

Supporting and empowering ostomates



Rectal discharge

following stoma surgery

www.ColostomyUK.org

Stoma helpline:

0800 328 4257



Colostomy UK

We are Colostomy UK. Here if you have questions, need support or just want to talk to someone who lives with a stoma.

Your voice on the bigger issues: advocates for your rights and campaigning to raise awareness of what matters to you; running projects to empower you; building communities to support you.

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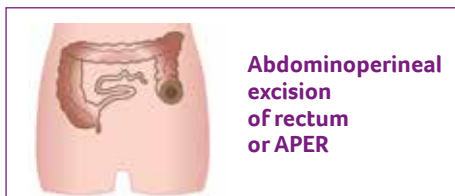


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Rectal discharge

It is possible to experience rectal discharge even if you have a stoma. Whether this causes any problems varies from person to person. As it is a private issue, many people don't talk about it, making the size of the problem unknown.



Not everyone with a stoma will have a discharge from the rectum.

One of the most common surgical procedures resulting in the formation of a permanent colostomy is called an abdominoperineal excision of rectum, or APER for short. This involves the removal of the rectum and anus. The end result is a scar in the area where the anus used to be, and once this has healed there is no external bowel opening.



In other surgical procedures, such as a Hartmann's procedure or the formation of a loop stoma, the rectum is left in place. Ostomates who have had this type of operation may experience discharge through the anus.





What is mucus?

The most common type of rectal discharge is caused by mucus.

The lining of the whole of the bowel continuously produces a substance called mucus which acts as a lubricant to assist the passage of faeces. In a person who has a normally functioning bowel, mucus is not usually noticeable as it mixes with the motion and passes directly into the toilet.

Following a Hartmann's procedure or the formation of a loop stoma the bottom part of the bowel becomes redundant as faeces no longer pass through it. However, the lining of the bowel wall continues to secrete mucus, which can cause problems as it no longer has a useful purpose.

Mucus can build up and either leak out of the rectum or dry up into a ball and cause pain. The amount of mucus discharge varies from person to person. So too does the frequency, ranging from every few weeks or even months to a constant problem several times a day. The amount of bowel left behind after surgery varies. The longer the length of redundant bowel the more likely it is to have problems, as there is capacity for more mucus to be produced.

Unless you have a loop colostomy, mucus should always be clear or putty coloured. A loop colostomy sometimes allows a small amount of faeces to pass into the bowel leading to the anus, in which case it would make the discharge brown.

Is it normal to have a mucus discharge from the rectum?

Surgeons and other health professionals will say: "It is normal and don't worry." This can be reassuring but frustrating as it does not help the physical problems that you have to live with. Mucus varies in consistency from clear 'egg white' to opaque, thick 'sticky glue' both of which are considered 'normal.'

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Coping with rectal discharge

Over time, many people develop their own coping strategies. What's important, is to understand that you are not alone and other people are experiencing the same problems. It can be helpful to discuss your concerns with someone you trust. Don't forget that you can call our stoma helpline and speak to volunteer who can support and advise you. It is a normal function of the body to produce mucus so it will not go away. Some people, however, report a significant reduction in discharge over time.

The suggestions opposite are tried and tested, having been taken from a survey of 150 ostomates who have experienced rectal discharge. This survey was conducted through *Charter Journal*. We are very grateful to all those that responded and to Opus Healthcare whose financial support made it possible.





- 1** To evacuate mucus naturally, sit on the toilet daily and gently bear down as if you were to have your bowels open.

This reduces the risk of build up, which may lead to pain, and also reduces the amount of mucus that leaks out in an uncontrolled way.

- 2** If the mucus won't come away naturally (some people say they don't have enough sensation in their rectum to push) a glycerine suppository inserted into the anus may help.

You could discuss this with your GP who would be able to prescribe them if s/he felt it appropriate. The frequency of using suppositories varies from person to person.

It may be necessary to use them twice a week; it may be once a month. Persevering and experimenting with the frequency will achieve the best result for you.

- 3** Some people report that certain foods increase their mucus production. Although there is currently no scientific evidence for this, it may be worth keeping a record of foods you eat to see if such a connection appears to exist for you.
- 4** When mucus leaks out it can make the skin around the anus sore (like nappy rash). There are creams to help with this e.g. *Sudocrem* and *Cavilon*. Try the different barrier creams available from the chemist to find one that suits you best or ask your local pharmacist for advice.

For ladies the application of barrier cream can also reduce the stinging caused by urine splashing onto the sore skin. The cream can also be applied to a small pad or gauze dressing which can be held in the cleft of the buttocks.

- 5** Regular showering and dab drying (rather than rubbing) will remove the moisture, odour and keep the skin clean. It will help reduce the skin irritation and itchiness caused by a permanently damp anal area.

Using wet wipes can also help to clean the area, especially if out and about or at work. Reapply creams or barriers after washing or cleaning.

- 6** Pads can be used to protect clothes. If you find these too bulky make your own pad from kitchen roll or gauze swabs, or use a women's panty liner. Good fitting traditional underpants for a man, or stretchy support knickers for ladies, will hold it in place.

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- 7 Pelvic floor exercises may help to strengthen the muscles which control the leakage of mucus from the rectum.

Sit on an upright chair with your feet on the floor, hip distance apart.

Breathe deeply expanding your rib cage and try and sit up a little taller.

As you breathe out, gently squeeze the muscles around the anus and at the same time draw up the muscles of the vagina, or between the scrotum and anus. (These muscles can often be located if you suck your thumb or try to stop yourself from passing urine.)

Repeat this exercise at least five times a day.



Colostomy UK has a number of male and female volunteers who are willing to talk in confidence about any concerns



What if there is blood or pus in the discharge?

If the rectal discharge is blood or pus, or the mucus is streaked with blood this should be reported to your GP or consultant as it may be an indication of inflammation or infection in the remaining redundant bowel.

If you are finding it hard to cope with rectal discharge, contact your stoma care nurse for further advice.

Don't forget that any persistent rectal bleeding at any time, any discharge or other changes – in fact anything that is not normal for you – should be reported promptly to your GP or consultant.

References

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Support from Colostomy UK

We hope that you have found this booklet useful. If you still have concerns, many of our volunteers have experienced rectal discharge. If you would like to talk to one of them, then please call or e-mail us and we will be pleased to arrange this.

We provide:

- A 24-hour free Stoma helpline: **0800 328 4257**.
- Information booklets, leaflets and factsheets about all aspects of *living with a stoma*.
- *Tidings*, a quarterly magazine full of the latest news, articles by stoma care professionals, product information and real-life stories from other ostomates.
- A private Facebook group for supporting each other and exchanging hints and tips.
- A website that provides practical information, details of open days and a directory of organisations, support groups, products and services.

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Colostomy UK's flagship magazine *Tidings*, is hailed by ostomates and healthcare professionals alike for the support and information that it provides readers with on a quarterly basis.

Visit our website or call us to sign up for your free copy.

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