

Reversal of a Stoma



What is reversal of a stoma?

This is an operation where the loop or piece of bowel used to form a stoma is rejoined to the remainder of the bowel.

Will I be able to have my stoma reversed?

This will be decided by your surgeon who will determine the following:

- That the bowel left in place following your operation is healthy.
- That any narrowing of the bowel (stricture) is out-ruled.
- That there is no bowel disease.
- That the suture line has healed where the bowel is joined together (known as the anastomotic site).
- That you are physically fit to have an operation.

How will the surgeon know if I am suitable to have my stoma reversed?

To determine this you will need special examinations of the bowel such as

- Rectal examination (*An examination of your back passage*)
- Colonoscopy (*Involves an examination of the bowel with a colonoscope. This is a long flexible tube which is inserted into the bowel via the back passage/anus*)
- X-ray studies e.g. a barium enema where a dye is inserted into the bowel via the anus and x-rays are taken

Why would I not be suitable for stoma reversal?

- If you have been informed by your surgeon that your stoma is permanent
- If your back passage was removed during your initial surgery
- If you are not physically fit for surgery

Are there risks involved in stoma reversal?

This is a major operation which can carry risks such as:

- Problems with joining the bowel together
- Fistula formation (*this is an abnormal opening between two different internal body structures*)
- Wound infection
- Bowel obstruction (*where the bowel blocks after surgery and may require further surgery to correct it*)

How can I prepare for the surgery?

- Eat a balanced diet
- Drink at least 8 small glasses of water a day as well as other drinks e.g. tea
- Keep as active as possible
- Practice your pelvic floor exercises at least 5-10 times a day. The exercises will help tone the muscles around the back passage which are not in use when you have your stoma. Instructions will be given on these by the Stoma Care Nurse/Colorectal Nurse or Physiotherapist
- Prepare yourself psychologically for the operation

When will the surgery be performed?

- The surgeon will decide when you are ready for the surgery.
- If you are undergoing chemotherapy or radiotherapy then surgery cannot be performed until the treatment is finished.



What preparation will I have to take before the operation?

The type of bowel preparation you will have depends on your Surgeon and the type of surgery.

The following is a guide:

- If you have a colostomy you may be given a strong laxative to drink which will clear out your bowel. This will cause your bowel motions to become very loose and it is advisable to wear a drainable pouch.
- If you have an ileostomy you will not require bowel preparation.
- If you have a loop/temporary stoma you may be given an enema into your back passage or through the stoma

How will the stoma be reversed?

The surgeon may make a small incision at the stoma site (involves one wound) **OR** re-open the original incision. (This involves two wounds, the abdominal and old stoma site)

How will I feel after the operation

Your care may include:

- Oxygen mask/nasal prongs for your breathing
- Tube inserted in your nose through to your stomach to prevent you being sick
- Small drain beside your abdominal wound to prevent infection
- Tube in your bladder for draining urine
- Drip in your arm or neck to give fluids and medication
- Pain relief which can be given in different ways
 - ▲ PCA (*Patient controlled analgesia pump*)
 - ▲ Epidural (*small tube in your back delivering continuous pain relief*)
 - ▲ Intramuscular injection (*Injection into your muscles*)

- You will be allowed to drink fluids the day after surgery and can gradually increase to a regular diet over a number of days.



When will the bowel work after surgery?

- An indication that the bowel is returning to normal is when you pass flatus (wind). You may experience the feeling of urgency initially, which is a great need to get to the toilet. This will improve with time.
- Following surgery your bowel motions may be irregular in the form of constipation or loose bowel motions. It can take 6 weeks to a year for your bowel motion to regulate after surgery.

How long will I be in hospital?

- You will be in hospital for approximately 7 days.
- After any operation you will be tired so it is important to balance rest with activity.
- If you think you need convalescence or home support on discharge inform your Nurse

Wound care

- The wounds will have clips /stitches which are left in place for 10-14 days.
- A dry dressing will cover the wounds until the clips/stitches are removed.
- If you notice any discharge or redness from the wound site inform your doctor/nurse.



What should I do if I have the following problem?

Constipation

- Take regular exercise
- Eat a well balanced diet including 5 pieces of fruit and vegetables daily
- Increase your fibre intake *e.g. wholemeal bread, wholegrain cereal, brown rice, jacket potatoes, peas, beans and pulses*
- Drink 8 small glasses of water a day
- When using the toilet place both feet on a small stool and lean forward
- If it persists longer than 2- 3 days contact your GP

Diarrhoea

- Drink at least 8 small glasses of water a day
- Reduce your fibre intake
- Eat plenty of carbohydrates (*pasta, white bread and potatoes*) which are easier to absorb
- If diarrhoea persists longer than 24 hours and is accompanied by vomiting contact your G.P.

What information do I need going home?

Returning to work

- Following surgery the expected recovery time is 6-8 weeks. However each case is individual.
- You are advised to speak with your G.P. or surgeon at your follow-up appointment before returning to work.

Driving

- You are advised not to drive for 6 weeks following surgery

Rest and Exercise

- It is important to take regular rest and to gradually build up your activity levels.
- It is usually possible to return to normal activities like walking immediately after surgery.

- You are advised to increase your walking distance every week as you are capable.

Lifting

- You are advised not to lift or strain for at least 10 weeks after your operation as lifting will affect the healing of your abdominal muscles. This can lead to a hernia which is caused by a weakness of the muscles.

Prevention of Urine Infections

- Frequency of urine can occur after major bowel surgery. It is advisable to drink 8 small glasses of water a day (*two pints*).
- Passing urine frequently and associated with burning or stinging may indicate an infection in your bladder. If you experience these symptoms it is advisable to contact your G.P.
- Cranberry juice can be beneficial but should not be used if you are taking warfarin

Who do I contact if I have any problems at home?

- G.P. _____
- PHN _____
- Stoma Care Nurse Specialist _____
- Colorectal Nurse Specialist _____





Produced by:

Cathy Walsh A /CNS Stoma Care/ Colorectal
Rita Marren CNS Stoma Care

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