

Reversal of your Ileostomy or Colostomy Stoma

Your Doctor has decided that it is now safe for you to have your stoma closed. The operation will take about 60 minutes and you will probably be in hospital for 4 to 7 days. After the operation, your bowel will need some time to get back to passing stool in the normal way, so you should expect to have some change with your bowel movements for a few days to weeks to possibly even months. Everyone is different because every operation and treatment plan is different. Your colon absorbs water and food from the liquids you drink. When a big section of the colon is removed, bowel movements will become more liquid. This may mean more trips to the toilet and you might worry that you will lose control of your stool. Exercises which build up and strengthen the anal sphincter muscles may help in preventing this.

Treatments such as chemotherapy and radiotherapy to the pelvis can delay the return to acceptable bowel function. In some cases the damage may make your bowel movements more unpredictable and for some it may be painful. These treatments may also affect long term function of the muscles you use to control your bowel movements from leaking out. The use of stapling guns for rejoining bowel has allowed surgeons to make a lower join in the rectum so you did not have to have a permanent colostomy. However, this may affect your bowel function and control. The rectum acts as a reservoir or “holding area” for your stool and when a large amount is removed, you need time to adapt to a smaller rectum.

You **might** find that for the first 1 to 2 weeks you have:

- Watery bowel movements
- Many smaller bowel movements
- Leakage of stool
- A change in your bowel habits if you had radiation
- Trouble knowing if you have to pass gas or stool
- Trouble holding your stool for even a few minutes and might have to rush to the bathroom at first if your bowel had to be reconnected very close to the anus
- To get up at night to have a bowel movement

Diet

What you eat is going to change your bowel movements. Start with eating foods you know do not bother you. Eat smaller 4 to 5 small snacks more often rather than 3 large meals during the first week.

During this period it is best **not** to eat foods which can upset your bowel such as:

- Acidic or citrus fruits (grapefruit/orange/strawberry/grapes)
- Highly spiced foods e.g. curry, chili
- Fatty food e.g. fries, gravy
- Vegetables that make gas like cabbage, brussel sprouts, onions
- Large amounts of beer or lager.

When you begin to have more control over your bowel movements, you can slowly go back to eating all the foods you liked before. If you eat a food that makes you feel worse, wait 2 to 3 weeks before trying again to eat it.

Diarrhea or watery stool

Call your Doctor if you are still having **more than 10 watery bowel movements per day**. Your Doctor may order medication to slow down your bowel movements such as Imodium (loperamide) or Lomotil.

Try to eat mashed potatoes, bananas, rice, jellied dishes, or marshmallows to make your stool thicker. Avoid alcohol, spicy or fatty foods, too many fruits and vegetables and food sweetened with sorbitol.

Constipation or hard stool

You should have a bowel movement every day. You are constipated if your stool is hard and it hurts to push it out, or if you do not have a bowel movement for two days.

You should drink at least 8 glasses of water and eat several types of fruits and vegetables every day to help make your stool softer. Once you are able to drink this amount of fluid, you should eat higher fiber foods like bran daily. If your stool is still hard, ask your Pharmacist for a stool softener daily. A healthy routine to prevent constipation involves the following:

- Drink a cup of hot liquid in the morning
- Do some activity/exercise
- Eat breakfast and then go to the toilet
- Lean forward over your knees, relax and wait up to 10 minutes for stool to pass.

Repeat this every day and you may find that you become very regular with your bowel movements.

- Ask your surgeon before using suppositories, enemas and/or topical ointments that are applied by applicators.

Your skin

You will want to be very gentle when wiping your skin around your anus so it does not get sore. It is best to spray a no-rinse cleanser on toilet paper or soft cloth with warm water to wipe. Pat your skin dry. Apply a barrier cream, like one used for a baby's skin like EPC or Penaten, to protect your skin so it does not hurt.

If your anal skin is sore, call your community health nurse, doctor or the VGH Stoma Nurse at 604-875-5788 for help.

Stool leakage

If you cannot hold your stool until you get to the bathroom, you might be afraid to leave your house.

You can buy pads that stick onto your underwear (if you leak just a little bit), or pull up briefs that you wear instead of underwear (for larger leaks) in most drug stores or medical supply stores. This will protect your clothes if you have an accident.

Pelvic floor muscle exercises

The longer your rectum and pelvic floor muscles have been out of use, the more likely you will need to exercise to make them strong again.

'Kegel' exercises will help you to hold your stool until you get to the toilet and are the same ones that many women do after having a baby. Think of the muscle you use to stop from passing gas. Count to 5 while you tighten this muscle, and then relax while you count to 10. Try not to tighten your abdominal muscles at the same time. Repeat this exercise of contracting and relaxing up to ten times every day if you can.

Sexual intimacy

Your body needs time to heal after this operation so you may find that your sexual drive is not as strong as before. This is normal and in time it should return. You and your partner should discuss your feelings and enjoy being close even if you are not having intercourse right away. You may have sex when you feel ready and able.

Shower/bath

You may shower once your wound has healed and is no longer draining. Pat the area dry with a clean towel. If your wound is still draining and a Community Health Nurse is arranged to change your dressing, have your shower just prior to the nurse arriving to change your dressing.

Do not sit with your wound in bath water or a hot tub or swim until all of your wounds are completely healed and the staples have been removed.

Incision Care

You can gently wash your incision sites with soap and water. **Do not** rub your incision sites, pat them dry instead with a clean towel. Unless you are told otherwise, you may shower the day after you go home. **Do not** take a tub bath for the first few weeks.

When you shower for the first few weeks, **do not** let the water spray right on your incision sites. Soaking your incisions in the tub or having water spray onto them may damage the healing skin and increase the risk of infection.

As your incision sites heal they may become itchy. Avoid any rubbing or scratching as the itchiness is a normal part of the healing process. **Do not** use lotions or powder on your incisions until the skin is completely healed (approximately for 2 weeks).

In most cases, you will be sent home with dissolvable sutures to your incision sites. Occasionally one may have staples.

If dissolvable sutures are in place, you will have white paper tapes (steri-strips) on top for extra support. Do not remove them yourself. After 5 to 7 days these tapes will start to become non-sticky and eventually peel and fall off. There is no need to replace them, leave the incision sites exposed to allow healing. It usually takes approximately 3 to 6 weeks to allow sutures to dissolve.

Note: When you take a **shower with steri-strips in place**, they will become wet, which is fine. All you need to do is pat dry them. If the ends of the steri-strips curl up, you can either press down on them or you can trim that portion off with scissors. If majority of the steri-strip has peeled off, you can remove that one strip.

Slight numbness, swelling, tingling, bumpiness, firmness and discoloration around the incision site are normal findings after surgery. They will improve with time. If they persist with no improvement, inform your surgeon or family doctor.

If staples are in place, they are normally removed 7 to 10 days after surgery either by your surgeon or family doctor. Leave the incisions exposed as it heals better. You can still take a shower with staples in place.

Drain Care

There may be a possibility where you are sent home with a hemovac drain. If this is the case, the nurses will teach you how to manage and care for the drain. You will be shown and provided with written instructions about drain emptying, stripping (to prevent the tube from blocking) and recording the amount of drainage. It is important to make sure the drain is working to prevent a collection of fluid inside the wound area.

Prior to you being sent home, arrangements will be made for a home care nurse to either visit you at home or for you to visit their ambulatory clinic. The number and length of visits depends on your needs. The nurse will help you to care for the drain, change the dressing around the drain site (every 3 to 4 days) and address any other health problems you may come across once you are at home.

The drain will either be removed by your surgeon in your follow-up appointment or by the home care nurse when the drainage is a certain amount. Therefore, it is important you empty and record the drainage daily (as taught in the hospital by the nurses). When the drain is removed, some fluid may leak from the opening site. A small dressing will be applied until the drainage stops.

Please note: The home care nurse will **not** empty the hemovac drain. It is important you learn this within the hospital. The home care nurse will provide any additional teaching that is required and change the dressing every 3 to 4 days. You will be provided with some extra gauze in case you need to change the dressing around the drain site yourself. Additional gauze can be purchased at any medical supply store.

Note: Please refer to the 'Hemovac Booklet' for additional information.



Things to remember when the hemovac drain is in place:

- **Do not** take a tub bath until the drain is removed. You may take a sponge bath or shower. Remember to cover the insertion site of the drain.
- Monitor the drain site for any increased redness, swelling or purulent drainage.
- Monitor the color of the drainage (there should be no persistent bright red or green drainage).
- Notice if your drain has stopped draining and then suddenly drains a lot of fluid or if your drain is constantly draining and then suddenly stops.
- Secure the drain to prevent it from being pulled on and falling out.

Note: If you notice any of the above, call your home care nurse or surgeon.

Medications

Your surgeon may send you home with some medications. You will be provided with a prescription and be responsible for filling it from a drug store. Remember to take them as ordered and ask your pharmacist if you have any questions.

You will also be told whether you need to continue with your previous medications and when to re-start them. If by chance you are not told by the time you are discharged home, ask your family doctor.

- Please **do not stop or change** your medications on your own. Your family doctor may change, re-order or stop them for you.
- **Avoid** aspirin (in any form) as it can increase the chance of bleeding. If you usually take a regular low dose of ASA, ask your family doctor prior to taking it.
- Please ask your surgeon or family doctor before taking any **herbal medications** (some of them can also cause a risk of bleeding).
- **Do not** drink alcohol when taking any type of medication.

Pain medication

People vary in the amount of discomfort and pain they feel. Some experience pain and others have a tingling and/or numbness sensation around the incision. The numbness is usually temporary and resolves within a few weeks. If the numbness lasts longer than that, inform your surgeon during your follow-up appointment. Your surgeon will provide you with a prescription for pain medication to keep you comfortable. Keeping discomfort and pain under control helps people recover.

If you have pain most of the time:

- Take the pain medication on a regular basis as prescribed by your surgeon. Most pain medications work best if you can take them before the pain becomes too strong.
- If you find that you only have pain when doing certain activities, such as walking, bathing, or during dressing changes:
- Take the pain medication about 30 minutes before the activity.
- **Do not** worry about becoming addicted to your pain medication. People only become addicted if they take their pain medication for reasons other than to control pain.
- Some pain medications can make people feel drowsy or dizzy. If you notice this, please **do not** drive or use power tools. It is against the law to drive while taking narcotics.

Physical Activity

Although recovery usually takes 4 to 6 weeks, each person gets better at his/her own rate. Many things affect the time it takes to feel fit again. Some of these are: how active people are before their surgery, the type and extent of surgery they had, their previous medical history and their age.

When you get home you may be surprised by how tired you feel. This is a normal feeling. Your energy level will improve over the next few weeks.

Why exercise?

For the first 4 to 6 weeks after your surgery your body is in the process of healing. During this time exercise is needed to increase your strength and improve your circulation.

A gradual increase of your activity will help you feel better. It will also help you heal faster and regain your confidence more quickly.

Guidelines to help you gradually increase your activity

- Plan your day to allow time for both activity and rest.
- For the first few days at home, do the same amount of activity that you were doing in the hospital. This includes the deep breathing and coughing exercises.
- Then begin walking daily. Start slowly with a comfortable distance (for example 1 block). As you are able, gradually increase how far you walk. Remember not to over extend your walk; the distance you walk is the distance you will need to walk back. Pace yourself.
- For the next 4 to 6 weeks, avoid heavy lifting, pushing or pulling objects that weigh more than 10 pounds. You should **not** vacuum, garden, carry groceries and even pick up children. Such activities can cause you to delay wound healing and possibly develop a hernia. Use your legs when you lift.
- Listen to your body. It will tell you when to stop what you are doing and when you are ready to do more. If you notice that you have increased pain, feel short of breath, or feel very tired during activity, stop and rest. You may have increased your activity level too fast. When you feel better, you can try again more slowly. If you do not feel better or if you cannot increase your activity, please call your family doctor.



Rest and Relaxation

Rest is an important part of your recovery.

Guidelines to help you rest and relax:

- Take things one day at a time.
- Alternate rest with exercise.
- Get at least eight hours of sleep every night (if possible).
- Plan two 30 to 60 minute rest periods each day during the first week at home. These can be naps or just relaxing times.



Guidelines for your activity

You may:

- Be driven in a car anytime.
- Drive your own car when you are able to shoulder check and you stop taking pain medications, which can make you drowsy. It is okay to drive if you are taking plain Tylenol or a Non-Steroidal Anti-Inflammatory Drug (NSAID).
- Fly in an airplane anytime.
- Shower anytime. If you are sent home with a drain, some prefer to sponge bathe until the drain is removed and others choose to shower while the drain is in place. **Do not** take a tub bath until the drain is removed.
- Resume exercise routine (gym, weights) in 6 weeks. (**Do not** put undue stress on your abdominal muscles for a minimum of 8 to 12 weeks.)
- Resume sports (golf, tennis, running etc.) in 6 weeks.
- Go back to work: the amount of time it takes for one to recover depends on your health and type of surgery performed. Some people are able to return to work in 3 to 4 weeks and others return in 6 to 8 weeks. If you are unsure, ask your family doctor or ask your surgeon during your follow-up appointment.

- Sexual activity uses the same amount of energy as climbing up two flights of stairs at a normal pace. Ideally, when you can climb 2 flights of stairs without getting tired and short of breath, you can return to your normal sexual activity.

Some people find that their sex drive may be reduced in the early recovery period after surgery. This usually improves as you begin to feel stronger.

Resources

If you have questions, please call:

- UBC Hospital Surgical Unit:
604-822-7349
- VGH/UBC Wound Ostomy Continence Nurses:
604-875-5788

References

Beating Bowel Cancer Stoma Reversal

St. Mark's Hospital Reversal of your Ileostomy or Colostomy

U.K. Colostomy Association

Taylor Clair (2011) Improving Patient Care after Stoma Reversal. British Journal of Nursing Vol 20 No. 16 page S19- S22



Please contact your Surgeon or Family Doctor if you notice:

- Chills, fever, a temperature over 38.5°C (100.5°F) for 2 straight readings, when measured by mouth.
- Your prescribed pain medication is not relieving your pain.
- Increased redness, swelling or purulent foul drainage from the incision.
- Constant bleeding or drainage from the incision (enough to soak a tissue or handkerchief)
- Difficulties with swallowing resulting in decrease appetite and constant weight loss.
- Nausea and/or vomiting that lasts beyond 24 hours.
- No flatus within 24 hours of being discharged home
- No bowel function for 48 hours
- Ostomy issues (as outlined in the 'ostomy care and management pamphlet')
- If the hemovac drain is accidentally pulled on and moves out of position or if it completely falls out.
- If you experience any pain, aching or redness in your calves or swelling of the legs, go to the nearest emergency room.

Note: If you cannot get a hold of your surgeon or family doctor, you need to contact another doctor (walk-in clinic or emergency department).

If you do come to the emergency department, it would be helpful to inform the nurse and physician that you recently had surgery, and the name of your surgeon.

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