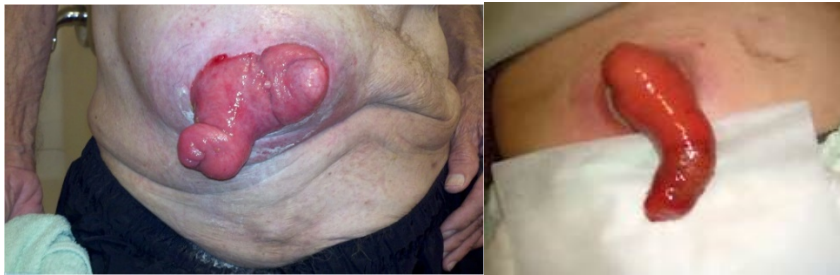


What is a prolapsed stoma?

A **prolapsed stoma** is when the intestine extends to an abnormal length through the ostomy site. This may look like the stoma is longer or more swollen than what you are used to.



Two images of prolapsed stomas in the belly.

How do I take care of my prolapsed stoma?

- Avoid activities such as heavy lifting, abdominal straining or weight gain, which may cause the prolapse to enlarge.
- See your ostomy nurse so your pouching system can be evaluated.
- Pouching systems with convex barriers and rigid flanges can cause stoma injury, as well as cause the prolapse to increase in size. Generally, we recommend a flexible pouching system.
- If your stoma has also increased in width as well as length, you may need to increase the size of your pouch opening to accommodate this. The wafer should “hug” the stoma and not show excess skin.
- Reduce the stoma if it is causing issues with pouch placement. See page 2 for how to do this.

- You may also try using a hernia belt with a prolapse cover. Nu-Hope Industries makes a belt with a prolapse cover.



Ostomy belt

- See the handout titled “What You Need To Know About Hernia Belts” here: <http://www.med.umich.edu/1libr/WoundAndOstomy/HerniaBeltsWYNTK.pdf>

What if my prolapse makes it difficult to apply the pouching system?

To **reduce** (shrink) the stoma, try the following techniques while lying down on your back in a relaxed position:

1. Use the palm of your hand to apply gentle pressure to the stoma, very gently pushing it back into its usual position.
2. Another alternative is to apply a cold compress to the stoma with your pouch on. Then try to reduce the stoma again using the palm of your hand.
3. You can also try sprinkling white sugar directly onto the stoma. It will not hurt the stoma but will make it shrink. You may or may not need to reduce it further with the palm of your hand as outlined in #1. After the stoma is reduced, be sure to wipe the sugar off before applying the pouch.

When should I call my Surgeon’s office or ostomy nurse?

- You have a new prolapse.
- You have injury or bleeding from your stoma.
- Leakage, pouching issues, or skin breakdown (you may need further evaluation from an ostomy nurse).

When should I go to the emergency department?

- Your stoma has been prolapsed for more than 1 hour, or you are unable to reduce it.
- The stoma is discolored (such as blue/purple/brown/gray/black).
- Your stoma is bleeding and won't stop.
- You have no stool output for several hours with nausea, vomiting, or abdominal pain/cramping.

References:

Wound, Ostomy and Continence Nurses Society. (2017). Clinical Guideline: Management of the Adult Patient with a Fecal or Urinary Ostomy. Mt. Laurel, NJ: Author.

Prolapse images:

- Mizrahi, Hagar, Nissim Geron, & Michael C. Parker. "Parastomal Hernia Is a Problem Yet to Be Solved." *Journal of Current Surgery* [Online], 5.2-3 (2015): 151-156. Web. 22 Aug. 2019
- © Wound Ostomy and Continence Nurses Society (WOCN). Used with Permission.

Disclaimer: This document contains information and/or instructional materials developed by Michigan Medicine for the typical patient with your condition. It may include links to online content that was not created by Michigan Medicine and for which Michigan Medicine does not assume responsibility. It does not replace medical advice from your health care provider because your experience may differ from that of the typical patient. Talk to your health care provider if you have any questions about this document, your condition or your treatment plan.

Author: Kathryn Messner BSN RN CWON
Reviewers: Samantha Hendren MD
Ostomy Steering Committee

Patient Education by [Michigan Medicine](#) is licensed under a [Creative Commons Attribution-NonCommercial-ShareAlike 4.0 International Public License](#). Last Revised: 10/2019