

# Blocked stoma/bowel obstruction: a simple guide

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**A blockage, also known as a bowel obstruction, leads to the output from your stoma slowing down or even stopping completely. The latter can happen suddenly.** Blockages can occur either in the small or large bowel. A blockage can be described as partial or complete.

In a partial bowel obstruction, a small amount of liquid output manages to bypass the obstruction in the bowel, resulting in a liquid/mucous type of bowel motion from your stoma. In a partial bowel obstruction, you may still experience windy output from your stoma. In a complete bowel obstruction, the bowel is unable to release any output at all from the stoma.

## Causes of blocked stoma/ bowel obstruction

It is not uncommon for people with a stoma to at some point experience a bowel obstruction. There are many different reasons why the small bowel may become obstructed. If you experience bowel obstruction, and you have been previously diagnosed with any of the following, you should seek medical attention by contacting your GP, Stoma Nurse Specialist or NHS 111:

- diverticulitis;
- inflammatory bowel disease, which may cause strictures or narrowing in the bowel which can cause obstructions;
- volvulus, otherwise, known as twisted bowel;
- abdominal or parastomal hernia, which may cause strangulation of the bowel;
- adhesions or strictures in the bowel following colorectal surgery;
- recent abdominal or pelvic surgery; or
- bowel cancer.

**But poorly digested food is the main reason for people with stomas developing a partial or complete bowel obstruction.**

## How do I know if I have a blocked stoma/bowel obstruction?

As mentioned above, the most obvious sign of bowel obstruction is that the stoma output slows down or may even stop altogether.

For people with a **colostomy**, a blockage could happen over several days and may start with signs of constipation.

For people with an **ileostomy**, a blockage can happen quickly in less than 24 hours. An ileostomy is generally quite active, with people usually draining their stoma appliance between five to seven times in a 24-hour period. With a bowel obstruction you may notice that you pass a reduced amount of output and need to drain your stoma appliance less frequently.

Other symptoms that you may experience are:

- abdominal cramping pain (may be near the stoma or the entire abdomen);
- swelling of the abdomen and/or stoma;
- decrease in urine output; urine may be dark in colour (this may happen from dehydration due to not wanting to drink fluids because you don't feel well); or
- nausea and/or vomiting.

Another symptom in addition to your output slowing down is stomach-ache. You may start to feel waves of cramping and abdominal pain, which may worsen if the symptoms you experience are unresolved.

## What to do when you suspect a blocked stoma/bowel obstruction?

**If you have an ILEOSTOMY and suspect you have developed a bowel obstruction, it is important to contact your Stoma Care Nurse Specialist or your GP urgently for advice. Some less severe blockages can be treated at home with the following tips:**

- if your stoma starts to swell, replace your pouch by cutting the baseplate a little larger than normal to accommodate the swelling;
- if you have no output or only small output from the stoma, and you are not feeling nauseous or vomiting, stop eating solid food and only consume a liquid diet such as soup or warm broth, ice cream, plain yogurt;
- if possible, take a short walk; as long as it is not too painful. By keeping yourself mobile, you increase the blood supply in your bowel and therefore help your peristalsis movement (movement of the bowel's muscles) which should help to resolve the obstruction;

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- gently massage around your stoma or the whole abdominal area. As most blockages occur just below the stoma, this may help to dislodge the blockage; or
- a heating pad or a hot bath, may help your abdominal muscles to relax and remove the obstruction.

**If you have a COLOSTOMY and suspect you have developed a bowel obstruction, you should contact your Stoma Care Nurse Specialist or GP for advice, who may prescribe laxatives to help you with the bowel obstruction. In addition to this, bowel obstructions can usually be treated at home with the following tips:**

- drink plenty of fluids such as plain water, fresh fruit juices, tea or carbonated drinks;
- if you are not feeling nauseous or vomiting, introduce high fibre foods in your diet, such as fresh fruits and vegetables (always remove the skin to reduce the risk of further stoma blockages);
- if you are nauseous or vomiting, stop eating solid food and only consume a liquid diet such as soup or warm broth, ice cream and plain yogurt;
- if possible, take a short walk; as long as it is not too painful. By keeping yourself mobile, you increase the blood supply in your bowel and therefore help your peristalsis movement (movement of the bowel's muscles) which should help to resolve the obstruction;
- gently massage around your stoma or the whole abdominal area. As most blockages occur just below the stoma and this may help to dislodge the blockage; or
- a heating pad or a hot bath, may help your abdominal muscles to relax and remove the obstruction.

In both situations (ileostomy and colostomy) you should seek **urgent medical attention** by contacting your GP, Stoma Care Nurse Specialist or NHS 111, if you will show no improvement by following the tips given or if:

- the abdominal cramps will become more severe;
- there is no output from your stoma in the last 12 hours;
- You are showing signs of dehydration; or
- You are vomiting.

## How can you avoid a bowel obstruction/blocked stoma?

If the bowel obstruction has been caused by poorly digested food, the following tips may help you to reduce the risk of developing a new obstruction in the future:

- chew the food really well, until you manage to break it down in small pieces. By doing this, you reduce the chances of pieces of food getting stuck in your bowel and ultimately causing an obstruction;
- take your time. Eat slowly so you give time for your body to chew, digest and assimilate your meals properly. ■

**Got a particular topic you would like our Dear nurse to cover?**

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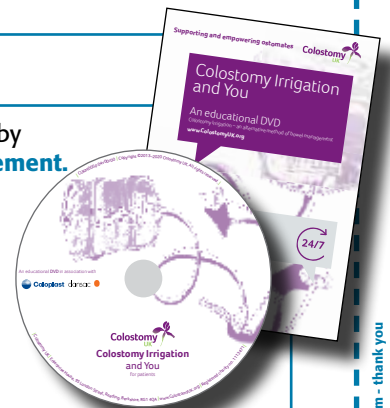
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**Note:** Not all colostomates can irrigate. It is therefore essential in the first instance to consult your surgeon/stoma care nurse as they will advise as to your suitability.

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