Diarrhoea
Your Questions Answered...

We frequently receive Helpline calls from colostomates concerned about a fluid and frequent output from their stoma. This may be ongoing or just a temporary problem.

Colorectal & Stoma Care Nurse Specialists: Shelley Biddles RGN RMN Stoma Care 216 and Di Wilson RGN RM Stoma Care 216 answer your questions about why this happens and the best way to deal with it.

Changes of bowel function resulting in diarrhoea or constipation are common in the normal population. Normal function is not simply going to the toilet once a day; in fact normal variation is considered to be between three times a day and three times a week. For a colostomate there is no difference - these alterations in bowel function can still occur.

What causes loose motions or diarrhoea?

There are many reasons why you might suffer from diarrhoea.

- If you have had a substantial portion of your small or large bowel removed, loose motions will often be a consequence. One of the main functions of the large bowel, or colon, is to remove water from our waste and to re-absorb it into the body. Therefore a reduction in length, due to surgery, will create a faster transit time, in turn reducing the amount of water that can be reabsorbed.

- Some medication can cause diarrhoea, so do check with your doctor.

- Having a colostomy does not exclude you from suffering from gastro-enteritis. If your gut does not like a food-stuff, it will attempt to get rid of it as quickly as possible. In such cases, diarrhoea is normally acute and short lived and the best response is to give your gut a break from eating, but remember to drink water to prevent dehydration.

- Certain types of foods such as spicy foods can cause looseness and we mustn’t forget what excessive alcohol can do!

- Modern living can be very stressful and our gut is a great reflector of our emotions - just think back to when you had exam nerves or when you went for that important interview.

Are there any tablets I can take?

Providing there are no contraindications, because of any underlying disease or any medication that you already use, you may take an anti-diarrhoeal, for example loperamide, to slow down the movement of the bowel. However, be wary of anti-diarrhoeal medication which also have other effects i.e. codeine phosphate is a strong painkiller as well.

Have you any suggestions for coping with a very liquid output from my stoma?

It is easier to cope if you use a drainable rather than a closed stoma appliance. There are now several solidifying gels or capsules available on prescription. You can put these into your pouch and they will help to transform the liquid output into a thick paste.

My bag sometimes fills up very quickly and leaks. Is there anything I can do to prevent this from happening?

Again it is worth trying anti-diarrhoeal medication, and checking your eating habits. For extra security, flange extensions are available, but be cautious as these will not prevent the initial leakage under the flange. It may give you vital minutes, allowing you time to go and change your appliance. However, if left longer, the leak onto your peristomal skin has the potential of causing soreness, even excoriation.

I am worried about my bag leaking at night, particularly when I am away from home.

- Ensure your pouch is changed or emptied before retiring to bed.

- If there is evidence that your filter has stopped working properly, change your pouch.

- Don’t have a heavy meal in the evening (after 6pm).

- Don’t take any medication that you already use, because of any underlying disease or any medication that you already use.

- Provide there are no contraindications.

- Take a supply of anti-diarrhoeal medication. (Check with your GP if that is OK.)

- Make sure you have good travel insurance-just in case you need medical treatment whilst abroad.

Where diarrhoea is a chronic complaint in conjunction with other symptoms, such as pain or bleeding, then medical advice must be sought as an underlying medical condition may be the cause.