Reversal of Colostomy

What is reversal of colostomy?

A loop colostomy was formed at your original operation to allow the joined ends of your bowel the chance to heal properly, before faeces (bowel content) can pass through safely. A loop colostomy is a type of stoma (bowel brought onto the surface of your abdomen) and was made with two ends of your large bowel (colon). It was expected that this would be temporary and that your bowel ends would be joined back together.

Your surgeon has decided that the join in your large bowel has healed well enough and has recommended having the colostomy reversed. Your bowels will then open in the usual way, via your bottom (anus). However, it is your decision to go ahead with the operation or not.

The following information will outline the benefits and risks of the operation to help you make an informed decision. If you have any questions related to this information or any that the document does not cover, do ask your Surgeon or Specialist Nurse.

What are the benefits of surgery?

You should be able to open your bowels in the normal way (via your bottom/anus) and no longer have a stoma bag.

What will happen if I decide not to have the operation?

You can continue to have the loop colostomy. Your bowel will continue to open into your stoma bag. The choice for stoma reversal is yours, together with your Consultant. Not everyone chooses to have their colostomy reversed.

What does the operation involve?

Before the operation

You may be given an enema into your rectum or asked to drink sachets of powder mixed with water in order to clean out your large bowel. This is so your bowel is clean and clear of faeces for the operation to be carried out. Your pre op nurse will discuss this in further detail with you.

You will see your Surgeon to talk about the operation, to gain your consent and to make sure you understand about the operation you are having.

The operation

The operation is performed under general anaesthetic and usually takes about one hour. You may be given antibiotics during the operation to reduce the risks of developing an infection.

Your surgeon will make a cut on your skin around the colostomy. They will free up the loops of bowel used to make the colostomy. Your surgeon will join the two ends of bowel back together and place the loops back inside your abdomen. They will then close the cut.

Your surgeon will not usually need to cut through your old scar and this operation is usually much smaller than your original operation.

What can I do for the operation to be a success?

If you smoke, stopping smoking several weeks or more before the operation may reduce the risk of developing complications and will improve your long term health.

Try to maintain a healthy weight. You have a higher risk of developing complications if you are overweight.

Regular exercise should help to prepare you for the operation, help you to recover and improve your long term health. Before you start exercising, ask your healthcare team or GP for advice.

You can reduce the risk of infection in the wound:

- In the week before the operation, do not shave or wax the area where the cut is likely to be made
- Try to have a bath or shower either the day before or on the day of operation

What should I do about my medication?

Bring in your medication to your pre-operative assessment and follow any advice given. This includes all blood-thinning medication as well as herbal and complementary remedies, dietary supplements and medication you can buy over the counter.

Complications of anaesthesia

Your anaesthetist will be able to discuss with you the possible complications of having an anaesthetic

General complications of any operation

- Pain. The healthcare team will give you medication to control the pain and it is important that you take it correctly so you can make a good recovery
- Bleeding - during or after the operation. This is not usually serious.
- Scarring of your skin where the stoma used to be.
- Developing a hernia in the scar caused by the deep muscle layers not healing fully. This appears as a bulge or rupture called an 'incisional hernia'. If this occurs and causes problems, you may need another operation.
- Infection of the wound – it is usually safe to shower after two days but you should check with your healthcare team. Let them know if you get a high temperature, notice pus from your wound or notice redness, soreness or pain around the wound. An infection usually settles with antibiotics.
- Blood clot in your leg ('deep vein thrombosis' or DVT). This can cause pain, swelling or redness in your leg, commonly in your calf or lower leg. The healthcare team will assess your risk of DVT. They will encourage you to get out of bed soon after the operation and may give you injections, medication or special stockings to wear. Let your healthcare team know

immediately if you think you may have a DVT.

- Blood clot in your lung (Pulmonary embolus) when a blood clot moves through your bloodstream to your lungs. If you become short of breath, feel pain in your chest or upper back, or if you cough up blood, let your healthcare team know straightaway. If you at home, seek emergency medical assistance.

- Chest Infection - Deep breathing and physiotherapy will help to prevent a chest infection.

- Difficulty passing urine - You may need a catheter in your bladder for 1-2 days.

Specific complications of this operation

- Anastamotic leak – this is a serious complication that may happen if the join between the ends of your bowel fails to heal, leaving a hole. Bowel contents leak into your abdomen (tummy) space, leading to pain and serious illness. We may manage this conservatively with antibiotics and drainage under X-ray guidance. In some cases you may require another operation which may lead to the formation of temporary stoma.

- Bowel obstruction – caused by the join swelling or adhesions (scar tissue) inside your abdomen. This usually settles within a few days.

- Urinary and Sexual function – This may be affected temporarily but the risk of this being permanent is higher in surgery to reconnect to an end colostomy, as the nerves controlling these functions lie in this region.

- Diarrhoea – this is common but should gradually improve with time. Your healthcare team may give you medication such as Loperamide to reduce the diarrhoea

How soon will I recover?

In hospital – after the operation you will be transferred to the recovery area and then onto the ward. Over the next few days you will gradually be allowed to drink and then eat normally.

Sometimes the join becomes swollen and does not allow the stool (faeces) to pass. Your abdomen will be bloated or swollen for 1-2 days and you may feel sick.

You should be able to go home after 3-5 days, but your healthcare team will assess you each day and only discharge you when you are ready.

If you are worried about anything, in hospital or at home, contact your healthcare team or Colorectal Nurse Specialist.. They should be able to answer your questions, reassure you or identify and treat any complications.

Returning to normal activities

To reduce the risk of a blood clot, make sure you follow the instructions of the healthcare team if you have been given medication or need to wear compression stockings.

You should feel strong enough to return to normal activities within a few weeks of going home.

It is normal to have erratic or changeable bowel movements for a couple of weeks, and you may need to go to the toilet more often and with more urgency. It can take up to 6 months for your

bowel movements to become firmer.

Reducing the amount of fibre in your diet and taking medication, such as Loperamide, may help. Use a barrier cream on the skin around your anus (bottom) if it becomes sore.

Regular exercise should help you to return to normal activities as soon as possible. Before you start exercising, ask your healthcare team or GP for advice.

Do not drive until you are confident about controlling your vehicle and can perform an emergency stop with confidence.

The future

Most people make a good recovery. You will be followed up by your Consultant but contact your GP or Specialist nurse if you have any questions or concerns.

Useful Contacts:

University Hospital Birmingham NHS Foundation Trust:

Colorectal Nurse Specialist Teams (24 hour answerphone)
Heartlands/Solihull Hospitals Telephone: 0121 424 2730
Good Hope Hospital Telephone: 0121 424 7429
Queen Elizabeth Hospital Telephone: 0121 371 4501 Email: colorectalnursingcns@uhb.nhs.uk

Follow us on Twitter @uhbcolorectal

Further sources of information:

Colostomy UK
Helpline open 24 hours a day: 0800 328 4257
hello@colostomyuk.org
www.colostomyuk.org

If you require this information in another format, such as a different language, large print, braille or audio version please ask a member of staff or email patientexperience@uhb.nhs.uk.