

# REVERSAL OF ILEOSTOMY



This leaflet is produced by the Department of Colorectal Surgery at Beaumont Hospital supported by an unrestricted grant to *better Beaumont* from the Beaumont Hospital Cancer Research and Development Trust.

This information leaflet has been designed to give you general guidelines and advice regarding your surgery. Not all of this information may be relevant to your circumstances. Please discuss any queries with your doctor or nurse.

## YOUR OPERATION EXPLAINED



## **Introduction**

This leaflet has been designed to help you understand what to expect when you are having a reversal of your ileostomy.

### **What does this operation involve?**

Once the bowel has had time to heal following your initial operation it may be possible to reverse your stoma. This involves reconnecting the bowel back together and closing the stoma to allow faeces to pass through to the back passage. A stoma and bag will no longer be required. This surgery can be performed by either by 'keyhole' (laparoscopic) surgery involving a few small incisions or by an 'open' operation where a long incision is made in your abdomen. Not everyone is suitable for laparoscopic surgery. Your surgeon will discuss which is the best option for you. Before your reversal operation you will have an x-ray to determine if the join inside your bowel has healed fully.

Many people feel that having their stoma reversed will be a return to "normality". In reality although your stoma is gone your bowel function will not be as it was before your original operation. It is extremely hard to predict how your bowel will work following your reversal. It can take anytime from 6 weeks up to a year for your bowel to settle into a new routine.

### **How will my bowel work following reversal?**

Your bowel function will usually be erratic following your reversal. Your bowels should usually start to work 2-3 days after your operation.

Having had part of your bowel removed during your original operation there is less bowel to absorb water from the faeces moving through your bowel. This results in looser stools (diarrhoea). The bowel being shorter in length also results in less space to hold the stool resulting in potentially the need to pass a motion more often.

### **Potential changes in bowel pattern**

You may experience some of the following changes to your bowel pattern.

- Increased urgency: you may find you have a sudden need to go to the toilet.
- Increased frequency: you may need to go the toilet more often.
- Constipation or diarrhoea.
- Stool fragmentation: when your bowels open more often than usual but you only pass small amounts
- Unable to tell if you need to pass wind only or pass a bowel motion.
- Faecal soiling: leakage of stool from your back passage.

## **What are the risks?**

As with any surgery there are risks involved which include:

### Anastomotic Leak (Bowel Leak):

Sometimes the anastomosis (where the bowel has been joined back together) does not heal properly. This leakage can be a serious problem for some people and further surgery may be required.

### Ileus (Paralysis of the bowel) and bowel obstruction:

At times the bowel is slow to start working after surgery (ileus) or can become obstructed. If this happens the bowel may need to be rested. You will not be allowed to eat or drink, you will receive fluids through a drip (a tube into a vein in your arm) and you may need a nasogastric tube (a tube which passes through your nose into your stomach). Usually this treatment is adequate but a small number of people require further surgery.

### Injury to other important organs:

Accidental injury can occur to other vital organs during the surgery such as the small bowel, bladder, ureters and liver or major blood vessels. This type of injury is rare. If it occurs there may be a need for further urgent or delayed surgery. Your surgeon will discuss this with you.

### Blood clot (thrombosis):

There is a risk following any surgery of developing a deep vein thrombosis, a blood clot in the leg or a pulmonary embolism, a clot in the lung. To help prevent this you will receive a daily injection and be asked to wear support stockings. You should stay as active as possible and drink plenty of fluids as tolerated to prevent dehydration.

### Atelectasis:

This is one of the most common breathing complications after surgery. It is a condition in which one or more areas of your lungs collapse or do not inflate properly. Deep breathing exercises and early mobilising can help prevent this occurring after your operation.

### Infection:

After your operation there is an increased risk of infection

#### **- Chest infection**

Following surgery and an anaesthetic it can be difficult to clear secretions from your lungs which can increase the risk of infection. Deep breathing exercises will reduce this risk. If you smoke we strongly advise you to stop, prior to your hospital admission, ideally as soon as your surgery has been discussed.

- **Wound infection**

There is a risk following surgery that your wound could become infected. Wound infections might cause localised pain, redness and a discharge of fluid. Antibiotics can be given to treat an infection. You may require regular dressings to your wound while you are in hospital or when you are home.

- **Urinary tract infection**

Following your surgery you will have a urinary catheter (a tube placed into your bladder to drain away urine) in place. Having a catheter in place, even for a short while increases the risk of developing a urinary tract infection. An infection can be treated with antibiotics.

### Risk to life:

Major surgery can carry a risk to your life. Your surgeon will discuss this risk with you.

If you are concerned regarding any of these possible risks or have any further questions please speak to your colorectal nurse specialist or colorectal surgeon. Your doctor will discuss other less common risks with you before you have your surgery.

### **How do you prepare for surgery?**

You will have a discussion with your Doctor regarding your surgery. The operation will be fully explained to you. Patients requiring bowel surgery are usually treated using an Enhanced Recovery Programme. This programme is about improving patient outcomes and experience, providing early rehabilitation after surgery and allowing an earlier return to everyday activities, while always receiving evidence based best practice in care. During your hospital stay there will be daily goals which you will be encouraged to achieve. A team of Doctors, nurses and other health care professionals will be monitoring your progress and will support you in reaching your goals. You will meet with an Enhanced Recovery Nurse who will discuss and explain the programme with you.

Before you come into hospital you should try to eat a healthy, varied diet to keep up your calorie intake. You should stay as active as your health allows eg. short walks, 20-30 minutes every day. If you smoke, we strongly advise you to stop. If you need assistance to stop smoking you can speak with your colorectal nurse specialist or doctor who can refer you to a smoking cessation service or alternatively you can contact our smoking cessation officer on ph. 01-8092941. All of this preparation will aid your post-operative recovery.

As part of the preparation for surgery a series of tests will be carried out to determine that you are fit for a general anaesthetic. These routine tests might include bloods, ECG (tracing of the heart) and

possible cardiac tests and lung function tests. These will be organised for you as an out patient. Some patients will need to see an anaesthetist before they are admitted to hospital for surgery.

On the evening before or the morning of your surgery you will also need to have a small injection which helps to reduce the risk of blood clots (thrombosis). You or a family member will be shown how to administer the injection prior to your admission. As part of the Enhanced Recovery Programme you will be given 4 cartons of a clear carbohydrate drink to take the day before surgery and a further 2 cartons on the morning of your operation (unless you are diabetic). These carbohydrate drinks help improve your well-being, reduce loss of lean body mass, improve muscle function and reduce rehabilitation time. They do not affect your bowel function.

You will be admitted on the morning of your operation to our Day of Surgery Admissions (DOSA). At this point you will meet a doctor and a nurse who will prepare you for theatre. From there you will be brought to theatre, where you will meet theatre staff including your anaesthetist. Please leave all valuables at home and arrange to have anything you need brought to you later in the day. You will be in hospital for approximately 5 days. After surgery you will be assigned a bed in one of our surgical wards where you will be brought after your operation.

### **What happens after surgery?**

Immediately after your operation you will be brought into a recovery room attached to the theatre. You will be monitored closely by the nursing staff until you are ready to be brought to the ward. On return to the ward you may feel quite sleepy following the anaesthetic. The nurses on the ward will help to make you feel comfortable and regularly check on you. You will be seen regularly by your surgical team throughout your stay.

During your operation a tube (catheter) will be placed into your bladder to drain away urine. This will remain in place at least overnight but sometimes longer.

You will have a drip in a vein in one of your arms to give you fluids. This will be removed when you are drinking enough oral fluids. On the evening of your surgery you can usually start taking sips of water as tolerated. The following morning you can usually start taking some light diet e.g. tea, toast, soup, jelly and ice-cream. You may experience some nausea (sickness) or potentially vomit. This can be caused by the anaesthetic agents or drugs used in the operation. You will be given some anti-sickness medicine if needed. You will usually start to pass wind and stool after 2-3 days.

It is important that your pain is controlled and that you are as pain free as possible so that you can move around, breath deeply, feel relaxed, sleep well, eat and drink. Some discomfort is to be expected. Your anaesthetist will discuss with you the treatments which may be used for controlling your pain after your surgery. This may include a PCA which is a patient controlled analgesia pump. This allows you to give yourself pain relief as needed, by pushing a button pain medication is administered from a pump into a drip in your arm. It has a lock-out mechanism which prevents you from getting too much medicine. It is important that you use this as and when you need it in order to remain comfortable in the post-operative period. You will also be given regular pain relieving

tablets and if needed you can be given pain relieving injections. If you are concerned about pain after your surgery please talk to the nurse looking after you on the ward.

Mobilising after your surgery is an important part of your recovery. You should aim to go for short walks on the day after your surgery and sit out for at least six hours. This helps to improve your circulation, reduce the risk of chest infections and reduce the risk of blood clots. It also helps to stimulate the return of bowel function. Initially your nurse will assist you to mobilise after your operation. Each day after your operation you will be encouraged to sit out for longer and mobilise more frequently.

If you are concerned about your recovery or have any questions, please feel free to speak to your doctors or nurses.

### **What happens after you go home?**

Before you leave the hospital an appointment will be arranged for you to attend out patients for a check up. You will receive a prescription for any medications required eg. Pain killers. A discharge summary letter will be sent directly to your GP outlining your care while in hospital. A referral to your local community nurse may be sent if you require ongoing wound care and dressings.

It is important to take a well balanced diet to help healing. You may not have much of an appetite at first and small frequent meals may be better than large meals.

Following discharge from hospital it is important to gradually increase your level of activity. You should avoid heavy lifting for 6-8 weeks as your abdominal muscles have weakened from surgery and you are risk of developing a hernia. It is recommended that you do not drive for 6 weeks following your surgery for insurance purposes.

### **Advice following reversal of your stoma**

Diet: It may take you a while to get back to eating as you did before your reversal surgery. You may find it better to eat small amounts of food more often rather than large meals. A low residue/ low fibre diet might be helpful in developing an adequate bowel pattern. Foods containing fibre can have an affect on how your bowels work; they may lead to frequency or diarrhoea. Foods which are high in fibre include most fruits and vegetables and some cereals. Also avoiding spicy food or food which may irritate your bowel is advised.

Medications: you may need some medication if your bowel pattern is very troublesome and does not settle with diet. Your colorectal nurse specialist or doctor will advise you regarding same. Medications which can be used are anti-diarrhoeal medication eg. Imodium, which help thicken the motion or bulking agents eg. Fybogel which helps regulate the bowel pattern and improve consistency.

Skin care: If you are going to the toilet frequently, passing bowel motions your bottom may become sore and irritated. It is important to clean the area thoroughly after each bowel movement and protect the area with a barrier cream if needed.

## Useful Contact Numbers

If you have a query before you come into hospital for your operation, contact:

Enhanced Recovery Nurse

Phone: 01 8528450 / 01 8093222

If you have a query regarding your opd patient appointment, contact:

Colorectal Secretaries

phone: 01 8093092 / 01 8093170

If you have a query regarding your stoma, contact:

Stoma Care Clinical Nurse Specialists

Phone: 01 8092396 or 01 8528602

If you have a query regarding your follow up or need support, contact:

Colorectal Clinical Nurse Specialist

Phone 01 8093222

If you have an urgent query outside of normal working hours, in the weeks after your operation, contact:

Phoenix Ward

Phone : 01 8092329/ 01 8092331

Hardwicke Ward

Phone: 01 8092825/ 01 8092350

You can also contact your GP regarding any medical queries.

1<sup>ST</sup> Publication Date: July 2016

Review Date: July 2017

