

# Complications of stomas

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Stoma complications are common ( Summary box 77.16 ). The vast majority of these complications can be dealt with by a suitably experienced stoma nurse but on occasion revision surgery is needed. Stoma ischaemia is usually evident in the early postoperative period and it is essential to inspect the stoma the day after surgery to assess mucosal viability . If the stoma looks ischaemic a proctoscope is useful to assess viability below the fascia. Urgent surgery is required if the mucosa below the fascia is also ischaemic. Conversely if the mucosa of the bowel immediately proximal to the stoma is viable, the patient can be managed expectantly in the hope that the non-viable mucosa will slough and the worst late result is a stenosis that can be - managed with a more local procedure. This may be preferable to an immediate, di ffi cult relaparotomy . Mucocutaneous sepa - ration can usually be managed conservatively with intensive stoma care. Prolapse is more common in loop stomas, particularly transverse colon loop stomas. If recurrent and causing prob - lems with stoma care the most e ff ective solution is re versal. Other options include conversion to an end-stoma and/or r esection of redundant bowel. Retraction is mostly a problem in obese pa tients and may require, what can sometimes be di ffi cult, revision. Minor degrees of stenosis may respond to simple dilatation with more severe or recurrent issues requiring revision surgery . Repair of parastomal hernias is particularly technically challenging and the recurrence rate is high. Simple sutured repair is associated with an almost 100% risk of recurrence and transfer to the opposite side of the abdomen, or insertion of a piece of prosthetic material within the abdominal wall ar ound the stoma may be necessary . There is some evidence that stoma trephine reinforcement with mesh at the time of ini - tial stoma formation may reduce the incidence of parastomal herniation, which may be as high as 50% over the long term. There are however complications associated with parastomal meshes including recur rence, mesh infection, fistulation and bowel obstruction. Summary box 77.16 Stoma complications /uni25CF /uni25CF /uni25CF /uni25CF /uni25CF /uni25CF /uni25CF /uni25CF /uni25CF

Skin irritation Stenosis Prolapse Parastomal hernia Retraction Bleeding Ischaemia Fistulation

Chakrabarti S, Peterson CY , Sriram D, Mahipal A. Early stage colon cancer: current treatment standards, evolving paradigms, and future directions. *World J Gastrointest Oncol* 2020; 12 (8): 808-32. Clark S. *Colorectal surgery: a companion to specialist surgical practice*, edn. Edinburgh: Elsevier, 2019. Crosbie EJ, Ryan NAJ, Arends MJ et al . The Manchester International Consensus Group recommendations for the management of gyne cological cancers in Lynch syndrome. *Genet Med* 2019; 21 : 2390- 400. Herold A, Lehur P-A, Matzel KE, O'Connell PR (eds). *European manual of medicine: coloproctology* , 2nd edn. New Y ork: Springer, 2017. Moran B, Cunningham C, Singh T et al. Association of Coloproctology of Great Britain and Ireland (ACPGBI). Guidelines for the management of cancer of the colon, rectum and anus. *Colorectal Dis* 2017; 19 (Suppl 1): 18-36. recurrence after treatment for non-metastatic colorectal cancer . NICE Clin - ical Guideline 151. London: NICE, 2020. Available from [https:// www .nice.org.uk/guidance/ng151](https://www.nice.org.uk/guidance/ng151). Oakland K, Chadwick G, East JE et al. Diagnosis and management 6th of acute lower gastrointestinal bleeding:

guidelines from the British Society of Gastroenterology . Gut 2019; 68 : 776–89. O’Connell PR, Mado ff RD, Solomon MJ (eds). Operative surgery of the - colon, rectum and anus , 6th edn. Bacon Rota, FL: CRC Press, 2015. Rutter MD, East J, Rees CJ et al . British Society of Gastroenterology/ Association of Coloproctology of Great Britain and Ireland/Public Health England post-polypectomy and post-colorectal cancer re - section surveillance guidelines. Gut 2020; 69 : 201–23. - Seppälä TT , Latchford A, Negoi I, et al . European guidelines from the EHTG and ESCP for Lynch syndrome: an updated third edition of the Mallorca guidelines based on gene and gender. Br J Surg 2020. <https://doi.org/10.1002/bjs.11902>

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