Bowel Operation: Colostomy Reversal

Information for patients
Colorectal Surgery
**Introduction**

This booklet will help you to understand your operation.

The nurses and doctors looking after you will use the diagrams to help explain what is going to happen. If you have any questions or would like them to go over any information again, please ask and they will be happy to do so.

**Why is the operation needed?**

Following discussion with your surgeon, you will have made the decision to have your colostomy reversed in order that you can live without a stoma.

**What are the benefits?**

Having your colostomy reversed would mean that you no longer have a stoma and that you would have your bowels opened in the normal way over the toilet.

**Is there anything I need to do before I arrive?**

Before your operation it is important that you are as healthy as possible and you may be asked to come to a pre-assessment clinic at the hospital. This is so we can carry out tests that will help us to make sure that you have no other problems, like high blood pressure or anaemia that might affect your operation.

Other health professionals may need to see you at some stage before the operation, including an anaesthetist and a physiotherapist.
Will I need to sign a consent form or give verbal consent?

Yes. You will be able to talk to the nurses and doctors who will explain the operation to you. This is another chance to ask any questions you may have. Once you are sure what is going to happen, you will be asked to sign a consent form which gives us written evidence of your permission to do the operation.

Will I need a general anaesthetic, sedation or local anaesthetic?

For this type of surgery you will usually be required to have a general anaesthetic. The anaesthetist will speak to you before your surgery and answer any questions you may have.

Preparing your bowel

Depending on your previous surgery, you may need to take some medication orally (by mouth) or rectally (through your bottom) before your operation in order to empty your bowel. You will be informed about this at pre-operative assessment or on admission.
What does the operation involve?

Before you can understand reversal of your stoma it is helpful to know how a stoma is made:

**Colostomy formation**

Stomas formed from the colon (large bowel) are called colostomies. They can be either an **end** or a **loop** colostomy:

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### End Colostomy

Usually sited in the left side of the abdomen (tummy). One end of the bowel is stitched onto the surface of the abdomen forming a colostomy. The end which leads to the anus (bottom) is stitched off inside.

Tick as appropriate

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### Loop Colostomy

A loop of large bowel is divided and stitched in place onto the abdomen (tummy). There are two openings, one which links to the stomach and small bowel higher up and produces stool. The other opening leads to the anus and may produce mucus.

Tick as appropriate
Reversing your stoma may involve rejoining the stoma end to the lower part of your bowel (end colostomy) by stitching the two ends together. This is a big operation and very occasionally requires a temporary loop ileostomy (small bowel stoma) to be made to allow the joint in the bowel to heal.

Sewing the loop of bowel back together reverses a loop colostomy. This is normally a smaller procedure.

Are there any risks in having a reversal?

Most people get through their operation with no problems; however it is important to realise that sometimes there may be difficulties.

Risks include:

- Infection, which may affect the chest, urinary tract or wound.
- Very occasionally there may be heavy bleeding (haemorrhage).

Occasionally there may be problems with the joining in your bowel. If the join leaks, or if your surgeon is not happy with the join, they may bring out a temporary stoma on the other side of your abdomen (tummy).

If you have an end colostomy you will have a mark put on the opposite side before your operation (this is usually done by the colorectal/stoma nurse). This is to prepare for any problems which may arise during your operation where a new stoma is needed.

With any operation there is a small risk of complications such as heart attack and blood clots. Although extremely rare, there is a risk of not surviving due to problems related to the operation. Although these risks are very small it is important that you are aware of them so that you have all the information you need before agreeing to have an operation.
If you would like to talk about anything in more detail then please contact the specialist nurse or your surgeon who will be happy to discuss your concerns with you.

**Are there any alternatives?**

No. This is the only way you can have your colostomy reversed. Of course you may want to keep your stoma as many people live normal lives with a stoma. This avoids the need for a further operation.

**What will happen afterwards?**

The bowel needs time to recover, but immediately after the operation you will be encouraged to eat and drink normally. This helps to aid recovery and will help to get you home quickly.

We may (though not always) use a number of tubes, drains and a catheter for a few days after your operation to help keep you well and your nurse will explain what these do. This is normal so please do not worry that something has gone wrong.

As you start to recover the tubes, drains and catheter are removed. We will know when your bowels are working as you will start to pass wind.

**How much pain should I expect?**

This will vary from person to person and will also depend on what type of reversal you have had. It is normal to feel some discomfort related to your wound. You will receive pain relief to ease any pain or discomfort. This can be given by different methods and will be discussed with you by the anaesthetist or pain control nurses.
What effect will the operation have?

It may take a few days for your bowels to work after the operation. In the early period following your operation you may experience more frequent bowel actions with loose motions.

Depending on your original operation you may find that your bowel movements continue to be frequent and loose. The surgeon or colorectal/stoma specialist nurse will be able to advise you about what to expect. Your bowel function will be monitored as part of your follow-up.

Will I be able to eat normally afterwards?

Yes, although you may find your appetite may take a while to return to normal. Everyone is affected by certain foods in different ways and some will affect how your bowel works. It is better to eat simple food for the first few days and build this up gradually if you and your bowels seem to be fine.

How will I feel when I get home?

You may feel tired but this should improve with time. Take things gently at first but gradually increase the amount of activity you do - it's a balance of plenty of rest, gentle exercise and good food.

If you have had a loop colostomy reversed this operation is smaller and generally recovery is quicker.
When can I start normal activities again?

Each person is an individual and will return to normal activities at his or her own pace. There is no reason why you cannot start to do some normal daily activities as soon as you feel ready. If you feel tired or get any discomfort doing normal things, have a rest and refrain from doing too much of that same thing.

You will be able to resume sex when you feel ready. You should decide when your body feels ready for things but if you have any doubt, speak to your nurse specialist or doctor.

Driving

You should not drive again until you are fit enough to perform an emergency stop. This does not, however, mean that you cannot travel in a car as a passenger.

If you have any doubts please speak to your insurance provider first.

Bowel care after the operation

You may find that your stools are quite frequent and loose. If the stools are loose you may find that this causes the area around your anus (bottom) to become sore. It is important to keep this area clean and dry, wash with water and dry after each bowel movement. Skin barrier cream may also be used. If the stools continue to be loose after several weeks you may need to take some medication to help firm up the stool. These need to be prescribed by your GP and taken under their guidance.

Will I have to come back to hospital?

An outpatient appointment will be made for you after you have left hospital. How often you come back for a check up is based on your individual needs.
Is there anything I should look out for when I get home?

If you experience any of the following symptoms you should seek medical advice either from your GP or A&E:

- Your abdomen (tummy) has suddenly become very hard and swollen
- You have not passed any wind from your bottom for several hours and not had your bowels opened
- You are vomiting and unable to keep fluids down
- You are shivering and feel cold
- You have a temperature above 37.5°C on 2 separate occasions taken 2/4 hours apart
- You have not passed urine for several hours and your abdomen feels uncomfortable
- You are unable to take a deep breath because of pain
- Your wound has become very red and inflamed and is leaking fluid
- Either of your calves feel painful, warm to touch and swollen
Who should I contact if I have any questions or concerns?

The Northern General Hospital has a team of specialist nurses who can be contacted directly on **0114 271 4015** between the hours of 8.00am and 4.00pm.

There may be an answer phone; if so, leave your name and telephone number.

The Specialist Nurses will be happy to answer your questions and talk through any worries that you or your relatives may have about the operation.

Your Specialist Nurse
Key worker is ........................................................................................................