Temporary Management of Stoma Prolapse
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Objectives
• Provide overview of stoma prolapse
• Describe method for temporary management of prolapsed stoma using a “Stoma Cap”
• Identify indications for using the “Stoma Cap”
• Identify contraindications for using the “Stoma Cap”

Review of Prolapse
• Bowel telescopes through the stoma to extent greater than anticipated
• 2-3 cm to > 10 cm
• Often loop stomas
• Affects 2%-47% of ostomates
• Distressing
• Painful
• Susceptible to trauma
Usual Management

- Reduction with sugar, cool compress, pressure
  - Temporary reduction
- Belt with prolapse strap
  - Takes weeks
- Surgery
  - Costly
  - Inherently risky
  - May not be feasible

Temporary “Stoma Cap”

- Gather equipment
- Reduce the prolapse
- Pouch stoma per usual
- Apply stoma cap

Equipment

- Convex pouch or wafer w/ belt loops
- Belt
- Padding (4x4)
- Scissors
- Tape
Stoma Reduction

- Gentle pressure
- Cold compress
- Sugar

Pouching

- Pouch per usual recommendations for prolapse stomas
  - Accommodate stoma length
  - Flexible
  - Avoid rigid ring
  - Opening cut for largest size of stoma
  - Reduce stoma before pouching

Prepare Cap

- Cut off spout
- Apply padding
Apply Prolapse Cap

Indications & Contraindications

Indications
- Prolapsed stoma is easily reduced
- Stoma output is liquid or semi-liquid
- Patient able to maintain proper stoma cap position
- Stoma has been pouched in appropriate system

Contraindications
- Prolapse is not easy to reduce
- Output is solid
- Large mass BM
- Patient unable to attain and maintain proper stoma cap position

References