

About... Rectal Discharge



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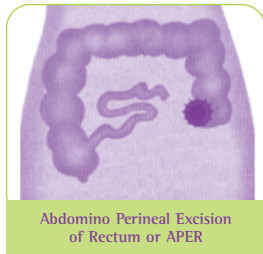
This leaflet was written by two stoma care professionals pictured left, and aims to answer some of the questions about rectal discharge, explain why it might occur, what causes it and to explore some of the management and coping mechanisms that may be beneficial. The following information and the suggested advice are supported by a recently conducted survey of 150 people who shared their experience of living with rectal discharge and pain problems following surgery with stoma formation.

Many people with a stoma experience discharge from the back passage despite the fact that they have a colostomy. Rectal discharge and whether it causes problems varies from one person to the next and, as it's quite a private issue, many people don't talk about it making the size of the problem relatively unknown. Rectal discharge also depends on the type of surgical procedure performed and whether the rectum was removed or retained. 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 stool and passes directly into the toilet.

Will everyone with a colostomy have mucous discharge?



Not everyone with a stoma will have mucous discharge from the rectum. For example one of the most common surgical procedures resulting in formation of a

permanent colostomy is called Abdomino Perineal Excision of Rectum, or APER for short, and involves 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.



Hartmann's Procedure

Other surgical procedures, such as a Hartmann's Procedure or the formation of a loop stoma, where the rectum is left in place, may produce mucous discharge. This

happens because the bottom part of the bowel becomes redundant as faeces no longer pass through it but the lining of the bowel wall still continues to secrete mucus. It is the mucus that causes problems as it no longer has a useful purpose.



Loop Colostomy

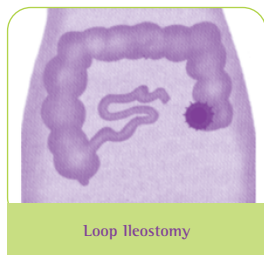
The mucus can build up and either leak out of the rectum or dry up into a ball and cause pain. The frequency and amount of mucous discharge is very individual ranging

from every few weeks or even months to a constant problem several times a day. The length of bowel that is left behind varies according to the surgery and the procedure performed.

However, the longer the length of redundant bowel the more likely it is that you will have problems as there is capacity for more excess 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

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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".

How do people cope?

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.

Many of the suggestions came from the survey results and are therefore "tried and tested" by people living with a colostomy and experiencing problems with rectal discharge.

1 The most effective way of management is to sit on the toilet daily and gently bear down as if you were to have your bowels open. You should be able to evacuate mucus naturally. 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 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 were many suggestions of specific creams to help this eg. Sudocrem and Cavilon. Basically, if you try the different barrier creams available from the chemist you will find one that may suite you best. You can always ask your local pharmacist for advice. For ladies the application of barrier cream can also reduce the stinging caused by urine splashing the excoriated 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 In the survey pads were popular to protect clothes. The biggest complaint was that they were bulky. You can 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.

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. There is some evidence to show this may happen because in some cases the remaining redundant bowel becomes inflamed, a condition known as diversion colitis. Those who had their surgery for ulcerative colitis or Crohn's disease may be at risk of inflammation due to disease affecting the redundant bowel and some people will require treatment with enemas, foams or suppositories into the rectum.

Discharge and/or bleeding may be caused by an abscess, polyps, piles or fissures. People who had their surgery for bowel cancer are at slightly increased risk of another cancer developing in the remaining bowel. Examinations to look at the redundant bowel

may be undertaken if symptoms occur, or are sometimes done routinely at the same time as other bowel examinations.

This leaflet has described some of the problems colostomists may face if they have rectal discharge. We hope it has helped you to understand why this occurs and that if you experience this type of discharge the shared experiences of ostomates who replied to our survey will be useful.

Don't forget that any rectal bleeding at any time, 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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Acknowledgements

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Coping with Rectal discharge...

Two colostomates share their experiences



In August 1999 I had my colostomy due to diverticulitis. After intermittent constipation over a period of only a few weeks I was admitted as an emergency to

the Good Hope Hospital in Sutton Coldfield. I recall being told in the pre-operation chat that the worst scenario would mean waking up from the anaesthetic with a “bag”. I had only a vague idea what a “bag” was. After the operation, which was a Hartmann’s procedure to form a stoma on my left side about three to four inches below my waist, it was a quick learning curve. However, with the support of my family I got used to the idea.

I remember being told, before leaving hospital, that in six to eight months time I would be able to go horse riding, skiing, swimming and hang-gliding. I thought this will be great fun and remarkable as I couldn’t do any of these activities before! While I am in a light-hearted mood, before the slightly embarrassing part of my article, I recall another amusing incident a few days after returning home. My wife, Pam, and I were lying in bed when suddenly there was a rustling sound coming from under the duvet. Pam said, ‘Are you hiding crisps in your pyjamas, Mike. If so where’s mine?’ Our laughter broke the ice about a delicate subject, creating a personal joke of the situation and bringing us even closer together.

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 Pam’s panty liners inside my underwear.

I hope this short article may be of some help to fellow colostomates and I am willing to talk to others who have a similar problem. The Colostomy Association have my phone number if required.

Mike Tomkins
C.A. Volunteer, Sutton Coldfield

In 2004 after bowel cancer I had a loop colostomy. The whole time I had the stoma I was constantly visiting the toilet because of a discharge of a yellow liquid from my rectum. Tena Lady pantees and pads were my “life-saver” until my stoma was reversed six months later.

In 2007 I had a blockage which led to perforation of my intestine. I had emergency surgery to remove part of my small bowel and an end colostomy was formed, leaving my rectum in place. The first two months were wonderful – no rushing to the toilet. Then rectal discharge of mucus started again. 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 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.

My specialist suggested using a self-administered enema once a week to get rid of any residue. I have not done this yet. I just live in hope things will improve. I would be interested to read of any other ostomates who have this problem.

Ann

This leaflet is based on an article that appeared in Tidings Magazine Issue 9 2008 – produced by the Colostomy Association. If you would like to know more about Tidings magazine please visit our website:-
www.colostomyassociation.org.uk

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