

Ostomy Support Group

May 3rd 2023

Ostomy Complications

First we will look at those seen more
immediately post-op
Then look at complications that can
happen later

Necrotic Stoma



- Blood flow to the stoma is impaired
- Most likely to occur in first 5 days after surgery
- May be all the stoma or partial stoma
- May result in retracted stoma or stomal stenosis
- Needs surgical intervention if below fascia level

Mucocutaneous Junction Separation



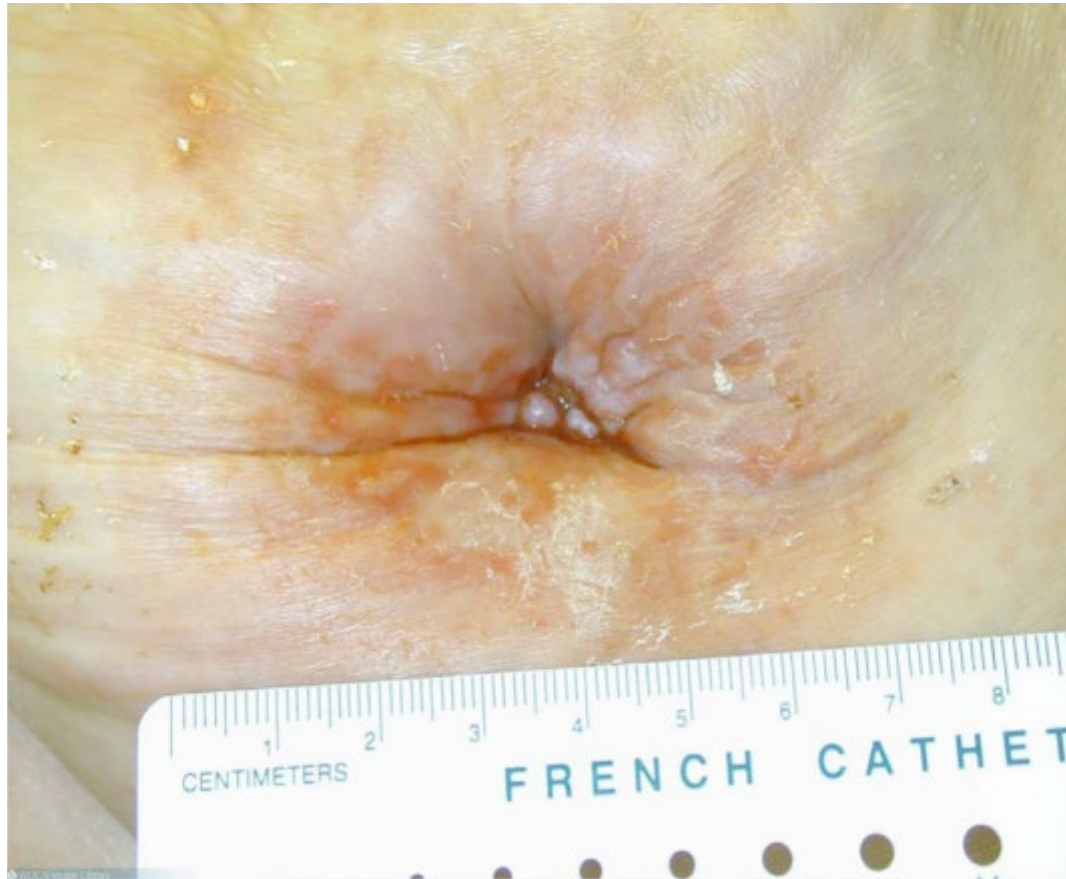
- Occurs the first few weeks after surgery
- Usually occurs when there is compromised wound healing: diabetes, chemotherapy, poor nutrition, corticosteroid use.
- Can be deep or shallow
- Usually will heal on its own. Sometimes have to pack. Again want to make sure it does not go below the fascia

Retracted Stoma



- More prone in ileostomies with Crohns disease
- May be due to inadequate length of bowel to pull out or due to stoma necrosis and loss of some of the stoma. Usually see fairly soon after surgery
- Leakage problems sometimes

Stenosis of Stoma



- Can happen early or later on
- Result of retracted stoma with mucocutaneous separation or necrotic stoma, or scar tissue
- Stricture can become an obstruction and surgery is needed.
- Can be difficult to pouch

Common Ostomy Complications

These are some more common things that we see more frequently and can happen anytime.

Irritation of skin around stoma



- This is usually from cutting the opening too large in your flange or from leakage
- It can also be due to an allergy from the ring or paste.
- Treat with powder and skin prep and making opening smaller or eliminating the paste or ring. May have to change to a different brand if allergic

Folliculitis



- Caused from pulling on hair follicles with pouch removal and areas become irritated or infected
- This can be prevented by keeping the hair shaved and always gently removing your pouch
- Treated with crusting stoma powder and skin prep. May need some antibacterial powder if infected

Maceration around the stoma
Usually happens with Urostomies



- Caused from urine being on the skin either from leaking or making opening too large.
- Sometimes urostomy skin can just get discolored so need to make sure it is really moist.
- Smaller opening or fix leaking, and treat with powder and skin prep (crusting)

Skin Damage from Tape



- Be careful how you pull off your flange. Push and Pull
- Treat with powder and skin prep. If weeping too much may have to cover with small dressing.

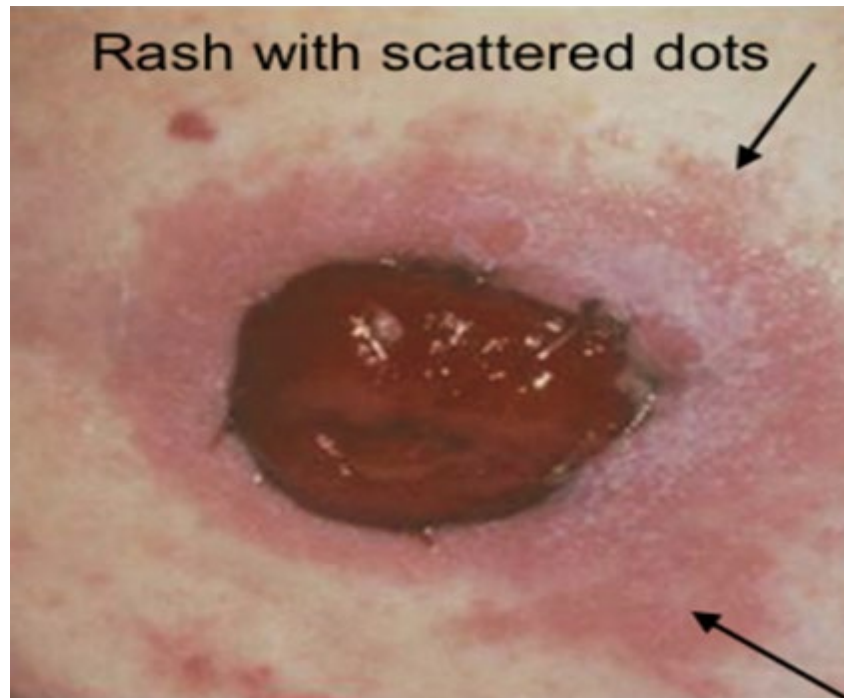
Pus in the wound

This may indicate infection and may
need an antibiotic

May need dressing over draining area

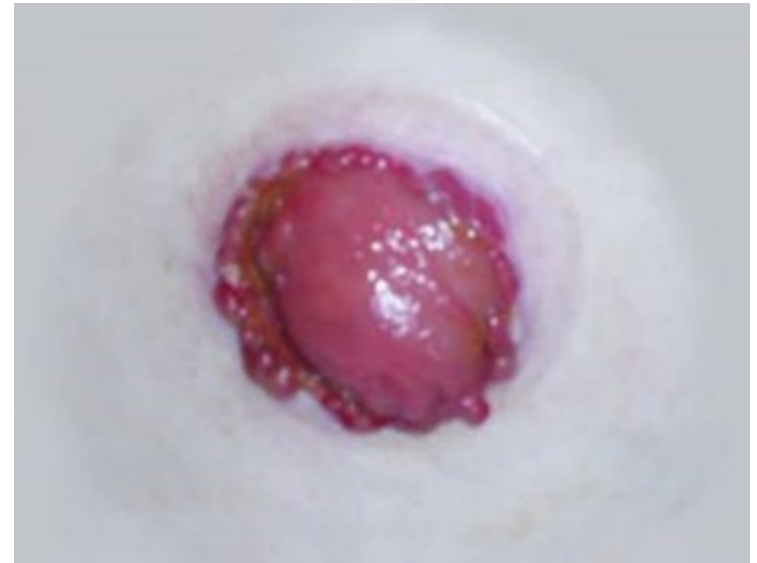


Fungal infections



- Happens a lot in the summer due to sweating.
- Can be itchy and weep some
- Treat with antifungal powder and skin prep (crusting)

Hypergranulation or Granulomas



- Extended inflammatory response
- The wound heals before the stoma matures.
Usually occurs within 6 weeks of surgery
- Can also occur later due to moisture and friction from appliance
- Treat with silver nitrate sticks(burning off of tissue)

Allergy to device or excessive leaking



- Can be an allergy to device if the redness goes all the way around
- If having excessive leaking and stool is getting all over back of flange can also cause moisture damage like this
- If allergic may have to change to different brand, no tape, or otherwise protect skin with skin prep or protective sheet.

Deep Wound



- Can be from pressure from a convex appliance
- Can be some other disease process going on such as pyoderma or Crohns
- Treat with a dressing under the flange and may have to change the appliance more frequently

Later complications

These happen less frequently

Stomal Hernia



- It can affect up to 50% of patients one year after surgery
- Can reduce in size when patient lays down
- May make pouching difficult but otherwise asymptomatic
- May benefit from hernia belt.
- Have to have emergency surgery if become strangulated. Reoccurs frequently after repaired

Stomal Laceration



- Usually occurs from flange rubbing too much on stoma or from trauma (razor, etc)
- Excessive bleeding. Hold pressure. May have to suture or use silver nitrate to stop bleeding.
- Cut opening a little larger if possible.

Prolapsed Stoma



- Length of bowel protrudes through opening due to lack of fascial or muscle support
- Can vary in length and can go in and out sometimes
- Difficulty pouching sometimes due to size
- Surgery if becomes obstructed