

# Stoma reversal

## Colorectal Department



**Patient information leaflet**

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## What is stoma reversal?

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This booklet has been given to you by the stoma care nurse to help explain the surgery required to reverse your stoma and the management of your bowel pattern following reversal.

As part of your bowel operation you may have had a temporary stoma formed. Stomas are formed for a variety of medical reasons, but often means the bowel has to be rested so that it can heal. Surgery to reverse the temporary stoma is to reconnect the bowel.

For many, this represents a return to normality and a return of normal bowel function. At this point it is important to manage your expectations of the reversal procedure and be aware that it is likely that your bowels will never be the same as they were before the temporary stoma operation. It might take a period of a few weeks, months or even a couple of years to settle into a 'new normal' routine and it is important to be patient however difficult this may be.

## When will I be reversed?

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This will vary from person to person. Your surgeon will usually recommend that reversal is carried out any time from three months after your operation. However, if you are having chemotherapy it is advisable to wait until the end of your treatment before having your stoma reversed. This is to ensure that you are in the best possible health when you have surgery.

Before your surgeon decides to arrange for the reversal he will have arranged for you to have an x-ray study (gastrografenema) to check that the join (anastomosis) has healed – if appropriate.

## What can I do to help?

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Your stoma care nurse will provide you with a leaflet describing exercises that help to tone up your pelvic floor muscles. These exercises may help you to regain a good control of your bowels following the reversal of your stoma. If we anticipate that you may experience difficulty with bowel control we will refer you to one of our team who specialises in helping with this problem.

## What does the reversal operation involve?

For those who had a “loop” stoma – the operation is quite simple. The surgeon will detach the stoma from the surrounding skin, stitch or staple the opening and replace the bowel inside the abdominal cavity. The opening in the skin will then be closed.

You will be left with a small scar at the original site of the stoma. A dressing will be placed over this wound at first, but this can be removed once the wound is dry.

You will be allowed to drink small amounts straight away and can start eating once the doctors are happy that your bowel is beginning to work. You will be allowed home once you have passed wind, generally after 2-3 days.

If you have an “end” stoma - the reversal of your stoma can be carried out in two ways, either through a “laparotomy” (a cut down your abdomen using the same scar as before) or “laparoscopically” (key hole surgery). The two ends of bowel are brought together and stitched or stapled back into position and the opening of the wound is closed.

A dressing will be placed over this wound and can be removed once the wound is dry.

Once you are awake you will be allowed to start drinking and build up to a light diet. Once you have passed wind you will be encouraged to eat a normal diet. You are usually in hospital for 2 - 3 days.

## What are the risks and benefits of the operation?

### **Benefits**

The aim of the operation is to remove the stoma and you will no longer have to wear a stoma bag. Your bowel will empty in the conventional way.

### **Risks**

With any operation there are risks. These can be general or specific and it is important you are informed of them.

## General risks

These are the risks that anyone having a general anaesthetic is exposed to. They include chest infection, heart attack, stroke and blood clots in the leg.

## Specific risks

These are related to the operation itself;

- Ileus – temporary stoppage in bowel movement.
- Bowel Obstruction – blockage of the movement.
- Anastomotic Leak – is a breakdown along the join in the bowel (anastomosis) which causes fluid or stool to leak, potentially causing a severe infection.
- Loss of capacity – normally the rectum stretches to hold stool until you can get to the toilet. Your original surgery may have included removing part of or your entire rectum. Your capacity for 'storing' stool has been reduced and therefore your bowel will require some time to compensate for this and the ability to compensate varies from person to person.

## Are there any alternatives?

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Although your surgeon feels it is possible to reverse your stoma it is your decision whether or not you decide to proceed. Many people live full and active lives with a permanent stoma. If you decide not to have the reversal you can be assured the surgeon and stoma care nurse will support you in your decision.

## What can I expect when I come into hospital?

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Before your operation you will be requested to attend the pre-assessment clinic where any pre-operative investigations will be done, such as blood tests and ECG.

You will be admitted to hospital on the day of your surgery. You will be advised when you should no longer eat and drink as this will depend on what time your operation is scheduled.

You will be given stockings to wear during and after the operation; these encourage the blood to flow smoothly in your legs and prevent blood clots forming.

## **What can I expect after the operation?**

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After the operation you will have a dressing over your old stoma site. The wound will either be stitched or stapled closed, or left open slightly and will require packing to encourage healing. You may also have an intravenous infusion (a drip).

Once you are awake you will be allowed to start drinking and will be allowed to start eating a light diet. Once you have passed wind you will be encouraged to eat a more normal diet.

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

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You should expect to be in hospital for 2-3 days. This will depend on whether you have a reversal of a “loop” or “end” stoma.

## **When will my stitches/clips be removed?**

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You may have stitches or clips to your wound which will need to be removed by your practice nurse or district nurse at 14 days after your operation. Some patients may have a wound which requires packing to encourage healing and this will be done by your practice nurse or district nurse on discharge.

## **What will my bowel function be like after the reversal operation?**

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Once the bowel has started working again it is difficult to predict what your individual bowel function may be. Very few patients return to the same bowel functions they had prior to the first operation. During the first few weeks bowel function can be erratic and many encounter problems with;

- Constipation or diarrhoea.
- Increased frequency – needing to go to the toilet more often.

- Increased urgency – when you need to go, you've got to go now.
- Stool fragmentation – this is when you need to visit the toilet frequently but can only pass a small amount.
- Faecal incontinence – leakage of stool or mucus, possibly throughout the day and during sleep.
- Persistent wind or bloating – losing the ability to distinguish between wind/stools.
- Sore skin around the back passage (anus).

It is important to recognise that each symptom may be temporary or become a long term problem. There are a number of factors which affect erratic bowel function;

1. The amount of colon and/or rectum removed. The bowel reabsorbs water back into the body. During your first operation part of the bowel has been removed, as a result the consistency of the stools become looser.
2. Treatments and the health of the remaining colon and/or rectum. Treatments such as chemotherapy or radiotherapy to the pelvis can delay the return of bowel function. Damage from treatments may make function unpredictable and in some cases painful.
3. Other previous pelvic surgery and/or previous or co-existing pelvic disease.
4. The distance of the join (anastomosis) in the bowel from the back passage could affect the capacity for storage of stools.
5. Capability of the rectal muscles, whether they are strong or weak. These muscles can be damaged by neurological and muscular conditions, including child birth.

The length of time it takes for things to return to normal varies between individuals and there is little you can do to speed this process up. However, if you experience leakage or incontinence please discuss this with us as we will be able to suggest strategies to help you. Most people find that time alone will enable your bowel to settle down.

Also note that an increased frequency of bowel movements, if particularly loose can cause irritation and soreness around your back passage. Skin care of this area is very important so after each bowel movement wash thoroughly with warm water and 'pat' dry and if required use a protective cream to minimise any skin problems. **DO NOT** use baby wipes or impregnated toilet tissue as this could cause further irritation.

## What can I eat after the reversal?

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Once your bowels have settled down you should be able to return to a completely normal healthy diet. However, in the early post-operative days, some people find their bowels are more predictable if they avoid foods that can irritate the gut, for example;

- Acidic/citrus fruits e.g. grapefruit, oranges, strawberries, grapes
- Highly spiced foods e.g. curry, chilli con carne
- Big fatty meals
- Vegetables with a high flatulence factor e.g. cabbage, brussell sprouts, onions
- Large volumes of beer, lager or fizzy drinks

It is also advisable to eat little and often rather than large meals. As your bowel function after reversal may be looser make sure you maintain your fluid intake as you are at greater risk from dehydration.

If you require any further dietary advice please contact your stoma care nurse.

## **When can I return to normal activities?**

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When you are discharged from hospital you should be well enough to be up and dressed during the day, carrying out gentle household tasks. You will feel tired and weak from time to time and it is important to have frequent rests.

Good nutrition and gentle exercise, for example a gentle walk each day, and plenty of sleep will help you to keep your energy levels up.

You should avoid lifting anything heavy for the first month but after about three months most people will have returned to their normal level of fitness.

You should take a minimum of two weeks off work and you should not drive until you can safely perform an emergency stop without causing discomfort – usually at least two weeks after your surgery.

Feeling tired and weak after an operation naturally affects your sex drive. As you gradually start to feel well again and your energy levels return to normal so should your sex drive. Sexual intercourse can be resumed as soon as you feel comfortable.

## **What can I do with my old supply of stoma bags?**

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If you have any unopened boxes of stoma bags you may return them to the stoma department. We will return them to them to the manufacturer for recycling or we donate our unwanted stock to charity.

## Who do I contact if I have further questions?

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If you would like more information please contact the Stoma Care Nurse who can be contacted:

**Monday to Friday, 08.00–16.00**

**Telephone: 01483 571122 ext 2558**

**Email: [rsc-tr.StomaCNS@nhs.net](mailto:rsc-tr.StomaCNS@nhs.net)**

Outside these hours either leave a message and your call will be returned as soon as possible or contact your GP. Alternatively you can contact the nursing staff on Compton Ward at the Royal Surrey County Hospital for advice.

## References

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- **Beating Bowel Cancer**  
[http://www.beatingbowelcancer.org/sites/default/files/page\\_files/Stoma%20Reversal%20V3.0%20Sept12.pdf](http://www.beatingbowelcancer.org/sites/default/files/page_files/Stoma%20Reversal%20V3.0%20Sept12.pdf)
- **Colostomy Association**  
[http://www.colostomyassociation.org.uk/\\_assets/File/pdf/Bookets%202013%20New%20Address/stomareversal\\_013.pdf](http://www.colostomyassociation.org.uk/_assets/File/pdf/Bookets%202013%20New%20Address/stomareversal_013.pdf)



## Contact details

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For further information or advice contact the stoma care nurse on

**Telephone:** 01483 571122 **ext** 2558

Monday–Friday, 08.00–16.00

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## PALS and Advocacy contact details

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Contact details of independent advocacy services can be provided by our Patient Advice and Liaison Service (PALS) who are located on the right hand side as you enter the main reception area. PALS are also your first point of contact for health related issues, questions or concerns surrounding RSCH patient services.

**Telephone:** 01483 402757

**Email:** [rsc-tr.pals@nhs.net](mailto:rsc-tr.pals@nhs.net)

**Opening hours:** 9.00am–3.00pm, Monday to Friday

If you would like information documents in large print, on tape or in another language or form please contact PALS.

Past review date: November 2017

Future review date: November 2020

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**PIN171127–1354**

