What is a prolapsed stoma?

Contributing Factors

A prolapse can occur in any stoma type but is more common in loop stomas, especially loop transverse colostomies (McCahon; 1999). The causes of a prolapse are many but include an oversized hole made in the abdominal wall at surgery (McErlain et al; 2004), increased abdominal pressure due to tumour, pregnancy or chronic coughing (McErlain et al; 2004), excessive exertion, including heavy lifting (McCahon; 1999) and obesity (McErlain et al; 2004).

Management of the Prolapse

Management of the prolapse can be conservative or surgical but all patients must be given support and reassurance during this frightening time. The psychological effects of having a large piece of bowel protruding through the abdominal wall, often being visible under clothing, can be great and fear of further problems can be a considerable factor. For any degree of prolapse the main consideration is psychological support. The patient should be given a full explanation about what a prolapse is, what may have caused it and what to look out for with regard to change in the condition of the stoma. They should be advised to be careful when handling the stoma so as not to cause any degree of trauma to the bowel and to note any change in colour, size or activity, which needs to be reported to the Specialist Stoma Care Team. If the prolapse is small some degree of adjustment with regard to appliance type may be all that is necessary to successfully manage the problem.

Many ostomy product manufacturers now make specialist pouches to help in the management of both herniated and prolapsed stomas. Referral to the Specialist Stoma Care Team will provide the patient with advice regarding the use of an appropriate appliance, which needs to be large enough to contain the prolapsed bowel and the output easily. The template should also be checked to ensure that it fits correctly around the stoma without causing undue pressure leading to trauma (McCahon; 1999).

The use of a light weight abdominal support can also be beneficial as long as it is assessed prior to use by a Health Care Professional to prevent trauma to the prolapsed bowel (Myers 1996). For prolapses which are too large to manage conservatively, or for a prolapse which becomes discoloured surgical intervention is necessary for assessment regarding refashioning or even reversal if this is appropriate (McErlain et al; 2004). Surgical intervention is undertaken following review by the Consultant Surgeon and will involve removal of the prolapsed section of bowel and refashioning of another stoma, possibly being sited in another area of the abdomen.

References

