

Scuba with a Stoma

Yes, the pressure on your body if you are diving at around 6m, the typical recreational "sightseeing" depth, is rather more than double what it is at the surface, and enthusiasts may be at depths where the pressure is perhaps six times the surface pressure. There is no need to worry: the pressure inside your body is always exactly the same as the pressure outside it - and the regulator is adjusting to this pressure all the time to ensure that you can breathe - so there is no question of you getting filled up with seawater through your stoma, or the contents of your insides squirting out when you come to the surface. As far as this worry is concerned, you are in exactly the same situation as when you lie in the bath.

The only difference which those with a colostomy may encounter is in respect of the gases which are formed in the colon by natural fermentation processes. While at depth, such gases will be compressed and may be less noticeable. If your stoma has a closed cap, or the filter outlet on your stoma bag is sealed with an adhesive sticker, then you will be no worse off when you surface than if you had spent the same amount of time on dry land: you will have just the same amount of gas to dispose of. Ostomists who irrigate probably have a slight advantage here, because there is less in the colon to ferment; speaking personally, I irrigate, and for Scuba diving I wear a stoma cap (Braun Petite) which has no provision for sealing the outlet. I am effectively in the same situation as if I left my stoma uncapped and exposed, and I just don't even notice that I have a stoma. At depths from which a timed ascent is required, gases in the colon will probably remain dissolved in the contents of the colon while at depth, and will be released just the same as the nitrogen in the blood during pauses in the ascent. The end result will be no different: you will have the same amount of gas to lose as if you had stayed on dry land. Those who don't irrigate should find that faecal matter emerges normally, no matter what the depth. While I cannot write from personal experience, for ileostomists and urostomists the principle remains the same: if the output from the stoma is unimpeded when wearing a wet suit, then it should behave just the same at depth.

To sum up, if you can cope happily for an hour (or whatever) on dry land with the filter outlet on your stoma cap or bag sealed, then forget your stoma and enjoy your diving. You should be able to provide a medical certificate stating that you are fit to dive, and you can assure the doctor that a stoma presents no problems in this respect. The doctor who wrote my certificate felt that he needed to take advice before signing: I was able to provide it . . .

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