

*Colostomy with multiple granulomas*

# Julie Rust answers your questions about Granulomas

## What is a granuloma?

Granulomas are very common and are small areas of over granulation tissue that appear as fleshy protuberances like tiny beads of varying sizes. They occur on the surface of the stoma or more commonly at the muco-cutaneous junction (the join between the bowel and the skin).

## What causes a granuloma?

They can be due to inflammation, infection or faecal irritation from the stomal output. Irritation from the ostomy appliance can also be a common cause.

## What can we do to prevent granulomas?

Ensure that the hole in the flange/baseplate of your pouch is the right size, so that the edge does not rub against the stoma.

Good pouch changing techniques are an important part of reducing the risk of granuloma formation:

- ❖ Remove the used appliance slowly and gently. Start at the top and support the skin as you go. Use adhesive remover spray/wipes to reduce damage to the skin.
- ❖ Wipe away any faeces with toilet paper then wash the stoma and surrounding skin with warm water and dry the area thoroughly using dry wipes or kitchen roll.
- ❖ When fitting a new appliance, bend the top half away from the body so that you can see to fit the bottom half accurately around the stoma, then press the remainder of the flange into position.

Some people, however, appear to be more susceptible to the formation of granulomas than others.

## How do granulomas affect stoma management?

Granulomas can be painful when touched and can bleed very easily particularly

when the skin around the stoma is being cleaned. This bleeding can cause problems with adherence of the ostomy pouch. Good pouch changing technique and a correctly fitting flange/baseplate will help with adhesion. It may, however, be necessary to use additional products such as seals to help the pouch to adhere.

## When is it important to consult a stoma care nurse about a granuloma?

It is good practice to seek a review with your stoma care nurse as soon as you notice the granuloma. This is so that a review can correctly identify the lesion as a granuloma and eliminate other medical conditions. This will also allow treatment to remove the granulomas to be started early to try to prevent pouch adhesion problems.

## How may a stoma care nurse treat granulomas?

There are several different treatments for granulomas recommended by the Association of Stoma Care Nurses Guidelines 2016 including:

- ❖ Checking if the flange is rubbing against the stoma and if necessary creating a new template which can be used to ensure that the hole in the appliance is cut to the correct size.
- ❖ The use of Orabase protective paste.
- ❖ The use of 75% Silver Nitrate to 'burn' off the granulomas.
- ❖ Application of Haelan Tape.
- ❖ Application of liquid nitrogen.

Some specially trained stoma care nurses and consultants may also use curette and cautery (a special instrument is used to cut out the granuloma and the wound is cauterised or burnt closed).

A review by your stoma care nurse will enable a discussion to occur with regards to the best treatment pathway.

## Will granulomas eventually go away without treatment?

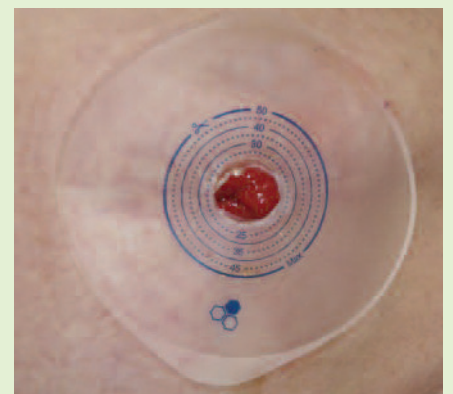
Usually some form of treatment is required, even if it is only the application of Orabase Paste when the granuloma is very small. The earlier the treatment is started the better.

## Are they likely to re-occur?

Yes, some people do find that granulomas can re-occur and they should seek a stoma care nurse review as soon as they feel they have re-appeared.

### Reader's Tip

If you wear a one-piece pouch use the backing paper/film that protects the adhesive on the flange to check that the hole is the correct size. Hold the backing film around your stoma; it can be difficult to see if you are looking down so it may be helpful to stand in front of a mirror or ask someone else to check for you.



There should be a 1–2mm gap all around to prevent the edges of the hole rubbing on the stoma, whilst still ensuring that the contents of the pouch do not come into contact with the skin.