

## Patient information

# Ileostomy reversal

### A patient guide

This leaflet is designed to help you understand closure of a loop ileostomy.

**Q Can everyone have closure of their loop ileostomy?**

**A** No, not everyone is able to have closure for a number of reasons:

- Residual disease – where perhaps the bowel disease cannot be removed surgically and the stoma is acting as a diversion for bowel contents.
- Anastomosis (join in the bowel) has not healed properly. In this case it would be unwise to close the stoma.
- Pre-existing medical condition where a further operation to close the stoma would be life threatening.
- Infection at the site of the bowel join.
- Stricture (or narrowing of the join).

**Q What is involved in closure of the ileostomy?**

**A** The operation involves opening the abdomen at the site of the ileostomy. The two ends of the loop of bowel are then re-joined together and the skin sutured (stitched).

**Q Will I need medicine to clear my bowels as in the first operation?**

**A** No, you will not require bowel preparation medicine (Picolax or Fleet) as before. You will be allowed clear fluids (without milk) only after your admission.

**Q How long will the operation take?**

**A** It would be usual for the operation to take approximately one hour. However, this is a technical procedure and therefore the time can vary.

**Q Will I need to have drips and tubes again?**

**A** As before, the bowels can take a little while to start working again after surgery and therefore any tubes and drips would be put in for your comfort. However, you will be allowed to have fluids and a light diet as tolerated.

**Q How long will I be in hospital?**

**A** An average stay would be about 4-7 days depending upon your recovery and bowel control.

**Q Will my bowels be 'normal'?**

**A** Once the bowel starts to work, it needs to retrain itself. This takes time and varies according to how long it has been out of action, your age and fitness, and what treatment you received whilst the stoma was in place. Your bowel may take several weeks or months to return to normal, and for some people, you may always open your bowels more frequently than before your operation.

**Q What about my wound?**

**A** Your wound will be closed with dissolvable stitches or clips. Any visible stitches or clips will need to be removed in 7-10 days.

Following any bowel surgery there is a risk of a wound infection. There is a higher than average chance of post-operative infection following stoma reversal because the area around the stoma may have a high bacterial count. This can be treated with antibiotics but it is important to recognise the signs of infection so that prompt treatment can be commenced.

Signs of wound infection:

- ❖ Pain at wound site
- ❖ Redness/heat around wound

- ❖ Discharge from wound
- ❖ Irritation/itchy around/over wound site
- ❖ Sweating, raised temperature
- ❖ Generally feeling unwell

If you experience any of these symptoms you should seek medical advice.

**Q What can I do to help myself?**

- Practice tightening and relaxing those anal muscles. These are called PELVIC FLOOR EXERCISES.
- Ladies: try to stop the flow of urine when you pass urine. This has the same effect of tightening those muscles.
- Men: you might find this impossible but it is worth trying.
- Be prepared for a sore bottom by purchasing and using a BARRIER CREAM around the back passage, e.g. Vaseline, Zinc & Caster Oil. Ostoguard cream is also available from your Colorectal Nurse.
- Use very soft quilted toilet paper and dab your bottom.
- You may find washing your bottom after a bowel movement helpful in reducing soreness – use simple soap and pat the area dry.

**Q Are there any medicines which would help me to manage my bowels?**

**A** There are certain medicines which can help thicken the motion or slow down the bowel action. You will need to discuss these with your GP, Consultant or Colorectal Nurse.

\*Marshmallows have a thickening agent and providing you are not diabetic can be taken as required.

**Q Will I experience pain?**

**A** You may experience discomfort similar to a stitch type pain at the site of the closure for some time after surgery.

**Q When can I go back to work and resume social activities and exercise?**

**A** This will depend on your recovery and bowel management. You will need to refrain from strenuous exercise for up to 3 months during the healing process. If in doubt, discuss with your GP, Consultant or Colorectal Nurse Specialist.

**Q** **What follow up care can I expect?**

**A** You will be seen in the Outpatient Department by your Consultant, who will arrange follow-up care which may include investigations to monitor your progress. You may also be followed up at the Colorectal/Stoma Care Nurse-led Clinics

### **Remember**

- ASK Doctors and Nurses if you have a problem
- Keep in touch with your Stoma Care Nurse or the Colorectal Nurse for support and reassurance
- Give yourself TIME. It may take several weeks to recover from surgery and for your body to adjust.

### **Dietary advice following reversal of ileostomy**

Following the reversal of your stoma, it may take time to get back to a normal healthy diet. The period immediately following the reversal is similar to that after it was formed, and you are advised to eat carefully. Avoid very spicy foods. At the start it may help to increase fibre only gradually by eating white bread rather than wholemeal, peeling and coring any fruit or vegetables, and having small portions of vegetables which are fibre-rich (spinach, cabbage, celery, onion, swede, beans, peas, tomato). It may be useful to monitor the effect of certain foods by keeping a diary.

Gradually increase your fibre intake. If you find your bowels remain very active, consult your Colorectal Nurse Specialist or Consultant. They will advise and may give you medication to help.

If you have any questions or worries please contact the Colorectal / Stoma Care Nurses office on 01284 712697.