

Kindly written by Alison Roberts, Salts Community Stoma Care Nurse

## STOMA SOLUTIONS

Salts Healthcare supplies a comprehensive range of ostomy accessories designed to provide solutions to the day-to-day problems of leaks, sore skin, adhesion, odour, residue and skin protection. For more details, contact us on the FREEPHONE number below:

**FREEPHONE 0800 626388** (UK) or **FREEPHONE 1-800 408508** (Ireland)  
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STOMA CARE



# Stoma surgery complications

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Excellence in stoma care

When any surgical procedure is performed the benefits and risks of the operation will be explained to you. When a stoma is formed this carries risks similar to those of any operation. Whilst it is not common to experience complications, it is important that you should be aware of them, so that should problems arise you will have a better understanding of them.

## Complications After Surgery

### INFECTION

The abdominal wound lies very close to the stoma and so there is a risk of infection from spillage of stool onto the wound. This risk can be reduced by effective stoma management. Occasionally localised infection around the stoma can occur and usually presents as a hard reddened and painful area around the stoma. This may require antibiotic treatment.

### MUCOSAL SEPARATION

When the stoma is formed it will be held to the skin by stitches. Occasionally following surgery this 'join' can separate slightly. Your stoma care nurse can advise you on the use of various powders, pastes and gels to aid healing.



### NECROSIS

The stoma should have a good blood supply which is indicated by the stoma being a pink healthy colour, slightly darker than the inside of the mouth. Necrosis occurs if the blood supply to the stoma is restricted (usually 24-48 hours after surgery). Initially the stoma will become dark red and may even turn black, this is an indication that the blood supply is impaired. Close observation is necessary and if no improvement is noted further surgery may be required.

### RETRACTION

This occurs when the stoma appears to fall back into the abdomen and does not protrude above the level of the skin. There are various reasons for this:-

- It has been difficult to pull the bowel through to the skin surface.
- The bowel being under tension.
- Weight gain



Leakages can be a major problem, so appliance selection is very important. The use of seals or pouches with built in convexity (shaped flanges) will make the stoma protrude more. Your Stoma Care Nurse will be able to offer advice on suitable accessories or appliances.



# Late Complications

## BLEEDING

The bowel has a very good blood supply, which is needed to absorb the goodness from the food we eat. The tiny vessels called capillaries can bleed when the stoma is cleaned; this is similar to cleaning your teeth and your gums bleeding and is quite normal. If however you take anticoagulants eg Warfarin or Aspirin to reduce blood clots this may increase the risk of bleeding. If the bleeding is heavy or persistent or comes from the inside of the stoma you should seek advice from you GP.



## FRICION

This can occur from the stoma rubbing on the inside of the pouch or if the hole in the pouch is too tight. Ulceration can occur on the stoma and these look similar to mouth ulcers. Having the template checked and applying baby oil inside the pouch can prevent this.

## GRANULOMAS

Granuloma are tender red areas which have a cauliflower appearance that occur around the edge of the stoma. They often develop where the stitches are inserted around the stoma but can occur many years after the operation. Sometimes rubbing from the flange or base plate can increase the risk of this problem. Bleeding caused by granulation can occur and may interfere with the pouch adhering. The template should be checked and if necessary the application of silver nitrate by your Stoma Care Nurse or surgical excision may be necessary.

## OBSTRUCTION

A blockage in the bowel can be caused by a collection of undigested food, a narrowing of the bowel or a twist in the bowel. When this happens it may cause the stoma to stop working and cause tummy pains. If the obstruction is caused by a collection of undigested food this may settle without surgery by rest and water only to drink until the blockage clears. If the bowel is narrowed or twisted then surgery may be required.

## PARASTOMAL HERNIA

A hernia is a weakness in the muscle which can occur around the stoma, and is very commonly found in those with colostomies. The hernia can vary in size from a slight bulge to a large hernia. It is more prevalent in older people, overweight people or as a result of heavy lifting or strenuous exercise. Surgery to repair the hernia is only necessary in extreme cases and there may still be a risk of another hernia developing. An abdominal support garment can be worn which can be fitted by your Stoma Care Nurse.



