, please speak to the department where you are being seen. You will find their contact details on your appointment letter.

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