

Department of colorectal surgery

Reversal of ileostomy

A guide for patients

Introduction

This booklet is designed to tell you about your reversal of ileostomy operation and how your bowels might work after your operation. The booklet also explains:

- what the operation involves
- Advice on what to eat and drink
- risk and benefits of having the operation.

This booklet is based around the experiences of patients who have had their ileostomy reversed (put back inside). It explains how they have managed with a possible change in bowel habit.

However, each person may be managed in a different way as bowel pattern is different in each person.

We hope you will find this booklet useful and reassuring as you adapt to your new bowel pattern.

What do we mean by bowel pattern or bowel habit?

A bowel pattern or bowel habit refers to:

- how often we pass a motion (stool)
- how soft or how hard this motion is
- the amount of stool (motion) we pass.

In other words how often you go and how much you pass.

Before your reversal operation

Before your reversal operation, your hospital consultant will probably arrange for you to have a special x-ray. This is to check that the join inside your bowel is healed.

This x-ray will be performed in the x-ray department at St Georges' and will take about one hour. During this x-ray you will be asked to lie on your side in the x-ray room. A small tube will be inserted into your anus (back passage). Through this tube a fluid will be put into your bowel and will show up on x-ray.

The x-ray doctor will then be able to see if the join in your bowel has healed properly.

After this x-ray you will be given another appointment to see your consultant and they will inform you whether the join has healed. If it has, your consultant may give you a date to come in for your reversal operation.

If the join has not healed your reversal operation will be delayed for a short while; your consultant will discuss this with you.

What will the operation involve?

Before you have your reversal operation you will need to attend the pre-operative assessment clinic. The staff in the clinic will assess you in the same as they did before your operation to have the ileostomy made.

There is no special preparation for the reversal operation. However, you will be given instructions as to when to have your last drink before your operation.

The reversal is a small operation lasting approximately 30 to 60 minutes but still involves a general anaesthetic. You will usually be in hospital for about three to five days.

At the end of the operation the surgeon will put your bowel (ileostomy) back inside. They will join the ends of the bowel back together to allow the motion to move through in the normal way

You will have a small wound where your stoma (ileostomy) was. This wound will usually be secured with clips or sutures and will be covered by a small dressing.

What happens after the operation?

You will come back to the ward with a drip in your arm which gives you fluid. When you are awake and if you don't feel sick you will probably be allowed to have a drink.

The following day you will be allowed to increase the amount you drink and allowed to start to eat. The doctor or nurse will advise you of this. The drip will be taken away once you are drinking enough fluid.

After this operation you **do not usually** have a catheter in your bladder (tube to drain the urine away). If you feel you cannot walk without help you will need to ask the nurse to help you to the toilet.

You may experience wind like abdominal (tummy) pain which can be extremely uncomfortable. You will be given pain killing medications on a regular basis. However if you find the pain killers are not strong enough you can ask the nurses for something stronger. If you are allowed to drink, warm peppermint water or peppermint tea may help soothe this wind pain.

Your bowels will usually start to work a couple of days after the operation and when they do you will usually be able to go home. Often the first time you have your bowels open you may have the feeling of urgency. Urgency means that you suddenly need to go to the toilet. Your motions may be very loose or you may be constipated. This is normal after this reversal operation.

You will also be told when to have your sutures (stitches) removed. They are usually removed by a practice nurse once you have gone home.

What are the benefits of this operation?

The aim of the operation is to remove the ileostomy and therefore enable you to go to the toilet in the normal way again. It also means that you will not have to wear a stoma bag.

What risks or complications can occur?

We try to make sure your operation is safe. This may include prescribing medications to reduce the risk of complications.

However, every operation has risks. General complications of any operation are:

- Complications of a general anaesthesia – your anaesthetist will be able to discuss with you the risks of having a general anaesthetic.
- Pain, which occurs after any operation. You will be given medication to control the pain.
- Bleeding: during or after surgery. Rarely, a blood transfusion may be needed.
- Blood clots in the legs (thrombosis) which can occasionally move into the lungs (embolus). You will be encouraged by the nurses and the doctors to get up out of bed very soon after surgery and will be given injections to reduce the risk of blood clots
- Wound infection: approximately 5% of people having an operation of any kind will develop a wound site infection. This will commonly cause the wound to become red and painful. However, most infections are not serious and usually get better within seven to ten days. You may be given a course of antibiotics if either the hospital doctor or your own GP thinks you have a wound infection.

Specific complications of this operation:

- A leak where the bowel has been joined together. This happens when the join in the bowel leaks and allows the stool to escape into the abdominal cavity. However, this is fairly uncommon and occurs in only 2 % to 15% of people having a operation on their bowel. It does not

usually mean you will have another operation, but may delay you having your ileostomy put back inside.

- A narrowing at the join inside, which may cause difficulty in having your bowels open once the ileostomy has been put back inside. This is fairly uncommon and has only been reported in 2% to 20% of people having a reversal operation. This sometimes leads to another operation

Do not be alarmed as these complications only happen in a very small number of cases.

If your surgeon is concerned about your health before your operation you will be investigated thoroughly beforehand.

Will the operation change my bowel function?

At your first operation (or when you had the ileostomy made) you may have had part or most of your rectum removed (the last part of the bowel before it meets the back passage). Your bowel will therefore be shorter in length and not able to hold as much motion. This can mean that you have to open your bowels more often than before. In addition you may find that the texture of your motion is different. It may be softer and/or in much smaller pieces.

In general, most people have found that their bowel habit may change for a while after your reversal operation. However, they do report that this gets better with time. Three to six months after your reversal operation your bowels will probably have a more settled pattern. However, if you have had chemotherapy or radiotherapy before or after your reversal operation your bowels may take longer to settle than those who have not.

Changes in Bowel Pattern

Following your reversal operation you may experience one or more of the following changes to your bowel pattern.

- Change in frequency: the amount of times you have your bowels open in a day.
- Urgency of stool: a sudden need to go to the toilet to have your bowels open.
- Diarrhoea: a much looser or more watery motion.
- Fragmentation of stool: when you have your bowels open more often than usual and only pass a small amount each time. You may also feel you have not completely emptied your bowels after each time.
- Leakage of stool from your anus.
- Not knowing whether you need to pass wind or have your bowels open.
- You may feel you are constipated.
- To begin with you may pass traces of blood with your motion, this will clear up.

Diet

Foods containing fibre may have an affect on how your bowels work. They may cause your motion to be softer or they may make your bowels act more often than normal.

In addition, fibre is a food which is not easily digested and may cause you to have some abdominal discomfort (tummy ache). Foods which are high in fibre are most fruits, vegetables and some cereals.

Therefore, to begin with (for the first two to three weeks) we recommend that you eat foods containing fibre (cereals, fruit and vegetables) in **small** amounts. If you find they give you a tummy ache stop eating them for a few days and then gradually re introduce them into your diet.

Remember always to chew your food thoroughly before swallowing.

It is also better to eat small amounts of food more often, rather than eating large meals twice daily. Eating large meals may make you feel bloated and uncomfortable in the first couple of weeks after your reversal operation.

Remember, everyone is different so this is just to guide you.

Drinks

Some people may find that drinking lots of caffeine drinks such as tea and coffee can make their bowel motions looser. If this is the case, you may find you have to reduce the amount of tea and coffee you drink in a day.

Alcohol can also make the bowel motion looser. This does not mean to say you cannot drink alcohol in moderation, just be aware that it may have an affect on your motion.

Fizzy drinks may make the bowel produce more wind and therefore cause your bowel motion to come out in an explosive way (faster and with urgency). If this is the case, try to avoid fizzy drinks. However if you wish to drink them leave them to stand after pouring to allow the fizz to die down.

Remember it is important to have enough fluid in a day. Aim to drink between 1.5 to 2 litres (8 to 10 cups) in 24 hours unless you have been advised otherwise.

Medications

Sometimes medication is needed if your bowel pattern does not settle with time or you find coping with a new bowel pattern very troublesome. It is important to **speak to one of the doctors, your surgeon or nurse specialist** (stoma or colorectal) before taking them as they will be able to give you advice.

There are two main types of medication which are often used:

- ones which are anti-diarrhoeal (for example **imoduim or loperamide**), to help to thicken the motion
- ones which make the stool more bulky (for example **fybogel**).

If you have constipation you may be advised to take an aperient (for example lactulose or Movicol). However, you can have a very loose motion even when you are constipated so **it is very important to ask** your doctor or nurse for advice.

Skin Care

If you are frequently going to the toilet, the skin around your back passage may become sore. Moist toilet wipes which do not contain alcohol or perfume may help and can be brought at most supermarkets. However, remember that moist toilet wipes can be flushed, 'wet wipes' cannot as they may cause a blockage in the drains.

Applying a barrier cream may also help in protecting your skin. **Sudocreme** is one of many over the counter creams you can buy. Ideally you should wash your bottom with warm tap water and dry before applying any cream. If you need advice ask your stoma or colorectal nurse. You can still ask your stoma nurse for advice even though you no longer have your ileostomy.

Protecting your underwear

Following your reversal operation you may feel a sudden urge to pass a motion. Wearing a pad in your underwear may give you confidence in case you are caught short. Many people continue to wear a pad for sometime following the operation to be on the safe side. Many just wear a small panty liner.

Exercises

Please refer to the separate information leaflet about exercises to help improve the muscles in your back passage.

Will my social life be affected following this operation?

Some people find that they lack the confidence to go out much in the first few weeks following reversal, especially if they are experiencing urgency in bowel habit. However, this will usually improve in time and you may find that following the advice in this leaflets helps.

The vast majority of patients who have their stoma reversed look forward to getting on with their lives without the stoma. It often helps to know that the changes you may experience are normal and with time will improve. Your bowel habit may never be the same as it was before the operation and it may take many months before you settle down to a pattern that is normal for you.

The aim of this booklet is to give you tips on what other people have experienced and to reassure you that any change in your bowel pattern usually gets better with time.

It is also important to remember that some people do not have any of the symptoms described in this leaflet.

Further information

Please contact either your stoma care nurse or the colorectal nurse specialist with any further questions you have.

Stoma care department (Caroline Rudoni or Heather Dennis) 020 8725 3916

Colorectal disease nurse specialist (Jee Ho) 020 8725 3349

Additional information can be obtained by visiting the following websites.

- Colon Cancer Concern www.coloncancer.org.uk
Telephone 0870 8506 6050
- Beating Bowel Cancer www.bowelcancer.org
Telephone 0845 0719 300

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