

LIVING WITH SCI

FACTSHEETS

sia spinal
injuries
association
FOR LIFE AFTER SPINAL CORD INJURY



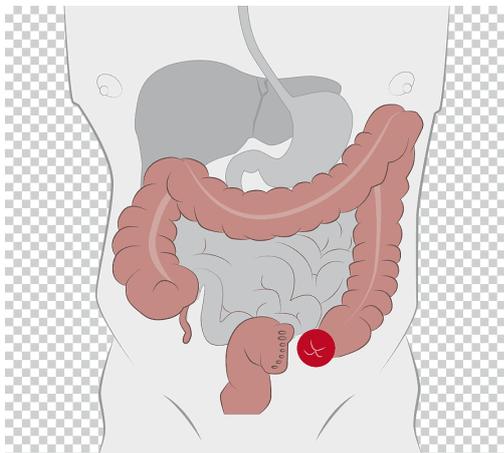
COLOSTOMY

Colostomy after Spinal Cord Injury/Cauda Equina

After the spinal cord is injured, the bowel system becomes neurogenic. This means that the communication from the brain via the spinal cord to the bowel is interrupted. Because of this, suppositories, micro enemas and/or digital removal of faeces may be necessary to empty the bowel. This may need to be carried out daily and can take up a lot of time and effort. Some people may be reliant on others to assist them with their bowel care. Over time, as the bowel becomes more sluggish, some people experience more problems with their usual bowel programme methods.

For some, a colostomy (a type of stoma) is an option as it takes care of something personal like a bowel programme so they do not need to worry about an accident or need help with something that they may find intrusive or embarrassing. It may also mean an end to an increased amount of time being spent on a bowel routine. It may become more difficult to transfer over the toilet or to be able to manage bowel care on the bed. Some people with a spinal cord injury (SCI) or Cauda Equina Syndrome (CES) consider having a colostomy as it may give them more independence and can be truly life changing.

What is a Colostomy?



This is a surgical operation that reroutes the large intestine/colon so that it empties on the outside of the abdomen. This will form the stoma. Typically, a bag/pouch is placed over the stoma, on the outside of your abdomen, to collect whatever comes its way.

It is often performed laparoscopically, also known as key-hole surgery. The time spent in hospital is typically just a few days. Much of this time is learning how to manage the colostomy yourself or teaching someone that supports your care.

You will wear a disposable pouch adhered to the abdomen which will need changing probably once or twice a day. Your stoma nurse will tell you more about how you do this, but it is a straightforward procedure which even those with limited hand function may be able to master.

It's not uncommon to have thoughts about how this may affect your body image. For some, the decision to have a colostomy is not an easy one and is something many may avoid until there is no other option. It can be a daunting prospect. Not everyone is comfortable with the concept of a colostomy.

It's important to mention that although it is technically possible to reverse a stoma if you are not happy with it, you will be advised only to go ahead if you are certain this is what you want, and you should consider it to be a permanent choice.

Who can I speak to about this?

If this is something you would like to consider, it is advisable to speak with your GP or, if you are under the care of a Spinal Cord Injury Centre, one of the medical team there.

A referral can be made to a surgeon where you would be offered a consultation to discuss the procedure. This may also include meeting with the Stoma Nurse Specialists who can talk to you about the practicalities of managing a colostomy and how you may feel about it. The SIA Nurse Specialists would also be happy to discuss this with you.

Are there alternative options?

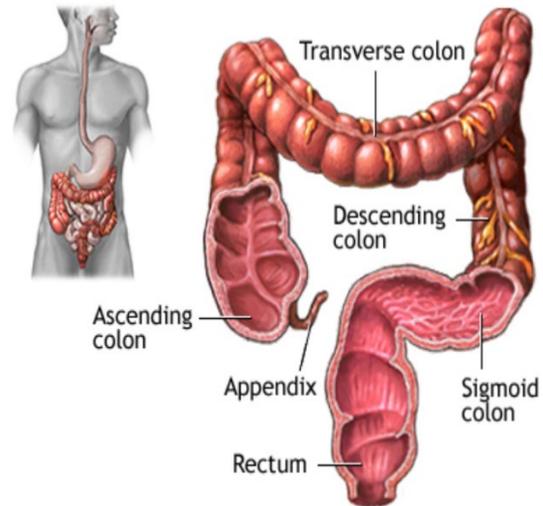
Some people with a SCI/CES will only get a colostomy after attempting their regular bowel programme for a long time. Having accidents however frequent or infrequent or lengthy bowel programmes is enough for some to want to consider alternative options.

For some it may be possible to get their daily bowel program back on-track with more regularity and consistency without resorting to surgery. Diet modification, medication, the right position, and fluids can help regulate a bowel program. Another option to consider is transanal irrigation – a type of colonic washout. There are many different systems available and we can send information on these if you wish. We can discuss this with you too.

Where does it go?

A colostomy is often sited on the left side of the abdomen, just below your ribs. It is most commonly sited between the descending colon and the sigmoid colon.

If you are a wheelchair user, the siting of the colostomy is very important. It should be in a position that does not impact on you using a wheelchair. When you are in the sitting position, it should be high enough so that the collection pouch is not impeded around your groin area and thighs. The Stoma Nurse will discuss this with you and take these factors into consideration when identifying the best position for it.



Colostomy Pouches

There are a variety of bags/pouches to suit different situations. Some are single use and disposable, some are drainable. The Stoma Nurse can explain the differences and will help to find the right products for you.



The Stoma.



A healthy stoma will be:

- Red, moist, and shiny.
- The stoma does not have nerve endings, so you will not be able to feel the stoma if it is above your SCI/CES injury.
- You will be able to see your stoma move. This movement is called peristalsis and is the way your body naturally moves waste through your gastrointestinal system.
- The stoma is very vascular, so it is common that the stoma may bleed a small amount for a short amount of time, especially while the area is being cleaned and the stoma is being touched by your finger or a cloth. If the faeces is bloody or the stoma bleeds heavily or for a longer period, contact your doctor.

It is normal for a stoma to change size and shape within the first six weeks after surgery. As the swelling goes down, the stoma will generally get smaller and look less taut. Often, they will be flush with the skin.

Are there any possible complications?

Despite largely positive outcomes, stomas are not without complications. These include the bowel temporarily shutting down (paralytic ileus) and bowel obstruction post operatively, parastomal hernia, inflammatory changes in the redundant section of bowel (diversion colitis) and skin rashes around the stoma causing problems with collection devices. (Guidelines for Management of Neurogenic Bowel Dysfunction).

Colostomies can sometimes prolapse or retract. These issues can all be discussed with the surgeon.

The discharge of mucous from the remaining defunctioned bowel can also be problematic, necessitating the use of pads or regular digital removal of the mucous or even proctectomy for some individuals (Coggrave 2012, Kelly et al 1999, Branagan 2003). Stoma irrigation can be employed to give effective control over stoma function which will mean the stoma will then not pass anything and a small dressing or stoma cap can be worn instead of a pouch. Stoma plugs are another alternative to wearing a pouch, which the stoma nurse can give you more information about.



Due to the location of the colostomy, the remaining colon will still be neurogenic and laxatives may still be required to reduce constipation.

If you already have issues with trapped wind, bloating or pain, a colostomy may not necessarily address this. Please discuss this with the surgeon and they can explain the benefits of a colostomy and what it will help with or what it may not.

A colostomy will not always work at predictable times. It can activate at any time of day or night.

Smell and wind.

Many people worry that their colostomy will give off a smell that others will notice.

All modern appliances have air filters with charcoal in them, which neutralises the smell.

You will have more gas than usual immediately after having a colostomy, but this will slowly reduce as your bowel recovers.

There will only be any odour when you are changing the pouch in privacy.

Your stoma nurse can advise you about products you can use to help reduce any smell and give you dietary advice to reduce gas.

Further information.

It is very important that you have as much information about a colostomy in order to decide whether it is appropriate for you. It should be possible to speak to others that have had one so they can share their experience, how they felt before the procedure and how they feel after. The Stoma nurses can help identify someone for you to speak with.

<https://www.nhs.uk/conditions/colostomy/>

<https://www.colostomyuk.org/>

References:

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2. Branagan, G., Tromans, A., & Finnis, D (2003): **Effect of stoma formation on bowel care and quality of life in patients with spinal cord injury.** Spinal Cord 41, 680-683.
3. Coggrave M, Ingram R, Gardner B, Norton CS. (2012): **The impact of stoma for bowel management after spinal cord injury.** Spinal Cord. 2012 Jun 19. doi: 10.1038/sc.2012.66
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5. Kelly SR, Shashidharan M, Borwell B, Tromans AM, Finnis D, Grundy DJ. (1999):**The role of intestinal stoma in patients with spinal cord injury.** Spinal Cord. Mar;37(3):211-4
6. **Multidisciplinary Association of Spinal Cord Injury Professionals Guidelines for management of neurogenic bowel dysfunction in individuals with central neurological conditions.** 2012

To request the advice of a Spinal Injuries Association SCI Nurse Specialist, please fill in our [referral form](#) or call **0800 980 0501**.

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About SIA

The Spinal Injuries Association (SIA) is the leading national user-led charity for spinal cord injured (SCI) people. Being user led, we are well placed to understand the everyday needs of living with spinal cord injury and are here to meet those needs by providing key services to share information and experiences, and to campaign for change ensuring each person can lead a full and active life. We are here to support you from the moment your spinal cord injury happens, and for the rest of your life.

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