

Suppository into a Colostomy

Purpose	The introduction of a suppository into a colostomy may assist with the passage of faeces through the bowel and assist in management of constipation.
Clinical Considerations	 Risks include vasovagal syncope and bowel perforation Vasovagal syncope is a potential reaction triggered by gastrointestinal stimulation that causes a temporary loss of consciousness due to a sudden drop in blood pressure and heart rate. Monitor the patient throughout the procedure If any pre-syncope symptoms (including light-headedness, tunnel vision, hot flush, cold clammy sweat, blurred vision) stop the procedure, ensure the patient is safe, call for help, check with medical team if procedure should continue Underlying rationale for administration of the suppository is to be clearly identified prior to commencement of procedure
Procedure	 Check medication order and patient details Identify construction of stoma ie loop or end. If loop stoma, identify proximal lumen Digitally examine stoma with lubricated, gloved digit to ascertain direction of lumen Insert suppository gently into the stoma Apply new stoma pouch Place a finger on top of the stoma opening on the surface of the appliance. This is to hold the suppository in place and will need to be done for about 15 minute while the suppository dissolves. The patient should be able to do this while resting in bed
References	 Abd-El-Maeboud KH, El-Naggar T, El-Hawi EMM, Mahmoud SAR, Adb-El-Hay S. (1991) Rectal suppository: commonsense and mode of insertion. <i>Lancet</i>, 338: 798-800. Burch J (2006) Constipation and flatulence management for stoma patients. <i>British Journal of Community Nursing</i> Vol. 12 No. 10 pp 449 -452. McClees N. Mikolaj E. Carlson S. Pryor-McCann J. (2004) A Pilot Study Assessing the Effectiveness of a Glycerin Suppository in Controlled Colostomy Emptying <i>JWOCN</i> May/June Vol. 31 No. 3 pp123-129.

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