



**RANA HOSPITAL**

*Come with **PILES!** Go with **SMILES!***

## **Patient Information Leaflet**

### Stoma Complications

# **Stoma Complications**

Around half the people that have a stoma will have a stoma related complication at some time. This can range from a minor skin problem to a hernia. It is important to remember that having a stoma related problem does not mean that you have done anything wrong or not looked after your stoma correctly. Any type of surgery runs the risk of complications. If you are experiencing any problems with your stoma then you should contact your stoma care nurse who is trained and experienced in managing a variety of complications. The stoma care nurse can help you to manage most problems. In most instances surgery is not required however if it is this decision will be made by you, your stoma care nurse and your surgeon.

## **Prolapsed stoma**

A prolapsed stoma is caused when a length of bowel falls out onto the exterior of the abdomen. A prolapse may be due to inadequate fixing of the stoma to the abdominal wall at the time of surgery. A prolapse can be managed by using a larger appliance to accommodate the extra bowel. In other cases it may be possible to manually reduce the prolapse when you are lying flat. It is important for you to make sure that the prolapsed bowel does not become damaged or change colour. If this occurs please contact your stoma care nurse. It is however advised to make an appointment to see your stoma care nurse who would be able to offer you solutions to manage the prolapse when it first occurs.

## **Parastomal hernia**

A parastomal hernia is the bulging of the intestine under the skin through an abnormal opening in the muscle wall. A parastomal hernia may cause pain and discomfort around the stoma due to the stretched abdominal wall and peristomal skin. There may be a dragging or heavy sensation around the stoma. Some hernias may become strangulated and cause an obstruction in the bowel. If you are unlucky enough to get a hernia, only approximately 10 – 20 per cent of people have symptoms severe enough to seek out a surgical option. There are some predisposing factors for a hernia. They include:

Increased age	Multiple operations
Wound infections	Heavy lifting
Obesity	Steroid therapy
Malnutrition	Wide abdominal defect
Peristomal infection	Sited outside rectus muscle
Poor abdominal wall support	Construction defects
Urinary retention	Increased abdominal pressure e.g. coughing
Diminished muscle tone	Collagen defects/disorder

Depending on the size of your hernia there are a number of ways that it can be managed. Abdominal supports can be used to disguise and support the weight. These may be in the form of a belt or underwear and are available on prescription. Your stoma nurse will be able to measure, fit and order you one. The hernia may cause problems with your appliance for example, the bulge can cause your bags to lift off and leak. Your stoma nurse may recommend an appliance with a larger flange. Sometimes the skin around the stoma may get sore. These problems can be resolved by making an appointment to visit your stoma nurse. In some cases the hernia may become unmanageable or cause frequent obstructions. In these situations your surgeon may decide to operate in order to repair the hernia.

### **Mucocutaneous separation**

Mucocutaneous separation is where the stoma is under some degree of tension causing the skin edges to pull away from the stoma. This happens in the first few weeks after surgery. It can be very superficial at skin level or deeper down to the fatty layer of the skin. Your stoma care nurse will assess the separation and advise you on treatment. This may include powder, paste or a convex appliance and belt. Surgery to correct this problem is seldom needed. With the treatment the stoma care nurse has advised the separation will heal over time.

### **Stenosis**

In some cases your stoma may become stenosed. This is where there is scar tissue round the stoma causing the stoma to become narrow. The scar tissue may have developed after mucocutaneous separation or the abdominal opening being too tight. If you think your stoma is becoming tighter or narrower then contact your stoma care nurse. You may be advised to dilate your stoma, using a dilator, to keep it open or you may be referred back to your surgeon to refashion your stoma under an anaesthetic.

### **Retraction**

This is where the stoma is under tension and is pulled back into the abdomen. This can happen immediately after surgery when the stoma is created under tension or over a long period of time such as if you gain weight. You may find your appliance starting to leak frequently and causing your skin to become sore and excoriated. There are varying degrees of retraction and a number of treatment options. If you think your stoma is retracting then contact your stoma care nurse who will assess you and advise you of treatment to manage this problem. In many cases simply changing to a different type of appliance will solve the problem. In a few instances this problem may become unmanageable and surgery may be required by your surgeon to refashion the stoma and correct the problem.



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