

# Managing your stoma prolapse

## Stoma Care Team Patient information

### What is a prolapsed stoma?

A stoma that is longer than normal is said to be prolapsed.

### What causes a stoma prolapse?

- A stoma can prolapse if the muscles supporting it are weak.
- When abdominal pressure is raised, a prolapse can happen again.
- Abdominal pressure is raised when you sit up, cough, sneeze, or use your abdominal muscles lifting.
- The stoma will often prolapse when you are up and about during the day.
- If the stoma is healthy and working, then a prolapse is not worrying.

### Managing a prolapsed stoma

If the stoma is prolapsed for a long time, it will become swollen. When the stoma hangs down, fluid goes to the tip of the stoma, causing the swelling. It may be difficult for the stoma to return to its normal size at the end of the day.

The prolapse can often be managed by lying down on the bed for about 20 minutes. The abdominal muscles relax and the abdominal pressure lowers.

- 1** Lie with your head back, looking up at the ceiling. If you look at what you are doing, you will be increasing abdominal pressure.
- 2** By touch, place a finger on the prolapsed end of the stoma and apply gentle downward pressure.  
  
If the stoma is not swollen, the bowel will usually slide back into the stoma opening.
- 3** If the prolapsed bowel is swollen, the swelling can be reduced by using a cold compress or sugar.
  - 3a**
    - When using a cold compress wrap some ice in a towel.
    - Place over the stoma for no more than five minutes at any one time. Keep the stoma bag on while doing this.
    - If the pouch is off, to protect the stoma moisten some dry wipes with cold water and place over the stoma.
  - 3b**
    - If the cold compress does not help, a fine sugar or icing sugar (this is less abrasive) can be used. The sugar draws the fluid from the swollen stoma to help reduce the size.
    - Put large amounts of sugar onto the stoma and leave for 20-30 minutes.
    - This can be messy. It is best to put the sugar in the pouch before.

- When the bag is on, move the sugar so that it sits around the stoma.
- You will end up with a syrupy fluid in the bag.

## Ongoing care

The prolapsed stoma extends into the pouch and the stoma may rub and bleed. The pouch hole will need to be made bigger.

## Potential problems

### Leaks

- The bowel lining produces mucus to help lubricate it and keep itself healthy.
- When the stoma is prolapsed, there is more bowel lining outside of the body. The bowel lining produces mucus and makes the stoma wetter than normal.
- The pouches may not stick around the stoma and the pouches may leak.
- The skin must be dry. The prolapsed stoma must not touch the skin where the pouch will be applied. If it does, it will moisten the skin and stop the pouches sticking.
- The stoma may need to be wrapped in some wipes to stop this happening when the pouch is being applied.

### Sore skin

- The stoma will be bigger when it is prolapsed.
- The pouch hole may need to be cut larger for it to go over the stoma. This may cause problems with sore skin.
- Cutting slits around the hole can help the pouch go over the stoma.

## Surgical treatment

- The stoma should always be pink and warm. Any changes to the colour and temperature of the stoma may mean that the blood supply is affected. Medical advice or surgical treatment is needed.

Seek medical advice if your stoma turns purple, black, becomes ulcerated, painful, or stops functioning. You should contact your GP or NHS **111** on weekends and bank holidays.

## Please contact either the:

**RBH UHD stoma care team on 0300 019 4813** or

**Poole UHD stoma care team on 0300 019 8199**




9am-4pm, Monday to Friday (excluding bank holidays) for any further help and advice.

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