



REVERSAL OF ILEOSTOMY

Patient information Leaflet

June 2020

WHAT IS A REVERSAL OF ILEOSTOMY?

A reversal of ileostomy is an operation to close your temporary ileostomy.

Your surgeon will make a cut in the skin around the ileostomy. They will free up the loops of small bowel used to make the stoma. Your surgeon will then join the two ends back together and place the loops back inside the abdominal cavity. The old stoma site may or may not be closed with sutures, sometimes the wound is left partially open and dressings applied. This operation is usually much smaller than your previous operation.

WHAT ARE THE BENEFITS OF HAVING A REVERSAL OF ILEOSTOMY?

Surgery will allow you to open your bowels in the normal way and you will no longer have a stoma bag.

WHAT ARE THE RISKS INVOLVED IN HAVING A REVERSAL OF ILEOSTOMY?

Please be sure to ask any questions you may have when you see your consultant or nurse specialist. It is important that you know about, and accept, any possible risks before you sign your consent form. The main risks are:

- Pain, which happens with every operation
- Bleeding after surgery. This is usually minor
- Infection in the surgical wound, which may need treatment with antibiotics or further surgery
- Chest infection
- Unsightly scarring of the skin
- Developing a hernia in the scar caused by the deep muscle layers failing to heal. If this causes problems, you may need further surgery
- Anastomotic leak. This is a serious complication that may happen if the join (anastomosis) between the ends of the bowel fails to heal, leaving a hole. Bowel contents leak into the abdomen, leading to pain and serious illness. This often needs another operation
- Blood clots in your legs or lungs. You will receive treatment to reduce the risk of this occurring.
- An ileus, where the bowel stops working temporarily after being handled. Time is needed to give the bowel a rest, and it will start to work again.

WHAT ARE THE ALTERNATIVES

After consideration of the risks involved you may decide not to go ahead with the reversal. This would mean keeping the ileostomy bag permanently. You may wish to discuss this option in more detail with your consultant or stoma nurse.

WHAT ARE THE CONSEQUENCES OF TREATMENT?

The most common issue following reversal is looser and more frequent stools than you have been used to previously, your bowel function can be erratic. This can last a number of months following your reversal. You will be offered an appointment in the stoma clinic before the operation to discuss this in more detail.

WHAT TO EXPECT WHEN YOUR BOWEL STARTS TO WORK AGAIN

It will take time for bowel function to settle into some sort of pattern. This time period will vary from person to person. It will also vary according to how much bowel and what area of bowel was removed from your initial operation, and whether you have had any pre or post-operative treatments such as radiotherapy or chemotherapy.

The rectum acts as a reservoir or “holding area” for faeces, and when a significant portion is removed this has an impact on bowel function and control.

Particularly in the first few weeks following stoma reversal bowel function can be erratic. The following are quite common at first:

- Loose motions (which can swing into constipation)
- Going to the toilet to pass stool more frequently
- Having some degree of urgency to go to the toilet. This may include some incontinence or spotting on your underclothes
- Difficulty in determining wind from motion
- Sore skin around the back passage (anus)
- Fragmentation of the stool (a feeling of not having completed passing stool).

It is often difficult to predict how severe these problems will be. These symptoms can sometimes take up to 18 months to settle and establish a new pattern. Some people may always open their bowels more frequently than before their original surgery.

Your nurse specialist will discuss these issues in more detail, and provide advice and support before and after your reversal.

HOW LONG WILL I BE IN HOSPITAL FOR?

You will probably be in hospital between three to five days.

WHAT HAPPENS BEFORE MY OPERATION?

You will be seen in the Pre-Assessment Clinic a few weeks before your operation, where routine blood tests and an ECG (tracing of the heart) will be carried out. If any further tests are required the Pre-Assessment Nurse will discuss this with you.

You are usually admitted to the ward the day of your operation.

On the day of your operation you will only be allowed to drink clear fluids and you will not be allowed to eat any solid food. Some patients may require a drip.

An anaesthetist will visit you and discuss your anaesthetic and the various methods of pain relief. Some patients may also see an anaesthetist before coming into hospital.

WHAT HAPPENS AFTER MY OPERATION?

- After the operation you may have some or all of the following:
- A wound(s) on your tummy closed with stitches or clips and covered with a dressing.
- A venflon into a vein (a small plastic tube) to give you fluids and medicines.
- A urine catheter. (A tube inside your bladder to keep it empty.)
- You may have an epidural (a fine tube in your back), this is attached to a machine that will give you pain relieving medicines.
- You may have a syringe pump attached to a plastic tube in your arm which will give you pain relieving medicines.

As a response to the surgery your bowel will take time to adjust and may even stop working for a few days. Your surgeon will decide how much food and drink you should be offered during this period. Patients are generally offered a light diet as soon as possible after surgery to help stimulate the bowel and the nurses will offer advice on what foods are appropriate.

You may feel weak after the operation. The nurses on the ward will support you to wash, dress and get out of bed. The nurse and the physiotherapists will also help you to move around and walk as soon as possible after the operation.

GOING HOME

- You will be given an idea of the date you will be going home so that you can make arrangements with friends, relatives or carers.
- You should ask someone to collect you from the hospital.
- You will be sent an outpatient appointment through the post.
- You may be prescribed medication to take home with you.
- You may still have stitches or clips to your wound. If so we will arrange for a district nurse to see you at home or at a special clinic in your local area.
- Some patients may require special arrangements before going home. This means that they may be in hospital for a little longer.
- We advise that patients consider what help they may need at home after the operation and make appropriate plans where possible. Your specialist nurse will be able to give advice.

WHEN WILL I BE ABLE TO DRIVE A CAR?

You can usually drive six weeks after your operation. You must be able to perform an "emergency stop". Please check with your insurance company.

WHEN WILL I BE ABLE TO RETURN TO WORK?

This will depend on the type of work that you do. You may require up to 6 weeks off work. Please contact your GP before your return to work.

WHO SHOULD I CONTACT IF THERE IS A PROBLEM FOLLOWING MY OPERATION?

If you have any problems concerning your surgery please contact your GP or the colorectal nursing team on 0161 922- 4419.

If they are unavailable please contact the hospital on 0161 922 6000 and ask to be put through to the ward you were on.

SOURCE

In compiling this information leaflet, a number of recognized professional bodies have been used, including NHS Direct and the Association of Coloproctology. Accredited good practice guidelines have been used.

If you have any questions you want to ask, you can use this space below to remind you

If you have a visual impairment this leaflet can be made available in bigger print or on audiotape. If you require either of these options please contact the Patient Information Centre on 0161 922 5332

If you require an interpreter, please ask an appropriate person to contact our central booking office between Monday to Friday 8am to 5pm on 0161 922 6991 to arrange this for you.

語言 翻譯及病者支持服務 (LIPS):

如果閣下需要翻譯員在您的預約當日幫助您的話 請找一名合適的家庭成員 0161 922 6991 聯絡本中央預約辦事處來您您安排 我們的辦公時間是星期一至星期五 上午 8 時至下午 5 時

Językowo Tłumaczeniowa Usługa Pomocy dla Pacjenta (Language, Interpretation and Patient Support Service LIPS):

Jeśli potrzebujesz pomocy tłumacza w trakcie swojej wizyty, proszę poprosić odpowiedniego członka rodziny o skontaktowanie się z Centralnym Biurem Zamówień (Central Booking Office), w celu zorganizowania tłumacza pomiędzy poniedziałkiem a piątkiem w godzinach od 08:00 - 17:00 pod numerem 0161 922 6991.

لینگویج، انٹرپریٹیشن اینڈ پیسٹنٹ سپورٹ سروس (Lips)

اگر آپ کو اپنی اپائنٹمنٹ کے لئے مترجم کی مدد کی ضرورت ہو تو براہ مہربانی اپنے خاندان کے کسی موزوں فرد سے کہیں کہ وہ ہمارے سنٹرل بکنگ آفس سے پیر سے جمعہ 8.00 بجے صبح سے 5.00 بجے شام کے دوران 0161 922 6991 پر فون کر کے اس کا بندوبست کریں۔

Document control information

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