Prolapsed Stoma Management

Purpose	Uncomplicated stoma prolapse can be managed conservatively with the use of alternative stoma appliances, application of cold compress and/or osmotic agents to reduce oedema and manual reduction.
Clinical Considerations	Prolapse of a stoma may cause: • Constriction of venous return or arterial supply • Damage to mucosa from appliance (base plate) too tight. • Obstruction of effluent/output • Difficulty applying stoma appliance. • Mucosal bleeding due to oedema and damage to superficial vessels • Patient distress If there are signs of ischaemia/necrosis or obstruction, the patient must be referred to medical staff urgently as surgical intervention may be necessary.

Procedure	• Assess severity of prolapse. If appropriate attempt reduction
	• Reassure patient.
	• Analgesic may assist to relax the abdominal wall and ease manual reduction.
	• Lie patient in supine position.
	• Reduce any oedema by applying a cold compress (e.g. gauze dipped in iced water) or osmotic agent (e.g. sugar or concentrated dextrose solution) to the stoma.
	• Wrap a gloved finger with gauze (for traction and moisture absorption) and gently attempt to push the stoma back in, starting at the prolapsed end. While supporting/holding stoma with your other hand, gently invert the bowel back in through the stomal os.
	• Reduction takes time and patience, for both patient and care provider.
	• Review of stoma appliance:
	  • Consider the need of alternative stoma appliances with increased flange and pouch capacity.
	  • The aperture of the flange should be cut slightly larger than the stoma size, to prevent damage to mucosa. Seals can be used to protect any exposed skin around the stoma.

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	• The use of a swab to cover the stoma whilst placing the pouch will prevent the adhesive getting wet. Alternatively having a small split in the backing paper can be helpful. Place the flange over the stoma to the skin then remove the backing paper when in situ. • The use of a rigid protective shield and/or abdominal support belt can help to hold back the prolapse. • Lubricating oil inserted inside the top of the pouch may help reduce friction. • Educate patient about expected stoma colour and evaluate their understanding of the information given. Ensure they are fully aware of the importance of contacting medical staff if any necrosis or bowel obstruction is evident. • Refer for surgical review and/or STN follow-up. • Document findings and outcome.
References	• Burch, J. (2021). 'An overview of stoma-related complications and their management'. *British Journal of Community Nursing*. Vol. 26(8), pp 390-394. • Chandler, P, Cox, H. Lowther, C. (2013). 'Management of a Prolapsed Stoma'. *Gastrointestinal Nursing*. Vol. 11(5), pp. 12-14. • Dukes, S. (2010) 'Considerations when caring for a patient with a prolapsed stoma'. *British Journal of Nursing*. Vol. 19(17),pp 21-26. • Garoufalia, Z.,et al. (2023). "Surgical treatment of stomal prolapse: A systematic review and meta-analysis of the literature." *Colorectal Disease*. Vol. 25(6), pp 1128-1134 • Maeda K. (2022). 'Prolapse of intestinal stoma'. *Ann Coloproctology*. Vol. 38(5), pp 335-342. • Preece, V. and Jones, V. (2016) 'Nursing management of a prolapsed stoma'. *Gastrointestinal Nursing*. Vol. 14(4), pp13-14.