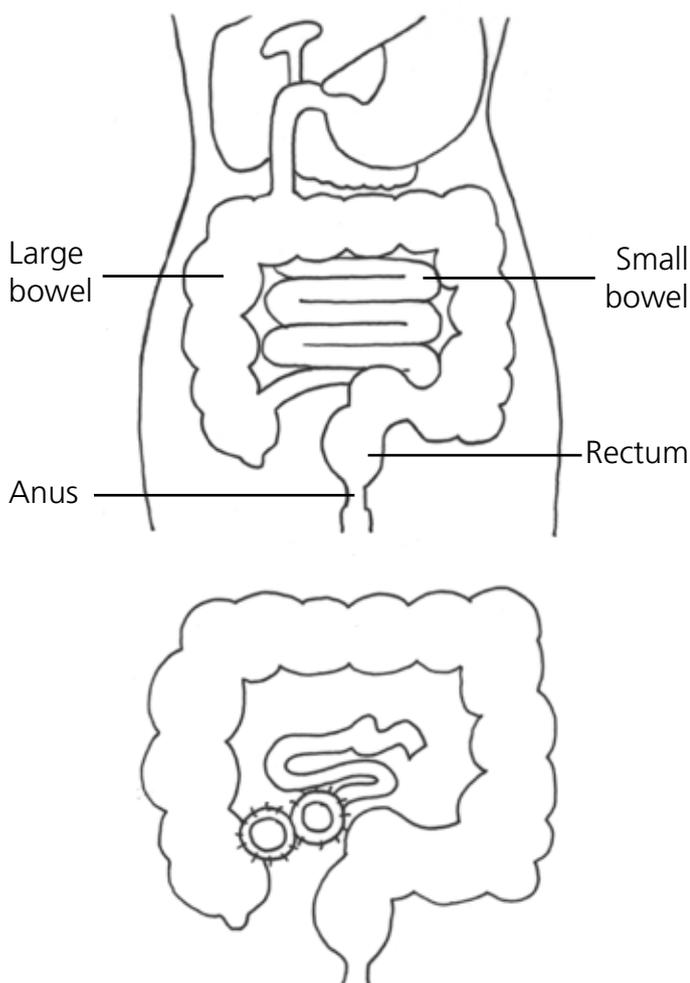


Reversal of a Temporary Stoma or Loop Ileostomy / Loop Colostomy

Some stomas are described as temporary and this means that there is a possibility that the stoma can be reversed/closed and "normal" bowel function resumed. There are two areas of bowel used to form temporary stomas. The ileum (small bowel) which results in a loop ileostomy or the colon (large bowel) which results in a loop colostomy. The function of both is to divert the flow of stools (faeces) away from the newly joined (anastomosed) section of bowel.



How long will I have to wait between stoma formation and reversal?

This will vary from person to person and will need to be discussed with your surgeon. As a general rule a reversal operation is undertaken between 3-12 months. Your medical team will consider the timing of the stoma reversal very carefully. The operation cannot be done while you are receiving any other treatment such as chemotherapy. If you have a stoma that is reversible then the operation can occur beyond 12 months and is open ended. Before the stoma is reversed the surgeon will need to ensure the join/anastomosis is healed and ready for faeces to flow through in the normal way.

This may be tested by:

- Rectal examination (the surgeon will examine your back passage with his finger), he may use a scope (a camera) to check the join.
- X-ray studies may be used (using dye and x-rays to look at the anastomosis, the area where the bowel has been joined). If sent medicine (laxative) to take before the x-ray studies, ensure the x-ray department are aware you have stoma, if in doubt check with your stoma care nurse. **Remember to ask for a drainable pouch (if not already wearing one) and drain it frequently to prevent accidents from your stoma appliance.**

How is the operation likely to be done?

The reversal of your stoma will involve an incision (cut) around your stoma. The surgeon will then ensure the bowel is free before connecting the bowel together again by means of a stapling device or stitches, the bowel will then be replaced into its anatomical position. You will be left with a small scar at the original site of the stoma, this may need to be dressed by your practice or district nurse (this will be discussed on discharge).

Very occasionally it is necessary to reopen the original laparotomy (mid-line wound)/scar.

How long am I likely to be in hospital?

This will vary - the surgeon will need to ensure that your bowel has begun to function and that you are comfortable before going home. Your stay in hospital could be between 3-5 days.

What problems can occur after the operation?

Fortunately, most people have no complications at all, although some problems can happen with any operation. Some of the more common problems can be found below:

- The bowel can take a few days to work following surgery, due to handling of the bowel and anaesthetics. It can take several days before the bowel action returns to normal. Passing wind is a sign that the bowel is working again. If you feel that your abdomen is becoming more swollen, you are not passing wind and you feel unwell please make sure that you inform your nurse. The treatment is just to rest the bowel by not eating or drinking until you start to pass wind again. You may need to have a tube inserted through your nostril and into your abdomen which will help drain any fluid that is in your stomach (nasogastric tube). You will receive fluids through a drip during this time.

- You may develop a chest infection due to a build-up of phlegm within the lungs. You should try to do deep breathing exercises regularly. Cough up any phlegm to keep the chest clear. The physiotherapist will give you help with deep breathing exercises and how to cough. Using a small pillow or towel to apply gentle pressure on your abdomen may help.
- Deep vein thrombosis (blood clots in the legs) is a possible problem, but is uncommon. Precautions will be taken to reduce the risk. Moving your legs and feet as soon as you can after the operation and walking early, all help to stop thrombosis occurring.
- Some people may develop a wound infection. You will be given antibiotics in this event, and possibly a wound dressing.
- Some people's small bowel will obstruct/block so that it does not allow faeces to travel along it. If this occurs it may be necessary to perform further surgery.
- In a small number of patients, the join in the bowel can leak. This can lead to complications such as abscess formation or peritonitis. This may require further surgery and the formation of another temporary stoma. This will allow the bowel to rest and heal. If it is a small leak, it may be sufficient to rest the bowel by not eating or drinking for a few days. You will have fluids through a drip in the meantime- if needed your surgeon will advise you about this further.

What should I do about my diet postoperatively?

The advice is much the same as after the formation of your stoma. For the first 12 hours following surgery, as you start eating again, it is important that you start very slowly. Initially, just soup and pudding such as ice cream and custard. Once tolerated the diet can be increased to 'light diet' such as; mashed potatoes, fish, chicken, mince, toast and sandwiches.

Once your bowel has begun to function, gradually reintroduce fibre into your diet. Jelly sweets, marshmallows, ripe bananas and mashed

potatoes can be good to firm up the stool. You may need to reduce your intake of very high fibre vegetables, cereals and fruits and spicy or very fatty foods.

Try to remember to drink at least 8 glasses (2 litres) of fluid a day. Take care with caffeine based drinks and try to avoid drinking plain water (this will be discussed with you further at the time of your surgery).

There are further information leaflets available which you can request from your stoma nurse (Dietary advice following stoma surgery).

What is the function likely to be after I have had my bowel re-joined?

After your stoma has been reversed your bowel pattern is likely to be unpredictable and troublesome at first. However difficult this may be for you initially it will gradually improve over the first few weeks. For most people the bowel settles down a lot after a few months. It can go on improving for up to 2 years by which time you will probably know what is the new normal for you.

These are the kind of problems you are likely to experience after surgery:

- Frequency of bowel movement
- Urgency of stool - little or no warning of when you need to go
- Diarrhoea
- Fragmentation of stool (this is when you need to visit the toilet frequently and can pass only small amounts of stool)
- Incontinence of stool or leakage
- Difficulty distinguishing between the urge to pass wind and stool
- Pain in your bottom when passing stool

It is important to clean your bottom and pat dry after each bowel motion. Barrier creams such as those used for nappy rash may help prevent your bottom from getting sore and your stoma nurse will discuss these with you. Rather than rushing

to the toilet it may help to sit or stand still, breathe deeply and contract your anal sphincter until the urge to have your bowels open passes.

Everyone is different so it is hard to predict exactly what your bowel pattern will be like. Similarly the remedies will differ and what helps one person might not help another

The ideas about diet, medications, skin care and resuming normal activities, have been gathered from talking to people in the 2 years after surgery. The idea is that you try them and see what works for you.

If you are worried or your symptoms persist please contact your GP.

What are pelvic floor exercises?

Your stoma or colorectal nurse may have discussed pelvic floor exercises with you after your stoma formation. Because your rectum and pelvic floor muscles have been out of use, exercises may help make them strong again. Your pelvic floor supports your bladder, rectum and uterus and is part of your 'core' group of muscles. The pelvic floor muscle is important in maintaining bowel and bladder control in men and women. Your stoma or colorectal nurse will discuss these exercises with you.

When should I return to normal activities?

As with any abdominal surgery you will need to take care with lifting and stretching for 6 weeks. You should return to driving / work and normal socialising as you feel able but can get guidance from your GP and Stoma Care Nurse.

What can I do with my old supply of pouches?

Try to ensure that you only order what you are likely to need before your reversal.

Check this with your own stoma care nurse, most will be happy to take back supplies that have not been opened. Your stoma care nurse may

be able to organise other products to be sent as charitable donation to underdeveloped countries, your local chemist may also run a collection point in your area.

Who to contact if you have further questions?

Before your operation you will have the opportunity to ask your stoma care nurse and doctors further questions. Your stoma care nurse will try to visit you whilst you are in hospital. After you have had your reversal, your colorectal nurse specialist or colorectal consultant will follow you up as an outpatient. If you have any worries or concerns when at home please contact your GP surgery.

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