



Rectal Discharge

following
Stoma Surgery

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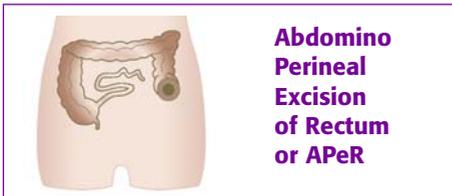
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Rectal Discharge following Stoma Surgery

The aim of this leaflet is to answer some of the questions about rectal discharge, following surgery with stoma formation. It explains why it might occur, what causes it and explores some of the management and coping mechanisms that may be beneficial.

It is possible to experience a discharge from the back passage even though you have a colostomy. Rectal discharge, and whether it causes problems, varies from one person to the next. As it is quite a private issue many people don't talk about it, making the size of the problem relatively 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 Abdomino Perineal 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 pass a discharge out through the anus.

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

What is 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 still continues to secrete mucus, which can cause problems as it no longer has a useful purpose.

The mucus can build up and either leak out of the rectum or dry up into a ball and cause pain. The frequency and amount of mucous discharge is very individual ranging from every few weeks or even months to a constant problem several times a day. The length of bowel that is left behind varies: the longer the length of redundant bowel the more likely it is that you will have problems as there is capacity for more mucus to be produced.

Mucus should always be clear or putty coloured unless you have a loop stoma which can sometimes allow 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 mucous discharge from the rectum?

Surgeons and 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

Most people appear, over time, to develop their own coping strategies. It is very important to understand you are not suffering alone and other people are experiencing the same problems. Discuss your fears and anxieties with your partner or someone you can trust. It is a normal function of the body to produce mucus so it will not go away. Some people, however, report a significant reduction over time.

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 he felt it would be appropriate. The frequency of using the suppositories to control the mucus varies between individuals. 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 Although there does not appear to be any reported scientific evidence for this suggestion, several people have reported a link between certain foods and an increase in mucus production. It is worth just keeping a record of foods you have eaten for a while to see if you can find any connection.

4 When the 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 ladies' panty liner. Good fitting traditional underpants for a man, or stretchy support knickers for ladies, will hold it in place.

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.

Many of the suggestions above are taken from the results of a survey of 150 ostomates. They are therefore “tried and tested” by people living with a colostomy and experiencing problems with rectal discharge.

Grateful thanks to:

All the people who replied to the survey conducted through Charter Journal and to Opus Healthcare for providing the financial support to allow the patient survey to be conducted.

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.

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Colostomates share their experience of coping with Rectal Discharge

Mike says: Thirteen years ago I had a Hartmann's procedure to form a colostomy due to diverticulitis. It wasn't until I came home that I had my first experience of a discharge from my rectum - despite having a stoma. I was a bit alarmed and as it was dark in colour, my first thought - silly in hindsight - was that the internal connections hadn't been done correctly! A phone call to my doctor, who contacted the surgeon, assured me that this was a normal postoperative occurrence due to blood residue etc. left inside, which would disappear in a few days - which, of course, it did.

I was advised by the nurses that when recovering from surgery it is very important to do the pelvic floor exercises which strengthen the appropriate muscles to control any discharge. This discharge is a natural body function as mucus is produced as an anal lubricant.

Personally I find how often I need to pass this discharge varies with both how much I eat - extra-large meals can increase it - and my general health: stomach upset, stress and excitement can have the same effect. Very occasionally, and I must stress very occasionally, if the discharge increases, for extra peace of mind I have used my wife's panty liners inside my underwear.

Ann says: I had emergency surgery to remove part of my bowel and an end colostomy was formed, leaving my rectum in place. Rectal discharge of mucus started two months later. At first it was every two or three days. Then it became more frequent. I now have a mucous discharge two or three times a day - red or pinkish coloured. I have been told that it is this colour due to internal and external piles. If there are signs of blood in the discharge it is always important to get this checked out by a doctor.

I cope with this by using a Tena Lady pad, then placing several pieces of toilet paper between my buttocks in case of emergency. Once the mucus has come away I don't usually have any leakage onto my underwear.

Charles says: I had an emergency colostomy after diverticula leaked giving rise to peritonitis. About eighteen months later, mucus arrived on the scene. Everyone could tell me what it was and that every orifice produced something but nobody has been able to tell me what to do about it. Some haemorrhoids were left in the back passage and the mucus seems to have reactivated them. Sometimes there is a trace of blood in the mucus. I have had this tested in hospital three times and been assured there is nothing to be worried about. I am not proposing to have anything done about this. The use of Anusol three times a week is all that is necessary. What is a nuisance about rectal discharge is that I need to be in the loo within minutes of the first warning, as its arrival cannot be controlled.

Pat says: I saw my G.P. because of a dull ache in my rectum and a sense of something wrong. He examined me and explained that the blockage was a build-up of mucus and cells cast naturally from the lining of the bowel. Normally they would be evacuated with the stool. The district nurse tried to use a "Microlax" enema but as the sphincter could not close and hold the fluid she removed the waxy lump manually. Since then I have managed myself when needful by lubricating my finger with K.Y. gel, and bearing down as if passing a constipated stool.

Richard says: From the first day I had a stoma I suffered rectal discharge. For many months it was a small amount two or three times a day. Then it happened more frequently but after ten days it suddenly dried up and it now happens rarely and I can cope quite easily with that.

Cynthia says: I had my colostomy two years ago and have had a rectal discharge ever since. At times it would be fairly thin and every few days, but always with an odour. I knew when it was ready to exit and put folded toilet paper between my buttocks to hold the discharge until I could reach the toilet. When I take Codeine Phosphate, prescribed by my GP, I find this significantly thickens the rectal discharge to a point where it only makes itself known every two or three weeks although it is very thick and smelly. I feel the need to empty and stay on the toilet gently squeezing until the mucus exits. It might take two or three sessions before it is all over.

Stephen says: Generally I get some discharge from my rectum, albeit small, most days and this causes sore skin around my anus and between anus and scrotum. Following surgery for cauda equina I have been left with no anal tone and so I am unable to "push out" the mucus. Every three weeks I use half a Docolax suppository and around three hours post insertion I sit on the toilet for around twenty minutes while the bulk of the mucus discharges.

Jan says: I have had my colostomy for three years. A few months after my stoma was formed I thought I was having phantom full-rectum feelings, as though I wanted to push, to expel something. I spent ages on the loo, wondering what the point was, since nothing could get down there. Eventually I did manage to help myself, with the aid of a latex glove, and to my horror discovered that I had passed something that looked like putty - together with some blood. I was soon to have a follow-up appointment with the surgeon and that was when I learned of the existence of rectal mucus, and that it can build up over a period of time. Since then I have had a couple of similar experiences, and have found that a glycerine suppository can usually help.

**Pages 1 to 4 of this booklet are based
on an article sponsored by
Coloplast Ltd which appeared in
Tidings Magazine Issue 9 2008**

The **Colostomy Association** would like to
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V1.1
Date of Publication: December 2012

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Ref/021