Chemotherapy and Your Ostomy

A practical guide to caring for your stoma, skin, and fluid balance during cancer treatment

The key message

Many people have chemotherapy safely with an ostomy. Side effects depend on your treatment and type of ostomy. Changes in bowel output, skin, or your stoma are worth reporting early.

Changes you may notice

- More or thinner stool output, diarrhea or cramping. If you have an ileostomy, fluid and salt loss may increase quickly.
- Less appetite, nausea, tiredness or weight changes that affect hydration and pouch fit.
- Drier, more sensitive skin; itching, redness, rash, or leakage around your stoma.
- Changes in stoma size or appearance, including swelling, tenderness, small sores or easier bleeding.
- Medicines passing through too quickly. Certain slow-release or enteric-coated tablets may not be fully absorbed, especially with an ileostomy.

If you have an ileostomy: watch for dehydration

Track what is normal for you: how often you empty the pouch, how watery output is, and (if requested) the amount collected in 24 hours. Pay attention to urine colour and how often you urinate.

Call for advice about increased output

An ileostomy output around 1,500 mL or more in 24 hours, or a substantial rise above your usual amount, needs prompt advice. Your team may set a different threshold. Do not wait for a number if you are dizzy, weak, passing little urine or unable to drink.

Follow your oncology team's specific fluid plan. When ileostomy output is high, large amounts of plain water alone may not replace lost salt. Ask whether an oral rehydration solution is appropriate. Do not start anti-diarrhea medicines or change doses without instructions from your cancer team.

Protect the skin around your stoma

The skin around your stoma (peristomal skin) should usually look like the skin on the rest of your abdomen. Chemotherapy can make skin more sensitive, slow healing, and increase the risk of irritation or infection. Watery output and a poor pouch seal can make these problems worse.

Skin changes to look for

- Burning, itching, persistent redness, soreness, broken or moist skin, or a rash beneath the barrier.
- Skin stripping, blisters or tears when removing the adhesive barrier.
- New red or purple pinpoint spots, unusual bruising or bleeding. Some chemotherapy treatments lower platelet counts; report these changes to oncology.
- Warmth, increasing tenderness, swelling, pus or a spreading rash, which may signal infection.

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Simple skin-care tips

- Look at the skin every time you change your pouch. A photo (if your clinic approves secure sharing) can help your ostomy nurse compare changes.
- Remove the barrier slowly while supporting your skin with the other hand. Consider an adhesive-remover product if recommended.
- Gently clean with warm water and a soft cloth; pat completely dry before applying a new barrier.
- Avoid oily lotions, alcohol, scented products and ordinary wipes beneath the adhesive unless your ostomy nurse advises otherwise.
- Empty your pouch before it becomes heavy. Replace a leaking barrier rather than reinforcing a leak with tape.
- Ask your ostomy nurse about refitting, barrier rings, protective film or ostomy powder. Do not repeatedly add products without checking the cause of the problem.

Changes to the stoma itself

A healthy stoma is usually moist and pink to red. Its surface has many small blood vessels, so a little spotting after cleaning can occur. However, new changes during chemotherapy should not be dismissed.

What you might notice	What to do
Swelling or a different size/shape	Measure the stoma again if it changes. Make sure the barrier opening does not rub or squeeze the stoma, but avoid leaving exposed skin. Ask your ostomy nurse to check the fit.
Easy bleeding when touched	Clean gently and avoid rubbing. Light spotting that stops quickly can happen. Tell your care team about new or frequent bleeding, particularly if you have low platelets.
Small ulcers or sores on the stoma	Contact oncology and your ostomy nurse promptly. Chemotherapy can sometimes irritate the lining of the digestive tract; do not apply medicated creams or caustic products yourself.
Stoma protrudes less or more, or pouch seal changes	Changes in weight, swelling or abdominal shape may alter the fit. Your ostomy nurse can assess whether a different pouching system or accessory is needed.
Dark maroon, grey, brown or black colour	This is not an expected chemotherapy effect. Seek urgent medical assessment.

Tip: If your stoma becomes swollen, do not cut the opening extremely tight. A poor fit can injure the stoma or expose surrounding skin. Arrange a prompt assessment.

Medicines, eating and treatment days

- Tell your oncology team and pharmacist that you have an ostomy, especially an ileostomy. Ask about delayed-release tablets or tablets appearing intact in your pouch; do not crush medications unless approved. Generally long acting or sustained release tablet and pills are avoided as they tend to pass into the pouch without being properly absorbed to have therapeutic benefits.
- Ask in advance which side effects to expect from your specific treatment and which medicines you should take if diarrhea or nausea develops.
- Eat small, manageable meals if appetite is low. Ask for dietitian advice if you are losing weight, struggling to eat, or having persistent high output.

- Bring spare ostomy supplies to appointments and hospital visits. If neuropathy affects your hands, ask your ostomy nurse about easier-to-use supplies or help with changes.

When to get help

GET URGENT MEDICAL ASSESSMENT NOW

Temperature 38°C (100.4°F) or higher or shaking chills during chemotherapy; severe or worsening abdominal pain; repeated vomiting with little or no stoma output or gas; fainting, confusion or very little urine; heavy or persistent bleeding; or a dark/grey/black stoma. Follow your oncology team's emergency instructions.

CONTACT YOUR ONCOLOGY OR OSTOMY NURSE PROMPTLY

A sustained rise in watery output, reduced urination or thirst; recurrent leakage; sore, blistered or broken skin; new purple spots/bruising; new stoma swelling or ulcers; or trouble maintaining fluids, food or medicines.

My treatment and ostomy plan

Review these details with your oncology and ostomy nurse before treatment starts.

My type of ostomy: _____

My usual output (if measured): _____

Call my team if output reaches: _____

My oncology team / after-hours number: _____

My ostomy nurse / clinic number: _____

My hydration or oral rehydration plan: _____

My diarrhea / nausea medication plan: _____

Questions to ask my care team

- Which treatment side effects could affect my ostomy?
- Should I measure my stoma output every day?
- What specific output level or change should prompt me to call?
- Should I use a particular oral rehydration solution?
- Who should I contact if my stoma or surrounding skin changes?

A note about colostomies

People with colostomies can also have chemotherapy-related diarrhea, skin irritation and stoma changes. However, high-volume water and salt losses are generally a greater concern with ileostomies. Follow the individual advice provided for your type of ostomy.

Further information and sources

BC Cancer. Gastrointestinal chemotherapy patient handout (GIGAVCC): https://www.bccancer.bc.ca/chemotherapy-protocols-site/Documents/Gastrointestinal/GIGAVCC_Handout.pdf

Cancer Care Ontario. How to Manage Diarrhea for People With Cancer: https://www.cancercareontario.ca/en/guidelines-advice/symptom-management/diarrhea/how-to-manage-diarrhea

Oncology Nursing Society. Ostomy Basics for Oncology Nurses (2026): https://www.ons.org/publications-research/voice/news-views/05-2026/ostomy-basics-oncology-nurses

Colorectal Cancer Canada. A Guide to Understanding an Ostomy (section on chemotherapy): https://www.colorectalcancercanada.com/wp-content/uploads/2023/08/A_Guide_to_Understanding_An_Ostomy.pdf

Memorial Sloan Kettering Cancer Center. Ostomy care guidance: https://www.mskcc.org/cancer-care/patient-education/caring-your-wet-colostomy

CDC. Know the Signs and Symptoms of Infection: https://www.cdc.gov/cancer-preventing-infections/patients/symptoms.html

Patient education draft • This guide is general information, not a substitute for your personalized oncology and ostomy care plan. Clinical review against local BC Cancer protocols is recommended before distribution.