

# ABDOMINAL MASSAGE FOR OSTOMATES

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**This sounds an impossibility. Abdominal massage usually begins with light upward stroking centrally on the abdominal wall (ouch)! This is then followed with a double-handed stroking around the abdomen following the course of the colon (the colon?) going on to deep kneading. What is this woman talking about? You may well ask!**

Two things made me think again about abdominal massage and the possibility of using it for ostomates. One of my special interests is the treatment of continence problems, especially those affecting the bowel. I am a member of the Bath Bowel Interest Group who use the help of a Scandinavian masseur for a variety of problems - constipation, stasis, and diarrhoea (yes, I do mean that). One of my sisters who had a colostomy a few years ago developed severe abdominal pain after meals, especially breakfast, a few months after anastomosis of the bowel. There was a lot of abdominal scarring and probably adhesions internally. Over a period of 2 or 3 months, the pain was reduced to an acceptable level by the massage.

The Royal Orthopaedic Hospital in Birmingham treated a number of very severely disabled polio patients from the last big polio epidemic in the 50s. Abdominal massage was used to reduce stasis of the bowel. The gut wall contains visceral muscle fibres which contract in waves to push food along the abdominal tract, a process known as peristalsis. The tone of visceral muscle is closely linked with that of skeletal muscle,

so lowered tone (strength) in the abdominal muscles causes weakening of visceral muscle which in turn slows peristalsis. People who have had a chronic condition affecting the gut for years, or those who have had a sudden dramatic weight loss, are likely to have poor muscle tone and this is very noticeable in the abdominal muscles. The more surgery and scarring a patient has, the poorer the quality of their natural 'corset' of abdominal muscles. It is therefore important to strengthen these muscles, and abdominal massage can help to improve the tone of visceral muscle and hence normal bowel activity.

Polio patients whose trunk muscles have been affected have very poor, thin muscles. The usual techniques can be too heavy for these people, so techniques had to be modified. I found the following two techniques very acceptable on my own abdomen and have used them successfully with two of our staff who suffer cramping abdominal pain associated with their IBS.

## THE TECHNIQUES

These are very safe. I am describing them as though you are going to carry them out yourself, but they can be done by a relative or friend. You should always feel comfortable. If in any doubt, physiotherapists with a special interest in the use of massage can be contacted via the CSP (Chartered Society of



Diagram 1 - Position is important



Physiotherapy) on 02073 066660.

Positioning is very important and should allow the muscles to be as relaxed as possible. A semi-recumbent position is best, on the bed, settee or reclining chair, but I have been

in-out, not sideways. This relaxes abdominal and visceral muscle and can be as gentle as you choose to make it. It apparently helps to improve absorption of fluid from the bowel, probably because of an improvement in



Diagram 2 - Vibrations

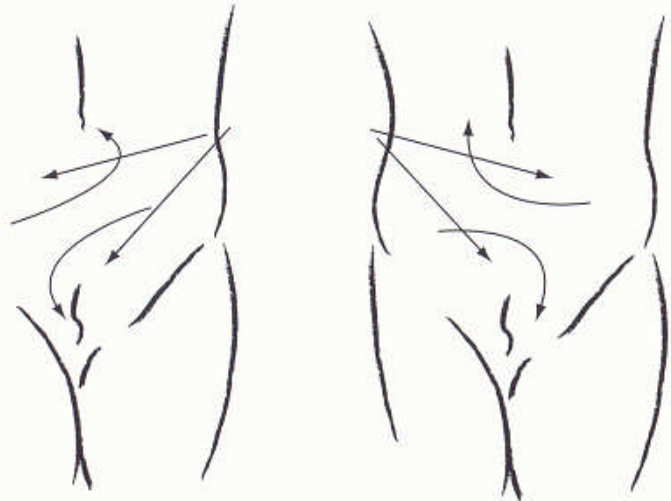


Diagram 3 - Cross-Abdominal Kneading

able to do self-massage in an armchair with my feet resting on a low stool (diagram 1). Your hands should be very slightly cupped, to allow room for a small cushion of air between the palms of your hands and the abdomen. Ideally, massage should be carried out directly onto the skin, but can be done over a thin layer of clothing if necessary. An arnica massage lotion or lavender oil can be used, but are not essential.

### 1. VIBRATIONS (DIAGRAM 2)

These can be practised on a cushion or pillow, balloon, beach ball, etc. The vibration is done with the whole arm if done by another person to you, or by forearm and hand if done by yourself. Use one hand to support the abdomen on one side (over your stoma if your op has taken place in the previous 3-9 months\*) while you vibrate with the other hand towards it. The direction is

blood circulation, which is why it can also be used where bowel contents are very loose.

\*(Don't attempt this earlier if in any doubt)

### 1. CROSS-ABDOMINAL KNEADING (DIAGRAM 3)

This is a stronger technique, but pressure and depth can be varied. NB - newer ostomates can use this one, but only when the abdomen is comfortable.

The starting position is as before. Place your hands as in the diagram. Mentally divide the abdomen into quarters, so if one hand is resting on the lower left quarter, the other should be on the upper right quarter. The hands move in opposite directions, gathering up both the skin and underlying gut. The gut is moved gently against itself (don't slide the hands over the skin). After 5 minutes, change the hands to the opposite position.