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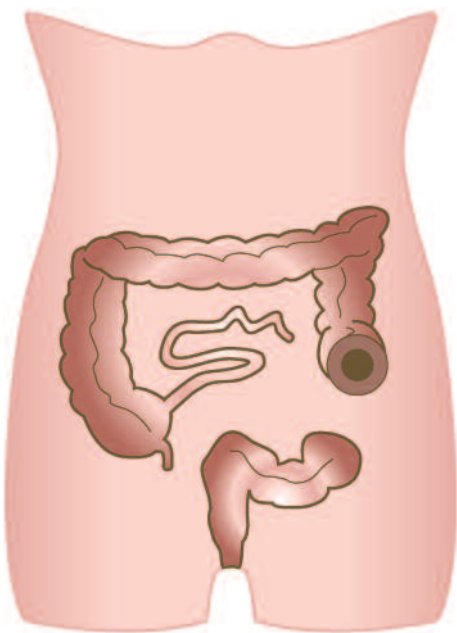
Most people when they have surgery which results in a colostomy assume that their back passage is removed or sewn up, so it can be a shock and quite frightening when they have a feeling of needing to pass stool. Some people may not get any sensation but suddenly leak from the back passage without warning. The reason for this is because the surgeon has performed an operation which leaves a rectal stump.

# The Rectal Stump

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## What is it?

Surgeons will often leave a few inches of the back passage (rectum) behind when they operate on the bowel. This operation is called a *Hartmann's procedure*, and is often done as an emergency. The bowel is cut and one end is brought out onto the surface of the abdomen as a colostomy. The other end is the sewn or stapled closed and the anus is left intact. This blind-ended piece of redundant bowel is then called the rectal stump.



*Hartmann's procedure*

## Why is it left?

This operation is performed because removal of the back passage, together with the anal canal, is a major operation which can leave a large wound which may take some months to heal. Often the operation is initially done with the intention of reversing the colostomy. However, in reality this is not always possible either due to further treatment or because of the fitness of the person.

## What can I expect?

The rectal stump will continue to live as it still has a blood supply. After the operation there will be a bloody discharge from the back passage because of blood left from the operation. Usually this produces a feeling of urge so that this can be passed into the toilet. However, this feeling is not always present and so leakages may occur. With time the discharge becomes mucus only and again this can be difficult for the sphincter muscles to control. The longer the length of the remaining section of your bowel, the more likely you are to experience rectal discharge.

As the entire bowel produces mucus to lubricate itself this will continue to occur and so an urge to empty the back passage will be felt occasionally. Most people can control this and wait to empty the back passage when it is convenient. Some

people will get what looks like faeces from the back passage – this is because a percentage of what is passed is made up of dead cells shed from the inside of the bowel and not just food that has been eaten. Sometimes the urge is not present due to sensation in the back passage being lost following surgery; this may result in mucus just leaking out without warning. This may then cause some soreness to the skin around the back passage. There are many barrier creams available on prescription which can help with this. It is best to consult your stoma care nurse or doctor as to which one may be suitable. Wearing a small panty liner will also help by absorbing the moisture and so preventing chaffing of the skin.

## Discharge – what's normal?

Most people get clear mucus or firm lumps. Although this can be smelly it does not mean that there is an infection. The smell is mainly produced due to the bacteria which live in everyone's bowel and is entirely normal. Most people get the sensation that there is something in the back passage and are able to pass it into the toilet. Some people get a permanent feeling that something is in the back passage (tenesmus) which can be very uncomfortable. The best way to relieve the feeling is to sit on the toilet and gently bear

down as if you want to open your bowels. This will often expel any mucus. Some people will get the occasional episode of wind which is passed. Again this is normal and probably due to bacterial activity.

## Why do I get it?

It is part of the body's natural function. There are cells in the bowel which produce mucus to help lubrication and they continue to do this even though there are no faeces passing through. A proportion of what is passed in stool is made up of shed cells from the lining of the bowel and these will continue to be produced.

As the bowel is very efficient at absorbing water from the stool it also absorbs water from the mucus. This can result in a very sticky discharge which can become solid lumps which are hard and painful to pass (this is called inspissated mucus).

## When should I worry?

If the discharge becomes more copious and blood stained then it should be checked by a healthcare professional. This may be because a condition called disuse or diversion colitis may have developed. This is a specific form of colitis which can develop when there is no stool going through that piece of bowel. It is diagnosed by endoscopy and biopsy. The treatment for disuse colitis can be steroid suppositories or enemas or short chain fatty acid enemas. These should only be used under the guidance of a healthcare professional and after an endoscopy has been performed. The ultimate solution to disuse colitis is for the colostomy to be reversed and the rectal stump to have faeces going through it again. However, this is not always possible depending on the reason for the colostomy or the fitness of the person.

## What can I do about it?

If the discharge is sparse and not very frequent and it can be controlled by the anal sphincter muscles then just going to the toilet when the urge is present will allow it to be passed. If the discharge is more frequent, hard to pass and/or the muscles are unable to hold it there are various ways of dealing with it.

Suppositories such as glycerine can be used on a regular basis to clear the back passage of a build up of mucus. These work by irritating the lining of the bowel and so clear the back passage. After insertion they usually work within 10-15 minutes. They

are available on prescription or can be bought over the counter. They are very safe and can be used long term.

If the mucus is quite sticky and difficult to pass, small enemas such as Microlax can be used. The enema liquid inside the back passage lubricates and softens the mucus. This helps to remove the plug and prevent straining. Again they take 10-15 minutes to work and are safe to be used on a regular basis. They are available on prescription and should only be used on the advice of a healthcare professional.



*Device for washing out the rectal stump*

If neither of these interventions helps, the rectal stump can be washed out using a device which is available on prescription. There are two devices currently available on the market – the MacGregor Healthcare Qufora mini and the Oakmed Aquafush compact system. They both enable the instillation of up to 90mls of warm water into the back passage. This is done whilst sitting on the toilet and enables the rectal stump to be washed out, thus preventing the build up of mucus. **They should only be used on the advice of a healthcare professional** and need instruction in how to use them.

All of these methods can be used on a regular basis to prevent the build up of mucus. The frequency of use depends on the individual and the amount and type of mucus produced.

## What if these don't work?

For most people one or a combination of the above treatments is successful. However, sometimes they don't work. The definitive solution is to have the rectum removed. This would mean having the back passage sewn up. The advantage of this is that having no rectum means that there is nowhere for the mucus to form, and so the discharge would stop.

However, this is a major undertaking and is not possible in all cases. In some cases the wound takes a long time to heal and can be very painful. Also very occasionally people still feel as if they need to pass something from the rectum which is no longer there. Another risk is that the operation can cause damage to the nerves in the pelvis which may cause problems with sexual and bladder function. It is important to discuss the risks and benefits of this operation with the surgeon before deciding to proceed.

## Conclusion

Many people with a colostomy have a rectal stump left after surgery. This can cause a variety of problems which extend from minor annoyances to major disruption to the quality of life. There are various solutions available and if this is a problem to you it should be discussed with your stoma nurse or your surgeon as to which may be suitable. Ultimately most of the problems can be eased or eliminated with carefully tailored treatments.

## Gamgee Tissue

This is dressing made by Robinson Healthcare, Chesterfield and is also available from Fittleworth (code 26290T) Tel: **0800 378 846**.

It has been designed as a primary wound dressing for horses and designed for wounds that require additional dressing absorbency, and to give cushioned protection.

It comes in 500g rolls of about 50cm wide; you cut off the size that best works for you.

Because of its qualities as a dressing it is also ideal for when discharge is a problem and is used by a number of ostomates already.