

Appendix 1: BJA Medical Officer Guidance on Stomas

Stomas

A Stoma is any opening in the body. For example, the mouth, nose & anus are all natural stomas. Any hollow organ can be surgically manipulated into an artificial stoma to allow waste to exit the body. These are typically formed when a surgeon brings part of the digestive, urinary or respiratory tracts out through an opening in the abdominal wall (or neck in the case of tracheostomy). They can be temporary or permanent. The waste products drain freely into a bag stuck to the abdominal wall around the stoma, which the patient empties or changes as necessary. They have no conscious control over the timing / quantity of drainage. Surgical procedures which involve the creation of an artificial stoma typically end with the suffix “-ostomy”. The first part of the name refers to the organ which is involved. For example:

- Colonostomy – where the colon (large intestine) is brought out through the abdominal wall
- Ileostomy – where the Ileum (small intestine) is brought out through the abdominal wall
- Urostomy – where part of the urinary system is brought out through the abdominal wall. This can be the bladder or ureter (the tube which connects the kidneys to the bladder).
- Tracheostomy – where an opening in the neck is made to allow a tube to be passed into the trachea (windpipe)

As many stomas are permanent, patients are encouraged to adjust to allow them to live as normal a life as possible with their stoma. This includes doing sports.

Colonostomy



The large intestine or colon drains through the abdominal wall. These are usually about 5-6cm in diameter and are most frequently positioned in the left lower abdomen. They usually sit fairly flush with the abdominal wall. The contents drained are very similar to normal faeces in volume but are perhaps a bit softer.

In terms of judo, they can be protected with padded protected belts worn under clothing. The stoma & bag often sit where the judo belt will normally be tied, so the judogi may be worn a little differently. As with all stomas, the patients have no conscious control of drainage, so the bag may fill at any time during a training session or competition.

Ileostomy



The small intestine or ileum drains through the abdominal wall. They are usually 4-5cm in diameter. The site of these is much more variable, depending on the underlying pathology which has caused the need for the ileostomy, but the commonest site is just above the groin on the right side of the abdomen.

The drainage from these is usually liquid, with whole bits of foods high in fibre which can't be digested by the small intestine. Living with an ileostomy usually means dietary changes. The liquid contents are very acidic from the digestive juices in the small intestine and as such are corrosive. Ileostomies are therefore usually made as small spouts, protruding a few cm past the abdominal wall, to keep the drainage away from the patient's skin. They typically need to be emptied 5-8 times per day.

In terms of judo, the same problems apply as those with colonostomies. As they are spouts and not flush with the abdominal wall, however, they are more difficult to protect with padded belts.

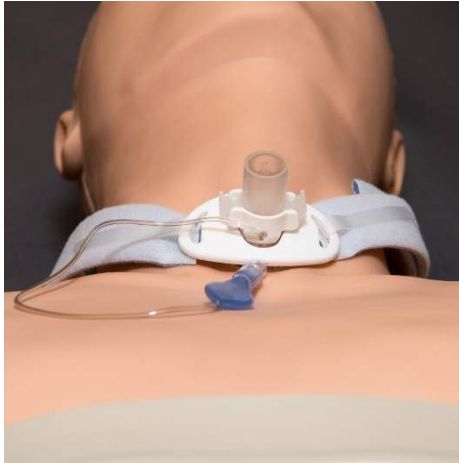
Urostomy



The urinary system drains through the abdominal wall. This may be directly, or indirectly through an ileostomy, depending on the underlying problem. The contents are liquid urine, or urine mixed with small bowel contents (like an ileostomy) if it is done indirectly. The position depends on the site of the pathology, but they are most frequently in the lower abdomen.

Same issues apply with regards judo. Their contents are very liquid & the output will depend on levels of hydration. In well hydrated individuals they need to be emptied very regularly.

Tracheostomy



A surgical airway, making an incision on the front of the neck to open a direct airway to the trachea (windpipe). When longstanding, the stoma, or hole, can serve independently as an airway, or can serve as a site for a tracheostomy tube to be inserted. These are created below the voicebox, so need to be covered to allow air to pass thro the vocal cords (if they are still present) to allow speech.

These are vulnerable to injury which could be catastrophic if this leads to occlusion or tracheostomy tube malposition, causing an occluded airway & death within minutes.

