

CLOSURE OF YOUR LOOP ILEOSTOMY

During your first operation you have had a loop ileostomy (temporary stoma) formed. An x-ray test is performed to give your surgeon information about the join he made in your bowel so he can decide whether it is possible to close the loop ileostomy. It is hoped that in doing this operation you will no longer need a stoma and you will have your bowels opened from your back passage again.

What is the X-ray test?

Before having your ileostomy closed you will need to have a water-soluble enema (gastrograffin) in the X-ray Department. A tube is inserted into your back passage to allow the enema fluid to flow into your lower bowel. This is used to highlight the area where your bowel was joined (technically termed an anastomosis) at the time of the original surgery. If this area has “healed” you will be able to have your ileostomy closed. If it has not healed the X-ray may be repeated after a few weeks.

What happens before I come into hospital?

Before you come into hospital, you will be asked to attend the pre assessment clinic. It is likely that you will be admitted the day of your operation. You will not need to drink any bowel cleansing medication but sometimes the surgeon asks for your bowel to be washed out via the stoma. Water is inserted via a tube into your stoma and the water runs through your bowel and passes out through your rectum.

Remember to bring in a few stoma supplies, toiletries, nightwear, towel and any medication you are taking.

What happens during my surgery?

The surgery is done under a general anaesthetic. A cut is made around the ileostomy and the bowel is joined together again. This is then put back inside your abdomen. Rarely the surgeon may need to open the midline scar you already have to enable him to re-join the bowel.

What are the risks of closure surgery?

We try to make your operation and stay in hospital as safe as possible but as with all surgery there are some risks involved. These may include:

- Chest infection

CLOSURE OF YOUR LOOP ILEOSTOMY

- An infection at the wound site or in the wound; signs and symptoms to look out for include pain, tenderness around the wound, red inflamed skin around the wound, discharge from the wound
- There may be bruising to the abdomen which may cause pain or discomfort
- There is a possibility of developing an incisional hernia (weakness in the abdominal wall muscle).
- There is a small risk of a blood clot forming in the leg (thrombosis) that may cause lung problems if it moves
- Bowel obstruction; the join in the bowel may be a little swollen initially and prevent bowel contents moving through easily

Precautions are taken to reduce the risk of complications. In particular, antibiotics are used to prevent infection and a daily injection and stockings are used to reduce the risk of blood clots.

In some patients there is failure of the new join in the bowel to heal which may require further surgery.

It is not uncommon to feel nauseous or sickly after this surgery. If this happens it usually subsides once your bowels start working and you begin eating and drinking.

What sort of wound will I have?

Depending on your surgeon, your wound could be closed using either dissolvable sutures (stitch) or staples. The staples if present would be removed after 7-10 days following assessment of the wound.

The district nurse or practice nurse will do any wound care you need after discharge and the ward staff will arrange this.

The wound can sometimes feel tender or numb but this will improve with time.

When your bowels start to work

When your bowels first start working they may be erratic. You may experience loose frequent stools and sometimes, constipation.

If your bowels are loose and frequent your doctor may decide you need some medication to help slow them down and regulate the motion.

It is important to look after the skin around your anus (bottom) so washing each time after you've had your bowels opened will help keep the skin clean and in good condition.

CLOSURE OF YOUR LOOP ILEOSTOMY

If your skin feels sore you should apply a barrier cream, after you have washed and dried the area.

How long will I be in hospital?

Hospital stay can range from 3-6 days depending on your recovery after the surgery and when your bowels start to work.

When can I return to work?

This is very variable. It is dependent on how well you are feeling and how much your bowels have settled down. You have to remember that your bowels may never be the same as before the first operation, but a pattern that you recognise may eventually develop.

Whilst you are recovering

Although the operation is not as major as your original surgery you may still feel tired. Listen to your body and rest when you need to.

Try not to lift anything heavy or do any strenuous exercise for the first four to six weeks to allow the wound to heal and the tenderness to subside.

Dietary advice

Diet and fluids may be taken immediately after your operation and then diet. Eating little and often is best for the first few days.

When you start eating after your operation it is sensible to avoid foods high in fibre (roughage). Avoid dried and citrus fruits, nuts, sweet corn, peas and beans. Eat small helpings of fruit and vegetables. Tinned fruits and root vegetables are particularly suitable as they are low in fibre.

Gradually reintroduce high fibre foods back into your diet over the next couple of weeks

If you are on a special diet, for example a diabetic diet, or if your appetite is poor, then you may find it useful to talk to the dietician before you are discharged home and this can be arranged by the ward.

CLOSURE OF YOUR LOOP ILEOSTOMY

When can I drive again?

It is advisable to wait for a short period before you drive. Remember you must feel in control of your vehicle. If you have any concerns regarding your insurance, check with your insurance company before returning to drive.

Contacts

If you are concerned about your bowel function or have any questions about your recovery, do not hesitate to contact your specialist nurse, consultant or GP.

If you require this information in an alternative language or format (such as Braille, audiotape or large print), please ask the staff who are looking after you.