

To obtain further information or help with any stoma questions, contact your **Stomal Therapy Nurse**

Name:

Phone:

Hours:

Your Local Ostomy Association is:

Name:

Phone:

Hours:

**The information in this brochure has been developed as a general guide only. Any concerns need to be discussed with your stomal therapy nurse or doctor.*

Anal discharge following stoma formation



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Stoma / Wound / Continence

Prepared as a guide by the:

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Anal discharge following stoma formation

- You may or may not experience discharge from the anus (back passage) even though you have a stoma. This may occur soon after surgery or at some time later
- The lining of the bowel continuously produces a jelly-like substance called mucus which acts as a lubricant to assist the passage of faeces. In a person who has normal bowel function, mucus is not usually noticeable, as it mixes with the faeces and passes directly into the toilet
- Following surgery with stoma formation the remaining / redundant bowel that leads down to your anus still continues to secrete mucus. This mucus can build up and cause an urge to go to the toilet. In some people it may leak out unexpectedly. Occasionally it can dry up into a ball (plug) and may cause discomfort and /or odour
- The frequency and amount of mucus discharge is very individual and can range from once every few weeks or months to several times a day. The longer the length of remaining / redundant bowel the more mucus you are likely to produce
- If you have an end stoma the mucus is usually clear or putty coloured. If you have a loop stoma the mucus may be brown, as sometimes a small amount of faeces can pass into the remaining / redundant bowel. The consistency can vary from thin to quite thick

Tips to cope with anal discharge

- To evacuate mucus naturally, sit on the toilet and relax: see if this eases the feeling or discharge. This may reduce the risk of a build-up and the risk of leakage
- Do not strain
- If the mucus won't come away naturally and is causing concern, discuss this with your Surgeon or Stomal Therapy Nurse (STN) for further advice
- Several people have reported a link between certain foods and an increase in mucus production. You may be able to find a connection
- Mucus leakage can lead to sore skin around your anus (like nappy rash). To protect your skin, shower regularly and "pat" dry the area. Do not rub. Various products to protect your skin are available. The use of a barrier cream may be suitable: however, you may wish to consult a STN
- Any person undergoing radiotherapy **must** consult their Radiation Oncologist / Nurse, treating Doctor or STN prior to using any creams around this area
- Pads can be used to protect your clothes
- Anal sphincter exercises may help to strengthen the muscles and prevent leakage of mucus. Discuss this with your Surgeon or STN

What if there is blood or pus in the discharge?

If the anal discharge contains blood or pus this should be reported to your Doctor or STN as it may be an indication of inflammation or infection in the remaining / redundant bowel