

What Is Closure Of Ileostomy?

This operation is to reverse your stoma and restore normal bowel function.

What Are The Benefits Of Undergoing Closure Of Ileostomy?

The benefit of this operation is that you will no longer have to pass your motions into a bag and will be able to go to the toilet to open your bowels.

Diagnostic Tests

In most patients a loop ileostomy is created to divert the flow of waste (faeces) and allow time for a large bowel anastomosis to heal; in these cases we must ensure that the anastomosis is fully healed before the ileostomy is closed. This is done by using a water-soluble (Gastrografin) contrast enema under X-ray control. If the anastomosis is healed but too tight it might need to be stretched (dilatation) before or at the time of ileostomy closure.

Preparation For Surgery

Pre-operative preparation includes blood tests, medical evaluation, chest x-ray and an electrocardiogram (ECG), depending on your age and medical condition. In addition, patients with significant co-morbidity might be asked to undergo lung function tests and an echocardiogram (ultrasound examination of the heart). In high-risk patients a formal anaesthetic evaluation will be performed.

It is recommended that you shower the night before or morning of the operation.

No formal bowel preparation (emptying) is required for closure of ileostomy.

After midnight the night before the operation, you should not eat or drink anything except medications that your surgeon has told you are permissible to take with a sip of water the morning of surgery.

Drugs such as aspirin, blood thinners, anti-inflammatory medications (arthritis medications) and Vitamin E will need to be stopped temporarily for several days to a week prior to surgery. Diet medication or St. John's Wort should not be used for the two weeks prior to surgery.

Please quit smoking for at least 48 hours before surgery and arrange for any help you may need at home.

How Is Closure of Ileostomy Performed?

In most cases the ileostomy is closed by using a circular incision around the stoma site; in a minority of patients this incision is not sufficient and a cut in the middle of the abdomen (laparotomy) might be required. After the bowel is mobilized from the abdominal wall the two bowel ends are joined together with stitches or staples. The bowel is then returned into the abdomen and the incision is closed.

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What Should I Expect After Surgery?

When the operation is over, you will have your pulse, blood pressure, breathing and wounds checked regularly by a nurse. It is usual to feel drowsy for several hours. You will be given oxygen through a facemask until you are more awake.

Anaesthetics can sometimes make people feel sick. The nurse may offer you an injection if the sick feeling does not go away; this will help to settle it.

After the operation, it is important to follow our instructions. Although many people feel better in a few days, remember that your body needs time to heal.

You are encouraged to be out of bed the day after surgery and to walk. This will help diminish the soreness in your muscles. You will probably be able to get back to most of your normal activities in two to three weeks' time. These activities include driving, walking up the stairs, working and engaging in sexual intercourse.

In most cases a follow-up appointment is organized within 2 weeks after your operation.

Pain

The area around the wound from your stoma may be sore and uncomfortable, especially when you move (e.g. from lying to sitting). However, when you are resting, it will be reasonably comfortable. You will be given painkillers and it is best to take these regularly for the first few days until this initial discomfort settles. The pain/discomfort may last for a couple of weeks.

Wound

After your operation, you will have a dressing over your wound where your stoma was. This will either be stitched, or appear as a small hole in which a dressing will be inserted to help it to heal.

The wound will be checked and the dressing inside the wound removed before you leave the hospital.

If your wound becomes inflamed/oozes pus, contact us immediately.

Bowel Habit

After your stoma reversal, you will notice a change in your bowel habit as the amount of storage space in your bottom for your motions is much smaller than before your operation. This means that it can be normal for you to experience frequency of going to the toilet within the first 6 weeks after your reversal. You could expect to go to the toilet initially up to 15 times per day. You may go to the toilet several times in a short space of time and your motions may be soft/loose/watery at first. This will improve steadily.

You will not be incontinent. You will know when you want to go to the toilet, but may have urgency.

Your motions may be slender and smaller (i.e. pencil thickness) than before your surgery; this is quite normal and will improve with time. Occasionally you may experience constipation.

Most patients' toilet habits begin to settle after 2 - 3 weeks.

Dietary Advice

In order to help your bowels settle more quickly, it is sensible to follow these dietary guidelines as they will help your frequency of motions to reduce. After your operation, we suggest you have a low residue (fibre) diet in the first 2 - 3 weeks, dependant on your bowel habit. The following are a suggestion:

- Cereals - rice krispies, cornflakes or porridge
- Eggs
- White bread
- Milk/yoghurts/ice cream
- Potatoes - boiled/mashed or roasted
- Chocolate
- White rice
- Boiled sweets
- White pasta
- Ripe yellow banana
- Crisps
- Fruit juice (1 glass per day)
- Cakes/biscuits/puddings without dried fruit
- Cooked fruit
- Meat and fish
- Tinned fruit
- Cheese
- Vegetables - carrot/parsnip/swede - cooked/ripe tomatoes/dessert spoon of peas/runner beans

What Complications Can Occur?

Complications after closure of ileostomy include:

- Bleeding
- Infection (of the wounds, inside the abdomen, chest, bladder)
- A leak where the bowel was connected back together (anastomotic leak or dehiscence); this is one of the most serious complications after ileostomy closure. Although some cases can be treated with antibiotics, bowel rest and/or drainage of abscess via a small tube inserted under radiologic control, most anastomotic leaks necessitate return to theatre, takedown of the anastomosis and refashioning of the ileostomy
- Blood clots in deep veins in your legs (deep vein thrombosis) that may travel to your lungs (pulmonary embolism)
- Incisional hernia (a hernia at the wound site)
- Adhesions (scar tissue inside the abdomen).

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It is important for you to recognize the early signs of possible complications. Contact us on 07968228831 or present to the Accident and Emergency Department if you notice severe abdominal pain, fevers, chills, or rectal bleeding.

When To Call Your Surgeon

Be sure to call us if you develop any of the following:

- Persistent fever over 38°C
- Bleeding from the rectum
- Increasing abdominal swelling
- Pain that is not relieved by your medications
- Persistent nausea and/or vomiting
- Chills
- Persistent cough or shortness of breath
- Purulent drainage (pus) from any incision
- Redness surrounding any of your incisions that is worsening or getting bigger
- You are unable to eat or drink liquids.

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