Salisbury
NHS Foundation Trust

Information for those with Spinal Cord Injury considering colostomy

Horatio's Garden, Duke of Cornwall Spinal Treatment Centre
Salisbury District Hospital

Introduction

This booklet is an introductory guide for those with a spinal cord injury wanting to know more about colostomy as a method of managing their bowels.

Please contact the Stoma Care Nursing Team at Salisbury District Hospital or your local stoma care nursing team if you wish to know more.

Hoping you find this information helpful.

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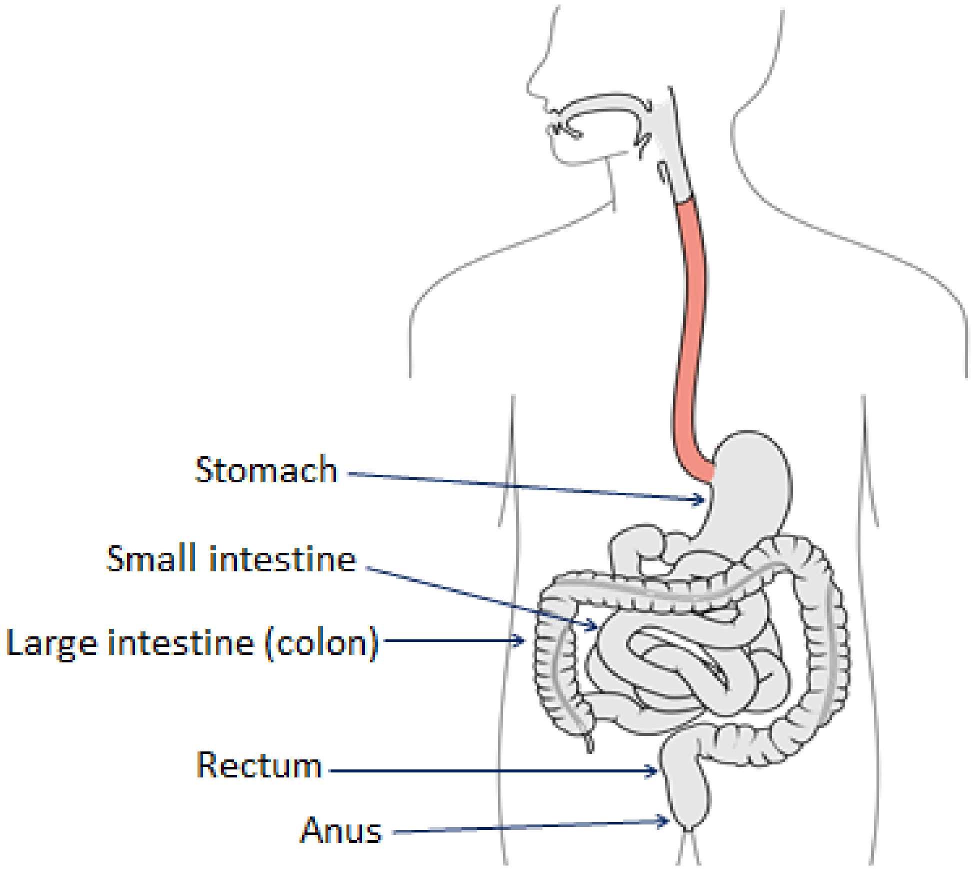
Stoma Care Clinical Nurse Specialist

Salisbury NHS Foundation Trust

Understanding your digestive system

After you eat, food is broken down in the stomach, nutrients and fluid are absorbed in the small and large intestine (bowels), and what is left becomes stool (poo). This is stored in the rectum and then exits through the anus (bottom).

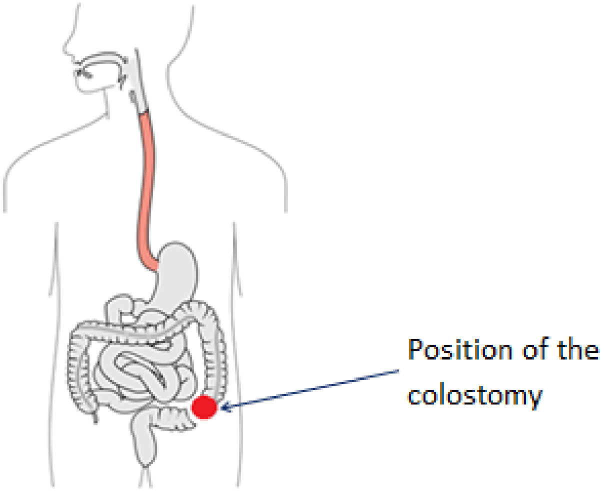
Following Spinal Cord Injury (SCI), the nerves which give you control over emptying your bowels can be affected. If you are unable to empty your bowels by straining it may be necessary to use digital stimulation or manual evacuation to remove stool from the bottom.



What is a colostomy?

A colostomy is an alternative way of managing your bowels, and involves a short operation in which the last part of your colon is brought through a small opening made in your abdomen (tummy). The opening is called a colostomy, which is a type of stoma (‘stoma’ literally means ‘opening’). This is usually done on the lower left side of your abdomen.

Instead of stool being stored in the rectum and then removed manually or through stimulation or straining, it will passively come out of your body when it reaches the colostomy. A pouch (bag) is attached to the skin around the colostomy to collect stool as it passes out.



Understanding your colostomy operation

The operation to form a colostomy will be done under a general anaesthetic. The surgeon makes several small incisions (cuts) in your abdomen (keyhole surgery) and divides the colon.

Occasionally the surgeon may need to make a larger incision if it is not possible to do keyhole surgery. The end of large bowel through which stool will travel is brought out through a small opening on your abdomen and stitched in place. This is the colostomy. The other end of your bowel which carries on to your anus (bottom) is stitched closed and left inside your abdomen.

Photograph of a colostomy

What to expect after the operation

It is normal to feel a little tired for a few days following a colostomy operation, but you should quickly get back to your normal level of activity. You will be able to eat and drink straight after your operation, and can mobilise as you normally would the day after your operation. The colostomy doesn’t have any sensation and won’t be painful, but you might need to take mild painkillers for a week or two while your body recovers from the operation.

When you wake up after the operation you will have a pouch on your abdomen over the colostomy. This will be transparent so that your nurses will be able to check on your new stoma easily. At first, your stoma may be swollen, but this will subside over the first 6 weeks. Most colostomies are slightly raised from or flush with the skin once the swelling subsides, although some may stick out or in a little.

It can take a few days after the operation for the stoma to pass any stool, and when it first starts working it may pass a looser stool. As the body settles down from the operation this usually changes and becomes a more formed stool.

Colostomy pouches (bags)

After your operation, poo will pass out through your colostomy instead of being stored in the rectum and then coming out via your anus. There are no sphincter muscles around the colostomy, so faeces and flatus (wind) will pass out without any intervention when they reach the colostomy. You will need to wear a colostomy pouch, which sticks securely to the skin, to collect stool as it leaves the body.

There are several different types of pouch and your stoma nurse will show you ones that are suitable for you. Colostomy pouches have a special filter so there is no odour (smell) apart from when you are changing the pouch in the privacy of your bathroom.

Colostomy pouches

Changing your colostomy pouch

The stoma nurses and ward nurses will help you change the pouch until you or your carers are ready to do it by yourselves. The stoma nurses will show you (or your carers) how to do this and help you (or them) to become competent at doing this. This usually takes only a few days.

There will be an instruction sheet in your stoma kit bag that tells you what equipment you need and the steps involved in changing the pouch, and your stoma nurses will explain everything to you.

Why have a colostomy?

Some people find bowel care following spinal injury to be difficult or lengthy. Others develop problems related to bowel care such as haemorrhoids, fissures or autonomic dysreflexia. Some people want to simplify their bowel care routine to make it easier to get on with activities such as work, socialising and holidays.

What are the benefits of colostomy?

There are several benefits to having a colostomy:

- Bowel care becomes quicker and simpler
- You may be able to be independent with your colostomy
- Bowel care related problems such as haemorrhoids, fissures and bowel related dysreflexia may reduce or resolve
- It is easier to tell carers how to change a stoma pouch than perform bowel care, and you can see what they are doing
- It is easier to change a stoma pouch when you are away from home

What are the potential problems with a colostomy?

- Any operation and anaesthetic involves the risk of potentially serious health problems, and you must think carefully about this before deciding to go ahead
- Your stoma may become prolapsed (stick out more) or retracted (stick inward) over time. The opening can become stenosed (narrowed). You may develop a hernia around your stoma. These problems occasionally mean you need a further operation
- A common problem is mucous produced by the last portion of your bowel being discharged from your anus (bottom). In a small number of people (1-2%) this leads to them having a further operation to have the last portion of the bowel removed
- Some people experience sore skin around the stoma or it can take a while to find the most suitable pouch. Your stoma nurse will help you if this happens

What else do I need to consider

It is important to understand that having a colostomy will not solve problems of constipation or bloating. You are likely to still have these issues if you had them before the operation.

The last portion of the bowel which is left inside will continue to produce mucous to a varying degree. It is important approximately every 6 weeks to have a rectal examination performed to check whether mucous has formed a hard plug inside. If it has, this will need to be removed and you may need suppositories to help with this.

Minor dietary changes are suggested in the first 6-8 weeks following colostomy, and your stoma nurse will discuss these with you. After this most people revert to a normal diet, although you may find some foods affect your stoma output.

Having a colostomy and wearing a pouch changes the appearance of your abdomen and you need to think carefully how you may feel about this. A colostomy doesn’t usually alter your sexual function.

After having a colostomy it is possible to wear a “plug” rather than a pouch, or some people choose to irrigate their colostomy so they only need to wear a small dressing over it rather than a pouch. These are things that your stoma nurse will be able to tell you more about.

Although technically a colostomy can be reversed, this can be a difficult operation, and you should proceed with having a colostomy only if you are certain this is the right option for you.

It is a good idea to talk through having a colostomy with your doctors, the stoma care nurse and your family or friends before deciding whether it is the right option for you. You may also wish to speak to other people with a spinal injury who have decided to have a colostomy; your stoma nurse will be able to put you in touch with someone.

After your colostomy

You will have the support of a stoma nurse during your hospital stay and after you have gone home, and they will remain your point of contact and support. They will help you with any problems you may encounter with your colostomy, and will guide you through the process of how to obtain supplies, which will come on prescription.

Many areas have voluntary groups to support people who have a stoma, or you may find online forums or the Colostomy UK helpful sources of information.

What people with a spinal injury have said after having a colostomy:

Fran Brown

"I sustained a C4 incomplete spinal injury in 2006. I can walk with splints and crutches, run with braces and ride a bike. I work as a physio and compete internationally as a para-triathlete. My active lifestyle has however been compromised since my accident by bladder and bowel dysfunction, and like many I find these aspects of my injury probably the hardest to deal with both physically and psychologically. They have prevented me from both training and working.

In August 2020 I had a stoma formed to allow me to manage my bowel whilst being active, removing the risk of accidents and dysreflexia, and also removing some of the issues caused by having Crohn's disease. This has been a complete game changer. Now I am able to train without worry of accidents, I can ride outside without needing to plan routes around toilets and I am returning to my practice as a physio.

The decision to have a stoma wasn't easy but has been transformational. My stoma is really easy to manage, even with my reduced hand function and I am now independent in managing my bowel. I am training to qualify for the Tokyo Paralympic Games and hope to show the world that a stoma can really free you be more active and importantly, more happy."

Dave Thraves

"Since sustaining a spinal injury at C4 in 1992, my bowel routine caused increasing discomfort, a pressure mark that led to weeks of bed rest, pain from suppositories and bowel care, and difficulties commiting to things such as work, gatherings or holidays. I came to expect to live with pain for the rest of my life, and learned to 'put a brave face on'. Bowel care was undignified, and I would often be devastated by having an 'accident'.

After over 20 years of this I had exhausted other methods of bowel care, and decided that a colostomy was the only possible solution left to me. So, in 2015 I went ahead and had the operation. Within weeks of my colostomy, the pressure mark cleared up almost completely, as I no longer spent so much time over the toilet on my shower chair. The pain has reduced, and I can sit in my electric wheelchair on a daily basis without the fear of bed rest looming. That freedom is priceless!

It is also easier to teach somebody how to change a colostomy bag, then it is to train someone to carry out suppository bowel care.   The colostomy has significantly improved my life. My dignity has returned, and my ability to socialise and commit to activities and events, has been improved hugely.

In hindsight, had I known at the beginning of my spinal injury what it is like to live with a colostomy compared to without, I would have opted for it from the outset. It is, without doubt, a game changer!”

For more information contact your local stoma care nurses.